



Quality

Account

2022 - 2023

Our Vision is that we are there for everybody who needs us. We want to change the way our society and healthcare systems care for people with a life limiting illness and ensure that local people get the very best care at the end of their life

Our Mission is to complement other services by leading the development of new ways of working and delivering hospice care that meets the needs of those at the end of their life today and those in the future, whatever their needs might be.

The Values that will shape the makeup of our team and the way we behave:

Compassionate, Skilled, Trustworthy, Ethical, Accountable, Integrity

Quality Matters to us

At the centre of everything we do is the patient and their family or carer, therefore it feels appropriate to begin our Quality Account by capturing some of the feedback that we have received throughout the past year which illustrates the difference we make for the people that use our services.

Quotes from patients and carers during 2022 - 2023

- *Staff were very professional, welcoming and compassionate. My wife was only at the hospice for two days before she died, but she and my family were treated with dignity and respect.*
- *The care given to my Mum *** was fantastic. She told me every day how good the staff were. She enjoyed her craft days when she felt well enough. From a personal point I was always made to feel very welcome & staff always took time to talk to me.*
- *The prompt medical attention by the nursing staff and the friendliness of the doctors and nurses and all the staff at the hospice.*

- *The MDT here at the hospice are very professional, they explain things step by step, opportunities are given to clarify and ask questions, could not ask for better.*
- *All staff go above and beyond everyday, making me feel at ease and comfortable*
- *From entering the centre, I was immediately aware of a very happy atmosphere - so friendly and welcoming.*
- *Everyone made you welcome and encouraged you in everything they did.*
- *Everything and everyone is so kind and helpful and so relaxing to be there.*

Foreword from Chief Executive

As we look back on the last year it's been remarkable to see the difference the team at Teesside Hospice have continued to make to individuals and families affected by terminal illness. Our core clinical services have retained their focus on delivering specialist-level palliative and end of life care and our ambitions to help more people reduce the pain and distress they experience had led to new and innovative ways to reaching out into our community and opening up access to hospice care for those who might not previously have known about us.



Alongside clinical developments, engaging in medical research, implementing new digital healthcare and further developing the skills mix within our teams we have also used the specialist skills and knowledge within the team to deliver training outside the hospice, raise public awareness about death and dying and alongside our network of supporters in the community encouraged early conversations about death and dying in a timely and supportive way.

Of course, the year hasn't been without its challenges. The tailwinds of the covid-19 pandemic left us with restrictions to services and visiting which are never easy in a setting like ours. The long term impact of the pandemic is already creating a noticeable change to the demographic of people in our care in both our counselling and inpatient services with a clear need for both for those living with complex grief and those whose diagnosis and treatment may have been affected by lockdown.

Legislative amendments to the Health and Care Act this year have made the commissioning of specialist palliative care a mandatory requirement which alongside explicit statutory guidance on how this should be funded has offered some hope that hospice care might be moving towards a more sustainable financial footing. Given the precarious nature of most hospices in the country and all of the hospices in Tees Valley, using these new opportunities to secure an improved funding arrangement that supports the delivery of specialist-level care local people need remains a high priority for the hospice.

Teesside Hospice wouldn't be able to function without the support of its wider partners across system. This year has seen further integration and even closer collaboration with our health partners at South Tees NHS and social care in Middlesbrough, Redcar and Cleveland. Additionally, closer cooperation within the hospice network itself continues to deliver opportunities to learn, share and collaborate in order to bring greater benefits for those we are here to serve.

This Quality Account showcases our achievements over the last year and ambitions for the next. Hospice Care is very much a team activity, and my thanks go to everybody who has contributed to our work this year. Partners, supporters, donors, funders, staff, volunteers - on the front line, back office, in retail and income generation and others still opening doors and championing the cause.

Thank you

A handwritten signature in black ink, appearing to read 'David Smith', with a circular flourish at the start.

David Smith, Chief Executive

1. Introduction

Welcome to the Teesside Hospice Care Foundation Quality Account for 2022/2023 this document sets out how we continue to deliver high quality care for those with specialist palliative care needs and those approaching the end of their life. For the best part of the last 3 years COVID-19 has formed the backdrop to our work, impacting on what we do and how we do it. We managed to remain open for patients and their families due to the preventative measures in place that kept everyone safe!

Teesside Hospice staff have done an incredible job working within an environment of uncertainty and adapting their practice to the ever-changing guidance on managing in the pandemic. The tenacity, dedication, creativity and compassion shown by all our staff and volunteers over this time has been exemplary, the learning, knowledge and skills attained will enable us to continue to deliver the high quality and safe care we are known for.

This Quality Account reviews the quality priorities we set out in our last publication and shares our priorities for the coming year.



Debbie Edwards Director of Nursing & Quality

Photo: Teesside Live

Part 2

2.1 Looking ahead: Key priorities for improvement for 2022/2023

Since its inception in 1982, Teesside Hospice Care Foundation (THCF) has provided a specialist palliative care service to enhance the quality of life of those suffering from any life limiting or life-threatening illnesses. Our hospice has a specialist palliative care multidisciplinary team and a team of volunteers who support patients and their carers in their illness journey.

Our Bereavement Counselling Service offers bereavement counselling for complex grief and trauma to adults and children and young people from the age of 7 years and up.



The hospice's catchment area is predominately Middlesbrough, Redcar and Cleveland areas; however, due the suspension of hospice care for inpatient care north of the Tees, Teesside Hospice has provided specialist palliative and end of life care for inpatients, community and wellbeing services plus complementary therapy for Stockton patients.

Teesside Hospice also provides the Tees-wide specialist community lymphoedema service.

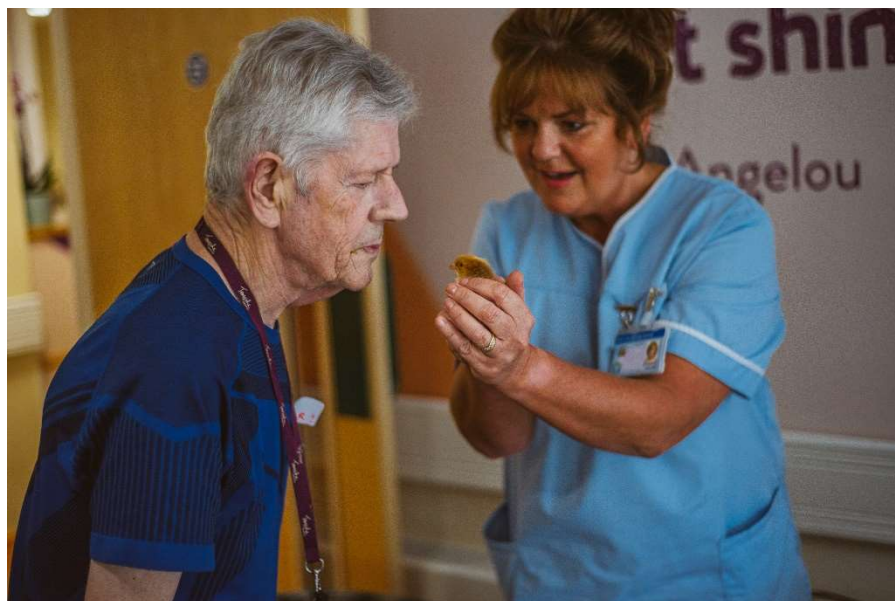
We work in partnership with the local NHS acute hospital and the community, along with specialist palliative care teams and primary care services to meet the needs of patients with a focus on complex pain and symptom control including emotional, spiritual and social support and end of life care.

The Wellbeing Centre (WBC) re-opened May 2021 and throughout 2022 it has continued to develop and has gone from strength to strength now providing individual programmes of care within the WBC including Be In Charge Programme for individuals with severe breathlessness, self-help Complementary Therapy, Creative Activity & an education group. These sessions are run by our Complementary Therapy team, Health Care Assistant (HCA) and various Allied Health Professionals (AHP) which are all overseen by the nursing

team who regularly assess all patients who attend for these programmes. In March 2023 we commenced satellite services in Redcar and Skelton to improve accessibility to our services for those who live further afield. Satellite services offer Wellbeing Services that provide self-help tips and techniques, some complementary (simple massage) and creative therapies along with nurse led clinical assessments. We provide peer support groups three times a week, two face to face and one virtual plus a virtual relaxation group.

The Wellbeing Centre focuses on enhancing life, empowering those in our care to achieve their goals by involving them in the decisions about their current and future care. By focussing on their wellbeing and seeing the person and not the illness, we aim to help them re-engage with their lives and give more quality time with their families and loved ones.

Should the time come and when there is a need, patients are admitted to our in-patient unit for management of their complex symptoms, taking a multi-disciplinary team approach, maintains the focus on discharge as early as possible, either back home or to another care setting, with the objective of improving the quality of life. We also offer patients and their families our in-patient unit as a preferred place to spend their final days.



