Quality Report
2017/18

Kirkwood
The Hospice for Kirklees
Through our Support & Therapy team, patients and carers can access a range of services designed to meet their individual needs.
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Welcome to the Kirkwood Quality Report, which aims to demonstrate the breadth and quality of the services we delivered during 2017-18 – the 30th year that Kirkwood has provided services to local people.

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 2017-18.

On behalf the Trustees and the whole team here, I am very proud of the impact that Kirkwood services deliver for local people. In 2017-18, we provided care and support to more people than ever before and we were even more successful at meeting their needs:

• Nearly 12,000 calls were handled by our Specialist Advice Line that is available 24 hours a day every day of the year
• Around 1,200 patients were supported in their own homes by our Specialist Community Nursing Team
• 483 patients and carers used our Support & Therapy Department
• There were 321 admissions to Kirkwood’s In-Patient Unit
• 516 people were supported by our Family Care Team, either before or after bereavement

2017 was our 30th Anniversary year. We used this important milestone to look to the future and to reset our priorities based on valuable conversations with our community and partners.

We know that there are still people here in our community who Kirkwood doesn’t reach; either because they don’t realise the different ways in which we can help them, or because we don’t have sufficient resources to meet the need. We want to change that in the future.

Our vision and ambitions for the future are set out in a document called ‘Spread the Word’. We believe that anyone affected by a life limiting illness should have access to the best possible care, whenever and wherever they need it, and our strategy is to engage with our local community to make sure that people know more about how we can support them.

You will find an overview of our Spread the Word document in the coming pages. Please do take the time to find out more about why we are so passionate about our services and the difference we believe we can make for local people.

I am pleased that we were able to achieve the Quality priorities that we planned for 2017/18:

• Upgrading our Electronic Patient Record system to free up more time for our clinical teams to care for patients
Further developing the use of data on patient outcomes to allow measurable improvements in patients’ symptoms, comfort and wellbeing

Integrating the Enabling Quality of Life Model of Care throughout all Kirkwood clinical services.

This report includes the progress we have made in all these areas.

The report also sets out the Quality priorities we will be working on in 2018-19 whilst continuing to keep patients, their families and carers at the centre of everything we do. As our community’s needs are continually changing and becoming more complex, our strategy continues to prioritise quality; to ensure that we continue to meet these changing needs in the future at the same time as reaching more people.

Michael Crowther
Chief Executive
Kirkwood Hospice
November 2018
The best possible care

Spread the Word

This page is an extract from ‘Spread the Word’, which shares our vision and ambitions for the future. We believe that anyone affected by a life limiting illness should have access to the best possible care, whenever and wherever they need it, but we need your help to make sure that people know more about how we can support them. You can find the full document on our website at: www.kirkwoodhospice.co.uk

Please share this message and help us to reach more people who may need our help!

We are here to support anyone affected by a life limiting illness, every step of the way.

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

For many, supporting Kirkwood following the death of a loved one is an important way to pay tribute to their life. Your help, in whatever form it takes, will make sure we are here to support others on their own 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. We need to raise £19,000 every day to keep our services going. You can help in lots of ways...

Champion Kirkwood in your community

Make a donation to help us provide care

Think about leaving a gift in your will

Spread the word!

Who we are

We are Kirkwood

- Helping to improve the lives of people affected by any life limiting illness in our local communities
- Supporting people to improve their quality of life and remain as independent as possible
- Helping people to maintain their dignity until the very end
- Supporting families and loved ones during illness and in bereavement
- We do all of this with compassion, care and expertise

Our Ambition

In the next ten years, we will:

- Double the number of people we support
- Continue to provide the best possible care for patients, carers and families
- Work with our local communities to highlight our work and improve understanding of end of life care
- Become the go-to charity for anyone affected by a life limiting illness

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Spread the word!
Colin Barton, of Heckmondwike, is currently a patient on Kirkwood’s In-Patient Unit. On Friday 16th November, there was a special visitor as Colin’s much-loved family cat, Gerry, came to spend the day.

Colin Barton is originally from Folkestone in Kent but has lived in Heckmondwike with his wife, Carol, for many years. In January, Colin and Carol will be celebrating 50 years of marriage.

Gerry was one of two family cats of the Bartons, the other being Tom; making up the duo Tom and Gerry. However it was soon discovered that Tom was actually a ‘Tomasina’!

