

Serving the communities of
Hartlepool & East Durham



Alice House Hospice

Quality Accounts

2022/2023



Dignity, Respect, Support and Care

OUR VISION

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

OUR MISSION

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

OUR VALUES

We value each person as an individual.

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

We believe in the importance of celebrating life and relationships.

We will demonstrate integrity and professionalism at all times.

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

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

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

OUR PATIENT CHARTER - Hospice Care Will:

Respect your dignity, privacy and freedom of choice.

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

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

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

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

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

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

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

OUR STAFF CHARTER - Hospice Staff Will:

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

Take ownership for delivery on our commitments.

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

Treat people how they want to be treated.

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

Be honest and open and mean what we say.

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

Do the right thing regardless of personal interest.

Act as role models for Hospice values.

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

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

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

CHIEF EXECUTIVE'S STATEMENT

On behalf of the Board of Trustees and the Senior Management Team, it gives me great pleasure to present the Quality Account for Alice House Hospice, which summarises the progress that we have made during 2022/2023 and sets out our priorities for 2023/2024.

It has certainly been a challenging few years with the impact of Brexit, the Coronavirus Pandemic and the Russia-Ukraine war continuing to affect the UK's economy. Whereas the Coronavirus Pandemic brought with it new challenges in the way that the Hospice adapted and continued to deliver its services safely, which required a responsive and innovative approach at a time of rapidly changing guidance and legislation, 2022/2023 has presented significant financial challenges as rising inflation and the cost of living crisis has resulted in increased operating costs.

Yet through these difficult times the warmth, generosity and dedication of our supporters, staff and volunteers has ensured that we have continued to provide care and support to the communities of Hartlepool, Tees Valley and East Durham. As we learn to live with Covid-19, in 2022/2023 we were delighted to see an increase in the number of supporters attending our fundraising events and visiting our charity shops. Our fantastic supporters contributed an amazing 82.3% of the total running costs of the Hospice for 2022/2023, with the remainder being funded by Commissioners.

It is the Hospice's priority to ensure that all of its patient care services are safe, effective, caring, responsive and well-led. Regular engagement meetings have been held with the Care Quality Commission, as well as Quality & Contract Review meetings with Commissioners, to provide assurance of the high standard of care delivered by the Hospice. We have continued working in close collaboration with the Hospices North East & North Cumbria Collaborative and Hospice UK's Innovation and Clinical ECHO Networks to ensure shared learning and best practice.

In order to ensure that they remain 'fit for purpose' and are equipped to lead the Hospice within a framework of prudent and effective controls, enabling risk to be assessed and managed, the Hospice's Board of Trustees completed a full review of the Hospice's governance processes during 2022/2023. One of the outcomes from the review was for Trustees to each individually support a member of the Senior Management Team with the review, management and performance of the departmental sub strategies.

To the best of my knowledge, the information reported in this Quality Account is an accurate and fair representation of the quality of services provided by Alice House Hospice.

Sandra Britten
Chief Executive Operational
June 2023

PART 2: FUTURE IMPROVEMENT PRIORITIES 2023/2024 AND MANDATORY STATEMENT OF ASSURANCE FROM THE BOARD

2.1 INTRODUCTION

2.1.1 History

“To all the staff and volunteers at Alice House.

We just wanted to let you know how much we valued your care, support and compassion. You made an awful situation more bearable and enabled us to fulfil xxxx last wish – to have us all with him when he passed. We will not forget the kindness you showed to us all and how you went out of your way to ensure we were all looked after too. xxxx was very adamant that he did not want to go into hospital or a hospice so I think the highest accolade I can give you are his words to me when he said he felt ‘safe and at home’ in the Hospice. The peace that gave us all as a family was immeasurable. We will forever remember you all.”

“Thank you so much for taking care of xxxx, for making him as comfortable as possible and with respect throughout. You are all so understanding and always made time to speak with us, answer our questions and take care of us as well as our Dad. We really appreciate you all.”

The Hospice was established in 1980 as a local charity (Hartlepool Hospice Ltd) delivering specialist palliative care to individuals affected by life limiting illnesses within the local communities of Hartlepool, Stockton-on-Tees and East Durham. The Hospice celebrated its 40th anniversary in 2020, having cared for more than 31,000 patients, their families and carers since its inception in 1980.

The Hospice’s clinical services are Consultant led and supported by a Multi-Disciplinary Team of professionals who provide patients with individualised care, whilst promoting and maintaining the best quality of life possible. Professionals within the Multi-Disciplinary Team include: Consultants in Palliative Medicine, Staff Grade Doctors, Foundation Year 2 Doctor, Specialist Registrar Trainee, GP Trainee, Clinical Lead, Junior Sister, Practice Development Nurse, Nurse Practitioner, Registered Nurses, Senior Healthcare Assistants, Healthcare Assistants, Complementary Therapists, Occupational Therapist, Physiotherapist, Bereavement Counsellors, Holistic Wellbeing Therapist and Volunteers.

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

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

- Treatment of Disease, Disorder or Injury

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

2.1.2 **Coronavirus Pandemic (COVID-19)**

The majority of legal COVID-19 restrictions ended in March 2022, with the Government producing a strategy and guidance on living with COVID-19:

- COVID-19 Response: Living with COVID-19, Updated 06 May 2022, <https://www.gov.uk/government/publications/covid-19-response-living-with-covid-19>

During 2022/2023 the Hospice continued to reduce restrictions in line with Government guidance and by the end of March 2023 had the following remaining restrictions in place:

1.2.1.1 **Lateral Flow and Polymerase Chain Reaction Testing**

In accordance with Government guidance, all routine asymptomatic testing for staff, volunteers and non-clinical visitors was stopped from 31 August 2022.

1.2.1.2 **Patient Visitors**

The Hospice removed all visiting restrictions to both the Inpatient and Long Term Care Units. Patient visitors, however, are still required to complete a negative LFT before visiting. Patient visitors are also required to wear a face mask.

1.2.1.3 **COVID-19 Positive Cases**

All staff testing positive are required to remain off work for 6 days. If staff test negative on day 5 and 6 they are able to return to work on day 6, however, if staff continue to test positive then they cannot return to work until after day 10.

2.1.3 **Inpatient Services**

“To everybody in the inpatients ward at Alice House, we cannot thank you enough for the care and attention you gave xxxx, and us, during his stay with you. Every one of you went above and beyond, I can’t tell you how many times I cried because you were so lovely with him! He was treated with respect, kindness and humour, even when he was being a pest. Despite it being a difficult time, the girls and I have such fond memories of his time with you.”

*“There really are very few people as kind and giving as you, all are.
Few people who care so deeply and do all the nice things you do.
We as a family are truly heartbroken with the loss of our beautiful boy but we
are safe in the knowledge that xxxx died comfortable, warm and pain free
and that is down to you all. To say thank you just doesn’t seem enough but
we are truly thankful to each and every one of you.
You really are all angels.”*

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

- **Inpatient Unit (10 Beds)**

- 8 single en-suite bedrooms providing short-term specialist palliative care for symptom control and end of life care. Funded by North East & North Cumbria Integrated Care Board (Tees Valley) for 6 beds and North East & North Cumbria Integrated Care Board (County Durham) for 2 beds.
- Following the continued temporary closure of Butterwick Hospice’s adult inpatient unit, Alice House Hospice received funding during 2022/2023 from North East & North Cumbria Integrated Care Board (Tees Valley) for the provision of 2 additional beds for patients from the Stockton-on-Tees area for short-term specialist palliative care for symptom control and end of life care.

- **Long Term Care Unit (8 Beds – reducing to 6 Beds from October 2022)**

- 1 single en-suite bedroom providing short break respite care for palliative patients. Service closed at the end of September 2022.
- 7 single en-suite bedrooms providing residential nursing care for palliative patients (generally funded via Continuing Healthcare – CHC). Service reduced to 6 beds from October 2022.

- **Emergency End of Life Care Beds (2 Beds from October 2022)**

- The Hospice received funding from the Healthy Lives Care Group (UEC Transformation Funding - Tees Valley) to work in partnership with North Tees & Hartlepool NHS Foundation Trust through the delivery of a 12 month pilot providing rapid access and admission to 2 emergency end of life care beds within the Hospice, thereby reducing Accident & Emergency and Acute bed admissions and providing patients and their families with an environment where they receive dignity and comfort at the end of their life. The pilot commenced in October 2022 operating Monday-Friday from 9.00 a.m. to 5.00 p.m. and by the end of March 2023 was operating 7 days per week from 9.00 a.m. to 5.00 p.m. It is the aim of the pilot for the Hospice to increase admission times from 8.00 a.m. to 8.00 p.m. 7 days per week and then ultimately 24/7.

2022/2023 has been a difficult financial year for the Hospice and 2023/2024 is set to be even more challenging, with costs increasing from all sources at a time when income from the general public is declining as the cost of living crisis directly affects household budgets. The Long Term Care Unit has been operating at a financial shortfall of approximately £275,000 per year, which has previously been met from the Hospice’s operating reserves. In order to protect the sustainability of the Hospice’s core services on the

Inpatient Unit, the difficult decision was taken towards the end of 2022/2023 to close the Long Term Care Unit at the beginning of the 2023/2024 financial year.

During 2022/2023, the Hospice's healthcare professionals provided the following telephone support for both Tees Valley and County Durham inpatients:

| Contact Type | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Total |
|--|--------------|--------------|--------------|--------------|---------------|
| Advice to Patients, Carers & Family Members | 1,836 | 1,405 | 1,116 | 933 | 5,290 |
| Advice to Healthcare Professionals | 1,728 | 1,503 | 1,602 | 1,251 | 6,084 |
| Multi-Disciplinary Team (Patients discussed) | 192 | 176 | 111 | 110 | 589 |
| Total | 3,756 | 3,084 | 2,829 | 2,294 | 11,963 |

2.1.4 Day Hospice Services

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

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

At the start of the Coronavirus Pandemic, in March 2020, Alice House Hospice suspended Day Hospice Services as the clients were within the vulnerable group who were advised by the Government to shield. Services within indoor areas were closed and restricted for the safety of the public and fear of contamination for the client group. Since this time, all Day Hospice patients have continued to receive weekly telephone support calls from the Nurse Practitioner. Patients have also been able to contact the Hospice should they have any concerns.

The closure of the service left a gap in supportive palliative care services and following the introduction of vaccines, a consultation exercise was undertaken at the beginning of 2022 on the redesign of Day Hospice, which received a poor response from stakeholders (3 responses from 350 surveys).

A new Nurse Practitioner (Band 7) led outpatient pilot was launched in March 2022, with patients receiving a medical review (and input from the Medical Team when required), psychological and emotional support, prescribing, access to counselling and complementary therapies.

At the end of Quarter 1 a review of the outpatient pilot was conducted, with feedback from service users indicating that they would prefer to return to the model in place prior to COVID-19, i.e. an in-house service including social interaction with other Day Hospice patients. Internal building modifications to the Holistic Wellbeing Centre were completed during Quarters 2 & 3 and the Day Hospice service recommenced as an in-house model on 23 February 2023. The service operates on a Thursday between 10.00 a.m. and 3.00 p.m. with a light lunch and refreshments. Patients still have the opportunity to visit on an appointment basis but will also benefit from the opportunity to stay for peer support.