Patient feedback is important to us so that we can continuously review our services and improve. Feedback is gathered in a number of ways:

- An annual patient survey is undertaken in all departments this overseen by the Clinical Audit & Quality Improvement Group. The outcome of the surveys is shared widely within the organisation including the Quality and Performance Committee, Board of Trustees, Marketing Team and Heads of Department who cascade findings to their teams.
- Suggestion boxes for visitors and patients, are reviewed each day to provide us with 'live' feedback so we can take action at the earliest opportunity.
- All bereaved carers are sent a short questionnaire 6 weeks after the death of their loved one to gain valuable feedback on their experience. This questionnaire was designed by bereaved carers and is reviewed at the Annual Bereaved Carers User Forum to ensure it remains appropriate and relevant.
- Bereaved carers of in-patient unit patients are invited to the Bereaved Carers forum to share their views and feedback on their experiences. This was recommenced in early 2023 and continues to be an excellent source of feedback; it is a supportive and safe environment where those who have used our services share their experiences. As well as asking for general feedback and ideas, we use this group to help us review information or discuss any new ideas we have for hospice services in the future.
- Increasingly we receive feedback via the hospice digital platforms that is responded to in a timely manner.

Caring for carers

As a hospice we not only cater for the needs of patients but offer support to their families and relatives. Historically this was undertaken via face-to-face meetings. During the pandemic this approach was adapted using digital platforms, which in the main has been successful. Led by the hospice social worker a review of this service has resulted in a 'hybrid' model which will enable carers to either attend the hospice in person or via digital platform. This will give more flexibility for carers to join in whatever their choice is.

We are grateful to carers for giving their time providing their views on hospice service developments to improve the support we offer.

Clinical Governance and Quality

As an organisation we have a number of ways of assessing ourselves against national quality standards including measuring and monitoring key performance indicators and targets. These are reported internally through the hospice governance structures, to our NHS commissioners and to Hospice UK for national benchmarking purposes.

The Care Quality Commission

Teesside Hospice is required to register with the Care Quality Commission. Current registration status is for the following regulated activities:

- Treatment of disease, disorder, or injury

Teesside Hospice is registered with the following conditions:

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

Teesside Hospice like all healthcare providers adhere to the standards set out by the Care Quality Commission that provides assurance on the services delivered based on the five domains of care listed below:

- Is the service safe?
- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well-led?

Due to changes within the Care Quality Commission (CQC) inspection programme, the hospice has not had a formal onsite inspection since early 2016. That said, there are regular assessments of the quality of clinical services at the hospice via a monthly assessment of the data held about our services, feedback from our stakeholders and any complaints. The CQC issue a standardised public statement which entails ‘they carried out a review of the data about Teesside Hospice Care Foundation in April 2023 and have not found any evidence that they need to carry out an inspection or reassess our rating at this stage’.

In June 2022 the hospice had its second Direct Monitoring Approach (DMA) assessment – this is a more in-depth assessment involving submitting information and evidence prior to a guided interview with a CQC inspector. From this assessment we received very positive feedback on the way we work and deliver our services and did not find any evidence that they needed to carry out an on-site inspection or reassess our rating.

Despite not having physical inspections from external bodies, we continue to review and assess our services using our comprehensive audit programme to assure our Board of Trustees of our compliance via the Quality and Performance Committee and sub committees. The importance of providing quality care is underlined by the membership of the committee, which includes the organisations most senior clinicians, the Director of Nursing & Quality, the Associate Specialist in Palliative Medicine and the chair of the Clinical Audit and Quality Improvement Group plus representatives from the Board of Trustees.

There is a systematic approach to maintaining and improving the quality of patient care throughout the hospice including patient and user feedback, a focus on education and training, use of a performance framework, and a robust clinical audit programme.

2.2 Improvement Priorities for 2022/2023

Priority 1 – Patient Safety

Electronic Prescribing and Medicines Administration (EPMA)

Why choose this aspiration?

Teesside Hospice In-Patient Unit is developing its digital strategy and moving towards a 'paper light' clinical documentation system facilitated through the Electronic Patient record in SystemOne. SystemOne has an Electronic Prescribing Administering Medication (EPMA) module which enables us to introduce the electronic medicines management on the In-Patient Unit.

EPMA will enable the prescribing and administration of medicines electronically and will bring with it a significant range of safety, quality, efficiency, and accessibility. Thus, improving patient outcomes and reducing costs by removing existing paper-based processes, to most if not all, prescribing and documentation of administration of medicines.

The advantages of electronic medicines management are:

- To improve the clarity of prescribed medication by removing handwritten orders.
- Improve patient safety by reducing prescribing and administration errors.
- Improve efficiency through the reduction in time spent searching and rewriting medication charts.
- Streamlining & improving the efficiency of the discharge process in terms of discharge prescriptions.
- Reducing paperwork and cost savings in terms of paper medication charts.
- Improved audit trails for medication.

How will this be achieved?

Initial training will be sourced in relation to EPMA 'Train the Trainer' Training to facilitate the cascading of training to the IPU Clinical team, this will also enable us to be given access to the EPMA module by TPP.

Training will be rolled out across the In-patient unit to all clinical staff prior to 'go-live' date. Additional access to the demo version for staff will enable opportunities to practice. The creation of a virtual ward on the live version of SystemOne prior to 'go-live' date will enable testing and further training.

Background configuration will be undertaken, and drug formularies will be created, all specific to our organisation and specialist palliative care formulary guidance.

Policies and procedures in relation to Medicines Management, Controlled Drugs and Out of Hours Prescribing will be updated to reflect the changes that the introduction of EPMA will make.

Additional hardware will be purchased, in terms of computer tablets to allow for ease of access to the EPMA.

How will this be evaluated?

We will monitor safety and compliance through medication audits and monitoring of incident report forms.

Priority 2 – Clinical Effectiveness

Emergency Health Care Plans

Why choose this priority?

Emergency Healthcare Plans (EHCPs) are used to document actions to be taken in an anticipated emergency for any patient of any age. At Teesside Hospice, EHCPs are completed for patients with terminal illness being discharged from the hospice to support the patient to remain in their preferred place of care. This forms part of the conversations around advance care planning (ACP) that routinely take place within the hospice setting. Nationally there is a drive to increase the number of patients given the opportunity to partake in conversations around advance care planning (NICE). Regionally there is a drive to increase both the numbers and the quality of emergency healthcare plans as part of an advance care planning process. It is recognised that the quality of EHCPs can be variable, and the processes for sharing these important documents inconsistent.

Locally, it is recognised that the process regarding completion of EHCPs at Teesside Hospice is not standardised. Previous End of Life Care audits at Teesside Hospice demonstrate that there are extensive discussions with patients to establish their wishes regarding future care. It is recognised in practice nursing staff frequently support these conversations. However, the audits have suggested there may be an opportunity to increase the confidence and skills of staff regarding the development and documentation of EHCPs and to ensure that EHCPs are consistently of high quality and are useful to those following them.

How will this be achieved?

A piece of quality improvement work is proposed to assess how these important conversations happening in the hospice get translated into useful, high quality emergency healthcare plans as a standard process, and how these are then shared with the appropriate local and regional care providers.

Aims:

1. To evaluate current practice to identify areas for improvement and inform standard operating procedures regarding EHCPs
2. Improve processes / knowledge around EHCPs to encourage a wider variety of members of staff to document their conversations, contribute to emergency healthcare planning and ensure these are completed as standard when planning discharge from Hospice care.
3. Develop standard operating procedures for the sharing of EHCPs.

How will this be evaluated?

Completion of an EHCP audit which will include evaluation of Teesside Hospice EHCPs by a range of community professionals including GPs, Community Nurses and North East Ambulance Service staff. This will be supported by completion of further End of Life Care audits and appropriate education and training as identified by audits and the learning needs of staff.

Priority 3 - Patient Experience

Patient and Carer Experience

Teesside Hospice has a longstanding reputation for delivering high quality care, we know this by the positive feedback we receive. We receive feedback from patients, their families and carers, users of our services, visitors and students. Much of this feedback is verbal, and written in the form of cards, letters, suggestion boxes and increasingly social media platforms.

The hospice sends out questionnaires to those who use hospice services and families who have lost a loved one in our care. This feedback is collated and shared across the organisation to gain valuable feedback and identify improvements for our services.

Although this approach is a valuable resource for the hospice it is felt we need to improve our methods including more timely 'live' feedback and introducing digital platforms.

The project will seek to develop new approaches to collecting feedback on our services using a variety of media including digital platforms and involve those using our services in future service developments.

How will it be achieved?

- A time limited task and finish group will be established the members representing all areas of the hospice that seek or administer patient feedback processes.
- All current methods used to gain feedback from patients and their carers are to be reviewed.
- Develop more user-friendly feedback processes in a variety of modes with the ultimate aim to move to using digital tools.

How will it be evaluated?

Monthly feedback results will be reviewed and discussed with the services and internal teams to address issues that have been identified. Collated responses will be included in the hospice Impact reports.

