At Kirkwood we believe that local people deserve to be cared for as well at the end of their lives as they were at the beginning.

We strive each year to ensure that the services we provide for local people are the best available anywhere; Kirklees deserves nothing less.

But we know that there is more that we need to do to meet the needs of local people. Our charity was founded by those who believed that Kirkwood should be there for everyone in our community affected by any life limiting illness, every step of the way.

To meet this ambition, we need to double the number of people – to 3,000 - supported by Kirkwood each year; encouraging those who could benefit from Kirkwood’s care to reach out, and those who might support our work to do so, and to feel part of Kirkwood’s community.

Together with local people, we will not rest until we get there.
Welcome to the Kirkwood Quality Report, which aims to demonstrate the breadth and quality of the services we delivered during 2018-19 – the 31st year that Kirkwood has provided services to local people.

Kirkwood’s entire purpose centres around quality; we support people to have the best quality of life that is possible when affected by illness for which there is no cure; we provide the highest quality care to people who have complex needs; and we focus on the quality of our relationships with local people and partners to sustain our services well into the future.

This report is produced for our patients, their families and carers, the local community and our NHS partners, with whom we contract and who contribute around 25% of the cost of our clinical services.

Kirkwood is here to support anyone affected by a life limiting illness, every step of the way. In this document we detail the quality of Kirkwood services by looking at how people experience the services, how effective they are at meeting people’s needs and how we ensure the people who use them are kept safe from harm. The period covered is the financial year 2018-19.

On behalf the Trustees and the whole team here, I am very proud of the impact that Kirkwood services deliver for local people. In 2018-19, we provided care and support to more people than ever before and we were even more successful at meeting their needs:

• Our team handled nearly 13,000 calls through our Specialist Advice Line, which is available 24 hours a day - every single day of the year
• Around 1,150 patients were supported in their own homes by our Specialist Community Nursing Team
• 596 patients and carers used our Support & Therapy Department
• There were 368 admissions to Kirkwood’s In-Patient Unit
• 535 people were supported by our Family & Spiritual Care Team

We know that there are many local people within Kirklees that would benefit from our care but aren’t being reached by Kirkwood. This may be because they don’t realise the different ways in which we can help or because we don’t have sufficient resources to meet the need. We are working hard to change that.

We believe that anyone affected by a life limiting illness should have access to the best possible care, whenever and wherever they need it. We are working harder than ever to engage with our local community to make sure people know more about how we can support them.

You will find an overview of our ‘Spread the Word’ campaign in the coming pages.

We’ve also included a number of stories within the Quality Report, which help to illustrate the difference we make for those in our care and show why we are so passionate about ensuring our services are available for all that need them locally.

I am pleased that we were able to achieve the Quality Priorities that we planned for 2018-19:

• Development and optimisation of an Electronic Patient Record
• Refreshing our approach to Quality Improvement
• Launching a new Care Co-ordination service

The report also sets out the Quality Priorities we will be working on in 2019-2020, whilst continuing to keep patients, their families and carers at the centre of everything we do.

Our community’s needs are continually changing and becoming more complex. We must ensure that we continue to meet these changing needs, both now and in the future, at the same time as reaching out to more people who could benefit from Kirkwood services. We must also ensure that our strategy continues to make quality the number one priority.

Michael Crowther
Chief Executive
Kirkwood Hospice
November 2019
With you on your journey

Kirkwood’s care is delivered in every town and village across Kirklees. Whether on our In-Patient Unit, in our Support & Therapy Centre or in people’s own homes through our Community Palliative Care Team, demand for our services continue to grow year on year. Here we offer a snapshot of how Kirkwood is helping to support patients and families in Kirklees. We also highlight how the generosity of our local community is helping to provide this care.

In 2018-19, a total of 2,165 patients, carers and families living in Kirklees accessed one or more of Kirkwood’s services.

- 12,674 calls were made to our 24/7 Specialist Advice Line
- 596 patients and carers visited our Support & Therapy Department
- 185 carers accessed one of more of our services
- 1,149 patients supported in their own homes by our Community Nursing Team

In 2018-19 over 22,000 people made a contribution to make sure that everyone affected by a life limiting condition has access to the very best care and support.

The money we have spent caring for patients, carers and families has risen by 16% in the past two years:

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016-17</td>
<td>£4,306,875</td>
</tr>
<tr>
<td>2017-18</td>
<td>£4,782,213</td>
</tr>
<tr>
<td>2018-19</td>
<td>£4,999,778</td>
</tr>
</tbody>
</table>

The net amount raised from donations, fundraising, shops and our lottery in 2018-19 was £3.1 million.

Around 1/3 of our charitable expenditure relies on the generosity of individuals who remembered Kirkwood in their wills by leaving a legacy.

In the year these legacies totalled £1,326,108.
The best possible care
Spread the Word

Anyone affected by a life limiting illness should have access to the best possible care, whenever and wherever they need it, and Kirkwood are here to support local people, every step of the way. But we rely on the help of our community to reach out to anyone that might need our help. Whether you or someone you know has just been diagnosed with a life limiting illness, are looking for support to help improve your quality of life or needs expert, compassionate care at the end of life, we want to be the first place people turn to for help.

This year we started to share our ‘Spread the Word’ campaign with volunteers, employees and supporters in towns and villages across Kirklees. Our ambition is to make people feel proud about the care and support Kirkwood offers, and understand the important role their continued support plays in making it possible. We also want to show that Kirkwood’s care is delivered locally, in every town and village in Kirklees. You can find out more about our Spread the Word campaign at: www.kirkwoodhospice.co.uk

With you on your journey

1. We are here for you when you need us
As soon as you are diagnosed with a life limiting illness, Kirkwood is here to offer you the right advice and support.

2. We focus on what matters to you
We help you to maintain and improve your quality of life so that you can focus on what is really important to you.

3. We provide the best care for you at the end of life
When supporting you at the very end of life, whether in the Hospice or at home, you will receive the best care from our team of experienced professionals.

4. We support families during illness and in bereavement
Our whole team support families and carers at any time, helping you and your family to find ways to cope with grief and move forward.

5. Helping others on their journey
We need the help of our community to make sure that everyone affected by a life limiting illness has access to the very best care and support. You can help in lots of ways.

Taking Spread the Word out on the road

This year, the first in our series of ‘Kirkwood Local’ events were held. At each event, we presented our ‘Spread the Word’ campaign, shared our vision for the future and showed how the amazing support we receive in towns and communities across Kirklees has a direct impact on the care we provide for people in their local area.

The first two events in the series were held in Batley and the Holme Valley. Some of the key messages we shared with supporters were that; the majority of the care and support Kirkwood provides is in people’s own homes; it is

Kirkwood Nurses that provide specialist palliative care in every community across Kirklees, where many people think that it is other charities and that people do not need a referral to access Kirkwood’s support.

