



Quality Account 2023-2024

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 the quality of life for 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 through 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	Excellent 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"> 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. We are an influential force, advocating and pioneering excellent palliative and end of life care. Patients and carers are at the heart of everything we do. Our workforce is supported by a large number of volunteers. The majority of our funding comes directly from our supporters and local communities. We don't charge for our core service at the point of delivery. Our reputation is the key to our future and the type and quality of service we provide is therefore directly linked to that reputation. We are a true local charity, serving our local communities. 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.
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 2023/24. 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 summarises the progress that we have made during 2023/24 to improve the quality of care we provide, as well as setting out our priorities for the year ahead.

You will see from this year's review of our priorities that we have achieved a great deal. We have developed our working culture, initiated a fundamental review of the tools we use to measure clinical effectiveness and, through the implementation of an outreach programme, have introduced people to our services who may otherwise have not accessed them.

Together with my Senior team colleagues and the Board of Trustees I am excited to shortly launch our new three-year strategy. As part of the strategic review, we sought to gather the views of key stakeholders to make sure that it truly reflected local need and the wider health and care system priorities. Our core ambition for this strategy is to ensure everyone in our community facing the end of their life has access to high-quality care and support when they need it most.

As we move into 2024/25 our four priorities for improvement are:

- Introducing and implementing a new quality management software system.
- Strengthening our relationship with our partners in primary care to deliver a seamless service to our local community.
- Improving the wellbeing of our workforce.
- Improving our provision of holistic and person-centred care by focusing on the spiritual component of palliative and end of life care.



These priorities are linked to several of the objectives we have defined in our new strategic plan. I look forward to sharing our progress against our new strategy with you in next year's report.

Thank you for your continued support. Hospice Care is very much a team activity and my thanks go to everybody who has contributed to our work this year: donors, funders, partners, supporters, staff and volunteers. 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 and compassion embedded in all that we do.

I look forward to another year of change and challenge and I very much hope you enjoy reading this report.

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
Chief Executive

The Board of Trustees Statement

The Board of Trustees continue in their commitment to strong clinical and corporate governance. A trustee with expertise in human resources has recently joined the Board. During the coming year, we expect to strengthen our skillset with the addition of new trustees with high level knowledge in specific clinical areas.

Despite the financial challenges that St Teresa's Hospice endures, the Board of Trustees are confident that the quality of services provided to our community remains extremely high.

The testimonials from our patients and their loved ones about care received demonstrate the significant value of our hospice. Avoidance of hospital admissions for our patients, with a combination of our community care and inpatient bed offering, continues to provide benefit to the whole healthcare economy.

The Board of Trustees approve this Quality Account.



Carol Charlton
Chair of Trustees

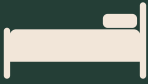


Statutory Information Relating to the Quality of Services

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:
Six Specialist Level Palliative and End of Life Care beds (Symptom management and End of Life Care) plus one Core Level Palliative and End of Life Care bed (CHC)



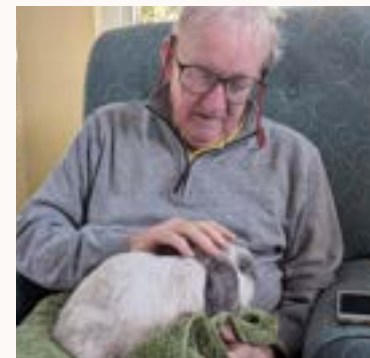
Wellbeing Groups and Courses




Hospice Home Care




Rapid Response Nursing Service
(round the clock response within one 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 just over one third of the total income generated by St Teresa's Hospice for 2023-2024. 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 (Commissioning for Quality and Innovation) 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.

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

Information about the Hospice's clinical audit programme for 2023-2024 can be found in section three.



Care Quality Commission

St Teresa's Hospice is currently registered with the Care Quality Commission (CQC) 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.

St Teresa's Hospice continues to have an overall rating of "good" in all areas.