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

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

During 2022/2023, the Hospice's healthcare professionals provided the following telephone support for both Tees Valley and County Durham Day Hospice and Social Day Care patients:

| Contact Type | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Total |
|---|-------|-------|-------|-------|-------|
| Day Hospice (Advice to Patients, Carers & Family) | 26 | 36 | 33 | 26 | 121 |

2.1.5 Therapeutic Support Services

a) Counselling Support

The Counselling Team provides support and counselling to patients of the Hospice and their families. The service specialises in providing counselling to those adults that are affected by a palliative care diagnosis to address issues around managing their condition and anticipatory grief work. We also provide anticipatory grief counselling to relatives of the palliative care patients who access our service. We pride ourselves on providing a safe, confidential and relaxed environment where clients feel they are able to express themselves and address those important issues that they feel they need additional support with. 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 Holistic Wellbeing Centre also facilitates Bereavement Counselling to adults who reside in the communities of Hartlepool and East Durham. Although, due to lack of funding, we had to make the difficult decision to stop accepting referrals in December 2022. A list of unmet needs shows that we have had to decline around 90 bereaved adults during the period January to March 2023 and signpost them to their GP's for further advice and support. The acknowledgement for this vital service within our local community prompted social prescribers and other members of our community to take it upon themselves to reach out to different sources to enquire about funding on our behalf. We also actively sought funding through various bid applications. We are now in a position to report that we have been awarded some funding to provide services for a 12 month period during 2023/2024 and are in the process of ensuring we have everything in order to fulfil the remit of the project.

Our 2022/2023 intake of 6 student counsellors are coming to the end of their placement with us, gathering their final counselling hours and completing their portfolios to hand to their learning providers. Now we have confirmation of funding for community clients, we are in a position to be able to accept an intake of student counsellors for 2023/2024.

The Hospice also offers a specialist Children's Bereavement Service to support children who are experiencing grief and loss, including the Sue Stephenson Project for children and young people and their families, where a main adult caregiver in the family has a chronic/debilitating long term physical health condition.

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

needs of the service users. For example, bespoke for Foster Carers in supporting Foster Children experiencing grief and loss, or for professionals supporting children with special educational needs experiencing grief and loss.

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

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

Our Senior Nurses also access monthly Clinical (Restorative) Supervision with our Therapeutic Support Service Senior Manager.

For the reporting period (April 2022 to March 2023) the Counselling Team provided the following face to face and telephone sessions:

| Contact Type | Total |
|------------------------------------|-------|
| Referrals Received Adult | 288 |
| Referrals Received Children | 140 |
| Adult Assessments | 140 |
| Adult Counselling | 955 |
| Child Assessments | 84 |
| Child Counselling | 184 |
| Sue Stephenson Project Assessments | 13 |
| Sue Stephenson Project Counselling | 12 |

During 2022/2023 the Counselling Team also provided telephone support calls to bereaved adults as detailed below:

| Contact Type | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Total |
|----------------------------------|-------|-------|-------|-------|--------------|
| Telephone Contacts/Support Calls | 1,225 | 1,148 | 1,136 | 1,166 | 4,675 |

Some feedback from adults receiving Bereavement Counselling included:

“This is such a valuable service, I have never experienced grief before and didn’t have any idea on how to navigate my emotions, without this service I don’t know where I would be today.”

“You provide an excellent service and long may it continue.”

“Without counselling I can honestly say I wouldn’t be where I am now.”

“An excellent facility, all members of staff are lovely.”

“xxxx was excellent and helped me gently through this difficult time.”

“I felt safe in the room and very well cared for.”

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

“xxxx saved me – Thank you.”

“Your help and support has been so valuable to me, I cannot thank you enough.”

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

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

“I would just like to thank Alice House Hospice for the help and kindness I received when losing my husband - xxxx especially – I really appreciate what she did for me.”

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

“xxxx has found the sessions helpful and said it helped with her emotions, has always been keen to come back!”

“xxxx has been so excited for every Thursday and I think that speaks for itself, she has gained understanding and coping mechanisms which will be carried through her life.”

“xxxx has really enjoyed coming to the group, it’s been such an important part in helping her acknowledge her grief. I am so grateful.”

b) Holistic Therapies

We regularly review our wide range of therapies and treatments as a way of establishing how popular they are or whether we need to introduce different options. Our customer base continues to steadily increase as more and more people are seeking ways of developing and enhancing their personal wellbeing.

New services we have recently introduced have been “Day Retreat” delivered at the Holistic Wellbeing Centre. We have just recently held our ‘pilot’ group with 9 attendees and collected fantastic feedback; we are now fully booked for our next two dates. Our two weekend retreats in June and August 2023 are fully booked.

Acupuncture Therapy continues to be fully booked each week and a patient of our new Acupuncture Therapist has recently featured in a story for our Hospice Magazine to speak of how Acupuncture has eased her chronic back pain.

In June 2023 we will be providing sessions as part of the “Prehabilitation Project”, which is funded by Cancer Services. Adults newly diagnosed with a cancer will be able to have a choice of therapies at the Holistic Wellbeing Centre. We have also agreed to provide an ‘Access Card’ to access a small number of free meditations whilst their treatment is going on or after treatment finishes.

The Hospice received funding from North Tees & Hartlepool NHS Foundation Trust to provide Holistic Wellbeing Support to NHS staff, to address the increasing mental health burden and associated sickness and absence levels following COVID-19 and the challenges regarding care delivery, consumer increase and manpower (recruitment and retention). Pressure on the NHS has increased exponentially, with experienced staff leaving the profession due to the stress of work and many more retiring early due to the impact upon their health. The service enables clients to understand their own unique symptoms and to gain tools and techniques to self-manage in a more positive and empowered way. Excellent feedback has been received from clients, including the following:

“Amazing! Feel so relaxed and amazing. Want to do this every day! This has changed my life and helped my chronic illness so much. Thank you.”

During 2022/2023, therapeutic support activities including mindfulness and relaxation support to staff and the public have been delivered as detailed below:

| Contact Type | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Total |
|---|-------|-------|-------|-------|-------|
| Therapeutic Support Contacts/Activities | 663 | 547 | 601 | 828 | 2,639 |

Some feedback from staff and public using Holistic Therapies included:

“With deepest gratitude and love for a marvellous experience.”

“What can I say, a magical day I didn’t want to end. Namaste.”

“AMAZING, I’ve never felt so relaxed in my life. I have a lot of health conditions and my pain and stress are so low after this session.”

“Fantastic session, I really enjoyed it and felt completely relaxed afterwards. I would recommend to everyone I work with as it is important for us to look after ourselves so we can continue to look after others.”

“Would come again, first time in a long time, relaxed and no headaches.”

2.1.6 24 Hour Helpline

We recognise and understand the need for support when living at home with a life-limiting illness and that this need can come at any time. Our 24 Hour Helpline is designed to provide help at the earliest opportunity or to put callers in contact with others that can help.

The Helpline is staffed by specialist Nurses and Doctors, based at the Hospice, who are ready to offer support and advice to individuals and their families, at any time during the day or night.

This service is also available for Healthcare Professionals who can access this service during a 24 hour period where they will receive specialist support and advice in the management of a patient's ongoing specialist palliative care needs. The patient can be at home, in hospital or another Hospice.

The Helpline is not funded and during 2022/2023 the Hospice's healthcare professionals provided the following telephone support via the Hospice's 24 hour Helpline for both Tees Valley and County Durham patients and healthcare professionals:

| Contact Type | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Total |
|--|-------|-------|-------|-------|-------|
| Helpline Calls (Patients & Healthcare Professionals) | 147 | 168 | 173 | 103 | 591 |

2.1.7 Physiotherapy & Occupational Therapy

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

The Hospice is supported through a Service Level Agreement for Physiotherapy and Occupational Therapy with North Tees and Hartlepool NHS Foundation Trust for our inpatients.

Sometimes patients may find when they have had an episode of feeling unwell their mobility may change and that they need both assessing and supporting to get it to a manageable position again. There are also times when patients' wishes are to return home but they require their homes to be made safer to prevent falls or incidents.

The Physiotherapist and Occupational Therapist assess our patients to make sure that wherever they are being cared for they have all the right equipment and accessories to support them with maintaining their independence as much as possible. These professionals consider the wishes of the patients and create plans that will support them to meet their needs.

There are also times when patients require us to address their breathing difficulties and this may require chest physiotherapy, which will help to make the patient more comfortable.

It is essential that the Hospice can deliver this service for patients as in some cases it can speed up recovery and allow those patients diagnosed with a life-limiting illness the tools to live their lives to the fullest.

The Hospice works in partnership with the local NHS Trust to focus on a patient's ability to carry out their everyday tasks which are important and relevant to their health and wellbeing and to remain as independent as possible. All Hospice patients have access to this service and appointments can be made at the Hospice or out in the community according to need.

2.1.8 Complementary Therapies

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

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

Complementary Therapies have been used within hospices for many years, they are often useful in offering comfort, emotional support and relief. Other benefits include:

- Relaxation.
- Reduction in stress and tension in the mind and body.
- Uplifting mood and providing an increased sense of wellbeing.
- Aiding pain relief.
- Improving sleep patterns and/or quality of sleep.
- Relieving specific symptoms e.g. muscle aches, constipation, etc.
- Boosting circulation.
- Improving skin condition.

2.1.9 Spiritual Support

No one really knows for sure how spirituality is related to health however, it seems the body, mind and spirit are connected. Spirituality is the way people find meaning, hope, comfort and inner peace in life. Many people find spirituality through religion whilst some find it through music, art or a connection with nature, others find it in their values and principles. Spirituality can relate to who we are and what life is about.

People with life-limiting illnesses often have many questions, thoughts and fears. The Multi-Disciplinary Team support patients, their families and carers. It is important to know how spiritual beliefs might affect feelings and thoughts about medical situation.

During the holistic assessment patients discuss their spiritual support needs and staff liaise closely with representatives of faiths and traditions in order to help ensure that appropriate cultural practices are observed.

Alice House Hospice work in partnership with external faiths of all denominations and with the permission of patients include their own source of support. This complements the rest of our Multi-Disciplinary Team and everyone works together to provide a package of care aimed at maximising the quality of life of the patient whilst also supporting their family and carers.

2.1.10 Five Year Strategy 2020-2025

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

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

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

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

Alice House Hospice is an integral partner in the Hospices North East & North Cumbria 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 HNENC collaborative groups:

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

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

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

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

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

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

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

2.1.11 Departmental Sub Strategies 2020-2025

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

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

Each member of the Senior Management Team has been assigned a Trustee to support them with the effective monitoring and review of the departmental sub strategies, with periodic reporting back to the Board of Trustees on the following:

- Progress Against Strategic Objectives Within Departmental Sub Strategy.
- Operational Plans.
- Identified Risks,
- Review of Recently Updated Policies & Procedures.
- Review of Adherence to Non-Binding Rules, Codes and Standards.
- Benchmarking of Departmental Performance.
- Review of Third Party Suppliers/Services/SLAs.
- Review of Departmental Sub Strategy Against Budget.
- Feedback/Complaints.