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

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

b. Review of Services

During the reporting period 2022/2023 Teesside Hospice provided the following Specialist Palliative Care Services to the NHS:

- Inpatient Unit – 10 beds
- Wellbeing Centre
- Community Outreach
- Specialist Community Lymphoedema Services
- Bereavement Counselling Service

Teesside Hospice has reviewed all the data available to us in terms of the quality of care delivered. Activity data is provided to the commissioners of services on a quarterly basis and is reviewed at quarterly contract meetings.

The current NHS contract value represents 43% of the total amount required to provide services at Teesside Hospice for 2022/2023. The remaining 57% of income is generated through fundraising, charity shops income, lottery activity and investment income. We are dependent on the generosity of the local community in sustaining the amount required.

Like all charities across the country the pandemic and cost of living crisis has hit donations and charity income generation significantly. That said even though Teesside Hospice serves one of the lowest income and high deprivation areas in the country our communities continue to support our work. We have been supported during the pandemic from some government grants and free Personal Protective Equipment (this ceases March 2024).

As an organisation we continue to review our services to ensure they are safe, effective, and efficient, we have changed some aspects of service delivery by introducing new ways of working and skill mix to ensure we are making the most of every penny we spend.

Our Income Generation team works hard to promote hospice care across our community and secure funds to support service delivery, they are trying innovative approaches to retail, community and events, lottery, individual giving, and specific campaigns.

Teesside Hospice continues to work with other local hospices and commissioners to deliver the new national service specification for Specialist and End of Life Care and continue to campaign for fairer funding. Teesside Hospice Board of Trustees have approved the use of reserves to cover the shortfall in budgets should it be required.

Clinical Audit and Effectiveness

Teesside Hospice has an extensive clinical annual audit programme. The clinical audit programme is delivered throughout the year with each audit report being presented at the bi-monthly Clinical Audit & Quality Improvement group. An action plan is developed to address any improvements that are required.

National Care at the End-of-Life Audit (NACEL)

In February 2023 the hospice took part in the first ever National Care at the End-of-Life Case Note Review, historically this national audit has been undertaken in acute hospitals only. The audit tool was revised for

Hospice UK members. This audit compared the quality and outcomes of care that dying individuals and their loved ones experienced during their final admission to the hospice.

There were two main aims of the audit:

1. Assess the NACEL case note review tool for independent hospice sector was 'fit for purpose and suitable.
2. To review the level of care dying individuals and their loved ones received in independent hospices.

69 hospices took part, this is less than 50% of all adult hospices that are members of the Hospice UK, and 620 deaths were reviewed. The report was completed and published. Overall it was deemed that the revised NACEL tool did provide a good analysis of care delivered in independent hospices.

The findings from this audit showed:

- The majority of patients died of cancer.
- They were white British
- Aged between 70 and 79 years of age.

Recognition of imminent death was assessed well but the report stated it would be too challenging to compare data between individual hospices and make recommendations for change.

There were a number of suggestions made to increase the number of hospices taking part and making it easier to collect the data. Further detailed findings can be found in the Hospice UK Evaluation Report of the National Care at the End-of-Life Case Note Review.

Chelsea II Trial (Research Project)

Teesside Hospice is taking part in a cluster randomised trial of clinically assisted hydration in patients in the last days of life (Chelsea II) sponsored by the University of Surrey. The aim of this study is to test out the following hypothesis:-

Clinically Assisted Hydration in the last days of life reduces the frequency of delirium (and the requirement for sedative medication), as a result of preservation of renal function, and prevention of build-up of drugs and toxins.

The duration of the project is 4 years, and we are currently in year 2 which is part of the recruitment phase which is 18 – 24 months (October 2022 – September 2024). We are one of 80 UK sites, and we are aiming for 20 participants per site maximum with a sample size of 1600 projected. We are very excited to be part of this transformative study which has the potential to give evidence on a much-debated topic of care within Palliative Care for many years.

There were no national confidential enquiries covering NHS services relating to palliative care. Therefore, during that period Teesside Hospice was not eligible to participate in any national confidential enquiries.

Information Governance, Data Protection and Security Toolkit attainment levels

Information Governance (IG) ensures necessary safeguards for, and appropriate use of patient and personal information; The Data Protection and Security Toolkit (DPST) is an online self-assessment toolkit that has to be used by all organisations that have access to NHS Patient data and Clinical systems. The requirements of the DPST are designed to encompass the National Data Guardians 10 data security standards. The assessment is completed on an annual basis and provides assurances that organisations are practicing good data security and personal information is handled correctly. Teesside Hospice has successfully submitted its Data Protection and Security Toolkit (DPST) in 2022 via the NHS Digital Portal. This year the submission date is the 30th June 2023.

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

Information Governance is a core part of our mandatory training for all staff which ensures that everyone is aware of their responsibility for managing information in the correct way. We have a Data Protection Officer who ensures that we are compliant with current guidance.

Clinical Coding Error Rate

Clinical coding is ‘the translation of medical terminology as written by the clinician to describe a patient’s complaint, problem, diagnosis, treatment or reason for seeking medical attention into a coded format which is nationally and internationally recognised. Teesside Hospice was not subject to the ‘Payment by Results’ clinical coding audit by the Audit Commission during 2022/2023.

Policies & Procedures

There are currently 34 clinical procedures/guidelines and 50 clinical policies. In the last 12 months all clinical procedures/guidelines and clinical policies that were due for review have gone through this process and been approved at committee level.

New policies/procedures include:

- C Pro 24 Guideline for the Insertion, Management & Care of Nasogastric Tubes for Feeding, Hydration and Medications (Adults)
- IPC Pol 11a Management of Healthcare Waste – Summary

Patient Safety and Duty of Candour

All health professionals have a duty to be open and honest with patients and their families in their care if something goes wrong with their treatment or care. Teesside Hospice has always adopted an open and honest approach to managing incidents involving the care and treatment of people in our care. We routinely report and review our complaints and incidents at the Quality and Performance Committee and Risk, Health and Safety Committee ensuring that recommendations are made to improve practice as necessary.

All incidents are analysed, and action is taken to ensure that any lessons learned or changes to systems and processes are shared with all staff to mitigate the risk of a reoccurrence. All reported incidents (clinical and non-clinical) are discussed, and risk rating agreed on a monthly basis by a senior multidisciplinary team including the Director of Nursing & Quality. The monthly incident report including actions is a standing agenda item on a number of meetings and committees, which in turn is shared at all clinical staff meetings ensuring full transparency and learning throughout the whole of the clinical team within Teesside Hospice.

The hospice Duty of Candour policy is embedded within our incident reporting process thus reinforcing our commitment to being open and candid about any and all incidents involving the health, safety and clinical care of patients and their family. We will ensure that notification of incidents to patients and families occurs at the earliest possible opportunity.

Safety

Teesside Hospice is committed to patient safety. The Risk Health and Safety Committee oversees the health and safety agenda, monitoring incidents and accidents and ensuring appropriate learning is shared through its membership to staff and volunteers in the organisation.

Part 3

Review of Quality Performance

Teesside Hospice Care Foundation (THCF) Quality Account 2021/2022 set out three priorities to improve patient safety, patient experience, and clinical effectiveness across a range of services. Setting these priorities means that we are focused on continuously improving the quality of care delivered to patients, families, and carers.

The priorities were:

- Priorities 1: - Patient Safety: Extended Clinical Skills for HCA's
- Priorities 2: - Clinical Effectiveness: Volunteers
- Priorities 3: - Patient Experience: Approaches to spirituality

The priorities have all been satisfactorily achieved and there is ongoing intervention and effort to ensure these improvements are maintained.

3.1 Improvement Priority 1 – Patient Safety

Extended Clinical Skills for HCA's

The HCA 'second checker role' was offered to all HCAs on the In-Patient Unit. Not all HCA's wish to take on the role, and this was acknowledged after discussion with individuals HCAs. Within the team of nine permanent HCAs, six completed *Learn Curve* level 2 online accredited 'safe handling of medications course' with one HCA subsequently retiring. Five HCAs have consolidated this knowledge by completing the Teesside Hospice HCA Medication Workbooks, and training. This provided a firm foundation for the HCAs to go on and complete their practical competencies with coaching and mentoring from the Registered Nurses (RNs) thereby building their confidence and ability to undertake the role. Four HCA's have subsequently developed their role further becoming Senior Health Care Assistants which incorporates the 'second checker' role alongside leadership and additional extended clinical skills.