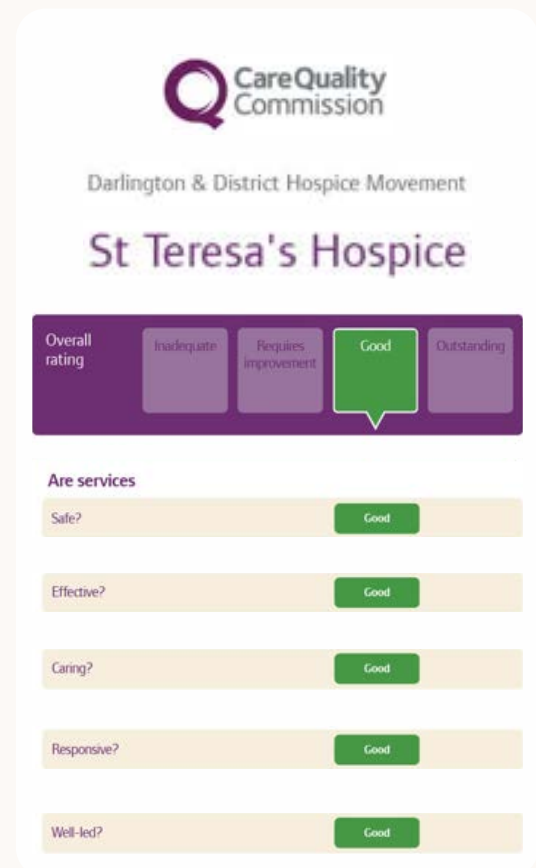
In response to the new CQC inspection strategy, we have established a working group to map our services against the Single Assessment Framework. We are creating a comprehensive work plan and are systematically reviewing our policies, procedures and practice with the ambition of achieving an outstanding level of care in all we do.

Extract from CQC Inspection Report 2022

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 2023-2024


The Hospice submits Quarterly Service Quality Reports to the Integrated Care Board (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	2022/23	2023/24
Number of New Referrals	197	257
Number of Individual Patients Admitted	122	160
% Occupancy	77%	70%
Total Numbers of Deaths in Inpatient Unit	102	126
Total Number of PPD (Preferred Place of Death) Met	91 (89%)	123 (98%)

The Hospice has seen an increase in referrals and number of patients admitted, yet our overall occupancy rate is lower than the previous year. Our data shows that we are admitting patients for shorter periods and later in their journey. We continue to review referral pathways to encourage and enable timely referrals.


Community Hospice:-

 Rapid Response	2022/23	2023/24
Number of New Referrals	291	411
Number of Individual Patients Seen	257	344
Total number of Contacts (Visits and Telephone Support)	4186	3442
Total Numbers of Deaths at Home	171	188
Total Number of PPD Met	164 (96%)	170 (90%)

 Home Care Continuous Health Care(CHC)	2022/23	2023/24
Number of New Referrals	72	50
Number of Individual Patients Seen	49	50
Total Number of Visits	2322	1142


The introduction of a new referral pathway via the Integrated Single Point of Access in 2023 has seen the number of patients we visit increase, but overall activity has reduced. This is reflective of a realignment of tasks undertaken by Rapid Response and Community Nursing.

Wellbeing Groups:-


 Wellbeing Groups	2022/23	2023/24
Number of New Referrals	134	119
Number of Individual Patients Seen in Clinics by External Providers	156	115
Total Number of Attended Appointments	1403	2045


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	2022/23	2023/24
Number of New Referrals	356	394
Number of Individual Patients Seen	370	370
Total Number of Attended Appointments	1917	2261

Complementary Therapies:-

 Complementary Therapy Clinics	2022/23	2023/24
Number of New Referrals	142	228
Number of Individual Patients Seen in Clinics	162	225
Total Number of Attended Appointments	1698	2417

 Lymphoedema Clinics	2022/23	2023/24
Number of New Referrals	68	83
Number of Individual Patients Seen in Clinics	229	241
Total Number of Attended Appointments	559	599

Data Quality and Information Governance

St Teresa's Hospice did not submit records during 2023-2024 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 The Data Protection Act (2018), General Data Protection Regulations 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. We achieve this 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 health and social care partners to ensure the care we provide is of the highest possible quality.

We continually measure our performance using key performance indicators (KPIs), 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 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 2023-2024.

Progress Report:-

In last year's 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.

Developing our Working Culture

The aim of this objective was to bring staff and volunteers together to develop and 'own' a framework for Hospice culture that would enable the Hospice to become a great place in which to work.

During the past year, we have:-

- Conducted various engagement exercises with the Hospice team, including questionnaires, asking them to answer the question: 'When we are at our best what values are alive in the organisation'.
- Increased levels of team understanding and cooperation by introducing a section in our newsletter focusing on different teams, their role and responsibilities.
- Completed personality profiling to improve self-awareness of the leadership team and to help them become more effective leaders and managers.
- Shared with the staff team the draft values for comment prior to rolling them out.

