

St Teresa's  
DARLINGTON  
HOSPICE



# Quality Account 2022-2023

The Darlington and District Hospice Movement



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# Section One: Overview

## St Teresa's Hospice: Our Vision and Strategy

The focus of our work is entirely on enhancing quality of life of people living with a life-limiting illness and those important to them.

Our highly skilled palliative care team enables us to provide a holistic, timely and responsive service to people at all the phases of illness. This support extends to those who care for and about the patient, both during the time of illness and beyond with ongoing bereavement services as needed.

We are committed to working in collaboration with statutory and voluntary partners to provide seamless and integrated services for local people.

Our continuing aim is to provide the best possible care to those who need it, in terms of:

- Quality (co-ordinated, safe, effective, well-led services).
- Professionalism (motivated, caring and competent workforce).
- Personalised care (the right support, at the right time, in the right way).

### St Teresa's Hospice aims to provide "CHOICE"

Complete  
Holistic Palliative Care  
Offered free of charge  
In the patient's  
Chosen  
Environment



**St Teresa's Hospice's three year strategy was launched in 2021 and is summarised in the document below:**

Our Strategic Priorities			
Appropriate Sustainable Dependable	Clearly positioned as hub of palliative & e.o.l.c	Excellently Governed	To be the place where...
Understanding the Diverse Needs in our Community	Enhance Wider Strategic Partnerships	Charity and Business Governance, which is well led and quality-assured	<ul style="list-style-type: none"> <li>The Hospice is a special place and there are certain things which make it different. We are a part of the broad health and social care environment but we're also an independent charity, able to determine our own future.</li> <li>We are an influential force, advocacy and pioneering excellent palliative and end of life care.</li> <li>Patients and carers are at the heart of everything we do.</li> <li>Our workforce is supported by a large number of volunteers.</li> <li>The majority of our funding comes directly from our supporters and local communities.</li> <li>We don't charge for our core service at the point of delivery.</li> <li>Our reputation is the key to our future and the type and quality of service we provide is therefore directly linked to that reputation.</li> <li>We are a true local charity, serving our local communities.</li> <li>There is a recognition that if St Teresa's Hospice remains an organisation of choice, excellent provision of care will be assured for those who need it at such a difficult time in their lives.</li> </ul>
Working within our needs but still responsive	Enhance Local Partnerships	Safe, quality-assured and continuously improved Clinical Governance	
Sustainability	Communicate	Managing Risk, ensuring Regulatory Compliance and maintaining appropriate Information governance throughout the organisation	

Our Strategic Goals



## Quality at St Teresa's Hospice: Chief Executive's Statement

I am pleased to introduce our Quality Account for 2022/23. At St Teresa's, we pride ourselves on enhancing the quality of life of people living with a life limiting illness and those important to them. This report presents the opportunity to provide an account of our work over the past year to improve the quality of care we provide and to share our priorities for the year ahead.

Collaboration with our partners across health, social care and the voluntary and community sector has never been more important. We have benefited from the continued support from County Durham and Darlington Foundation Trust palliative care team throughout the year. We have also been planning for the future and in conjunction with Teesside Hospice have produced our corporate objectives. These objectives focus on themes including seeking and strengthening our partnerships, collaborative working and our transition to digital solutions, all designed to increase and strengthen the outcomes we deliver and ultimately putting the patient at the heart of everything we do.

Throughout the year our internal governance and assurance frameworks continued to develop and these are working well with timely and accurate data available at appropriate levels in our organisation. This enables us to explore ways in which we can develop our services to ensure we continue to meet the changing needs of our community, enhancing our patient, family, carer and visitor experience.

In August we were randomly chosen to undergo an announced inspection as part of the CQC's assessment of their new inspection process. At this inspection our rating remained the same and we were rated 'good' overall. Alongside the overwhelmingly positive outcome data from those we care for and strong satisfaction ratings from our staff and our family and friends survey we are able to take a good level of assurance that both our regulatory compliance and charitable impact is delivering the benefits we all expect.



Reflecting on service developments over the past year we are particularly proud of our new model for day services which offers people the skills, knowledge and confidence to manage the challenges and changes associated with living with a palliative illness.

### **As we move into 2022/23 our three priorities for improvement are:**

- Bring staff and volunteers together to develop a framework for Hospice culture.
- A fundamental review of the tools we use to measure clinical effectiveness.
- Widening access to our services.

Thank you for your continued support. We couldn't have continued to improve the lives of local families without you. We commend this report to you as evidence of the quality & compassion embedded in all that we do.

I can confirm that to the best of my knowledge this Quality Account is a fair and accurate report of the quality and standards of care at St Teresa's Hospice.

**Nicola Myers**  
Interim Chief Executive

## Statement of Assurance from the Board

The Board of Trustees are pleased to support the Quality Improvement Priorities for 2023/24, as set out in this document. We are keen that all members of the communities which we serve do not face barriers (whether they be real or perceived) in accessing Hospice services.

There has been good progress made across the three Quality Improvement Priorities for 2022/23. Of note is the development of the model for specialised clinical services where the Hospice has worked collaboratively with clinical colleagues at CDDFT. This has led to a smoother admission process and more effective use of our inpatient beds for the benefit of those requiring specialised Hospice care.



Most of our care for patients takes place in their own homes. Our Rapid Response service continues to provide an essential element of care for people receiving palliative and end of life care in the place of their choosing. The service is highly valued by the patients and their loved ones. Avoidance of hospital admissions by timely, specialised interventions by our skilled team is of benefit to the whole health economy as well as reducing unnecessary stress and anxiety to those involved. We continue to rely on charitable donations to support this service.

Our Trustees have a variety of areas of expertise, and each uses their knowledge and skill to strengthen the governance of the organisation. Reports to the Trustees are received on a regular basis and scrutiny takes place at subcommittees which are led by Trustees. The subcommittees provide assurance to the Board and Board meetings which are held quarterly. Trustees take part in mandatory training on an annual basis. The Board of Trustees are confident that, despite the challenges that we and most hospices are now facing regarding funding and increased costs, St Teresa's has maintained extremely high levels of care to patients and their families.