Feedback via questionnaire from HCA second checkers reveals the following information:

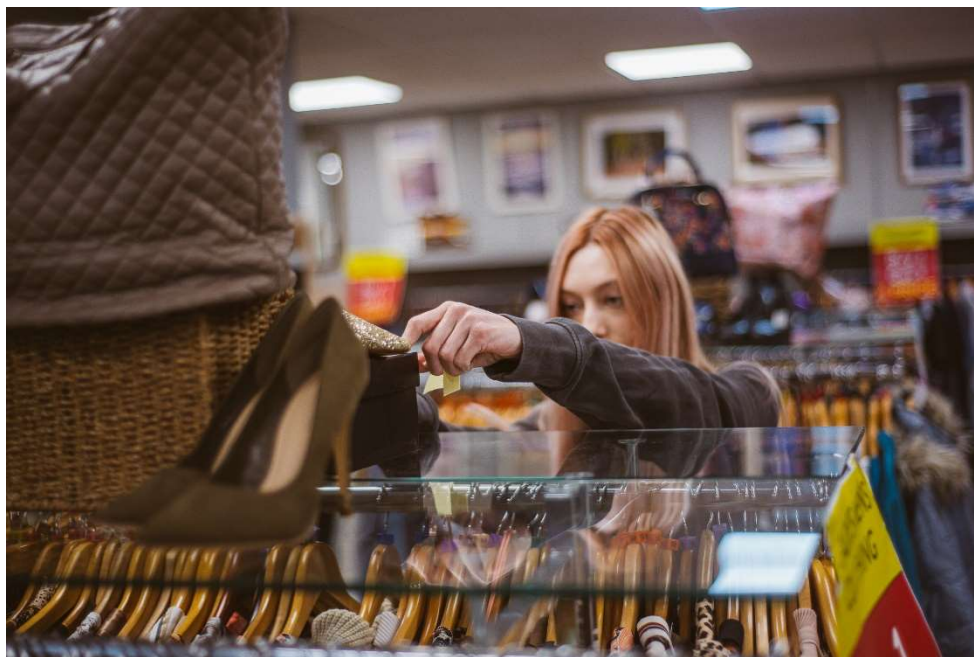
Question	Response
How long has it taken to complete the course?	On average 125 hours equating to 3.3 weeks
Has the online course provided you with the knowledge required to support second checker role?	Yes: 4 No: 0
As a second checker are you utilised on a regular basis	Yes: 4 No: 0
What difference do you think the second checker role made?	Helpful when RNs are busy, less waiting time for patients, supports RNs when unit busy, Invaluable support for RNs, more efficient unit, timely medication administration, additional responsibility / role for HCA.
Additional Comments	Beneficial when second checker on shift, feedback from RNs very positive, feel more valued. Be helpful if all RNs aware of extent of role.

Feedback from RNs confirms the above supporting the administration of medication particularly during periods of high demand enabling faster response times. Second checkers are now deemed vital to the staffing of the unit as a whole, enhancing cover during night shifts and at weekends whilst also promoting skill mix and teamwork.

In conclusion, the investment in HCA second checkers has proven to be invaluable. A positive impact noted by all team members, with additional support now available for RNs, medications given expeditiously, greater efficiency, and HCA staff feeling valued.

The potential to develop this role for additional HCAs is under consideration alongside ongoing training to upskill 'second checker' HCAs further in medication management with designated mentors to evolve the role further.

Volunteers



Like every charity Teesside Hospice relies on volunteers to support everything we do. Volunteers bring additional human kindness into busy hospice life by providing practical, personal and emotional support to patients, their families and staff. In frontline services volunteers complement and offer support with activities that enhance patient care.

During the pandemic all volunteer activity at the hospice ceased, this gave us time to reflect and review all aspects of working including our volunteer programme.

What did we achieve?

As the hospice reopened its doors, we have developed a revised approach to volunteering by appointing a Volunteer Coordinator who improves volunteers' recruitment process and experience.

We have 322 volunteers across the organisation with 95 volunteers (to date) at the hospice offering support in a variety of roles across all services including, coffee shop, administration, patient support in lymphoedema service education sessions, mealtime support, therapeutic care, complementary therapy, creative therapy, compassionate and spirituality support.

Volunteering has an impact on our services and on the volunteers themselves, feedback from the Volunteer Forum has been positive.

“...she loves volunteering with us and is treat very well”.

“it is a privilege to give back” (due to their personal previous experience of the Hospice).

That said we acknowledge we need to continue to develop and innovate our approaches to volunteering, not only the roles we offer, but how we recruit, develop, and support our volunteers, as well as increasing awareness of volunteering with our staff to ensure roles are effective, and enhance patient and families experience of our services.

3.3 Improvement Priority 3: Patient Experience

Approaches to Spirituality

It has long been recognised that being diagnosed with a life limiting condition not only has an impact on the individuals physical, social and psychological wellbeing but also his or her spiritual needs. A progressive disease may confront patients and their relatives with spiritual concerns that include, loss of meaning or purpose in life, a sense of hopelessness, isolation and fear of dying. The hospice has a tradition of providing pastoral and spiritual care as an integral part of holistic care.

During the pandemic it was identified that wider access to spiritual services was needed more than ever not only to patients but staff also. The projects key targets were to raise awareness of spirituality in its broadest sense with staff, and its importance in delivering holistic care to our patients and their families.

What did we achieve?

The project brought together a time limited multidisciplinary task and finish group including the hospice interfaith chaplain volunteer. The group developed an implementation plan to deliver changes to practice and approaches to spirituality at the hospice. This included:

- A programme of awareness and education of spirituality with staff and volunteers, a programme of activities marking various religious events including Inter Faith Week.
- Education modules covering spirituality were identified and made available for staff on the hospice e-learning platforms.
- All patients are offered to complete My World, My Way documentation, this informs all staff of the specific and personal needs of the patient (that is not covered in assessment procedures)
- Resources available for patients to use to support their spiritual and religious needs.
- Staff have support offered on a group and individual basis including monthly reflective sessions and debriefings when required.
- An audit of patients’ spirituality needs will be undertaken on a regular basis to measure improvement.

- Embedding the role of a volunteer interfaith chaplain

Overall spirituality has more emphasis within the hospice and has been identified as everyone's business. Continuation with the programme is key to support staff in their endeavours to meet the holistic needs including spirituality of patients and their families.

3.4 2022/2023 Performance

- a. What patients and families say about the services they receive?

Patient satisfaction surveys in the form of questionnaires have been used for many years at Teesside Hospice including the Inpatient Unit, Wellbeing Centre, Bereaved Carers and the Lymphoedema Service.

Summaries of each survey are detailed below. An action plan to address appropriate areas for development is drafted by departments and monitored by the Clinical Audit & Quality Improvement Group.

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

The IPU questionnaire was designed to give patients the opportunity to state their opinion in a confidential manner, on the care they received whilst staying in the IPU. Questionnaire/patient satisfaction surveys have been used at the hospice for many years in a variety of ways. The questionnaire was originally based on a Hospice UK survey but has evolved considerably over the years.

Methodology

Questionnaires from January 2022 to December 2022 have been collated and reported upon. Every questionnaire received within this time has been included.

Results

These results are based on the 36 Patient Satisfaction Surveys (PSS) we received this year. There were 155 patients admitted to the In-Patient Unit between January and December 2022, therefore these results represent 23% of the patients admitted in 2022. There are a number of reasons why we don't receive feedback from all patients including being too unwell to complete, being discharged prior to being given one, been previously admitted that year so already done one or declining to complete.

Summary

The results of the survey for 2022 remain extremely positive with majority of areas highlighting an improvement on last year's results especially a vast improvement on the awareness of the 'Welcome Pack'.

The report demonstrates many aspects of care that are greatly valued by patients. Of those responding, 100% patients felt they were treated with respect and felt their privacy was respected when being examined or having discussions with staff. Staff always explained what they were doing prior to procedure/intervention e.g., blood pressure / injection / examination according to 100% patients surveyed. 100% patients felt the nursing and medical care was excellent and felt their care, treatment and support needs have been met during their admission with 100% stating they would definitely recommend our service to a member of their family or friends.

Suggestions for improvements are actioned throughout the year. The numerous positive comments received from patients, once again reflects how they feel about the care they have received. Just a few of the comments received the IPU Patient satisfaction survey 2022 are as follows:

- *Already good high standard, keep maintained*
- *Can't say how marvellous how staff are.*
- *Even with masks you could see each person working in the hospice was very happy doing the job.*
- *Excellent level of care here at Teesside Hospice, all disciplines are covered, thank you*
- *Excellent support and help always.*
- *The food is excellent*
- *I am pleased that I had attended some of the wellbeing session and seen the inpatient unit. As a person, I am quite independent and found opening up about feelings/emotions, but the stay at inpatients helped me break down those barriers. Every member of the team looked after my needs, seemed to know when I wanted to talk and had the skills to help me or knew who to contact. The whole experience has changed me for the better as a person.*
- *I was given a feeling of "we want to help you get better" I have never ever felt so happy with the treatment
..... Well done.*
- *I was happy with everything.*
- *I was quite happy and well informed.*
- *It's not like a hospital, it's more caring and friendly and I can get to see a doctor every day.*
- *Just to say again thanks for all care and kindness shown to *** and family*
- *Lovely and friendly day and night staff*
- *Nothing you could improve.*
- *Removal of anxiety over my illness resulting from doctors and nursing staff listening to me and explaining what was going on.*
- *Thank you.*
- *The hospice and all the staff couldn't do enough for me. So polite and anything I needed they were there straight away. Excellent service and care. 100 % better care than hospital.*
- *Totally pleased with all the care, if it been medical care or after care.*
- *Very happy with the amount of time all staff are prepared to give, answering any questions and solving problems. As a visitor never felt a nuisance when we needed updates and information.*



The Wellbeing Centre Questionnaire was designed to give patients the opportunity to state their opinion in a confidential manner, on the care they receive whilst attending the Wellbeing Centre. The Wellbeing Centre was re-designed in 2022 and has continued to go through many changes throughout the year. It was decided that all patients should be given a questionnaire to complete after they have been in WBC for at least 3 weeks or more, so they have had time to formulate an accurate opinion. The questionnaire was originally based on a Help the Hospice survey but has evolved considerably over the years.