Once finalised the aim is to provide focus and a greater sense of purpose and engagement, reinforcing our broader goals and feeding into everyday decisions and work. These will act as one of the building blocks of hospice culture, giving a consistent reference point, even in times of change.



Measuring Clinical Effectiveness: A Fundamental Review

Considering the National Guidance for Palliative and End of Life Care, 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.

We identified a handful of current assessment tools which are routinely completed on a daily or weekly basis. We then formed a team from the Inpatient Unit to review each assessment tool.

This project plan was split into three phases:-

- Audit of current tools, a literature search, review of NICE guidance, collate best practice from local hospice networks and hospitals.
- Formulation/adaptation of clinical tool and publish within SystemOne.
- Provide staff education to enable trial and review in three months against data collated from current tools.

Our literature review and research on the first phase highlighted themes such as incomplete assessment tools, poor sensitivity accuracy, inadequate inter-rater reliability: this may be due to lack of clear definitions within the categories and differentiating level of knowledge between the users. For example, limitations in the predictive validity of the Waterlow score. By contrast, within palliative care the PURPOSE-T assessment tool can be individualised, providing specific care to that patient. We have therefore formed a collaboration with a local hospice to integrate the PURPOSE-T tool into practice and, by working together, plan to standardise care.

We are also currently piloting a nursing acuity tool known as “The Mary Potter Tool”, to assess individual patient acuity levels, to support decisions around admission and discharge and identify appropriate staffing levels to ensure a high standard of nursing care and safety.

We are now able to progress to the second and third phases of the review which we plan to complete within the next six months.

Widening Access to Hospice Services

This quality improvement priority emerged from our ambition to ensure Hospice care is accessible to the whole community, especially people with a low social-economic status who are under-represented in our services. Our vision was to work with those system partners who already engage with people who are homeless, in vulnerable housing or experiencing financial hardship, to improve their awareness of Hospice services and to support people known to them with palliative care needs. We also wanted to learn how to reduce barriers to Hospice care and deliver more inclusive services.

In April 2023 the Hospice was awarded a grant through Hospice UK to implement a 15-month outreach programme with three main objectives:-

- Out-Reach: regular visits to voluntary organisations to raise awareness of Hospice care.
- In-Reach: provision of palliative care social work support into local authority housing services.
- Lasting change: learning from the lived experience of others, improving pathways, reducing barriers, improving outcomes.

We have been delighted by the progress made and the response we have received, both in terms of the additional people we have been able to support and the enthusiasm of other organisations to support the project.

In line with the project plan, we have forged good relationships and referral pathways with the Local Authority team responsible for homelessness and their contracted providers. This has successfully raised awareness of palliative care and the support available and, through these contacts, we have met new people who may otherwise not have accessed our services.

Beyond the immediate stakeholders we have shared the project aims with local councillors, the ICB and the Primary Care Network. This led to a meeting with project leaders of a “Poverty Proofing Pathways” audit for the local NHS Trust.

This second phase of the project focussed on the outreach to community groups who work with people experiencing financial hardship, including local foodbanks and debt management agencies. Like our earlier work with the housing teams, our social worker met with these new stakeholders to raise awareness of palliative care and Hospice services and, through these contacts, we have taken new referrals.

Since the project began, 16 new referrals have been received, four of whom were for people homeless at the point of referral. Our social worker has worked with these individuals and partner organisations to advocate for the privacy and dignity of people in temporary accommodation, support advance care planning for those with life-limiting illness, enable access to specialist clinical services and help people to maximise their income. To date six people being cared for under this project have died; four on the Inpatient Unit and two died at home with the support of our Community Hospice team.

As we enter the final phase of the project we are looking to discern lasting quality improvements. Some themes are already emerging which we aim to take forward in the coming months. These include a named link worker in the Hospice team for housing and social care, exploring the viability of outreach clinics in the community and ongoing work with stakeholder agencies to embed referral triggers in their processes.



Quality Improvement Priorities for 2024-2025

Quality Management System

Quality care is at the heart of the Hospice's strategy and we have a number of processes and tools which contribute to our Clinical Governance Framework. Accountability for delivering quality care runs throughout the organisation from "Board to Ward" and vice versa, aiming to embed an ethos of continuous improvement, innovation and excellence in all we do.

Over the past year we have identified the need for a bespoke tool which would more efficiently drive continuous quality improvement by supporting accountability at all levels and automating the administration process. Following an options appraisal the Hospice has purchased a piece of software called My Compliance. This is an established quality management tool that can be customised to manage all of the above and present evidence of compliance.

