



# **St Oswald's Hospice Quality Account 2013**

## St Oswald's Hospice Quality Account 2012-2013

### PART 1: Quality Statement

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#### Statement from the Chief Executive

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by our Hospice.

'Putting quality of life first' is one of the guiding principles of St Oswald's Hospice and – according to the patients and families we serve – is a hallmark of the service we provide.

We are committed to continuous improvement: adapting, improving and developing services to meet the changing needs of patients, children and young adults in our care.

This involves us listening and talking to patients and families, to garner their thoughts and feedback. While meaningful patient engagement is often difficult to achieve in many parts of the health sector, it is very much part and parcel of the culture at St Oswald's. This year, patients and families have hugely influenced our decision making and helped steer the direction of our service development.

Through focus groups and questionnaires we've been able to develop our lymphoedema service and day services; as well as put plans in place to enhance our inpatient unit and children and young adult service environment, to suit their needs better.

In addition to formal assessment by our regulators, the Care Quality Commission, such patient engagement activity also provides us with an ongoing check and balance, ensuring we continue to provide a quality service to local families.

We rely on feedback from all our stakeholders: patients, families, staff, volunteers, supporters and health care professionals, to help shape and guide St Oswald's and make it the organisation that it is.

Thank you to all our stakeholders for contributing to our work this year. Without your support we could not provide the specialist care we do to North East families.

James Ellam  
Chief Executive

## **PART 2: Priorities for Improvement and Required Statements**

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### **Review of services:**

During 2012/2013 St Oswald's Hospice provided and/ or sub-contracted two NHS services.

- Outpatient Lymphoedema Service
- Outreach Lymphoedema Service

St Oswald's Hospice has reviewed all the data available to them on the quality of care in two of these NHS services.

In addition the Hospice has provided the following services through grants & charitable funding:

- Children's Service
- Young Adults Transition Service
- Day Hospice
- Outpatient Clinic
- Complementary Therapy
- Physiotherapy
- Occupational Therapy
- Social Work
- Bereavement Support Team
- Chaplaincy

The income generated by the NHS services reviewed in 2012-2013 represents 30 per cent of the total income generated from the provision of NHS services by the St Oswald's Hospice for 2012-2013.

### **Participation in clinical audits:**

During 2012-2013, no national clinical audits and no national confidential enquiries covered NHS services that St Oswalds provides.

St Oswald's regularly audits various elements of clinical and non-clinical practice both via internal procedures and with the support of internal and external audit partners.

The Clinical Audit Group and the, newly formed, Essence of Care Group focus on medical and nursing audits liaising with relevant staff and working groups to take forward any necessary action resulting from the audits.

Audits undertaken in 2012-2013 are listed below.

Audit Title	Outcome of initial audit (including deadline for action and responsible person/group)
Audit of Medical Reviews on Inpatient Ward	To set standards for SOH as patients to be seen by end of second day on unit by consultant. Information on ward to be updated in terms of medical availability.
Audit of Interim Discharge Information	Results (1) 88% (2) Achieved for 11/19 standards, not achieved for 8/19 standards, (3) 94%, (4) 82%. Feedback to MDT about completing all sections of discharge summary, clarify requirements for completing care package section of the summary.
Assessment and Management of Delirium	Waiting for feedback from Registrars Research group (March 2013) - then decide if re-audit is to take place
Cortico steroids Audit	Steroids appear to be used appropriately but documentation could be improved. Jess Price has started second audit - results to be presented possibly at July meeting.
<b>Audits underway with reports still required.</b>	
Survey of confidence in self management after an outreach visit	
Ketamine audit – audit of the use of Ketamine on the Inpatient Unit.	
Respect and Dignity - Audit of staff and volunteer perceptions of Privacy and Dignity for patients	
Lymphoedema Patient Education – Audit of the benefits and success of the Patient Education Sessions for Lymphoedema Self Management	
Audit of ad-hoc medical input to Lymphoedema Service	
Audit of medical input into joint medical and nursing lymphoedema clinics	
Audit of the current use of compression Lymphoedema bandaging	
Audit of lymphoedema assessment documentation within in-patient care plans as used by the lymphoedema team for ward patients	
Infection Control Hand washing Audit	
Cortico-steroids Cycle 2	

**Table 1**

Work was undertaken in 2012-2013 to improve the co-ordination of audit activity within the Hospice and to that end an audit programme was developed which is reviewed by the Clinical Audit Group and reported to the Clinical Quality Group on a regular basis.

