

**THE  
KIRKWOOD  
SUPPORT  
LIFE<sup>®</sup>**

# THE KIRKWOOD QUALITY ACCOUNT 2022–23



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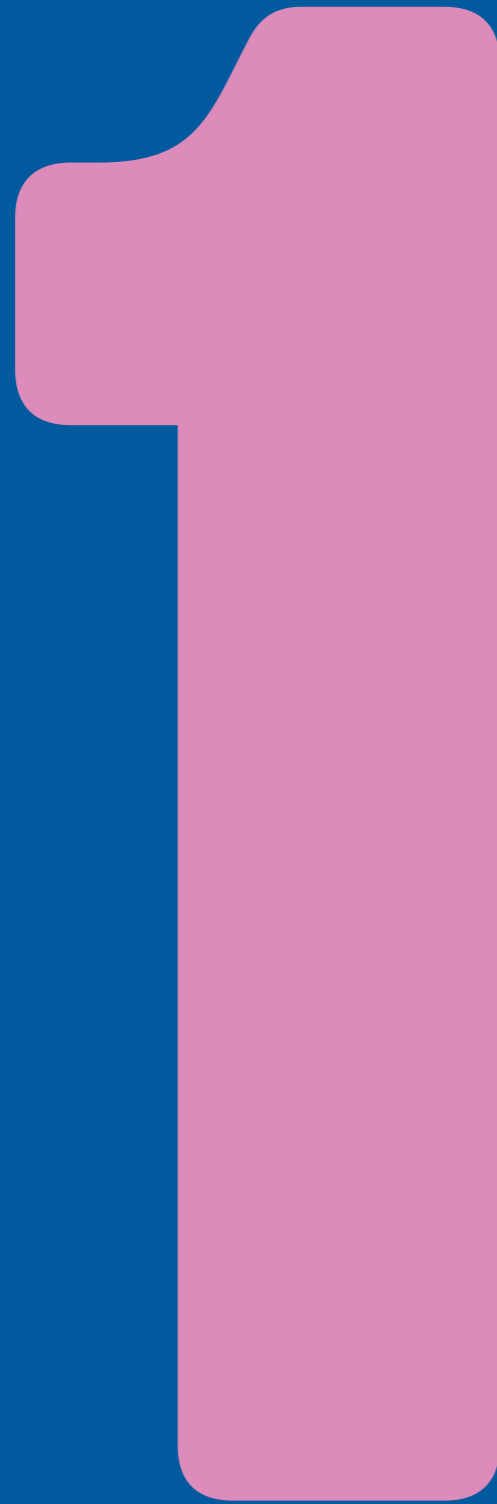
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# Introduction

# Introduction

This Quality Account has been prepared following the COVID-19 pandemic. This Quality Account covers the reporting period of April 2022 to March 2023, and also identifies the priorities for The Kirkwood's clinical services over the next few years.

The last four years have seen a period of uncertainty, challenges, and unprecedented change, both for our community and for those delivering and working in healthcare. As we have come out of the pandemic, we have aimed to retain the innovation and creative ways we have managed our services.

Throughout 2022–23 we have continued to see clinical services changing as we adapt to new ways of working and a changing landscape in health and social care. Therefore, in part, this Quality Account will be reflective of our journey through the COVID-19 crisis and beyond, to an environment where we are building on and celebrating the successes we have achieved at a very testing and demanding time. It provides a focus for building on those successes and pays tribute to our employees, volunteers and supporters, without whom we would not be able to continue to deliver and develop our services.

As we make the transition into living with respiratory illnesses as a society – including COVID-19 – we are seeing an increase in the numbers of patients who are accessing our services.

We are beginning to see a rise in patients with more complex needs, and we are also supporting more bereaved people who are experiencing grief and loss.

This year sees a focus on building back our Support & Therapy services, both at The Kirkwood's hospice site in Dalton and also in towns and villages across Kirklees. We have embarked on an exciting and innovative approach to co-design services with our communities, which we will continue to develop in 2023–24 within three distinct local communities.

The focus for the Quality Account is to evidence our quality journey in 2022–23, but this report will also set out our Quality Improvement Priorities for 2023–24 and beyond.

This year's Quality Account also tells the continuing story and thinking behind our new identity. Back in 2019, we embarked on a journey to define and create a new brand for The Kirkwood. As part of our ambition to reach more people than ever before, our new brand identity brings all our people and communities together by establishing us not as a building or an institution – but as a movement: a vital force for delivering high quality clinical services with passionate and committed volunteers and supporters from all across Kirklees.

# Statement from the Chief Executive



The Kirkwood have always had a good reputation with stakeholders. This reputation is built upon the quality of our clinical services and the interactions that our community have with our charity. It is everything to us. It gives us the permission to keep developing and delivering important services to patients and families in Kirklees.

On behalf of The Kirkwood's Executive Team and the Board of Trustees, it is my pleasure to introduce our Quality Account for 2022–23. This report is an opportunity to share with you how we are doing, how we got on delivering the improvement priorities we set for this year and the steps we take to confirm the quality of our services. We have also set out the actions we intend to take in 2023–24.

This report is produced for our patients, their families and carers, the local community and our NHS partners, who contribute to the success of our clinical services.

We continue to strengthen the understanding of who we are and what we do through wide engagement, partnerships and continuing to develop our brand. The Kirkwood are a movement of people who are passionate about the care we deliver and the things that we do together to Support Life. And whilst we have a good reputation locally, we know that we have more to do to improve the understanding of our services across Kirklees. By raising our profile and being more direct about all the ways we can help people affected by life limiting illnesses, we believe we will continue to increase the number of people we care for and, in turn, increase the number of supporters who engage with our charity and help us to deliver vital services.

We believe the new iteration of our identity is helping our stakeholders to understand that we are more than a place, a building in Dalton, where people are cared for at the end of their life. The truth is that we are, and always have been, a movement of people who believe the same thing. We believe that people should be cared for as they approach the end of their life as well as they are throughout life.

Everything we do is aimed at improving the life of someone who is affected by a life limiting illness, for however long that may be.

### **We are The Kirkwood, and we Support Life. The Kirkwood Support Life.**

We are entering an exciting time for Kirklees with the development of a Dying Well board, which will bring all partners together to deliver real change in the ways we provide and deliver end of life and palliative care in Kirklees. 2022–23 saw the ambition to develop a Dying Well board grow from our successes achieved through the Kirklees Palliative Care Partnership. The newly formed Dying Well board will provide a positive boost in our aims to deliver the right support for more people as they approach the end of their lives – helping them to improve their quality of life in the ways that matter to them and supporting them to die well.

We are proud of our approach to partnership working and have led the way in enabling this board to develop. Just like The Kirkwood, our partners are committed to taking positive steps to improve the experience of end of life care for patients and families right across Kirklees. A key part of this journey is the work that we have begun with Healthwatch Kirklees to undertake a wide-ranging exploration of people's perception and experience of end of life care in Kirklees. Through the Dying Well board, we will be focussing on this work to assist in prioritising key areas in the coming years.

### **We are very proud of the impact that our services continue to have for local people. In 2022–23, we continued to provide care and support to a large number of patients and families, helping to meet their needs:**

Our team handled over 14,000 calls through our Specialist Advice Line, which is available 24 hours a day – every single day of the year.

1,410 patients were given specialist advice and support in their own homes by a Clinical Nurse Specialist from the The Kirkwood's Community Specialist Palliative Care team.

668 patients received counselling and bereavement support from The Kirkwood Counselling team.

There were 294 admissions to The Kirkwood In-Patient Unit

1,272 patients were supported by our Care Co-ordination Service

95% of people who provided feedback stated our services were excellent or outstanding.

1,890 unique patients received our support and care.

We know that there are many people within Kirklees that would benefit from our care but aren't being reached by The Kirkwood. We are determined to change that.

By the end of this decade, our ambition is to double the number of people we care for here in Kirklees. And we want to become the 'go-to' charity for anyone who is affected by life limiting illness. We will not compromise on quality; we aim to continue to provide the best possible care for patients, carers, and families, and we will generate the support we need by working even closer with our local community to improve the understanding of who The Kirkwood are and what we do.

I am pleased that we were able to make good progress against many of the priorities that we planned for 2022–23, and we have set ambitious objectives for 2023–25.

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 The Kirkwood. The safety, experience, and outcomes for all those using our services couldn't be more important.

*Michael*

**Michael Crowther**  
Chief Executive  
The Kirkwood

September 2023

Support Life





# Quality Overview 2022–23

This Quality Account has been prepared following the COVID-19 pandemic and as we transition to new ways of delivering services based upon the beneficial changes we put in place during the pandemic. Whilst this remains a period of uncertainty and change – both for our community and for those working in and delivering healthcare – it is also an exciting time for us as we continue to develop and expand our reach across Kirklees.

The last four years have been hugely challenging for everyone here in Kirklees, especially for those within the healthcare sector. And it's been a period of continual innovation too. As we have come out of the pandemic, our teams have worked hard to channel the innovation and creative thinking we have relied so heavily upon to manage our services.

Throughout 2022–23, we have continued to see clinical services changing and adapting to new ways of working and to a changing landscape in health and social care. Therefore, in part, this Quality Account will be reflective of our journey through the COVID-19 crisis and beyond, to an environment where we are building on and celebrating the successes we have achieved at a very testing and demanding time.

It provides a focus for building on those successes, as well as an opportunity to pay tribute to our employees, volunteers and supporters, without whom we would not be able to continue to deliver and develop our services.

As we make the transition toward living with an increased number of respiratory related illnesses, including COVID-19, we are already seeing a rise in the numbers of patients who are accessing our services. We are also supporting patients with increasingly complex needs and helping more bereaved people who are experiencing grief and loss.

The focus for the Quality Account is to evidence our quality journey in 2022–23, but this report will also set out our Quality Improvement Priorities for 2023–24 and beyond.

Over the past few years, we have transformed the way we delivered our clinical services – using digital technology, zoom and video consultations to continue to support those who need us. The changes we implemented have helped us to come out of the crisis in a stronger position, raising confidence in our ability to achieve future objectives set out in our Clinical Services strategy.

During the COVID-19 pandemic, we adopted new technologies and working practices, so our employees and volunteers were able to support patients and families in a different way. Our clinical teams made the switch to digital practices, helping to reduce the demand on our premises. This change gave us an opportunity to think differently about the resources we may need in the future and we are continuing to explore and trial new ways of delivering services.

**We have managed specific areas of work which have considered the following:**

Public Health Guidelines – regularly reviewing and implementing changes to keep patients safe following national guidance.

The continued focus on the health and wellbeing of our teams.

Managing the risks presented by the crisis and initiating and implementing plans to mitigate risks.

A continued focus on quality and ensuring patient safety through a Patient Safety Panel, aims to continuously review, learn, and maintain our patient safety and quality.



# The Kirkwood Who We Are

**The Kirkwood: Purpose** The Kirkwood support anyone that is affected by any life limiting illness, **every step of the way.**

**The Kirkwood: Values** **Patients, families, and carers are the focus of everything we do. Our values are what we live and work by. We are:**

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Respectful and Inclusive

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Passionate and determined

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Open and Honest

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Kind and Compassionate

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Forward Thinking

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We strive for Quality and Excellence

**The Kirkwood: Vision** All people affected by life limiting illness have free access to the best possible care where and when they need it, and everyone works together to ensure these people are supported to live the best quality life they can.

**The Kirkwood: Strategic Aims** Our strategic plan was focussed on a number of priorities that we believe have prepared the ground for our future aims.

**Our strategic aims were supported by a clinical services strategy with the following key service development outcomes:**

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Establishing a Care Co-ordination service – **completed**

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Providing specialist support for Care Home patients and staff – **completed**

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Using technology to support agile working and improvements in patient care and support – **launched Connect with The Kirkwood and electronic referrals**

Improving reach to ensure equity of access to palliative care – **more patients have accessed our services in 2022–23**

Workforce planning – **investment in clinical leadership structure**

**Our Care & Services**

–  
**Our Care**

We have been consistent in managing policy and strategic decision making throughout the crisis. We are pleased to report that by managing to continue most of our services and implementing changes rapidly to transform the way we work, we have continued to support more patients and families in 2022–23 with 1,890 patients accessing our services.

The Kirkwood help local people who are affected by an illness that cannot be cured, to live well and die with dignity in a place of their choice. We provide services, free of charge, to people in Kirklees affected by life limiting illnesses, focussing on their quality of life.

We provide care for people affected by life limiting illnesses including cancer, neurological conditions, advanced heart and lung diseases and dementia. We also provide services to patients’ families, carers and anyone who is important to them. Most patients use a combination of The Kirkwood’s services as their illness progresses and draw on the specialist skills of our multi-professional team, who work in collaboration with colleagues in all care settings to provide continuity of care.

The Kirkwood also provide programmes of education to other professionals who are caring for people with life limiting illnesses. In this way, we seek to improve the quality of care experienced by all people who have palliative care needs. Our services are continuously monitored, evaluated and reviewed to meet the changing needs of patients and their families.

