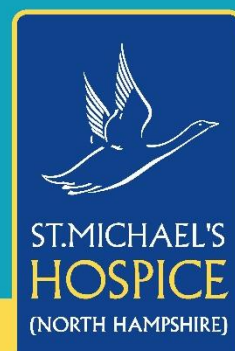




Quality Account

2019/20 | St. Michael's Hospice (North Hampshire)



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Part 1

Chief Executive's Statement

As I present this year's Quality Account, I cannot begin without acknowledging the global pandemic we currently operate in which presents its very own challenges. Whilst reviewing the significant progress made during 2019/20 it provides a great opportunity to re-evaluate and identify new priorities and direction to continue to improve services for patients and families in the North Hampshire community as we move into a new strategic period.

The newly established Leadership Team have driven the Hospice Annual Plan to ensure that the objectives set in the last year have been achieved. Recruitment of nursing staff presented significant risk to services until late 2019 when sufficient staff and an In-Patient Unit Manager, were appointed to increase bed numbers and ensure more robust processes were in place. During the year a significant improvement in staff reviews and mandatory training was achieved to ensure our staff are appropriately trained, have opportunities to develop their skills and feel able to contribute to the changes required in our services. A safer working culture has also been established as is demonstrated by the increase in incidents reported. Without fear of recrimination the increased transparency has created an environment where everyone is striving to learn and improve safety.

Feedback is gathered using a number of channels and last year 97% of patients would recommend our care to family and friends. The national VOICES survey which canvasses relatives showed that 94% would recommend our services. Staff and volunteers are encouraged to give feedback regularly through several means throughout the year in formal surveys and monthly forums and this is reviewed by the Senior Leadership Team. At St. Michael's Hospice we encourage people to share their views so that we can identify opportunities for improvements in the quality of care and services both in the Hospice and the community.

During 2019, a cross section of staff and Trustees attended facilitated sessions to develop a new strategy which was launched in April 2020. The overarching aim of St. Michael's is to 'Increase the reach of Hospice services and the quality of our care'. This will be done through four key priorities.

- Developing Sustainable Partnerships
- Being Financially Balanced and Self-Sufficient
- Enhancing Training, Development, and Investing in our People
- Investing and Extending our Services

Despite the significant challenges of Covid-19 that we start the new year with, the Hospice will continue to strive towards its strategic goals. People are always kept at the centre of everything we do and through our staff alone, will we achieve this. Whatever hurdles are met during the coming year, the dedication and commitment of the Hospice team and generous, supportive community and partners will underpin our success.

Iain Cameron

Chief Executive

May 2020

Mission Statement

St. Michael's Hospice (North Hampshire) enables people faced with a life limiting illness, their families and carers, to attain the highest possible quality of life by providing a choice of specialist care and support.

Our Vision

St. Michael's Hospice will endeavour to influence and lead all aspects of palliative care provision in North Hampshire. It will do this by working in partnership with all stakeholders, particularly service users, who will be actively involved in the development and delivery of services which, as far as possible, will be user lead.

Priorities for Improvement 2020/21

St. Michael's Hospice is committed to providing high quality patient and family focused care and has identified a range of quality improvement priorities for 2020/21 in the areas of patient safety, clinical effectiveness and patient experience.

Patient Safety

Priority 1: To implement an evidence-based competency framework on IPU

How was this Priority identified?

There is a recognised opportunity to provide an evidence-based competency framework for clinical staff working on the inpatient unit. The Education and Development Facilitator is therefore leading on this priority for 2020-21. The aim of this priority is to provide an evidence based Professional & Clinical Skills: Professional, Assessment & Care Planning, & Intervention Portfolio. The Portfolio will:

- Support the professional development of all clinical staff
- Ensure that all clinical staff have the right competencies, at the right level, in the right role
- Provide evidence of initial training and assessment of competence in practice
- Provide competencies that can be used for self-assessment and for the identification of individual training needs.
- Ensure that policies and guidelines are assessed and used in practice

These portfolios will be a clinical staff development tool; a systematic approach to support service development, continuing professional development staff and to improve quality of patient care. They are being developed from national and local initiatives including Skills for Health, the Knowledge and Skills Framework as well as local policy authors and expertise.

