



Kirkwood
The Hospice for Kirklees

Quality Account 2015/16





1,000 people from across Kirklees turned Oakwell Hall Country Park all the colours of the rainbow at the Kirkwood Hospice Colour Rush.

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A Carer's Perspective: Jude's story

Jude's son Jody is a kind, handsome, adventurous and high achieving young man. After being diagnosed with Motor Neurone Disease whilst living in Australia, he returned home to the UK. Just over 12 months on, Jody can no longer walk, speak, laugh or cry and Jude has taken on the responsibility of being his main carer. In this powerful article, she talks about the son she loves and the difference Kirkwood has made to their lives.

"Jody has been an adventurer since birth," says Jude. "At seven, he put a rucksack and a little tent on his back and went to camp in the back garden, which happened to be a mountain on the west coast of Ireland."

As a young man, Jody travelled to all the corners of the globe as part of his job in the travel industry; places like Alaska and the Pantanal region of South America. He's a keen photographer and has taken pictures all over the world. Many of these have been published in travel magazines.

"He's a quick witted and articulate man with a wicked sense of humour and the bluest eyes," says Jude.

Twelve months ago, Jody stepped off a plane from Australia. Back then he could speak, walk, talk, swallow, laugh and cry. He could do everything that we can do and probably more. He can no longer do any of those things. At a very young age, Jody was diagnosed with Motor Neurone Disease.

"The hardest thing to say is 'my son is dying'. Saying those words never gets any easier," says Jude.

Jody's GP referred him to the Community Palliative Care Team at Kirkwood Hospice and one of Kirkwood's Clinical Nurse Specialists went to visit the family at home.

Jude admits to feeling anxious about the visit. "We thought, 'Why do we need to see palliative care, why now?' He's well, we don't

need this yet'."

"But avoiding the Hospice meant avoiding the truth. It's a bit of denial that we carry with us because we don't want to accept what's happening."

Jody and Jude decided to attend a Drop-In Day at the Hospice.

"It was brilliant," says Jude. "We were met with smiling faces – people who care."

As a carer, Jude says it's all too easy to focus on what you can't do. "There is always a feeling of guilt that you shouldn't do this or feel that."

"What is really frustrating is that the thing I want to do is save my son's life - but I can't."

To help Jude acknowledge her grief, she now regularly visits the Hospice's Family Care Team for support.

"I go to vent and offload some of the volcano which is constantly erupting," she says. "It may be capped for a while, but it's constantly brewing."

"The ethos of Kirkwood Hospice shines through. My son is not a tick box or a task. He is a person in his own right, with his own amazing story. At Kirkwood Hospice they want to know the individual, to know their story, to validate their life and provide holistic care to the whole family."

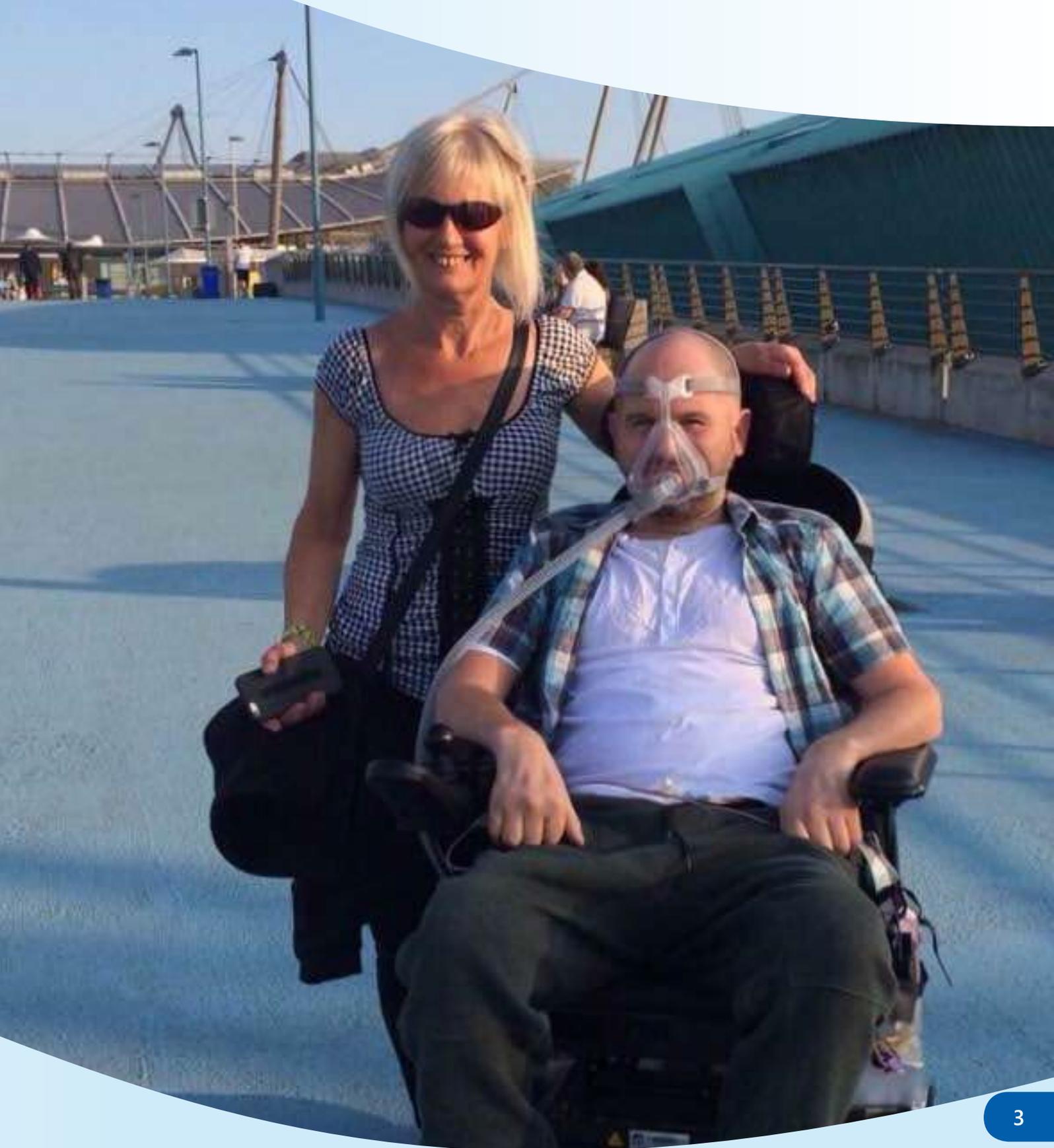
"Can you imagine how safe it makes me feel that I can go there and feel there is someone who really cares?"