**It remains a priority for 2013-2014 to continue to improve the quality of audits undertaken and the staff involved. An audit email briefing will be circulated to all clinical staff on a quarterly basis, outlining the work programmes and outcomes from the Clinical Audit Group and the Essence of Care Group.**

### **Participation in clinical research:**

The number of patients receiving NHS services provided or sub-contracted by St Oswald's Hospice in 2012-2013 that were recruited during that period to participate in research approved by a research ethics committee was zero.

## Use of the CQUIN payment framework:

St Oswald's Hospice income in 2012-2013 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

**All CQUIN targets set for North of Tyne and South of Tyne contracts were achieved.**

Targets achieved were as follows

### North of Tyne

- Exception Report for all inpatients with a length of stay over 14 days.
- Benchmarking and Analysis report challenging average length of stay for the adult inpatient unit.
- Report of the number of patients with advanced decisions.

### South of Tyne

- Completion of the Safety Thermometer data and associated on-line training on Harm Free care.

## Statements from the Care Quality Commission:

St Oswald's Hospice is required to register with the Care Quality Commission (CQC) and is currently registered to carry out the regulated activities:

- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.
- Transport services, triage, medical advice provided remotely.

St Oswald's Hospice has the following conditions on registration:

1. The registered provider must ensure that the regulated activities are managed by an individual who is registered as a manager in respect of the activity, as carried on at or from the location St Oswald's Hospice
2. This regulated activity may only be carried on at or from the following locations: St Oswald's Hospice, Regent Avenue, Gosforth, Newcastle Upon Tyne, Tyne & Wear, NE3 1EE

St Oswald's has the following additional conditions:

1. The registered provider may accommodate no more than 19 service users in the adult unit at St Oswalds Hospice
2. The registered provider may accommodate no more than 8 service users, aged from birth to eighteen, in the children's unit at St Oswalds Hospice

The CQC has not taken enforcement action against St Oswald's Hospice during 2012-2013.

St Oswald's Hospice has not participated in any special reviews or investigations by the CQC during the reporting period.

An unannounced inspection from CQC was carried out in January 2013 and **no** recommendations for improvement were made.

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**Data quality:**

St Oswald's Hospice continually works to improve the quality of information provided. Increased capacity within the Information function will allow additional monitoring of data quality and provide greater feedback to the clinical and administrative teams to improve the consistency and quality of data collected.

St Oswald's Hospice did not submit records during 2012-2013 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data, however St Oswald's did continue to participate in the National Council for Palliative Care MDS project.

**Information Governance Toolkit attainment levels**

St Oswald's Hospice Information Governance Assessment Report score overall for 2012-2013 was 78%.

The Information Governance Group will be taking forward the action plan from the 2013 toolkit audit over the course of 2012-2013. There are a number of improvements to be made to further improve the level of compliance.

**Clinical coding error rate:**

St Oswald's Hospice was not subject to the Payment by Results clinical coding audit during 2012-2013 by the Audit Commission.

## **PART 3: Review of Performance and User Involvement**

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Detailed below is a snapshot of the work we do. We've also included quotes from some of our beneficiaries, who have kindly taken the time to send us cards and letters or sent a message on Facebook and Twitter, to give us their feedback on our services.

### **Ensuring a quality service**

#### **Who Have We Helped?**

Detailed below is an overview of the work we do, including facts and figures relating to the breadth and level of care we've provided to local adults, children and young people this year.

We've also included quotes from some of our beneficiaries, received in a number of ways: in cards and thank you letters, on our social media sites, face to face during patient focus groups or via patient questionnaires.

#### **Ensuring a Quality Service**

We are committed to providing a first class patient experience at St Oswald's and we harness feedback from patients and families in a number of ways.

Each service distributes regular questionnaires, which seek to ensure a patient, child or young adult feels properly cared for by their key worker, have access to the right information and feel their privacy and dignity have been respected. The questionnaires also give patients and families the chance to comment on any aspect of their care, our services and amenities.

Over the last year, we've also undertaken focus group sessions with lymphoedema and day hospice patients, as well as taster session attendees. The focus groups have enabled us to gather a deeper understanding of how patients benefit from our services, listen to their suggestions and take forward any outstanding actions.