After spending time at Pinderfields Hospital in Wakefield, and then being transferred to Kirkwood’s In-Patient Unit earlier this week, it has been just over a month since Colin last saw Gerry.

Kirkwood has enabled Gerry to come and spend the day with Colin on the In-Patient Unit, and she has enjoyed relaxing at the foot of Colin’s bed, exploring the Hospice gardens and getting lots of fuss from Colin’s family and Kirkwood staff alike!

Speaking of the level of care received at Kirkwood, and the amount of staff time per person, Colin said that he has really noticed a difference.

Colin said: “I’ve had a hell of a lot of support and it’s done me the world of good having Gerry to visit. I am gobsmacked with it all. I really am very happy.”
98% of 409 Service Users surveyed rated our care as ‘Outstanding’ or ‘Excellent’
Kirkwood supported 734 patients at the end of life in 2017-18. Of this number, only 208 people died on our In-Patient Unit.
We provide the best care for you at the end of life

In May 2015, Margaret Godsman, of Cleckheaton, was diagnosed with an aggressive form of lung cancer. When her daughter, Fiona, got engaged to marry Roger Brown, the family were unsure whether Margaret would be able to make the special day. However with the help of Kirkwood Hospice, she did. This is Fiona’s story...

“When Mum was diagnosed, she was diagnosed as terminally ill. We did all sorts to keep her positive, which she always remained throughout.

“Mum came to Kirkwood Hospice on the Tuesday, and there wasn’t much hope that she’d be able to make it for the wedding at the weekend. It seemed the nearer the wedding was coming, the worse her health was getting.

“But the first thing she said when she came into the Hospice was ‘I’m going to go to the wedding.’ She chose her outfit a couple of months before and every day she said she was going to be there. The wedding was a big thing keeping her going and she knew she had to get there.

“When we knew there was a chance of Mum being able to come, the Matron at the Hospice went above and beyond to make it happen. The therapists did Mum’s nails and there was even the option of having her hair done.

“A nurse volunteered to help take Mum to the venue on the day, and there were two different types of wheelchair to make sure that she was comfortable. I was looking out of the hotel window when she arrived. I saw her wave up to me and I knew she’d made it. Everybody said how brave and how beautiful she looked.

“I know that if Mum hadn’t been at the Hospice, she wouldn’t have made it to the wedding. Having her there on the day made it all worthwhile.”

Fiona’s brother, Nigel Godsman, had the idea to take collection boxes to the wedding to raise funds for Kirkwood, and a big part of the wedding speeches focussed on encouraging people to find out more about Kirkwood Hospice – and to dig deep. Fiona said: “When my brother Nigel and I first walked through the doors here at Kirkwood, we felt such a big relief. It was very hard to make Mum comfortable at home, it was a lot of pressure and we didn’t want her suffering. Here, it is 24/7 support. Not only the care for your loved one, but the support for you too. We have access to holistic therapies and there is always somebody to talk to.

“We’ve all said if there was anywhere to have your last days, what a lovely place it is to be. The nurses are more than nurses, they’re like angels. There’s a real sense of calm and tranquility and I can’t praise it enough.”
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 continued safety of our patients and that care provided is of a consistently high standard and quality.

This report is a more detailed review of two 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 (2018/19), 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 to demonstrate continuous quality improvement, service development and clinical professional development across all clinical services.
Looking back at 2017/18

In 2017/18 saw some significant developments at Kirkwood, with the implementation of our Clinical Services Strategy. This plan was developed through consultation with all the teams working in clinical services. Before the strategy was agreed by Kirkwood’s Board of Trustees, our service users and stakeholders were given an opportunity to view the details and add their comments and suggestions, ensuring that the strategy was a co-designed document reflective of the needs of our patients and families.

In addition, two key clinical service developments that run through the strategy were prioritised for 2017/18. Details of these are below:

• A two year project to upgrade our current Electronic Patient Record system
• To further develop the use of patient outcomes to inform nursing and medical care and highlight measurable improvements in patients’ symptoms, comfort and wellbeing
• To integrate the Enabling Quality of Life (EQoL) model of care throughout all clinical services

Clinical System Upgrade

SystmOne (S1) Palliative Medicine is 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 and Therapy teams.