WATCH: Jude gave a talk about her experience of being a carer at a recent event. You can watch the video at our website: www.kirkwoodhospice.co.uk/news

“The hardest thing to say is ‘my son is dying’.
Saying those words never gets any easier.”

Jude Sellmeyer, talking about her son Jody.



Statement from the Chair of Trustees



High quality care remains the number one priority for Kirkwood Hospice. Our reputation with the local population of Kirklees and our main partners and stakeholders has been built up over many years and is based on the quality of care that we deliver.

The Trustees continue to review their own knowledge and skills to meet the present and future environment. The board has recruited additional Trustees with the background and experience to help with our approach to Clinical Governance.

As planned, Clinical Governance within Kirkwood Hospice has been further strengthened as a consequence of a comprehensive refresh of our governance processes. The board Board of Trustees at Kirkwood Hospice has established a sub- board committee to look exclusively at clinical governance; the development of plans to support our overall strategy, which focus on the development of clinical services, our approach to quality assurance and improvement as well as the delivery of Education to other health and social care partners.

The environment in which Kirkwood Hospice is operating continues to be challenging as regulation increases and Health and Social services overall face significant threats in relation to increases in demand when resources are very stretched across different organisations.

The board is pleased with the progress that is being made by the Executive Management Team to be ready to face the challenges ahead from a position of strength. The board sub committees have access to more information than ever before about the quality and safety of the services that

we provide, which will mean that decisions can be taken more effectively in the future.

In 2015-16 Kirkwood Hospice has continued to benefit from the help received from various organisations. Our partnerships with Local GPs, Kirklees Council, our local Clinical Commissioning Groups (CCGs), Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust, Locala Community Partnerships CIC and The Yorkshire Ambulance Service NHS Trust, have all been strengthened this year.

The Trustees are also grateful for the generous support received from many of their professional advisers.

I am pleased to present this Quality Account for 2015/16. To the best of my knowledge, the information it contains is accurate.

John Spain
Chair of Trustees
September 2016

“I just feel fortunate that I was able to use the service. I’ve never met so many nice people in such a short space of time.”

Anonymous feedback from our Patient Experience Survey



Statement from the Chief Executive

The quality of the services that we provide to people in Kirklees is of the highest importance to me and the rest of the Executive Team at Kirkwood Hospice.

The Kirkwood Hospice Strategic Plan 'Let That Moment Be Now' illustrates the approach that we are taking towards progressing the quality of care that is delivered to people who use our services and the quality of life that they experience before they die.

The Kirkwood Hospice Quality Account is produced to detail the approach we take to safeguarding the quality of what we do and the steps we take to make improvements. The document is for our service users, those that care for them, our supporters and partners, and the wider public to share what we have achieved in the last year and our aspirations for the year ahead.

A great deal has been achieved this year; we have made some significant progress with the objectives we set. This is as a result of the hard work and dedication of my colleagues here at the Hospice. I would like to thank all my colleagues at Kirkwood, including our many volunteers, for their commitment during the last 12 months and for everything that we have achieved.

In 2015-16 Kirkwood Hospice cared for more local people than ever before - nearly 1,400 patients access our services. This is an increase of around 25% on the previous year. This has been achieved largely by the extension of our community palliative care service into North Kirklees, but also we have seen a high number of people accessing the full range of services offered by Kirkwood. At the same time we believe we have maintained the

quality of the services we have provided.

As planned we have developed our systems and processes to capture real time feedback from service users. During 2015-16 94% of surveys completed rated the overall quality of the care that we provide as excellent or outstanding. The Hospice also now regularly reviews how successful we have been to help people to avoid dying in Hospital unless it is necessary; during the year 89% of people we cared for were supported so that they did not die in Hospital. During the year we have also made a great start in developing data that will help us to better understand the different needs of people who use our services and what difference we are making.

This document is also produced to provide assurance to local NHS commissioners about the standard of care that Kirkwood Hospice delivers and our approach to ensuring standards are improved in the future. Local Clinical Commissioning Groups (CCGs) in North Kirklees and Greater Huddersfield. The CCGs provided funding that was equal to 34% per cent of our charitable expenditure in 2015/16. The remainder of money required to pay for our services is raised through fundraising activities, donations from individuals and companies in Kirklees and our 21 shops.