Patient questionnaire and focus group responses are reported into monthly Clinical Quality Group meetings and any actions are delegated to relevant staff members accordingly. Within the last year, we have set up a 'you said, we did' web page to publish our actions, as a follow up to patient comments and suggestions.

#### **Compliance**

Earlier this year, formal feedback was also received from our regulators, the Care Quality Commission (CQC), after an unannounced visit to both our Adult and Children and Young Adults service.

We were compliant in all five outcomes again this year.

The CQC team focussed on consent to care and treatment; care and welfare of those using our services, management of medicines; supporting staff and complaints. Inspectors chatted to patients and carers during their visit and we were delighted to receive very positive feedback. For example, one patient said:

“The staff are fantastic and nothing is too much trouble. You can do as much or as little as you want, the patient is very much in control.”

As well as ensuring compliance with external regulators, as detailed earlier, we also have a range of internal measures in place to ensure we continue to provide excellence in palliative care. We are again pleased to report we have seen only a low level of complaints across all clinical services this year.

### **Adult Services**

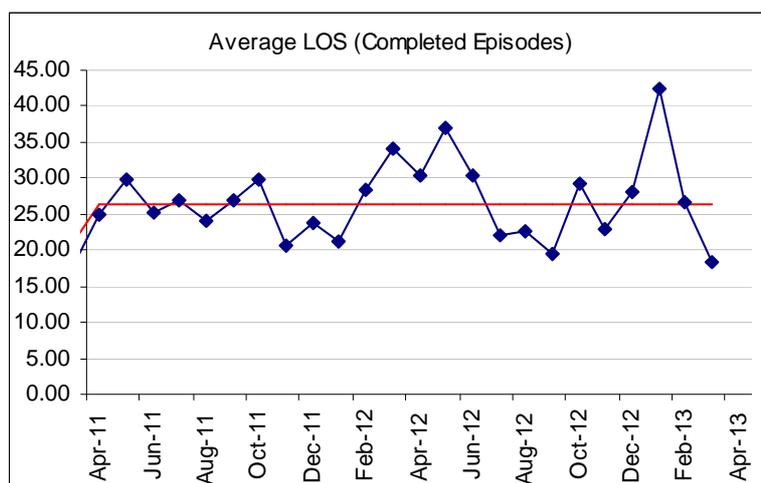
Our Adult Service offers a day hospice, inpatient service, a lymphoedema service, complementary therapy service, outreach, taster sessions and support groups. Patients are usually referred to us from Newcastle, Gateshead, North Tyneside and Northumberland, with occasional specialist referrals from further afield.

### **Adult Inpatient Unit**

Our inpatient service has fifteen beds and one emergency bed. Our multidisciplinary team works together to: ensure patients with specialist palliative care needs can maximise their quality of living; facilitate a safe and timely patient discharge or transfer to a continuing care service, as well as provide a supportive environment at the end of life.

- There were 185 adult inpatient admissions last year, 87 patient discharges (47%) and 102 (55%) deaths.
- Patients stayed with us for an average stay of 27 days, a slight increase on the previous year.

This year, North of Tyne Commissioners gave us a CQUIN (Commissioning for Quality and Innovation) target, amounting to 2.5% of our contract, if we undertook a review of our Average Length of Stay, including local and national benchmarking. The review clearly demonstrated that St Oswald's case mix was more complex than the national average. We care for patients with very complex needs and this is reflected in our Average Length of Stay.



(Average Length of Stay: Adult Inpatient Unit)

- 4911 bed-days were occupied during the year, a 3% increase on last year.
- Average bed occupancy was 90%.
- 330 phone calls were received from health care professionals to the palliative care advice line – a service offered in conjunction with Marie Curie Cancer.
- 31 carers accessed our Bereavement Service, offered to families who have benefited from any of our care services.

We also had a CQUIN Target in relation to our South of Tyne contract, which mirrors the NHS Safety Thermometer and measures four elements that are most likely to keep patients in an acute setting. They are: falls, urine infections due to catheters, MRSA infection and the incidence level of venous thrombosis embolism.

This year, within the inpatient service a substantive piece of development work was undertaken regarding medicines management, involving supporting nurses in their practice, to minimise the risk of drug errors for patients.