2.2 FUTURE IMPROVEMENT ASPIRATIONS 2023/2024

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

2.2.1 Priority 1 – Patient Safety

Falls Prevention

2.2.1.1 How the priority was identified

It is recognised that anyone can experience a fall, however age and long term health conditions contribute to the likelihood of a fall. Around 1 in 3 adults over 65 and half of people over 80 will have at least one fall a year. Care home residents are three times more likely to fall than people living in the community and falls in hospices are up to four times more common than in care homes. Palliative patients are at greater risk of injury when they fall in comparison to older people who do not have a palliative condition. There are some commonalities with palliative patients and older people who reside in a care home such as the age of person and cognitive impairment. However, hospice patients can also have falls risks specific to palliative care such as symptomatic decline, opioid use and brain metastases.

From April 2022 to March 2023, Alice House Hospice recorded 31 falls by 19 patients. One of these falls resulted in a fracture to the neck of femur which was reported as a serious incident.

Currently in place at Alice House Hospice patients receive a falls assessment within 6 hours of admission and for those identified as being at risk of falling, all receive a care plan/prescription of care within 24 hours of admission. If a patient has a history of falls prior to admission preventative measures are put in place to ensure their safety. In the event of a fall, a falls analysis is conducted, care plans are updated, risk assessments are conducted if required and a medical assessment is carried out. Other professionals are involved as appropriate, i.e. Physiotherapist and Occupational Therapist. Patients are also encouraged to use the nurse call system for assistance and regular staff checks are conducted. As a previous safety measure slipper socks were introduced to aid patients with incorrect footwear.

Alice House Hospice respect many patients like to remain independent and to maintain their dignity, for example attempting to go to the toilet by themselves or do not appreciate/accept that their physical condition has deteriorated as much as it has and may psychologically still perceive themselves as before their illness, (sudden onset of symptoms).

Although we recognise that falls among older people are common, we also recognise that some are avoidable and we aim to lessen the risk where possible.

2.2.1.2 How the priority will be achieved

- The Falls Prevention Policy & Procedure will be updated.
- Falls Risk Assessment will be updated.
- Posters will be designed and placed in patient rooms and communal areas.
- “Use nurse call, don’t fall”.
- Visual assessments conducted.
- Medications which contribute to falls checked.
- Training for staff in falls prevention.
- Automated bathroom lighting.
- Patient involvement with Physiotherapist and Occupational Therapist.
- Use of FallSafe care bundle.

2.2.1.3 How the priority will be measured

- Clinical incidents involving falls will be monitored and shared with staff, Clinical Governance Group and Commissioners.
- Staff training logged.
- Audit on visual checks.
- Audit on patients referred to and seeing Physiotherapist and Occupational Therapist.

2.2.2 Priority 2 – Clinical Effectiveness

Implementation of the Patient Safety Incident Response Framework (PSIRF)

2.2.2.1 How the priority was identified

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. As Alice House Hospice are commissioned to provide services, PSIRF is a contractual requirement and is mandatory for providers of NHS funded care.

The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- i) Compassionate engagement and involvement of those affected by patient safety incidents.
- ii) Application of a range of system-based approaches to learning from patient safety incidents.
- iii) Considered and proportionate responses to patient safety incidents.
- iv) Supportive oversight focused on strengthening response system functioning and improvement.

It is a key part of the NHS Patient Safety Strategy (Safer Culture, Safer Systems, Safer Patients), which sets out what the NHS will do to achieve its vision to continuously improve patient safety and acts as a 'golden thread' running through healthcare.

2.2.2.2 How the priority will be achieved

- Attending National Patient Safety Improvement Programme events and meetings.
- Implement Alice House Hospice Patient Safety Incident Response Framework Implementation Plan.
- Clinical staff will complete an e-learning module in patient safety (level 1). Line managers, as deemed appropriate to the clinical setting, will complete level 2 module.
- Collaboration with regional Hospices to ensure collective approach to the implementation plan.
- Implement Alice House Hospice Patient Safety Strategy.

2.2.2.3 How the priority will be measured

- Implementation plan in place.
- Staff training logged.
- PSIRF Hospice Collaborative.

2.2.3 Priority 3 – Patient Experience

Increasing Inpatient Volunteers to Support Agitated Patients at Night

2.2.3.1 How the priority was identified

Many of our inpatients can feel anxious or frightened, especially at night and fear going to sleep as they do not feel ready not to wake up again. We have found that some of our patients will stay in their chair overnight due to fear of never getting out of bed again. Anxiety can be heightened when the patient is alone and their visitors have left for the day. Visitors can spend the night at Alice House Hospice but many have other commitments such as other family members and work commitments or even just find it difficult. Although the Inpatient Unit is well staffed, there are still many duties to be carried out and patients' needs to be met, which can restrict staff from spending long periods of time giving an individual patient reassurance and comfort.

Patients with conditions such as dementia can often be more confused in the evening and during the night and may experience sundowning, which is a set of symptoms or behaviours that include difficulty sleeping, anxiety, agitation, hallucinations, pacing and disorientation.

We have identified that we may not require more qualified members of staff to give people that one to one support. We will recruit and train volunteers to evolve the services offered to our patients and transform and enrich the current offer of support by offering reassurance that everything is alright and that someone is with them. This may just be to sit quietly with the person or to find out if they need anything, such as a drink. It may be to walk with a person so they do not feel trapped and are better able to orientate to their surroundings. Some patients are unable or reluctant to use the nurse call system, volunteers will not be required to give medication but will be able to use the nurse call system for patients who are unable or reluctant to do so.

2.2.3.2 How the priority will be achieved

- Recruit a pool of volunteers who could offer periods of time overnight where they could sit with patients and be an extra pair of eyes and ears to alert staff members when the patient may require further intervention.
- Create a role brief and an induction programme for the volunteers, who will each receive appropriate training.
- Induct a small group initially and then increase the numbers with the possibility of expanding the role further in the future.

2.2.3.3 How the priority will be measured

- We will monitor how often the service is required on a monthly basis – we will do this by audit.
- We will also review the experience of the volunteers – do they feel effective and how could we expand their role in the future.

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 2022/2023 Alice House Hospice provided the following services:

- 10 Inpatient Unit beds for short term symptom management and End of Life Care.
- 7 Long Term Care Unit beds for residential nursing care (reduced to 6 beds from October 2022).
- 1 Inpatient Unit bed for respite care (service closed end of September 2022).
- 2 Emergency End of Life Care beds (service commenced October 2022).
- Day Hospice.
- Counselling & Therapeutic Support Services.
- 24 Hour Helpline.
- Physiotherapy & Occupational Therapy.
- Complementary Therapies.
- Spiritual Support.

The income received from the North East & North Cumbria Integrated Care Board (Tees Valley & County Durham) in 2022/23 represents 27.4% of the Hospice's operating costs for the provision of NHS contracted services.

This means that the remaining 72.6% of the costs for the provision of NHS contracted services is fundraised by the Hospice from voluntary charitable donations, legacies, grants, Hospice shops, Hospice lottery, events and community fundraising.

2.3.2 Participation in Clinical Audit/Research

During 2022/2023, the Hospice participated in 1 national clinical audit/research and 1 regional clinical audit/research covering NHS services that Alice House Hospice provides as detailed below:

- Participation in a national research project (ethics approval granted centrally) regarding a cluster randomised trial of clinically-assisted hydration in cancer patients in the last days of life (CHELsea II).
- Provision of anonymised patient data for research publication – Wakefield D. If not home, where? Implementing an innovative model of care as an alternative place of care and death for patients living in an area of high socio-economic deprivation. Short report on opening a Long Term Palliative Care Unit. *Palliative Medicine*. 2023;37(4):652-656.

2.3.3 CQUIN Payment Framework

Following on from the Coronavirus Pandemic, the Hospice was not requested to complete any quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework during 2022/23.

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

2.3.4 Statement from Care Quality Commission

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

- Treatment of disease, disorder or injury.

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 2022/2023. 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. |

| Domain | Rating | CQC Comments |
|--|-------------|--|
| Is the service effective? Cont/d... | GOOD | <ul style="list-style-type: none"> • The provider was empowering people to self-manage their health conditions through running a unique innovative pilot 'breathlessness programme.' |
| Is the service caring? | OUTSTANDING | <ul style="list-style-type: none"> • People received excellent care from kind, compassionate and caring staff who listened to them. • We viewed numerous compliments praising the registered provider and staff for their kindness and support through difficult times. • Care was planned around what was important to each person. • We observed kindness and respect between the staff and people. People were treated with dignity and respect. • The provider had a strong focus on supporting people with their social and psychological wellbeing. • People could access social and therapeutic support in the bright and modern Holistic Wellbeing Centre. |
| Is the service responsive? | GOOD | <ul style="list-style-type: none"> • People who used the service were actively in control of the care and treatment they received. • Care plans identified specific interventions based on people's particular priorities. • Staff also discussed with people their plans for the future including their preferred place of care and preferences for their future care needs. • People were encouraged to remain as independent as possible and continue doing their everyday things as much as possible. • People said they were listened to and staff responded to their wishes. |
| Is the service well-led? | GOOD | <ul style="list-style-type: none"> • All of the managers and staff spoke passionately and enthusiastically about the Hospice. • Patients and family members also spoke positively about the service. • The service was forward thinking, creative and modern and continually looked for opportunities to learn and improve practice. • There were excellent examples of innovative practice. • The audits were effective in identifying areas for improvement and ensuring action was taken to improve the service. • The provider was pro-active about sharing good practice to improve care for people at the end of their lives. |

2.3.4.1 Transitional Monitoring Approach (09 February 2021)

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

As the risks from the Coronavirus Pandemic changed, the CQC evolved their approach to regulating by developing a transitional approach to monitoring

services (TMA) focussing on safety, how effectively a service was led and how easily people could access the service. The TMA focussed on:

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

The Hospice participated in a TMA meeting with the CQC Inspector on 09 February 2021 and was advised that the TMA meeting did not represent an inspection and would not affect the Hospice's current rating. The purpose of the TMA was to assess if the Hospice presented any risks which could result in regulatory action, i.e. an inspection.

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

2.3.4.2 Monitoring Approach (07 January 2022)

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

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

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

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

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

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

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

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

2.3.4.3 Monitoring Approach (27 June 2022)

The Hospice received notification from the CQC of a monitoring virtual interview on 27 June 2022. The following Monitoring Summary Record was received after the meeting.