It is of the highest importance that the people using our services are safe and well cared for, that their families and friends are reassured that our services are of a very high standard and that local people and our NHS receive value for money. During 2015-16 we were not inspected by the Care Quality Commission, we are expecting that their inspection will come before the end of September 2016. We have continued to work hard to ensure that we are ready for the inspection,



with the aim of achieving a positive assessment as we have done in the past.

I remain confident that we give the highest standards of care and remain determined that we continue to focus on quality. Patients, families and carers will always be at the centre of everything we do, and we will look to improve the things that matter to them in the future.

To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by Kirkwood Hospice. The safety, experience and outcomes for all those using our services are of paramount importance to us.

Michael Crowther
Chief Executive
September 2016



25% more patients accessed our services in 2015-16 compared to the previous 12 months



118,560 hours were donated by our volunteers in 2015/16



94% of service users rated our care as Outstanding or Excellent in 2015/16



“
I don't think they can improve
on perfection. The staff are outstanding
from the Doctors to the cleaners.”

Anonymous feedback from our Patient Experience Survey

Kirkwood Hospice's Mission Vision & Values

Our Mission

Kirkwood Hospice provides specialist care, free of charge, to adults in Kirklees with advanced, progressive illnesses at any time from diagnosis to the end of life, respecting their individual needs and wishes. Care and support is also provided for their family members, friends and carers, both during the illness and after death.

Through education, training and partnership with others the Hospice improves care for everyone affected by a life limiting illness.

Vision

Our Vision is a world where:

- People with life limiting illnesses, and those who care for them, have free access to the best possible care when they need it
- Everyone works together to ensure these people feel supported to live the best quality of life they can

Values

Patients, Families and Carers are the focus of everything we do. Our values are what we live and work by. We are:

- Respectful and Inclusive
- Passionate and Determined
- Open and Honest
- Kind and Compassionate
- Forward-thinking
- We strive for Quality and Excellence

Our Priorities

- A** To provide the best quality of care and quality of life for our patients
- B** To extend our reach
- C** To develop resources and use them wisely

Part 2

Looking back at 2015/16

The Hospice identified three ambitious priorities in 2015/16. Improving the quality of our services is not just limited to three priorities, we have a comprehensive Quality Improvement plan which also runs alongside the Quality Account. In the Quality Account, we report in depth on the three priorities that were set.

Priority 1: Clinical Effectiveness

Work with our Partners to strengthen and embed Advance Care Planning within Clinical services.

Advance Care Planning is a key means of improving care for people with a life-limiting illness and of enabling better planning and provision of care. An Advance Care Plan makes a person's wishes clear in the context of anticipated deterioration in the individual's condition. The Hospice recognised that Advance Care Planning is fundamental in ensuring that people with life-limiting illnesses receive the best quality of care. For Advance Care Planning to be truly effective, the plan of care for an individual has to be known to all healthcare professionals involved in the person's care. This requires effective communication to provide a co-ordinated service and to deliver care as per the individual's wishes.

Key Targets for 2015/16 were:

To successfully implement the Electronic Palliative Care Coordination System (EPaCCS) within clinical services at Kirkwood Hospice

EPaCCs is an electronic template which provides a means of recording and communicating key information and details about people's wishes and preferences for End-of-Life Care. The ultimate aim is to improve co-ordination of care so that End-of-Life Care wishes can be met at the point of care.

Clinical staff working in the Community Palliative Care team, Support and Therapy team, In-Patient Unit team and those working on the 24/7 Advice Line were trained to use the EPaCCs template.

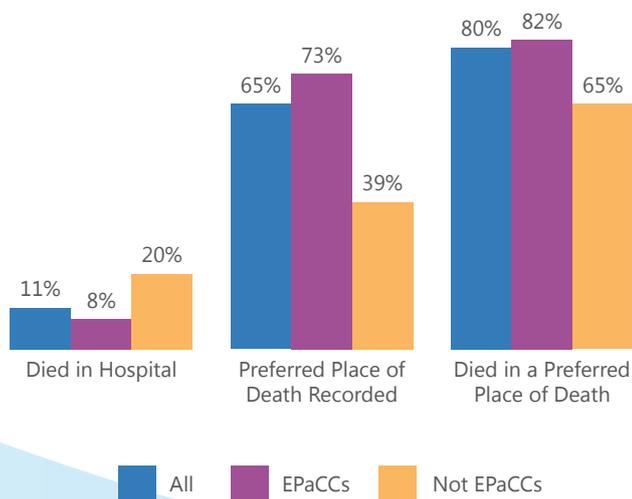
Contact cards are now routinely given to individuals on the EPaCCs register. The cards feature the contact numbers for the Hospice and relevant community services and identify that the individual is on the register. These cards are also used in the community by Community Health Professionals.

EPaCCS is now established across Kirklees having been rolled out by the CCGs. Informal feedback shows that EPaCCS is useful as an information tool as well as for offering a way to easily share key items of information with

all professionals involved in an individual's care. The Hospice are still working toward obtaining information about all patients (not just those known to Kirkwood). This will provide the Hospice with a better understanding of the overall level of palliative care being identified, whether more people need specialist palliative care as provided by the Hospice and what happens to patients who are identified as being in the palliative stage of their illness.