A handwritten signature in black ink, appearing to read 'Carol Charlton'.

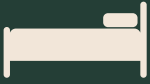
**Carol Charlton**  
**Chair of Trustees**

## Statutory Information Relating to the Quality of Services

The following are statements that all providers must include within their Quality Account, although some of these statements are not directly applicable to specialist palliative care providers.

### Our Services

Throughout the accountable period, St Teresa's Hospice provided the following services.



**Inpatient Unit:**  
6 Specialist Level Palliative and End of Life Care beds (Symptom management and End of Life Care) plus 1 Core Level Palliative and End of Life Care bed (CHC)



**Wellbeing Groups and Courses**



**Hospice Home Care**




**Rapid Response Nursing Service**  
(round the clock response within 1 hour)




**Family Support Services**  
(Counselling, Social Work and Bereavement Care including specialist provision for children and young adults)



**Complementary Therapies**  
(Acupuncture and Massage)



**Lymphoedema Service**

**The Hospice has reviewed all the data available to it in terms of the quality of care delivered.**



## Our Funding

St Teresa's Hospice provides all its core services free of charge to patients, families and carers.

The majority of our funding continues to be provided through the generous support of our local community in the form of donations, legacies, fundraising events and our One Wish Lottery and shops.

The core grant received from the NHS represents approximately 30 per cent of the total income generated by St Teresa's Hospice for 2022-2023. All of the financial support we receive from the NHS is spent directly on patient services.

All our services are reviewed on an ongoing basis to ensure they continue to be effective and efficient.

We are actively engaged in local and national discussions about future NHS funding, to secure fair and sustainable funding. We are working collaboratively with commissioners and other service providers to develop delivery and funding models in accordance with the "Commissioning & Investment Framework for Palliative and End of Life Care" (2022).

In the accountable period, St Teresa's Hospice NHS income was not conditional on achieving quality improvement and innovation goals through the CQUIN payment framework or subject to the payment by results clinical coding audit by the Audit Commission.



## Participation in National and Regional Clinical Audit or Research

St Teresa's Hospice did not participate in any national clinical audits and there were no national confidential enquiries.

The Hospice's clinical audit programme for 2022-2023 is detailed in section three.

No patients receiving services provided or sub-contracted by St Teresa's Hospice were recruited during that period to participate in research approved by an ethics committee.

However, in the past year the Hospice participated in two pieces of research.

Firstly, a PHD student evaluated the effectiveness of the MS Programme as part of her doctorate programme. Her report provided a favourable assessment of the service and offered some recommendation to further improve the efficacy of the support we provide.

Secondly, a lecturer from Teesside University produced her evaluation of our education model with schools, supporting individual staff and organisations to support bereaved children and young people.



## Care Quality Commission

Further to our Engagement and Monitoring meetings with CQC in July 2022 we were advised to submit an application to cancel our registration for “Personal Care” and “Diagnostics and Screening Procedures” and only be registered for “Treatment of Disease, disorder or injury”, in line with CQC review of regulated activities in hospices. This application was confirmed in August 2022.

### St Teresa’s Hospice is now registered for the regulated activity of “Treatment of Disease, disorder or injury” with the following conditions:

- Caring for adults over 65 yrs.
- Caring for adults under 65 yrs.

The Monitoring Summary Report in July 2022, confirmed the CQC were very satisfied with our Hospice and commended us for the overwhelmingly positive feedback they received about our services from patients and carers. The key areas they explored were medicine management, incident reporting and actions, service user involvement and staffing levels.

Then in August 2022, we were randomly chosen to undergo an announced inspection as part of the CQC’s assessment of their new inspection process. We retained a **good** rating in all categories Their overall summary is as follows.

**“Our rating of this service stayed the same. We rated it as good because:**

The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.


Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service’s vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.”



## Summary of Activity for 2022-2023


The Hospice submits Quarterly Service Quality Reports to the ICB. Our performance data is also reviewed monthly by the Senior Leadership Team and Service Leaders Group, and quarterly by the Board of Trustees and Clinical Governance sub-committee.


### Inpatient Beds

 Inpatient Unit	2021/22	2022/23
Number of New Referrals	164	197
Number of Individual Patients Admitted	107	122
% Occupancy	66%	77%
Total Numbers of Deaths in IPU	52	102
Total Number of PPD Met	46 (90%)	91 (89%)


Emerging out of period of restricted bed use brought about by the pandemic, our occupancy rose last year in response to improved admission pathways designed to mitigate reduced capacity in our specialist clinical team following the retirement of the nurse consultant.

### Community Hospice

 Rapid Response	2021/22	2022/23
Number of New Referrals	330	291
Number of Individual Patients Seen	272	257
Total number of Contacts (Visits and Telephone Support)	3841	4186
Total Numbers of Deaths at Home	204	171
Total Number of PPD Met	198 (97%)	164 (96%)


 Home Care (CHC)	2021/22	2022/23
Number of New Referrals	77	72
Number of Individual Patients Seen	51	49
Total Number of Visits	2092	2322

## Wellbeing Groups


 Wellbeing Groups	2021/22	2022/23
Number of New Referrals	60	134
Number of Individual Patients Seen in Clinics by External Providers	56	156
Total Number of Attended Appointments	223	1403


## Family Support Team

The following data includes face to face contacts in relation to counselling, social work, bereavement care as well as attendance at the carers' Support Group and Bereavement Support Group.