The module currently being used by Kirkwood is no longer being developed and will instead be replaced with a new module which features a number of additional functions. Future updates will further aid the ongoing use and development of clinical IT within the organisation. Upgrading the clinical system we use will ensure that our needs will be met for the foreseeable future.

The key benefits anticipated include:

Safety

• Improved patient information sharing into and out of the organisation
• Information 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, reducing duplication
• Multiple staff members can contribute to an assessment simultaneously
• Improved audit efficiency
Better use of resources

- Better use of staff time – allowing staff to spend more time with patients and relatives will improve patient care and safety as well as potentially releasing time for other projects and initiatives within the Hospice
- Reduction in printing and paper costs
- Reduced costs for storage of historical In-Patient Unit patient notes
- Decrease in confidential waste disposal

Our Key Targets were:

- To review and streamline our current SystmOne use across the organisation, upgrade to the Palliative Hospital module and make use of the additional functions available
- To develop and implement the Electronic Patient Record (EPR) for the In-Patient Unit (IPU)
- To implement Electronic Prescribing and Medication Administration (EPMA) for the IPU when this function is released

Progress made:

To review and streamline our current SystmOne use across the organisation, upgrade to Palliative Hospital and make use of the additional functions available.

Kirkwood moved over to Palliative Hospital on 21st March 2018. We also launched our new electronic handover system on the same day, which means we are now recording and updating our information in real time, making information readily available to clinical staff involved in the patient’s care. We have since audited both the duration and quality of information provided at handover and have found a reduction in the time taken to handover (releasing more time for Kirkwood’s nursing team to provide direct patient care) as well as a significant improvement in the amount of information included within the handover (helping to further improve patient safety).

To develop and implement the Electronic Patient Record (EPR) for the In-Patient Unit (IPU)

This has been a big piece of work that has involved reviewing all of Kirkwood’s existing clinical documentation and the development of evidence based care plans. In addition, a significant amount of staff training has taken place in the run up to the launch. The EPR launched on the IPU on 23rd October 2018. At present, the EPR is being used only for patients admitted to IPU from 23rd October onward.

To implement Electronic Prescribing and Medication Administration (EPMA) for the IPU when this function is released by TPP

The EPMA function has now been made available to us. Planning of this stage of the project will begin in November 2018.

Enabling Quality of Life (EQOL)

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)

Throughout 2016/17, Kirkwood’s multi-disciplinary team worked hard to move the organisation towards an 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.

All hospices are currently facing key challenges, which include; ‘adapting to the needs of an ageing population, living with and dying from chronic illnesses and multiple comorbidities, increasing frailty and disability’ (Taylor Dr R. 2015, Rehabilitative Palliative Care: Enabling people to live fully until they die). With this as the focus, Kirkwood will continue to develop an enabling approach to care.

Our Key Targets were:

• Continue to work towards a culture of self-management and supportive enablement by further educating both staff and patients and embedding this into daily practise
• The use of One Page Profile document in clinical practise to ensure that personalised care and goal setting is central to the holistic care given by the multi-disciplinary team
• As a multi-disciplinary team, patient goals and priorities are focussed on within the weekly team meeting with progress, achievements or setbacks fed back and actions identified for the coming week
• Continue to work with the Volunteer Coordinator as work moves forward with the enabling volunteers and befriending service

Progress made:

Continue to work towards a culture of self-management and supportive enablement by further educating both staff and patients and embedding this in to daily practise.

A new self-management service has been established called Getting On and Living (GOAL) for people with life limiting neurological conditions. This service has proved very successful and well attended. The aim of GOAL is to support people living with a life limiting neurological condition and their carer to manage symptoms and re-engage in social activity through identifying achievable goals.

The use of One Page Profile document in clinical practise to ensure that personalised care and goal setting is central to the holistic care given by the multi-disciplinary team

The one page profile features three patient centred questions and allows an opportunity to quickly get to know a patient and what is important to them

Enabling Volunteers and the Support and Therapy team were trained on the use of this profile. This tool has been used mainly within the neurological group and the training has been embedded within the department. Therapy team has taken responsibility for developing the one page patient profiles on the IPU. The completed profiles are available in each patient’s room so that the clinical teams can provide support and encouragement to help them achieve what is important to them. This ensures...
that activities are tailored to meet the needs of
patients.