We also took part in a national project, initiated by St Christopher's Hospice in London, to train senior staff nurses working at the Queen Elizabeth Hospital, Gateshead. The aim of the project was to share best practice for palliative care patients across care settings. The project evaluated particularly well and has improved links between ourselves and colleagues in acute care.

Finally, during the year, Department of Health announced plans to award £60million to hospices in England to improve their physical environment. A cross-hospice team was put together to submit one bid for our Adult Service and another for our Children and Young Adults Service.



Following our success in 2011 with a previous Department of Health grant, we had already identified works, on the adult inpatient unit, that we were unable to fund such as improving the mortuary facilities, which we have been able to incorporate into this latest bid. In addition, we asked patients and families for their feedback and replacing the patient bedroom windows was deemed a priority. We also included refurbishing the patient bathrooms; provision of a bariatric bedroom,

storage and breakout space into the submission. The adult services bid totalled £528,987.

We submitted our bid in November 2012 and were notified in late March 2013 that we had been successful in both bids. Due to the huge level of demand for Department of Health Funding, all successful projects were awarded 67% of their bid. Therefore, for the adult services bid we were delighted to received £359,711.

All works have to be completed by 31<sup>st</sup> March 2014. A project board was established to meet regularly, make key decisions and report into Council. The board comprises our Chairman and a fellow trustee, Directors and relevant senior managers from across the organisation. Jane Derbyshire and David Kendall were appointed architects, RNJ Partnership as Quantity Surveyors and Brims Construction Limited, as Contractors.

As the original bid was not fully funded, the Project Board and professional advisors worked together to revise the contract. Improving the mortuary facilities and replacing patient windows were clear priorities and the contract to start work on improvements began on 24<sup>th</sup> June 2013 and is expected to last until mid-December 2013.

After completing the work, we will have enhanced our home from home environment so that patients and families feel more comfortable in their bedrooms and provided a dedicated, private space for bereaved families.

### **What families said. . .**

*"I am writing on behalf of myself and family to express our very sincere thanks for everything that was done to help and comfort my wife during her stay at St Oswald's. Though her sad loss is difficult for our family to accept, we are extremely grateful that the last days of her life were spent surrounded by dedicated people in such a pleasant, purpose built facility."*

*"Our special thanks go to all the doctors, nurses, support staff and volunteers who at all times helped and cared for my wife and us her family. In this day and age it was an oasis of love and warmth."*

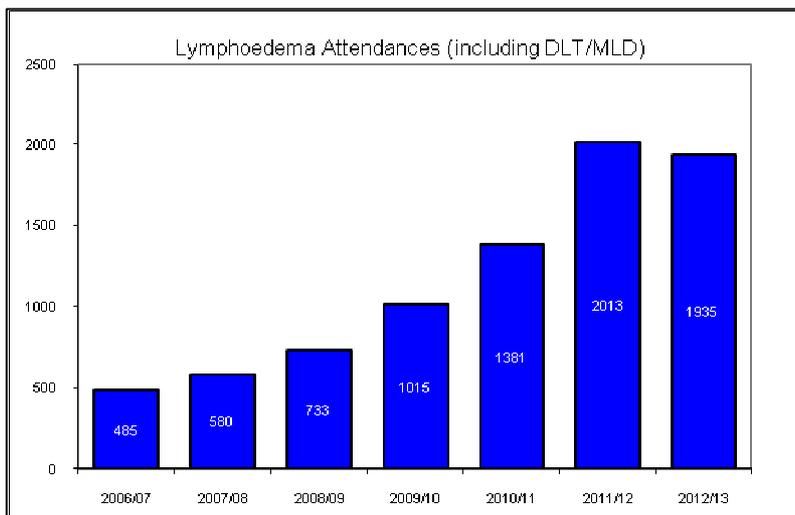
*"We were welcomed like old friends and could not have received better care, we were listened to and given time to assess each new suggestion for treatment and we could ask questions at any time."*

*"Being in the St Oswald's 'family' is like having a big hug every day, everyone, and we mean EVERYONE, is so supportive and caring and we are so glad that we have found each and every one of you."*

### **Adult Day Services**

- Within Day Hospice, we received 178 new referrals – a 19% increase on last year.