More events are planned in the next year, where we will continue to show people the real difference that their help makes for people where they live.

We are here to support anyone affected by a life limiting illness, every step of the way.
Margaret lives at home with Malcolm, her husband of 53 years. She says that Malcolm is the love of her life and makes her laugh every single day – even after half a century of marriage.

72-year-old Margaret has been living with a chronic lung condition (COPD) for the past 15 years. In 2017, she was diagnosed with end-stage Emphysema. After being admitted to Pinderfields Hospital with pneumonia in 2018, Kirkwood Community Nurse, Sharon Green, became involved with her care.

Margaret said: “Before I had Sharon supporting me, my care was limited. But within weeks, Sharon organised for me to have a hospital bed, a commode, a table with wheels, a wheelchair and walking stick all in my own home. She co-ordinated everything for me and even arranged for the district nurses to visit me. I just felt like I had back up when Sharon got involved. She gave me her number and Kirkwood’s 24/7 Advice Line so I could call anytime I needed to.

“My Husband, Malcolm, has always helped me, we help each other, but he has his own ailments too, so to have the support from Sharon has made a big difference to our lives.”

In late September, Margaret was struggling to cope with the symptoms of her illness, so she contacted her district nurse.

Margaret said: “The Sunday before my admission, I was really struggling. I thought I was dying. I immediately called my district nurses who visited and gave me some diamorphine. The next day, Sharon saw on my notes that the district nurses had been to see me and she called me straight away.

“When she arrived, she asked if I wanted to go to the Hospice. I was worried that it would make me feel sad and depressed, but it isn’t like that at all. Sharon told me it would be good and that the team would help tweak my medication. She also said there was no pressure and if I didn’t like it then I could go home again.”

After Margaret was admitted to Kirkwood’s In-Patient Unit, the team carefully monitored her care plan, helping with her medication and supporting her with breathing techniques.

Margaret said: “Since I have been here the Nurses have been marvellous. They are never too busy for anything. I have even been able to have a shower every day! Before coming here, I hadn’t had a shower for six months. My husband did an excellent job before, but it just isn’t the same. I just feel so fresh and clean now.

“After losing two stone with my condition, I have become very self-conscious about my body, so the thought of having someone help me shower made me feel very nervous. But the Nurses made me feel so at ease. They took small steps to make sure I was okay and comfortable.

“Being here has really cheered me up. I have met so many lovely people. I would say to anyone: don’t be afraid of Kirkwood or the word ‘Hospice’. When you’re here it is full of smiles and laughter.”

“The Nurses made me feel so at ease. They took small steps to make sure I was okay and comfortable.”
We focus on what matters to you

In January 2019, Josie, from Waterloo spent a six week work placement at Kirkwood Hospice, working on the In-Patient Unit and in the Support & Therapy team. Shortly after, Josie’s grandma, Jane, was diagnosed with an aggressive form of cancer that couldn’t be treated.

Jane was struggling with pain and realised her daily life was being impacted, stopping her from enjoying the things she loved the most, including going out with friends and family, baking and dancing to her favourite music. That’s when Kirkwood stepped in, with Kirkwood’s Community Nurse Specialist Fiona visiting Jane at her home in Paddock.

Josie said: “It was concluded that Grandma would be treated through palliative care services to help her manage symptoms with this disease. Although I had recently completed a placement with Kirkwood, it was initially alarming to hear that a hospice was involved with my grandma. My knowledge about Kirkwood Hospice within the community was limited and I made up the worst case scenario in my head about what to expect with Kirkwood’s involvement. After meeting Fiona, my ideas were completely turned around and I instantly felt at ease with her.

“Fiona made it very clear about what her role was in my grandma’s care and how she could help, and under the direction of Fiona, myself and Grandma’s neighbours, Pat and Andrea, we worked with new medications to help find the right dose to manage Grandma’s complicated symptoms.”

With the support from those closest to Jane’s care, Josie noticed her grandma’s pain reduce very quickly.

“Grandma is now pain free 90% of the time, and with Kirkwood’s help, we have been able to get Grandma back to living the active life she loves.

“Fiona has been a saviour in all of this and I reinforce that my grandma’s journey would not have been the same without her support.

“From a family member’s perspective it’s warming to know that you can depend on Fiona and other members of the Kirkwood team for guidance and reassurance through both the 24/7 Advice Line and home visits; nothing is ever too much trouble.

Jane’s response to her medication and pain management has been so notable that she will be temporarily discharged from Kirkwood so she can continue to enjoy the things she loves.

Josie added: “Fiona and Kirkwood have helped my grandma to get her life back. Me and my grandma are able to enjoy our time together again as a family.”

“With Kirkwood’s help, we have been able to get Grandma back to living the active life she loves.”
As soon as Jack came home, he was so relaxed and peaceful.

In May 2018, Jack Rowley and his wife, Anne, were given some devastating news. Here Anne tells us about the difference Kirkwood’s Community Palliative Care Team made for her husband.

In September 2015, 79-year-old Jack Rowley, from Cleckheaton, was diagnosed with Alzheimer’s. Then in May 2018, he and his wife, Anne, were told that he had bowel cancer.

After a short burst of treatment, Jack and his family were given the devastating news that his illness had become terminal.

Anne said: “Jack was really struggling with his pain. We couldn’t seem to get his medication right.

“Jack’s sister is a district nurse in Huddersfield and she told us to get in touch with Kirkwood, but I was really hesitant as I thought it was only for people who are at the end of their life.

“I kept putting it to the back of my mind, but Jack’s sister was persistent and kept asking if I had spoken to Kirkwood.”

When Anne did call, Kirkwood’s Community Palliative Care Team stepped in to help. Specialist Dementia Nurse for end of life care, Rachel Guest, and Community Nurse Specialist, Sharon Green, spoke to Anne and Jack and went out to see them at home.

“When Kirkwood came on board, I just felt a weight lifted from our shoulders. They sorted Jack’s medication straight away, which helped with his pain. He got a bed in the lounge, a commode and a chair lift; all of the care he needed was suddenly there for us at home.”

“I always stayed by Jack’s side, but I remember that one day Rachel came and said she would sit with him while I had a shower, which was brilliant.”

A month before Jack died, he was admitted in to Pinderfields Hospital for one week. He also spent two weeks as a patient at Dewsbury Hospital for support with his illness.

Anne said: “Jack wanted to die at home. I knew he wanted to be discharged from the hospital, but he struggled to speak, so my daughters called Sharon for advice.

“Sharon and Rachel really helped to get him home, which I am so grateful for”

Jack was discharged from Dewsbury Hospital on Tuesday 20th November so he could spend his last few days at home in accordance with his wishes.

“As soon as Jack came home, he was so relaxed and peaceful.”

Jack died in the comfort of his own home six days later on Monday 26th November 2018.

“As soon as Jack came home, he was so relaxed and peaceful.”
We support families during illness and in bereavement

“Kirkwood has helped me and my son more than they will ever know.”