Results

The questionnaire was re-launched later into 2022 but unfortunately due to the numerous changes in the centre the distribution process has not been fully embedded into the system yet plus there was a number of patients who did not attend regularly, declined to complete and died or discharged before they had attended WBC for 3 weeks. However, 31 questionnaires did manage to be distributed and 19 returned resulting in a 61% response rate. There were 124 patients attended WBC in 2022 and 19 questionnaires analysed which equals 15% of patient's views being captured.

Summary

The results of the surveys remain very positive, highlighting many aspects of care that are greatly valued by patients. Of those responding, 100% patients felt staff reduced their anxiety on first attendance and felt their privacy was respected when being examined or having discussions with staff. Staff always explained what they were doing prior to procedure/intervention e.g. blood pressure / injection / examination according to 100% patients surveyed and understand the explanations given to them regarding their treatment and care. 100% patients felt the nursing and medical care was excellent and 94% felt their care, treatment and support needs have been met during their attendance and they would definitely recommend our service to a member of their family or friends.

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

Some of the comments are: -

- *All aspects of the hospice are excellent.*
- *All round all needs catered for.*
- *All the help that I have received/coming to the Wellbeing groups has been important and on my first visit I did tai chi and the relaxation and atmosphere of the group in the garden just seemed such a relief to me I burst out crying all my pent-up emotions came out & that was the start of letting my stress & anxiety go.*
- *All the staff are so friendly and wonderful. The complementary therapies have made such a difference to my symptoms.*
- *Coming to the hospice was initially very daunting I always believed it was the END!! After a couple of minutes all my fears and worries were taken away by the fabulous staff and volunteers. I love to come and enjoy my day, possibly in the future I may need more from the hospice which I know will benefit me and my family. I can't think of anywhere I'd rather be when I need it. Thank you to all at Teesside Hospice.*
- *Everyone has been so kind and helpful.*
- *Excellent service could not be happier. It's a lovely place with wonderful staff.*
- *Happy with the support I received from staff to participate in activities due to being visually impaired.*
- *I am happy with everything the wellbeing service offers. I didn't know what to expect and was pleasantly surprised. I enjoy all the activities. All staff were very welcoming and put me at ease.*
- *I found the taking charge respiratory course to be beneficial in helping to deal with breathlessness and the anxiety that comes from it. The staff were most supportive and kind.*
- *One off your staff rang me after I missed a week due to illness, it was really nice that someone took time to see how I was.*
- *Very happy with the help and kindness with everyone I met really enjoyed being there*



From previous research, bereaved carers were found to be the most open to providing feedback on hospice facilities and services. Therefore, a questionnaire was devised as a way of evaluating services and increasing levels of user involvement. The design of the questionnaire was discussed initially with a focus group, consisting of six bereaved carers and it was agreed that the ‘tick box’ format was the preferred design.

Two optional questions were added in order to gain more qualitative information. These questionnaires are reviewed by the bereaved carers user forum annually which consists of bereaved carers whose loved ones have died in the hospice over the last 12 – 18 months, to ensure they remain relevant and appropriate. However, this did not happen last year due to the fact we were unable to have a Bereaved Carers User Forum because of the pandemic.

Methodology

Bereaved carers are usually phoned 8 weeks after the death of a patient by the hospice Social Worker and during that phone call consent is given to send the bereaved carers questionnaire (8 weeks was the advisory period given by members of the focus group). For those carers in need of additional support she arranged to contact them again and, in some cases, give ongoing support during early stages of bereavement as needed. Questionnaires were answered using a Likert scale, covering 16 areas of hospice services, with two additional qualitative questions:

- “Please tell us about your experience of the Hospice, both good and bad”
- “Have you any suggestions about how we could improve our services to help other patients and families using the hospice in the future?”

Questionnaires were returned to the Director of Nursing & Quality to enable the appropriate professional to respond to any issues or concerns raised. Every questionnaire that was received within this time was evaluated.

Results

From January 2022 to December 2022, 31 carers were sent questionnaires and 12 completed questionnaires were returned = 39%. The results identified 100% of carers who responded rated the nursing and medical care as excellent.

Summary

Overall, the results from carers demonstrate an excellent standard of care within the In-Patient Unit with 100% bereaved carers stating they were satisfied with their experience of care and 100% stating they would definitely recommend the service. The comments once again were extremely complimentary and demonstrating our services are highly valued.

A selection of the numerous comments received in 2022 from the bereaved carer's questionnaire: -

- *All staff very caring and supportive. We were kept up to date at every step. Dad received excellent care.*
- *Everything was amazing and 100% care for my partner, myself and family. Their care and everything is priceless.*
- *Everything. My wife felt so relaxed and comfortable in her last days. The staff were amazing and kind. I very much appreciate their support to me and my family as well, allowing myself & daughter to stay over was a huge help.*
- *My aunt came in to get her pain under control, as she lived alone and was partially sighted, so your hospice was the best place for her. The care and attention she got was outstanding, unfortunately she passed away. She was kept comfortable and pain free and died peacefully with dignity. I would recommend any of my family or friends if needed to use your hospice without a doubt. Excellent service.*
- *Staff were very professional, welcoming and compassionate. My wife was only at the hospice for two days before she died, but she and my family were treated with dignity and respect.*
- *Stay with partner *** was very brief, less than 24 hours before he passed away. Level of care second to none we can not express our gratitude and appreciation enough*
- *The care given to my Mum *** was fantastic. She told me every day how good the staff were. She enjoyed her craft days when she felt well enough. From a personal point I was always made to feel very welcome & staff always took time to talk to me.*
- *The prompt medical attention by the nursing staff and the friendliness of the doctors and nurses and all the staff at the hospice.*
- *The staff were of enormous help through a very stressful time for myself and family. Nothing was too much. Julie Fletcher struck up an excellent rapport with my wife and myself and girls. You are all saints.*

- *We can't thank everyone at Teesside Hospice enough for the amazing care you gave to our Mum during the last weeks of her life. The care and concern was second to none. A heartfelt thank you to all who made Mum's last weeks so calm and relatively pain free.*

Lymphoedema Satisfaction Survey - Summary of Results



The Lymphoedema Discharge Questionnaire is sent to patients when they are discharged from the service and invites them to state their views in a confidential manner, on the waiting time, the flexibility of the service, the setting and the care they received whilst attending the lymphoedema service. 227 questionnaires were given out on discharge between April 2022 to March 2023 and 73 returned resulting in a 32% response rate. The results of the 73 returned questionnaires have been collated and reported upon.

Results

Of those responding, the results illustrated 83% patients reported that they were seen promptly or within acceptable time. 100% patients felt the privacy and setting of the rooms were either excellent or very good, 92% of patients rated the flexibility of the service to meet their needs as either excellent or good and 95% of patients rated the care and treatment of the lymphoedema service as excellent or very good.

As part of the survey our patients are asked to comment on what they found to be most helpful. There are numerous quotes, some of the most recent are included below which demonstrate how valued the lymphoedema service is to patients.

Patient feedback

- *I found it very reassuring I could talk to someone on the telephone if I had any concerns, all the staff were professional and caring.*
- *The care and treatment I received was second to none from day 1 I have been looked after better than anticipated.*
- *The staff and nurses have been more than helpful.*
- *The care given is of the highest standard. Thanks to everyone.*
- *Good explanations. Never felt we were rushed at all. Always read to answer all my questions.*
- *All my questions were answered and I was given excellent advice how to control my lymphoedema.*
- *Helpful that I was visited at home as I am elderly and have mobility problems. Very good manner from the nurse.*
- *I have been going for a number of years all the staff past and present have been wonderful, very friendly and helpful, easy to talk to, nothing is every too much trouble, I will miss seeing them all. It always felt like I was going to see friends.*
- *Made me feel at ease and all nurses where lovely and I learnt a lot about lymphoedema and how to take care of my lymphoedema myself thank you all*
- *The service was invaluable to me as they explained what lymphoedema was and how I could help to treat myself to make me feel more comfortable in life.*
- *Staff took time to listen and explain everything they were doing and why. A credit to the Service. Also explained what would happen going forward after discharge from the service.*
- *The care the nurse gave my mum was exceptional, so caring and really took time to listen to my mum; felt totally at ease, thank you so much.*
- *I was first referred during covid lockdown my teams apt was brilliant and I believe helped me keep my lymphoedema under control.*
- *These ladies are worth their weight in gold, you want for nothing when you get there even the lady on reception is very pleasant and helpful, I only have praise for these people.*
- *From beginning to discharge first class service prompt, polite, professional and very friendly Thank you*
- *Felt there wasn't a rush to get you out - time taken. Symptoms and treatment explained simply - felt nurse was very experienced in condition*
- *I wish to thank all the staff for their continued support especially over the last years that we have to live through. Continue the good work*
- *Love this service - first class service! Gained knowledge about my condition and how to manage it*
- *I will repeat that we are very happy and to say I wish everyone were like these lovely nurses.*
- *Every time I've visited and called all the staff have been brilliant without exception*
- *The clinic is important to those who are suffering with lymphoedema problems and all staff are very helpful and caring.*

Summary

Overall, the answers to the questions and the comments were very positive, and 98.5% of patients who answered the question, recommended the service provided.

