



BUTTERWICK HOSPICE CARE QUALITY ACCOUNT

April 2022 to March 2023

Butterwick Hospice Care
Middlefield Road
Stockton on Tees
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Butterwick Hospice Care
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Butterwick Hospice Care Mission Statement and Values

Mission Statement, Why We Are Here:

- We aim to improve the quality of life for those who have a life limiting illness and their families and to offer positive support for every challenge they may encounter during the illness and to see death as part of life's journey.

In Particular We Will:

- Provide supportive and palliative care for children and adults with life limiting conditions.
- Ensure each person receives care in a homely environment whilst maintaining privacy, dignity and choice.
- Provide holistic, person-centred care by responding to and respecting the patient and family's individual physical, social, cultural, educational, spiritual, and emotional needs throughout the illness and bereavement.
- Acknowledge and respect the way the family care for their relative and endeavour to continue their chosen pattern of care.
- Work together in developing an environment based on support and mutual respect.
- Maintain the high quality of the service through on-going reflection, evaluation, education and development.
- Communicate effectively and efficiently both within the hospice and with external agencies, to ensure continuity of care and promote service development and improvement.

Our Core Values are:

- Care
- Compassion
- Dignity
- Support
- Community

To be successful we need to live by our core values, and embed them into our services – making them clear and translated into operating principles so that everyone understands them:

- We treat people how we want to be treated.
- We treat each other with dignity and respect
- We recognise that everyone's contribution counts.
- We share knowledge, accept challenges, and recognise achievements.
- We communicate openly and honestly in a professional manner.
- We have a positive attitude and embrace change.
- We encourage, support, and care about each other.
- We respond to all issues affecting the Charity, staff members, and volunteers in a fair, transparent, and professional manner, involving all parties, with the objective of resolving identified problems and conflict in a timely and efficient manner.

Chief Executive Officer's Statement

It gives me great pleasure to present the Quality Account for Butterwick Hospice (Stockton and Bishop Auckland) for 2022-2023.

Butterwick Hospice Care welcomes the opportunity to promote the services that we provide for our patients, families and carers.

We also welcome the opportunity to demonstrate to our key stakeholders that we continue to be committed to provide a high standard of care.

This report is for our patients, their families and friends, and the local NHS organisations who contribute towards our funding. The majority of the finance required to pay for the services we provide is raised through fundraising, legacies and our retail shops.

The patient, both adult or child, is at the heart of all Butterwick Hospice services, and we continue to strive to provide quality care.

During 2022-2023 we continued to deliver a range of services across our two sites and our Childrens Inpatient Unit was awarded an overall rating of 'Good' by CQC.

Our Adult Inpatient Unit remained closed and a project with North Tees and Hartlepool NHS FT was initiated to explore how the Trust could support Butterwick in reopening the service. This has resulted in a partnership whereby patients will experience a seamless pathway of care for those requiring ongoing palliative and or end of life care. Subject to agreement to a variation in the restrictions imposed by CQC we look forward to the Adult Inpatient Unit reopening in 2023-2024. I would like to express my thanks to our colleagues in the Trust for the support and hard work that has made this possible.

Once the Adult Inpatient Unit is reopened, we will actively engage with our local communities to promote our services and ensure that as many as possible have the opportunity to benefit from hospice care.

Together with the Board of Trustees, I would like to take the opportunity to thank all of our staff and volunteers for their hard work, commitment and support.

We are committed to continuing to evolve and emerge stronger as we look to the future and focus on the priorities of Butterwick Hospice Care.

To the best of my knowledge, the information reported in the Quality Account is accurate and a fair representation of the quality of care services that are provided.

Edward Gorringe
Chief Executive Officer

Priorities for Improvement

Butterwick Hospice Care aspires to provide high quality care to all of our patients and service users, provided by nursing, allied health professionals, complementary therapists, and counsellors.

We aim to do this by the development of a transparent and supportive culture, that understands the importance of learning lessons, and fully embraces and takes our duty of candour very seriously.

Butterwick Hospice Care had 2 inspections by the Care Quality Commission (CQC) during 2022-2023. These inspections were:

- 1st and 2nd February 2022
- 2nd and 3rd August 2022

The outcome of the inspections was as follows:

Service	CQC Rating 1st and 2nd February 2022	CQC Rating 2nd and 3rd August 2022
Adult Services (Stockton)	Registration Currently Dormant	Registration Currently Dormant
Butterwick House (Stockton)	Requires Improvement	Good
Adult Services (Bishop Auckland)	Inadequate	No Inspection

The priorities for 2022-2023 have been to focus on the service improvements required to meet the standards required by CQC. Butterwick Hospice Care accepts that it is responsible and accountable for the standards of care that it provides. Butterwick Hospice Care recognises that we must develop and implement systems and processes to review, monitor, report, and take action in response to all clinical issues and concerns. To this aim we must embed and sustain a quality and service improvement culture, and as such we aspire to reduce risk, prevent harm, and promote safety as the foundation for providing and meeting the requirements of the 5 CQC domains:

- **Safe:** our patients must be cared for within services that are well managed to protect them from avoidable harm.
- **Effective:** our patients need to be confident that care that is provided meets their individual needs, and will be underpinned by evidence based and best practice guidelines.
- **Caring:** our patients need to know that they will be treated with compassion, dignity, and respect.
- **Responsive:** our patients need to know that we will provide care tailored to their specific needs as we recognise our role in supporting them to make every moment count.
- **Well-led:** we recognise that this domain is critical to continue to develop and strengthen processes that evidence a commitment to continuous service improvement.

The service improvement log (appendix 1) provides the detail of the areas that have been focused on during 2022-2023.

The Key Priorities from the Service Improvement Log Are:

- To continue to work in partnership and collaboration with the CQC and North Tees and Hartlepool Hospitals NHS FT to enable Butterwick Hospice Care to re-open the adult in-patient unit.
- To identify areas that require service improvement and to develop and implement a plan that prioritises key areas.
- For the senior leadership team and board of trustees to recognise that Butterwick Hospice Care is on a journey, and that the aim must be to embed and sustain as opposed to implementing a quick fix approach.
- For staff to feel supported through the senior leadership team and the board demonstrating visible leadership commitment.
- To ensure that barriers to staff involvement, engagement, and buy in with service improvement are overcome.
- To share the vision for service improvement with managers and front-line staff – and to empower and enable them to be a part of our journey.
- To enable managers and staff to own the service improvements required without making them feel undervalued.
- To involve people who use our services to contribute to the work required.

What Will We Do to Achieve This:

- Build on the work completed with North Tees and Hartlepool Hospitals NHS FT.
- Build on the work completed to date through the Moving to Good Committee. This will involve application of a more systematic and structured approach to identifying priorities to improving quality, safety, and value within the Hospice.
- We will explore how we can free up capacity within the Hospice to enable staff to lead and champion identified projects, and allow senior leaders to be more strategic in strengthening the model for service improvement.
- Strengthen leadership (clinical and non-clinical) through access to learning and development.
- Measure the effectiveness of the care that is delivered through outcome monitoring.

How Will We Measure Achievement:

- Robust audit programme and quality improvement tools that will provide evidence of assurance in relation to all CQC requirements.
- Continued implementation of a training strategy that will result in staff having the skills and competences to be able to deliver the required high quality care to our patients.
- Development and implementation of the new Strategic Plan, that leads to the development of key strategies across the organisation.
- Inspection by CQC will rate Butterwick Hospice Care as a minimum of good across all areas – and on the way to outstanding.