Our learning and development programme supports all staff to enhance their skills in all aspects of end of life care. Our End of Life Champions programme and education for our Support Life Champions continues to build expertise and knowledge across all areas to promote access to services and reduce myths around end of life and palliative care.

A focus for 2022–23 has been to undertake a training needs analysis across The Kirkwood to build new programmes and continue to develop our expertise.

A priority in 2023–24 will be to undertake a wider place-based training needs analysis to inform our partnership approach to delivering end of life care.

All our services are delivered taking into account current national guidance, quality statements and standards.

**Our services are provided by a multi-professional team comprising of:**

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Doctors, including Medical Consultants, and Specialist Nurses who support patients and families in both an In-Patient and home or community setting.



Nurses, Nurse Associates and Healthcare Assistants provide direct care on our In-Patient Unit, supporting personalised care based upon the wishes of patients and families.

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Therapists and Therapy Assistants to enable independence and promote comfort, including Physiotherapy, Occupational Therapy, Speech and Language Therapy, Dieticians, Complementary Therapy and Music Therapy. Or team work across In-Patient and Community services, providing home and Care Home support as appropriate.

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Social Workers and Care Co-ordinators, who provide a wide variety of support to both the person and those that are important to them. This can include sourcing practical help at home, referring to and accessing other services, advice around debt or income maintenance, help with housing, advocacy, working with schools or employers or offering psychosocial support.

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Spiritual Care Services supporting patients and their families in the In-Patient Unit, community or at home.

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Psychotherapists and Counsellors who support patients and families throughout their lives and offer support following bereavement.

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Support Services who are a pivotal in ensuring our environment achieves the highest standards of cleanliness and ensure adherence to all infection and prevention practices.

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Maintenance teams ensuring that the environment is of a high standard and well maintained.

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A Head Chef and Catering team who provide a wide range of excellent food for our patients and families, ensuring fresh, high quality meals for patients to provide comfort and enjoyment. The team also support the dietary needs of those in our care and enable patients and families to enjoy food together.

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Our Volunteers are a fundamental part of our team and provide a wide range of support to our patients, families and the clinical teams, enabling us to provide our care in a personalised and supportive way.

In 2022–23, we have invested in our clinical leadership structure, helping to begin our journey toward integrating services across The Kirkwood and helping to facilitate services that are joined up and cohesive for our patients and families.

Our ambition for the future is to develop a clinical model – and services – that delivers the same level of care at home as we do on our In-Patient Unit. This will be a key ambition in our clinical strategy for the next 5 years.

Our clinical restructure brings together Specialist Palliative Care In-Patient and Community Nursing teams with the aim to create a seamless service from community into our In-Patient Unit and from the In-Patient Unit to community, promoting continuity and ensuring personalised care based upon the preferences and wishes of our patients. This continues to build on our Multi-Disciplinary team's approach to delivering holistic care based on families

wishes. Our Specialist Community Nurses will be more visible on the In-Patient Unit when patients are admitted and discharged, and will support continuity of care and reduce duplication through shared care plans and documentation.

Our ambition in 2023–24 is to increase our reach in community settings by redesigning our Community services and Support & Therapy services into a clinical model that provides more support direct into communities in local venues, care homes, primary care settings and patient and families' homes.

Our Support & Therapy team are developing new approaches and are rebuilding groups and sessions back on the Dalton site as well as in communities. However, the take up is minimal and more media and marketing support is required to ensure we are able to reach people and build awareness of the sessions. We are looking to develop communication champions amongst our employees and volunteers to help us promote these sessions. Whilst we started this journey in 2022, this new model is not yet coming to fruition and we have more work to do.

In 2022–23, The Kirkwood Chorus has gone from strength to strength and has made a real difference to patients' lives. Over 25 people regularly attend the weekly choir sessions. We will be looking to further develop this offer in 2023–24.



**“To know that someone cares about you that much that they will actually give you a phone call and say: ‘Is everything alright? Do you want to talk about something?’ is amazing. That really lifts me.”**

Rodney Coates has been living with terminal cancer for over seven years. He is also living with Chronic Heart disease. Having accessed support from The Kirkwood’s Support & Therapy team, he remained in regular contact. Rodney describes the support and care he received as ‘life changing’.

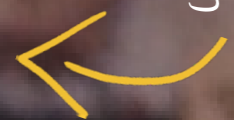
Then one day, a text appeared on Rodney’s phone, which read: ‘We’re starting a Kirkwood Choir – would you like to join?’ Rodney was invited to come along to our fledgling singing group at Colne Valley Group Practice in Slaithwaite.

Aimed at bringing people together and supporting patients, carers and loved ones to have fun and improve their quality of life, ‘The Kirkwood Chorus’ has become a weekly staple in The Kirkwood Calendar. And Rod has been attending since the very beginning.

“The opportunity to join The Kirkwood and to be part of an active group where you meet other people and sing is a life saver. They even let me play the Ukulele!”



*Scan me to watch  
Rod's story*



During 2022–23, The Kirkwood provided the following clinical services:

## 1. Specialist Palliative Care Services

### In-Patient Unit

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Provides 24-hour care and support by a Multi-Disciplinary team of specialist palliative care staff at our main site in Dalton.

### Medical team

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We are very privileged to have a team of consultants, associate specialists and GPs with a specialist interest who provide specialist palliative care and undertake detailed assessments and plans for care, providing advice to support the quality and safe care of patients 24/7.

### The Kirkwood Specialist Community Nurse Team

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A team of 14 Kirkwood Clinical Nurse Specialists, including an End of Life Care Admiral Nurse and a Clinical Nurse Specialist dedicated to supporting care homes in North Kirklees. Our Community Nurses offer advice on all aspects of pain and symptom control and provide emotional and psychological support for patients at home and in care homes. Our Clinical Nurse Specialists also provide advice to healthcare professionals and deliver education on all aspects of palliative care.

### Connect with The Kirkwood (including a 24/7 Advice Line)

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Connect with The Kirkwood is a new service designed to make it simple for patients, relatives, and carers, as well as healthcare professionals, to reach out for advice and get access to The Kirkwood's range of clinical services. You don't need to have been referred to The Kirkwood or know about the services we offer in order to contact our Connect with The Kirkwood team. The only criteria is that the person being referred is living with or has been affected by a life limiting illness.

Our aim is to make sure The Kirkwood's range of services are easily accessible to everyone who is eligible for them. Connect with The Kirkwood will make it easier for people in need to reach out for help – at any stage of their illness.

The service was officially launched on 21st March 2023 but has been in operation since October 2022. In this time, we have seen a 69% increase in the number of self-referrals from patients and family members.

The service has been very well received by health professionals, who have been well supported to refer via links in the patient's existing electronic record. They have advised that this is much quicker and enables a more responsive approach. We will continue to build this service in 2023–24 by developing a team of nurses to be able to support by telephone, digital clinics, and face to face contact, including follow up through drop in session and groups. The calls to the Connect with The Kirkwood continue to see a month on month increase and the feedback is very positive from patients and families, who feel well

supported knowing that they can contact us for advice and support 24 hours a day, seven days a week.

## 2. Place Based Services

### The Kirkwood Support & Therapy Centre

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This service has been redesigned to meet changing needs and expand into community following the COVID-19 pandemic. Our aim is that a combination of approaches will ensure high visibility of The Kirkwood in our communities whilst supporting people to understand our services and how to access them easily – at the right time and in the right way for them.

2023–24 will see a range of self-management programmes being redesigned with communities to give patients extra support to manage symptoms, gain confidence at home and maximise quality of life.

Developed and facilitated by multiple clinical teams, support programmes offered include:

1. Introduction to The Kirkwood's Services
2. Drop-in sessions at multiple local venues across Kirklees
3. Breathlessness Management
4. Fatigue Management
5. Carers Support sessions
6. Relaxation and Coping Strategies
7. Mindfulness
8. Self-care
9. Advance Care Planning
10. Sleep
11. Bereavement Groups

### The Kirkwood Counselling Service – Wellbeing service

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Our Counselling team consists of a range of counsellors, who are employed or volunteers, that deliver bereavement drop-in support, individual counselling support on a 6 session basis, counselling assessment, telephone bereavement support and follow up to families.

The team has seen significant changes following the COVID-19 pandemic, with families who have suffered loss during the pandemic not being able to move forward following the bereavement due to the significant impact that

COVID-19 restrictions placed on the usual process of grieving. Increased demand on other counselling services has seen them close to new referrals, further increasing demand on The Kirkwood's services. The team are now seeing higher demand and also an increase in the complexity of referrals. We have increased capacity by creating additional bereavement support groups and by continuing to provide counselling sessions in North Kirklees through our partnership with the Rosewood Centre.

### Care Co-ordination

The Kirkwood Care Co-ordination service commenced in July 2019.

The team operate a face to face and telephone/digital support system. They work to support people with issues including organising equipment, care packages, blue badges, benefits advice and discharge support. The service helps patients and families to navigate the complexities of the health and social care system, providing peace of mind and support to those that care about them too.

### The Kirkwood Companions

The Kirkwood Companions service provides a trained volunteer service for patients in their homes and offers friendly companionship and a listening ear. Due to COVID-19 and the subsequent restrictions concerning home visits, this service has continued to successfully support our patients by telephone.

The volunteer teams are a vital and integral part of all our services and support us in hospitality on the In-Patient Unit, via telephone contact, befriending and being there support. We are continuing to work with our volunteers to expand what we do and support more people in all aspects of their journey.

### The Kirkwood/Admiral Dementia Nursing Service

Dementia care encompasses the five elements of the Well-pathway for dementia:



**'I am confident my end-of-life wishes will be respected.'**

**'I can expect a good death.'**

**'People with dementia have the right to live as well as possible and die with dignity. End of life care is part of palliative care, provided as the person nears the end of their life. Care may be provided in hospitals, hospices, care homes or in the person's own home.'**

### The key roles of employees involved in the end of life care of the person with dementia include:

Managing physical and psychological needs

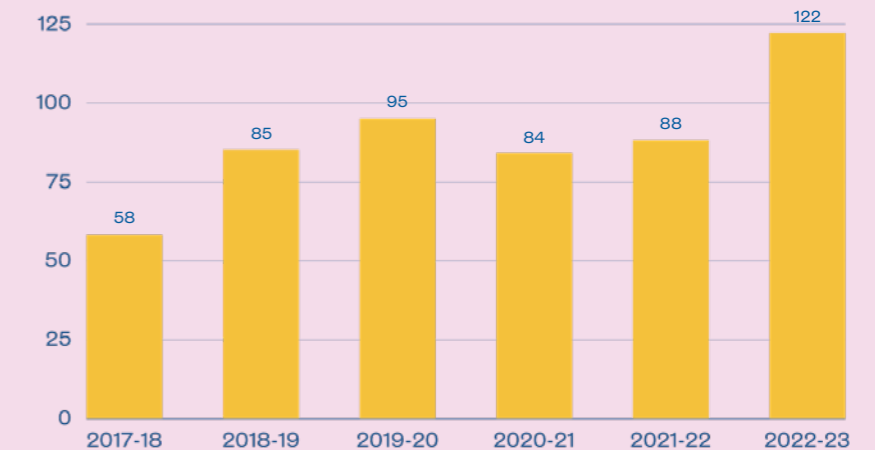
Supporting social, practical and emotional needs; this should include spiritual or religious support where applicable

Supporting the family through the end of life period and after the death of the person with dementia. (The Dementia Pathway 2018)

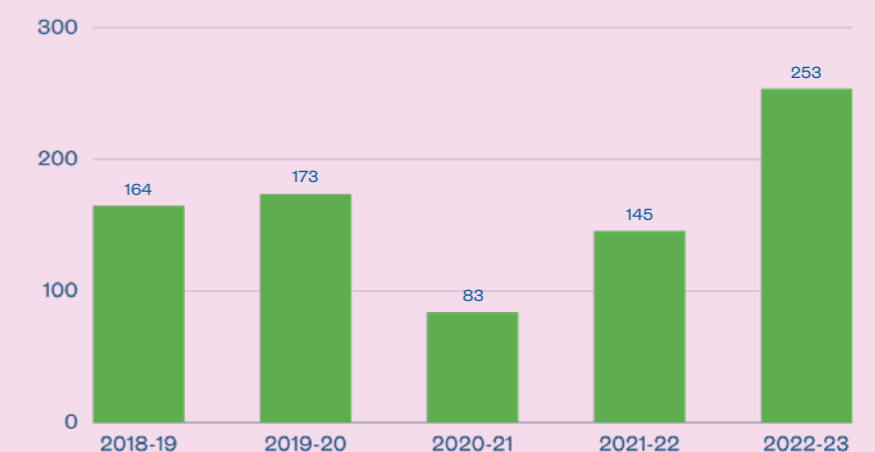
Applying palliative care principles in dementia care can help address many of the complex symptom management and ethical care issues that present for people with dementia and their families, including decisions relating to hydration and nutrition, burdensome physical interventions, Advance Care planning and addressing issues relating to anticipatory grief, loss and bereavement.