- i) CQC continues to develop its approach to monitoring with a focus on safety, access and leadership.
- ii) We have reviewed the information and data made available to us about your service on 27/06/2022.
- iii) We consider that no further regulatory activity is indicated at this time. We reserve the right to keep this under review and it may be subject to change. Please note this is not an assessment for the purposes of section 46 of the Health and Social Care Act 2008.
- iv) This monitoring activity is part of our Monitoring Approach 2021/22 and is not an inspection. Monitoring summary records are not inspection reports and are not published on our website. They are an account of our monitoring activity. We do not expect them to be shared publicly to give assurance on the quality of care you deliver.
- v) This summary record outlines what we found as a result of our monitoring activity.
- vi) This is a summarised conversation which took place during a monitoring call on 27 June 2022 with the Registered Manager who is also the Nominated Individual and Senior Manager Clinical Services, the Director of Information Governance who is also the Deputy Chief Executive, the Clinical Lead, the Senior Manager for Corporate Services who is also the Deputy Chief Executive, and a CQC Inspector from the National Monitoring Team.
- vii) The CQC will continue to monitor this location and no further regulatory activity will be initiated at this time.
- viii) You told us you continued to have effective governance processes in place for safeguarding; infection prevention and control; the monitoring and management of staffing levels; the recruitment and support for volunteers; the recording, investigation and learning from incidents, including the identification of trends and the monitoring of actions to completion; undertaking a programme of audits, which included for example, controlled drugs and the controlled drugs register, tissue viability and documentation; the oversight of the completion of staff training deemed mandatory, which included for example syringe driver competency; and the identification and management of key risks to the service. We will monitor these areas in future engagement and monitoring calls.
- ix) You told us about the arrangements for people to access care and treatment in timely way and advised you had received funding to extend your opening hours to 8am to 8pm seven days a week. You told us you needed to and planned to recruit to provide this service which would improve the referral process for patients. You told us your arrangements to monitor people's care and treatment outcomes had not changed and confirmed you continued to achieve similar scores. You had arrangements for working together with GPs and other community services and organisations. You told us effective arrangements were in place for receiving and sharing information. You confirmed that although there had been a delay to nursing staff completing training on

SystmOne, as this had not been a priority area during COVID-19, this training was now being undertaken, with completion planned for September to October 2022. We will monitor these areas in future engagement and monitoring calls.

- x) You told us you had a process for obtaining and reviewing patient, staff and volunteer feedback and told us how you had acted in response to this. You told us you were working with other hospices to develop a standardised questionnaire to benchmark feedback responses with other hospices. You had updated the complaints information on your website, which now included information about the complaints process and how to escalate a complaint if a complainant remained dissatisfied. You told us about your visiting arrangements, which was currently a bubble of five people per patient, who could visit and stay as long as they wanted to. However, when a patient was actively dying you were more flexible and individualised arrangements were agreed as safely as possible.
- xi) You told us you had a backlog of appraisals, due to COVID-19 and plans were in place for all staff to receive an appraisal by the end of December 2022. We will monitor these areas in future engagement and monitoring calls.

2.3.4.4 CQC Provider Engagement (16 January 2023)

An Provider Engagement meeting took place with the Hospice's CQC Inspector on 16 January 2023. No risks were identified during the meeting and the following actions were agreed:

- Statement of Purpose to be updated with removal of Tracy Woodall as the Responsible Individual.
- Statutory notification to be submitted with change of senior leadership (removal of Tracy Woodall and replacement with Sandra Britten, Chief Executive Operational and Nicola Haggan, Chief Executive Non-Operational).
- Statement of Purpose to be updated with removal of the following regulated activities and statutory notification to be submitted:
 - Diagnostic & Screening Procedures.
 - Accommodation for Persons Who Require Nursing or Personal Care.

During the meeting, the CQC Inspector reported that the new Single Assessment Framework and regulatory platform, which had been scheduled for implementation in January 2023, were now delayed until later in 2023 - <https://www.cqc.org.uk/news/our-revised-plan-and-approach-transformation>

Provider Engagement meetings are held on a quarterly basis, with the next meeting arranged for 03 April 2023.

2.3.5 **Data Quality**

Alice House Hospice was not eligible and therefore did not submit records during 2022/2023 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 2022/23. These contain key service

updates, patient activity datasets (quarter position and trends), key performance indicators (KPI), local quality requirements (LQR), patient safety, patient/carer experience, clinical effectiveness and assurance (Workforce Assurance, Care Quality Commission, Commissioner and Quality Account Progress Update).

2.3.6 NHS Data Security and Protection Toolkit Attainment

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

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

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

The Hospice completed the 2022/23 NHS Data Security and Protection Toolkit self-assessment prior to the required submission deadline of 30 June 2023 and submitted the results for publication.

2.3.7 Clinical Coding Error Rate

Alice House Hospice was not subject to the Payment by Results clinical coding audit during 2022/23 by the Audit Commission.

PART 3: REVIEW OF QUALITY PERFORMANCE 2022/2023

Alice House Hospice has considered the three domains of Patient Safety, Clinical Effectiveness and Patient Experience within these accounts during the reporting period of 2022/23.

3.1 REVIEW OF PRIORITIES FOR IMPROVEMENT 2022/2023

3.1.1 Priority 1, Patient Safety

Implement an Electronic Recording System for Clinical Incidents

3.1.1.1 What we have achieved

The Hospice has achieved the following progress during 2022/2023 on the implementation of an electronic accident and incident recording system as a more efficient and safe way of accident and incident reporting.

Reducing clinical incidents was the priority for Patient Safety in 2021/2022, in which audits were completed manually to analyse data and where it was found to be a slow process with constant cross checks to ensure accuracy. In December 2021, a process mapping exercise took place to ensure the system in place was working effectively. The process mapping exercise improved the timing for the completion of the Clinical Incident Report Form, however it remained a manual process for recording of clinical incidents.

During 2022/2023 the following progress was made on the creation and introduction of a Clinical Incident Database:

- A Clinical Incident Database has been designed and built.
- Clinical incident data has been imported into the new Clinical Incident Database for 2022/2023 and cross checked with the manual system.
- Following data checks and audit, the manual system was discontinued.
- All clinical incident reporting is driven by the Clinical Incident Database and exported via Crystal Reporting.
- The in-house system does not fulfil all of the expected requirements but does significantly reduce duplication of effort and has streamlined the incident reporting process.
- Following a Microsoft Teams demonstration of Vantage's Incident Management Module, this has been identified as the Hospice's preferred software solution and a quotation has been obtained.
- Due to funding restrictions, staff resources to populate the software and the forthcoming introduction of the Patient Safety Incident Response Framework which may impact upon any clinical incident reporting system, Alice House Hospice have been unable to purchase Vantage system during 2022/2023.
- Other more cost effective alternatives are currently being sourced but in interim, the Clinical Incident Database continues to be utilised as an efficient and accurate reporting system which has greatly reduced duplication of effort and has streamlined the incident reporting process.

3.1.1.2 How we will continue to improve

- The Hospice will continue to use the Clinical Incident Database until the implementation of the Patient Safety Incident Response Framework, which will form Priority 2, Clinical Effectiveness for 2023/2024.
- Alternative clinical incident software reporting systems will continue to be explored that will facilitate the new framework.
- Although the Clinical Incident Database has not fulfilled all of the initial requirements, the Hospice have seen an overall decline of clinical incidents reducing from 134 in 2021/2022 to 65 in 2022/2023, which is a decrease of 51.49%.

3.1.2 Priority 2 – Clinical Effectiveness

SystemOne Hospital Palliative Care Module

3.1.2.1 What we have achieved

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

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

All Hospice referrals and admissions are entered into SystemOne and a limited number of trained clinicians view patient information, however due to a number of factors including key trained staff leaving the organisation, the global pandemic and data security governance requirements (which have been successfully met) training for all relevant clinical staff has been met with continued delay.

The Hospice has achieved the following progress during 2022/2023 on the training of all relevant clinical staff on the Hospital Palliative Care Module of SystemOne.

- All Registered Nurses have received training enabling them to log on and access current Hospice patients who have been registered on the Hospital Palliative Care Module of SystemOne.
- The Hospice's SystemOne Working Group had its first meeting in November 2022, with the Account Manager from North Tees & Hartlepool NHS Foundation Trust attending future meetings.
- The Hospice's Information Governance Manager, Clinical Lead and Senior Administration Officer meet with the System Administrators from the NHS Trust on a monthly basis and are currently creating and reviewing templates and questionnaires (Hospice's Holistic Assessment, Admission Documentation and Care Plans) so that they have the correct read codes for reporting purposes.
- An application for IT equipment was successful in 22/03/23 which will be used to purchase portable workstations, laptops and soft VPN tokens (installed on staff mobile telephones). Due to hard VPN tokens no longer being available a soft token has been successfully installed on to the Hospice mobile telephone for use and is working well.
- The Hospice's Information Governance Manager and Senior Administration Officer are members of the SystemOne National Palliative User Group (S1NPUG) who meet quarterly via MS Teams. Attending

these meetings increases knowledge, understanding and networking via the email group on collaborative working.

- The Senior Administration Officer is now a Sponsor. A Sponsor is able to complete New User request documentation for the Hospice.
- The Hospice's Information Governance Manager and Senior Administration Officer are currently working with Project Business Analysts at the Newcastle upon Tyne Hospitals NHS Foundation Trust to configure and implement the Great North Care Record on to the SystemOne Tree.

3.1.2.2 How we will continue to improve

- A successful funding application for purchase of additional IT equipment to run SystemOne did not take place until the end of 2022/2023. During the first quarter of 2023/2024, the grant will be used to purchase equipment through partnership with North Tees & Hartlepool NHS Foundation Trust.
- Due to hard VPN tokens no longer being available a soft token has been successfully installed on to the Hospice mobile telephone for use and is working well. Soft tokens will be rolled out for staff accessing SystemOne.
- The implementation of SystemOne remains a priority and will continue in 2023/2024. The Senior Manager Clinical Services and Clinical Lead will continue to encourage Registered Nurses and the Medical Team to access patient records on the Hospital Palliative Care Module of SystemOne to ensure they are confident using SystemOne in preparation for the transfer from paper to electronic records during the next 12 months.

3.1.3 Priority 3 – Patient Experience

Rapid Response

3.1.3.1 What we have achieved

The Hospice has historically admitted patients Monday to Friday from 9.00 a.m. to 5.00 p.m. and set the ambition of moving towards 24-hour admissions in order to reduce the demand for palliative and end of life patients attending Accident & Emergency (A&E) and subsequent admission to an Acute bed. The Hospice identified that additional workforce in terms of medical staffing and nursing would be required together with improved data sharing through new systems of work.

The Hospice was successful in obtaining funding from North Tees & Hartlepool NHS Foundation Trust for 12 months for the provision of a pilot Rapid Response Out-of-Hours Admission Service, with the Hospice moving towards 24-hour access and admission in order to reduce Accident & Emergency and Acute bed admissions.

The pilot was directed at patients presenting at the Accident and Emergency Department or Emergency Assessment Unit (EAU) at the University Hospital of North Tees, who were placed on the Care for the Dying Patient Document (CDP). The pilot enables patients to be rapidly transferred to the Hospice and cared for in an environment where patients and their families receive dignity and comfort at the end of their life. The pilot has achieved the following outcomes during 2022/2023:

- After 3 months planning, the pilot started on 01 October 2022, admitting emergency end of life patients on the Care for the Dying Patient Document from the Emergency Department of the University Hospital of North Tees, Monday to Friday, 9.00 a.m. to 5.00 p.m.
- From 04 February 2023 admissions were increased to include weekends, i.e. 7 days per week from 9.00 a.m. to 5.00 p.m.
- From 07 March 2023 admissions were increased to include patients on the Care for the Dying Patient Document (last 24-72 hours of life) from all wards within the University Hospital of North Tees.
- Documentation continues to be the main potential barrier to moving the service towards 24/7, however, the pilot is demonstrating excellent collaborative working and improved knowledge of respective services
- Over the next couple of months, through multi-agency working, it is planned to further increase admission times from 8.00 a.m. to 8.00 p.m. and then ultimately 24/7.