In total, 79% of people who died whilst under our care (on any hospice caseload) between June 15 and June 16 were on the EPaCCs register. The remainder not on record are likely to be those not known to the community team (out of hours or direct referrals from hospital teams who did not have EPaCCs access over this time period).

Fig. 2: EPaCCs June 15 to June 16



People who were on the EPaCCs register were more likely to have their preferred place of death recorded and a higher percentage of these died in a preferred place of death. People on the EPaCCs register were also less likely to die in hospital.

This demonstrates how important it is that EPaCCs is completed, both by our own existing clinical teams and by GPs and other community professionals. Simply having these wishes documented in one place allows the possibility for unnecessary deaths in hospital and allows preferences/wishes to be respected where possible.

Advance Care Planning Clinic

Most people we care for have the ability to make their own decisions and are able to state their needs. However, we are increasingly aware of patients who can no longer state their needs, having lost mental capacity to make decisions for themselves (as defined in the Mental Capacity Act, 2005). This might include where a patient wants to be cared for or what treatments are unacceptable to them. Although the Hospice attempt to address this with each individual patient and try to plan in advance, it is difficult to achieve and formally document at each patient contact. The Hospice has developed a clinic for people who want to formally document their wishes for future care, known as the 'Planning Your Future

Care', in case they lose capacity or become unable to state their needs in the future. The outcome of this clinic is a formal written record of what was discussed and a clarification as to whether that person had capacity to make those decisions. This will help the treating team to know they are working in accordance with that person's previous wishes should their condition deteriorate in the future to the point where capacity is lost. Hospice staff now encounter more situations on the Hospice's In-Patient Unit where Deprivation of Liberty (DOLS) must be considered. Having clearly stated wishes prior to admission will help with this legal process.

Local education for End-of-Life Care Champions

A programme of education for Community Nurses who are championing End-of-Life Care is now running at Kirkwood Hospice. This includes a comprehensive module on Advance Care Planning (covering practical as well as theoretical development of knowledge and skills and further supporting the use of EPaCCs). This education programme is delivered by our Clinical Nurse Specialists, Nursing staff on the In-Patient Unit and our Medical Team, including Consultants in Palliative Care.

Priority 2: Patient Safety

Developing a workforce that is more able to face the challenges of increasing patient complexity and care.

It is now widely recognised that patients are living longer with life-limiting illnesses and, increasingly, have more than one serious illness (co-morbidities). This leads to patients having more complex symptoms and families and carers requiring increased levels of support for longer periods of time. This priority was chosen as the increase in complexity will require a workforce with the necessary skills to provide the same standard of care and services to the Hospice's patients.

Key Targets for 2015/16 were:

Accurately record and report on the number of patients with co-morbidities who access Kirkwood services

The Hospice are continuing to develop accurate recording and monitoring processes for patients with co-morbidities who access Kirkwood services. This will continue to be progressed next year.

Develop a training plan to address clinical employees training needs

An Education Strategy has been produced

by the Quality and Education Manager which outlines the training and development needs of employees over the next two years and sets out a clear plan of what training and education will need to be delivered to meet these needs. The strategy is underpinned by the ongoing development of our understanding of local needs and future palliative care demand (as set out in the Strategic Objectives within the Kirkwood Hospice Strategy). This will be further informed by performing a learning needs analysis, which has been carried over from the previous year and is an action for 2016/17 in the Education Strategy.

A comprehensive 12 month education programme has been developed, informed by feedback from personal development reviews, complaints/concerns and critical incidents.

Shift times for nurses on the In-Patient Unit have been revised. This has created the time and opportunity to hold one hour education sessions with nursing and clinical staff on the In-Patient Unit itself. This has enabled an agile response to delivering education regarding safety incidents and a forum for reinforcing and developing good practice.

Leadership training for Hospice managers and department leads also took place this year. This was facilitated by an external training provider. The aim of the training was to bring together managers from across

the organisation that have a significant role in supporting the Executive Team to realise the objectives set out in Kirkwood Hospice's strategy. The management team is now recognised collectively as the Kirkwood Management Group. Collaborative working between the Executive Team and Kirkwood Management Group will continue, helping to develop and strengthen relationships, allowing us to achieve the Hospice's objectives together.

Clinical Skills training

Training mannequins for male and female catheterisation, cannulation and venepuncture have been purchased through Yorkshire and Humber Clinical Skills Network. In-Patient Unit Sisters have attended 'Train the Trainer' training in order to be able to teach the above clinical skills. Links have also been made with the Calderdale and Huddersfield NHS Foundation Trust to progress collaborative working with their Simulation Lead.

Clearly defining Quality and Outcome Measures in all clinical areas

A clinical dashboard has been created and developed in which extensive Key Quality Indicators have been established for all clinical services. This not only includes safety data such as; pressure ulcer development, numbers of falls and drug errors, but information regarding numbers of

referrals, admissions and face-to-face contacts for community facing teams. The dashboard is populated using data from SystmOne and is managed by the Information Co-ordinator.

The dashboard informs Executive Team meetings, Departmental meetings, Care and Quality meetings (the Clinical Services Quality meeting) as well as Kirkwood's Board of Trustees. Work continues to develop the use of captured data to inform workforce planning and service development. Kirkwood now has a robust dashboard with clearly defined Key Quality Indicators that can be benchmarked to identify trends, improvements or concerns and address issues in a timely manner.

As of April 2016, complexity is mapped weekly using a suite of outcome measures which include; the Barthel score, Karnofsky score and Palliative Outcome score.