This tool will:-

- Prompt timely review of Policies and Standard Operating Procedures taking into account any observations/actions that have come out of audits.
- Administer actions relating to the audit schedule and its associated Action Plan, saving time and reducing mistakes.
- Enable managers to delegate and monitor actions associated with the incident log, safeguarding log, clinical risk register and corporate risk register.
- Provide organisational oversight of actions completed and actions overdue.

Going forward, we now need to implement this tool in a way that enables buy in at all levels taking into account principles of change management.

Working in conjunction with the Senior Management team, the Data and Quality Assurance Manager will create and lead on a phased roll out. The plan will include:-

- Delivery of awareness sessions to staff.
- Agree with each working group the application of the tool and processes for use.
- Monitor effectiveness of the tool, taking into account feedback from staff.
- Explore further application and potential of the tool.

Holistic, Person-centred Care

Hospice care places a high value on dignity, respect and the wishes of the person who is ill. It aims to look after their medical, emotional, social, practical and spiritual needs, as well as the needs of the person's family or carers. This is often referred to as holistic care.

Over the past year the multidisciplinary team at the Hospice requested some education in spiritual care. As an initial response some bespoke training was arranged but further reflection identified that this was an area of holistic care that many staff felt least confident in assessing and addressing. This reflects a well-documented view that spirituality is a fundamental yet often neglected and misunderstood component of palliative care. Staff and service users have also highlighted the need for an appropriate place to display the Book of Remembrance. Additionally, our recent staff survey noted the importance for the Hospice to have a space for quiet reflection.

The Ambitions for Palliative and End of Life Care: A national framework for local action 2021-2026 states that care of the dying person should include explicit consideration of spiritual distress and support to maximise comfort and wellbeing. Accordingly, one of the priorities for the coming year is to improve our provision of holistic and person-centred care by focussing on the spiritual component of palliative and end of life care.

To achieve this we will form a task and finish group consisting of Hospice staff, service users and system partners to set standards for the assessment of spiritual needs/distress and the delivery of spiritual care across patient services. We will also consider how we can provide a reflective space for patients, visitors and staff that houses the Book of Remembrance.

The expected outcomes will be:-

- An appropriate tool for identifying spiritual needs or distress.
- Training to improve the confidence and competence of staff.
- A model for delivery of spiritual care.
- Plans for a reflective space in the Hospice.

Stakeholder Engagement – Link practitioners for GP practices

In line with our strategic focus on extending our reach and promoting timely access to Hospice services, we would like to strengthen our relationship with Primary Care teams. Research and experience tell us that access to good and early palliative care can improve outcomes for life expectancy as well as improve the quality of life. As highlighted in the Ambitions Framework (2021-26), we also know that delivering continuity of care requires individuals and organisations to think and work in a joined-up way.

Analysis of our data shows a significant variation in referral rates from GP practices in the area. Accordingly, one priority for the Hospice this year is to strengthen its relationship with primary care with the aim of:-

- Strengthening relationships.
- Improving referral pathways.
- Promoting Hospice services.
- Working together to anticipate need and pro-actively offer referrals to Hospice care.

To achieve this we will:-

- Send an updated information pack to all GP practices in Darlington, South Durham and North Yorkshire.
- Identify a link worker within the Hospice team for each GP practice in Darlington and South Durham.
- Discuss with each practice ongoing Hospice input into Gold Standard Framework (GSF) meetings.
- Consider with each practice the role of pro-active case-finding to personalise service promotion to individual patients e.g practices can send information about the Hospice Multiple Sclerosis (MS) group to people on their caseload diagnosed with MS.
- Monitor referral data, length of stay etc to identify impact.

We have started to explore the above with GP practices and have received a positive response and invitations to GSF meetings.

Staff Wellbeing

Our workforce is our most valuable asset. It is the people that patients and families encounter, when they need hospice care, that make the difference. Staff wellbeing, i.e. the level of staff engagement with their organisation and the degree to which they experience themselves as stressed, matters. It affects the quality and safety of patient care and is key to ensuring patients receive good, compassionate care.

Sustaining and retaining our much-appreciated workforce must therefore be a priority for St Teresa's Hospice.

In recognition of the impact of Covid-19 on working patterns and stress levels, during and now post-pandemic, as well as the ongoing pressures impacting the sector, we wish to introduce new or improved evidence-based interventions to support our workforce, so that they can continue to provide high quality care. This takes into account priorities raised by our staff in the recent staff survey namely:-

- Security – feeling secure at work.
- Headspace – having the necessary headspace to be able to reflect and think clearly.
- Free from worry – being able to work free from worry.