3.1.3.2 How we will continue to improve

Alice House Hospice have received continued funding to extend this pilot to 31 March 2024 and will continue to work with North Tees & Hartlepool NHS Foundation Trust to develop this service to support families and patients to achieve their preferred place of care, provide holistic end of life care and support the improved flow of patients within the NHS Trust.

3.2 REVIEW OF SERVICE QUALITY PERFORMANCE 2022/2023

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 2022 to March 2023. It examined the frequency, cause and effect of drug errors, patient falls, pressure/moisture damage 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 damage and other clinical incidents. They cover the reporting periods April 2022 to September 2022 and October 2022 to March 2023. It must be highlighted that these incidents took place within all of Alice House Hospice's Inpatient Services (end of life, symptom management, respite, and long term residential nursing care). A summary of audit data for all types of clinical incidents has identified the following:

- There was a total of 134 incidents during the period April 2021 to March 2022, representing an increase of 21.81% from the previous financial period.
- There has been a total of 65 incidents during the reporting period April 2022 to March 2023, representing a decrease of 51.49%

3.2.1.1 Drug Incidents

There was a total of 17 drug incidents during the period across all services, as opposed to the previous year where there were 59 in total, representing a 71.18% decrease from the previous reporting period. There was no harm to patients due to the errors, which did not show any trends. These drug incidents include accountable losses, dispensing issues, from dispensing organisation, prescribing/administration errors and record keeping.

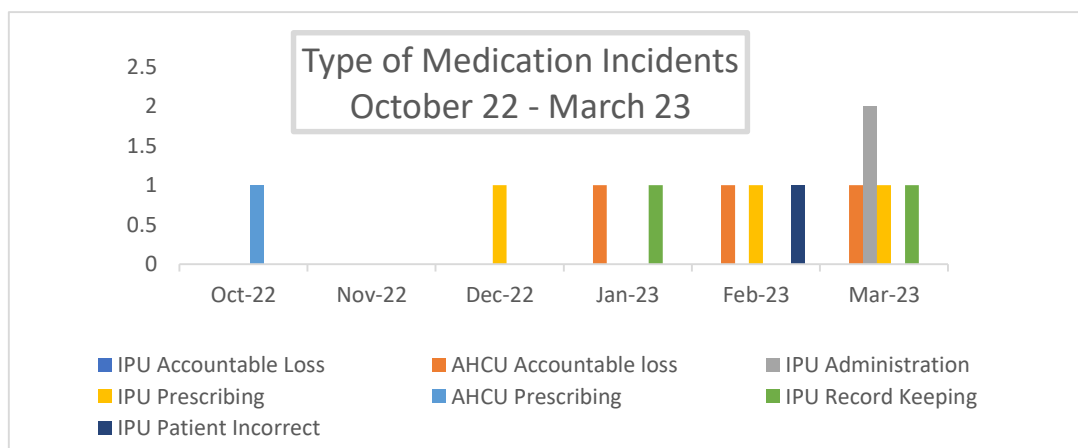
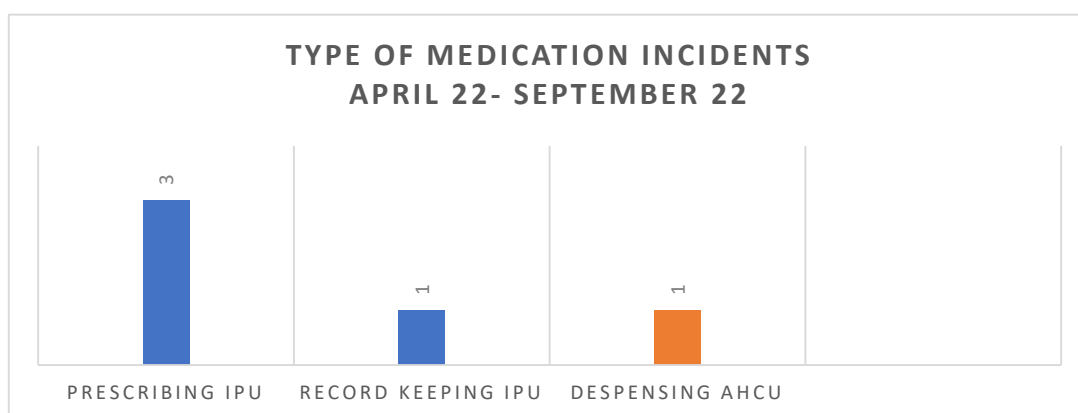
A review of the drug incidents highlights that staff are continuing to take collective responsibility in being transparent in practice and addressing issues and potential risk areas. This can be seen in staff reporting issues relating to dispensing issues from pharmacy and prescribing issues. When staff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

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

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

Clinical Incidents involving Medications:

- 17 incidents took place in this reporting period
- This is a decrease of 71.18%



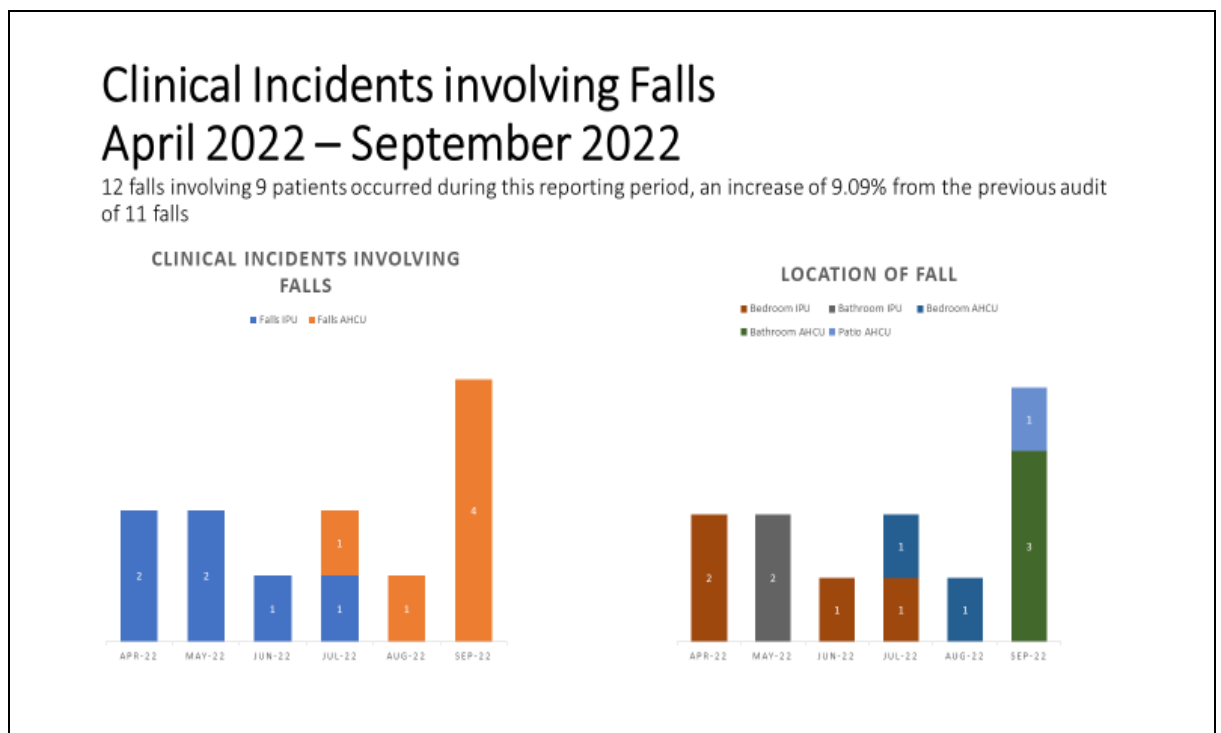
Recommendations and actions for improvement include (17 incidents):

- Accountable Loss: 3 incidents on Long Term Care Unit over 5%.
 - Breakage of glass cylinders and replacement with measuring in medicine pots or plastic cylinders which are less reliable.
 - **Recommendation and action:** New glass cylinders ordered.
- Administration: 2 incidents incorrect doses.
 - 1 error in calculating syringe driver conversion, less given to patient.
 - 1 Kardex was not checked and medication had been reduced and given at previous dose.
 - **Recommendation and action:** Both incidents human error, email sent to staff reminding of procedure.
- Patient Incorrect: 1 incident.
 - Patient admitted from North Tees and given someone else's medication on discharge.
 - **Recommendation and action:** Informed North Tees of error and advised to destroy medications sent in error. Actions completed.
- Prescribing: 7 incidents.
 - Patient prescribed colecalciferol 800 IU. GP record stated colecalciferol 400 IU plus calcium carbonate 1.5mg x 2 daily. Patient had been receiving only colecalciferol.
 - **Recommendation and action:** Consultant informed and left prescription without calcium carbonate. Email to Medical Team on the importance of correct prescribing/transcribing and independent second check.
 - Pharmacy had mis-labelled Amlodipine as Amitriptyline.
 - **Recommendation and action:** Doctor informed pharmacy of error.
 - Patient usually on Oxycodone MR 100mg but unable to swallow as dying. Converted to syringe driver, error in calculation so too low dose given.
 - **Recommendation and action:** Patient had PRN analgesia instead. Email to remind second checker. Pharmacist now completes audit.
 - Patient was prescribed Tazocin IV (Piperacillin with Tazobactam). It was noted on the drug chart that patient has a Penicillin allergy.
 - **Recommendation and action:** Consultant informed and no side effects noted, patient continued on IV Tazocin. Email to staff to check allergy status and ensure checks in place to reduce error are followed.
 - Wrong dose prescribed on admission Kardex on PRN oxycodone. Long acting BD dose accidentally prescribed PRN.
 - Patient had a morphine syringe driver of 300mg over 24hrs on admission. 180mg was prescribed and administered.
 - Morphine prescribed and started at 20mg for uncontrolled pain. The correct starting dose should have been a maximum of 15mg.
 - **Recommendation and action:** All of these errors occurred upon admission and by different clinicians. A double check system is in place to check for accuracy and all clinicians were spoken to by the Accountable Officer at the time of the incident. An audit of the double check system is recommended. To be added to the Clinical Audit list.

- Record Keeping: 3 incidents.
 - 60 capsules Zomorph 10mg in Controlled Drug book however there was 61.
 - **Recommendation and action:** 1 loose tablet had been missed in counts, found on CCTV.
 - Oxycodone 10mg 1ml stated 20 amps instead of 10.
 - **Recommendation and action:** Checked CCTV miscounted in. All staff informed of incidents and importance of correct procedure in double check.
 - Miscalculation of Zomorph 10mg and Zomorph 60mg
 - **Recommendation and action:** This was discovered during the Accountable Officer's monthly check. There is a list of calculations on the cupboard in the Drug Room and the initial amount was miscalculated e.g. 10 per sleeve counted instead of 12 per sleeve. Staff reminded to use second checker to ensure the correct number is written in the Controlled Drugs Book.
- 1 Dispensing Error
 - Gabapentin dispensed twice to patient.
 - **Recommendation and action:** This was human error as both Senior Healthcare Assistants knew medication was due. The error occurred as the Kardex had not been checked. The Senior Healthcare Assistant was spoken to by the Accountable Officer at the time of the incident and is aware of the correct procedure.