Review of Butterwick Hospice Care Service Areas

During 2022-2023 Butterwick Hospice Care had 5 key clinical services:

- Adult In-patient Unit (Stockton): temporarily closed
- Children's In-patient Unit (Butterwick House, Stockton)
- Day Service (Stockton and Bishop Auckland)
- Home Care Service (Bishop Auckland)
- Family Support (Stockton and Bishop Auckland)

Adult In-patient Unit:

The Adult In-patient Unit is an 8-bed unit, all with ensuite facilities. Butterwick Hospice Care at Stockton aims to provide specialist palliative and end of life care primarily for adult patients living in the Stockton Borough Council geographical area.

The objectives are (prior to temporary closure of the Adult In-patient Unit):

- To provide a 24 hour, 7 days a week in-patient service.
- To provide short term respite care.
- To provide holistic multidisciplinary care, that meets the physical, emotional, spiritual and social needs of patients and, as relevant, their carers and relatives.
- To provide nursing care, counselling, advice, complementary therapies, and bereavement support to patients, their carers and relatives.
- In all cases to ensure patients, their carers, and relatives are supported by a team of skilled and appropriately trained staff and volunteers.

Due to the conditions imposed following the CQC inspections, Butterwick Hospice was able to admit 2 patients, who were stable, for respite care. The patients also had to be known to the provider.

Activity during 2022-2023 was:

- There has been no activity as the caseload had reduced to 4 patients by December 2021, and the decision was made to temporarily close the unit as of 31st January 2022.

Children's In-patient Unit:

The Children's In-patient Unit is a 6-bed unit – 4 rooms for children 0-17 years and 2 rooms for young people 18-25 years.

Butterwick House Children's Hospice at Stockton aims to provide specialist palliative and end of life care for infants, children, and young people with life-limiting conditions. It is a holistic service providing physical, emotional, and spiritual care to the whole family throughout their journey.

The objectives are:

- To provide a 24 hour, 7 days a week in-patient service.
- To provide short term respite care.
- To provide emergency and end of life care.
- To provide holistic multidisciplinary care, that meets the physical, emotional, spiritual and social needs of the children, and their families as a whole.
- To provide nursing care, counselling, advice, complementary therapies, and bereavement support to the children, their families, and carers.
- In all cases to ensure the children, their carers, and relatives are supported by a team of skilled and appropriately trained staff.

Following CQC imposed conditions, Butterwick Hospice Care was able to admit 2 patients, who were stable, for respite care. The patients also had to be known to the provider.

An application to vary the conditions was submitted to CQC in March 2022. The Notice of Decision came into effect on 8th September 2022. This change allowed Butterwick Hospice Care to increase admissions from 2 children to 4 children at any one time – and one of the children could be a new referral, and not previously known to the provider.

Activity during 2022-2023 was:

- We had **18** children/young people on our caseload.
- **14** children / young people were admitted to the in-patient unit for respite care.
- **0** were admitted for end-of-life care.
- **0** were admitted for symptom control.
- There were **272** episodes of care/admissions.
- There was a total of **142** nights of care provided.

4 children/young persons on the caseload did not attend for respite care during this period. Parents were contacted and although they wish for their children/young person to return, they wanted to wait for longer post-pandemic.

Day Service – Stockton:

The Day Services are delivered on an appointment basis with care, complementary therapist, and physiotherapy input as required. Services are delivered from appropriately and attractively furnished rooms.

The objectives are:

- To provide a day hospice service two days each week (Monday and Friday).
- To provide holistic multidisciplinary care, that meets the physical, emotional, spiritual and social needs of patients and, as relevant, their carers and relatives.
- To provide care, counselling, advice, complementary therapies, and bereavement support to patients, their carers and relatives.
- In all cases to ensure patients, their carers, and relatives are supported by a team of skilled and appropriately trained staff and volunteers.

Activity during 2022-2023 was:

- **260** patients attended the service.
- There were **366** episodes of care.
- There were **142** physiotherapy treatments provided.
- There were **151** complementary therapy treatments provided.
- There were **73** episodes of wellbeing group attendance.

Day Service – Bishop Auckland:

The Day Services are delivered on an appointment basis with care, complementary therapist, and physiotherapy input as required. Services are delivered from appropriately and attractively furnished rooms.

The objectives are:

- To provide a day hospice service three days each week (Tuesday, Wednesday, and Thursday).
- To provide holistic multidisciplinary care, that meets the physical, emotional, spiritual and social needs of patients and, as relevant, their carers and relatives.
- To provide care, counselling, advice, complementary therapies, physiotherapy, and bereavement support to patients, their carers and relatives.
- In all cases to ensure patients, their carers, and relatives are supported by a team of skilled and appropriately trained staff.

Activity during 2022-2023 was:

- **260** patients attended the service.
- There were **1,166** episodes of care.
- There were **293** physiotherapy treatments provided.
- There were **873** complementary therapy treatments provided.

Home Care Service:

The Service is for the provision of social, cultural, and personal care for adults who have a life limiting illness. The Service is provided by Health Care Assistants within the person's own home, or location (provided District Nurse agrees to continue to provide/arrange alternative District Nurse clinical cover).

The objectives are:

- To provide social and practical support for the patient, and their family.
- To provide care that will maintain the patient's dignity and support a sense of well-being.
- To provide support for their family/carers as they are able to sleep, or go out, knowing that the patient is being well looked after.

Activity during 2022-2023 was:

- **15** patients were supported by the service in their own home.
- There were **39** episodes of care.
- There were **280** hours of care provided.

Family Support – Stockton:

The service offers counselling and emotional support to our patients, their families and carers, at all stages of their health journey as well as post-bereavement. The service also offers 1-1 counselling to adults in our community who have no connection to the hospice, and have a diagnosis of a life-limiting illness.

Bereavement counselling is available for adults and children aged 6+, following the loss of a loved one, due to a life-limiting illness. The service also offers two adult bereavement groups, one supporting those bereaved less than 10 months, and one supporting those bereaved more than 10 months.

The team consists of qualified and experienced counsellors, supported by a group of dedicated family support volunteers. The service also supports the supervised training practice of student counsellors, enrolled at university, and working towards their qualified status.

Appointments take place on a face-to-face basis, with the option for telephone or online counselling if this is more appropriate.

The objectives are:

- To provide a counselling and bereavement support service 5 days each week (Mon – Fri).
- To provide professional yet compassionate support, to improve emotional wellbeing when living with or bereaved by a life-limiting illness.
- To provide a confidential space where people feel safe to voice their thoughts and feelings.
- To provide support at the point it is needed, at any stage of a person's health journey, helping them adjust to living with an illness, and considering the impact of this on their life, both now and in the future.
- To provide bereavement support to adults and children, following the loss of a loved one from a life-limiting illness.

Activity during 2022-2023 was:

- **130** new referrals for bereavement support/counselling (pre or post death); **117** were adults and **13** were children.
- **634** adults received face to face counselling.
- **29** children received face to face counselling.
- **154** telephone support calls were undertaken.
- **16** video/online sessions were provided.
- **37** group sessions were attended.

Family Support – Bishop Auckland:

The service offers counselling and emotional support to our patients, their families and carers, at all stages of their health journey as well as post-bereavement. The service also offers 1-1 counselling to adults in our community who have no connection to the hospice, and have a diagnosis of a life-limiting illness.

Bereavement counselling is available for adults and children aged 6+, following the loss of a loved one, due to a life-limiting illness. The service also offers two adult bereavement groups, one supporting those bereaved less than 10 months, and one supporting those bereaved more than 10 months.