In 2022-23, 122 patients benefited from this service. This is an increase of 34 patients from the previous year. These 122 patients received over 250 home visits and 685 contacts via telephone.

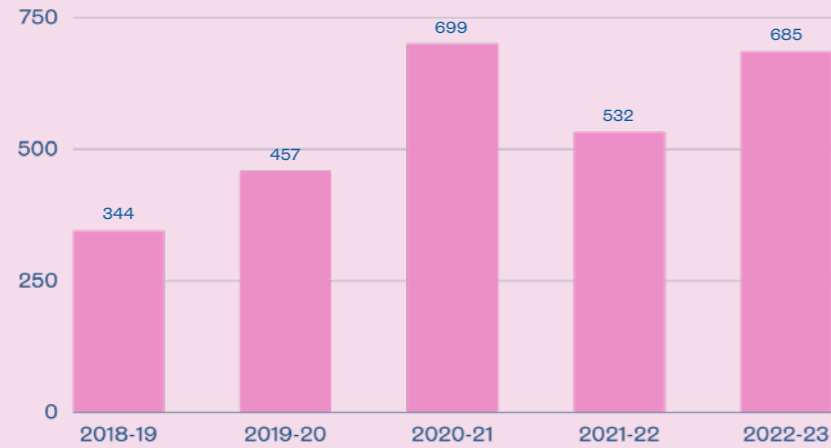
Patients Registered



Patient Visits



### Telephone Calls with Patients



#### What outcomes does it have? A few key outcomes of the role are below:

Alleviate distress and promote wellbeing as dementia advances and end of life approaches, enabling people with dementia and their carers to live well until the person with dementia dies.

Enable people with dementia to die with dignity in a place of their choice wherever possible

Support carers at an advanced point with disease progression, during the end of life, and offering bereavement support.

Reduce the number of unscheduled inappropriate admissions into acute hospital care for people with dementia approaching end of life; achieved by anticipatory care planning.

Increase the numbers of people with a diagnosis of dementia on the palliative care register.

Introduce the concept of Future Care Planning to people with dementia, their families and professionals and support those wishing to undertake this.

Provide appropriate training and education for the carer and/or family to enable them to support the person with dementia appropriately in their caring role.

Provide education and training to hospice staff, community nursing staff etc. to enable services to better support people with dementia at the end of life.

Support the development of a range of professionals from within other organisations with a responsibility for supporting people with dementia and their carers.

Refer onwards and link people with dementia and their carers to the most appropriate services.

Support the development and implementation of dementia focussed services within The Kirkwood.

#### How is impact measured?

Patient questionnaires are issued for feedback – as can be seen below in the very positive report. However, numbers are small and emphasis needs to be given to generating more feedback in the future.

How would you rate the quality of care received (excellent/outstanding)? **100%**

How often are you treated with dignity and respect? **100%**

Have you felt safe using The Kirkwood's services today? **100%**

Do you feel you have enough support from the service? **100%**

Has your communication with staff been in a kind and sensitive manner? **100%**

#### Feedback from Carers and Relatives

“Daughter rang to say how brilliant the Dementia care nurse had been. She expressed that she didn't know what she would have done without her, nothing was too much trouble. Communications were excellent, and when speaking to her dad she was really gentle and kind.”

*Verbal feedback (phone or face to face)*

“Chocolates and care received. My apologies for taking so long to send this small and ever inadequate thank you gift to you. I could simply write “Thank You” a thousand times over, if only I had enough room on this card and it still wouldn't be enough. I hope this card and the chocolates at best convey some of the appreciation I have for all you did to help my father in his terrible hour of need. Again, thank you.”

*Card sent to The Kirkwood*

“We are so grateful for the help and support you have given us. I think we would still be struggling to get an Advance Care Plan agreed without your skillful leadership – we will be forever grateful. Thank you for being there for us.”

*Email sent to The Kirkwood*

“Bereavement call to family member who thanked me for the care and support I offered.”

**Verbal feedback (phone or face to face)**

“We cannot thank you enough for all your support over the last few months, you have guided us through an extremely difficult time, in a caring and compassionate way.”

**Card sent to The Kirkwood**

“Many thanks for the support and guidance provided to our family during our loved one’s debilitating illness. We take comfort in knowing we did our best and that they are now at peace.”

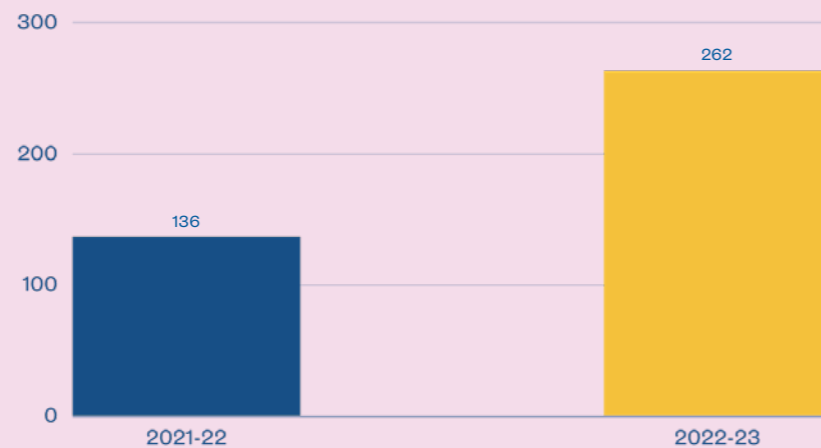
**Card sent to The Kirkwood**

**The Kirkwood Support Care Homes**

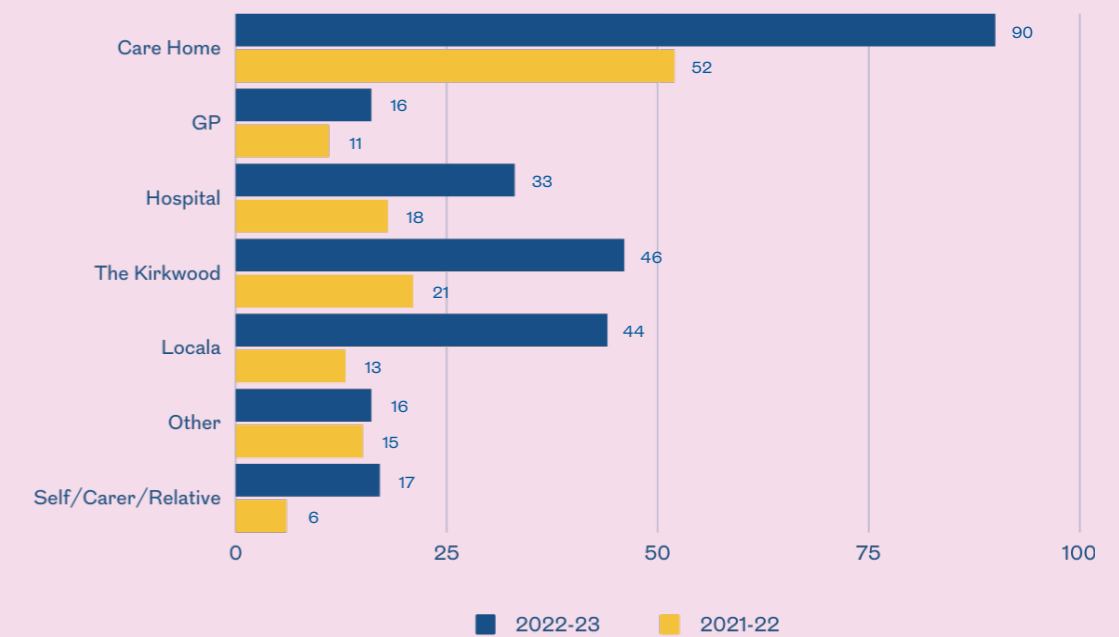
The Specialist Palliative Care Service for Kirklees Care Homes (Care Home CNS) aims to enable more people living in a care home within Kirklees to access high quality palliative and end of life care in a place of their choosing. The service enables people living in a care home setting, along with their families and care home staff, to make informed choices about treatments, management of care and addressing all current and future palliative care needs. Initially supporting care homes in North Kirklees when the service was commissioned 4 years ago, the service continues to develop. An extension of the service across all care homes within Kirklees was commissioned in June 2021 due to an increased service demand.

Since the start of the COVID-19 pandemic, the Care Home CNS Service has been working (and continues to work) in partnership with the Locala Care Home Support Team (CHST), delivering Advance Care Planning in line with the Enhanced Healthcare in Care Homes Strategy.

**New Referrals**



**New Referral Source**



All care home residents (on the Care Home CNS caseload) are offered the opportunity for future care planning conversations and when appropriate, Advance Care Plans are completed. These patients will also have their Electronic Palliative Care Co-ordination System (EPaCCS) record completed.

This figure remains at 100% for all Care Home residents supported by the Care Home CNS.

**Feedback about the service from service users, family members, Care Home teams and other Stakeholders:**

“Had our first meeting with Debs Hanson. She was so lovely.” (Family Member)

“You have been an angel. We could not have got through this difficult time without you. Thank you, Debs. We will never forget your care and support I can’t thank you enough for all your care and support. You have been absolutely fabulous. Thank you.” (Family Member)

“We could not have got through this difficult journey without your advice, guidance, and support Debs. Thank you. We will never forget it.” (Family Member)

“The service provided to my auntie at her time of need was second to none, you show kindness, compassion and a true wanting to help her in her time of need. We as a family feel that you could not have done any more. I felt you listened to both myself and my auntie; you were always at the end of the phone for us, and I can tell you, that meant the world to me and my family. You truly cared and we say a big thank you Debs.” (Family Member)

“I am so grateful for the support calls that Debs made to me every time she visited the care home to review my parents. These calls became a really valuable link between the family, care home and my parents. Debs helped to make an awful experience so much more bearable and before Debs contacted me, I was not aware that The Kirkwood provided such a wonderful service.

“Sadly, my parents both died within 24 hours of each other, but the family were allowed to spend quality time with my parents at the care home, facilitated by Debs. I cannot express my heartfelt thanks enough. Debs was truly a Lifeline to us in our time of need.” (Family Member)

“When reviewing my symptoms and medications, you explained everything to me clearly and in a way that I could understand. You were able to arrange a change in my medications promptly which resulted in my pain being better controlled more swiftly.” (Service User)

“You are always friendly, compassionate, and helpful. You always listen to my concerns and do your utmost to address and resolve these. Thank you. Debs Hanson is excellent and has helped me as a deputy manager to give the right care to my residents at the end of their life.” (Service User)

“Without the support we receive we would really struggle to care for end of life residents. The knowledge Debs & Rosemary have is tremendous.” (Service User)

“Always feel supported and very relaxed in the company of the palliative nurse – she has a great understanding of what we the nurses are experiencing Very good support as always very professional with our residents. Offering advice and compassion – excellent!” (Service User)

“I am the manager of a care home which uses the service. I can only speak very highly of the service. They provide 24-hour support for our nurses and no question is silly. The service offers a lot of reassurance to our nurses as we rarely have any end of life care. Debbie who often attends and visits has been so amazing and works so well with our residents which at times can be difficult due to mental health. Debbie also supports nurses with care planning which is amazing.” (Care Home Staff Member)

“Debs has been a fantastic support to Ashworth Grange, she is caring and always willing to go the extra mile. Her support over the past few years has been fantastic.” (Care Home Staff Member)

“Outstanding service.” (Care Home Staff Member)

“Nothing is too much trouble.” (Care Home Staff Member)

“Debs is dedicated to her role and offers the specific information, advice, and support that we need. She will explain and advise what we need to implement into the client’s support plans. We work together to share our knowledge, to maintain a high standard of care for our clients and their families. Debs has built up a trusting professional relationship with the care staff, clients, and families, especially when supporting our clients who have complex health needs and life limiting conditions, when we are planning their future and end of life care.” (Care Home Staff Member)

“Extremely professional and knowledgeable, the staff are always willing to give advice and guidance at any time of day or night.” (Care Home Staff Member)

“The Kirkwood have always been at hand for further help, support, and advice for the people at end of life, their families, and the Care Team with regards to

advice and support with managing Medication and symptom control to help with the deteriorating patient. Emotional support also been much appreciated with everyone in managing the End of Life Process.” (Care Home Staff Member)

“The Kirkwood provided a great response and support network for the person at EoL and the support network around them to ensure a high standard of care, ensuring the patient’s needs were met.” (Care Home Staff Member)

“Debs who visits is always professional, and over the years of working with her and The Kirkwood team I have learnt so much about end of life care. Sharing information is at the forefront of the work they do. Thank you.” (Care Home Staff Member)

“Without the support of the Nurse Specialist, we would struggle only having the GPs to rely on. We want the very best for our residents and that is what we get both on the phone or in person.” (Care Home Staff Member)

“Excellent support and advice given. The team visited the home to support without delay.” (Care Home Staff Member)

“As a nursing and residential home that receives referrals for residents at the end of life, or have residents whose health progress to requiring palliative support at the end of their life, having access to the nurse specialists and their team is invaluable in supporting us to provide the level of care to give our residents a dignified and pain free death in their preferred place to die rather than having to be transferred to the hospice or hospital.” (Care Home Staff Member)