How will we do this? Led by the Senior Management team (SMT), we will:-

- Review the wide range of possible interventions to support staff and relieve stress for which some supporting evidence exists e.g. Resilience Based Clinical Supervision programme.
- Work with the wider Hospice leadership team to choose the best approach for our organisation.
- Proceed by 'testing as we go' and by continuous monitoring and evaluation of the effectiveness of the measures we take, e.g. collecting and using information to diagnose and monitor staff wellbeing and stress.

Section Three: Review of Quality Performance 2023-2024

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 to 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 current 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 (CEO) who has delegated responsibility from the Board and who is supported by the Director of Care Services, the Director of Income Generation, the Registered Manager, the Human Resources (HR) Manager and the Finance 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 (Retired Trustee).
- 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:

1. Finance
2. Retail
3. Fundraising
4. Workforce/HR
5. 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 operational risk register and the clinical risk register and associated rolling action plans.

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. 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.

We have had 134 incidents reported in 2023-2024 with no "Never Events".

We are currently developing our Patient Safety Incident Reporting Framework (PSIRF) action plan by working with other hospices in the region to implement a joint action plan for investigating incidents. Analysis of our current systems has improved our understanding of our patient safety processes and allowed us to use these insights to develop our Patient Safety Incident Response Plan (PSIRP).

Essential to this has been fostering a patient safety culture in which people feel safe to talk. The latest staff survey showed that staff felt able to make suggestions and make improvements to their area of work; care for patients is the top priority and staff felt secure if they needed to raise concerns.



Health Related Infections

Prevention of Health Care Related Infections remains a priority in all clinical areas. This is overseen by the Inpatient Unit manager and supported by our clinical and housekeeping team.

In 2023 the Local Authority became the lead agency for Infection Control. We invited the Public Health Officer in for an informal “walk around” in February of this year which proved to be beneficial in gaining an insight of the areas that they will inspect when they undertake their unannounced inspection. We have built good working relationships with the team at the Council and our lead nurse has attended their training sessions and Link Nurse Meetings. They have proved to be a valuable source of information and guidance when we have had any Infection Control queries.

Our Infection Control Policy has recently been reviewed and updated.

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 alongside additional opportunities to enhance learning. We have three designated safeguarding officers in place supported by a safeguarding lead to assist all staff with managing safeguarding concerns. To support our internal governance and to promote continuous improvement, we require practitioners to submit a reflection following each safeguarding episode using an in house “Safeguarding report”. All reports are 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 with whom to raise concerns. The safeguarding lead attends regular update meetings with North Yorkshire ICB 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 which is firmly embedded in practice.

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, Clinical Governance Sub-Committee and the Board of Trustees. This focuses on transparency, capacity and capability and actual and planned staffing levels, which are further triangulated with occupancy and incidents.

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 Control of Substances Hazardous to Health (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, KPIs, 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 KPIs and has adopted aspects of The Outcome Assessment and Complexity Collaborative 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 Audits

In addition to internally identified audits of Hospice policy and procedures, our audit programme includes external audits such as infection control and the use of national formats such as Hospice UK audit tools. For all audits undertaken, the Hospice applies a compliance Red, Amber, Green (RAG) rating, identifies action plans for improvement and, where appropriate, escalates risk for inclusion on the Clinical Risk Register. The Audit Action Log and Risk Register is monitored by the Senior Management team and Clinical Governance Sub-Committee. This enables us to monitor quality and ensure improvements have been made where needed.

In 2023-2024, we completed 78 Audits across all areas of the Hospice, which included 28 clinical audits.



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.
- Use of patient outcome measures e.g. Measure Yourself Concerns and Wellbeing (MYCAW) and Goal Based Outcomes (GBO).
- Real time feedback from individuals and groups.

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

The GBO tool, following feedback from patients over the past year, has been tweaked to make it more user friendly. This has been used in all the wellbeing groups and counselling services.

Throughout the accountable period we were pleased 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:-

Thank you for the absolutely wonderful care that you gave to my daughter... whilst she was staying with you. I will never cease to be grateful for the compassion, attention to detail you gave her and also to us, all the family, when visiting. You made her feel very special and she was so lucky to be looked after by such an amazing group of people.

Thank you for the fantastic care and support you gave my husband and all the family during our precious few weeks at home.

Your compassion and commitment were greatly appreciated.