How will Priority 1 be achieved?

All staff, registered nurses and healthcare assistants will be expected to complete competencies as these are fundamental to all clinical staff job roles. Competencies will be identified by role, band and as either core, intermediate or advanced. The achievement and maintenance of all competencies for staff is an ongoing process. For each professional and clinical skill staff will first gain theoretical knowledge. This may be obtained

through formal/initial, or through self-directed study, eLearning, and other sources of professional development. Part 1. of the Portfolio will be a toolkit to assist in this acquisition.

Part 2 will be the competency documentations, the sign off assessment that the clinical staff member is confident and competent in the practice of the skill. Assessment will be by direct observation, questioning and document review – review of care plans, risk assessments etc. Certain elements of a competency must be assessed by observation; others can be assessed by questioning or a mixture of observation and questioning. Assessment can be made by any competent and confident Senior Staff Nurse, Line Manager, Education and Development Facilitator or Doctor.

A 6-point level of achievement will be used, with zero being novice and level 6 expert. It is expected that all staff will meet a minimum level of achievement of Competent Practitioner – level 3 – for all elements of a competency for the competency to be signed off as complete.

NMC (2010) Standards for pre-registration nurse education

NMC (2015) The Code: Professional standards of practice and behaviour for nurses and midwives

NMC (2016) Standards for competence for registered nurses.

Clinical Effectiveness

Priority 2: To introduce an effective dependency tool to support safe staffing requirements

How was this Priority identified?

It is a statutory requirement that hospices have enough staff on every shift to provide effective care for their patient caseload, and that these staff are appropriately skilled.

It was recognized that we did not have an objective way of identifying the level of patient need on each shift. Individual nurses may vary in their assessment of how busy a ward is, and how many staff are required.

By introducing a dependency tool, we will have an objective rating of the dependency of a cohort of patients and be able to use this as a guide to the staffing levels, and skill mix required.

How will Priority 2 be achieved?

Several dependency tools in use elsewhere were examined, and suitable tool chosen. This was adapted (with permission) for use at St Michael's hospice.

Staff were introduced to the concept at an educational day for clinical staff, and details of how the system would work explained.

The coronavirus epidemic led to a delay in the introduction of the tool, as it was deemed inappropriate at a time when we were unsure what effect covid+ patients would have on our staffing levels, or how many beds we might need to cater for.

Now that the situation regarding coronavirus is more stable, we will re-introduce the dependency tool at a

ward meeting and introduce it shortly afterwards.

During the first three months, we will assess how well the tool is working, and may need to make minor adjustments. After that period, the dependency figure will be reported as part of the clinical dashboard.

Patient Experience

Priority 3: To establish an effective user experience group to improve patient care and develop our services for the future

How was this Priority identified?

Listening to feedback from our patients and their families on the care they receive from St. Michael's Hospice has always been a key priority and is actively encouraged via methods such as questionnaires, interviews, and postcards. However there has always been an ambition to provide an open forum for our patients, carers, family members and friends to be part of. Some other organisations have established Hospice User Group (HUG) to good effect and have developed their services based on the needs of those who access them.

In December 2019, the Quality and Governance Manager attended a Quality Improvement Conference where the benefits of co-production and the effectiveness of user groups in improving patient care and developing services for the future were emphasized.

How will Priority 3 be achieved?

Recruitment to a Hospice User Group will be advertised via the Hospice website and social media sites such as Facebook and Twitter. Users of existing symptom management groups and bereavement evenings will also be invited to join, and staff will be asked to help recruit individuals who are keen to provide feedback on their experience. The aim will be to hold a HUG four times a year at St. Michael's Hospice and use the meetings to:

- Review how our services are provided and developed
- Review feedback from hospice users
- Discuss how to raise awareness about the range of our services, available for patients and carers, that take place both within the hospice and out in the community
- Respond to suggestions and comments made about our services by other hospice users
- Encourage and report negative feedback made by hospice users allowing us as an organisation to learn and develop
- Act as the voice for hospice service users alongside staff and volunteers of St. Michael's Hospice in the provision and implementation of services.