The team consists of qualified and experienced counsellors, supported by a group of dedicated family support volunteers. The service also supports the supervised training practice of student counsellors, enrolled at university, and working towards their qualified status.

Appointments take place on a face-to-face basis, with the option for telephone or online counselling if this is more appropriate.

The objectives are:

- To provide a counselling & bereavement support service 3 days each week (Tues/Wed/Thurs)
- To provide professional yet compassionate support, to improve emotional wellbeing when living with or bereaved by a life-limiting illness
- To provide a confidential space where people feel safe to voice their thoughts and feelings
- To provide support at the point it is needed, at any stage of a person's health journey, helping them adjust to living with an illness, and considering the impact of this on their life, both now and in the future
- To provide bereavement support to adults & children, following the loss of a loved one from a life-limiting illness.

Activity during 2022-2023 was:

- **179** new referrals for bereavement support/counselling (pre or post death); **132** were adults and **47** were children.
- **409** adults received face to face counselling.
- **356** children received face to face counselling.
- **92** telephone support calls were undertaken.
- **35** video/online sessions were provided.
- **22** group sessions were attended.

Funding of Services

In 2022-2023 Butterwick Hospice Care received the following grants for our core funding:

- | | |
|---|-----------------|
| ▪ Bishop Auckland services funding from Co Durham CCG | £519,249 |
| ▪ Stockton adult services funding from Tees Valley CCG | £119,000 |
| ▪ Stockton children's services funding from NHS England | £249,432 |

Total: **£887,681**

This total core funding represented **29.97%** of our full group costs, i.e. charity and trading subsidiaries of retail and lottery.

2022/23 Expenditure

Department	Expenditure
Charity	£2,150,959
Retail	£580,519
Lottery	£170,572
Trust	£59,723
Total	£2,961,773

In 2023-2024 funding for our clinical services is as follows:

- | | |
|---|-----------------|
| ▪ Bishop Auckland services funding from Co Durham ICB | £521,515 |
| ▪ Stockton adult services funding from Tees Valley ICB | Unknown |
| ▪ Stockton children's services funding from NHS England | £297,444 |

Total: **£818,959**

Therefore, the total core grant funding against group costs is estimated to have reduced from **29.97%** (2022-2023) to **23.44%** (2023-2024) without AIPU costs or to **19.27%** (2023-2024) with AIPU costs. See details below:

2023/24 Expenditure

Department	Expenditure	
Charity	£2,687,226 (without AIPU costs)	£3,444,091 (with budgeted AIPU costs)
Retail	£614,930	
Lottery	£134,768	
Trust	£56,424	
Total	£3,493,348 (without AIPU costs) 23.44%	£4,250,213 (with budgeted AIPU costs) 19.27%

This difference could have a significant impact on the organisations ability to deliver services.

Fundraising

The events of covid and the increased cost of living throughout 2022/23 impacted heavily on several income streams, in particular, hospice led events. The Annual Ball fell short of budget but the Rudolph Run was successful in raising a record amount of income and both events raised the profile of the Hospice and encouraged engagement within our local community.

Income was affected in 2022/23 which gave the charity a gross income of £1,007,656.42 and a net income of £966,827. Legacies and successful trusts and grant applications supported the charity's budget considerably. IMO, regular giving and general donations, although slightly lower than forecast did bring results and contributed to the overall budget.

Direct mail and collection boxes suffered a drop in donations because families struggled with the increased cost of living and this directly affected their capability to donate. This is recognised nationwide in the non-profit sector.

The investment in the fundraising team in 2023/24 will improve corporate income generation, sponsorship and successful hospice led events. The reduction of energy prices and cost of living are forecast to decrease, meaning that community donations 'may' increase in the 3rd and 4th quarter.

Workforce

During 2022-2023, Butterwick Hospice Care had a workforce of **95** employees – which equated to **41.5** FTE staff.

Staff turnover during 2022-2023 was **53.4%**, with an absence rate of **5.11%**.

Statutory training during 2022-2023 was **100%** compliance for non-clinical staff; and **95%** compliance for clinical staff. A plan is in place so that staff receive statutory and essential training for their roles, to ensure that they have the required skills and competences.

Butterwick Hospice Care recognises that all our staff (permanent, bank, and volunteers) are our most valuable asset, and as such we recognise the importance of continuing to develop our staff through learning and development opportunities. Our aim is to also increase the number of volunteers as these contribute significantly to the care and services that are provided to our patients.

Quality of Performance and Patient Safety

Care Quality Commission (CQC):

The Registered Manager has had regular monthly relationship meetings with the CQC inspectors aligned to Butterwick Hospice Care. This was a structured, minuted, meeting that covered:

- Staffing
- Activity
- Current risks and concerns
- Regional activity with hospices in the area and North Tees NHS Trust
- CQC action plans

Audit Data:

During 2022-2023, Butterwick Hospice Care reviewed the audits that were being undertaken within each service areas. As a result of this the audit tools were standardised across service areas, and results were reported through the senior leadership team and the Quality, Safety, and Risk Committee (a sub group of the Board). The audit results are in appendix 2.

Controlled Drugs:

The Director of Care is the Controlled Drugs Accountable Officer and attends the local Controlled Drugs Local Intelligence Network (CDLin). In 2022-2023, Butterwick had no controlled drug incidents, which is a reduction on the previous year.

Medication Events:

In 2022-2023, Butterwick had **2** medication events. There were **10** medication events in 2021-2022.

All medication incidents are reviewed at the Quality, Safety, and Risk Committee, and are closed.

Infection, Prevention, and Control:

During 2022-2023, Butterwick had:

- Coronavirus – staff: **25**
- Coronavirus – patients: **0**
- Clostridium difficile: **0**
- MRSA: **0**
- Norovirus: **0**

An Infection, Prevention, and Control Audit was undertaken in March 2022, and repeated in November 2022, through an SLA with NT&H NHS FT. The overall scores were:

Service Area	March 2022	November 2022
Adult Services (Stockton)	94%	93%
Children's IPU	92%	89%
Bishop Auckland	87%	89%
Overall Compliance	91%	90%

Following the audits in March and November 2022, an action plan has been developed, and the implementation of the required actions is being monitored through the IPC Group.

Incidents:

During 2022-2023, Butterwick had **35** incidents within clinical services. Of these:

- Low harm: **42.9%**
- Moderate harm: **42.9%**
- High harm: **14.2%**

- Adult IPU: **0%** (service closed)
- Children's IPU: **62.9%**
- Day Service: **20%**
- Family Support: **0%**
- Home Care Service: **17.1%**

Butterwick has recognised that work was required with regards to capturing lessons learnt. Incidents are not closed until a lessons learnt has been recorded. These lessons learnt, known as Pearls of Wisdom, are shared (anonymously) across all service areas through team meetings and the staff newsletter.

Health and Safety RIDDOR Reportable:

There have been no serious untoward incidents or RIDDOR reportable incidents during 2022-2023.

Information Governance:

There were no data breaches during 2022-2023.

The Compliance Manager is responsible for completing the DSP Toolkit that sets out the National Data Guardian's data security standards. By completing the self-assessment, the Compliance Manager assesses whether Butterwick can provide evidence that demonstrates that we can meet the standards.

Complaints and Concerns:

- Number of complaints / concerns 2022-2023: 1

This is a reduction on the number of complaints received in 2021-2022.