“Kirkwood Hospice are amazing and the support they offer to care homes is nothing short of excellent. Throughout my career I have always been blown away by the service provided by The Kirkwood, and our local community is extremely lucky to have such a fabulous support network.” (Care Home Staff Member)

“The service provided is invaluable to care homes and staff. Debs and the team were a great source of support during an extremely difficult time at our service. Please don’t ever take this away.” (Care Home Staff Member)

“Would just like to note what excellent support and care you gave to [service user]. Great example of collaborative working with a gentleman with complex and specialist needs. Thank you.” (Local Physiotherapist)

“Thank you for always keeping us up to date and we appreciate everything that you have done for this patient and the care home.” (GP)

“Now that Debs is an Independent and Supplementary Prescriber, it means that she can complete the community prescription charts for the prescribing of Anticipatory medications and/or a syringe driver, which saves us (the GP practice) time and allows the care homes to be able to respond to the resident’s symptom control and medication needs in a prompt and timely manner without delays.” (GP)

“Debs is always approachable and accessible when needed for specialist advice and support. We have jointly managed patients and I value her expertise and wealth of knowledge. Debs and her service are an important member of the MDT.” (Care Home Liaison Team)

“Joint working with Debs has allowed the development of enhanced communication and professional understanding of roles between the CHST and The Kirkwood. Debs is an extremely valued member of the team, working autonomously and displaying professionalism, empathy, and excellent communication skills with clinical colleagues, care home staff, residents, and their families.” (CHST)

“The “Bright Yellow” care plans that are produced to reflect the wishes and preferences for the care home resident around EoLC and hospital avoidance/escalation to hospital are extremely helpful and have certainly prevented numerous hospital admissions that otherwise would have occurred inappropriately. The experience is that the care homes themselves feel more confident and better equipped to advocate for the resident when an acute deterioration occurs because of effective Advance Care Planning.” (GP)

“You might be aware that at each Tuesday’s EMT meeting, we discuss colleagues who have been called out by their peers for their tremendous efforts and impact, and to receive a personal thanks from one of the EMT. As a result, it’s my pleasure to get in touch to say “thank you” for your recent service dashboard submission and the difference you are making in care homes. Well done, and thanks from all the team.” (Director, The Kirkwood )

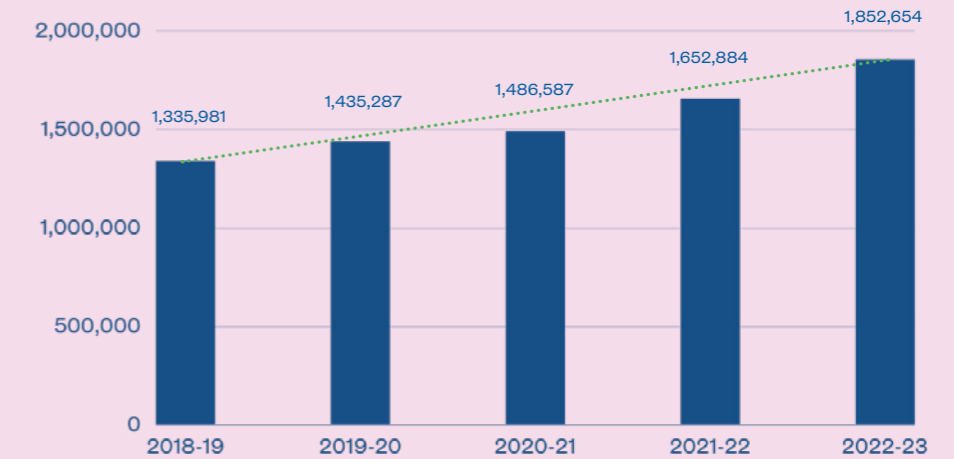


## Funding and Impact Report

### — NHS Funding contribution to The Kirkwood services

Over the past 5 years we have achieved a 39% increase in funding, despite a difficult financial climate – particularly with challenges incurred as a result of the COVID-19 pandemic and the cost of living crisis. This increase was achieved by the constant strengthening of the commissioning partnership between The Kirkwood, local NHS commissioners and Kirklees Council, which has helped us to improve understanding about the value our services deliver.

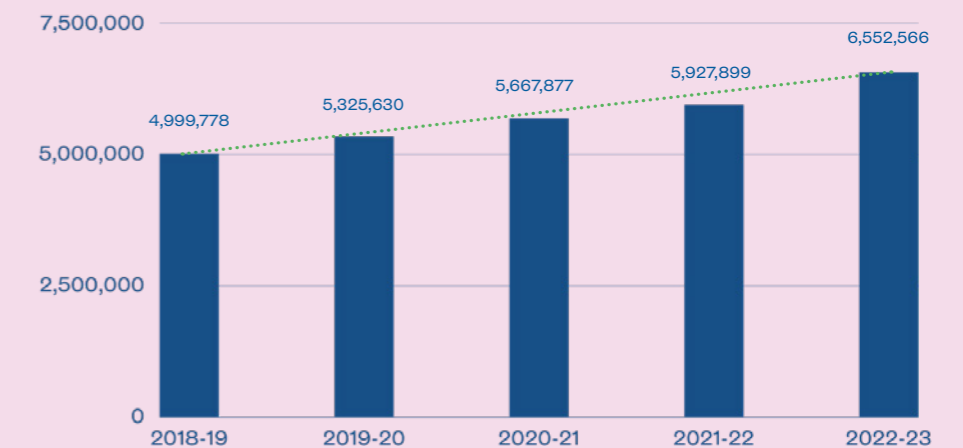
**NHS Funding for The Kirkwood**



### Increasing expenditure on The Kirkwood charitable services

In the last five years, the money we have spent on our charitable purpose has increased by 31%. In that time, we’ve taken opportunities to expand our care into the community and added new skills and experience to the team to help us meet the needs of people with many different palliative care needs. If we are to sustain our services and realise our ambitions, we may need to increase expenditure significantly in the future.

**The Kirkwood’s Charitable Expenditure**







**“We could not have got through this difficult journey without your advice, guidance, and support Debs. Thank you. We will never forget it.”**

**THE KIRKWOOD SUPPORT LIFE.**

**SUPPORT LIFE**



# Progress on Priorities for Improvement 2022–23

## Progress on Quality Priorities for Improvement from 2022–23

### Priority One: Patient Safety

#### Just Culture

The fair treatment of employees supports a culture of fairness, openness, and learning by making employees feel confident to speak up when things go wrong, rather than fearing blame. Supporting employees to be open about mistakes allows valuable lessons to be learnt so the same errors can be prevented.

There is an ongoing commitment to embed a 'Just Culture' and review errors using a Just Culture approach. This will build upon initial work that has started to develop a Just Culture within The Kirkwood from the previous year.

This priority has developed in the past year and we have seen an increase in incident and near miss reporting, which is extremely positive. Our In-Patient Unit team are confident and positive in raising incidents and near misses, and are evidencing a higher reporting whilst low harm culture. Whilst we still have more to do across our clinical services, we are evolving this approach to incorporate an 'Our Culture, Our Care' approach; working with all clinical teams to explore quality, service purpose, capacity, demand, and strategic alignment.

#### **Our priorities for 2022–23 have been partially delivered as we commence the journey to implement the Patient Safety Incident Response Framework:**

Develop 'Our Culture, Our Care' and work with employees and teams to review next steps.

Review The Kirkwood's Incident Response Plan against the new NHS Patient Safety Incident Response Framework – **completed, next phase is implementation of key elements of this approach.**

Build upon the patient safety meetings to move to proactive prevention of harm through a continuous learning approach.

### Priority Two: Clinical Effectiveness

#### Reviewing deaths in hospital of patients known to The Kirkwood's Clinical Services

One of our priorities is to support patients to remain at home at the end of their life and 93% of people in our care died without needing a hospital admission. However, some patients known to our teams are admitted to hospital appropriately and some sadly die as part of a hospital stay. It is important to understand if this was necessary or if anything further could be done to manage patients outside hospital to prevent potentially unnecessary hospital transfers.

#### **2022 – Review of mortality in hospital**

##### Aim

Quarterly retrospective audits were undertaken on all those patients identified as dying in hospital whilst being known to any of The Kirkwood's services. The primary aim was to identify any circumstances or trends that might indicate

a different approach within hospice services would lead to that patient not requiring an admission to hospital at the end of life, to provide reassurance that patients known to Kirkwood were being admitted appropriately.

##### Method

A SystemOne report was run to identify those patients with an active referral to The Kirkwood where the place of death has been recorded as being in hospital. The report includes the patient's demographic data and diagnosis. Individual records were then manually reviewed by a consultant or associate specialist to get further clinical information and make a retrospective judgement about need for admission. The findings of this audit have been compared to audit data gathered during the last year.

##### Discussions and Conclusions

Approximately 10% of patients known to Kirkwood who died in 2022–23 died in hospital. The vast majority of reasons why these patients are admitted at the end of life are for potentially reversible causes (sudden events, infections including COVID-19, falls resulting in injury etc). The majority of these were relatively unpredictable. However, there are a subsection of patients with bowel obstruction from cancer that may benefit from admission to hospice rather than hospital if there is no surgical management and this has been discussed with the oncology consultants as an alternative place of care. In addition, only a third of patients had contact with The Kirkwood in the 48 hours prior to admission, and we intend to re-iterate the benefits of contacting Connect with The Kirkwood (our Advice Line) with patients if hospital admission is being suggested.

### Priority Three: Patient Experience

#### Compliments

During 2022–23, we received 100 recorded written compliments. Comments left by patients and families are anonymised and reported to the Clinical Governance Committee. Summaries are also available for employees to look at.

#### Time to Shine

There were 93 pieces of evidence where our employees had reported going the extra mile for our patients, including decorating patients rooms for birthdays, secretly filming a Father of the Bride speech for an upcoming daughter's wedding, setting up Virtual Reality sessions to help patients virtually visit a place of their choice and bringing in takeaways for patients' of whatever international taste they desired.

#### Complaints and Concerns

Feedback, good and bad, is vitally important for us as it helps us to prioritise and make improvements where they are needed.

Within clinical services, we received 6 complaints in 2022–23.

During 2022–23, our Community Specialist Palliative Care team were involved in the care and support of 1,410 patients and received just 5 complaints in total. These complaints were related to responsiveness and follow up care timescales.

The Director of Clinical Services, Matron and Community Specialist Palliative Care team leads are working with the team to refocus on a shared purpose and standards and expectations to address these concerns.

The wider team have recently moved from 9 individual teams to 3 to ensure better continuity and management of caseloads. The remaining elements of the work will be included as part of the 'Our culture, Our Care' quality priority.

The 6th complaint relates to the In-Patient Unit and, in particular, the recognition of death and dying and the family's experience of our care. A detailed action plan has been developed and completed following this complaint, which included using a 'Getting to Know Me' approach, Advanced Care Planning and developing clearer communication with all family members.

One complaint from 2021 has been taken up via the Ombudsman and we are awaiting the outcome.

All complaints and concerns were discussed with the parties involved and have been resolved.

We discuss themes from our complaints and concerns at the Clinical Governance Committee and Clinical Governance and Assurance Group. We hold forums to ensure any learning is implemented and changes to practice/processes are identified and progressed. All complaints, concerns and compliments are also reported to The Kirkwood's Board of Trustees.

We have developed a debrief approach within the team in relation to sharing concerns and complaints. We also provide opportunities to discuss learning outcomes and reflect on our practice and approaches.

### **Improving mechanisms for capturing patient and service user feedback**

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We currently collect feedback from patients, family members, carers and friends for all our services. We have several volunteers who collect this feedback, and we proactively ask people to identify areas where improvements can be made. Each service has an individual 'business card' featuring a unique web link and QR code to enable digital feedback.

In the past year, we have received 150 responses to our Service User Experience Survey. 142 of the people who responded (95%), rated our care as Outstanding or Excellent.

Like many other hospices and organisations following the COVID-19 pandemic, we have not yet seen patient and family experience feedback increase to the levels we would have hoped. Further work is required to explore how we can achieve greater numbers and return to pre-pandemic levels. As we begin to raise the numbers of people feeding back, we will use the information to improve and help to ensure lived experience is an integral part of all we do.

Whilst the vast majority of the comments we receive are very positive, we need to increase the quantity of feedback received and extend this to all our service users, thereby ensuring we act upon feedback in developing and improving our services.

### **Our objectives over the next 2 years are:**

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To review and explore our strategic approach to patient experience and how we can increase patient and family feedback, whilst moving to a more co-designed and fully involved and engaged approach to care, including lived experience inclusion.

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To improve numbers of patient experience feedback received, particularly from those who have been in receipt of support from our community services.

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Explore digital and technological solutions to build feedback mechanisms including texts, website, posters, leaflets, social media, etc.