Client Evaluation Report – Bereavement Counselling 2022 - Summary of Results

This report provides a summary of client feedback received over the 12-month period from January 2022 – December 2022.

Methods of evaluation

1. All clients who complete a planned ending (over 90%) engage in a final summative session with their counsellor
2. All clients are informed of methods of complaint in their initial Counselling contract if they are unsatisfied with any aspect of the service.
3. All clients are given or sent an evaluation form following completion on their counselling
4. Parents or carers of child clients are also given or sent an evaluation form

This year from a total of 64 clients who ended their therapy in 2022 we received 11 completed evaluations which is a return rate of 17%. Although great effort has been made to try various things over the years to increase the return rate, it continues to be low unfortunately.

Results of evaluation

1. Robust supervision has demonstrated that the service is successful as there have been no issues of concern around the quality of service received raised by any clients at their final summative session
2. There have been no complaints about the quality of counselling service received either to ourselves or to the British Association for Counselling and Psychotherapy (BACP) during this period.
3. Of the questionnaires received the responses identified 100% of respondents felt that they (or the child for whom they are responsible) thought the flexibility of the service was either excellent or very good, 100% highlighted that the help and support they received was either excellent or very good, 91 % said that their general wellbeing had improved as a result of the work they did with their counsellor and 100% of all respondents would recommend the service to others'

Sample feedback comments from: -

- *I found I was welcomed in a friendly, positive way every week. It was good to be able to talk to someone who was not a member of family/friend as this mean I could speak openly about my feelings.*
- *Listening and taking advice from ***** , she was very understanding.*
- *Just talking to someone helped*
- *When I came to counselling every aspect of my life was in turmoil. My Mother's death was the straw that broke the camel's back as they say. The support that I've received from ***** has been absolutely amazing. Every aspect of my life is fixed and I'm in a happy place*
- ****** made me feel at ease and in turn comfortable about talking about an already difficult situation.*
- *The most helpful part was that I could cry and talk freely about my wife. The support I have had was first class*
- *I can't praise my counsellor enough, also, the very kind lady on the desk who made me a drink every week.*

Conclusion

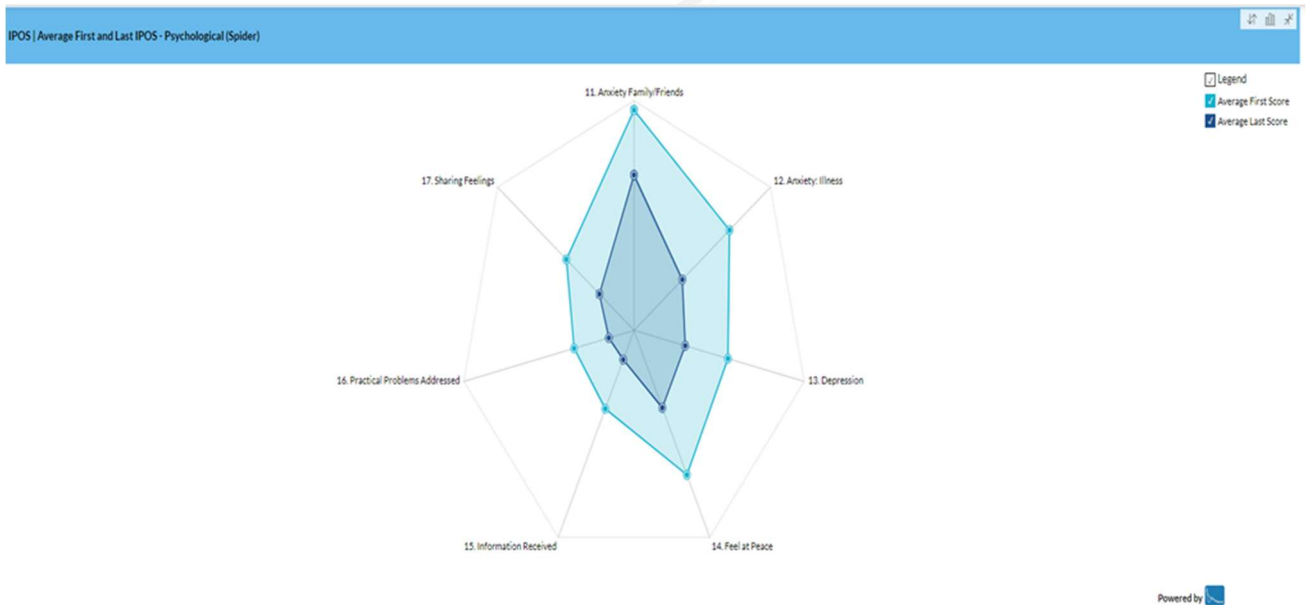
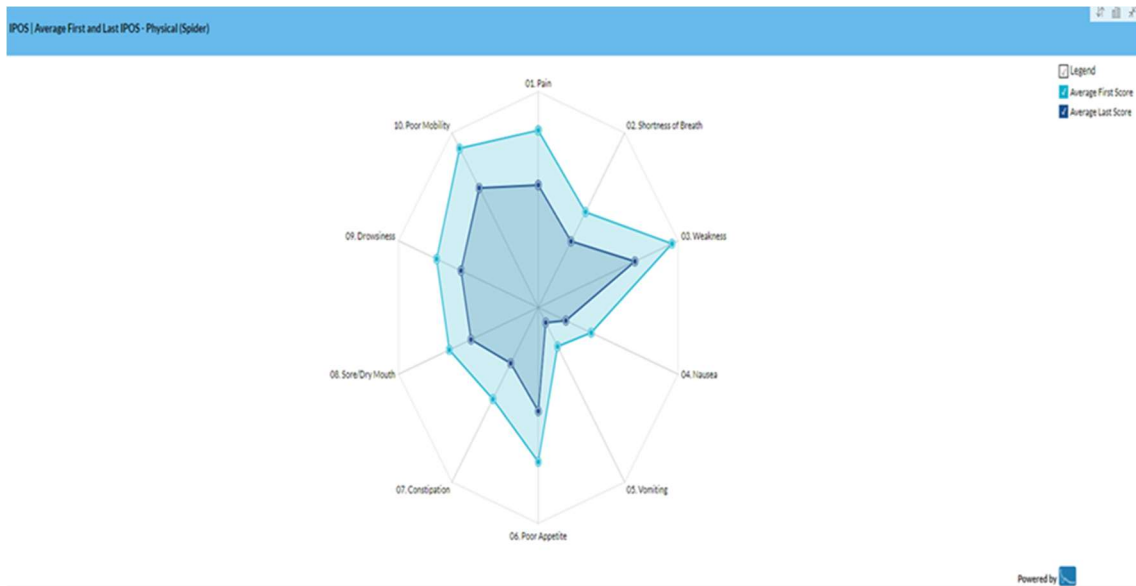
From those who responded the service is meeting the needs of their client group satisfactorily across all evaluative mechanisms. However, the ability to capture more responses would make this information more accurate. As a new procedure in 2023, the Bereavement Counselling Coordinator revisits these referrals to gain a better sense of their presentation. We also continue to assist individuals who cannot access IT or are unfamiliar with technology to refer themselves. Since January 2022, this has been in the region of 30. The feedback from professionals for example Social Workers and School workers is that the online referral system is easy, quick and convenient. We are aware that some older clients have found the referral system challenging to use but in those circumstances our Counselling Coordinator will talk through the process with the client to alleviate any stress and confusion this may cause and ensure the referral is completed. However, we have found in most cases where people are unfamiliar with online systems a family or friend assists them, so it is rarely a problem.

Patient Outcomes

Teesside Hospice is committed to measuring the impact we have on patients, their families and those who use our services. We use a variety of evidence-based tools to measure our effectiveness.

- **IPOS (Integrated Palliative Care Outcome Scale):** Is a tool for global measurement of palliative care concerns, suitable for completion by patients and health care staff in various care settings.
- **Phase of Illness:** Is used to describe the distinct level of illness and care required including complexity
- **AKPS (Australia-modified Karnofsky Performance scale):** this enables us to understand how independent someone is.

The data we have collected January - December 2022 provides evidence of improvements in care involving both physical and psychological dimensions despite the deteriorating condition and complexity of the patient. The data below represents patients cared for in our In-patient unit. The smaller dark blue area represents an improvement in the physical and psychological symptoms of patient.



The outer pale blue score on the diagram is from admission and the inner dark blue is from discharge. A reduction in scores demonstrates an improvement in outcomes for patients.