The complaint related to the referral process not being followed by a member of staff.

It is critical that the organisation listens and learns from any complaints or concerns that are raised, as this enables us to make any improvements that are required.

All complaints and concerns were managed in line with policy, and they were all resolved and closed. Complaints are also discussed at the Quality, Safety, and Risk Committee to ensure that any learning is implemented.

Compliments:

The Patient Survey was introduced late 2022, and comments received so far have been positive.

Safeguarding:

During 2022-2023, Butterwick Hospice Care continued to focus on ensuring that clinical staff received safeguarding training at the appropriate level (in line with policy and intercollegiate guidance). **100%** compliance has been achieved. Butterwick encourages all staff, patients, families, and visitors to raise any safeguarding concerns they may have.

An on-call rota is produced every month to ensure that staff have access to support, and can raise concerns, 24/7 and 365d/year.

During 2022-2023: **3** safeguarding alerts were made to the Adult Safeguarding Team. This was also notified to CQC.

Patient Outcomes

A sample of feedback from patients and families across all services are – and how Butterwick Hospice Care has had an impact on their quality of life:

Children’s In-patient Unit

Completion of surveys sent to parents / carers relation to CIPU, have had a null response despite being posted to parents / carers on a rotational basis. At the time the surveys were implemented, due to the case load on CIPU and the potential repetitiveness of being sent to the same parents in a short space of time, it was decided to post 5 surveys every 3 months in order to capture the case load over the year.

Following a review staff are now requesting surveys are completed upon discharge with the parent / carer, rather than being posted to their address for completion.

Day Hospices - Bishop Auckland and Stockton Combined Report

Measure Yourself Concerns And Wellbeing (MYCAW) Outcomes

To track patient outcomes and satisfaction, Butterwick Day Hospices implemented the MYCAW Tool (Measure Yourself Concerns and Wellbeing). The tool is quick and simple to use, patient centred and allows for the capture of both numerical data and patient feedback.

The first full quarter of data was obtained from October 1st – December 31st 2022, so there is 6 months of data available for the 2022/2023 year.

Patients are supported to complete a MYCAW assessment when they first attend Day Hospice. They identify their top two concerns and rate them on a scale of “does not bother me at all” (0) - “bothers me extremely” (6). They do the same for their general sense of wellbeing.

The rating process is repeated at week six (the standard end of a cycle of treatment) and patients are invited to feedback on their experience of our service.

Seventy MYCAW feedback forms were gathered across both Day Hospices from October 1st 2022 - March 31st 2023.

Average MYCAW Score Improvement: October 1st 2022 – March 31st 2023	
Problem 1	22%
Problem 2	19.5%
Wellbeing	16%

Most patients gave additional verbal feedback at the end of the six-week period, which was captured by MYCAW. All feedback was positive, including that from patients who had not numerically rated an improvement in their concerns.

When asked: 'Reflecting on your time with your practitioner, what has been the most important aspects for you?' responses included:

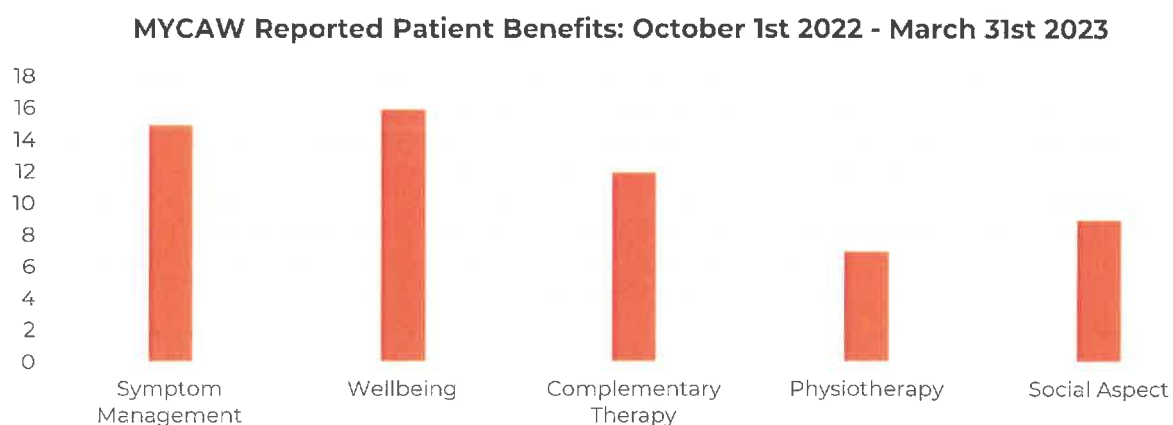
'Learning to relax and feel more in control'

'Treatment – reflexology. One to one contact, time to chat and feel normal. Enjoy meeting other staff at reception. Enjoy seeing the hospice look busier'

'Getting rid of the hot flushes helps me sleep better'

'The treatment to help with my sleep'

Feedback tends to fall into 5 distinct categories:



Improved wellbeing and symptom management are the most frequently mentioned benefits of our Day Hospice services.

Family Support

Sample of feedback from patients and families

'My counsellor was very caring, and made my journey through my bereavement very helpful. I was allowed to say and express myself how I wanted. I felt very comfortable, and was helped through my emotions, thoughts, tears and anger with dignity and care.'

'Outstanding Service! Without your help, I would not have developed such resilience. Connecting with my counsellor and her level of deep understanding and empathy for my problems. I want to thank you from the bottom of my heart for all your help & support during the worst time of my life.'

'My counsellor was exceptional, made me feel comfortable and helped as much as he could. The service was brilliant.'

'I cannot fault the service at all. Open, honest, secure environment able to discuss lots of matters and experiences. My counsellor was amazing. From being in such

a dark place she helped me so much. My counsellor taught me how to manage and cope with feelings and emotions filling me with self-belief.'

'I can't find the words to adequately express my gratitude to the Butterwick for the excellent care you offer. My husband and I were both always grateful for always being there for us. We know you would say 'It's our job' but we felt you all gave far more than was required, and always with compassion and understanding. Thank you from the bottom of my heart.'

'I feel like you saved me when I was falling apart after my husband died. Thank you from the bottom of my heart for your professional yet caring and compassionate nature. It means a great deal to me.'

'Thank you for all your help and for being you! To know you care and understand means a lot. People like you, help people like me, see light at the end of a very dark tunnel. Thank you.'

Statement from the Board of Trustees

During 2022/2023 The Children's Inpatient Unit improved its CQC rating from "Requires Improvement" to "Good". The Adult Inpatient Unit (closed January 2022) will be able to open in 2023, due to intensive negotiations with North Tees and Hartlepool (NTH) NHS FT to establish a formal clinical partnership with Butterwick Hospice Care, this will enable the Trusts palliative care team to establish a seamless pathway of care for Stockton patients requiring ongoing palliative or end of life care. I would especially like to acknowledge the dedication of our Director of Care (Allana Massingham) in enabling this development and the commitment of the NTH NHS FT along with the new CEO (Edward Gorringe).

A number of key appointments have been made to the Board of Trustees bringing strong clinical and non-clinical expertise with further additions planned, I would like to assure the ICB that the changes made at both Board and senior leadership levels have made a profound difference to the culture within Butterwick Hospice Care and our ability to reopen the Adult Inpatient Unit.