# 4

## Quality Improvement Plan: Priorities for 2023–24

### The Kirkwood – Purpose

To support anyone affected by any life limiting illness,  
**every step of the way.**

### The Kirkwood – Vision

A world where no one needs to face a life limiting illness alone  
and where everyone has access to the support they need to  
**live the best quality of life they can.**

### The Kirkwood Strategic Aims

To **double** the number of people we support

Provide the **best possible care** to patients, their  
families and those who care for them

Work with communities and partners to **improve  
the understanding** of The Kirkwood

Become **the 'go-to' charity** for anyone affected by life limiting illness

### The Kirkwood Strategic Objectives

Activate the Brand to Build The Kirkwood Movement

Become more diverse in every aspect of who we are and what we do

Be more accessible, more flexible and more agile than ever before

**Priority One:  
Our Culture, Our Care  
– Delivering the best  
possible care to more  
people**

### Culture

An organisational culture creates the conditions necessary for safe patient care and employee wellbeing.

**The following dimensions of Culture include:**

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Focus on Quality with person and family centred care

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Personalised care based upon the wishes of the patient and family

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Agreed plans with family involvement and clear expectations

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Delivery of care to agreed standards with clear expectations

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Feedback and communication

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Openness of communication

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Quality of event reporting processes

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Continuous learning and improvement

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Trust

The priority for clinical services is to continue to develop, build upon and evidence the quality of care that we deliver.

We already deliver care that is evidence based and built upon the needs and wishes of patients and families. We are curious and inquisitive and ensure our practice is conscious.

We promote Advance Care Planning and are responsive to the needs of our patients and families. But we are seeking to do more.

We are looking to increase the use of our My Life, My Wishes document and ensure that families have full access to their records and everything that is written about them.

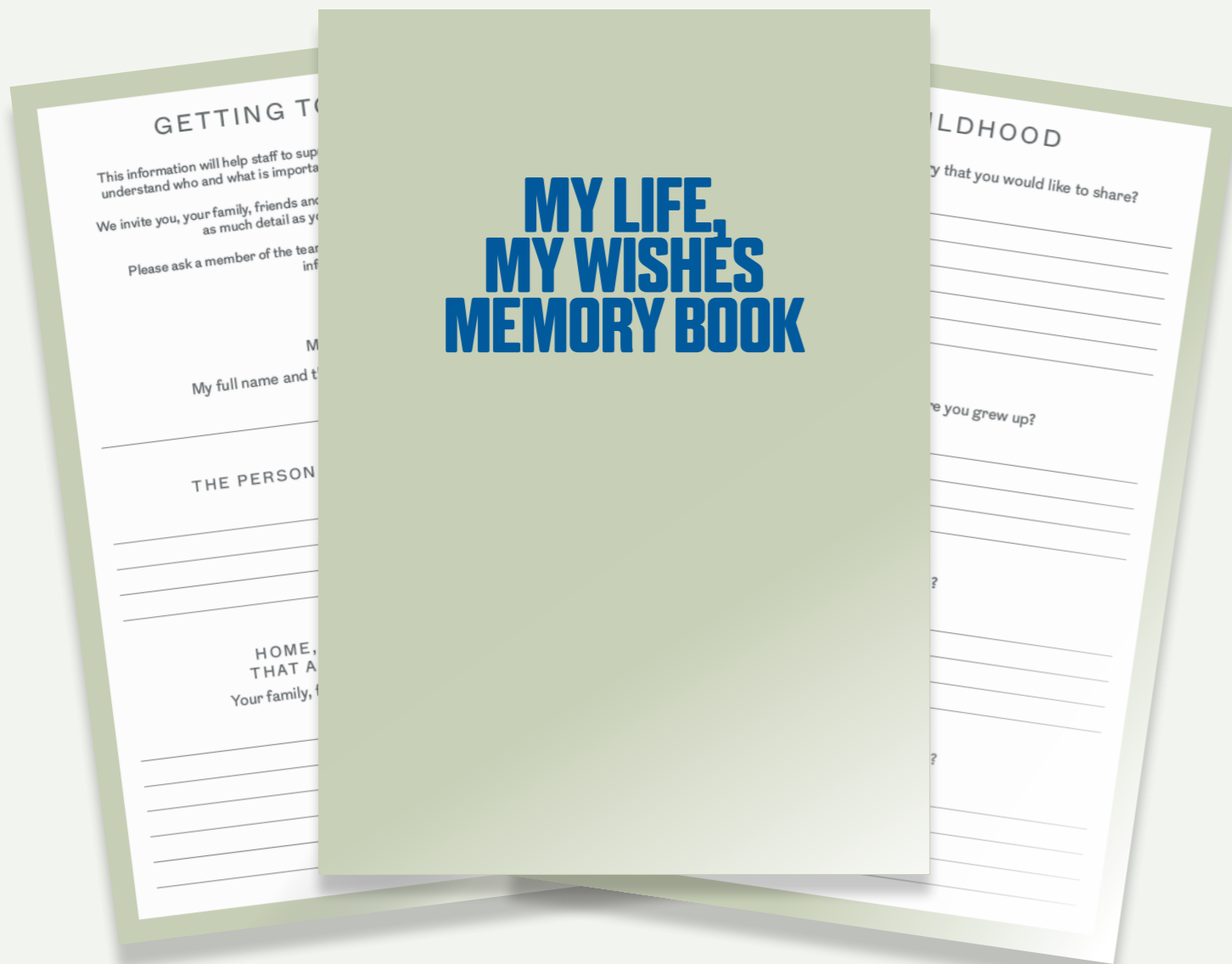
We want to make sure patients and families have seen and are involved in what is written in our system and can access this in the future. And we want that written information to be available in the family's home.

We want to be clear about what care we and our partners deliver in community and what families can expect of us, and that this is discussed and agreed with them.

We are working with our clinical teams to ensure that our quality standards are clear and evidenced, and based upon the Kirklees Care Charter.

We are reviewing how we will continue to build the care we provide with a focus on place-based working and wellbeing sessions co-designed with the communities who rely on our services.





The Kirklees Care Charter is a commitment as a health and social care system to ensure people's care is focussed on what matters to them. The charter explains what they can expect from their care and sets out how organisations are working together to improve end of life care in Kirklees.

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

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

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

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

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

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

**Priority Two: Our vision for the future – a clinical strategy that is ambitious and aspirational**

We are refreshing our clinical strategy in 2223–24 to ensure we are delivering sustainable services now and in the future. We will develop clinical services that are integrated and collaborative, reducing duplication and ensuring services are well connected and that care is truly co-ordinated for all our patients.

Our ambition to deliver The Kirkwood at Home approach, which delivers the same quality service as our In-Patient Unit, based upon a personalised and bespoke patient and family care, will be included within this strategy, with a focus on how we can develop this approach across Kirklees with the support and collaboration of the wider health and care system and The Kirkwood movement.

**Priority Three: Quality Dashboard and Quality metrics for 23–24**

**Key Quality Metrics:**

1. Number of people with an Advance Care Plan
2. Evidence of delivery of statements from the Kirklees Care Charter – through an annual survey
3. Evidence of personalised care
4. Achievement of preferred place of death

**KIRKLEES CARE CHARTER**

This charter was created by the Kirklees Palliative Care Partnership for people with a life limiting illness in Kirklees. We know the care system can be confusing and our aim is to ensure your care is focussed on what matters to you.

Our charter explains what you can expect from your care in Kirklees and sets out how organisations are working together to improve end of life care in Kirklees.

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

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

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

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

- Physical needs
- Social needs
- Spiritual needs
- Psychological needs

5. Prevention of harm – including Pressure Ulcers /Falls/Medication incidents
6. Recognition of deterioration in last days
7. Number of known patients who die in hospital
8. Patient/ family experience and feedback
9. Mandatory training levels – target 95%
10. Responsive metrics i.e. time to access In-Patient Unit and time to first assessment and first advice/support /treatment plan

### Partnership Working and Service Improvements

#### 1. Connect with the Kirkwood

Connect with The Kirkwood is a new service, which was piloted in October 2022 before being officially launched in March 2023. The service is designed to make it simple for patients, relatives, and carers, as well as healthcare professionals, to reach out for advice and get access to The Kirkwood's range of clinical services. You don't need to have been referred to The Kirkwood or know about the services we offer in order to contact our Connect with The Kirkwood team. The only criteria is that the person being referred is living with or has been affected by a life limiting illness.

Our aim is to make sure The Kirkwood's range of services are easily accessible to everyone who is eligible for them. Connect with The Kirkwood will make it easier for people in need to reach out for help – at any stage of their illness.

#### 2. Partnership working in North Kirklees The Kirkwood and the Rosewood Centre

Its an exciting time for us as we move forward together with Mid Yorkshire Hospitals NHS Trust to build a new specialist palliative care model which will see more services, out patients and specialist clinics for patients with cancer, life limiting conditions and specialist palliative care come together as part of a vibrant hub at the Rosewood Centre in Dewsbury to work together to deliver holistic care in partnership where wellbeing and support services including counselling, complimentary therapy and drop in support sessions will be available in 2023.

#### 3. Homeless project

A new project, led by The Kirkwood's Moyra Wilson Grant, is aiming to help people who are homeless or vulnerable get access to advice and support on a whole range of issues and remove barriers to care.

People experiencing homelessness or who are housing-vulnerable often suffer significant physical and mental health problems, and often face a range of barriers to accessing healthcare services.

# NEED TO TALK?

If you are living with or being affected by any life limiting illness, call us for advice, guidance and support.

Whether you need advice on how to cope with a diagnosis, are looking for guidance on which services might be right for you or want find out about the different ways we can help you and your family, our Connect with The Kirkwood service is the easiest way to get in touch.

**Connect with The Kirkwood**  
**01484 557 910 | [thekirkwood.org.uk](http://thekirkwood.org.uk)**



This inequality is even more pronounced for people with a life limiting illness who may need complex care as they approach the end of their lives.

The Kirkwood are working hard to improve palliative care support for homeless people across Kirklees and, in partnership with Huddersfield Mission, we have launched a weekly drop-in session at the Mission Cafe on Lord Street.

Moyra Wilson Grant, who is leading the project, is passionate about improving access to care for vulnerable members of our community.

“For a whole host of reasons, people who are experiencing homelessness or are vulnerable often don’t engage with healthcare services. Many of the people I meet have health problems, some more complex than others, but most don’t have access to the care they need or have difficulty making their voice heard.

“Our aim is to come along and meet people at whatever level they want to be met at. We want to reach people earlier on in their illness and improve their quality of life – in whatever ways are important to them.

“We are passionate about making a positive difference for people who are vulnerable, and we are delighted to be working with the team at Huddersfield Mission to ensure that anyone who needs our help can get it.

Katherine Browne, Pastoral Care Officer for Huddersfield Mission has been amazed by how quickly the project has taken off.

“The outreach programme has been so successful so far. Our guys just don’t get access to services like this. They don’t normally get to see people like Moyra and be able to talk about their finances and the impact their health has on their life, or their family’s life. It’s made a big difference to people’s lives here.

“Our guys live in chaos. You can’t pin them down for appointments, but knowing Moyra is here on a Wednesday morning has made it so simple for them. If they need help, they know where Moyra will be.



Katherine Browne (left) from Huddersfield Mission with The Kirkwood’s Moyra Wilson Grant.

“For someone who lives a life like they live, that’s an absolute godsend, knowing that there is someone who understands them.

“Some of our people don’t have family – or anybody. Their burden is often theirs alone, and long time pain or ill health is a huge burden.”

“Because of the trust they have with the Mission, if we make links they know we trust that person or organisation and they know they’re going to be okay.

“They don’t trust authority, or anybody. With the lives they’ve led, you wouldn’t trust people. But the response they’ve had to Moyra has been amazing.”

“One gentleman I spoke to told me he didn’t know what he would do without Moyra. That’s massive for our guys. It’s a big, big thing.”

#### 4. End of life and palliative care discharge model integrated into health and social care integrated transfer of care hub

Through our collaborative and engaged partnership approach we have jointly developed with locala and our local hospices an integrated palliative and end of life discharge model that is hospital based and focused on supporting patients in hospital to transfer to hospices quickly and safely and be fully informed of all hospice services. Promoting earlier access to hospice care through connecting people into our community services and care homes service for example. The model was developed by hospices and is already showing early positive results.

#### How do hospices support discharge?



**Benefits of having staff who are experienced in hospice care within the ITOC team:**

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Support assessment in the hospital as part of the ITOC discharge planning team / all would be able to discuss with patients, families and staff the options for palliative and end of life care, give real expectations of what that care is (and isn't), rapidly plan transfer to the appropriate hospice for the patient and families.

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Provide educational support and links into specialist hospital palliative care team / emergency department and teams.

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Provide presence in the huddles and advocate for the choice of hospice care or community support where appropriate.

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Provide advice, guidance and links directly into each hospice and act as trusted assessors for each hospice.

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Provide training to discharge co-ordinators and update developments in the hospice or community which can support discharge and prevent re-admission directly into acute services.



**Workforce** Across clinical services we have 80 whole time equivalent as at March 2023. We also have 100 volunteers who work with us to deliver care and support in clinical services.