- There was an average of 288 Day Hospice places booked each month, which is 85% of our capacity. Average actual attendance was 82%.
- There were 187 Outpatient appointments attendances, including a Consultant-led clinic, a Cognitive Behavioural Therapy clinic and a nurse-led clinic for adults with learning difficulties who have cancer.
- 1999 Complementary Therapy sessions were provided to Outpatients, Day Hospice patients, inpatients and carers. This figure is significantly higher than last year, due to improvements in reporting.
- We continue to offer Taster Sessions to patients with life limiting conditions, who may benefit from St Oswald's services at some point in the future. The programme of six sessions are held throughout the year and include nutrition; benefits; fatigue management and relaxation. The sessions are offered to both patients and their carers, continue to be very highly rated and provide a good introduction to St Oswald's for patients and carers who may need our support in the future.
- We received 507 referrals to our Lymphoedema Service, a slight decrease of 4%.
- However, there were 3734 lymphoedema attendances, an increase of 15%, with a further 1935 intensive lymphoedema treatments delivered. 356 appointments were provided at the Shiremoor Resource Centre, for lymphoedema patients from North Tyneside.
- 67 home visits to lymphoedema patients were also provided. This 'super-complex' group of patients are unable to travel to St Oswald's, as the severity of their condition and/or size can affect their mobility and ability to be transported safely.



Following feedback from patients, harnessed through focus groups this year, we've been able to tailor our day services to fit their needs better.

Within our Lymphoedema Service, we've introduced a six-week 'self management' education programme for patients, to equip them with the skills and knowledge to manage their condition.

The programme covers all aspects of treatment such as skin care, exercise and movement, lymphatic massage and use of compression garments.

While we've always provided education to our lymphoedema patients during their appointments, during the focus groups, they told us they can feel swamped by the amount of information they have to take in. The new education programme enables practitioners to give practical help and advice, in bitesize chunks, as well as allow patients to share their experiences and support each other in coping with their chronic condition.

In addition, following feedback at the focus groups, we introduced a dedicated newsletter for lymphoedema patients, called 'Lymph-notes'. Lymph-notes is designed to keep patients up to date with developments, provide hints and tips to help manage their condition and signpost to other useful organisations.

Similarly, within Day Hospice, focus groups were held to find out how patients felt they benefited from St Oswald's and what else they would like us to offer. Responses were overwhelmingly positive and reflected a tailored approach to Day Hospice, depending on each patient's individual needs.

Findings have helped guide the multi-disciplinary team in determining what we offer both 'traditional' day hospice patients and new patients, who might not be attracted to the existing model, such as younger patients or those with work or family commitments.

### **What our Day Patients and their families think. . .**

*"You can be real with each other and the staff. You can let the emotion out more. At home you tend to say 'I am fine'. You feel like you can't have a bad day. You don't want be upset and upset people at home. But here you can be realistic. There are staff to support you and chat to you if you're having a bad day."*

*"I've been so poorly over the past few months and I've kept telling myself 'if you can just get back to the Hospice you'll feel alive again.'"*

*"My wife is much more relaxed after coming to St Oswald's. She also has more understanding of her condition, of what's available to her and what help is out there. Talking to others really helps. It's a real benefit rather than struggling on, on our own."*

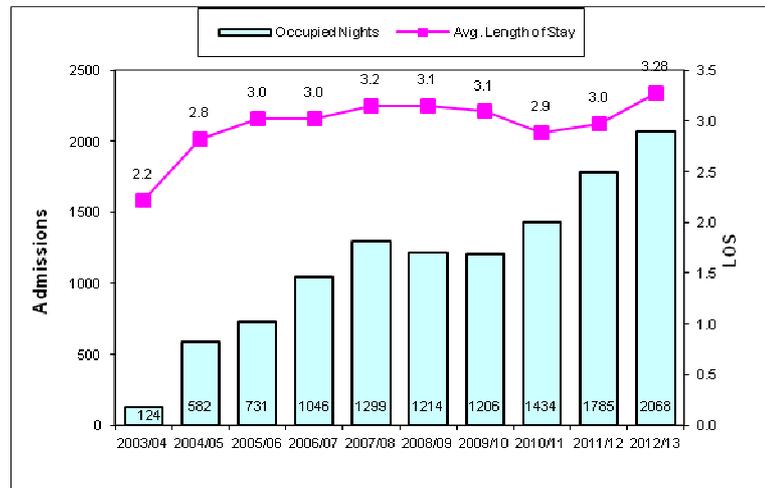
*"For me, before we accessed Taster Sessions I felt isolated. You can lose contact with friends and colleagues, because you have so much to contend with. Now, we know others who are in the same situation."*