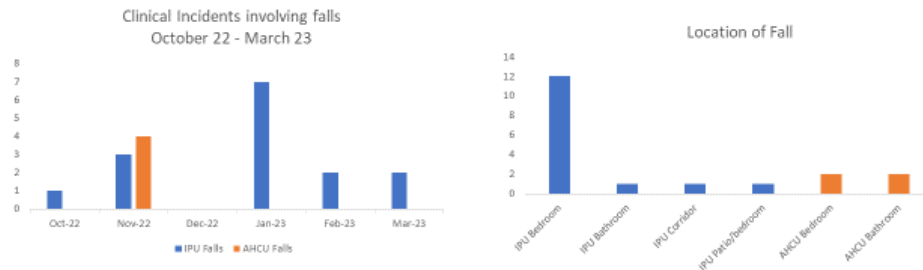
3.2.1.2 Falls Incidents

There was a total of 31 falls incidents during the period across all services as opposed to the previous year's audit where there were 29 in total, representing an increase of 6.45%. These incidents include patients who are extremely independent and wish to maintain their dignity and independence. The breakdown is on the charts below:



Clinical Incidents involving Falls October 2022 – March 2023

- 19 falls involving 10 patients occurred during this reporting period, an increase of 58.33% from the previous audit of 12 falls



Falls remain the highest type of clinical incidents within the Hospice with 12 occurring within the first 6 month reporting period.

One of these falls resulted in a fracture to the neck of femur which was reported as a serious incident to the Coroner, CQC and Commissioners.

Recommendations for improvement include (31 falls below):

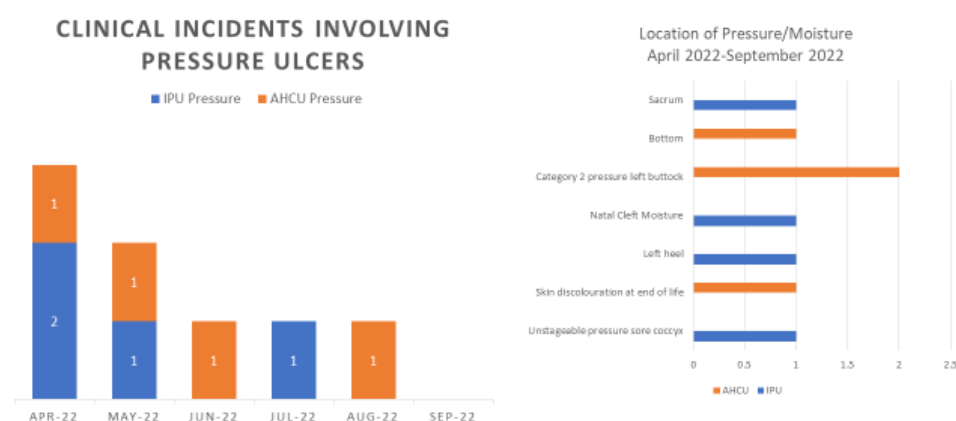
- To continue to complete intentional rounding's and monitor on next year's audit for falls incidence.
- To continue to explore how we can encourage patients to request assistance when mobilising to help reduce risk of falls.
- Intentional rounding and falls care plans continue to be implemented.
- Falls prevention training for staff. This has been discussed with the Falls Lead at North Tees & Hartlepool NHS Foundation Trust and is awaiting a response.
- Changes to bathroom doors and lighting have been identified with facility budget holder and when funding becomes available, changes will be implemented.
- Falls Prevention Strategy in place.
- 1 patient had 6 falls - patient confused, agitated and aggressive. Involvement of police and mental health services.
- 1 patient had 4 falls – patient confused, agitated and paranoid, deteriorating and approaching end of life.
- 1 patient had 2 falls – documentation incomplete.
- 7 patients had 1 fall.
 - **Recommendation and action:** Staff have been requested to complete online falls training and the Senior Manager Clinical Services is trying to source face to face training with North Tees & Hartlepool NHS Foundation Trust. The Hospice's Practice Development Nurse has been asked to include documentation in Moving & Handling training following a fall. Falls Policy is being refreshed. Lights have been changed to automatic in bathrooms.

3.2.1.3 Pressure/Moisture Damage

In total 24 pressure/moisture damage incidents occurred at Alice House Hospice between April 2021 and March 2022. Between April 2022 and March 2023 this has reduced to 13, a decrease of 45.83%.

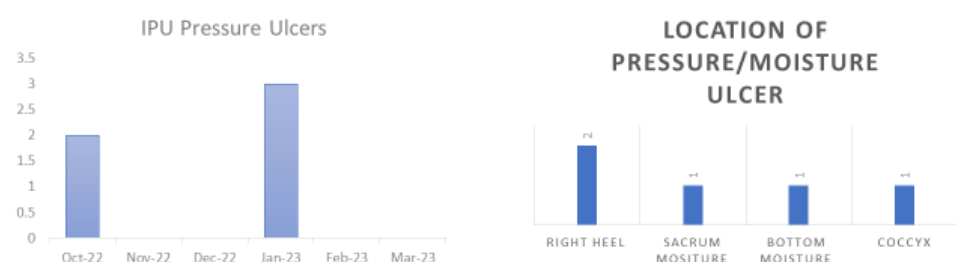
Clinical Incidents involving Pressure Ulcers: April 2022 – September 2022

8 pressure/moisture ulcers during this reporting period, occurred at Alice House Hospice (as shown in charts), 3 present upon admission. 42.85% decrease from last reporting period of 14 pressure/moisture with 11 occurring at Alice House Hospice.



Clinical Incidents involving Pressure Ulcers: October 2022 – March 2023

5 pressure/moisture ulcers during this reporting period. 54.54% decrease from last reporting period of 11 occurring at Alice House Hospice.



Recommendations for improvement include:

- Pressure Prevention Strategy in place.
- Ensure intentional roundings and care plans are in place and to liaise with Tissue Viability Lead to ensure the correct equipment is in place.
- 2 moisture and 3 non-moisture ulcers were reported between October 2022 and March 2023.

- Of the 5 incidents, 2 patients were on Care for the Dying Patient Document and should not have been reported as a clinical incident as patient on comfort only and documentation in place.
- 1 incident was a deterioration of a pressure ulcer present upon admission.
- 1 incident had inconsistencies with documentation.
 - **Recommendation and action:** Email sent to all staff at time of incidents.

3.2.1.4 Other Incidents

The Hospice collates information for all clinical incidents under the 'other' category. These incidents are those that do not involve drug incidents or falls. During this reporting period there were 4 other incidents across all services as opposed to the previous year's audit where there were 7 in total, representing an decrease of 142.85%.

Recommendations for improvement include:

- Broken air conditioning unit was reported promptly. The company took several weeks to fix the issue as parts needed were not available.
 - **Recommendation and action:** Issue with availability of parts.
- Patient assisted with personal hygiene, staff noticed rolled up patch of lidocaine, not sure how long this had been on due to colour of it (was not applied at the Hospice).
 - **Recommendation and action:** Patch removed, prescription had been stopped before admission.
- Patient not barrier nursed and staff did not hand over about COVID-19 swab, nursing staff reported they were not aware.
 - **Recommendation and action:** Email sent to staff regarding communication. Handover form redesigned to cover infection status.
- Pharmacy error – Misspelt name on medicine.
 - **Recommendation and action:** Pharmacist made aware of error.

3.2.2 Hospice Performance

The data below refers to the following commissioned service:

- **Inpatient Unit (10 Beds)**

- 10 single en-suite bedrooms providing short-term specialist palliative care for symptom management and end of life care.
- Commissioned by North East & North Cumbria Integrated Care Board (Tees Valley) for 6 beds (plus 2 additional beds during the temporary closure of Butterwick Hospice's adult Inpatient Unit) and North East & North Cumbria Integrated Care Board (County Durham) for 2 beds.

| INPATIENT UNIT | Total 01/04/17 to 31/03/18 | Total 01/04/18 to 31/03/19 | Total 01/04/19 to 31/03/20 | Total 01/04/20 to 31/03/21 | Total 01/04/21 to 31/03/22 | Total 01/04/22 to 31/03/23 |
|-------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Admissions | 167 | 187 | 194 | 174 | 147 | 107 |
| First Admission | 137 | 157 | 149 | 149 | 129 | 91 |
| % Bed Occupancy | 66.5% | 76.3% | 74.2% | 64.5% | 69.5% | 61.7% |
| Average Length of Stay (Days) | 11.6 | 12.3 | 11.2 | 11.9 | 13.8 | 20.4 |
| % Died | 50.3% | 37.4% | 53.8% | 56.6% | 53.7% | 60.6% |
| % Discharges | 49.7% | 62.6% | 46.2% | 43.3% | 46.3% | 39.4% |
| Cancer % | 88.0% | 77.01% | 86.6% | 73.9% | 86.4% | 80.4% |
| Non Cancer % | 12.0% | 22.99% | 13.4% | 26.1% | 13.6% | 19.6% |

3.2.3 Key Performance Indicators

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

3.2.3.1 North East & North Cumbria Integrated Care Board (Tees Valley)

| Measure | Threshold | Performance Q1 | Performance Q2 | Performance Q3 | Performance Q4 | Comments |
|---|---------------------|----------------|----------------|----------------|----------------|---|
| Number of Inpatients who have been OFFERED an ACP/Deciding Rights. | 90% | 100% | 100% | 100% | 100% | |
| Number of Inpatients RECEIVING an ACP/Deciding Rights. | 90% | 100% | 100% | 100% | 100% | |
| Inpatient bed availability. | 95% | 92.5% | 96.2% | 95.5% | 94.4% | Variance due to deceased patients in bed at midnight/ facility maintenance. |
| Inpatient bed occupancy. | 85% | 76.2% | 104.7% | 60.3% | 51.7% | 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 North East & North Cumbria Integrated Care Board (County Durham)

| Measure | Threshold | Performance Q1 | Performance Q2 | Performance Q3 | Performance Q4 | Comments |
|---|---------------------|----------------|----------------|----------------|----------------|---|
| Number of Inpatients who have been OFFERED an ACP/Deciding Rights. | 90% | 100% | 100% | 100% | 100% | |
| Number of Inpatients RECEIVING an ACP/Deciding Rights. | 90% | 100% | 100% | 100% | 100% | |
| Inpatient bed availability. | 95% | 100% | 98.4% | 97.8% | 97.2% | Variance due to deceased patients in bed at midnight/ facility maintenance. |
| Inpatient bed occupancy. | 85% | 28.0% | 23.2% | 62.2% | 34.3% | 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).