Tracy Butters was diagnosed with cancer in 2017 and was cared for by Kirkwood in 2018 before her death. Tracy’s husband Allan, who works for the University of Huddersfield, recently shared his story with us, touching on the care and compassion offered not only to his wife, but to himself and his young son. The following is told in Allan’s own words.

“Tracy and I were together 30 years and married for 20. It’s been 30 years, but the time has gone so fast. I always knew exactly how she felt, I only had to look at her. We spent all our time together, even working together. And we enjoyed it. We needed each other every day.

“Tracy was diagnosed with cancer in 2017. Shortly afterward, she was told her condition had become terminal. In November 2017, she was given 12-18 months to live. Sadly, she died in September 2018.

“Tracy spent her last days at Kirkwood and from the moment she arrived she told me she was happy. I couldn’t have asked for anything more from the Hospice, she was in the best place she possibly could be.

“I don’t have one bad memory of Tracy being at Kirkwood. Even though it was the worst time of my life, they made it as bearable as it could be. Everyone deserves the dignity of being treated like that, everyone deserves what Kirkwood did for Tracy and our family. Tracy knew it was a privilege to be at Kirkwood, she was so happy there. She died with peace and happiness and that’s all down to Kirkwood.

“The care Tracy received was incredible, even down to the way her belongings were passed back to us after she’d died. They were nicely folded and put in beautiful white bags. Even her rings were placed in a little blue drawstring bag. It was amazing, I was so touched.

“They were always there to help, no matter what. They left the window open in her room even when it was cold, because they knew she liked the fresh air on her face. It really is a magical place.

“Kirkwood has helped me and my son more than they will ever know. We’ve both accessed counselling, and the support they have given him has enabled him to talk comfortably and openly about his mum, which is exactly what she would’ve wanted.”
People shouldn’t be daunted by the word Hospice; it really is amazingly homely here.

Helping other people on their journey

For many, supporting Kirkwood in memory of a loved one is an important way to pay tribute to their life. It takes thousands of people from across our community to ensure we can continue to care for anyone affected by life limiting illnesses, every step of the way. These are just a few...

Doing it for Dionne

In September, Carol, Mandy, Rowen, Lindsay, Bob and Trish competed in Kirkwood’s It’s A Knockout event in memory of Dionne Coburn. Mandy Lindley, Dionne’s Sister, said: “Dionne was a very active person so that’s why we wanted to take part. Dionne was also an avid fundraiser so we’re taking over in her memory.

“She was a very determined and positive person. She even organised the Zip Wire fundraising event whilst she was staying in the Hospice. She made a joke out of everything, and that’s why we’re doing this.

Walkers lace up for loved ones

The Midnight Memory Walk was special for the Woodhouse family, as they walked in memory of Linda Woodhouse. Linda’s husband, John, said: “Linda passed away at Kirkwood this year and we’re here tonight to give something back. Linda was so well cared for at Kirkwood. She felt comfortable there.”

Derek lights up Christmas

Each year, Derek Highe transforms his home in Mirfield into a spectacular Winter Wonderland. This year, with the help of the local community, Derek raised a staggering £4,880 for Kirkwood, taking his total raised to over £50,000.

Community club together

Members of Huddersfield’s Antilles Club invited the whole community to a fundraising event for Kirkwood last Autumn, raising £1,244! The Club Committee said: “We know that the Hospice couldn’t keep going without the support of the community, so this really is a local, community cause. We are all one and we are all friends of the Hospice.”

Sun shines on garden party

Mirfield couple Darren and Jackie Brooke hosted a summer garden party to remember in September. With the help of Peter Morgan, whose wife Jackie was cared for by Kirkwood, the couple raised a staggering £7,060 for the Jackie Morgan Tribute Fund.
The aim of this report is to inform our service users and stakeholders of the progress we have been making in clinical services to ensure the continued safety of our patients and that the care provided is of a consistently high standard and quality.

This report is a more detailed review of the quality priorities that we identified in 2017-18. The report also outlines what we will be focusing on in the future and has been aligned to the NHS Quality Account.

Next year (2019-20), we will continue to develop our approach to reporting and communicating the quality of care and services we deliver to our patients, families and carers. This will help us to demonstrate continuous quality improvement, service development and clinical professional development across all clinical services.

We remain committed to developing our approach to reporting and communicating the quality of care and services we deliver to patients.

In 2018-19 we saw some significant developments at Kirkwood, including a number of new service care models being developed to meet the changing needs of our population.

In line with our Clinical Services Strategy, work has been underway across all clinical teams to widen access to services.

While we have set ambitious goals for the future of Kirkwood during the year, our primary goal was to ensure we continued to meet the needs of our patients and those important to them, and that the quality of care that we provide is the best it can be.

Kirkwood has prioritised a number of improvements to our services, all of which have enhanced the quality of care we provide, including:

- Completion of a two-year project to upgrade our current Electronic Patient Record System
- Launch of a new Care Co-ordination system
- Widening access to our Community Specialist Nurses by expanding to provide services to seven days a week
- Introducing further self-management programmes that are targeted at the needs of people with specific conditions

Our identified areas of focus were:

- Developing and optimising the Electronic Patient Record
- Refreshing our approach to Quality Improvement
- Launching a new Care Co-ordination Service

In 2018-19, SystmOne (S1) Palliative Medicine was the clinical IT package used by Kirkwood. It was first introduced in 2011 as part of a regional drive to introduce a common system (within palliative care) that could be widely accessed and thus help to improve care, particularly for patients accessing urgent care services. Since then, Kirkwood’s reliance on S1 has gradually increased. This has led to replacing most paper patient records with electronic records in both the Community and Support & Therapy teams.

The module previously being used by Kirkwood was no longer being developed and has been replaced with a new module which features a number of additional functions.

This updated version has offered the ongoing use and development of clinical IT within the organisation, ensuring that our needs will be met for the foreseeable future. This process has been very inclusive, involving clinical staff at all levels.

Key benefits anticipated:

- Increased use of SystmOne by staff along with an increase in quality and quantity of real-time patient data entry in a consistent way
- The introduction of a bed management system, ensuring that all teams have real-time information about the bed state on the In-Patient Unit
The use of an electronic handover to improve the quality of information sharing amongst staff and to release staff time for direct patient care by decreasing the length of handover.

The development of an evidenced based EPR with the aim of standardising and improving the quality of information recorded with a patient’s record.

More rapid transmission of information to external agencies involved in a patient’s care.

Safer management of medicines.

Our key objectives were:

- All remaining clinical departments will transition onto the Palliative Hospital module.
- All clinical documentation in the remaining clinical departments will be reviewed as part of the transition process.
- To implement Electronic Prescribing and Medication Administration (EPMA) for the In-Patient Unit.