**Continue to work with the Volunteer Coordinator as work moves forward with the enabling volunteers and the befriending service.**

A small team of Enabling Volunteers have been trained to support patients with an enabling focus. This also includes supporting patients to identify activities they may like to participate in and enable them to engage with these. The Enabling Volunteers, along with the clinical teams, are also helping to identify people who may benefit from the befriending service.
Looking back at 2017/18
Priority A: Quality

Kirkwood’s reputation is built on the quality of our services and the support we provide for anyone affected by any life limiting illness to in Kirkees. Quality remains at the heart of our strategy.

Key Achievements:

1. The Enabling Quality of Life (EQoLS) project has successfully delivered education and changes to practice across our patient and family services. This means 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.

2. The experience of Kirkwood services is of the highest importance to us and our aim is to help people with life limiting illness focus on what matters most to them. There have been 409 instances of feedback generated in the year with 98% rating the overall quality of the care received as outstanding or excellent.

3. The stories of people who use our services are an effective way of demonstrating the impact that Kirkwood has on people’s lives. A number of stories have been captured during the year to support a narrative approach to highlighting our impact. Stories help illustrate the value of hospice care to people who might need the care and support offered or who might be prepared to support Kirkwood in some way.

4. Kirkwood cared for a total of 733 local people that died in 2017/18. An important outcome for many people is that they are able to be cared for in their preferred place and avoid dying in hospital unless that is appropriate and/or what they want. With support from Kirkwood, 93% of those in our care did not die in hospital.

5. The skills and experience available to Kirkwood patients has been enhanced through the introduction of Speech and Language Therapy and thanks to support from a Dietician, helping to better meet the complex needs of our patients.

6. The Hospice Admiral Nurse Service, delivered in partnership with Dementia UK and Kirklees Council is now successfully established alongside other local services for people affected by Dementia as they approach the end of their lives. More people are now starting to access this service and, in addition, patients and carers have benefited from a new ‘Positive Steps’ programme launched by the Support and Therapy team in collaboration with the Kirklees Admiral Nursing Service.

7. A comprehensive market research exercise has been completed, gathering important data from a wide range of Kirkwood stakeholder groups in the form of questionnaires, focus groups and one to one interviews. The rich information gathered will be used to develop our services whilst ensuring that information and activities are tailored to people’s individual needs.
Looking back at 2017/18
Priority B: Reach

It remains our priority to reach more people who are affected by a life limiting illness in order that we can help support their quality of life. While Kirkwood is very well supported by local people, we need to continue to reach new supporters if we are to achieve our aims.

Key Achievements:

1. There have been over 1,500 referrals in the year to Kirkwood services. This is more than in any previous year and is as a result of all the efforts to increase the reach of services across the whole Kirkwood community. This growth in referrals matches the ambition that we set three years ago.

2. The Kirkwood Community Palliative Care Team has been strengthened, with 9 nurses now working across Kirklees, alongside GPs and other professionals, to help meet the individual needs of more patients and to support people to remain at home wherever possible.

3. The Support & Therapy Centre has successfully developed its ‘Drop In’ model, devise to help Kirkwood provide access and support to a wider range of people. The numbers of patients and carers accessing this service has increased by 38% on the previous year. The drop-in model is supplemented by a number of self-management programmes and therapeutic activities.

4. The Support & Therapy Centre has launched new services this year which include: Getting On and Living (GOAL), a service for people with neurological conditions; Positive Steps, a service for patients and carers who are affected by Dementia run in collaboration with the Kirkwood Admiral Nurse.

5. A partnership has been agreed with North Kirklees Clinical Commissioning Group to introduce a Kirkwood Clinical Nurse Specialist to work with people in care homes.
Priorities for 2018/19

Safe

The development and optimisation of the electronic patient record continues to be an ongoing priority over the next 12 months.

The objectives for the next 12 months include:

• 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 IPU

• Planning of this stage of the project will begin in November

Effective

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.

The retirement of a long serving member of staff during the year created an opportunity to review the Quality and Governance processes required to support each department to ensure regulatory compliance and consistency in reporting. It also offered Kirkwood a chance to look how best to strengthen the culture of focusing on quality improvement throughout the whole organisation. Kirkwood is in the process of refreshing our approach to Quality Improvement across the organisation, which will be led by the Quality and Governance Manager.