The excellent support services at the Stockton and Bishop Auckland sites have continued through this very difficult period and the new clinical partnership with NTH NHS FT will further strengthen our ability to provide safe and effective palliative care for our patients, including those on end of life treatment. I would especially like to recognise and thank all those staff who have continued to provide this care as well as devote many hours of their own time to ensure that discussions with NTH progress satisfactorily. Without the support of the ICB and the willingness of NTH NHS FT to support our vision of a seamless care pathway for this very vulnerable group of patients, I do not think we would have made as much progress in re-establishing a full hospice service.

It therefore gives me great pleasure to assure the ICB that the changes in Board membership, clinical operational teams and Chief Executive have enabled the organisation to put in place the improvements required to support moving our CQC rating from "Inadequate" to "Good". We patiently await the CQC response to our application to have restrictions lifted and for Butterwick Hospice and North Tees and Hartlepool Trust to start providing the care that we have all worked so hard to re-establish.

Prof Mike Bramble MD FRCP
Chair of Trustees

Appendix 1: Service Improvement Log

Review / Update Date: w/C 24/04/2023	Person(s) assigned	Status	Evidence proposed to support completion / sign off	BHC Evidence Code for hard copies where required	Weekly Outcome and Actions Live / Ongoing Review Update at MTGC 18/4/23	CQC Domain	Discuss at Management Team Meeting	Discuss at Information Exchange
COMPLIANCE & RISK								
CR 2 Lessons learned SoP will be developed and implemented. This to include evidence of staff reading LL.	RG	Live	Lessons learnt SoP will be devised and disseminated to the SLT / IGG Group. The SoP will define the needs of BHC. The SoP will identify how BHC can ensure staff have read and signed the document.	CR2 a - draft SoP CR2 b - Example of Pearls of Wisdom	Procedure has been stood down since the development of the clinical and corporate flow charts.	effective, well led, caring responsive		
CR 3 PSIRF - recently piloted in the NHS although still in its infancy. This replaces SUI. Review and determine how this will be incorporated in to BHC with North Tees NHS.	LA & RG	Live	copy of briefing paper. Further discussions of how the PSIRF will be implemented and how with NT. Training of level 2 re PSIRF.	CR3 a - LA briefing paper re PSIRF for SLT CR3 b - AM & LA level 2 certificates RG Certificate - REQUIRED	PSIRF Plan devised by LA and sent to AM 27/3 for review at SLT 24/4/23	responsive, well led, effective		
CR 4 TJ and RG to prepare a project plan for vantage and present to SLT - 10/02/2023	RG / TJ	Live	RG and TJ to present project plan to SLT as requested 07/12/2022		discussed at MTGC 17/4 EG has further explored vantage and its potential within BHC. EG to provide updated options paper to the board.	safe, effective, well led, responsive		

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CR 5 Monitor and update the risk register accordingly	RG transferred to LA 31/3/23	Live	up to date risk register. Evidence of communications from RG with managers regarding associated risks within their areas.	N/A risk register is live & maintained / updated on the vdrive.	Update at MTGC 18/4/23 Risk Register reviewed and fully revised following meetings with Individuals responsible for their areas and with the SLT reviewed during MTGC meeting 17/4/23 Draft version sent to SLT for review 24/4/23 Phase 2 of the rebuild of the risk register to incorporate all BHC services TBA / date of rebuild to be identified	safe, effective, well led, responsive	YES	
CR 8 Health Safety & Environmental audit handed back to RG following comments made to this from the clinical team	RG / TJ	Live	Draft copy of the audit Concluded audit	CR8 a - draft audit with comments made by clinical team	Audit discussed at C-IGG, minor changes needed which have been emailed to TJ to complete in RG absence.	safe, effective, well led, responsive		
CR 9 Review and update BHC Statement of Purpose	CLOSED 03/04/23		Revised SoP displayed	saved to public folder on vdrive	Statement of purpose updated by LA and approved by SLT and the trustees. LA to upload to CQC portal	safe, effective, well led, responsive, caring		
CR 10 In-depth review of the sunflower room use and procedure	AM / LA / JE	Live			Sunflower room draft procedure reviewed at C-IGG on 21st April - minor changes needed.	safe, effective, well led, responsive		
CR 11 BCP to be reviewed and updated following changes within the organisation	RG	Live			AM to review with SLT 24/4/23	safe, effective, well led, responsive		

Review / Update Date: W/C 24/04/2023	Person(s) assigned	Status	Evidence proposed to support completion / sign off	BHC Evidence Code for hard copies where required	Weekly Outcome and Actions Live / Ongoing Review	CQC Domain	Discuss at Management Team Meeting	Discuss at Information Exchange
CR 12 Review of iCare due to concerns regarding accurate data output	RG / TJ	Live			Update at MTGC 18/4/23 Requested, - TJ to prepare a briefing paper for MTGC 17/4/23 - Briefing not supplied but verbal overview given. TJ agreed at MTGC to send LA written summary / briefing as hard evidence of progress - further request made at 'walk the wall' 24/4/23	safe, effective, well led, responsive		
OPERATIONAL								
O 1 Discuss the development of career pathways for clinical roles within BHC as services develop - linking in the North Tees NHS where appropriate.	AM	Live	Email notes of any discussions. eEica course review. Ambitions framework - see file on vdrive	O1 a - Staff engagement briefing O1 b - e-ELCA EOL care O1 c - e-ELCA Nurses	Links ongoing with UHNT - work commenced on the palliative care / ambitions framework. Ongoing steering group meetings and collaboration	responsive, well led, effective, safe		
O 2 Explore use of space at BHC.	EG	ON HOLD from 24/4/23	Invite key stakeholders to discuss options. Email trails of invites and key summary points from discussions. Update on groups held / planned		Update from EG - internal moves occurring from 7WB and within BHC main site. Ongoing process over next 6 months	Responsive		
O 3 Agree additional KPIs to be used within BHC	AM	Live	Evidence of discussion at board level. KPIs to be set out and implemented within BHC. Review of KPI's after 6 months once implemented.	O3 a - KPI's draft and supporting coms.	KPI's piloted February and March. Service leads sending outcomes to DoC by the 5th of each month in order to be compiled in reports.	effective, well led, safe, responsive		

Review / Update Date: W/C 24/04/2023	Person(s) assigned	Status	Evidence proposed to support completion / sign off	BHC Evidence Code for hard copies where required	Weekly Outcome and Actions Live / Ongoing Review Update at MTGC 18/4/23	CQC Domain	Discuss at Management Team Meeting	Discuss at Information Exchange
O 4 Review BHC leaflets (clinical services) to ensure the information is appropriate and up to date.	AM & LH	Live	leaflets for review to be evidenced. Notes of discussions regarding leaflets / content.	O4 a - Leaflets reviewed	Further meeting on 25/4/23 then a timeline should be provided if content agreed	responsive, well led, effective, safe, caring		
O 6 Roll out Better Health at Work Award.	KR & AM	Live	6 staff have attended Health Advocate Training. Evidence of meeting minutes. Posters of any health related items used.	O6 a - Health advocate email confirming 6 staff O6 b - Poster O6 c - Poster O6 d - Communications O6 e - staff going home checklist O6 f - minutes Jan Meeting, O6 f b, Feb meeting, Vdrive File in MTGC folder in terms of evidence from steering group meetings	KR has liaised with AM regards support required within the organisation to move BHAWA forward which was discussed during SLT - all managers have now been asked to nominate staff to support the BHAWA. KR liaising with Diane Goodwin re possible funding to support future projects	responsive, well led, effective, safe, caring		
O 7 Prepare for the re-opening of AIPU by reviewing the admission / discharge procedure. N.B this process will also sit within the ambitions framework and steering group due to the joint working of BHC & NTH	LH / AM / LA in conjunction with NTH NHS	Live	Review most recent documentation used for AIPU admission / discharge process 'stable' patient ? OACC		LH has reviewed the admission / discharge process and updating a draft with the aid of OACC. This will be presented to C-IGG in March as this was further discussed in February with NTH. Due to absences following covid - this was presented C-IGG April - minor changes to be made			
O 8 Review and development of BHC Strategies.	SLT	TBA				responsive, well led, effective		