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**Key Benefits of implementing SystmOne Palliative Medicine**

**Safety**
- Improved patient information sharing into and out of the organisation.
- Information is always available in real-time.
- Records are legible and auditable.
- Has the potential to prevent medication errors.
- Will flag up when further information, key interventions or medication administration is required.
- Electronic stock control.

**Efficiency**
- More automated transfer of information into and out of the organisation.
- Single system for recording information meaning less duplication.
- Multiple staff members can contribute to an assessment simultaneously.
- Improved audit efficiency.

**Better Use of Resources**
- Reduction in printing and paper costs.
- Reduced costs for storage of historical In-Patient Unit patient notes.
- Decreased confidential waste disposal.
- Better use of staff time – allowing staff to spend more time with patients and relatives thus improving patient care and safety as well as potentially releasing time for other projects and initiatives.

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“You showed my wife love, compassion and dignity to the end of her life and provided her with the highest quality of care.”

Patient’s Relative
Progress made:

All remaining clinical departments will transition onto the Palliative Hospital module

A two year project to upgrade our current Electronic Patient Record System has been completed. All clinical departments have now fully transitioned, including the In-Patient Unit, Support & Therapy and the Family & Spiritual Care Teams.

All clinical documentation in the remaining clinical departments will be reviewed as part of the transition process

This process has involved training the review of clinical documentation which means that this objective has been met. A number of Clinical Review Panels representing each department of the In-Patient Unit have been undertaken to review policy and clinical practices. The recommendations from these panels have been included in the policies that were updated. In tandem with the creation of some new policies, new Standard Operating Procedures have been devised to further improve practice.

Periodic reviews have also been undertaken to critically assess new practices which have been put into place. This has ensured that processes are fit for purpose and allowed us to further amend the clinical system to ensure relevancy.

To implement Electronic Prescribing and Medication Administration (EPMA) for the In-Patient Unit

The EPMA is now in place and has been received positively by staff. This has been designed to meet the In-Patient Unit’s practice needs. Medication records have a built-in formulary system to help prevent medication administration errors. Alerts are now created as part of the prescribing process.

Effective Refreshing our approach to Quality Improvement

Quality is integral across every area of Kirkwood. Ensuring that the care, practice and support provided to patients/service users is outstanding remains a key focus for Kirkwood. As such, we continue to invest in key staff and systems to reflect the growth of the organisation and its’ commitment to Quality Improvement.

Kirkwood’s internal Quality and Governance processes have been reviewed to ensure each department is able to meet regulatory compliance and consistency in reporting.

This has provided us with the opportunity to identify how best to strengthen the culture of focussing on quality improvement throughout the whole organisation.

Our key objectives were:

• Developing a culture of Quality Improvement - to continue to work towards creating a more inclusive culture and environment for employees and volunteers at all levels and to bring innovation and Quality Improvement to the forefront
• Development of a Quality Improvement Strategy for 2018-21 - this will identify key areas of focus. The Quality Improvement Strategy will be created following: reviews of quality improvement systems including reporting, quality governance review and Kirkwood Business Plan in order to reflect our current and future needs
  • To refresh the audit process to ensure consistent reporting, regular review of audit tools and a more a more strategic understanding of requirements for audits
  • Implementation of Vantage (Risk and Asset database) - new systems and processes will help to provide a more robust and centralised gathering of information (including the use of data to monitor, evaluate and predict future service needs)
  • Developing project plans that evidence quality improvements

Progress made:

Developing a culture of Quality Improvement – to continue towards creating a more inclusive culture and environment for employees and volunteers at all levels and to bring innovation and Quality Improvement to the forefront

Work to develop our quality approach is ongoing. This includes finalisation of our Quality Improvement Strategy. This will enable us to develop further as an organisation to consider Just Culture.

A Quality Improvement Policy has been drafted, which identifies the aims of Kirkwood to further embed a culture of Quality Assurance and Quality Improvement throughout the whole organisation.

Quality Improvement is now at the forefront of each department, with a Quality Improvement tracker now being used. The Quality and Governance Manager, along with all Department Heads, continues to work to establish an environment for all levels of employees and volunteers to contribute positively. Each department has a Departmental Quality Improvement Plan in place.

Quality Improvement training has been devised and this is now established as part of the Employee and Volunteer Induction.

The process for starting, monitoring and reviewing projects continues to evolve. Projects are being brought to the forefront as all employees and volunteers are more aware of the innovative work taking place across Kirkwood.

Develop a Quality Improvement Strategy for 2018–21 – This will identify key areas of focus. The Quality Improvement Strategy will be created following reviews of quality improvement systems including reporting quality governance review and Kirkwood Business Plan in order to reflect our current and future needs

The Quality Improvement Strategy is being finalised.
The Quality and Governance Manager and members of the Quality Team have significant roles, ensuring quality remains a focal point as part of the strategy. Monthly internal groups; Quality Matters, Care & Quality, Core Policy, CQC & Quality, Risk, Health & Safety, Clinical & Non-Clinical Audit and Information Governance meetings are in place to report back to the Executive Team and to ensure governance remains under periodic review.

Established systems for reporting are in place and work well to provide feedback to the Executive Team. Feedback methods (e.g. quarterly dashboards) are kept under review to ensure easy dissemination of information and data gathered. This includes how information and data is shared across the organisation.

To refresh the audit process to ensure consistent reporting regular review of audit tools and a more strategic understanding of requirements for audits

A new Quality Tracker is in place, identifying all audits to be undertaken by each department. This is monitored by the Quality Team, ensuring the organisation remains safe and meets regulatory, gambling and Charity Commission requirements.

The systems for auditing have been reviewed to make the process more robust and easier to use. Reinforcement by each department head has helped to create a more inclusive process. This has promoted an increased understanding for team members, enabling them to recognise the wider strategic implications associated with having robust processes in place for audit. The process ensures audits have remained on track.

The Quality Team and Department Heads have worked in partnership to create new audit tools. Audit tools in place ensure, scores/outcomes can be measured against national and local benchmarking and can evidence quality assurance for safety. Work has started to review several audit tools since their initial introduction however, this needs to continue.

Data provided by audits has been used to compare and contrast over time periods and has also been used as a business intelligence tool for future planning. This work continues to evolve.

Implementation of Vantage (Risk & Asset database) – new systems and processes will help to provide a more robust and centralised gathering of information (including the use of data to monitor, evaluate and predict future service needs)

The development of Vantage modules is continuing, with modules nearing completion including: Adverse Incidents, Drug Errors, Pressure Ulcers and Falls. Modules have been built to meet Kirkwood’s needs and requirements.

Developing project plans that evidence Quality Improvements

- A project tracker is now in place to measure progress
- The planning process ensures greater consistency through the periodical monitoring via joint meetings between the Kirkwood Management Group and the Executive Team. Quality Improvement remains central to all projects and this can now be demonstrated and evidenced more systematically
  - All projects in progress are centralised making the monitoring, reporting and review easier

Patient Experience

Launching a new Care Co-ordination service

The launch of a new Care Co-ordination service has allowed patients with a specialist palliative care need, their families and carers, to access a single point of contact in order to receive advice and support on a wide range of issues.