These measures are evidenced based and are seen as credible measures nationally. They are aligned to the National Minimum Data set (MDS).

Patient and Staff rated Patient Outcome Scores (POS) are now routinely accessed each week at the In-Patient Unit (IPU) Multi-Disciplinary Team (MDT) meeting and also, more recently, every month at the Support and Therapy MDT meeting. In addition, other markers of function

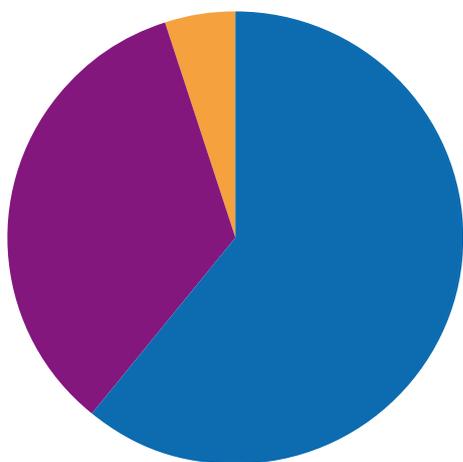
such as the Barthel score and Karnofsky performance scores are reviewed at each MDT and a patient's phase of illness is also documented. This allows teams to note any other issues of concern for that patient not already discussed during MDT. During 2015/16 there have been over 1,000 POS assessments performed on the In-Patient Unit. A report will follow later this year to identify trends in the data, highlight the complexity of patients and ascertain whether the data can be used as a predictive tool to help with discharge or whether we can use it to show the impact of our care and inform future service development.

Priority 3: Patient Experience

Real time service user feedback reported routinely to Executive Management Team and Kirkwood Hospice Board

Service User feedback is always important to Kirkwood Hospice and comes in the form of cards letters, compliments, complaints and verbal narrative directly to clinical staff and the Executive Management Team. Last year, the Hospice committed to build on this and to evidence service user feedback in a more robust way. We have achieved this by devising a short questionnaire based on the National VOICES survey. The Hospice created a questionnaire on Survey Monkey and now uses iPads to capture the feedback. A number of volunteers have

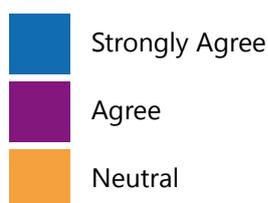
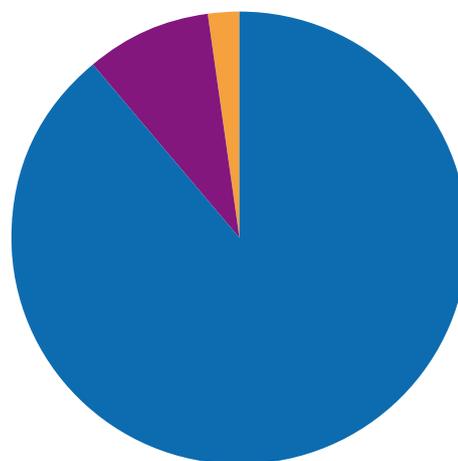
Fig. 2: Quality of Care (Patient Rating)



been trained to obtain feedback from patients and their families/carers across clinical services.

In total, 202 responses were received with the majority coming from the In-Patient Unit, Support and Therapy and Bereavement Drop-In. Most importantly, the quality of care received by Service Users is rated very highly, with 95% of people rating Quality of Care as outstanding or excellent (as shown in Fig. 2).

Fig. 3: Would recommend the service (Service User Response)



In addition, Service Users were also keen to recommend the Hospice's services to friends and family (see Fig. 3).

We have also taken the opportunity to collate comments and act on any concerns raised by Service Users. In the coming year, **Kirkwood** intends to include feedback as part of our routine clinical care. The Hospice will also focus on obtaining feedback from people who have accessed the services provided by our Specialist Community Palliative Care Team.

Part 3

Looking forward

Priorities for Improvement: 1st April 2016 to 31st March 2017

Kirkwood constantly reviews its services. As a result of achieving its Quality Priorities last year, the Hospice is now receiving more feedback from patients, families and carers than ever before. This feedback provides a rich source of information which can be used to inform future Quality Priorities, improve existing services and develop new services.

The following three Quality priorities for 2016/17 have been developed based on; feedback obtained over the last 12 months, informal feedback, complaints, clinical incidents or clinical governance issues that have identified a risk or a trend. All three priorities are aligned to Kirkwood Hospice's Strategic Plan.

Priority 1: Patient Safety

Ensuring that the reporting and management of patient safety incidents remains fit for purpose and meets the needs of patients

Patient safety is always a priority and is integral to the care our patients receive. As Kirkwood's Adverse Incident database has been in use for 12 months, it is felt that now is an opportune time to review incident reporting and management procedures for three key safety areas: falls, pressure ulcers

and drug errors. Patient outcome measures, introduced last year, indicate that patients' needs are increasing and confirm that care requirements are becoming more complex. The Hospice has also seen a small rise in patients who have had more than one fall. Although robust procedures are already in place, it is important that they are reviewed and audited. Where gaps or areas for improvement are identified, they will be actioned and improved upon.