 Family Support Team	2021/22	2022/23
Number of New Referrals	256	356
Number of Individual Patients Seen	245	370
Total Number of Attended Appointments	1821	1917

## Complementary Therapies

 Complementary Therapy Clinics	2021/22	2022/23
Number of New Referrals	70	142
Number of Individual Patients Seen in Clinics	112	162
Total Number of Attended Appointments	1308	1698

 Lymphoedema Clinics	2021/22	2022/23
Number of New Referrals	91	68
Number of Individual Patients Seen in Clinics	206	229
Total Number of Attended Appointments	526	559



## Data Quality and Information Governance

St Teresa's Hospice did not submit records during 2022-2023 to the Secondary Users Service for inclusion in the Hospital Episode Statistics as it is not eligible to participate in the scheme. The Hospice has effective data recording, reporting, monitoring and evaluation processes in place internally.

St Teresa's Hospice has always been diligent in protecting the personal information of patients, staff, volunteers and donors in line with legislation. We have completed the NHS Digital Data Protection & Security Toolkit self-assessment, against which our performance was measured and found fully compliant against the National Data Guardian's 10 data security standards. This gives assurance we are practising good data security and that personal information is handled correctly in line with GDPR and our contractual obligations.



## Section Two: Priorities for Improvement

**All of the work that St Teresa's Hospice does is inspired by the needs of people affected by a palliative or life limiting illness.**

This includes the patients themselves, their loved ones, family and carers , and the general public who may look to us for support and advice around issues associated with palliative care.

We are not complacent and strive not only to maintain our exceptionally high standards today, but to keep moving forwards, to reach as many people as possible, and by being innovative and developing our services so that we can meet needs in the future of an ever-changing population demographic. We also keep abreast of the changes in the commissioning landscape, working in collaboration with our H & SC Partners

We measure our performance internally using key performance indicators, research-based quality measures and feedback from people with lived experience of our services. We also measure ourselves against other providers using local and national benchmarks, and in turn, we are measured by our commissioning colleagues and the Care Quality Commission (CQC). The Hospice has worked hard to embed our culture of continuous service improvement.

The quality improvements outlined in this account pertain only to clinical care and relevant support services necessary to provide care. The report does not take into account fundraising and administrative functions of the organisation, it is important, however, to note that separate quality initiatives are deployed in these non-clinical areas.



## Quality Improvement Priorities for 2022-2023. Progress Report:

In the 2022 report, we set out three priorities for improvements to our services. We are pleased to report that considerable progress has been made as detailed below.

### Develop A Service User Consultation Forum

Patients and carers are at the heart of all we do so it was essential that we continue to improve how we capture people's lived experience in order to inform service development and delivery, and continuously improve the quality of our care. Alongside the various platforms we already use to gather feedback, in 2022 and 2023 we piloted three sessions, with existing service users, where people were asked to share their experience of accessing and using Hospice services. Outside of these groups we also offered opportunities for people to have a one-to-one discussion. In one instance we facilitated a meeting between a bereaved carer and a consultant from CDDFT. Working together, we identified how this family's story could be shared with staff training sessions to underpin the importance of Advance Care Planning and good communication in end-of-life care.

Analysis of the information shared, produced several key themes from myths around referral criteria and lack of public understanding about the role of hospices to barriers around engagement with services. Most people reported that they found the Hospice to be a safe and supportive space where staff were confident about discussing challenging matters such as diagnosis and prognosis.

#### Outcomes:-

1. Most people would prefer to share their views in the context of a familiar group or individually rather than in a more public forum. Therefore, rather than offer open meetings we will schedule regular focused feedback sessions into hospice groups and will routinely offer individuals opportunities to give face to face feedback via semi-structured interviews.

2. Continuous service promotion and myth busting to both the public and health/social care professionals and organisations is important. This is an ongoing project with our marketing and communication team. We plan to co-produce some public information with services users.
3. People may benefit from visual/video resources to introduce them to the building/services before they attend/are admitted. This is planned for production in 2023.
4. We need to improve outreach for the Hospice-based services, to make introductions to people where they are rather than assuming people can attend for a first appointment here or commit to an admission/services. Funding to extend our outreach is on the agenda with statutory partners.
5. We need to further develop work with our system partners to gain a wider reach with public feedback, especially those we are not reaching at present. This will inform our Hospice strategy going forward.
6. Barriers around transport and cost to be addressed with ICB and interagency forum in Darlington.

**Dr Lucy Nicolson Consultant in Palliative Medicine CDDFT**

"I was contacted by the hospice after they became aware of some concerns about the care of a patient, whose partner wanted to share their experience to make a difference in future patient care. The patient had spent some time in Darlington Memorial Hospital and had died there. With the lady's permission, the hospice shared her concerns with me. I reviewed the patients notes and then met with the lady at the hospice. Through meeting with her, I was able to explain to her some of the things that happened and was also able to hear her perspective about his care. There were some lessons to be learned from the case and these have helped to focus the end of life training that we deliver."



## Develop a New Model for Day Services

In 2021, in consultation with service users and stakeholders, we began to re-imagine our day services' model with the aim of supporting people's holistic wellbeing; empowering patients to live as independently and fully as possible, and to cope constructively with deteriorating health.

We were especially keen to break down real or perceived barriers to people accessing palliative care services and create a model that is collaborative, sustainable, responsive and innovative.

Over the past year we have rebranded The Woodlands as a Wellbeing Hub and are delivering a choice of services designed to offer people the skills, knowledge and/or confidence to manage the challenges and changes associated with living with a palliative illness.





**The Hospice currently offers the following services:**

- Focus and Breathe Programme. Specialist exercise and peer support group for people with progressive respiratory disease.
- MS Wellbeing Programme. Specialist speakers, peer support and bespoke exercise sessions for people with advanced MS. In 2023 we will introduce an additional programme for people recently diagnosed with the condition.
- Stay Active Sessions.
- Tai-chi class.
- Creative Café.
- Carers' Support Group.
- Mindfulness Course.
- Bereavement Support Group

**The Hospice also hosts a number of services from our partners:**

- Darlington Carers' Support Team (office now based in the Woodlands Wellbeing Hub).
- Welfare Rights and Advice Clinic with Darlington Citizen's Advice.
- Social Prescribing Clinic with Darlington PCN.
- Singing for the Brain with Darlington Alzheimer's society.
- Cardiac Rehab Programme with CDDFT Community Cardiology Team.
- Wellbeing Programmes from TEWV (coming in the summer of 2023).
- Parkinson's UK Group (starting summer 2023).