Palliative and end of life care services are often provided by many different professional groups and staff from a variety of both statutory and voluntary sector organisations, often working together across sectors and across organisational boundaries. Kirkwood’s new service, led by a Social Work Team Leader, has seen the creation of a small team, who are responsible for co-ordinating care and support to help people in achieving their preferences and choices at the end of life wherever possible.

The objectives were:

- Successful recruitment of the team
- Continued patient and carer input in order to develop a truly co-designed service

Progress made:

Successful recruitment of the team

The Specialist Palliative Care Co-ordination Team (SPCCT) launched on the 1st of August 2019 and has initially been taking referrals from within the Community Specialist Palliative Care Team. The take up of the service in the short period since launch has been excellent, further reinforcing the need for this type of service. The team have successfully recruited four Care Co-ordinators with a diverse array of skills and knowledge within the Palliative Care field.

Continued patient and carer input, in order to develop a truly co-designed service

The SPCCT has benefited from the input of Kirkwood’s Future Forum to understand the potential gaps in current community services for patients, carers and professionals. The feedback included themes such as lack of co-ordination within health and social care services and poor communication leading to anxieties and frustrations. The team continues to access the Future Forum group when considering new developments within the service.

Development of an operational policy

A newly devised operational policy reflects the business plan and clinical objectives of the team along with the ongoing culture development of quality improvement. The policy also provides the operational policies and procedures that
are required to ensure the safe delivery of the service.

Launch of the service and continued engagement with key stakeholders

The SPCCT have made significant in-roads - working collaboratively with partners, patients and their carers to develop new service models and improve the experience of those living with a life limiting illness. The team continue to extend their reach within Kirkwood and are beginning to deliver a fortnightly Drop-In service within Kirkwood’s Support & Therapy Department.

Establishment of Key Performance Indicators (KPIs)

The KPIs of the team include:

- A reduction in the time spent by clinical staff co-ordinating care, allowing time to be reinvested into the delivery of care
- Improved continuity and co-ordination of care
- Improved communication between organisations and patients, carers and families, with a proactive ‘follow up’ service
- Supporting individuals to achieve their preferred place of care and death
- To challenge some of the stigmas attached to hospice care and improve participation in Kirkwood Hospice services such as Braveheart, Breathe Better, Share & Care and other carers support services

Completion of an interim evaluation

The team are completing quarterly evaluations of the new service, with the next planned evaluation for November 2019.

Kirkwood has led the development of an End of Life Care Workbook for Care Homes.
Looking back at 2018-19
Priority A: Quality

Key Achievements

• A high level data model has been drafted to determine the future palliative care needs of the local population and a future service development plan that will help to meet palliative care needs in Kirklees over the next five to 10 years has been developed. This includes proposals for the future development of Multi-Disciplinary Teams based on future needs.

• Kirkwood has led the development of the Kirklees End of Life Provider Alliance, which brings together all community and primary care providers which provide care and support to people at the end of their lives. The Alliance is now well established and has resulted in more joined up work between these organisations in terms of identifying people who are in need of palliative care support, care co-ordination for people at the end of life and education and training for health and social care professionals across Kirklees.

• Following investment in the development of the Community Palliative Care Team, two Kirkwood Community Nurses qualified as Independent Nursing Prescribers, which means that our service is able to offer enhanced support to our patients in their own homes and in care homes. During the year, the Community Palliative Care service has been extended to cover seven days a week.

• The Support & Therapy service continues to develop and provide support to more people, with a variety of services for people affected by many different illnesses, including cancer. Drop-in attendances to the service increased by 13% during the year.

• The Enabling Quality of Life project has continued to be an area of focus. The project ensures that what matters to patients and their families is comprehensively identified so that effective plans can be put in place to help them achieve goals. The approach is now embedded across all clinical services.

• A Nurse Specialist focussed on the needs of people in nursing and residential homes in North Kirklees. This development has been achieved with a funding contribution from North Kirklees Clinical Commissioning Group. The introduction of this role will help Kirkwood to define how best to support Care Homes in the future. Plans are underway to add the same resource in Huddersfield.

• Kirkwood has led the development of an End of Life Care Workbook for Care Homes. The product has been very well received by care homes across Kirklees and beyond. The workbook supports Care Home employees to care for their residents effectively when they are at the end of their life. It has been recognised by the Care Quality Commission (CQC) as an example of good practice in supporting wider partners in end of life care.

Kirkwood has successfully recruited 12 ambassadors for our clinical services. These are individuals who represent parts of our community who do not access Kirkwood services as much as they could; individuals who can advocate for what we do within these communities. This is part of a plan to ensure that Kirkwood services are accessed by everyone who needs our support, no matter what community they are from.

“Nothing’s too much trouble at Kirkwood!”
Pat Armitage
Key Achievements

- Kirkwood has developed its role as a commissioner of Palliative and End of Life services in Kirklees. As part of this role we have completed a review of Kirkwood’s clinical services, analysing our data against Kirklees Public Health’s Joint Strategic Assessment and NHS operational plans to identify the service developments required in the future.

- The Kirkwood brand has been strengthened significantly within the Kirklees Health and Social Care system. This is as a consequence of developing stronger and more collaborative partnerships with local organisations; The Chief Executive is Vice-Chair of the Kirklees Integrated Provider Board; Kirkwood leads the Kirklees End of Life Provider Alliance and End of Life has been selected as a specific priority by a number of Primary Care Networks across Kirklees.

- The strengthening of Kirkwood’s brand and reputation has resulted in a Kirklees End of Life Care Charter being created by local organisations. Each signatory organisation has committed to playing its part in delivering high quality care to people at the end of their lives.

- The financial agreement with the NHS has been strengthened further with an increase of 5% in the value of our grant contribution for 2019-20.

- ‘Kirkwood Stories’ is an initiative which helps us to communicate key messages with audiences critical to the success of the charity. The individual stories of patients, supporters, employees and volunteers are extremely effective in engaging people with our charity. We have successfully embedded story and narrative creation into the culture of all our teams, and have developed systems and processes to ensure stories are captured, published and shared with key audiences on a monthly basis.

- It is important that we confidently communicate to people supporting the charity that we are delivering the biggest possible impact for local people with the donations that we are given. It is also important that people who need our services understand the benefit they could receive. Kirkwood is now developing more evidence about the impact of the services provided. This year we have started a programme of work with the goal of developing clear evidence of the impact of each clinical service. The first reviews of services have been completed this year and we will be looking at research partnerships to strengthen the evidence in the future.