Kirkwood's Key Objectives will be:

- To review safety data and establish our own benchmarking figures as well as continuing to compare against Hospice UK Safety Metrics (a national benchmarking project in collaboration with other hospices which have the same number of beds)
- Audit and review of our reporting documentation (e.g. Incident Forms)
- Audit and review of nursing documentation (e.g. Risk Assessments, Care Plans etc,)
- Establishment of Safety Learning Forums
- Develop processes to capture Learning Forms, which evidence actions and learning points identified via the Learning Forums

- Case reviews and in depth analysis of patients who have had multiple falls

Priority 2: Patient Experience

Developing an enabling approach to palliative care

An enabling approach to palliative care can be defined as 'integrating enablement, self-management and self-care into the holistic model of palliative care.' (Taylor Dr R. 2015, *Rehabilitative Palliative Care: Enabling people to live fully until they die*) It is a multi-disciplinary approach in which all members of the clinical team work collaboratively with the patient, their relatives and carers to support them to achieve their personal goals and priorities.

Hospices are facing key challenges, which include; 'adapting to the needs of an ageing population, living with and dying from chronic illnesses and multiple co-morbidities, increasing frailty and disability' (Taylor Dr R. 2015, *Rehabilitative Palliative Care: Enabling people to live fully until they die*). With this as the focus, the Hospice will develop an enabling approach to care.

Kirkwood's Key Targets will be:

- Including person-centred goal setting as part of the assessment process rather than focusing on problems and symptoms
- Educating all members of the clinical teams in goal setting and the enablement approach to care
- Developing a core team of Clinical Enablement Volunteers to support patients and clinical staff
- The development and implementation of supported self-management, building on the success of current self-management groups such as Breathe Better (a group for people with life-limiting non-cancer lung conditions) and Braveheart (a group for people with life-limiting cardiac conditions)

Priority 3: Clinical Effectiveness

Developing and implementing Hospice Enabled Dementia Care

Dementia is considered a life-limiting illness and one that will often exist alongside other chronic conditions. The number of people who die with dementia is high and likely to increase in the future. Hospices can make a significant contribution in providing care and support for people affected by dementia. Kirkwood Hospice has always been, and continues to be, forward thinking and innovative. We acknowledge the need to respond to the changing needs of our local population. Therefore we will become a Hospice enabled to provide care and support for people with a diagnosis of dementia at the end of their lives.

Kirkwood's Key Objectives will be:

- A Hospice wide commitment to engage with the agenda of dementia care
- To establish new partnerships
- Creativity in the provision of care and services which meet the specific needs of people with dementia
- An evidence based approach to care and the care environment
- Investment in training and education of employees and volunteers

Statement of Assurance

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers and therefore explanations of what these statements mean are given.

Review of Services (Mandatory)

During 2015/16 Kirkwood Hospice has provided for the NHS:

- In-Patient care for 302 patients, providing 24 hour care seven days a week and supported by a team of specialist staff
- Support and Therapy Centre - Day

Hospice and Drop-In services to 351 patients and carers. This service provides patients with extra support to manage symptoms, gain confidence at home and maximise quality of life

- Out-Patient services - These include; consultations with the Consultant in Palliative Medicine Clinic at Kirkwood Hospice, an Advance Care Planning clinic with a Hospice Doctor and a nurse led Lymphoedema follow up clinic
- A Community Specialist Palliative Care Team, providing specialist advice in a person's home or care home across Kirklees. The team has provided advice and support to 1,113 people
- 24/7 Specialist Palliative Care Telephone Advice Line. The advice line regularly receives over 60 calls per month
- Family Care Team - Psychological Support Services and Counselling (pre and post-bereavement) and Spiritual Care, which provided support to over 400 people
- The Complementary Therapies team offer a wide range of treatments. Last year it provided; 148 Complementary Therapy Assessments, 391 Aromatherapy treatments, 270 Reiki treatments and delivered group Tai Chi course to 302 individuals

- Quality and Education - this department provides training and education to employees of Kirkwood Hospice, healthcare professionals working in Kirklees (such as Locala Community Nurses, Nursing and Medical staff from Calderdale and Huddersfield Foundation Trust and the Yorkshire Ambulance Service)

Hospice services are available to anyone with an active, progressive and life-limiting disease where the patient has unresolved and complex needs that cannot be met by the caring team. Details of the Hospice's Eligibility Criteria are available at: www.kirkwoodhospice.co.uk.

Kirkwood's services are provided by a multi-disciplinary team employed by Kirkwood Hospice and meet NICE (2004) guidance:

- Registered Nurses and Healthcare Assistants (Auxillary Nurses)
- Physiotherapists
- Occupational Therapists
- Social Workers
- Complementary Therapist
- Creative Arts Worker
- Counsellors and Psychotherapists

- Chaplain
- Support Services providing Housekeeping, Catering and Maintenance service

Kirkwood Hospice has reviewed all the data available on the quality of care in all of these services.

Financial Considerations

The Hospice receives funding from the NHS Clinical Commissioning Groups (CCGs) as a contribution to the cost of providing its services. In 2015/16 this funding represented 33% of charitable expenditure and 18% of total income. The running costs of Kirkwood Hospice were £6.3 million, meaning that the majority of this expenditure is funded through donations, legacies, fundraising events and the Hospice's 21 charity shops.

It is important that Kirkwood Hospice continues to develop its resources in order to sustain the quality and quantity of care currently provided in the future. The financial challenges of the next five years will be significant. The income the Hospice needs to generate increases year on year, whilst we experience an increase in the cost to provide care.