## Develop a New Model for Specialist Clinical Services

Following the retirement of the Nurse Consultant in February 2022, we used the opportunity to review how we deliver specialist level palliative and end of life care.

We consulted key partners and produced an options appraisal. Taking into account the new NHS “Commissioning and Investment Framework for Palliative and End of Life Care”, we decided on a multidisciplinary model based on a collaboration with the local Trust to deliver:



- In depth specialist knowledge; to undertake assessment and management of physical, psychological, emotional, social and spiritual distress to reduce symptoms, suffering and distress.
- Support and analysis of complex clinical decision-making challenges.
- Providing multi-disciplinary specialist support advice and training.

To achieve this, we recognised that we needed a range of specialist practitioners in the clinical team that included CNS, doctor and consultant expertise.

- We were unable to recruit to an additional experienced CNS or Nurse Consultant post (reflecting the national shortage of specialist level clinical staff) to support our trainee CNS in post so we opted to develop our own nursing staff utilising the national CNS training programme. We now have two qualified CNSs in the Hospice.
- CDDFT continued to support the team with 2 sessions a week from a Palliative Care Consultant, including input at the weekly clinical team meeting.
- We were unable to obtain funding for a GP with Specialist Interest post however, this key improvement remains a priority and is in keeping with the commissioning ambitions of the local ICB. We continue to work with the ICB to develop a funded and sustainable model of delivery.

## Quality Improvement Priorities for 2023-2024

### Developing our working culture

Bring staff and volunteers together to develop and 'own' a framework for hospice culture that will enable St Teresa's to become an even greater place to work, where teams are happy and motivated and work to our values.

Every year we conduct our staff survey and in 2022 we improved our scores in many areas including headspace and free from worry which were our lowest scoring areas previously. The survey showed that we also increased our scores in nine other areas, with large increases in attention, knowledge and company & customers. However, we did see decreases in team co-operation and team understanding. Whilst the quality of care that patients receive depends first and foremost on the skill, compassion, and dedication of staff the values that we collectively hold as a charity and our culture go a long way to determining whether we succeed as individuals, teams, a partner and a hospice.

Therefore, led by the Interim CEO, working alongside the senior management team and guided by HR we will focus on bringing staff and volunteers together to develop and 'own' a framework for hospice culture. The results of this will be summarised in a 'key values' document and this will provide a framework to guide decision making and ultimately empower our whole workforce going forward.

### Measuring Clinical Effectiveness: A Fundamental Review

Evidence based practice underpins all the care that we give. We use a number of recognised tools across the Hospice including Outcome Assessment and Complexity Collaborative (OACC), Goal Based Outcomes (GBO) and Measure Yourself Concerns and Wellbeing (MYCaW) to measure outcomes and capture patient/carer experience to evidence clinical effectiveness.

Reviewing our services in light of the National Guidance for Palliative and End of Life Care with a particular focus on the personalisation agenda, we identified the need for a fundamental review of the tools we use to measure clinical effectiveness and evaluate how compatible they are with a person-centred approach. Therefore, led by the senior Clinical Nurse Specialist, our team will research best practice and review our processes to identify quality improvements.

The benefit to patient care and the Hospice will be that we are evidencing the efficacy the specialist care we provide using the most up to date research-based tools which will lead to more effective evidence-based care. This will be an opportunity to explore all aspects of clinical effectiveness and feed this back into improved care outcomes.

### **Widening Access to Hospice Services.**

“Ambitions for Palliative and End of Life Care” (2015) states that everyone should get “fair access and provision of palliative and end of life care regardless who they are or where they are from” yet research shows that people with low socio-economic status are less likely to access hospice care.

Darlington is amongst the 10% most deprived areas in England. According to latest ONS figures, 15.3% of the population is income-deprived with nearly a third of neighbourhoods sitting in the 20% most income-deprived in England. Analysis of our internal data (SystmOne data with IMD) shows that the average service user has an above average SES meaning that we are not reaching the more deprived people in our community.

Conversations with local organisations who work with people who are homeless, vulnerably housed and/or are in financial need have revealed that they have a limited understanding of hospice services and lack confidence in addressing needs around death and dying. They spoke about the barriers many of their service users face including fear of discrimination by, and mistrust of, professionals, feeling like they won't fit in certain environments or groups of people and the challenges of coping with a wide range of complex needs.

St Teresa's Hospice wants to ensure its services are accessible to the whole community but recognise that some people, especially those living in poverty, may encounter additional barriers.

The “Opening doors” project brings together local organisations with a shared purpose of improving the lives of people with life-limiting conditions and low incomes. Through partnerships with organisations who engage with people who are homeless, in vulnerable housing or experiencing financial hardship we can build trusting relationships to support people to live fully and die well with a life-limiting illness, whatever that means to them.

Throughout this process we hope to gain a better understanding of the barriers many people face when accessing hospice care so we can develop better pathways and deliver more inclusive services.



# Section Three: Review of Quality Performance 2022-2023

**St Teresa's Hospice is committed to delivering safe and effective services. In the past year we have continued to develop our Clinical Governance and Quality Framework to monitor patient safety, clinical effectiveness and ensure the best possible experience for patients and their carers/families. To achieve this, we utilise a range of measures to benchmark and monitor our performance and continually seek to improve our quality of care in line with best practice and up to date research.**





## Leadership and Governance

The Hospice Board of Trustees is a strong Board providing effective leadership.

The Hospice has an established management structure in place with a Chief Executive Officer who has delegated responsibility from the Board, and who is supported by the Deputy Chief Executive Officer and Finance Director, Director of Care Services and the Registered Manager.