- In 2018-19 the first in a series of 10 ‘Kirkwood Local’ events were held, successfully helping to raise awareness and generate offers of financial support. The events are a ‘thank you’ to our many supporters in their own local area. The events share the impact that their support has on local people. Key messages at the events include; the majority of the care and support that Kirkwood provides is in people’s own homes; it is Kirkwood Nurses that provide specialist palliative care in every community across Kirklees, when many people think that it is Macmillan and; people do not need a referral to access Kirkwood’s support. Events were held in Batley and Holmfirth, with more planned in 2019-20. At the same time, ‘local’ information and materials have been provided to all Kirkwood shops in these areas.

- In 2018-19, a total of 2,165 patients, carers and families living in Kirklees accessed one or more of Kirkwood’s services. This is a result of efforts to increase the reach of services across the whole Kirkwood community.
Forthcoming Priorities

Safe

Just Culture

In June 2018, the Professor Sir Norman Williams's Review report stated: 'A just culture considers wider systemic issues where things go wrong, enabling professionals and those operating the system to learn without fear of retribution'. The report goes on to say ‘... generally in a just culture inadvertent human error, freely admitted, is not normally subject to sanction to encourage reporting of safety issues. In a just culture investigators principally attempt to understand why failings occurred and how the system led to sub-optimal behaviours. However a just culture also holds people appropriately to account where there is evidence of gross negligence or deliberate acts'.

The fair treatment of staff supports a culture of fairness, openness and learning by making staff feel confident to speak up when things go wrong, rather than fearing blame.

Supporting staff to be open about mistakes allows valuable lessons to be learnt so the same errors can be prevented from being repeated.

There is an ongoing commitment to embed a ‘Just Culture’ and review errors using a just culture approach. This will build upon the initial work that has started to develop a Just Culture approach. This will build upon a ‘Just Culture’ and review errors using a just culture approach. This will build upon the initial work that has started to develop a Just Culture approach. This will build upon the initial work that has started to develop a Just Culture approach. This will build upon the initial work that has started to develop a Just Culture approach. This will build upon the initial work that has started to develop a Just Culture approach.

The objectives for the next 12 months include:

- Assessing current culture
- Determining the principles of a ‘just culture’
- Communicating to the clinical teams and wider
- Identifying champions
- Education and holding culture workshops

Effective

Patient Charter

In line with the development of the Kirklees End of Life Provider Alliance, Kirkwood has brought together all community and primary care providers that provide care and support to people at the end of their lives. The Alliance is now well-established and has resulted in more joined up work between these organisations in terms of identifying people who are in need of palliative care support, care co-ordination for people at the end of life and provision of high quality education and training for health and social care professionals across Kirklees.

The Alliance has initially focused on strengthening partnership working and integration within community care and has jointly created a Patient Charter which sets out our intentions as an Alliance, both within our own organisations and within wider stakeholders.

The Charter is a commitment as a health and social care system to meet the following aims:

- To ensure that people are as informed as possible about the approach of end of life to enable informed decision making about their preferences
- Care is timely, compassionate and reflects their needs and wishes as far as possible
- People remain in a place of their preference where possible, avoiding unnecessary hospital admissions, and are able to die with dignity
- People and their carers are engaged in the co-production of services and feel supported during end of life and after the person has died

A copy of the charter is included for information at the end of this section (see Figure 1 on page 36).

Over the next year our priorities will be to:

- Finalise sign-off and formal adoption of the Kirklees End of Life Charter across all organisations within the Alliance
- Roll out the charter internally within Kirkwood
- Develop a communications plan to promote the Charter across the system
- Develop high-level training aligned to the charter (similar to the Dementia Friends model) which can then be offered to staff across all organisations within the Alliance
- Capture examples of best practices and case studies which meet the charter

Patient Experience

At Kirkwood we recognise a greater focus is required to meet the needs of hard to reach people and groups within Kirklees, who may not readily access Kirkwood services.

Everyone living with a life limiting illness should have access to high-quality palliative care, and be treated with dignity and respect. People who identify as LGBTQ+ may have specific experiences, needs and preferences that health and social care professionals can be aware of so that they can provide the best end of life care.

A key part of our Clinical Services Strategy is improving reach into different groups, ensuring equity of access to palliative care.

The focus for the next 12 months will be around the needs of LGBTQ+ people.

LGBTQ+ people have all the palliative care needs that other people have, including symptom management such as pain, spiritual and emotional needs. However they may face additional challenges and barriers to getting the care they need and may not access services if they feel there is a risk of being discriminated against.

Forthcoming Priorities

33

34
The objectives for the next 12 months are to:

• Review existing data relating to service users in order to establish a baseline
• Develop and display visible symbols across the Kirkwood site which reflect inclusivity
• Undertake mapping of local stakeholders and groups
• Develop a small group of Ambassadors who can effectively engage and 'Spread the Word' about Kirkwood’s services
• Improve Kirkwood’s visibility and presence at external events in order to engage with LGBTQ+ people and organisations

The Kirklees Care Charter has been jointly created and signed up by all of the organisations below. This has been developed for people with a life limiting illness living in Kirklees. It explains what you can expect, as a pledge to improving end of life care in Kirklees.

I am seen as me
I am informed as early as possible that I have a condition which is life limiting and will shorten my life, although I might continue to live an active life for some time. I and the people important to me, get the opportunity to have honest, informed and timely conversations.

I have access to care
The people important to me are supported all the way through my journey. My care reflects my physical, social, psychological and spiritual needs.

I am supported by staff who are prepared to care
All the staff I come across, wherever I am, bring empathy, skills and expertise to give me care which is compassionate

I am confident that my wellbeing and comfort come first
I can choose to stay where I prefer and avoid unnecessary visits to hospital. My care is regularly reviewed and my symptoms are managed as well as they can be.

I received co-ordinated care
My needs and plans are known by everyone involved in my care and I am helped to achieve them. I know how to reach someone who will listen and respond at any time of the day and night.

I live in a community that is prepared to help
My community recognises that we all have a role to play in supporting each other in times of crisis and loss.

Figure 1. Kirklees Care Charter
Quality Overview

Services Provided

Kirkwood helps local people who are affected by an illness that cannot be cured to live well and die with dignity in a place of their choice (where possible). We provide services, free of charge, to people in Kirklees affected by life limiting illnesses that focus on their quality of life. We provide care for people affected by life limiting illnesses including cancer, neurological conditions, advanced heart and lung diseases and dementia. We also provide services to patients’ families, carers and anyone who is important to them.

Most patients use a combination of Kirkwood services as their illness progresses and draw on the specialist skills of Kirkwood’s multi-professional team who work in collaboration with colleagues in all care settings to provide continuity of care. Kirkwood also provides programmes of education to other professionals who are caring for people with life limiting illnesses. In this way, we seek to improve the quality of care experienced by all people who have palliative care needs.

Our services are continuously monitored, evaluated and reviewed to meet the changing needs of patients and their families. All our services are delivered taking into account current national guidance, quality statements and standards.