Everyone was just so caring and lovely from toast and coffee (lots of) to sitting with mum during the night when she died and every little bit in between. We were all so happy that she was cared for and kept comfortable. To be able to spend five days with her and to have all her family around her was amazing and, even when we left on a night, we knew she would be rarely alone.

I just wanted to say a huge thank you to St T's and their Rapid Response and Home Care team. This was only started to help my mum (and us, her family) to be cared for at home as she wished for. Sadly mum passed away yesterday morning but we were here with her. It was only because of yourselves that this was possible and we can't thank you enough.

Our (counselling) sessions have been so important in my journey of grief. I have laughed, cried, been angry and felt all the emotions sat in your chair. But have always felt seen and understood. As much as I know I will miss my dad forever and losing him will always hurt, you have helped me not to lose myself. Thank you for giving me hope.

St Teresa's hospice and all its beautiful, kind and caring staff are what can only be described as an inspiration to anyone who comes into contact with them. We as a family would not have coped without you in what has been our darkest hours.

Words are often cheap but both I and my family and friends have some which are not. Respect, Pride, Love, Faith, the list is endless.

Thank you. We will never forget what you do for those that enter your sanctuary.



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 March 2024 the annual sickness rate was 6%. Absence was low in Quarter One, peaked in Quarter Three with a particular spike in October and reduced in Quarter Four. 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 their productivity, wellbeing, and engagement. Our overall engagement score in the 2023 survey was 82%.

I have a great sense of achievement in my job role. I feel "I make a difference" in helping people who are coming to the end of their life. I have a very supportive line manager who 'gets me' and is always open to discussion. I have never felt that I did not want to come to work as I love my job.

We are a great organisation who helps people. Our cause is fantastic.

Love my job and have a loyal and supportive team of volunteers, meeting new people and hopefully making a difference to the hospice.

Line Management and Appraisal

The Hospice ensures all staff regularly meet with their line manager for contact meetings and have an annual appraisal. The Hospice is committed to ensuring good performance management and continuous improvement through the on-going appraisal and development of its staff. Appraisal is a key performance management tool and an important mechanism for building engagement and helping to improve individual and team performance to support organisational objectives.

100% of eligible staff received an annual appraisal during 2023-2024 . 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 reviews.

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 when needed, recognising that they can also have potentially distressing conversations with patients and their families and are regularly exposed to information regarding patients' conditions. Informal debriefs 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.

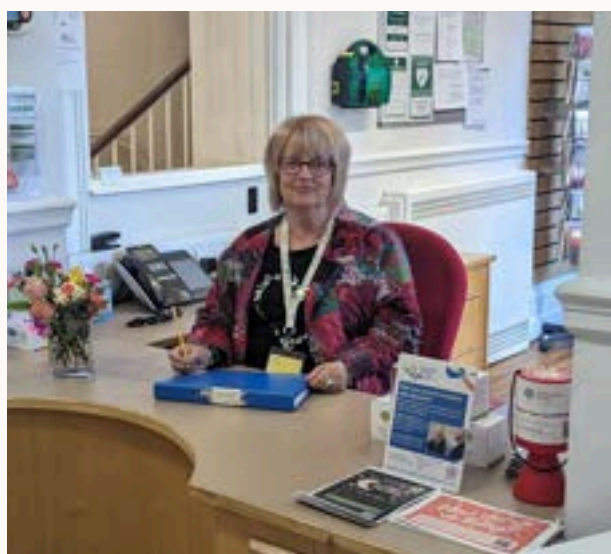
Clinical supervision is vitally important and its efficacy is regularly checked with all participants to ensure that the service is both helping build resilience for the participants and meeting the organisation's need for a healthy workforce.

Over the past year we sought feedback from clinical staff views on clinical supervision and identified any barriers to attendance through team meetings and issued questionnaires to all clinical staff. Going forward we will schedule clinical supervision sessions alongside team meetings and training to maximise attendance.

Volunteers

St Teresa's Hospice continues to welcome new volunteers to 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

The Hospice's training programme is designed to ensure a multi-skilled workforce capable of specialist-level symptom management and holistic care. We continuously horizon scan for extra non-mandatory or new mandatory training and regularly invite guest speakers, e.g. Macmillan Education team. To ensure staff continually develop and maintain their specialist skills and knowledge we utilise expertise within the Hospice, including Clinical Nurse Specialists and source external speakers to deliver ongoing training. This year the Clinical Training Plan included transcribing medicines; Enteral Feeding (including Percutaneous Endoscopic Gastrostomy (PEG) and Nasogastric Tube (NG) tubes); advanced communication skills; peripherally inserted central catheter (PICC) lines; Tracheostomy care; and Symptom Management, specifically palliative care emergencies; Fatigue; Bowel and bladder conditions; pain management and Naloxone best practice. Management and leadership courses through Hospice UK and NHS leadership courses have been a priority for new managers and established senior managers.