### The following officers are also in place:

- Registered Manager with the Care Quality Commission.
- Anti-fraud officer (Hospice Trustee).
- Caldicott Guardian, (HR Manager) responsible for safeguarding patient information.
- Data Protection Officer (Data and Quality Assurance Manager).
- Freedom to Speak Up Guardian (Senior Manager).
- Two Privacy Officers (CEO and Senior Clinical Services Administrator).
- Accountable Emergency Officer (Trustee).
- Prevent Lead (CEO).
- Accountable Officer for Medications, (Registered Manager).

### The board has five sub-committees:

Finance, Retail, Fundraising, Workforce/HR and Clinical Governance. The Clinical Governance Sub Committee is led by a member of the Board of Trustees. This group ensures that a strong focus is maintained on quality improvements through the provision of consistent robust information supported by analysis and in-depth discussion. This process is supported by the regular review of the clinical risk register and rolling action plan.



## Patient Safety

### Clinical Incidents

St Teresa's Hospice promotes a culture of open reporting across the organisation of "learning not blaming" when incidents do occur, as evidenced by the 34% increase in reporting over the past year. For the period 2022 - 2023, we reported 174 internal incidents (130 reports in 2021-22). There were no "Never Events".

All clinical incidents are reviewed and graded weekly by the registered manager to identify common themes or patterns and to draw out any learning. We undertake a Root Cause Analysis, as appropriate, to discern any action or service improvements then learning is shared with individual staff or services as appropriate to ensure the workforce is supported to embed learning in their practice. Additionally, all key patient safety measures (e.g. falls, medicine management and tissue viability) are benchmarked against Hospice UK averages for adult hospices.

For example, one of the improvements in the last year, which has come out of better reporting of incidents, is improvements in how we support patients which pressure ulcers:

- We improved our relationship with the local tissue viability team.
- Strengthened our link nurse post.
- Improved education for all clinical staff.
- Introduced body mapping of all patients on admission to spot any potential or existing skin problems.
- Introduced photographing all pressure ulcers to map progress.
- Obtained better equipment such as OSKA mattresses.



## **Health Related Infections**

We have remained diligent, with the support of the specialist infection control team, to maintain safety of patients and staff through the pandemic. The testing and PPE have slowly been withdrawn in line with Government guidance in 2022-23 but staff focus on maintaining high standards of hygiene. This is being supported by the housekeeping team who are maintain high cleanliness standards in line with best practice and highlighted in the CQC report.

In March 2023 we had an inspection from the Specialist Infection Control Community Team. We received a very positive report with no major improvements required.

## **Safeguarding and Deprivation of Liberty Safeguards**

All training is mapped to ensure it complies with the inter-collegiate document. Safeguarding training is embedded in our induction and ongoing mandatory training programme. We have three designated safeguarding officers in place supported by a safeguarding lead to assist all staff with managing safeguarding concerns. We require practitioners to submit a reflection on each safeguarding episode using an in house “Safeguarding report”. All reports are then reviewed by the designated safeguarding team to ensure that our training, processes, policies and procedures are fit for purpose and they enable the Hospice workforce to identify, share and manage safeguarding concerns effectively and appropriately. Key messages from reviews, alongside general updates are sent to clinical teams each quarter via a “Safeguarding: Key Messages” document. Public and staff posters ensure that staff and the public know who to raise concerns with. The safeguarding lead attends quarterly updates with North Yorkshire CCG safeguarding team and utilises resources from Darlington Safeguarding board as required.

## **Duty of Candour**

St Teresa’s Hospice has a Duty of Candour policy in place and training in the application of the policy now forms part of the rolling education programme.

## Safe Staffing

The right person, in the right job, in the right place at the right time is essential to ensure patient safety. Staffing levels are monitored constantly, and a bi-annual staffing report is produced for our commissioners and the Board of Trustees, which focuses on transparency, capacity and capability, and actual and planned staffing levels, which are further triangulated with occupancy and incidents. St Teresa's Hospice do not currently use agency staff and all cover is provided internally.

Clinical supervision and informal debrief is regular practice with staff in all departments. There is also a comprehensive education programme, both mandatory and optional, to ensure staff remain highly skilled and motivated.

## Risk Assessments

Risk assessments are carried out throughout the organisation. They are in place in clinical areas and include falls assessments, nutritional screening and skin integrity to name only a few. Risk assessments are also in place to address health and safety hazards within the Hospice, such as COSHH risk assessments. The Hospice is also engaged with the National Patient Safety agency and appropriately cascades and monitors implementation of any National Patient Safety Alerts.





## Clinical Effectiveness

Many components contribute to demonstrating clinical effectiveness including quantitative data, key performance indicators, audit and an overarching, strong clinical governance to demonstrate how we meet the needs of our patients and achieve the appropriate clinical outcomes.

Quantifying care can be very subjective, and effectiveness can be difficult to measure. However, the Hospice has a range of Key Performance Indicators (KPIs) and has adopted aspects of the OACC suite of reliable measures designed to capture patients' changing health status, following care or interventions provided. This is now embedded in all clinical areas and provides the specialist team with the information required to plan the management of care more effectively.

## Clinical Audit

The audit programme incorporates nationally agreed formats such as Hospice UK audit tools and locally developed audit tools. For audits undertaken, a compliance RAG rating which triggers action plans for improvement, has been developed. The resultant action log is monitored by senior management; this enables us them to monitor quality and ensure improvements have been made where needed. For example, following a General Medicines audit, we devised a new care plan which enables staff to record all "when necessary" medications in one place rather than duplicating information across a number of care plans. Staff can now link to the appropriate assessment pre and post administration to record the effectiveness of the medication

In 2022-2023, we completed 97 Audits (51 in 2021-2022) across all areas of the Hospice.





## Patient and Carer Experience

St Teresa's Hospice continues to invest significant time in exploring patient and service user experience. Our questionnaires and focus groups are designed to elicit information to enable continuous service improvement.