Therefore, the Hospice's Finance Strategy is crucial to ensuring that funds are available to invest and maintain our services. The Finance Strategy has been developed

in challenging times for the Hospice movement. It is imperative that Kirkwood demonstrate to all stakeholder groups that the Hospice has clear and robust arrangements for financial planning and control in place, and that these plans are embedded within its supporting systems, processes and procedures.

Participation in Clinical Audits (Mandatory Statement)

During 2015/16 Kirkwood Hospice took part in the Medical Revalidation Annual Organisational Audit (AOA).

The AOA is designed to assure organisations and managers of said organisations, such as Executive Teams and the Board of Trustees, that the Doctors they employ to care for their patients are:

- Competent and fit to practice
- Procedures are in place to appraise staff annually
- Mechanisms to respond to any concerns regarding a doctor's fitness to practice are in place and function effectively

There were no concerns or actions arising from this audit.

Research (Mandatory Statement)

IMPACCT Research Project

Improving the Management of Pain from Advanced Cancer in the Community

Kirkwood Hospice entered into this project in collaboration with St Gemma's Hospice, Leeds University and the Calderdale and Huddersfield NHS Foundation Trust. The research project was approved by an ethics committee. Kirkwood Hospice convened a Research Monitoring Group, as per the Hospice Research Policy, to ensure that the project was appropriate and had met ethical approval criteria and governance procedures related to research projects. The aim of the research is to identify whether early referral and intervention by Specialist Palliative Care Services improves the management of pain through access to relevant care services, professionals and education. The trial commenced in October 2015 and to date the Community Specialist Palliative Care Team is supporting three people who consented and were referred to the team as part of the IMPACCT Trial. We will be informed of the findings of the trial in due course.

Quality Improvement and Innovation Goals agreed with our Commissioners (Mandatory Statement)

Kirkwood Hospice's income from the CCGs

in 2015/16 was not conditional on achieving Quality Improvement and Commissioning for Quality Innovation (CQUINS) payment framework because the Hospice are a charitable organisation and were not eligible to participate in this scheme during the reporting period.

However, there is a robust programme of external and internal audits which were implemented across the organisation during 2015/16. Actions and outcomes from clinical audits are reported at bi-monthly Care and Quality meetings and subsequently to the Trustees at the Clinical Governance Committee. A Quality Improvement Plan is in place for 2015/16 and the Care Quality Commission's 5 Key Lines of Enquiry are reflected within this plan. Quality reports are produced quarterly and annually. However, the content and format of these will be reviewed under Quality Priority 1 this year.

What others say about us (Mandatory Statement)

Question: Do you have any particular comments about the experience you have had today, or ways in which it might be improved?

"Everything is top notch. The care is outstanding from consultant to nurses and volunteers. What has made the difference for me is that nursing staff come to ask how you are, even when they are off duty or leaving

work that day."

"I don't think they can improve on perfection. The staff are outstanding from the Doctors to the cleaners."

"Amazing help from someone who treats me as a person not a condition."

"I am enjoying the programme of activities."

"It's nice to be able to have time and space to reflect on your own needs. I've never had the chance to have a manicure before I came to Support and Therapy which has been beneficial to me."

"Can it be pointed out to visitors that it is not appropriate for visitors to look into other patients rooms when walking around outside."

"I wish we had been able to use these services sooner. It feels like the right place for us to be at this time."

"The service has been exemplary from the consultant to the nurses. My friends and family are of the same opinion. My family and friends are happier that I am being looked after properly. Being here has helped me grow in confidence."

Clinical Staff Data for the period 1st April 2015 to 31st March 2016

Recruitment

Number of clinical staff appointed:

Kirkwood Hospice employ Bank Nurses who support our permanent nursing team as needed. In 2015/16 the Hospice recruited eight nurses to our Bank team, a mix of Staff Nurses and Auxiliary Nurses.

The Hospice also recruited 16 permanent clinical employees. These appointments included Clinical Nurse Specialists, a Clinical Administrative Assistant, a Counsellor, Staff Nurses and Auxiliary Nurses. Additional Clinical Nurse Specialists were recruited in 2015/16 as additional capacity was required to meet service demand after the team's geographical area was extended to include North Kirklees.

Number of clinical staff that have resigned:

13 clinical employees resigned in the year. This included Bank Nurses, a Counsellor, Staff Nurses and Auxiliary Nurses. In the majority of cases, the reasons for leaving were due to career progression, pursuing new opportunities and retirement.

Comment from Greater Huddersfield CCG and North Kirklees CCG

Thank you for providing the Kirkwood Hospice Quality Account 2015/16 for comment. To the best of our knowledge the information provided is accurate and has been fairly interpreted. The quality account is easy to read and provides a clear summary of achievements and challenges faced over the past 12 months and outlines Kirkwood's quality priorities for the coming year.

We were pleased to support you with your work to implement the Electronic Palliative Care Coordination System (EPaCCS) within clinical services and across Kirklees, and it's really positive to see that as a result of this more people are dying in their preferred place of death. The Advanced Care Planning Clinic is another positive example of how Kirkwood tries to involve people in decisions about their end of life care at a time when they have capacity to make informed decisions.

We are encouraged by your work to demonstrate improvement through patient and carer feedback through the development of a patient experience survey and your use of volunteers to support the data collection.

Your commitment to improving patient safety has led to the development of the

Key Quality Indicators dashboard and it is pleasing to see that you are using this data to focus your 2016-17 priority improvement areas which are falls, pressure ulcers and drugs errors.