We provide advice and support to anyone that has been diagnosed with a life limiting illness.

Our 24/7 Specialist Palliative Care Advice Service handled 12,674 calls in the last year and 2,165 people accessed some form of advice and support from our services – including the Support & Therapy Centre and the Community Palliative Care Team.

Kirkwood helps people to maintain and improve their quality of life so that they can focus on what is really important to them. We support patients, their families and those that care about them. A total of 2,165 people affected by a life limiting illness were supported to achieve the best possible quality of life in 2018-19.

Kirkwood also provides the best care people at the end of their lives. In this 12 month period, Kirkwood cared for a total of 767 local people that died. Our team of experienced professionals provided the best care for people at the very end of their lives, meeting their individual needs as far as possible and helping the vast majority (94%) to avoid dying in hospital.

Services are provided to support patients’ family members and carers through illness and in bereavement. We help these people with their emotional and psychological needs and support them in finding ways to adjust to their bereavement and move forward in life. 535 individuals accessed this support through the Kirkwood Family & Spiritual Care Team last year.

For many people, supporting Kirkwood following the death of a loved one is an important way to pay tribute to their life and honour their memory. This support comes in many forms, and from all parts of our community. In this period, over 22,000 local people made a contribution to make sure that everyone affected by a life limiting condition has access to the very best care and support.

Kirkwood 24/7 Specialist Palliative Care Advice Line Service

Health Care professionals, patients and their carers contact Kirkwood for expert advice at any time of the day or night, seven days a week. The aim of this service is to enable more patients to be supported and, as their illness progresses, to have their needs met as soon and as fully as possible. A total of 12,674 calls were handled by the advice line in this period, including 1,123 calls outside office hours. This is an 8% increase in calls when compared to the previous year.

Kirkwood Support & Therapy Services

These continue to be provided at Kirkwood and at the Rosewood Centre in Dewsbury. In the year, a total of 596 people accessed services through the Kirkwood Support & Therapy Centre at Dalton. 142 people accessed day services and there were 1,012 day care attendances – an increase of 30% on the previous year. 297 people accessed Drop-In at Kirkwood for the first time and there were 2,276 follow-up attendances – an increase of 13%. 125 people accessed services at the Rosewood Centre in Dewsbury, where 1,936 attendances were accommodated.

Following assessment, patients and carers access a range of services that have been designed to meet their individual needs:

• Complementary Therapies are available to all patients and carers that use the Support & Therapy Centre
• The ‘Braveheart’ programme for patients with chronic heart failure
• The ‘Breathe Better’ programme for patients with chronic respiratory illnesses
• ‘Getting on and Living’ is a programme for patients affected by Neurological conditions
• The ‘Share & Care’ group supports people caring for someone with a life limiting illness
• ‘Keeping Active at Kirkwood’ is a gentle exercise class which helps people to improve their quality of life and maintain independence

Kirkwood Community Palliative Care Team

A team of nine Kirkwood Clinical Nurse Specialists provide advice on all aspects of pain and symptom control and provide emotional and psychological support for patients at home and in care homes. Kirkwood Clinical Nurse Specialists also provide advice to health care professionals and deliver education on all aspects of palliative care. During the period, the team supported 1,149 patients. 3,189 home visits (an increase of 8% on the previous year) and 12,263 phone contacts (up 7%) were made to patients, families and other professionals.

Kirkwood In-Patient Care

For patients requiring care and support to address complex problems associated with life limiting illness.
During the reporting period there were 368 admissions to the In-Patient Unit. Patients were discharged on 116 occasions and 241 died at the Hospice, with 11 patients resident in the Hospice at the end of the year. The In-Patient Unit accepted 99 admissions on an evening or a weekend, which ensured that these patients were not admitted to hospital.

Kirkwood Family & Spiritual Care Team

Kirkwood Family & Spiritual Care Team: this team provides psychological support and counselling for patients and families during illness and in bereavement. The team’s work includes support for children affected by the death or life limiting illness of a close family member. The total number of people who accessed the services during the reporting period was 535 (up 9% on the previous year). 2,147 counselling sessions for bereaved people took place in the period. The team also carried out 953 pre-bereavement contacts within Kirkwood services.

Education and training

Palliative and end of life care training is provided for other health and social care agencies and also for visiting students. Specific programmes have been developed for professionals who work for Locala Community Partnerships CIC, Calderdale and Huddersfield NHS Foundation Trust, alongside a number of GP Practices. These programmes aim to improve the delivery of palliative and end of life care in all settings. A total of 197 professionals from other organisations attended training and education provided by Kirkwood during the period.

Education is provided for all Kirkwood employees and volunteers, including Trustees.

Support Services & Volunteers

All aspects of Kirkwood are underpinned by the various support service teams and volunteers, who provide help at the main Hospice site in Dalton, in the Fundraising Department and in Kirkwood’s shops. 859 volunteers contributed 24,826 hours of their time at the Dalton site during the reporting year, with 91,812 hours being volunteered at Kirkwood’s shops.

Overview of impact for beneficiaries

Kirkwood exists to support anyone affected by any life limiting illness, every step of the way. A total of 2,165 people benefited from the services that we deliver in the period reported. This total has been consolidated after a period of significant growth.

Kirkwood helps people to maintain and improve their quality of life so that they can focus on what is really important to them. This includes patients, their families and those that care about them.

Research

• RESOLVE aims to improve the health status and symptom experience for those people living with advanced cancer across Yorkshire

• In the weeks or months before they die, people with advanced cancer often experience pain, breathlessness or fatigue-exhaustion, which significantly reduce quality of remaining life

• The University of Hull, in partnership with the University of Leeds, has gained funding from Yorkshire Cancer Research for the RESOLVE research programme to help address these symptoms better

• The research looks at how people with advanced cancer needing support to address symptoms access the help they need, and how this access can be improved so they receive appropriate expert help

• Kirkwood has been involved in this research

Quality Overview
Kirkwood’s Admiral Nurse for End of Life Care provides specialist support for local people living with dementia.