Feedback is sought in a variety of ways, including the following:

- Questionnaires that include the Friends and Family Test.
- Suggestion Boxes.
- Focus Groups (introduced in 2022).
- Use of patient outcome measures e.g. Measure Yourself Concerns and Wellbeing (MYCAW) and Goal Based Outcomes (GBO).

Additionally, we also record volunteered information from comments, thank you cards, letters and feedback on the Hospice website.

In 2022 we piloted the GBO tools with some wellbeing groups and counselling clients. These new feedback forms are based on a nationally recognised person-centred tool for measuring effectiveness. Following feedback from patients, the format has been tweaked to make it more user friendly. This has now been fully rolled out in all the wellbeing groups and counselling services.

Throughout the accountable period we were encouraged to report that **98% of our service users are “likely or extremely likely to recommend our service”** to their family and friends.

All feedback is discussed at the monthly strategic management team meeting and monitored via the Clinical Governance Sub-Committee. A “What you said, what we did” ongoing report has been developed, to aid continuous improvement.

Where appropriate we publish quality improvement outcomes on our website.

## Samples of Feedback from our Service Users

People often send in comments about care that they have received at the Hospice, below are some examples in the patients' and carers' own words:

"We thank you from the bottom of our hearts for the care and attention you have shown us in the last months of Mum's life. St Teresa's had a special place in Mum's heart, from the Day Care a few years back and all the fun company. This was the highlight of her week and she loved attending. St Teresa's Hospice is such a place of calm and tranquillity but what really makes this place so special is the staff. You are all so wonderfully professional and caring to the core and helped make the roller coaster ride of the last few weeks something I will treasure and will be of great comfort on the sad days. Mum had a wonderful life and, thanks to you all, a dignified and comfortable end. Having looked after Mum for so long I cannot express my gratitude and thanks enough for all the care and support you have given us."

"I would like to say a big thank you for all the help and support you gave us at this difficult time. A phone call away and a prompt service. You helped when XXXX was in pain. You helped ease her pain if it was early a.m. or late p.m. You came and always with a smile to reassure me that XXXX's pain was under control. ...keeping our spirits up. We can't thank you enough. XXXX is at peace now."

"I would like to share my extreme satisfaction with [the acupuncturist] and his proficiency in the treatment of acupuncture. His sensitive professional assessments and response have enabled a trusting and therapeutic environment that has introduced me to a level of pain relief that has made me able to almost reduce my oral pain relief to zero."

“I attend the fortnightly carers group and I have to say that it has really been helping me through a tough time. It’s just nice to spend time with others who understand what it’s like. The tea and cake is great too. I also attended the carers Mindfulness day a few weeks back. It was such a calm relaxing day and it did me the world of good. Thank you, St Teresa’s for the amazing support you have given me.”

“ [Your counsellor] was unbelievably understanding and the counselling I received was beyond excellent. It completely changed my worries and panic which were all consuming. He explained my situation and I put into practice ways to cope and become more stable, which are continuing to work. Personally I feel the service I received was complete. I am now able to go out and about, and am not consumed with impending doom. Grateful thanks”



## Staff and Volunteer Experience

We measure our staff experience in three ways:

1. Accurate monitoring, reporting and review of sickness levels.
2. Confidential annual staff experience survey.
3. Line management support including 1:1 contact meetings and the annual appraisal process.

### Staff sickness

Staff sickness is tracked across departments and Hospice-wide. For the year ending April 2023 the annual sickness rate was 5%; this is slightly lower than the sickness rate reported in the previous year. In quarter four of 2022- 2023 we reported an absence rate of 4.7%. Absence is managed in line with our policy, and we continue to implement Health & Safety measures to minimise absence caused by the spread of Covid-19 in line with the prevailing government guidelines and other illnesses in the workplace.

### Confidential annual staff experience survey

This survey looks at how our employees feel and experience 16 key aspects of work that contribute to our productivity, wellbeing, and engagement. We saw increased scores in most areas and two areas for improvement as outlined in section two.

“The people I work with and the ability of management to be open to different ways of working and getting the best out of people.”

“I absolutely love the Hospice and feel I get good job satisfaction, I have great support from my manager and team”

“Whatever their role everyone is committed to the same level of care and compassion for the benefit of our patients/clients and their families”

“Supporting such a vital service. Being part of the team that helps our communities through very hard times.”

## **Line Management and Appraisal**

The Hospice ensures all staff regularly meet with their line manager for contact meetings and have an annual appraisal.

89% of eligible staff received an annual appraisal during 2022-2023. Staff not eligible would be either those on long-term sick leave, or those who have only recently commenced their employment, at the time of the annual appraisal round, who would be subject to three and six month probationary review.

Personal development plans are drawn up together with the line manager at each appraisal. The Hospice management also operates a vital open-door policy.

## **Clinical Supervision**

All eligible clinical staff are offered the opportunity to partake in clinical supervision and this is a firmly established practice. Clinical supervision provision also extends to administrative and operational staff in non-clinical roles, recognising that they can also have potentially distressing conversations with patients and their families, and are regularly exposed to information regarding patients' conditions. Informal de-briefs regularly take place within teams to safeguard staff/volunteer wellbeing so that learning can occur and staff have the opportunity to review their care delivery.

Clinical supervision is vitally important and its efficacy is regularly checked with all participants to ensure that the service is both helping build resilience for the participants and meeting the organisation's need for a healthy workforce.

It was necessary to suspend some clinical supervision during part of the pandemic and alternative forms of support were offered. However, in May 2022 we reintroduce face-to-face supervision for clinical staff, by an external supervisor, in the form of group and one-to-one support.



## **Volunteers**

We have successfully reintroduced volunteers back into the organisation, improving and widening the volunteer profiles we offer. We continue to develop and grow our volunteer experience through:

- Updating volunteer task profiles for each role and introducing more roles.
- Ensuring managers remain responsible for the support of their volunteers.
- Actively attracting volunteers through advertising and attending local volunteer events.