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O 10 Devise and implement a clinical supervision recovery plan	AM	Live	Copy of recovery plan		Update at MTGC 18/4/23 Recovery plan on track and being monitored AM has liaised with NTH regarding training for staff to undertake supervision - this is currently being discussed with NTH (SLA dependant) AM to follow up with NT&H NHS trust to. Compliance monitored monthly.			
O 11 Review and update BHC Fire Procedure	TJ	Live		DRAFT	Meeting arranged for Wednesday 26/4/23. All the final fire procedures will be completed	safe, effective, well led, responsive		
O 12 Develop and implement a procedure for first aid box's	LA	Live		DRAFT procedure compiled, HSE notification, check list devised, signs compiled	Draft procedure discussed C-IGG - LA to liaise with 7WB with regards to FAB type in order to finalise draft - emailed 24/4/23 (KW & HS)	safe, responsive, caring		
O 14 Liaise with CQC and complete required notification for a variation in to the restriction for opening AIPU	CLOSED 03/04/23	closed			Application completed and supporting evidence sent to CQC	effective, well led, caring, safe, responsive		
O 15 Opening of beds timeline in conjunction with BHC and NTH NEW 16/3	NTH / AM / LH / EG	Live			Please refer to separate XL spreadsheet within the folder NTH / BHC opening AIPU beds			

Review / Update Date: W/C 24/04/2023	Person(s) assigned	Status	Evidence proposed to support completion / sign off	BHC Evidence Code for hard copies where required	Weekly Outcome and Actions Live / Ongoing Review Update at MTGC 18/4/23	CQC Domain	Discuss at Management Team Meeting	Discuss at Information Exchange
TRAINING								
T1 In house clinical supervisions to recognise deteriorating patient to be delivered: HCS	LH	Live	Repeat to new staff when commenced position. Ensure there is evidence of scenario based discussions. Abby pain scale, soft signs, application of creams observed competency, TMAR discussion and crib division to support staff.	T1 a - supervision scenario based, includes TMAR	Ongoing monitoring due to lack of foot fall with the service / staffing. LH has completed a further 2 supervisions with staff	effective, well led	N/A	N/A
T2 Training to recognise deteriorating patient to be delivered: CIPU NB - completion of EFAW and BLS and PILS	JE	Live	Sample session delivered by Gemma Williams 2/11/22 to the CL. CIPU staff will complete the training once dates allocated. Copies of certificates upon completion held in staff files - dip sample. Posters re sepsis and ABC printed / displayed CIPU. Acorns observation charts is use	T2 a - CIPU schedule for staff training T2 b - Acorns sepsis posters and observation charts.	update from JE 28/3 - potential for acorns to re-establish training but to hold at BHC site. JE in communications on a regular basis. Also liaising with other hospice's as the childrens units don't appear to have completed this training	effective, well led, caring, safe, responsive	N/A	N/A
T3 Training to recognise deteriorating patient to be delivered: AIPU	AM	TBA	Consider NEWSs, - ON HOLD until AIPU re-opens.			effective, well led, caring, safe, responsive	N/A	N/A
T4 Training re pain management to be delivered: HCS; DH; CIPU; AIPU	AM	TBA	Follow up with new external training provider SS 24/7.			effective, well led, caring, safe, responsive	N/A	N/A

Review / Update Date: w/c 24/04/2023	Person(s) assigned	Status	Evidence proposed to support completion / sign off	BHC Evidence Code for hard copies where required	Weekly Outcome and Actions Live / Ongoing Review	CQC Domain	Discuss at Management Team Meeting	Discuss at Information Exchange
T 5 Statutory and Essential Training to be over 87% compliant for clinical staff.	LH & DM & JE	Live	matrix for CIPU, HCS, DH. Service leads to capture compliance in their monthly report to SLT stored on vdrive.	N/A training registers sent monthly to DoC & QGL. Stats / compliance produced in monthly reports which go to SLT and QSRC. T5 a & b - example of HCS and DH matrix up to Oct T5 c - example of CIPU matrix up to Oct	Update at MTGC 18/4/23 compliance reported by each service in their monthly report. Care certificate rolled out in clinical services and completed by several staff. Remaining staff assigned meeting with AM, LA, LH & JE 14/4/23 - discussed essential training for clinical services. AM to devised formal list and shared electronically with the clinical team	safe, responsive, well effective, well led	N/A	N/A
T 6 Statutory and Essential Training to be over 87% compliant for all non-clinical staff.	CS	Live	Matrix for non-clinical staff sits within HR dept. SLT member to report compliance on a monthly basis	MATRIX	currently 98% as of 24/4/23	safe, effective, well led, responsive	N/A	
T 7 Develop training plan as a result of managers skills audit.	TBA	TBA	HR Training pack for managers	T7 a - Copy of skills audit for manager		responsive, well led, effective		
T 8 Develop and implement link roles for all clinical services.	LH & LA & AM	TBA	Work commenced to include Eelca collaboration between ward 38 and BHC in opening the AIPU	T8 a - Link roles O1 b & c e-ELCA		effective, well led		
T 9 Prepare for LPS	LA	Live	Attendance list. Certificates of attendance. Webinar.	T9 a - Example attendance list T9 b - Communications re preparation	Rolled out within clinical services. Ongoing monitoring to capture new staff. Any new staff - service leads liaise with LA Briefing from Hospice UK identifies further set backs with LPS until 2025	effective, well led, caring, safe, responsive		

Review / Update Date: w/c 24/04/2023	Person(s) assigned	Status	Evidence proposed to support completion / sign off	BHC Evidence Code for hard copies where required	Weekly Outcome and Actions Live / Ongoing Review	CQC Domain	Discuss at Management Team Meeting	Discuss at Information Exchange
T 10 Care Certificate Roll out as Statutory Training and mapping document (work book).	LA / AM / LH / DM / JE	Live	copy of the schedule from each service lead. Certificates of attended staff. Evidence of service leads monitoring care certificate compliance rate.		Update at MTGC 18/4/23 meeting held 14/4/23 with AM, LA, LH & JE to map essential training to incorporate what has been covered in the care certificate and what is required.	responsive, well led, effective		
T 11 Explore level 3-5 Management & Leadership course and establish if funding can be sourced	TBA	TBA		BHC117	remains on hold - although discussed during MTGC 13/2 - YE provided North East Leadership Academy as potential starting point.	effective, well led		
T 12 VOED training to be completed for AIPU staff NEW 03/04/23	LH	Live			LH has sourced VOED training to be held at BHC			
T 13 Loss and bereavement training to be sourced for AIPU staff NEW 03/04/23	LH	Live			Loss and bereavement training to be held at BHC - date TBC			
ESTATES & FACILITIES								
EF 1 provide hot / cold drinks and snacks to patients who access day hospice.	CLOSED 03/04/23	Closed	Are signs displayed in areas to inform patients. Observe staff - are they asking patients if they would like refreshments. How is monitoring of	EF 1 a - example of snack bar poster	posters now completed and displayed	effective, well led, caring, safe, responsive		