Infection Prevention Control (IPC)

The hospice has an identified IPC team, led by a senior nurse supported by a deputy (Facilities Manager) and there are designated champions within each department. This team ensures the IPC annual action plan is delivered thus ensuring we are compliant with the Health and Social Care Act 2008.

IPC meetings are held three monthly with a 'champion' from each department attending the meeting. This group monitors all aspects of IPC activity including the IPC Action Plan. The Director of Nursing and Quality provides assurances to the Board of Trustees on all aspects of IPC on a quarterly basis and provides an annual report.

A Service Level Agreement (SLA) with local acute trust IPC team is in place to offer enable timely advice, training, external audits, and support to the hospice throughout the year. The Facilities Manager / Deputy IPC lead ensures that policies and procedures for IPC are implemented and cleanliness across the hospice is monitored.

The annual external environmental audit is undertaken by the IPC team from South Tees Foundation Trust as part of the Service Level Agreement. This latest environmental audit achieved excellent results showing an improvement from 98% to 99.3%. Regular audits and assessments are undertaken throughout the year to ensure all IPC standards are adhered to, and appropriate actions instigated.

The hospice maintained preventative measures throughout the pandemic, this was overseen by the COVID-19 Safety team. The COVID-19 recovery plan was reviewed on a regular basis to maintain safety of all, whilst re-establishing 'normal' services. To date there have been no infectious outbreaks within the hospice but staff remain vigilant in all aspects of IPC and follow guidance of National Infection, Prevention and Control Manual for England 2023.

Service Developments

In the last 12 months the Quality and Performance Committee (Q&PC) and its subgroups have been actively working on a number of projects and initiatives. These include:

Widening Access Project / NUR Fitness Project

Following on from the hospice widening access project which took place last year we have continued to work hard to ensure our services are accessible to the whole community of Middlesbrough and its surrounding areas. There are inequalities in accessing palliative and end of life care for black, Asian & ethnic minority groups which is evident from the number of referrals we receive into Teesside Hospice services and the feedback we received via the project. To help us address this we have partnered up with a local fitness group for ethnic

minority ladies called NUR Fitness. One of the group members had previously experienced services when the hospice cared for her husband and saw the benefits using local hospice services. Knowing the response of her local community she was keen to work in partnership with us to increase awareness within her community about the benefits of hospice care and try to dispel any myths perceived. A short film was produced which described her story and how Teesside Hospice helped all the family. This short film has also been shared via the hospice social media platforms and NUR Fitness, which has a large viewing audience from the ethnic minority community within Middlesbrough.

We attended various events organised by NUR Fitness where we had the opportunity to speak to ladies from black, Asian, and ethnic minority communities about the work we do and answer any questions. We also promoted our volunteering opportunities and worked alongside NUR fitness to encourage the volunteering roles we had available, we now have approximately 18 ladies who are now volunteering in a range of roles within the hospice from clinical care, coffee shop and charity shops to name a few. We are so excited and encouraged by this new partnership which we hope will go from strength to strength and help ensure Teesside Hospice is accessible to our whole community.

Bereavement Café

The Bereavement Counselling Service have recently reintroduced our bereavement café running twice a month after a long absence caused by the Covid19 pandemic. We understand that one to one counselling sometimes isn't right for everyone, so our café is open to anyone who has had a bereavement, no matter when that loss occurred, with no pressure to talk unless people want to. The bereavement café is open to those who have recently ended one-to-one counselling but still feel the need for ongoing support, those whose loss has been very recent and it is too soon to access counselling or those who just feel that group support is all they require.

Our bereavement café offers a relaxed space in which people can come together with others who understand what they are going through because of a shared experience of loss. It is an informal, peer-led drop-in, although bereavement counsellors and volunteers from Teesside Hospice are on hand at each session to offer support, advice and information when needed. Grief can feel like a lonely place, so we want to encourage people to come together to find courage and strength in knowing they are not alone.

Partnership with Impact to deliver HOPE course

The HOPE (Help Overcoming Problems Effectively) programme was initially created by Macmillan Cancer to support cancer patients who are in remission but struggling to move on in life. It is a 6-week programme which includes a practical element each week. Teesside Hospice has collaborated with Impact Teesside to run this 6-week programme at Teesside Hospice and extend referrals to WBC patients who are struggling to manage life following diagnosis, and need help to acknowledge and accept the emotions they are experiencing.

Impact Teesside screen all patients before and after the programme and refer them onto other courses if needed. The programme uses a Cognitive Behaviour Therapy (CBT) based model and an enabling model of education to empower people and equip with knowledge and skills to move on in their life and overcome any problems they are experiencing. The programme uses a number of approaches and covers numerous topics such as:-

- Breathing exercises
- Stress management
- Fatigue Management
- Techniques to improve sleep.
- Guided Imagery
- Mindfulness
- Body Image
- Coping with uncertainty
- SMARTER goal setting
- Diet & exercise
- Instilling hope

Hosting the programme at Teesside Hospice has been a real success both giving WBC discharged patients an opportunity to benefit from this programme and helping others to experience hospice services.

Wellbeing Centre at Teesside Hospice NEW Satellite Service.

Our Wellbeing Centre at Teesside Hospice is a very valuable resource for many people. We have identified that those living Redcar and East Cleveland area can struggle to attend our services, due to several reasons:

1. financially it is expensive to get transport i.e. taxi's
2. use of ambulance is difficult as sometimes a lot of waiting around,
3. sometimes it is just the distance and time to travel is too much.

Therefore, we are piloting a satellite service in these areas, we have been successful in securing some funding from Hospice UK's grants partnership with St. James's Place Charitable Foundation and Woodsmiths to support this project for 12months. We are now running two clinics in: -

- Skelton commenced in February 2023
- Redcar commenced in March 2023.

The whole premise of the satellite Wellbeing Centre is to offer physical, psychological, and social support to tackle isolation and loneliness and empower individuals to manage their life limiting condition. This is the aim of the satellite service in East Cleveland using creative therapy, limited complementary therapy, and encouraging peer support. Patients have been accessing both services from the beginning and referrals are

increasing each month. This service will be reviewed at regular intervals throughout the year to ascertain the benefits of these services.

Clinical Practice Development Nurse Role

Teesside Hospice created a new role of Clinical Practice Development Nurse in May 2023. This role is multifaceted incorporating Education, Clinical Audit & Research with Education being the largest part of the role. The reason for this role being created is: -

- To ensure Teesside Hospice is a learning organisation.
- To increase our collaboration with:
 - Educational establishments such as Teesside University & Further Education Colleges
 - Palliative Care Professionals both nationally & locally
- To ensure all staff have access to evidence-based training.
- To increase understanding of Teesside Hospice's services to the local community & Health Care Professionals.
- To help raise the profile of Teesside Hospice.
- To increase Teesside Hospice involvement in national audits & research.

Since the role has been created, Teesside Hospice has increased the number of students it takes on placements and now has Further Education students experiencing placements in both the In-Patient Unit and Wellbeing Centre.

Collaboration with South Tees Trust on the Student Nurse Virtual Wards has resulted in 2 of the palliative care virtual placement days to take place at Teesside Hospice ensuring a much larger number of student nurses have had the opportunity to hear about the services we deliver, look round the hospice and observe some of the services delivered. Although this is a very brief insight into the hospice, all the student nurses evaluated positively stating they now have a greater understanding of hospice care and the services we provide which will be very beneficial in their future careers in their own practice and educating others on hospice care.

The role has also enabled collaboration with Teesside University to be a Lead Practice Educator Role for MSC post graduate Dietetic Students on a 13-week placement. This involved student training and weekly review meetings. This placement has been a real success with the students leading and completing 5 projects which have all had a positive and lasting impact on the various clinical areas within the hospice and we aim to continue this partnership going forward.

In order to keep updated and increase our collaboration with other hospices and palliative care services we are now connected to numerous networks and groups including:

- Specialist Palliative Care South Tees Education Group
- Hospice UK Education Network
- RIPEN Network Northeast Academic Research Forum
- Future NHS Collaboration Platform
- Palliative Discovery Webinars
- Hospice UK Innovation Echo:- Webinars & online Discussion Forum through Discord

There has been an increase in the accessibility of education internally, through increasing the education programme and providing access for staff to attend the sessions remotely plus also have the sessions recorded so they can be watched at a later date in order to aid staff's Continuing Professional Development.

Externally, there has been collaboration with Teesside University, planning & leading a Palliative Care Training Day for District Nurses and South Tees Hospitals Foundation Trust doing joint training on acute wards and community settings with the South Tees Palliative Care Education Lead to help raise awareness of Teesside Hospice services to the staff. We have also delivered a number of short lunchtime webinars available to all South Tees acute & community staff which has evaluated extremely well with 100% stating they learned something new about Teesside Hospice and were more likely to refer patients.