## **Education and Training**

In the past 12 months we have been working hard to move forward in the post covid world and re-introduce our face to face training. In the first 4 months of 2023 we have provided face to face sessions for staff such as CPR & Anaphylaxis, Incident reporting, Moisture-Associated Skin Damage product training, T34 Syringe driver train the trainer sessions and many more. We also introduced new modules around working with people with autism and learning disabilities. The staff find face to face learning very helpful, so we are aiming to provide extra training opportunities on a monthly basis for anyone wishing to attend. In implementing this we have made stronger bonds with other hospices and also other healthcare agencies in which we have been working collaboratively to swap expertise in many areas of care.

## **e-ELCA (End of Life Care for All)**

St Teresa's Hospice is committed to providing the best possible palliative care for all of our patients and their carers. To achieve this we need the best trained and supported staff. This programme is recognised as excellent palliative care education crossing all areas of patient care. The programme aims to enhance the training and education of the health and social care workforce so that well-informed high quality care can be delivered by confident and competent staff and volunteers to support people wherever they happen to be.

All nursing staff had completed this course (18 months for RNs and 12 months for HCAs) by the end of 2022. Going forward all new staff are enrolled on this course once they have been with the Hospice for 12 months in order to help support our provision of excellent care. We now feel that the Hospice has a benchmark for training staff alongside the mandatory training that we already provide that will see us grow our workforce further.

Safeguarding continues to be a focal point using a programme of education developed with Darlington Borough Council's safeguarding lead. Identification of safeguarding levels of training complies with the inter-collegiate document and is embedded in our induction and ongoing mandatory training programme.

## **Complaints**

Complaints are seen by the Hospice as an integral part of service improvement as they provide valuable feedback about the quality of service we are providing. The Hospice has a clear complaints process, which is advertised around the building and in the patient information packs. Standards and lines of responsibility have been defined in order to respond to complaints and ensure continuous quality improvement.

In the accounting period 2022-2023, there was one formal complaint from the family of a patient on IPU who had received inconsistent information from different members of the clinical team. The complaint was thoroughly investigated and reached a satisfactory conclusion with the family.

As a result of this investigation, we implemented changes to our practice. Each patient and their family now have one named nurse, on every shift, with whom they can discuss specific or sensitive concerns, although other members of the team may still address more general enquiries. By limiting queries to the named nurse, we can ensure consistent, accurate information is given to relatives.

## Awards

During 2022-2023 we held the following recognition:

- Disability Confident Employer: The Hospice has maintained its accreditation under this scheme.
- The Hospice is registered with the Fundraising Regulator to ensure compliance with the law and best fundraising practices.
- During the accounting period, the Hospice retained its 5-star Food Hygiene Award by Environmental Health.

The Hospice receives many letters of thanks and recommendations from patients and families, which are celebrated with staff teams.



## Feedback from Some of Our Partners

Collaboration with other services and organisations is essential to the delivery of quality services.

### Rachel Tempest - Darlington Citizen's Advice Bureau (CAB)

"In February 2022, Citizens Advice Darlington formed partnership working with St Teresa's Hospice for the #CancerWeCan project which helps people with cancer access a range of non-clinical support to improve wellbeing and allow timely and smooth access to other services. As the #CancerWeCan project worker, I advised clients face to face at the Hospice (on IPU and at the Woodland Wellbeing Hub) and by phone, working closely with the social worker and counsellors at the Hospice to provide a more seamless and holistic service for them. This partnership working is extremely important in providing the best outcomes for patients and their families on a cancer journey as it enabled smooth referrals and timely assistance, as well as best practice and knowledge sharing."

### CDDFT Macmillan SPCT – CNS Jessica Green

"St Teresa's Hospice provide a much needed service to the Darlington Community. They work hard to provide support to individuals with a palliative diagnosis and their family. They provide multiple services, such as the Inpatient unit, the Rapid response team and the Family Support team. As a team we have an excellent working relationship with all the service and work closely together to ensure holistic and high-quality palliative and end of life care, as well as support for family members.

When thinking of an example of the quality care St Teresa's Hospice provide, I can reflect on the care the Rapid response team gave to one of my patients and their family recently and on how having this specialised service enhances care. This particular patient and family were complex as both husband and wife required palliative care and then for the wife end of life care. The rapid response team alongside our service were able to build good and trusting relationships with this family. By working together, we were able to ensure the individual was able to die in her preferred care during a complex death from a catastrophic bleed. We ensured all needed medication was in place and available and that there was an EHCP in place to provide guidance. The Rapid response team were able to provide hands on care at a time of complex symptom management and stay with the individual and family providing support and reassurance whilst this happened. We kept in regular contact throughout to ensure appropriate care was provided. Without this collaborative working the family may have needed to try and cope with this situation alone whilst waiting for other services to arrive or may have called an ambulance and she could have died in hospital or on the way to the hospital."

**Sheila Greenwood – Regional Development Office MS Society**

“As a regional development officer covering the North-East and Cumbria, the collaborative work between the local Darlington and South Durham Group and St Teresa’s Hospice is a brilliant example of how pooling resources really adds value to what can be achieved for people affected by MS in a local area. This partnership has enhanced the activities the volunteer-led MS Society group provides and has increased the reach and engagement of the local community. There is a shared ethos around a person-centred approach and knowing that the services are being organised by professional and qualified providers and that this complies with all necessary MS Society policies is so important in keeping people safe and making sure it is suitable for the needs of people with MS.”

**Antoni Hall - Local Service Manager, Darlington Alzheimer’s Society**

“Darlington Alzheimer’s Society and St Teresa’s Hospice have been working together for several years and St Teresa’s Hospice is the venue which hosts the Alzheimer’s Society’s “Singing for the Brain” session on a bi-weekly basis. St Teresa’s Hospice is so welcoming to our service users. The large comfortable room and refreshments the Hospice provides allows the Alzheimer’s Society to have up to 30 service users attend the sessions which is absolutely fantastic. Singing for the Brain is based around the principles of music therapy and the group sessions are structured to include a range of activities including vocal warm-ups and singing a variety of familiar and new songs, without the generosity and support of the Hospice we would not be able to support these sessions and reach and impact as many people as we do.”