In 2022–23 we have seen an increase in our staff numbers and have been actively recruiting to our In-Patient and Community Services. We have seen a higher than usual turnover in clinical staff. This is due to a wide range of factors including personal circumstances, staff bereavement, personal development and promotion.

**Employee Support & Wellbeing** We have seen a higher level of sickness in clinical services relating primarily to respiratory illness and COVID-19, but also due to personal stress and work-related stress. The Kirkwood team have access to a wide range of support including advice and support on cost of living issues, menopause, counselling and psychological support, occupational health, complementary therapy, supervision, and resilience based clinical supervision.

**CiC Confidential Care service** The CiC Employee Assistance Programmes offers our employees access to 24/7 independent and confidential support and advice services. We have complemented this approach by securing additional specific support (e.g. trauma counselling for our employees who have been dealing with life changing issues and traumatic events). We continue to support employee wellbeing in a wide variety of ways, especially as everyone comes to terms with the challenges of the last few years.

**Clinical Supervision** For our clinical teams, we provide multi-professional group clinical supervision, where clinicians describe important recent experiences from their work. Together, the participants reflect on these experiences, consider alternative ways of approaching them and discuss what they have learnt from them. They are then able to apply what they learn back at work to improve the care they provide.

Clinical supervision is an important way of developing professional skills and attributes, which is separate from any management structure. It is a vital component of ensuring quality care and supporting employees.

Our clinical supervision leadership group are currently undertaking a reliance-based supervision approach. Resilience based clinical supervision is a process of supervision that, as well as being supportive, will increase an individual's ability to respond positively to the emotional and physiological demands of the role. It aims to enable individuals to develop strategies to raise awareness about their wellbeing, whilst also paying attention to the complex health and social care contexts within which they are working. The programme draws on solution focussed practice, positive reframing and building a compassionate organisation.

**Cost of Living Support** The Kirkwood value and support all of our team. The wellbeing of our employees and volunteers is a priority to us. The economic pressures such as high rates of inflation (including fuel prices) have been challenging and we

know that these things affect our workforce in their personal lives. During the winter of 2022–23, we issued supermarket vouchers to employees, opened up warm spaces and provided workplace education on financial wellbeing and eating/cooking on a budget.

**At The Kirkwood, we use a pay philosophy that values the following ideas when it comes to making pay decisions:**

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Quality in terms of attracting and retaining our people

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Market rates, to ensure that our rates are competitive within the various marketplaces

**Sustainability of the Charity** We are very conscious of the importance of being a financially sustainable organisation, whilst also wanting to do what we can afford to do for employees in relation to pay rates.

Considering the cost of living crisis, we looked to support our employees with an increase to base pay rate of 9.5% at the entry points, scaling to 7% for the highest points in our pay tables. This ensured we remain comparable with the employment market and those sectors to which we benchmark.

We have recently reviewed our establishment and ensured we continue to deliver personalised high-quality care by maintaining a high ratio of nurses to patients.

**Birdsong Survey Results**

**The key focus areas from the Birdsong results are:**

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The clinical services team will look at employee roles and job satisfaction. We are planning to review roles and develop competency frameworks that focus on employee development.

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The Kirkwood have implemented a revised pay structure which is in its early stages. Following the recent pay review, employees have verbally said that they feel that the pay increase has been positive and had a positive impact.

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The Kirkwood have started a 'new conversation' with all our employees to promote inclusivity and engage a wide range of our people in the future strategic direction of The Kirkwood

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Communication and engagement approaches – this is a focus for the Director of Clinical Services, who is exploring a range of approaches with employees, including video blogs, email and 'Let's Talk' sessions

**Workforce Development** We have recently been successful in developing the nurse associate role within The Kirkwood and will have 3 Nurse Associates in 2023, with one further trainee Nurse Associate.

**Below is a summary of the progress to date :**

Our Clinical Educator and Clinical Champions deliver a wide range of education and training. Our Clinical Champions are clinical and non-clinical employees who have specialist skills in areas such as Advanced Communication Skills, Bereavement, Advance Care Planning, Moving and Handling and Health, and Safety.

We have continued to develop our internal Learning and Development training and competencies, as well as to provide Palliative Education to external healthcare professionals, Community Nurses, GPs, and Care Home employees.

Our work with care homes on the Care Home Charter is developing well and will complete its first cohort in late 2023.

We are developing and connecting with local providers to develop Support Life Champions.

We are hoping to work with home care providers to support their end of life offer whilst building our intellectual property offer.

**Progress in 2022–23**

Complete revision of the training ‘matrix’ and the procurement of an eLearning platform to improve the delivery of mandatory, role-specific and enhanced training across the workforce. Increasing access and visibility – **completed**

Non-clinical and clinical training matrices mapped against role descriptions

Facilitated the development of virtual delivery for internal learning sessions as well as for external education such as the Locala End of Life Care Champions programme and the Care Home Champions programmes

New PDR structure with clinical competency framework mapped against Health Education England’s Learning Outcomes for Palliative Care

Implemented the Volunteers Learning Platform and defined the mandatory digital learning required for all volunteers throughout the organisation

Maximised the Apprenticeship Levy

Supporting Specialist Palliative Care education of the next generation of healthcare professionals by offering student placements in all service areas, including medical students and paramedics

In 2022–23 we continued to build upon safeguarding skills and expertise. We also undertook a review of safeguarding practice.

The key findings from our review were a high level of assurance relating to the practice and policies across the Kirkwood. In response to the review, we have further reviewed our strategy for safeguarding and revised our vision,

built upon good Mental Capacity Assessment approaches and reviewed our readiness to move towards LPS as they emerge in coming years.

**2023–24 will see a revised strategy and vision, and new training sessions offering a wider view on vulnerable adults, including:**

Domestic Abuse

MCA/DoLS/LPS PREVENT

Human Trafficking

Modern Day Slavery

Coercion

Financial and Domestic Abuse

Child Safeguarding

Care Homes

Dementia Services

Learning Disability Standards

**Research**

It is important for hospices to be involved with research and The Kirkwood are no exception to this. The Kirkwood have taken up opportunities for patient and employee involvement and linked with colleagues at Hull York Medical School and the University of Huddersfield in some of their research programmes.

**Two examples of this are:**

The RESOLVE study looking at the use of outcome measures in palliative care to improve patient experience and outcomes,

The Ageing Well Dying Well research group looking at co-ordination of care and health inequalities in older people in the last year of life

# The Kirkwood's Nicola Oates Qualifies as a Nurse Associate

Our nurses play an integral part in this work, constantly showing love, kindness and compassion to anyone who needs our help and support. Caring for people with a life limiting illness isn't just a job for our nurses, it's a vocation, and our newly qualified nurse associate, Nicola Oates, is proof of this. Having worked with The Kirkwood for the past 12 years, Nicola was ready and determined to take that next step in her career.

Having been a healthcare professional since 2011, she has recently passed her nursing associate degree at Huddersfield University with a distinction. On her journey so far Nicola said: "I have worked in nursing since I was 19, working in a nursing home before going on to work with district nurses. I came to The Kirkwood and worked as bank staff and liked it so much that when a job came up permanently I applied and have been working with The Kirkwood now for 12 years. When an opportunity came up to study at university towards becoming a nurse associate I had to be talked into it because I thought at my age people don't go to university. However, I have loved it over the last two years. It's been very hard work having to juggle home life, work and studying but it has been so worth it."

Nicola says her new role has lots more responsibility including delivering medication to patients. Nicola explained how she never thought she would become a nurse but is now thrilled that she is one.

She added: "There is a lot of responsibility on me now and a lot for me to learn. I'm newly qualified and excited about it but I know I've got a lot more to learn about this role. I never thought of being a nurse when I was young, when I was 19 I just went for a job in a nursing home and have never looked back. It was definitely my vocation when I found it."

Prior to joining The Kirkwood team, Nicola already had a connection to the The Kirkwood, in the early 2000s, her dad, David, was cared for and died at the hospice.



"I didn't know how I'd feel at first, I think because I had such a personal connection to The Kirkwood. But I wanted to use my experience and empathy to help other families and patients. Not that you can't do that if you haven't had that previous experience but I just think you understand completely what are going through."

"The reason I have stayed with The Kirkwood is because I'm passionate about what we do, especially the palliative care side. I think the quality of care that we offer is so high too, it really is a special group of people that work here. The nurses are so passionate about giving the right care and making people's lives as comfortable as possible in such difficult circumstances. The fact we look after families and loved ones too is very important to me and all my colleagues."

Nicola worked throughout the Covid-19 pandemic and says the hardest thing was patients not being able to see their loved ones.

She said: "It was really hard during the pandemic, it was so difficult when we had to restrict visits to the In-Patient Unit. Thankfully we are moving back to normality now."

Nicola is so grateful for all the help and support from her colleagues whilst studying to become an associate nurse.

She says: "I'd just like to say thank you for everyone's constant support. The team has been right behind me, encouraging me even when I thought I couldn't do something. They have been there every step of the way throughout me studying to still supporting me now in my new role. Ultimately we are a team and work together here, we look out for each other and that's why I love being part of The Kirkwood movement."

5

Quality of  
Services  
2022-23

**Review of Quality Performance and Achievements**

The quality of our care is of the utmost importance to us, and we are able to deliver the best care possible with the best employees and volunteers. We value practice development and training and education, and aim to ensure we promote evidence-based care in all we do. This year, we have invested in our clinical services leadership through an increase in roles which will ensure high standards of clinical care and practice development. Within specialist palliative care services, we have 2 practice development leads and a matron, who are focused on ensuring the best possible care at all times. In our place based services, we have developed a Quality Lead and Community Services Operational Manager who works with the Director of Clinical Services and the Deputy Director of Clinical Services to ensure quality continues to be our focus and that we continue to develop and deliver the best possible care across all of our services, now and in the future.

The practice development roles are pivotal, alongside our Quality Lead and Matron, in developing and ensuring safe and effective care and practice through policies, audit, education and competency-based assessments.

Our aspiration is to continually improve our care through conscious and inquisitive practice and developing a ‘research active’ based approach.

In 2022–23 we had 1 serious incident. Whilst no patient harm resulted from the incident, there was the potential for harm and significant reputational damage. The incident was externally reported to the CQC and Controlled Drug Local Intelligence Network (CDLIN), and was thoroughly investigated. As a result of this incident, we identified causative factors and developed a clear plan of action to prevent reoccurrence.

A key component of this improvement plan was the need to ensure that medicines management, and particularly administration of controlled drugs, are undertaken in a clearly designated space without interruption. We have reviewed and revised all of our medicines management policies and training and competency assessments. We have also revised our audit tools and continue to work with employees to ensure safe and conscious practice in all aspects of safe administration and medication safety.

**Drug Errors**

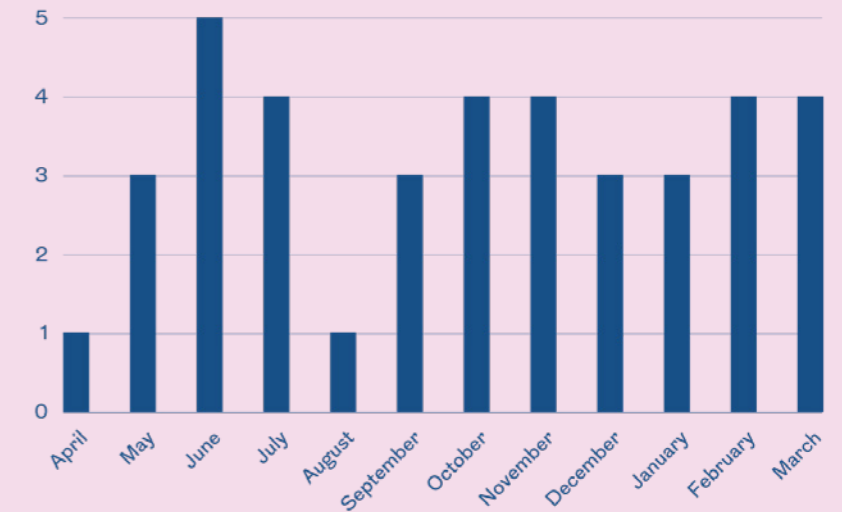
There were 22 patient related drug errors during the period. Any error that involves a controlled drug is reported to the Controlled Drug Local Intelligence Network.

There were 17 near miss/non-patient incidents recorded. Examples include, broken drugs ampules, dropped medication and documentation errors.