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

| Complexity Level | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Total |
|------------------|-------|-------|-------|-------|-------|
| Complex Days | 284 | 214 | 336 | 394 | 1,228 |
| Non-Complex Days | 256 | 318 | 128 | 120 | 822 |
| Total | 540 | 532 | 464 | 514 | 2,050 |
| Complex % | 52.6% | 40.2% | 72.4% | 76.7% | 59.9% |
| Non-Complex % | 47.4% | 59.8% | 27.6% | 23.3% | 40.1% |

3.2.3.4 Referrals Not Admitted to the Inpatient Unit

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

| Reason Not Admitted | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 | Total |
|----------------------|-----------|-----------|-----------|-----------|------------|
| Admitted elsewhere | 0 | 2 | 4 | 1 | 7 |
| No bed available | 18 | 0 | 3 | 10 | 31 |
| No longer required | 5 | 4 | 7 | 15 | 31 |
| Patient changed mind | 0 | 2 | 1 | 1 | 4 |
| Too ill to transfer | 3 | 1 | 1 | 0 | 5 |
| Died before transfer | 6 | 5 | 11 | 4 | 26 |
| Total | 32 | 14 | 27 | 31 | 104 |

3.2.4 Local Audits

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

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

- Inpatient Respite
- Tissue Viability
- Infection Control
- Controlled Drug Audit of Prescribing
- Prescribing of Medications Documentation
- Patient Incident & Safety Audits (including Falls, Drug Errors, etc.)
- Oral Hygiene
- Controlled Drugs and Controlled Drugs Register
- Patient Experience
- Resuscitation Status (A Deciding Right Initiative)
- Care for the Dying Patient Document
- Consent to Treatment
- Hospice 24 Hour Helpline
- Bedrails
- FP10 Prescription Pads
- Thromboprophylaxis
- Documentation Audit
- Completion of Referral Forms
- Clinical Environmental Audit
- Medicines Reconciliation
- Safeguarding Incidents

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

3.2.5 Clinical Governance

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

(Scully and Donaldson 1998)

The Clinical Governance Group steer the quality of clinical services within the Hospice and the framework allows us to demonstrate safe, effective and patient led services by a well led group of multi-disciplinary professionals.

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

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

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

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

3.3 PATIENT, CARER, STAFF & VOLUNTEER EXPERIENCE 2022/2023

3.3.1 Workforce Assurance Report

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

Feedback from staff has included the following comments:

"I love working for Alice House. I truly believe in what we do here for patients and families and want to support its long term future. I am flexible with my working hours and in return have had huge support for my work life balance."

"Working at Alice House and being part of a team seeking to care for people at their most vulnerable brings a lot of meaning to my professional life."

"Alice House is one of the best jobs I have ever had; the support of line managers is fantastic; the door is always open for support in all areas."

“It’s lovely to work in a place where everyone, whatever their role, is passionate about the wellbeing of patients and their families.”

“I love working at Alice House, I feel that I give meaningful care that both the patients and their families appreciate. I feel that we make a difference to their lives.”

“It’s a privilege to be part of the Hospice where everyone works hard to make a difference, no matter how big or small.”

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

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

3.3.2.1 Costing for Sickness

| APRIL 2022 – MARCH 2023 | | |
|-------------------------|---------------|--------------------|
| Month | Hours | Cost |
| April 2022 | 1112.5 | £12,994.84 |
| May 2022 | 502.0 | £4,130.29 |
| June 2022 | 537.0 | £5,936.99 |
| July 2022 | 936.5 | £18,078.15 |
| August 2022 | 435.0 | £8,473.72 |
| September 2022 | 443.0 | £5,266.80 |
| October 2022 | 948.0 | £12,839.00 |
| November 2022 | 1277.0 | £16,498.03 |
| December 2022 | 695.0 | £8,478.04 |
| January 2023 | 575.0 | £7,644.33 |
| February 2023 | 497.5 | £5,965.90 |
| March 2023 | 319.5 | £3,575.57 |
| TOTAL | 8278.0 | £109,881.66 |

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

Sickness was significantly higher than the preceding year, most notable in the first 6 months, for the following reasons:

- The majority of legal COVID-19 restrictions ended in March 2022, however the Hospice continued to implement infection control measures to protect patients. Staff were required to remain off work for a minimum of 6 days if they tested positive for COVID-19 and in the first 6 months of 2022/2023, 24 staff tested positive. This number reduced significantly in the last 6 months with only 5 testing positive.
- The removal of legal COVID-19 restrictions saw a reintroduction of seasonal illnesses and infections such as cold, flu, stomach bugs, etc. Clinical staff are required to be absent from work for a minimum of 48 hours following the last symptoms of gastroenteritis.
- In the first 6 months of 2022/2023, a higher number of staff than normal were on long term sick leave for operations, which had been delayed due to COVID-19.

3.3.3 Staff Satisfaction

The Hospice upgraded the annual Staff Satisfaction Survey in November 2022 from a paper based questionnaire to an on-line electronic version, which resulted in a significant increase in the number of questionnaires completed with 64 returned compared to 30 in 2021.



94.8% of staff agreed that they would recommend the organisation as a place to work.

"I love working for Alice House, I truly believe in what we do here for patients and families and want to support it's long term future. I am flexible with my working hours and in return have had huge support for my work life balance in return."

91.2% of staff agreed the Hospice supports them to keep healthy at work.



93% of staff agreed that there are frequent opportunities to show initiative in their role.

"...I have been encouraged by my colleagues and line managers to better myself, CEO's/Line Managers are interested in you on a personal and professional level. They fully believe in you and your abilities and I'm so grateful to be part of a caring, welcoming team."



94.8% of staff agreed that they always know what their responsibilities are.

"It is a privilege to be part of the Hospice where everyone works hard to make a difference, no matter how big or small."



"Working at Alice House and being part of a team seeking to care for people at their most vulnerable brings a lot of meaning to my professional life..."

64 members of staff completed the online Staff Satisfaction Survey in 2022



2022 Staff Satisfaction Survey Results



94.7% of staff agreed that they have someone at work to talk to if they are overwhelmed.

"Alice house is one of the best jobs I have ever had; the support of line managers is fantastic; the door is always open for support in all areas."


94.7% of staff agreed that their Line manager's expectations are realistic.



100% of staff agreed that if a friend or relative needed treatment, they would be happy with the standard of care provided by this organisation.

"I love working at Alice House, I feel that I give meaningful care that both the patients and their families appreciate. I feel that we make a difference to their lives."



 **96.5%** of staff agreed that their work is meaningful to the Hospice



98.3% of staff agreed that the care of patients / service users is the organisation's top priority.

"It's lovely to work in a place where everyone, whatever their role is passionate about the wellbeing of patients and their families."

64 members of staff completed the online Staff Satisfaction Survey in 2022

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

3.3.4.1 Annual Mandatory Training 2022/2023

Annual mandatory training encompasses the following, which was scheduled and completed in February/March/April 2022 for non-clinical staff and May/June 2022 for clinical staff:

- Food Hygiene
- Manual Handling
- Infection Control
- Data Security Awareness
- Health & Safety
- Fire
- Conflict Resolution

3.3.4.2 Clinical Rolling Programme of Education

The clinical rolling programme is an ongoing programme of education to aim to capture current issues, relevant clinical skills, gaps/improvements in practice or any learning needs otherwise identified within the organisation. This may incorporate in-house education delivery or external speakers relevant to the subjects required. During 2022/2023 the following clinical rolling programme of education was delivered:

- Dementia
- Oral Hygiene
- Symptom Management
- Fit Testing
- End of Life
- Medicines Management Competencies
- Autism Awareness
- Compression
- Tissue Viability
- Nurse Oxygen Refresher
- Blood Transfusion
- Bereavement, Loss & Breaking Bad News
- Falls
- Safeguarding Levels 1 & 2
- First Aid Clinical Level 2
- Rocket Drains
- Ketamine and Methadone
- LGBTQ in Palliative Care
- Documentation

- Clinically Assisted Hydration
- Mental Capacity Act
- Clinical Manual Handling

The relevant clinical staff also completed the following training during 2022/2023:

- The Care Certificate
- SystemOne (Hospital Palliative Care Module)
- Ashtons Pharmacy (new pharmacy provider from February 2023)

3.3.4.3 Additional Training

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

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

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

7 members of clinical staff completed End of Life Training with Teesside University:

- 5 members of Clinical staff completed a University Certificate in Post Graduate Continuing Education in End of Life Care (Level 7).
- 2 members of Clinical staff completed a University Certificate in Post Graduate Continuing Education in End of Life Care (Level 6)

3.3.5 Clinical Supervision

At the start of the Coronavirus Pandemic, it was quickly identified that workforce pressures experienced by health and care staff were increasing. Stress and burnout have been a significant and unacceptable issue for nursing staff. Clinical supervision has gained prominence as a source of psychological and emotional support for nurses, midwives and nursing support workers, with some initiative programmes using a restorative style of supervision.

The purpose of clinical supervision is to provide a safe and confidential environment for staff to reflect on and discuss their work and their personal and professional responses to their work. The focus is supporting staff in their personal and professional development and in reflecting on their practice with the ultimate aim of improving the care patients receive.

Alice House Hospice recognises the importance of Clinical Supervision for staff as a key means of developing and supporting individuals and ensuring the provision of quality services.

Senior nursing staff are provided with monthly 1:1 Restorative/Clinical Supervision which is facilitated by the Therapeutic Support Service Senior Manager who is also a qualified Clinical Supervisor. The Hospice also has another senior clinical staff member who is trained to provide supervision to clinical staff.

Other nursing staff and healthcare support staff have previously been offered group supervision. However, we will be re-evaluating and modifying how we proceed with this in the very near future.

It is standard practice for clinical staff to receive managerial supervision from their Line Manager. External clinical 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 normally takes place every September. This is delivered by the Chair of Trustees in partnership with the Board of Trustees and the Senior Management Team. This gives the opportunity to present to the public and Hospice employees, volunteers and stakeholders a reflection of the previous financial year and future aspirations for service improvements.

Due to infection control measures following on from the Coronavirus Pandemic, the AGM for 2022 was held virtually on 01 December 2022, with all Members invited to attend.

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

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

In 2022/2023, the Board of Trustees completed a review of the Hospice's governance processes to ensure that they remained 'fit for purpose' and were equipped to lead the Hospice within a framework of prudent and effective controls, enabling risk to be assessed and managed. Trustees used the Charity Governance Code for Larger Charities (Charity Governance Code Steering Group, refreshed Code published December 2020) as the audit tool.

The Board of Trustees subscribe to the following charter:

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

3.3.7 Senior Management Team

In September 2022, the Hospice's Chief Executive (Tracy Woodall) retired after 14 years' service. Trustees appointed a joint leadership role to two long serving members of staff, with Sandra Britten appointed as Chief Executive Operational and Nicola Haggan appointed as Chief Executive Non-Executive. The Co-Chief Executive roles bring a more stable leadership structure and long-term cost savings as both will continue to carry out the duties of their original substantive posts (Deputy Chief Executive/Director of Information Governance and Deputy Chief Executive/Senior Manager Corporate Services).

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

- Chief Executive Operational
- Chief Executive Non-Operational
- Director of Finance
- Clinical Services Senior Manager
- Therapeutic Support Services Senior Manager
- Retail Senior Manager
- Fundraising Senior Manager
- Business & Communications Senior Manager

3.3.8 Regulatory Compliance

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

- Chief Executive Operational
- Chief Executive Non-Operational
- Registered Manager (Care Quality Commission)
- Accountable Emergency Officer (Care Quality Commission)
- Nominated Individual (Care Quality Commission)
- Senior Information Risk Owner
- Safeguarding Lead (Adults)

- Safeguarding Lead (Children)
- Child Sexual Abuse & Exploitation Lead
- Mental Capacity & Liberty Protection Standards Lead
- Information Governance Lead
- Caldicott Guardian
- Freedom to Speak Up Guardian
- Data Protection Officer
- Prevent Lead
- Infection Prevention Control Lead

3.3.9 **Volunteers' Experience**

The survival and growth of the Hospice could not be achieved without the unstinting support of the volunteer workforce, who bring skill, knowledge and experience which greatly enhances the professional profile of the Hospice. This in turn enables the Hospice to reach further into the community, not only by caring for those with life limiting illnesses but by offering opportunities for the development of skills and expertise which individuals can take with them in their own personal development, back into the community, thus enhancing the profile of the Hospice and encouraging more individuals to offer their service on a voluntary basis.