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			this provision captured.		Update at MTGC 18/4/23			
EF 2 IPC audit action plan to be reviewed monthly until completed.	TJ	Live	TJ to provide monthly report to DofC.	EF 2 a - policy shared by JO	Discussed at MTGC 20/3 AM confirms she has seen the monthly report, however, awaits the Business Case from TJ to be submitted in order to present at the business committee meeting in May	effective, well led	N/A	N/A
EF 5 Estates & facilities manager to liaise with LH regarding requirements for opening AIPU	AM, LH, LA, TJ, SS, JW, RG	Live	copies of ongoing plan notes from meetings action plan being implemented	EF5 a - email update from LH 10/1/23 EF5 b - example of ongoing work plan for AIPU EF5 c - meeting minutes from 25/1/23 EF d - copy of action plan from 25/1/23	RM 4 - SS to investigate the odour updated 24/4/23 - SS advised that environmental health attended and were unable to detect issue, SS confirmed that no odour was present - remains ongoing with the possibility of flushing drain system	responsive, well led, effective		
EF 6 Operational report	SS	Live			Require update from SLT 24/4/23			
EF 7 Devise and implement a Nutrition Group NEW 04/04/23	DH, LH, JE	Live			Initial date identified in May - await confirmation			

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HR								
HR 1 JDs and Person Specs to be reviewed (all clinical services).	CS	Live	Copies of revised JD's draft Evidence of discussion / sign off	HR1 a,b,c,d,e	CS advised these are now under further review	effective, well led, safe		
HR 2 Review content of Corporate induction - to include content from all areas of BHC.	CS	Live	Clinical and non-clinical services. PP's provided. Dates / planner from HR for upcoming induction days Feedback forms from the corporate induction once rolled out.	HR2 a - previous CI structure HR 2 b - Revised HR PP draft	Reviewed by CS - proposal that managers / leads complete this with new staff - further discussion with SLT required	responsive, well led, effective, safe		
HR 3 Review and update induction pack for clinical roles.	CS	Live	Currently being piloted on CIPU. Require briefing paper on the efficacy of the pack. Evidence of discussion / sign off.	HR 3 - a induction pack HR3 b - agency worker induction	CS advises these are under review by HR	responsive, well led, effective, safe		
HR 4 Review and update probation document for clinical roles.	CS	Live	Currently being piloted on CIPU. Require briefing paper on the efficacy of the pack. Evidence of discussion / sign off.	HR4 a - probation review form	CS advises these are under review by HR	responsive, well led, effective, safe		
HR 5 Ensure all staff including volunteers have appropriate DBS.	CS	Live			work is underway to ensure all DBS are up to date. Next stage is for all clinical colleagues information to be input onto Staff Care whilst queries regarding non-clinical colleagues are resolved via Ucheck/DBS.	responsive, well led, effective, safe		

Review / Update Date: w/c 24/04/2023	Person(s) assigned	Status	Evidence proposed to support completion / sign off	BHC Evidence Code for hard copies where required	Weekly Outcome and Actions Live / Ongoing Review	CQC Domain	Discuss at Management Team Meeting	Discuss at Information Exchange
HR 6 Develop a Preceptorship Pack for newly qualified nurses		TBA			Update at MTGC 18/4/23	responsive, well led, effective, safe		
QUALITY & GOVERNANCE								
QG 1 Emergency grab bag checklists to be devised and implemented	CLOSED 04/04/23	closed	Checklists Evidence of checks being conducted by DoC or QGL. Evidence of completed checklists for adult & Child services. Evidence of quality checks	QG 1 a & b - DH checklist QG 1 c - CIPU checklist - ARCHIVED 16/1/23 and replaced with version 3 QG 1 d - example of completed checklist CIPU	Version 3 implemented 16/1/23 for CIPU	safe, effective, well led, responsive		
QG 2 You Said We Did Boards to be visible in every clinical area.	SLS	Live	In place in various formats at B/A and Stockton. Evidence of review. Staff to take pictures following review and update of boards?.	March briefing paper Photo CIPU 28/3	Briefing paper received You said we did boards visible	effective, well led, caring, safe, responsive		

Review / Update Date: W/C 24/04/2023	Person(s) assigned	Status	Evidence proposed to support completion / sign off	BHC Evidence Code for hard copies where required	Weekly Outcome and Actions Live / Ongoing Review	CQC Domain	Discuss at Management Team Meeting	Discuss at Information Exchange
QG 3 Review Outcome Measures with BHC Devise a Survey for adult & children services	DM & LH & JE & LA & AM LA	Live	Minutes of outcomes meetings held on vdrive Reports where indicates outcome data. Copies of revised outcome tools. Copies of devised surveys.	QG3 a - CIPU experience survey QG3 b - adult service experience survey QG3 c - example of goals in therapy & ORS (FS) QG3 d - data outcomes provided 03.2.23 DRAFT CIPU OUTCOMES QUARTER REPORT BRIEFING FOR DH RE MYCAW	Update at MTGC 18/4/23 Outcomes are now being evidenced and progress made within the group. 14/4/23 - reviewed and discussed the outcome measures for CIPU - changes to be made to the draft and brought to the next meeting in August. MYCAW providing good outcome measures for Day Hospice LH liaising with St Cuthberts re their outcome measures and tool in line with OACC	responsive, well led, effective, safe		
QG 6 HCA led patient group planned, with the first, "Tea and Tai Chi"	EC & LH	Live	first group to take place 30/9/2022 initial review November. Attendees feedback on the group.	QG6 a - example of feedback form devised to be handed to attendees to provide feedback	Groups have expanded and going well. Now taking place at Bishop Auckland. LH reports groups are popular and going well with the intent to increase groups for McMillan and MS patients. Discussions with NTH cancer care co-ordinators have welcomed this group within their programme.	responsive, well led, effective, caring		
QG 8 Devise and implement a Quality & Governance structure along with policy	AM / LA	Live			Quality and Governance strategy draft compiled 24/4/23 and sent to SLT for comment	responsive, safe, well led, effective		
QG 9 Devise huddle document for CIPU and AIPU	LH / JE	Live			update	responsive, well led, effective, safe, caring		

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QG 10 Devise and implement a chaplaine procedure for BHC	LA	CLOSED 24/4/23	Copy of actual procedure Evidence of dissemination and read / sign.	QC 10a Procedure QC 10b Evidence of Read and sign stored on the vdrive, public folder, procedures	Update at MTGC 18/4/23 Signed off and uploaded to Vdrive 24/4/23	responsive, well led, effective, safe, caring		
OTHER								
Ambitions Framework & Steering Group for Palliative Care. The trust and BHC have historically worked closely together to deliver palliative and EoL care. Due to the dormancy of the AIPU and constraints around this - the organisations have re-formed a partnership with the aim of re-opening the AIPU.	BHC / UHNT&H Trust	Live	Copies of the ambitions framework. Copies of meeting agenda and minutes from steering group. Copies of the project plan. Copies of the workstreams and actions.	A separate file has been set up in the MTGC folder which holds information pertaining to this working group	N/A - see folder vdrive	effective, well led, caring, safe, responsive		
<p>SIL is a live working document, to be reviewed & updated weekly & referred to at SLT, MM, MTGC. Copies to be forwarded to: SLT, JGG, CQC, ICB, QSRC on a monthly basis. Document Reviewed at QSRC on 05/12/2022 and approved by Trustees.</p>								
Grey - TBA when appropriate								
Orange - weekly update requested / review by SLT. Person(s) responsible contacted for update or briefing paper								
Red - requires attention at review								
Yellow - NEW items added								