*"I remember clearly the day of my very first appointment at St Oswald's. My husband and I arrived and were frankly "gob smacked" by the first impressions of the facility. How lucky can you be to live in Newcastle was my first thought! Everyone we met nurses, reception staff, were so...NICE! Helpful, friendly, professional, competent. I went home that day, after being accepted onto the Clinical Trial, as high as a kite! At long last, somebody cared, somebody was going to at least try and help me."*

## Children and Young Adults Service

We provide specialist short breaks to children and young adults, aged from 0 to 25, with progressive, life-shortening conditions. Specialist, medically-supported care is provided, 24 hours a day, seven days a week.

- 42 children and their families benefit from our Children's Service.
- A further 8 young adults were cared for at St Oswald's.
- 631 overnight stays were provided, equating to 2068 bed days and 95% occupancy.



- Children continue to stay for an average of 3 nights per visit, while young adults stay for slightly longer, at 5 nights per visit.

This year, we've embedded links with colleagues at the Great North Children's Hospital, resulting in an increase in referrals for children requiring end-of-life care, who are previously not known to us. Two of our Doctors, Ellie Bond and Phil Caisley, are now Honorary Doctors at Newcastle upon Tyne Hospitals Trust too, meaning they can provide paediatric palliative care advice and support in these acute settings and share their expertise with fellow professionals.

All eight bedrooms have been redecorated and refurbished, thanks to the Thomas Cook Charity. The teenage lounge has also been renovated, thanks to support from Children in Need. Finally, our 'Garden Room' has also been redecorated, providing a quiet reflective area for families whose child has died.

In addition, as detailed earlier, this year we've also been awarded a Department of Health grant to enhance the physical environment of our Children and Young Adults Service. We were awarded a grant of £209,144, which is 67% of our original bid which totalled £307,564.

The Department of Health grant will enable us to create a multi-purpose therapy suite for sensory activities as well as redesign and refurbish the craft area. In doing so, we'll be able to extend the range of craft activities and therapies on offer at St Oswald's and encourage a 'can do' environment.

We already work closely with partners such as Seven Stories and Helix Arts on funded art and music therapy projects. We look forward to building on these partnerships and undertake more project work, once the improvements have taken place.

Work started in June and is expected to last until December 2013.

Lastly, after a successful two-year pilot, we've extended our services to young adults. Young adults from 18 – 25 can continue to access specialist short breaks at St Oswald's, after funding agreements were reached with commissioners regarding young adults currently in our care.



Our Young Adults service evaluates very well, with young adults telling us how they value independence from their carers and the chance to spend time with peers, when they come to stay at St Oswald's. Thanks to funding from the Big Lottery Fund we have a purpose built, designated space for young adults.

We also have a very popular Young Adults Social Group, which is designed to offer the same opportunities that any able bodied young adult would benefit from, such as a trip out to the casino and a cocktail night in!

The success of the Young Adults Service is currently being independently evaluated by Manchester University, with results expected in the Autumn 2013.

### **What children, young adults and their families said . . .**

*“Words cannot express how important a role you all play in families lives when they need you the most. You are a tremendous support and we have been privileged to experience your unique skills when we needed them. Keep up the good work.”*

*“Having respite at St Oswald's for a couple of nights a month helped to give me a break. While I was doing all the medical care for my son, I couldn't be a mum. Being at St Oswald's gave me time to step back and just enjoy playing with him and having fun.”*

*“You are amazing, I simply couldn't function if I didn't have your help . My daughter loves coming here.”*

## **A Strategic Framework: How We Are Meeting Our Objectives**

The Strategic Framework is a working document which summarises our strategic direction, over a three year period, currently 2012 to 2015.

Revised by the Hospice Management Team every September and approved by our Council of Trustees, the Framework shapes our annual operational 'Business Plan', which includes bids from budget holders across the Hospice.

The Strategic Framework also identifies key internal and external influences on the organisation which Council consider in their strategic planning.

At Council's meeting in September 2012, the working document was reviewed and revised to take into account matters now completed and those that continue to have a bearing.