The objectives over the next 12 months the priorities will be:

• 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 the 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 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
Priorities for 2018/19 (continued)

Patient Experience

Over the next 12 months Kirkwood will be launching a new Care Co-ordination service. This will allow 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, will see the creation of a small team whose will be responsible for coordinating care and support to help people in achieving their preferences and choices at the end of life wherever possible.

The objectives over the next 12 months will include:

- Successful recruitment of the team
- Continued patient and carer input, in order to develop a truly co-designed service
- Development of an operational policy
- Launch of the service
- Continued engagement with key stakeholders
- Establishment of key performance indicators
- Completion of an interim evaluation
Kirkwood's multi-disciplinary team help to support people with any life limiting illness, every step of the way.
Quality Overview

Services Provided

Kirkwood helps to improve the lives of people affected by any life limiting illness in Kirklees. We support people to improve their quality of life and remain as independent as possible. We help people to maintain their dignity until the very end and, where possible, help them to die in the place of their choice. We also support families and those closest to them, both during illness and in bereavement, helping both patients and families to find ways to cope with grief and move forward.

Kirkwood provides services for people with conditions including cancer, advanced heart and lung diseases, neurological conditions and dementia. Most patients use a range of Kirkwood’s services as their condition progresses and our team of compassionate, expert and caring multi-disciplinary professionals are there to support them, every step of the way.

Kirkwood does all of this free of charge for the people of Kirklees.

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 who have palliative care needs. Our services are continuously monitored, evaluated and reviewed to meet the changing needs of patients and their families. Our services are delivered taking into account all current national guidance and quality statements and standards. Kirkwood is regulated by the Care Quality Commission. An inspection was carried out in September 2016 and the rating awarded was ‘Good’ overall with an ‘Outstanding’ rating for Care. More information is available on the Care Quality Commission website (http://www.cqc.org.uk/location/1-115011048). This rating is an endorsement of the quality of care that Kirkwood continued to provide in its 30th year.

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 11,719 calls in the last year, and 1,509 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.

In 2017-18 Kirkwood cared for a total of 733 local people that died. Our team of experienced professionals provide 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 (93%) to avoid dying in hospital. Services are provided to support patients’ family members and carers through the illness and in bereavement; helping these people to find ways to adjust to their bereavement and move forward in life. 516 individuals accessed this support through Kirkwood’s Family and Spiritual Care Team.

The experience of our service users

At Kirkwood we use an online questionnaire to capture feedback from service users. In 2017-18, 409 surveys were completed with 98% of...
people rating the quality of care received as outstanding or excellent.

24/7 Specialist Palliative Care Advice Service

Healthcare professionals, patients and their carers contact the Hospice 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 far as possible. A total of 11,719 calls were handled by the 24/7 Specialist Advice Line last year, which included 1,186 Out of Hours calls.

Out of Hours calls have increased by 3% during this reporting period.

Support and Therapy services

Continue to be provided at Kirkwood and at the Rosewood Centre in Dewsbury. A total of 483 people accessed services through the Support and Therapy Centre at Kirkwood. 146 people accessed day services in the year and there were 781 day care attendances. 265 people accessed Drop-In at Kirkwood for the first time and there were 2,009 follow-up attendances.

Following assessment, patients and carers access a range of services that have been designed to meet their individual needs. The ‘Braveheart’ programme for patients with chronic heart failure, and ‘Breathe Better’ programme, for patients with chronic respiratory illnesses, are provided in the Support and Therapy Centre along with gentle exercise class ‘Keeping Active at Kirkwood’ and Complimentary Therapies.

Community Palliative Care Team

A team of 9 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. During 2017-18, the team supported 1,156 patients, made 2,962 home visits. 11,435 phone contacts were made to patients, families and other professionals. The Clinical Nurse Specialists also provide advice to healthcare professionals and deliver education on all aspects of palliative care.

In-Patient Care

For patients requiring care and support to address complex problems associated with life limiting illness. During the accounting period there were 321 admissions to the In-Patient Unit. Patients were discharged on 101 occasions and 208 died at the Hospice, with 9 patients resident in the Hospice at the end of the year. The Hospice accepted 66 evening or weekend admissions, helping to ensure patients were not admitted to hospital unnecessarily.