In-Reach Nurse for Winter Pressures

Last year Teesside Hospice received funding to increase the assessment capacity of the acute team, and a new role was developed for an In-Reach Nurse from the hospice to work alongside colleagues from the acute trust to increase assessment and planning capacity with the Trust's Palliative Care during the winter period. The In-Reach nurse was supported by the existing Hospice Outreach Nurse and Specialist MDT (Multi-Disciplinary Team). The project was such a success that we received funding again for winter 2022 to the end of March 2023 and the continued success of this role and the benefits it has brought to relieve some of the pressures on the acute trust this winter has led to this role being extended till end of June 2023.

Awards

Macmillan Quality Environment Mark (MQEM) Award

Teesside Hospice achieved the Macmillan Quality Environment Mark award in March 2023 following an on-site assessment and with the highest possible scores. The MQEM award aims to set the highest possible standards for palliative care environments based on a robust understanding of the needs of people affected by cancer. It recognises and celebrates environments that go above and beyond to create a welcoming and friendly space for patients.

Hart Gables LGBTQ Alliance Award 2022

The Widening Access Project had a number of aims externally and internal to the organisation and included all minority groups in our local community who would not normally use our services. During this project the

hospice reviewed its internal policies and procedures relating to equality, diversity and inclusion (EDI). The hospice worked in partnership with Hart Gables, a local LGBTQ+ charity to provide support and advice to improve the hospice EDI policies and procedures and raising awareness and LGBTQ+ training for staff. The hospice was awarded the Hart Gables – LGBTQ Alliance Award for “Creating LGBT inclusion and accessibility in the workplace”.

North East Charity Awards 2022

Winner - Charity Leader of the Year – Chief Executive

BBC Radio Tees Make a Difference Awards 2022

Winner – The Carer Award – Inpatient Unit Staff Nurse

The Board of Trustees Statement

The Board of Trustees is fully committed to the provision of safe, caring, responsive, effective and well-led services at Teesside Hospice.

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

This Quality Account was approved.

Signed



Elaine Criddle

Chair, Board of Trustees of Teesside Hospice Care Foundation, June 2023

The Live Well Centre
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Dundas Street
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TS1 1HR
Tel: 0800 118 1691
Text only: 07451 288789
Email: healthwatchsouthtees@pcp.uk.net
www.healthwatchmiddlesbrough.co.uk
www.healthwatchredcarandcleveland.co.uk

Dear Tracey,

Healthwatch South Tees (the operating name for Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland) response to Teesside Hospice Quality Account 2022-2023

Healthwatch South Tees comments:

Healthwatch South Tees is pleased to have the opportunity to again comment on the Teesside Hospice quality account which, for the most part, reflects the high standards of care the area has grown to expect from this particular healthcare institution. None the less, we would make the following comments, given below:

2.2 Improvement Priorities for 2022/2023; this section reads well in terms of its aims and gives the reader confidence in the future wellbeing of its clients while they remain under the care of the organisation.

Page 16, para 1; This is very brief, could more be said as to how financial support may be expected to change in the future?

Response from Teesside Hospice: More information has been added to the report

Pages 19/20; Pleased to see that some HCAs have received training in extended clinical skills as was proposed/taking place in last year's quality document and that this has proved to be of benefit to both the hospice and the HCAs involved.

Page 21; also pleased to see a revised volunteer programme is now back in place following the review of recruitment and services provided by volunteers. The presentation of results in the performance section is slightly misleading which could read "of those responding etc." as below.

Response from Teesside Hospice: The report has been amended.

Page 24, para 1; Of those responding 100% patients felt they were treated with respect and----- . 100% patients felt the nursing and medical care was excellent and felt their care, treatment and support needs have been met during their admission with 100% stating they would definitely recommend our service to a member of their family or friends.

Page 25, para 2; ----- the distribution process has not been fully embedded into the system yet -----

Hopefully next year will see a greater proportion of patients' views being recorded.

Page 32, re bereavement counselling conclusion; "The feedback from professionals for example Social Workers and School workers is that the online referral system is easy, quick and convenient."

Does it cater for the needs of an often-older client group?

Response from Teesside Hospice: The report has been amended to include details of the older client group.

Page 33; Diagrams require some interpretation for the lay reader.

Response from Teesside Hospice: The report has been amended to include information relating to the graphs.

Again, no mention of infection control regarding the inpatient unit. They may constitute a relatively small number of patients compared to a District General Hospital, but they are particularly vulnerable. If there have been no issues, then this might be made explicit.

Response from Teesside Hospice: The report has been amended to include a section relating to Infection Prevention Control at the hospice.

Lots of acronyms, could these be listed on a separate page along with what they stand for? If forgotten, it takes time for the reader to look back in the text to try and find out.

Response from Teesside Hospice: All acronyms are clearly explained in the body of the document so the reader can refer back to confirm the details if needed.

Overall, a good report.

Kind Regards



Lisa Bosomworth
Healthwatch South Tees Project Lead



Teesside Hospice would like to thank Healthwatch South Tees for their response.

06/06/23

Mr David Smith
Chief Executive
Teesside Hospice

Dear Mr Smith

**Teesside HOSPICE Quality Account 2022-23
Response on behalf of NHS North East and North Cumbria Integrated Care Board**

North East and North Cumbria Integrated Care Board (NENC ICB) welcomes the opportunity to review and comment on the Quality Account for Teesside Hospice for 2022-23 and would like to offer the following commentary:

NENC ICB is committed to commissioning high quality services from Teesside Hospice and take seriously their responsibility to ensure that the needs of patients are met by the provision of safe, high-quality services and that the views and expectations of patients, their families and the public are listened to and acted upon.

NENC ICB is pleased to see continued positive feedback from patients and carers during the period of 2022-23; it is a reflection on the staff at Teesside Hospice who demonstrate that patient care, dignity, and respect is of paramount importance, as well as kindness, compassion and understanding to the families and carers of the patients.

The commissioners welcome the continued developed of the Wellbeing centre and are pleased to see that the centre is now providing individual programmes of care including Be In Charge Programme for individuals with severe breathlessness, self help Complementary Therapy, Creative Activity. NENC ICB welcomes the initiative and development of satellite services, improving the accessibility to Teesside Hospice Wellbeing Services and nurse led clinical assessments to patients who live further afield.

It is encouraging to see that Teesside Hospice continues to receive positive feedback for their service, demonstrating that the service provides compassionate holistic patient centred care, and that dignity and respect remains of the upmost importance. The NENC ICB are pleased to note the service has undergone its second Direct Monitoring Approach assessment with the Care Quality Commission (CQC), receiving positive feedback.

NENC ICB are pleased to see the developed within the In – Patient Unit of its digital strategy and moving towards a ‘paper lite’ clinical documentation system facilitated through the Electronic Patient record, it is also encouraged to read that this will enable the introduction of electronic medicines management on the In - Patient Unit.

While Teesside Hospice continues to provide a safe, high-quality services, NENC ICB are assured to see that they continue to seek quality improvement for their service users, by improving processes / knowledge around Emergency Health Care Plans (EHCPs) to encourage the development of useful, high quality EHCPs. Also, by the development of more timely 'live' feedback and the introduction of digital platforms to improve methods to receive patient and carer experience.

The improvement and development of patient care is often achieved through research, NENC ICB appreciate the commitment Teesside Hospice are taking to participate in the Chelsea II trial, a cluster randomised trial of clinically assisted hydration in patient in the last days of life.

NENC ICB are please to read that Teesside Hospice achieved their quality performance priorities for 21/22 and welcomes the implementation within the service of the Health Care Assistance (HCA) 'second checker role' with HCAs completing an accredited 'safe handling of medications course' and undertaken further internal learning, leading to staff developing their role and becoming Senior Health Care Assistance incorporating the 'second checker role'. NENC ICB note the affirming feedback received to support this role, deeming them vital to the staffing of the unit.

The Commissioners appreciate the work undertaken as part of the hospice widening access project and the continued work to ensure the services provided are accessible to the whole community of Middlesbrough and its surrounding areas, they are pleased to note Teesside Hospice continue to address inequalities in accessing palliative and end of life care for minority groups, by partnering with local fitness group for ethnic minority ladies, sharing information via hospice social media platforms. The Commissioners note further partnerships with mental health providers to deliver the HOPE (Help Overcoming Problems Effectively) programme, supporting cancer patients who are in remission but struggling to move on in life.

NENC ICB congratulate Teesside Hospice having achieved the following awards. Macmillan Quality Environment Mark (MQEM) award, The Hart Gables LGBTQ Alliance Awards 2022, North East Charity Awards 2022 – winner, charity leader of the year, chief executive and the BBC radio Tees Make a Difference Awards 2022 – winner, the carer award, inpatient unit staff nurse.

The NENC ICB would like to thank Teesside Hospice for their continued efforts of providing a safe, high-quality services, likewise for reflecting their achievements in the Quality Account which we believe accurately reflects the hospice's commitment to deliver a high quality, patient centred service. The NENC ICB looks forward to continuing to work in partnership with Teesside Hospice to assure the quality of services commissioned in 2023-24.

Yours sincerely,



Jean Golightly

Director of Nursing & Quality

North East and North Cumbria Integrated Care Board

Teesside Hospice would like to thank NHS North East and North Cumbria Integrated Care Board
for their response.