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

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

Following a decline in volunteers as a result of the Coronavirus Pandemic, the Hospice has held a Volunteer22 campaign which has proved successful in recruiting new volunteers to the Hospice.

One of the Hospice's volunteers has said:

"Currently the world is an awful place with everything going on and I wonder how people can be so cruel. The Hospice feels like how the world should be."

3.3.10 **Education & Training**

The Hospice participated in the Education Alliance Project which commenced in January 2017. The project is a collaborative alliance approach to palliative and end of life education across all care homes within Hartlepool & Stockton, involving the Mental Health Teams, the Falls Teams, North Tees & Hartlepool NHS Trust and Alice House Hospice. The aim of the project is to reduce hospital admissions from care homes and help patients achieve their Preferred Place of Care (PPC). Further funding was secured from the Education Alliance Project to deliver training during 2018/19, 2019/20, 2020/21, 2021/22 and 2022/2023 on End of Life Care and

Advanced Care Planning to local care homes. During 2022/23 the Hospice booked virtual training sessions for 45 care homes across both Stockton-on-Tees and Hartlepool.

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

3.3.11 Awards

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

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

Unfortunately, due to infection control measures following on from the Coronavirus Pandemic, the AGM for 2022 was held virtually with volunteer awards being distributed by post and staff awards suspended until the next AGM.

3.3.12 Complaints

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

Sir Robert Francis QC

Alice House Hospice strives to ensure that all its services are delivered to a consistently high standard. However, there may be occasions when service users' or other stakeholders' expectations are not met. Making a complaint is one way that people can make their views known when our services fall short of their expectations.

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

- They provide vital information about whether services are performing for the people they are set up to serve.
- They hold the potential to act as an early warning system that can help prevent further problems.
- They are vital in supporting the improvement of standards and services.

- By law, all health and social care providers must have an efficient policy and procedure for dealing with service user complaints, which details how to make a complaint.

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

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

The Hospice maintains a Complaints Register and during 2022/23 there was 0 clinical complaints relating to patient care.

3.3.13 Other Comments from Patients & Carers

A selection of comments received are listed below:

"We cannot begin to thank you enough for the care, compassion and empathy you gave not only to XXXX but also the extended family, which was really appreciated by us. Love to you all and take care."

"The amazing staff at Alice House Hospice. We would like to thank all of the amazing staff at Alice House Hospice who looked after XXXX (our beloved dad, grandad & ex-husband lol.) You really are worth your weight in gold and we couldn't have done the last 4 weeks of his life without you ladies."

"To all the staff. From the doctors, nurses, carers, domestics, tea ladies and receptionists. We are so grateful and pleased with the care that was given to my sister XXXX. The care was faultless and you are also caring towards XXXX and also her family. Nothing was too much trouble. I hope the donation will go towards the funding of the Hospice."

"Thank you all so much for the care and attention you gave to my husband. We will never forget your kindness."

"To Everybody in the inpatients ward at Alice House, we cannot thank you enough for the care and attention you gave XXXX, and us, during his stay with you. Every one of you went above and beyond, I can't tell you how many times I cried because you were so lovely with him! He was treated with respect, kindness and humour, even when he was being a pest. Despite it being a difficult time, the girls and I have such fond memories of his time with you. "

"To all at Alice House Hospice. Thank you all for the care and kindness you gave to our mam XXXX. It will always be appreciated and remembered."

“Thank you so much for taking care of XXXX, for making him as comfortable as possible and with respect throughout. You are all so understanding and always made time to speak with us, answer our questions and take care of us as well as our Dad. We really appreciate you all. We’ve put together a hamper of goodies in attempt to show our thanks, but it doesn’t really scratch the surface, you are all truly amazing! Thank you so much.”

“To all of the wonderful staff at Alice House. The family would like to sincerely thank you all for the care you have given to XXXX during her stay, and for the support you have provided to the family during this difficult time. You really did make the situation more bearable. You are all special people and we will be forever grateful.”

“Where do I begin?!?! Thank you from the bottom of my heart for the love and care you showed not just to XXXX but to all of us too. You became our family and I will be forever grateful.”

“Alice House Hospice, thank you for everything. Our mum may have only been in your care for a short amount of time but you went above and beyond not only for her but for our whole family. We are very grateful and so happy she is now at peace.”

“There really are very few people as kind and giving as you, all are. Few people who care so deeply and do all the nice things you do. We as a family are truly heartbroken with the loss of our beautiful boy but we are safe in the knowledge that XXXX died comfortable, warm and pain free and that is down to you all. To say thank you just doesn’t seem enough but we are truly thankful to each and every one of you. You really are all angels.”

“Hello, I thank you for caring for my wife XXXX so gently with love and affection who passed away at Alice House Hospice. It was the only 2 days of comfort and care she received since September 2022 when her illness was diagnosed, thank you XXXX.”

“To all the staff and volunteers at Alice House. We just wanted to let you know how much we valued your care, support and compassion. You made an awful situation more bearable and enable us to fulfil XXXX last wish – to have us all with him when he passed. We will not forget the kindness you showed to us all and how you went out of your way to ensure we were all looked after too. XXXX was very adamant that he did not want to go into hospital or a hospice so I think the highest accolade I can give you are his words to me when he said he felt “safe and at home” in the Hospice. The peace that gave us all as a family was immeasurable. We will forever remember you all.”

3.4 **SUPPORTING STATEMENTS FROM PARTNERS & STAKEHOLDERS**

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

3.4.1 **Supporting Statement from North East & North Cumbria Integrated Care Board**

Please see next page.

Sandra Britton
Alice House Hospice
Wells Avenue
Hartlepool
TS24 9DA

7th June 2023

Statement from the North East and North Cumbria Integrated Care Board for Alice House Hospice

The Integrated Care Board welcome the opportunity to review and comment on the Quality Account for Alice House Hospice for 2022/23.

The Integrated Care Board are committed to supporting the provision of high-quality services from Alice House Hospice. Overall, the Integrated Care Board 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 2022/23 within the Hospice.

The Integrated Care Board recognise that 2022/23 has been difficult due to additional pressures on hospices dealing with significant financial challenges as rising inflation and the cost-of-living crisis has resulted in increased operating costs. It is reassuring to see that Alice House has prioritised the provision of palliative care services to meet the needs of the population despite the difficult circumstances and acknowledge the challenging decision to close the Long-Term Unit. The Integrated Care Board would like to extend their gratitude to all members of the team for their continued hard work and commitment during this time.

Reviewing the Quality Performance from the previous year's (2022/23) objectives, the Integrated Care Board acknowledges that there has been varied degrees of achievement. The creation and introduction of a Clinical Incident Database has been completed; however the Integrated Care Board recognises that the Hospice have identified that an alternative database was preferable but not financially viable. Encouragingly, the Hospice has identified a significant reduction in the number of incidents reported during that period.

The implementation of SystemOne remains a priority and will continue into 2023/2024, the Integrated Care Board acknowledges the challenges the Hospice has endured in the previous year and welcome the proposed benefits of this ambition. The Integrated Care Board recognises the collaborative working that the Hospice has undertaken with North Tees and Hartlepool NHS Foundation Trust in relation to the Rapid Response Out-of-Hours Admission Service, with the Hospice moving towards 24-hour access and admission in order to reduce Accident & Emergency and Acute bed admissions. The Integrated Care Board welcome the proposed results of the pilot within the coming year.

The Integrated Care Board acknowledges the results of the Patient Incident & Safety Audit, in particular the significant improvement in the number of drug errors and pressure ulcers that have been reported. Noted, that the number of falls has increased however there is ongoing work identified by the Hospice to address these issues, as highlighted in the 2023/24 Quality Performance objectives.



The Hospice has identified three key Performance Quality Objectives for 2023/24, including falls prevention, this is having been distinguished due to the higher risk patient group that the Hospice manage and the increased number of patient falls (one which resulted in a Serious Incident). The Integrated Care Board acknowledges the Hospice's plans to undertake this objective and the associated measurements of success. We look forward to receiving assurances that the planned work around this objective together with an improvement action plan addresses these concerns.

The second Performance Quality Objective relates to the National implementation of the Patient Safety Incident Response Framework (PSIRF). The Hospice reports that this will be achieved by attending National Patient Safety Improvement Programme events and meetings. Furthermore, the implementation of Alice House Hospice Patient Safety Incident Response Framework Implementation Plan. Essentially, they have identified that clinical staff will require relevant training and imperatively there needs to be a collaboration with regional Hospices to ensure collective approach to the implementation plan. The Integrated Care Board welcomes these initiatives and collaborative working, we look forward to the results of this objective.

The Integrated Care Board acknowledges the third Objective 'Increasing Inpatient Volunteers to Support Agitated Patients at Night'. This ambition relates to direct clinical care and the measurement of such is identified from both a patient and volunteer perspective. As identified, this may have a number of potential benefits across other care domains and the Integrated Care Board look forward to reviewing the overall results.

The Hospice recognises the importance of mental health support which is evident within their staff and patient services. It is satisfying to note, that the Hospice is part of the Better Health at Work Project and after receiving the Bronze Award is currently working towards the Silver Award. Higher levels of staff sickness have been identified within the Quality Account, with associated rationale and supportive measures identified. The Integrated Care Board look forward to the impact this may have within the coming year and acknowledges the positive staff feedback that has been showcased.

The Hospice participated in 1 national clinical audit/ research and 1 regional clinical audit/research covering NHS services; one regarding a cluster randomised trial of clinically assisted hydration in cancer patients in the last days of life (CHELsea II). The other 'Implementing an innovative model of care as an alternative place of care and death for patients living in an area of high socio-economic deprivation'. Furthermore the Hospice has showcased their involvement within a number of local audits The Integrated Care Board welcome the Hospice's essential involvement in audit with the overarching benefit to patient care.

The Care Quality Commission has not taken any enforcement actions against Alice House Hospice during 2022/2023. There have been no special reviews or investigations carried out by the Care Quality Commission during this reporting period. The Hospice's last inspection (March 2015) by the Care Quality Commission was unannounced and the formal report and rating received was an overall rating of 'Good'.



It is also very satisfying for the Commissioners to read such positive patient and family feedback about how staff members have treated patients in their final moments with dignity, privacy and respect and it is a great reflection on the quality of care provided by Alice House that no formal complaints were received for the 2022/23 period.

The Commissioners look forward to continuing to work in partnership with Alice House to assure the quality of services commissioned in 2023/24.

Yours sincerely,



Chris Piercy
North East and North Cumbria Integrated Care Board
Executive Director of Nursing and Quality