Family Care Team

Providing 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 in 2017-18 was 493, which is slightly up on the previous year, and 2,385 counselling sessions for bereaved people took place. The team also carried out 717 pre-bereavement contacts within the Hospice.
Quality Overview (continued)

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 & Huddersfield NHS Foundation Trust and the Yorkshire Ambulance Service. All are aimed at improving the delivery of palliative and end of life care in a wide range of settings. Education is provided for all Kirkwood employees and volunteers, including Trustees.

Lymphoedema follow up clinic

This service runs on Mondays each week in partnership with the Lymphoedema service provided by Calderdale & Huddersfield NHS Foundation Trust (CHFT). 2017-18 saw 60 patients accessing the service on 124 occasions. Due to increases in resources at CHFT, Kirkwood will no longer host this service after current patients have been discharged.

Major Successes

Due to factors including the retirement of long serving employees, a number of key posts were vacant for part of 2017-18, including the Clinical Service Manager and Quality Manager positions. These vital posts have now been filled, enabling Kirkwood to move forward with our ambitions for the future.

Research

The IMPACCT Implementation Feasibility Trial aims to assess the feasibility of implementation and uptake of evidence based interventions into routine clinical practice in order to determine whether there are potential differences with respect to patient rated pain, healthcare use, patient pain knowledge and experience, quality of life, and cost effectiveness.

Dr Stephen Oxberry, Consultant in Palliative Medicine and Medical Director at Kirkwood said of the IMPACCT research programme: “Kirkwood was involved in the national IMPACCT trial studying the effect of early community palliative care intervention in cancer patients with pain. The research nurses at CHFT consented 9 participants for the trial, the Kirkwood CNSs seeing a total of 13 in community (4 participants were recruited in Leeds). This demonstrates our commitment to be a research active hospice and also seeing patients dependent on need rather than necessarily stage of illness. The results are currently being written for dissemination through a peer reviewed journal, though we have had advance notice of these and will seek to implement changes locally as a result.”
## Quality Overview

### Tables

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<tr>
<th>In-Patient Admissions</th>
<th>2017/18</th>
<th>2016/17</th>
<th>2015/16</th>
<th>2014/15</th>
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<tbody>
<tr>
<td>In-patient admissions (started within year)</td>
<td>313</td>
<td>315</td>
<td>353</td>
<td>328</td>
</tr>
<tr>
<td>In-patient admissions (on-going)</td>
<td>8</td>
<td>12</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>321</strong></td>
<td><strong>327</strong></td>
<td><strong>368</strong></td>
<td><strong>338</strong></td>
</tr>
<tr>
<td>Discharges from In-Patient Unit</td>
<td>101</td>
<td>88</td>
<td>106</td>
<td>125</td>
</tr>
<tr>
<td>Admissions ending in death</td>
<td>208</td>
<td>231</td>
<td>245</td>
<td>203</td>
</tr>
<tr>
<td>Average length of stay in days</td>
<td>13.6</td>
<td>12.8</td>
<td>12.4</td>
<td>12.4</td>
</tr>
<tr>
<td>Bed occupancy</td>
<td>70%</td>
<td>70%</td>
<td>74%</td>
<td>70%</td>
</tr>
<tr>
<td>Throughput per bed</td>
<td>19.3</td>
<td>19.7</td>
<td>22.1</td>
<td>20.5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support &amp; Therapy</th>
<th>2017/18</th>
<th>2016/17</th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop In service new attendees (patients and carers)</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>19</td>
<td>9</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Continuing attendees (patients and carers)</td>
<td>111</td>
<td>115</td>
<td>159</td>
<td>184</td>
</tr>
<tr>
<td><strong>TOTAL (patients and carers)</strong></td>
<td><strong>433</strong></td>
<td><strong>320</strong></td>
<td><strong>351</strong></td>
<td><strong>318</strong></td>
</tr>
</tbody>
</table>

Within the 2016-17 reporting period, as part of the enabling model, a new approach to traditional day care services was taken, resulting in a ‘Drop In’ model.

As a result, Kirkwood no longer runs ‘Day Care’ and has instead made more Drop In sessions available. Kirkwood now run a greater number of Self-Management programmes supported by Kirkwood’s Support and Therapy team. In 2017-18, 175 individuals were supported through Self-Management programmes with attendance at 68% capacity across all programmes.