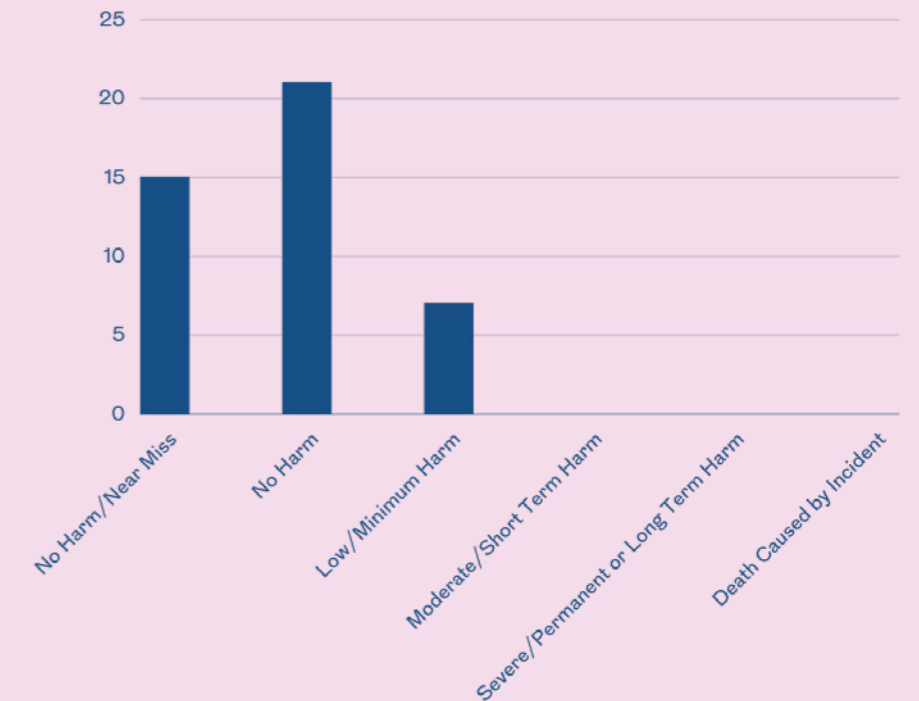
We promote the reporting of all incidents and near misses to encourage learning and we also critically review and challenge our practice to make sure best practice standards are upheld. Our aim is to achieve a consistent reporting culture and, in the future, we expect to see an increase in incident and near miss reporting relating to low and no harm incidents.

In 2022–23 we saw an average of 3 medication incidents per month, with all incidents having low levels of harm.

**Medication Incidents by Month (2022–23)**



**Medication Incidents by Month (2022–23)**



**Slips, Trips and Falls**

It is especially important that we support our patients to remain as independent for as long as they are able to be. Sometimes, a patient’s desire to continue to be independent means that falls occur.

The aim of the Falls Working Party and Falls Investigation is not to eliminate risk, as this would mean restricting patient choice, but to mitigate risk as much as possible whilst enabling patients to maintain function, choice and quality of life.

**Annual Falls Report 2022–23**

The purpose of the Annual Falls Report is to provide assurance regarding the investigation and review of annual falls data. The reports helps us to identify trends and service needs in relation to patient safety and best practice on the In-Patient Unit. Trend analysis has led us to findings, priorities and actions for

ongoing work for the Falls Working Party. (Data taken from Vantage incident reporting system, SystemOne and Hospice UK annual data set).

### Falls at The Kirkwood

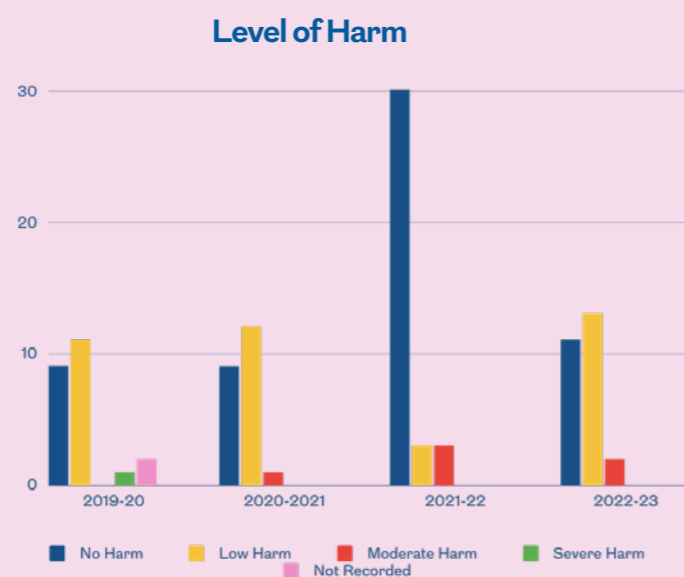
There were 26 falls in the period, a reduction from last year and below average number of falls per year in relation to comparable hospices, according to Hospice UK data. Last year, we were significantly lower than the average. There has been a reduction nationwide in falls.

	2020-21	2021-22	2022-23
The Kirkwood	22	36	26
National comparable average (data from Hospice UK)	39	34.5	31.8

Our bed occupancy increased in 2022-23, yet falls have reduced. The total number of falls was 26, equating to 20 patients falling due to the number of repeat fallers.

On admission, patients are screened for being at risk of falls. In this period, 69% were considered at risk of falling on admission, with 11% being identified post admission. 20% were not identified as being at risk of falls. 4 patients that fell had not been identified as being at risk of falling at the time of the falls. None of these went on to fall again.

Level of Harm	
No Harm	11
Low Harm	13
Moderate Harm	2



### Main Contributing Factors

Risk taking behavior – personality factors	12
Cognitive issues/confusion/lacking capacity	11
Deterioration in condition	5
Toileting	9
Sudden event/seizure	2
Agitation	2

Falls incidents are complex and often a result of several contributing factors. The most frequent cause of falls within this data set, despite having discussed the risk of mobilising independently, is patients still choosing to attempt to do this. This accounted for 12 of the falls, with the second most common feature being cognitive impairment or confusion, with this contributing to 11 of the falls.

There has been an increase in falls related to patients attempting to get to the toilet. This is a significant new trend and something we have not seen before, with 9 of the falls occurring when patients were attempting to get to the toilet.

### Karnofsky Scores

Trends in Karnofsky scores previously identified have continued, with the majority (61%) of fallers having a score of 40 or 50. This use of Karnofsky score continues to enable falls prevention work, alerting the therapy team to patients more likely to fall.

### Reporting and Documentation

#### Falls care plans:

In place at time of fall	84%
Updated post fall	100%

All but 4 patients that fell had been identified as being at risk of falling at the time of their fall.

100% of falls care plans were completed or reviewed following falls. The 4 patients not identified as being at risk of falling did not have a Falls Care Plan in place, but these were implemented post fall.

### Compliance

Incident reporting throughout this period has demonstrated a high level of compliance from employees in relation to the use of available falls interventions and approaches, as well as the development and use of personalised care plans.



## Service Development and Innovation

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Recruitment onto Falls Working Party to reflect changing team

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Introduction of a new bed with built in falls alarm

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Presentation of falls development work to Kirklees therapy teams

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Development of SystmOne reporting – addition of read code for falls alarm to be able to report on this

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Collaboration with OSKA regarding improvement of their Air-lert falls alarm

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Collaboration with regional hospice falls group, having presented our falls work at their request.

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Advice and guidance sought from us by other hospices

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Collaboration with Kirklees falls group, looking at developing falls sessions for patients in collaboration with Kirklees Wellness Service and Kirklees Active Leisure

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### Progress against agreed priorities for the previous year:

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Ongoing development of psychological falls management and data collection, in collaboration with The Kirkwood Counselling team.

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Hospice UK Nov 22 poster presentation – “Falls isn’t just about falling – exploring psychological factors of falls management” (Tracey Addy & Elspeth McGloughlin).

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Exploration of cognitive falls management approaches in response to change in data trends, in collaboration with Admiral Nurse to inform strategies

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Adaption of Falls Care Plan to incorporate external environmental factors and restrictions – reducing restricting measure and maintaining safety outside.

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### New priorities and themes from 2022–23 data:

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Assessment of falls risk on admission is completed by employees, however an increase in incidence of falls happening within the first 72 hours of admission indicates the need to explore this further.

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**Actions:** The Falls team, in partnership with the Counselling team, hypothesise that this may be linked to orientation and adapting to increased support need. Adapting to this change in function and environment requires further exploration.

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Toileting has featured in the data more than in previous reporting, but not in relation to urgency or rushing, but to the adjustment to loss of function.

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**Actions:** Exploration of personalised support in relation to elimination needs, looking at replication of routines used at home.

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Development of falls best practice guidance to support staff in management of falls.

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Ongoing staff training and development, dissemination of findings, upskilling of staff in working party.

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Development of Falls Risk rating Score (FRS) to inform practice and escalate level of risk.

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## Pressure Ulcers

The development of pressure ulcers at the end of life is often deemed unavoidable, and as a result of multiorgan failure. This leads to tissue hypoperfusion, resulting in depletion of oxygen and nutrients for the skin. Pressure ulcers, formed due to pressure, shearing or continuous friction, are also common at the end of life. The goal of care for patients with pressure ulcers at the end of life is usually wound management and good quality of life, rather than wound healing. Nurses must assess all pressure ulcers at the end of life holistically, and consider treatment and management based on the patient’s condition (British Journal of Community Nursing 2022).

This review provides a report on the annual overview of pressure ulcers of patients occupying a bed in the In-Patient Unit. It provides facts and figures, from activity in the year 2022–23.

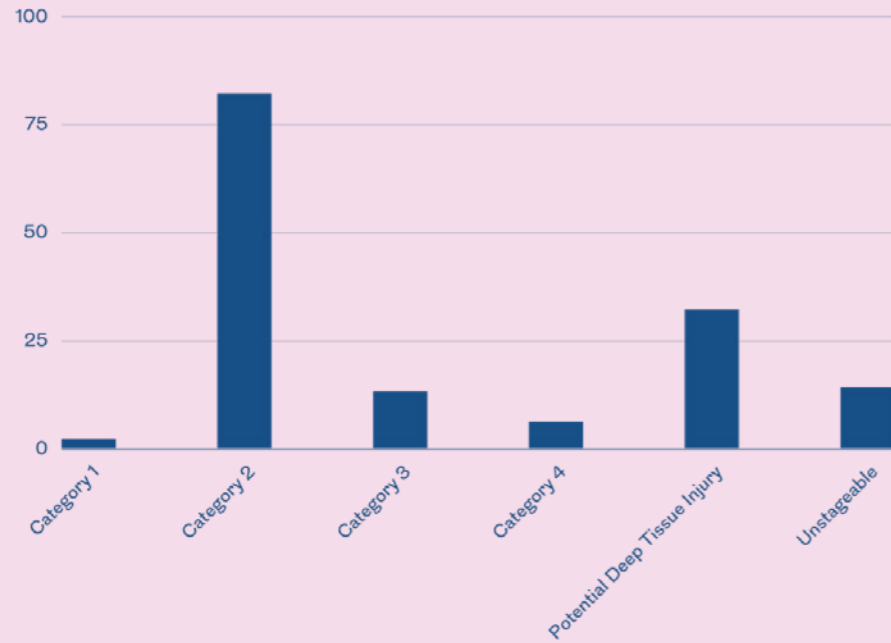
The Kirkwood report all moisture lesions, and all pressure ulcers that are a category 2 or above, through the Vantage reporting process. Patient Safety meetings were implemented in September 2022 to review all Category 3, 4 and potential deep tissue injuries.

All Hospice-acquired category 3 and 4 pressure ulcers are reported to the Care Quality Commission as part of their notification procedures for serious injury to a person who uses the service. These were existing pressure ulcers that had deteriorated and deemed as unavoidable as the patient was in the dying phase.

There were 24 hospice acquired pressure ulcers. 1 was category 3 and required reporting to Care Quality Commission.

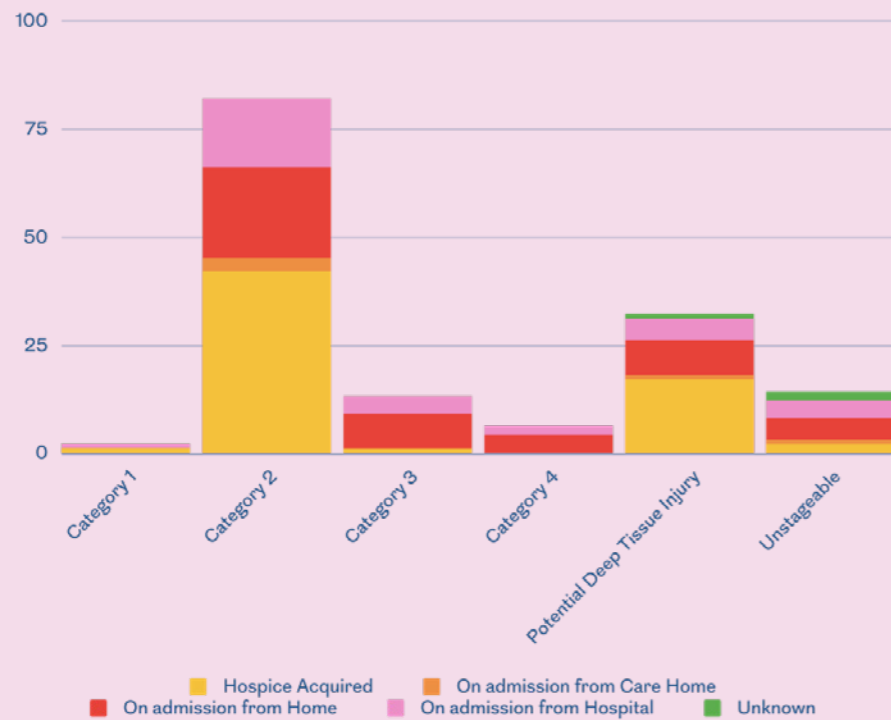
We have seen an increase in the complexity and acuity of our patients following the pandemic and have implemented a patient safety panel to investigate and review the care received for each patient who has a pressure ulcer under our care.