### In-Patient Admissions

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<tbody>
<tr>
<td>In-patient admissions (started within year)</td>
<td>356</td>
<td>313</td>
<td>315</td>
<td>353</td>
<td>328</td>
</tr>
<tr>
<td>In-patient admissions (on-going)</td>
<td>12</td>
<td>8</td>
<td>12</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>TOTAL</td>
<td>368</td>
<td>321</td>
<td>327</td>
<td>368</td>
<td>338</td>
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<tr>
<td>Discharges from In-Patient Unit</td>
<td>116</td>
<td>101</td>
<td>88</td>
<td>106</td>
<td>125</td>
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<tr>
<td>Admissions ending in death</td>
<td>241</td>
<td>208</td>
<td>231</td>
<td>245</td>
<td>203</td>
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<tr>
<td>Average length of stay in days</td>
<td>11.9</td>
<td>13.6</td>
<td>12.8</td>
<td>12.4</td>
<td>12.4</td>
</tr>
<tr>
<td>Bed occupancy</td>
<td>71%</td>
<td>70%</td>
<td>70%</td>
<td>74%</td>
<td>70%</td>
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<tr>
<td>Throughput per bed</td>
<td>22.31</td>
<td>19.3</td>
<td>19.7</td>
<td>22.1</td>
<td>20.5</td>
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### Support & Therapy Centre

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</thead>
<tbody>
<tr>
<td>New people for day attendance (day care)</td>
<td>106</td>
<td>128</td>
<td>106</td>
<td>95</td>
<td>131</td>
</tr>
<tr>
<td>Repeat people for day attendance</td>
<td>6</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Continuing patients</td>
<td>30</td>
<td>45</td>
<td>50</td>
<td>45</td>
<td>65</td>
</tr>
<tr>
<td>TOTAL</td>
<td>142</td>
<td>175</td>
<td>163</td>
<td>141</td>
<td>199</td>
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<tr>
<td>Available places in year</td>
<td>-</td>
<td>1,140</td>
<td>1,060</td>
<td>2,152</td>
<td>2,856</td>
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<tr>
<td>Booked attendances in year</td>
<td>840</td>
<td>758</td>
<td>1,011</td>
<td>1,133</td>
<td>1,951</td>
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<tr>
<td>Attendance rate for those booked</td>
<td>78%</td>
<td>66%</td>
<td>82%</td>
<td>81%</td>
<td>80%*</td>
</tr>
<tr>
<td>Drop-In service new attendees (patients and carers)</td>
<td>282</td>
<td>303</td>
<td>196</td>
<td>190</td>
<td>128</td>
</tr>
<tr>
<td>Drop-In service re-accessing attendees (patients and carers)</td>
<td>23</td>
<td>19</td>
<td>9</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Continuing attendees (patients and carers)</td>
<td>168</td>
<td>111</td>
<td>115</td>
<td>159</td>
<td>184</td>
</tr>
<tr>
<td>TOTAL (patients and carers)</td>
<td>473</td>
<td>433</td>
<td>320</td>
<td>351</td>
<td>318</td>
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</table>

### Community Specialist Palliative Care Team

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>New people</td>
<td>856</td>
<td>883</td>
<td>890</td>
<td>928</td>
<td>461</td>
</tr>
<tr>
<td>Re-accessing the service</td>
<td>143</td>
<td>106</td>
<td>74</td>
<td>54</td>
<td>34</td>
</tr>
<tr>
<td>Continuing patients</td>
<td>152</td>
<td>167</td>
<td>205</td>
<td>131</td>
<td>155</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,151</td>
<td>1,156</td>
<td>1,169</td>
<td>1,113*</td>
<td>650</td>
</tr>
<tr>
<td>Community visits</td>
<td>3,189</td>
<td>2,962</td>
<td>2,981</td>
<td>2,428*</td>
<td>1,391</td>
</tr>
<tr>
<td>Telephone contacts</td>
<td>12,141</td>
<td>11,719</td>
<td>12,116</td>
<td>9,492*</td>
<td>4,455</td>
</tr>
</tbody>
</table>

*This marked the year the Community Specialist Palliative Care Team expanded to cover North Kirklees.*
Infection rates

Infection rates continue to remain low in the Hospice, supported by a designated lead for Infection Control and mandatory Infection Control training. The lead Nurse for Infection Control attends Infection Prevention Link Nurse meetings at the Calderdale and Huddersfield Foundation Trust, where close links have been established. He is also an active member of the Infection Prevention Society and is supported in the role by a number of Infection Control Champions.

A ‘bare below the elbow’ policy is in place across the In-Patient Unit and patients admitted who are known to have an infection are nursed in a single room.

Regular Infection Prevention meetings are held internally and externally. A comprehensive programme of Infection Control audit is in place, which includes an external audit by the Kirklees Community Infection Control Team. In 2018-19 Kirkwood completed a self-audit for the Kirklees Infection Prevention and Control External Audit and achieved a score of 99%.

Complaints, Concerns & Compliments

In 2018-19 there were five formal complaints made and 10 concerns raised regarding clinical services. Clinical concerns continue to be consistently captured, with all clinical concerns recorded formally and fully investigated. All complaints and concerns raised in 2018-19 were managed as per policy and within agreed timescales.

The experience of our service users

At Kirkwood we use an online questionnaire to capture feedback from service users. During the reporting period, 302 surveys were completed, with 97% of people rating the quality of care received as outstanding or excellent.

Quality of Care

<table>
<thead>
<tr>
<th>Felt Safe</th>
<th>97%</th>
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<tbody>
<tr>
<td>Always</td>
<td>3%</td>
</tr>
<tr>
<td>Most of the time</td>
<td>3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Treated with Dignity and Respect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
</tr>
<tr>
<td>Excellent</td>
</tr>
<tr>
<td>Good</td>
</tr>
</tbody>
</table>

| Always   | 3% |
| Most of the time | 3% |
Reviews via Social Media

Kirkwood received four reviews via our Facebook page during 2018-2019, with all four individuals giving Kirkwood a five-star rating. Four individual recommendations were also received. Comments received via Facebook reviews included:

“I have terminal cancer which was diagnosed in June 2017. I’ve been going to their drop in days in support & therapy since last Christmas. They have been a massive support to me both emotionally & physically. I can’t thank them enough. People automatically think the hospice is just a place you go to die; my experience is a place to live, laugh & love.”

Elaine Mallinson

“The exceptional and caring staff made my late wife’s last days at Kirkwood so comfortable with their understanding of our grief, at all times being available for us.”

Ronnie Wood

“The Family care team is top notch, it’s hard to imagine how we would have coped without them.”

Mark Cooke

“My wife and I visited the Drop In service yesterday; we felt really comfortable and were made extremely welcome by the staff. They are all lovely.”

Ian Webb

In-Patient Unit Real-Time Patient Feedback (Anonymous)

“For the teams of Doctors, Clinical Staff, and everyone who looked after my Husband whilst he was in your care. You all worked so hard, nothing was too much trouble. Thank you for all that you did. Kirkwood Hospice is the best!”

“Thank you to all the staff for the care, respect and support you gave my Dad, he died peacefully and with dignity thanks to the amazing care given to him. The Hospice gardens were an oasis of calm and we can’t thank you enough for our time there.”

“Thank you so much for all your loving care, and hard work. Doctors, Nursing Staff, Cleaners and all the Volunteers.”

Rugby League fan, Raymond, was delighted to receive a visit from former Great Britain player Henderson Gill during his stay on Kirkwood’s In-Patient Unit.
Getting in touch

24/7 Specialist Advice Line: 01484 557910
Kirkwood Main Reception: 01484 557900
Fundraising: 01484 557911
Web: www.kirkwoodhospice.co.uk
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