Review of Priorities for Improvement 2019 – 2020

Improvement Priorities

The key improvement priorities undertaken during 2019 - 2020 were:

Priority 1: Improving the Provision of Staff Education and Development

During 2019-20 St. Michael's Hospice implemented a new mandatory e-learning training system across the organisation. Training compliance reports were reviewed monthly to monitor staff completion of the core statutory, mandatory and role specific modules. Staff uptake has been exceptional and as of 31 March 2020 compliance figures were at 95%. The hospice has also developed a Values based Appraisal Document which was a key objective for the newly appointed Director of People and Culture and this will be used to form the future educational requirements on staff within the organisation. During the year, a full review of departmental structures was completed and a new non-clinical pay scale was introduced to create equity and opportunities to develop.

Priority 2: Improving Staff Engagement within an Open Culture

During 2019/20 we appointed a Director of People and Culture to focus on organizational culture as key facilitator to enhancing the work environment. A focus on behaviors was instigated, supported by the new Values based Appraisal Document and two Staff culture surveys carried out in May 2019 and October 2019 to monitor and track the improvements. The newly introduced Organisational Study Days were well received and highly regarded by staff and this not only improved engagement between staff and the Leadership Team, but inter-departmental relationships have improved markedly as a result. The Hospice Forum continues to have very good attendance and has encouraged a two-way flow of communication along with allowing an opportunity to celebrate success. These forums are regularly attended by Hospice Trustees which has improved understanding of their roles and enhanced the visibility of Board Members.

Priority 3: Enhancing the Patient Environment

All planned work on the Patient Environment was completed during the year including the Electrical Circuit Boards upgrade, Turner Centre link corridor to join the two buildings, a new ward clerk station and IPU reception, installation of Sky TV in every patient room and a project of work to show case the vibrancy of the team through Staff photos on the unit. All improvements have been widely appreciated and positively received by staff, volunteers, and visitors.

Part 2

Statement of Assurance from the Board

The following are a series of statements that all providers are required to include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers but those that are applicable are identified below.

Review of Services

St. Michael's Hospice supported local NHS commissioning priorities during 2019/20 with regard to the provision of specialist palliative care by providing:

- Inpatient Unit Services
- Day Services
- Therapeutic Clinic
- Outpatient Services
- Community Palliative Care Team
- Complementary Therapy
- Physiotherapy
- Occupational Therapy
- Family Support Services incorporating
- Psychological Therapy
- Counselling and Listening Services
- Complementary Therapy
- Social Work Services
- Chaplaincy

£5.3 million income is required to fund St. Michael's Hospice in the coming year as we are an independent charity that provides all services without charge to patients and their families. This comes from voluntary charitable donations, Legacies, events, corporate and community fundraising, Hospice Retail and Lottery. The remaining 16% of the funding required is from the NHS via the North Hampshire Clinical Commissioning Group (CCG).

Participation in Clinical Audit

National Audits

During 2019/20 St. Michael's Hospice was not eligible to participate in any of the national clinical audits nor national confidential enquiries as none of the audits or enquiries related to specialist palliative care based in the community.

Local Audits

As part of continuously improving the quality of care provision we have a comprehensive annual audit programme and service evaluations using where possible, nationally agreed hospice specific benchmarking tools.