The Hospice supports staff members in our clinical teams to complete university courses relating to end-of-life care so that they can develop within their role or move up to a more senior role. We recognise the advantages of training our own staff to progress within the organisation and aid this wherever possible. We also encourage staff who learn new skills to share these with other members of staff to ensure knowledge is shared.

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.



End of Life Care for All (e-ELCA)

E-ELCA was developed by Health Education England e-Learning for Healthcare (e-LfH) and the Association for Palliative Medicine (APM). It focuses on patient care during the last year of life. The programme aims to enhance the training and education of the health and social care workforce so that well-informed, high-quality, specialist care can be delivered by confident and competent staff and volunteers to support people wherever they happen to be.

The Hospice has chosen sessions for nurses and health care assistants to complete over a period of time, based on the needs of our services. Taking a blended learning approach, staff discuss understanding of modules completed, either as a group or with their line manager, to identify any potential personal or departmental working practice improvements and identify further development areas.



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.

In the accounting period 2023-2024, there was one formal complaint from the family of a patient on the Inpatient Unit who had received inconsistent information around visiting the Hospice. As a result of this investigation we improved our visiting arrangements and how these are communicated to patients and visitors. Information about visiting is now prominently displayed in each patient's room. The design of the patient pack has been changed to make it more visible to each family and patient. Visiting arrangements however remain flexible to accommodate individual needs and circumstances and relaxed when patients are in an end of life phase. The handover form contains information about any personalised visiting arrangements.



Awards

During 2023-2024 we were recognised in the following areas:-

- 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.
- The Hospice retained its 5-star Food Hygiene Award by Environmental Health.
- In 2024 we were proud to pledge our support for The Armed Forces Covenant.
- 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. Here is a selection of feedback:-

On behalf of the Darlington & South Durham MS Group, we continue to be delighted with the service provided by St Teresa's. Over the year we have continued with the Support Group, have had the Recently Diagnosed sessions and also now the weekly complementary therapy sessions, all of which have been very well received by all our members who have attended them. They have benefitted in so many ways both physical and mental, and also with the drinks and especially cake!

All the sessions have been delivered in a very caring environment and we hope to continue the partnership with St Teresa's for a long time.

Martin Sims | Group Coordinator | Darlington & South Durham MS Group

St Teresa's Hospice is an excellent service for local people who have a life limiting illness. The Macmillan Information and Support Centre regularly signposts cancer patients to their services knowing that they will be well served and supported. We also work collaboratively with the hospice and use The Wellbeing Hub to deliver 'Look Good Feel Better' workshops and the HOPE programme. This enables cancer patients to access support in a beautiful setting away from the hospital.

We are so thankful for their services and support.

Susan Remillard | Macmillan Information Services Facilitator | CDDFT

I first became aware of St Teresa's when they applied for a Tackling Inequalities Fund Grant which Tees Valley Sport administered on behalf of Sport England.

I have been really impressed by their use of physical activity to enhance the holistic care which they offer to clients. They really do help people to live longer better. It is great that their support extends to the wider community and people living with long term health conditions.

On visiting the centre there is an immediate sense of calm and tranquillity.

Despite being incredibly busy the team always seem supportive and are responsive to ideas around the physical activity agenda. I have been really impressed with their offer and will always try to support their work.

Lou Morris | Tees Valley Sport Active Partnership
People and Places Officer Darlington

As an Exercise Therapist, my main focus is to help make a difference in the lives of people with chronic illnesses. Working at the wellbeing hub at St Teresa's has enabled me to achieve this.

The Wellbeing hub gives people a community they can access that they feel welcome and comfortable in. Meeting like-minded people with the same issues, problems and ailments helps people adjust to living with a chronic or terminal illness.

It has been a pleasure of mine over the past three years to offer my services at St Teresa's. The Wellness Hub has a great community feel and is a special place to be involved in.

Victoria McFaul | Fitness/Wellbeing Practitioner

I have been working with St Teresa's Hospice since 2018 in my role as a County Durham and Darlington NHS Foundation Trust (CDDFT) Palliative Care Consultant. My role in the hospice is predominately in providing senior clinical reviews or advice for patients in the Inpatient Unit (IPU) and to those who have been seen by community hospice, mainly in the Rapid Response Service.