Appendix 2: Audit Example

CLINICAL AUDIT REPORT FOR Month / Year: March 2023

Outstanding >87%	Requires Improvement 39% - 62%
Good 63% - 87%	Inadequate 25% - 38%
Not Submitted or Under Review	N/A

Childrens In-Patient Unit	Responsibility	Initially	Score
Pre-admission and Admission Audit	Nursing Staff	Monthly	93%
Medication Audit	Nursing Staff	Monthly	100%
Discharge Audit inc PPOfD	Nursing Staff	Monthly	100%
Acuity / Dependency Tool Audit (Safe Staffing)	Nursing Staff	Monthly	98%
Mattress Audit	HCT	Monthly	100%
Bed and Bedrail Audit	HCT	Monthly	95%
Medication Audit: CDs	Director of Care/ QGL	TBC	No CDs
Professional Reg NMC / HP / CT / Couns	Director of Care	Monthly	100%
Recording of Fridge & Room Temp Audit	HCT	Monthly	100%
Uniform & Hand Hygiene Audit	HCT	Monthly	100%
Care Plan Audit (20% of pts for month)	Nursing Staff	Monthly	90%
Record Keeping Audit / Documentation (20% of pts for month)	Nursing Staff	Monthly	93%
Safe Environment Audit	HCT	Monthly	91%

Day Hospice Stockton	Responsibility	Initially	Score
Professional Reg NMC / HP / CT / Couns	Director of Care	Monthly	100%
Uniform & Hand Hygiene Audit	Clinical Lead / HCS co-ord	Monthly	100%
Record Keeping Audit / Documentation (20% of pts for month)	Clinical Lead	Monthly	100%
Safe Environment Audit	HCA	Monthly	95%

Family Support Stockton	Responsibility	Initially	Score
Professional Reg NMC / HP / CT / Couns	Director of Care / HoFS	Monthly	100%
Record Keeping Audit / Documentation (20% of pts for month)	HoFS	Monthly	100%
Safe Environment Audit	HoFS	Monthly	100%

Day Hospice Bishop Auckland	Responsibility	Initially	Score
Professional Reg NMC / HP / CT / Couns	Director of Care	Monthly	100%
Uniform & Hand Hygiene Audit	Nurse	Monthly	100%
Record Keeping Audit / Documentation (20% of pts for month)	Day & Com SL	Monthly	94%
Safe Environment Audit	HCA	Monthly	100%

Family Support Bishop Auckland	Responsibility	Initially	Score
Professional Reg NMC / HP / CT / Couns	Director of Care / HoFS	Monthly	100%
Record Keeping Audit (20% of pts for month)	HoFS	Monthly	100%
Safe Environment Audit	HoFS	Monthly	100%

Home Care	Responsibility	Initially	Score
Record Keeping Audit / Documentation	Clinical Lead / HCS co-ord	Monthly	98%
Discharge Document	Clinical Lead / HCS co-ord	Monthly	N/A

Butterwick Hospice Quality Account Statement (ICB)

Mr Edward Gorringe
Chief Executive
Butterwick Hospice Care
Middlefield Road
Stockton on Tees
TS19 8XN

21st June 2023

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

The Integrated Care Board (ICB) welcomes the opportunity to review and comment on the Quality Account for Butterwick hospice for 2022/23 and would like to offer the following commentary.

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

The Integrated Care Board acknowledge that Butterwick hospice had two inspections by the Care Quality Commission (CQC) during 2022-2023 (February and August 2022). The outcome of the inspections was as follows, Adult Inpatient services, registration remained dormant, Butterwick House (Stockton) 'Requires Improvement' to 'Good' and Adult Services (Bishop Auckland) 'Inadequate' and there has not been a further inspection. The Integrated Care Board are encouraged to note the improvement from the previous CQC inspection in relation to Butterwick House Stockton.

Encouragingly the hospice has entered a partnership with North Tees and Hartlepool Foundation Trust with the overall aim to provide a seamless pathway of care for those requiring ongoing palliative and or end of life care. The Integrated Care Board look forward to the hospice's reopening of the Adult Inpatient Unit in 2023-24 subject to agreement to a variation in the restrictions imposed by CQC. Noted within the Priorities for Improvement for the coming year, the hospice will continue to work in partnership and collaboration with the CQC and North Tees and Hartlepool Hospitals Foundation Trust.

The Integrated Care Board acknowledges the Service Priorities the hospice wishes to achieve in 2023/24 will include building upon the work completed to date through the Moving to Good Committee. Reassuringly this will require a more systematic and structured approach to identifying priorities in improving quality, safety, and value. Additionally the

exploration of staff capacity within the hospice will enable staff to lead and champion identified projects and allow senior leaders to be more strategic by strengthening the model for service improvement. In conjunction the hospice aims to improve accessibility for all staff members for education and training in leadership skills.

The Integrated Care Board notes that the hospice will implement a robust audit programme and quality improvement tools that will provide evidence of assurance in relation to all CQC requirements. Reassuringly the hospice proposes that there will be a continued implementation of the training strategy and furthermore the development and implementation of the new Strategic Plan. The Integrated Care Board welcomes the hospice's ambition that the CQC inspection rating will be a minimum of good across all areas – and on the way to outstanding.

The Integrated Care Board are pleased to note that the Children's Inpatient Unit CQC restrictions have now changed, to increase admissions from 2 children to 4 children at any one time. The Integrated Care Board acknowledge that the hospice continues to provide a day service at both Bishop Auckland and the Stockton site which offer nursing, complementary therapy, physiotherapy input and bereavement support.

The Home Care Services which are provided by Healthcare Assistants, continues to require the overall management and support of Acute Trust community nurse colleagues. Whilst the Integrated Care Board appreciate the collaboratively working with the Home Care Services and the community nurses, assurance continues to be sought for when this service can become managed within Butterwick hospice. Additionally the Integrated Care Board continue to work in conjunction with the hospice in relation to increasing the episodes of patient care.

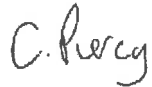
The Integrated Care Board are concerned to note the percentage of staff turnover during 2022-2023 which was 53.4%, with an absence rate of 5.11%. However it is encouraging to recognise that statutory training during 2022-2023 was 100% compliance for non-clinical staff; and 95% compliance for clinical staff which is a significant improvement from 2021/22.

The hospice continues to foster a culture of openness and learning, they also recognised that capturing incidents with the associated learning needed to be developed. The Integrated Care Board welcome this learning and look forward to continuing this progression. Noted that the hospice received one complaint and the hospice has monitored and investigated clinical incidents within their services. There has been a significant improvement in medication incidents, with two reported in 2022-2023 compared to ten the previous year. Importantly all medication incidents are now reviewed at the Quality, Safety, and Risk Committee.

The Integrated Care Board look forward to receiving the action plan which has been developed in response to the Infection, Prevention, and Control Audit that was undertaken in conjunction with North Tees and Hartlepool Foundation Trust. It is pleased to note that all audit tools are now standardised across service areas, and results are reported through the senior leadership team and the Quality, Safety, and Risk Committee

The Integrated Care Board appreciate the continued engagement with the CQC and wider system. The Board recognises and appreciates the continuing challenges the hospice has faced and support the identified Service Improvement Priorities for the coming year.

Yours sincerely,



Christopher Piercy

Director of Nursing
NENC ICB (Tees)