The strategic objectives of the organisation are grouped under the headings: care, campaign, educate and governance, reflecting the key components of St Oswald's mission.

There are agreed targets and target dates under each heading, which designated Directors are given to achieve. At every Council meeting, Trustees review progress being made towards one of the targets as outlined below.

### **CARE**

#### **Constantly evolving and responding to meet the changing needs of patients, children and young adults**

Adapting our services to meet the needs of those we serve is fundamental to the ethos of St Oswald's.

This year we've responded to the clear needs of rising 18-year-olds accessing care within our Children's Service and agreed to provide short breaks for young adults up to the age of 25.

We also identified a need for paediatric palliative care advice amongst local health care professionals. As a result, we helped set up and launch an advice line offering support for symptoms management and end of life care to regional paediatric services both in acute units and the community. Dr Yifan Liang, Dr Alison Guadango, Dr Ellie Bond and Dr Phillip Caisley provide this service.

Within Adult Services, we continue review and refine our Day Hospice offering to patients, using patient feedback to help shape the service.

Within the Adult Inpatient Service, an enormous amount of cross-hospice work has been taking place to embed SystemOne, a shared electronic patient record system, on the unit. SystemOne offers huge benefits to patients, such as not having to retell their story each time they meet a new practitioner; notes and results can be sent directly, therefore reducing waiting times for results or action and there's fewer chances of error as a result of misinterpreting poorly written notes.

Finally, a key organisational focus this year has centred around our Lymphoedema Service. A working group was set up to review our offering and tariff to commissioners. In doing so, the group has looked to formalise patient pathways; review the current model of specialist and key worker provision of care; evaluation of the new patient education programme; establish agreed protocols for 'super-complex' patients and aimed to work more collaboratively with health care professionals in both acute and community settings.

### **Mainstream transition services for young adults**

We are delighted we have been able to extend services to young adults this year.

As well as those families currently accessing care at St Oswald's, a funding model is now also in place with commissioners to enable young adults, previously not known to us, to be referred on a case by case basis.

Meanwhile, we continue to lobby locally and nationally for better provision of transition services for young adults.

Lynne Young, our Transition Project Lead, works with local partner agencies in health and social care to establish contractual arrangements for any young person - from the age of 14 - who accesses St Oswald's and who want to continue to do so post 18 years.

Last June, we also took part in a national, one day 'High Visibility' event at the Oval in London, aimed at highlighting transition issues to government ministers and influence and shape policy and practice in the future.

Marie Curie Cancer Care, Together for Short Lives, Help the Hospices, Dying Matters and the National Council for Palliative Care, all took part in the event, which included the launch of a report published by St Oswald's, called 'Living longer than you thought I would'.

The report was written by Lynne Young and Jackie Bolam, Children's Services Manager, with the support of Marie Curie Cancer Care Young People and Transition Programme. The report aimed to better understand the situation, needs and aspirations of young people with life-limiting conditions who are growing into adulthood. As well as lobbying ministers at the event, the publication was also disseminated to local MP's, to garner their support.

### **Develop strategic partnerships with neighbouring providers**

As mentioned earlier, last year we entered into a strategic partnership with Newcastle upon Tyne Hospitals Trust Paediatric Department to jointly provide children's palliative care at Newcastle Hospitals. In addition, St Oswald's sourced charitable funding for a two year pilot to evaluate the impact of Consultant-led provision, and recruited Dr Yifan Liang in June 2012, as the first specialist Consultant in the North-East to work for the Hospital Trust and the Hospice.

We also continue to play an important role in developing the North of Tyne Palliative Care Providers Forum which comprises consultants, community nurses, representation from Social Services, Northern Doctors Urgent Care, St Oswald's and Marie Curie Cancer Care Centre in Newcastle.

As we enter a new commissioning environment, the Forum provides a chance for providers to develop and embed relationships with 'GP-led' Clinical Commissioning Groups.

### **Become the acknowledged sub-regional leader for lymphoedema**

St Oswald's is the largest specialist lymphoedema service provider in the North East, treating patients with cancer-related lymphoedema, patients with oedema as a symptom of their progressive disease and patients with non-cancer related lymphoedema.

Our senior practitioners play a key role in the Northern Cancer Network's Lymphoedema Strategy Group. With their steer, we continue to take forward plans for a hub and spoke model for lymphoedema care in the region, with St Oswald's providing the hub for patients with complex lymphoedema and community-based 'spokes' for patients with uncomplicated lymphoedema based in their localities.