The benefit of my working in the Darlington locality is the element of continuity of care as patients and their loved ones move through hospital, hospice and community settings. In the past year, with the support of the Clinical Nurse Specialists and IPU nurses in the hospice, care has been provided in IPU to a range of patients with complex and varied needs. All done whilst supporting their families and loved ones. The development of new policies and guidance has supported continued safe care. The past year has seen the development of a new service specification for inpatient care in a hospice setting within the Tees Valley ICB. The Hospice senior leadership and CDDFT palliative care consultants have worked together to help guide the development of services that work best for the people of Darlington and the surrounding area.

Dr Claire MacDermott | Palliative Medicine Consultant
Specialist Palliative Care team | Darlington Memorial Hospital | CDDFT

My dad was cared for in St Teresa's hospice when he was dying. I didn't know that people could come to St Teresa's for other care and support. I now know how the referral process works and the services on offer, so I have been referring people for support. I know St Teresa's is an amazing place and has a lot to offer.

Housing Options Officer | Darlington Borough Council

We are grateful to the hospice team for inviting the hospital palliative care link nurses from across the wards at Darlington Memorial Hospital (DMH) to visit the hospice: providing clarity about the inpatient, outpatient and community services available; touring the facility so we can explain with confidence the setting and services to our patients. Continuing to develop the collaborative working between the hospice and acute hospital is vital if we are going to fully support patients and their loved ones with a life limiting illness.

Thank you too for supporting us and working closely with us to get the best experience for our patients and families. Here are some examples of when the flexible support of the Hospice team has been beneficial for patient and teams caring for the patient.

On request the family support counsellor has visited the hospital on a few occasions to work collaboratively with the palliative care team in breaking bad news to children of various ages when their loved one was imminently dying. This service/expertise has been invaluable to patients, families and staff members.

Rapid Response team attending hospital to complete introductory visit, explaining services and emergency care they can deliver.

This has been extremely reassuring to patients, families and hospital staff

Jane Lloyd | Macmillan CNS | Specialist Palliative Care team
Darlington Memorial Hospital | CDDFT

Section Four: External Statement



21st June 2024

Nicola Myers
St Teresa's Hospice
91 Woodlands Road
Darlington
DL3 7UA

Dear Nicola,

Response on behalf of NHS North East and North Cumbria Integrated Care Board for St Teresa's Hospice Quality Account 2023/24

North East and North Cumbria Integrated Care Board (NENC ICB) takes seriously their responsibility to ensure that the needs of patients are met with provision of safe, high-quality services, and therefore welcomes to the opportunity to review and comment on the Quality Account for St Teresa's Hospice for 2023/24.

The ICB would also like to commend the hospice in their recognition in the following areas: - Disability Confident Employer; maintaining its accreditation under this scheme, retaining its 5-star Food Hygiene Award by Environmental Health and their support for The Armed Forces Covenant.

The ICB would like to congratulate the hospice in their efforts to achieve the priorities for improvement set out in 2023/24, including developing the workforce culture, measuring clinical effectiveness: a fundamental review and widening access to hospice services. The ICB recognises the challenges the hospice has faced to meet these priorities and the need to continue this valuable work into the coming year.

Alongside this, the ICB is pleased to see that the hospice has identified several other priorities going into 2024/25, including the implementation of a Quality Management System, the continuation of holistic, person-centred care and the introduction of Link practitioners for GP practices.

It is positive to read the excellent staff survey feedback which reflects the on-going work the hospice has undertaken to ensure that their workforce is supported and developed. The ICB also would like to acknowledge the extensive work that the hospice has undertaken in relation to patient safety, falls and the inclusion of service users and their invaluable feedback.

The ICB would like to thank St Teresa's Hospice for their continued efforts in providing an effective, safe, and high-quality service to their patients and carers, as well as for reflecting their achievements for 2023/24 in the Quality Account for this



year. The ICB looks forward to continuing to work in partnership with St Teresa's Hospice to assure the quality of services commissioned in 2024/25.

Yours sincerely,

A handwritten signature in blue ink that reads 'Chris'.

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

Jeanette Scott
Director of Nursing
North East and North Cumbria Integrated Care Board

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:



Carol Charlton
Hon. Chair Board of Trustees

Nicola Myers
Chief Executive Officer

St Teresa's

DARLINGTON
HOSPICE

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