<table>
<thead>
<tr>
<th>Community Specialist Palliative Care Team</th>
<th>2017/18</th>
<th>2016/17</th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>New referrals</td>
<td>883</td>
<td>890</td>
<td>928</td>
<td>461</td>
</tr>
<tr>
<td>Re-referrals</td>
<td>106</td>
<td>74</td>
<td>54</td>
<td>34</td>
</tr>
<tr>
<td>Continuing patients</td>
<td>167</td>
<td>205</td>
<td>131</td>
<td>155</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>1156</strong></td>
<td><strong>1169</strong></td>
<td><strong>1113</strong>*</td>
<td><strong>650</strong></td>
</tr>
<tr>
<td>Community visits</td>
<td>2962</td>
<td>2981</td>
<td>2428*</td>
<td>1391</td>
</tr>
<tr>
<td>Telephone contacts</td>
<td>11719</td>
<td>12116</td>
<td>9492*</td>
<td>4455</td>
</tr>
</tbody>
</table>

*This marked the year the Community Specialist Palliative Care Team expanded to cover North Kirklees.
Quality Overview
Tables (continued)

<table>
<thead>
<tr>
<th>Out of Hours Advice Line Calls</th>
<th>2017/18</th>
<th>2016/17</th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of calls received Out of Hours</td>
<td>1186</td>
<td>908</td>
<td>724</td>
<td>-</td>
</tr>
</tbody>
</table>

Information not available for 2014/15. The above figures are for Out of Hours advice calls after 16:30 and before 08:30 Monday to Friday, as well as calls received on weekends and Bank Holidays.

<table>
<thead>
<tr>
<th>Post-Bereavement Service</th>
<th>2017/18</th>
<th>2016/17</th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>New service users (post-bereavement only)</td>
<td>192</td>
<td>186</td>
<td>215</td>
<td>194</td>
</tr>
<tr>
<td>Continuing service users (post-bereavement only)</td>
<td>149</td>
<td>188</td>
<td>165</td>
<td>169</td>
</tr>
<tr>
<td>Re-accessing users (post-bereavement only)</td>
<td>9</td>
<td>0</td>
<td>22</td>
<td>9</td>
</tr>
<tr>
<td>TOTAL</td>
<td>350</td>
<td>374</td>
<td>402</td>
<td>372</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pre and Post-Bereavement</th>
<th>2017/18</th>
<th>2016/17</th>
<th>2015/16</th>
<th>2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual counselling sessions</td>
<td>1490</td>
<td>1534</td>
<td>1371</td>
<td>1284</td>
</tr>
<tr>
<td>Client and family joint counselling</td>
<td>334</td>
<td>147</td>
<td>159</td>
<td>0</td>
</tr>
<tr>
<td>Face to face facilitated group work</td>
<td>1203</td>
<td>913</td>
<td>908</td>
<td>764</td>
</tr>
<tr>
<td>Telephone support over 10 minutes</td>
<td>8</td>
<td>70</td>
<td>79</td>
<td>88</td>
</tr>
</tbody>
</table>

1 On the MDS for 2014/15 only post bereavement contact is reported on. To keep the figures in line with previous years, the 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 reflects more accurately the work undertaken by the Family Care Team with clients and families on the In-Patient Unit.

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. She 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 2017/18 the Hospice achieved a score of 99% in the annual Kirklees Infection Prevention and Control External Audit.
Complaints, Concerns and Compliments

In 17/18 there were 3 formal complaints made and 6 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 2017-18 were managed as per policy and within agreed timescales.

89 compliments were recorded in 2017-18 from cards and letters.

Kirkwood received 27 reviews via our Facebook page during 2017-18. Of these reviews, 24 individuals gave Kirkwood a 5 star rating while 3 gave a 4 star rating. Comments received via Facebook reviews included:

“I contacted Kirkwood for advice for my mum who visits weekly and they were fantastic. They made numerous phone calls to get me in touch with the right people who can help our family going forward. Above all, they just understood.”

Sarah Wilson

“I can not thank everyone enough for all the help and love they have shown my beautiful mum and our whole family. Honestly there are no words to say how grateful we are.”

Chrissie Wilson-Butterfield

“...on her private decking that she ‘felt like she was on holiday’. She loved it there. The staff are like angels - and the support that they gave, not just to my mum, but to my family, is something we will forever be grateful for. Kirkwood provided sunshine and light in our darkest of days. Thank you Kirkwood, for everything.”

Stephanie Youatt
Getting in touch

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

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