**Samanthi De Silva – Social Prescriber Darlington PCN**

“I have always thought highly of St Teresa’s Hospice since I was fortunate enough to become a volunteer years ago. But I was able to appreciate the service they provide more when I started working collaboratively as part of the in-reach social prescribing service at the Hospice since the beginning of 2023. I have been allocated a very comfortable and spacious room, at the Wellbeing Hub at the St Teresa’s Hospice where I can conduct my social prescribing clinic every Tuesday. Not only I was able to support several clients who have been referred from the Hospice but also, I was able to see other clients from my caseload and their family members, using the Hospice premises since our two services started working collaboratively.

I was also able to refer several of my clients and their carers to different groups run by the Wellbeing Hub, including the Tai Chi Group, Carers Support Group, Singing for the Brain Group, and Focus and Breath Group. The feedback I received from them was extremely positive. Their feedback and joining some of these groups myself to receive first-hand experience has encouraged me to signpost more clients and their carers to use the facilities provided by the Wellbeing Hub. I thoroughly enjoy having my social prescribing clinic at the Hospice every Tuesday and I am looking forward to supporting more people in the coming months.”



**Sean O'Connell: Move More Officer Darlington Borough Council**

"The Darlington Move More Team works in partnership with St Teresa's Hospice by signposting the community to sessions at the Wellbeing Hub and providing an exercise coach to lead the Stay Active Sessions. We are aware of the great work which is occurring at St Teresa's Hospice ...The team have seen the impact from the Stay Active Session on patients and clients first hand."

**Tracey Garland – Community Heart Failure Nurse CDDFT**

"I work for the Darlington Heart failure nursing team, and we use the wellbeing hub as a venue for a heart failure rehab group once per week. I feel that this is an ideal opportunity to utilize other services for the patients of Darlington. Recently I had a patient's wife who felt at crises point with caring for her husband I referred her to the carers support service in the Hospice who were able to help with some real practical support. The social worker in the Hospice is amazing I honestly don't know how we would manage without their knowledge and help. I really feel the patients of Darlington are very lucky to have this amazing service."



# Section Four: External Statement



Nicola Myers  
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County Durham  
DL3 7UA

19<sup>th</sup> June 2023

**Commissioner Statement from  
North East and North Cumbria Integrated Care Board (NENC ICB)  
St Teresa's Hospice  
Quality Account 2022-23**

The Integrated Care Board (ICB) welcomes the opportunity to review and comment on the Quality Account for St Teresa's Hospice for 2022/23 and would like to offer the following commentary:

The Integrated Care Board are committed to commissioning high quality services from St Teresa's Hospice and take seriously the responsibility to ensure that patients' needs are met by the provision of safe, high-quality services and that the views and expectations of patients and the public are listened to and acted upon.

The hospice has demonstrated their progress in relation to the development of a Service User Consultation Forum which was identified from the previous year's objectives. The Integrated Care Board are pleased to note the hospice's engagement with the public and other stakeholders. This engagement has been imperative in informing the hospice's strategy going forward into next year.

The Integrated Care Board welcome the development of model for Day Services which has been rebranded as the Wellbeing Hub. The services demonstrate the hospice's commitment to collaborative working with partners and patients to provide accessible palliative care, which is collective, sustainable, responsive and innovative.

The development of a new model for Specialist Clinical Services has been implemented, the Integrated Care Board welcome the collaborative working with the local Trust to then provide a multidisciplinary model of care. The Integrated Care Board recognise the challenges the hospice has endured to implement the model however commend that the hospice has supported and nurtured their own staff to undertake key positions to implement this quality improvement.

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North East and  
North Cumbria

The Integrated Care Board acknowledge the hospice's Quality Improvement Priorities for 2023/4 which are:

- Developing our working culture
- Widening Access to Hospice Services
- Measuring Clinical Effectiveness: A Fundamental Review

The Integrated Care Board are pleased to note that there is a robust incident and learning process insitu within the hospice and that the hospice fosters an open culture in terms of incidents. This is apparent in the quality improvements that have been implemented because of lessons learnt including staff training, upgraded equipment, and changes within clinical practice especially in relation to pressure ulcer management. There had been one formal complaint during 2022/23, which the hospice has responded positively to, by implementing changes within clinical practice to ensure effective communication with patients and families.

The hospice has participated in 97 audits (51 in 2021-2022) across all services with a positive impact upon patient care including the formulation of new medications care plan. The implementation and management of risk assessments is evident within the Quality Account and reassuring to note.

The hospice has successfully maintained several awards including Disability Confident Employer, 5-star Food Hygiene Award and is registered with the Fundraising Regulator to ensure compliance with the law and best fundraising practices.

The Integrated Care Board are pleased to note the reintroduction of face-to-face training for staff within the hospice and are reassured by the training package available. Furthermore in May 2022, the Integrated Care Board are encouraged to note that the hospice also reintroduced face-to-face supervision for clinical staff, by an external supervisor, in the form of both group and one-to-one support. Additionally the hospice is to be commended that 98% of eligible staff received an annual appraisal during 2022-2023.

It is also very satisfying for the Integrated Care Board 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 St Teresa's hospice.

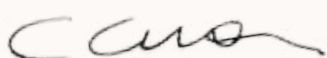
The Commissioner looks forward to continuing to work in partnership with St Teresa's Hospice to assure the quality of services commissioned in 2023/24

Yours sincerely,

Christopher Piercy  
Director of Nursing  
NENC ICB (Tees)

### Endorsement by Senior Directors

We the undersigned confirm this Quality Account as a true and accurate assessment of the standards at St Teresa's Hospice:



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**Carol Charlton**  
**Hon Chair Board of Trustees**

**Nicola Myers**  
**Chief Executive Officer**



# St Teresa's

DARLINGTON  
HOSPICE

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