**Number of Pressure Ulcers 2022–23**

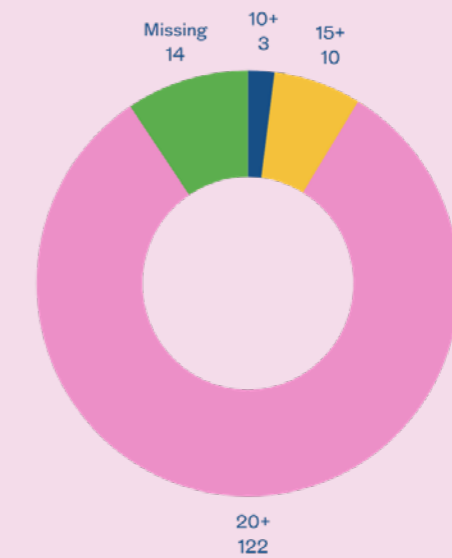


The number of pressure ulcers during 2022–23 is higher than the number in 2021–22. The number of patients admitted also increased in 2022–23 (294 compared to 226 in 2021–22). Despite this increase in admissions, the proportion of patients that experienced a pressure ulcer was 27% in both reporting periods.

**Category of Ulcer Versus Where Acquired**



**Waterlow Score**



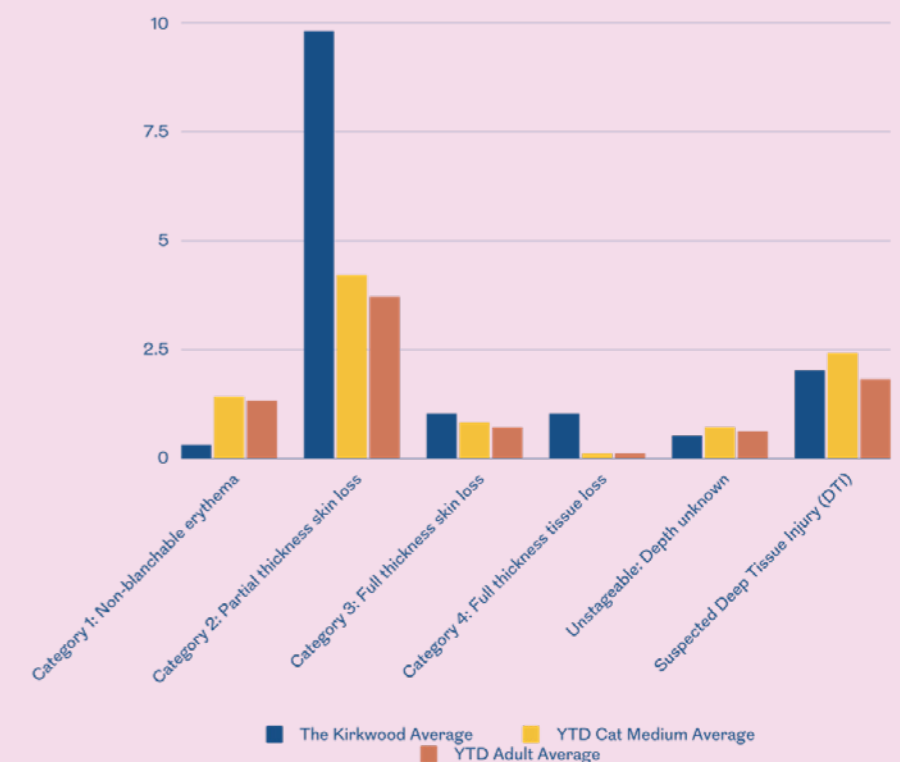
The Kirkwood patients all scored above 10, indicating that they are at risk of developing a pressure ulcer.

The majority of patients scored 20+, identifying a high proportion of patients being at high risk of pressure of ulcers.

As a result, patients are nursed on a high specification pressure relieving mattress, have relevant pressure prevention care plans applied and personalised regular position changing care provided.

The Kirkwood submit data to Hospice UK on a quarterly basis to enable a comparison to be made across hospice services. The figures below are based on an average per bed day populated.

**Hospice Acquired Pressure Ulcers**



- This is a retrospective report of the prevalence of pressure ulcers.
- The Vantage incident reporting module enabled ease of reporting and identifying themes.
- SystmOne templates aided the investigation and supported staff in the provision and reporting of care.
- Delivering training enabled a refresher for existing staff and ensured new starters were working to Kirkwood standards. A dedicated team of nursing wound care champions provide expertise.
- Pressure ulcers are often seen in end of life patients due to multiple comorbidities, age, and malnutrition.
- Patient safety meetings are held for category 3 and above pressure ulcers to identify the reason it occurred and ensure everything is in place to prevent further deterioration.

#### Key learnings and priorities for 2023–24 for The Kirkwood:

1. To apply patient safety panel for all category 2 pressure ulcers
2. To maintain current level of reporting
3. To benchmark across 5 local hospices to ensure best practice and peer review

#### Duty of Candour

We continue to have an open policy of reporting all our near misses and clinical incidents, whether they cause any harm or not. This includes informing and apologising to patients and/or their families in keeping with the ‘Duty of Candour’ regulations when there is a notifiable incident (where there is moderate harm, even if this is unavoidable).

#### Audits

##### Summary of the assurance for each IPC Board Assurance Framework statement:

##### List of the suggested improvements against BAF:

1. Re-establish leadership walk rounds with members of the Executive team to provide ‘fresh eyes’ on IPC issues – **in place**
2. Reassess the levels and management of stock in the storerooms to allow for effective cleaning – **ongoing**
3. Provide pictorial cleaning and disinfection guidance for the specialised bath – **in place**
4. Review PPE for visitors in line with risk assessments, in particular the wearing of gloves may not be appropriate in many circumstances where hand hygiene is more effective and will provide a more compassionate

#### approach to visiting – **resolved**

5. Review use of PPE, in particular the appropriate use of gloves assessing where there is risk and where there is no risk. Glove usage could be reduced and hand hygiene promoted – **resolved**
6. The addition of a one-page summary of the key points of the IPC policies would make the policies easier to read when staff are busy – **in place**

We are grateful to Carole Hallam of ACIN Consultants for volunteering her time and expertise to support us with this external review.



# Statement from Healthwatch Kirklees

Healthwatch Kirklees continue to have a good working relationship with The Kirkwood. In 2021–22, more people were coming to Healthwatch to share their experience of End of Life Care and we made sure that colleagues at The Kirkwood, who lead on the Kirklees Palliative Care Partnership, got to hear about people's experiences. As a result, a Best Practice Steering group was established as a place to bring people's lived experiences and for partners to consider how they might do things differently as a result of hearing people's feedback.

We continue to work closely with The Kirkwood and we're about to launch a focussed piece of engagement looking at the quality of End of Life Care from the perspective of bereaved relatives and friends. Healthwatch Kirklees look forward to seeing more examples of how people's experiences help to shape the way services are delivered at The Kirkwood.

**Stacey Appleyard**  
Director of Healthwatch Kirklees

# Statement from Locala

Locala is proud of its partnership with The Kirkwood. We share a strong commitment to ensure a positive experience of end of life care for patients and families across Kirklees.

Through partnership ambitions and in how we deliver front line patient care, we are committed to working together for improvement. We have already seen the positive impact of joint work on discharge arrangements and in the development of our colleagues. We know there is more to do. For example our joint work underway to ensure shared mechanisms for learning and improvement.

We know people have the best experiences when our teams work well together. To that end we are committed to ensuring our level of ambition and next steps to optimise and integrate the ways we work together continues.

**Victoria Vallance**

Chief of Nursing and AHP's, Director of Clinical Quality  
Locala Health and Wellbeing

# Statement from the Care Quality Commission

## The Care Quality Commission (CQC)

The Care Quality Commission (CQC) independently assesses hospices, hospitals, care homes and other health and social care services. They have five key lines of enquiry: safe, effective, caring, responsive and well-led services.

The CQC inspect at least once every five years. An inspection was carried out in September 2016 and the rating awarded was 'Good' overall with an 'Outstanding' rating for Care.

More information is available on the Care Quality Commission website: [www.cqc.org.uk/location/1-115011048](http://www.cqc.org.uk/location/1-115011048)

This rating is an endorsement of the quality of care that The Kirkwood continues to carry out.

Our Registered Manager, the Director of Clinical Services, meets regularly with our local CQC inspector to provide updates on performance indicators and developments

## CQC monitoring and inspection

6 July 2023  
**During a monthly review of our data**

We (CQC) carried out a review of the data available to us about Kirkwood Hospice on 6 July 2023. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage.

This could change at any time if we receive new information. We will continue to monitor data about this service.

If you have concerns about Kirkwood Hospice you can give feedback on this service.

### Overview

Latest inspection: 7 September 2016      Report published: 1 February 2017  
Latest review: 6 July 2023

Safe	Good	●
Effective	Good	●
Caring	Outstanding	☆
Responsive	Good	●
Well-led	Good	●

Download the full inspection report for Kirkwood Hospice at: <https://api.cqc.org.uk/public/v1/reports/d8afcafb-8f4e-43bd-b23c-274e7b4ce6bd?20211030120000>

# Feedback from the NHS West Yorkshire Integrated Care Board regarding our Quality Account for 2021–22

Thank you for providing the Kirkwood Support Life Quality Account 2021–22 for comment. To the best of our knowledge the information provided is accurate and has been fairly interpreted. The quality account is easy to read and provides a clear summary of achievements and challenges faced over pandemic and outlines Kirkwood’s quality priorities for the coming years.

We were pleased to support you with your work to implement the Electronic Palliative Care Co-ordination System (EPaCCS) within clinical services and across Kirklees, and it’s positive to see that as a result of this more people are dying in their preferred place of death. The Advanced Care Planning Clinic is another positive example of how The Kirkwood tries to involve people in decisions about their end-of-life care at a time when they have capacity to make those informed decisions. Service development for 2023–2025 in relation to the ‘light touch’ technology to enable virtual wards to bridge the gap and ongoing input of community social care and health professionals is a positive clinical service.

The Integrated Care Board appreciates the work The Kirkwood is continuing to progress around the end-of-life pilot. The Kirkwood, ICB and providers working with 11 Kirklees Care Homes to gain an end-of-life charter. Care Homes involved are offered support and both virtual and face to face learning sessions to assist them to gain this accreditation. We are pleased to support the pilot completion due in Autumn 2023 and look forward to receiving feedback on the results.

We are encouraged by your rapid improvement work throughout the pandemic, whilst delivering high quality of care. Also, the patient and carer feedback through the development of a patient experience survey and your use of volunteers to support the data collection.

Your commitment to improving patient safety has led to the development of the Key Quality Indicators dashboard and it is pleasing to see that you are using this data to focus your 2021–22 priority improvement areas which are falls, pressure ulcers and drugs errors. It is positive that severe and low harm has reduced.

The streamline referral process into The Kirkwood, making it easier and more inclusive to access support and services. Utilising a single point of access to clinical services provides an encouraging process.

The Kirkwood objectives for 2023–2025 aim to implement Patient Safety Incident Framework and attending the Patient Safety Network is encouraging. Also, to increase the patient numbers to access support and services, improve inter-departmental referrals to maximise patient impact. The ‘Connect with The Kirkwood’ is a positive piece of design work and we look forward to receiving updates on this progress.

The Kirkwood Support Life Quality Account provides a positive summary of the development and delivery of a very important service for patients with palliative and end of life care needs.

We see The Kirkwood as an integral partner in delivering our end-of-life vision and look forward to continuing our partnership through 2023–24.

Yours sincerely

**Penny Woodhead**  
Director of Nursing and Quality  
Kirklees Health and Care Partnership

# Getting in touch

**Connect with The Kirkwood  
& 24/7 Advice Line**  
01484 557 910

**The Kirkwood Main Reception**  
01484 557 900

**Fundraising**  
01484 557 911

**Website**  
[thekirkwood.org.uk](http://thekirkwood.org.uk)

**Email**  
[info@thekirkwood.org.uk](mailto:info@thekirkwood.org.uk)

**Address**  
The Kirkwood  
21 Albany Road  
Dalton, Huddersfield  
HD5 9UY





Our support began as a hospice, but today it is a promise: to support the life and legacy of all of those affected by a life limiting illness.

We help those in our care to live well and to make the most of every single day. We make the complex simple by focussing on what's important. And we support families and loved ones to live on – and live well.

We're here for local people across our community whenever and wherever they need us, helping to improve their quality of life – in the ways that matter most to them.

Through thick and thin, giant hugs and bottomless mugs, we support life for anyone affected by a life limiting illness here in Kirklees.