We currently operate a 'spoke' service within North Tyneside and continue to talk to commissioners about extending the hub and spoke model to communities across North of Tyne and potentially Gateshead too.

In March this year, St Oswald's team led and facilitated a lymphoedema conference, on behalf of the Northern Cancer Network. Over 40 health care professionals attended the event from across the region. The aim of the conference was to bring health care professionals together, to share learning and experience of caring for patients with lymphoedema and to foster closer links going forward. The event demonstrated the level of expertise on offer at St Oswald's and positioned us as the lead service for the region.

**EDUCATE:** (To share our knowledge, skills and experience in Specialist Palliative Care with the wider care community)

### **Create a unified lymphoedema pathway for the sub-region**

The lymphoedema working group, has spent time this year evaluating provision of lymphoedema care across the country.

It is clear that awareness amongst Health Care Professionals and patients is low, meaning lymphoedema is not being recognised and addressed early enough, nor is there adequate advice given in respect of preventing the condition.

In addition, there is also a low level of education and training amongst Health Care Professionals, to enable them to identify lymphoedema, treat mild and uncomplicated cases and play an active role in long term management of patients in the community.

As such, patients receiving ongoing treatment at specialist centres like St Oswald's can struggle with their ongoing condition, because colleagues in acute and community settings don't have the knowledge or skills to be able to support this group of patients and work collaboratively with us.

A key part of our role going forward, therefore, is to provide effective education and training to external colleagues.

Our senior lymphoedema practitioners already play a leading role in clinical education in the North East. Working in partnership with Glasgow University, Dr Andrew Hughes, Kath Clark and Jill Lisle lecture students on lymphoedema management.

They have helped to shape the Northern Cancer Network's Clinical Education programme for lymphoedema management and also continue to provide 'train the trainer' sessions to local health care professionals.

By expanding our awareness and education programme still further, we would expect to see lymphoedema being recognised and treatment being implemented earlier. Patients would subsequently suffer fewer complications, be able to self manage their condition and have a better quality of life.

### **Maintain and develop our leadership in the field of specialist palliative care education**

St Oswald's is widely regarded as a leader in the field of specialist palliative care education.

As we look to focus on areas of the business which add value, we need to maintain our current position as experts in the sector, build on it and convey the benefits of our education programmes more widely, so that both supporters and commissioners alike harness a greater understanding of the very specialist services we have to offer at St Oswald's.

### **To maintain a workforce skilled in the provision of specialist palliative care to enable us to share our knowledge with the wider community**

If, as we have outlined, we are aiming to maintain and develop our leadership in the field of specialist palliative care education, then equally we must remain 100% committed to maintaining and enhancing the skills of those we employ.

This year, we have rolled out a comprehensive clinical education programme at St Oswald's, which ensures staff are updated not only with mandatory training, but also best practice in palliative care. The programme covers 12 key topics over two years and includes the Liverpool Care Pathway, advanced oedema, sexuality and body image, nutrition and palliative care emergencies.

## **CAMPAIGN:**

## **Develop the network for transition services and young adults palliative care in the region**

As part of her role, Lynne Young, Transition Project Lead, has been working at national level to improve service provision for young adults across the country.

A 'Transition Taskforce' was set up earlier this year and involves agencies such as Together for Short Lives, Help the Hospices, Marie Curie and the National Council for Palliative Care coming together to try to bridge the gap of transition and ensure better co-ordination between children and adults services.

Part of the Transition Taskforce's remit is to scope out current provision and capture innovative practice in transition from across the sector. We are delighted St Oswald's has been identified as one of four 'leaders in the field' and Lynne Young is now working with the Transition Taskforce, to take the project forward.



**Finally, our commissioners said the following after reading this Quality Account.**

*Many thanks for sending me a copy of the Quality Accounts and a sample of a Clinical Governance paper from St Oswald's Hospice*

*I read both with interest and was assured that the Hospice has patient safety, experience and clinical effectiveness at the heart of what you do for your patients and their families. Please pass on my congratulations to your team who have been involved with the development of the Quality Accounts.*

Executive Director of Nursing, Patient Safety and Quality  
**Newcastle Gateshead Alliance**