The Kirkwood Hospice Quality Account provides a positive summary of the development and delivery of a very important service for patients with palliative and end of life care needs. As Clinical Commissioning Groups we recognise the value of the service provided, both in terms of direct delivery of care and education. We see Kirkwood Hospice as an integral partner in delivering our end of life vision and look forward to continuing our partnership through 2016/17.

Comment from Healthwatch Kirklees

We've been working in partnership with Kirkwood Hospice to help them understand our local communities better. They have been great to work with - open-minded and transparent. Every action that they take as an organisation is based around better answering the question 'how can we do this better for people in our community?'

Part 4

Quality Overview

Activity in the year covered by this report (2015/16), collated from the annual Minimum Data Set (MDS) submission to the National Council of Palliative Care (Data collected from TPP SystemOne).

The MDS for reporting on Day Care and Out-Patient activity was changed in 2014/15. There are now two drop in days each week, resulting in one less available day for day attendance.

In-Patient Admissions

*Figures affected by transfer of care to HRI from 31/05/12 to 29/07/13

	2015/16	2014/15	2013/14	2012/13
In-patient admissions (new)	353	328	*284	*283
In-patient admissions (repeat)	10	10	*17	*24
Total	363	338	*301	*307
Discharges from in-patient unit	106	125	*97	*99
Admissions ending in death	245	203	*201	*182
Average length of stay in days	12.4	12.4	*12.4	*12.7
Bed occupancy	74%	70%	*66%	*67%
Throughput per bed	22.1	20.5	*20	*19

Community Specialist Palliative Care Team

	2015/16	2014/15	2013/14	2012/13
New referrals	928	461	585	538
Re-referrals	54	34	81	43
Continuing patients	131	155	144	189
Total	1113	650	810	770
Community visits	2428	1391	1884	1517
Telephone contacts	9492	4455	4778	4244

The increase in new referrals and community visits is as a result of the Kirkwood Hospice Community Specialist Palliative Care Team expanding to provide a service to people living in North Kirklees.

Support & Therapy Centre	2015/16	2014/15	2013/14	2012/13
New referrals for day attendance (day care)	95	131	127	73
Repeat referrals for day attendance	1	3	3	11
Continuing referred patients	45	65	24	39
Total	141	199	154	123
Available places in year	2152	2856	2248	2448
Booked attendances in year	1133	1951	1410	1524
Attendance rate for those booked	81%	80*	78%	78%
Drop in service new attendees (patients & carers)	190	128	220	114
Drop in service re-accessing attendees (patients & carers)	2	6	0	0
Continuing attendees (patients & carers)	159	184	94	108
Total (patients & carers)	351	318	314	222

Bereavement Service	2015/16	2014/15	2013/14	2012/13
New service users (*figure affected by change to discharge policy and associated data cleansing exercise)	215	194	349	*132
Continuing service users	165	169	111	*116
Re-accessing users	22	9	3	*31
Total	402	372	463	*279
Individual counselling sessions	1371 ¹	1284	1288	1283
Client & family joint counselling	159 ²	0	0	3
Face to face facilitated group work	908	764	716	652
Telephone support over 10 minutes	79	88	65	59

¹ On the revised MDS for 2014-2015 only post bereavement contact is reported on. To keep the figures in-line with previous years, this figure is for pre and post-bereavement counselling with patients and relatives.

² During the reporting period there have been changes to how we collect pre-bereavement contact. This is reflected in the increase in this figure, which highlights the work undertaken on the In-Patient Unit by the Family Care Team more accurately.

Lymphoedema Follow-up Clinic	2015/16	2014/15
First Contact	26	11
Follow Up Visit	224	180

Infection Rates

Infection rates continue to remain low in the Hospice. A 'bare below the elbow' policy is in place across the In-Patient Unit. Patients admitted who are known to have an infection are nursed in a single room. Infection Control training is mandatory and we have a designated lead for Infection Control. The lead Nurse for Infection Control attends Infection Prevention Link Nurse meetings at the Calderdale and Huddersfield Foundation Trust, is an active member of the Infection Prevention Society and is supported in the role by a number of Infection Control Champions. Regular Infection Prevention meetings are held internally at Kirkwood Hospice; attended by the Catering Manager, Housekeeping Manager and other members of the Clinical Services team. A comprehensive programme of Infection Control audit is in place, which includes an external audit by the Kirklees Community Infection Control Team. In 2015/16 the Hospice achieved a score of 99% in the annual Kirklees Infection Prevention and Control External Audit.

Never Events

There were no 'Never Events' as per the NHS Never Events list in 2015/16 or in previous years.

Complaints

In 2015/16 there were a total of four formal complaints received regarding clinical services. Seven concerns were raised. In 2015/16 Kirkwood Hospice cared for 1,380 unique patients; a 25.5% increase on the previous year. The number of complaints received amounted to 0.28% of patients who have accessed or are currently using Hospice services. Concerns totalled 0.5%. It is also worth noting that the number of referrals received by the Community Palliative Care Team has more than doubled in the past 12 months.

Improvements have been made to the recording and reporting of clinical concerns during 2015/16 to ensure that they are consistently captured. All clinical concerns are now recorded formally and continue to be fully investigated. All complaints and concerns raised in 2015/16 were managed as per policy and within agreed timescales. Outcomes from complaints and concerns have included policy and procedure reviews, education and training.

No complaints were made directly to, or referred on to, the Care Quality Commission.

“You are all wonderful and caring people.
Thank you.”

Anonymous feedback from our Patient Experience Survey





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