Audit Topic	Audit Outcomes
Mortality Audit	<p>Round 3 of the National Mortality Case Record Review Programme was carried out in September.</p> <p>Summary results include:</p> <ul style="list-style-type: none"> • 93% had a clear treatment escalation plan • 93% had a completed ReSPECT form • 100% had a DNACPR decision made • 67% had a clear nursing care plan for each identified need • 7% of patient's rated ongoing phase of care "excellent" • 93% of patient's rated ongoing phase of care "good" <p>Main issue relates to slow discharges and assuming patients are happy to stay at SMH rather than offering them to die at home. The audit also found a high number of long stays with 7/15 staying more than 14 days as well as a number who die within 24 hours of being transferred from the local hospital. This is being reviewed prior to the next round of audit.</p>
Transforming Motor Neurone Disease Care	<p>Above average results in the following areas:</p> <ul style="list-style-type: none"> • Recognition and referral • Organisation of care • Management for muscle problems • Equipment and adaptations • Nutrition and Gastostomy • Communication • Cough effectiveness • Respiratory function /Symptoms and Non-Invasive Ventilation <p>Below average as follows:</p> <ul style="list-style-type: none"> • Information and support at diagnosis • Cognitive assessments • Psychological support • Saliva management <p>New checklist to improve documentation of conversations and interventions MND team have with their patient. MND team have also agreed to use the ECAS (Edinburgh cognitive and behavioral ALS screen) where cognitive impairment is suspected in their patients.</p>

Audit Topic	Audit Outcomes
Venous Thromboprophylaxis (VTE) Re-Audit (NICE Guideline 89)	Initial VTE assessment rates were substantially higher in May 2019 than November 2018. The introduction of new admission proformas may have helped this. VTE prophylaxis is not being reviewed daily and requires improvement. Patients diagnosed as dying have their VTE prophylaxis discontinued appropriately.
Audit of Patient Emergency Evacuation Plans (PEEPs)	The audit indicates that PEEP forms are being completed for patients admitted to the Inpatient Unit (IPU) on day of admission. Much of the form is being completed in full however a review and update of patient's mobility status and oxygen requirements is an area for improvement.
Recommended Summary Plan for Emergency Care & Treatment (ReSPECT) Audit	Completion of ReSPECT forms shows a good level of compliance. 100% were filed in notes, dated, included personal preference, cardiopulmonary resuscitation (CPR) status documented and signed by clinician. Not all forms were countersigned by consultant and some forms reviewed on admission contained some had illegible changes. It was recommended that all ReSPECT forms are reviewed and where necessary renewed on admission to improve clarity.
IPU Antibiotic Stewardship Audit	Data shows we are very good at recording the indication for initiation of antibiotics, although slightly less good at documenting an intended duration of course or planned review date. Good adherence to local prescribing guidelines. A prompt sheet to be placed in the medical notes for each patient receiving antibiotics. This would encourage the prescriber to consider the Smart Then Focus principles and to ensure each area had been addressed. In addition, a prompt sheet displayed in the IPU office would serve as a useful reminder to clinicians.
Infection Control Environmental Audit (External review by specialist nurse)	<p>Initial Audit carried out in April</p> <ul style="list-style-type: none"> • 88% compliance IPC • 90% sharps management <p>Re-audit in October</p> <ul style="list-style-type: none"> • 98% compliance IPC • 100% sharps management <p>Only one action point this time which relates to the labelling of all stored equipment to demonstrate it is clean. Actions implemented by Housekeeping Supervisor.</p>
Patient Falls Review Audit	<p>There was a 14% decrease in the reported number of falls in 2019 compared to the reported number of falls in 2018.</p> <p>There were fewer repeat fallers in 2019 compared with 2018 and fewer fall related injuries. Most falls continue to occur during mobilisation to the toilet – staff to ensure call bells are within reach, urine bottles if necessary, kept within reach and patients encouraged to call for help.</p> <p>100% of patients are risk assessed on admission and care plans put in place manage the risk of falls accordingly. There is a need to improve the documentation relating to informing patient's next of kin following a fall. The highest number of falls (58%) occurred during the afternoon (between 12:00 and 21:00). In 2018 the highest number of falls occurred after 21:00hrs.</p>

Audit Topic	Audit Outcomes
Measure Yourself Concerns and Wellbeing (MYCAW)	This outcome tool was used by the therapy team to measure patient outcomes following completion of the Symptom Management Group Fatigue, Falls Prevention and Exercise, Breathlessness and Relaxation and Mindfulness. The results show that the two problems identified by the patients reduced in terms of how much they “bother” them. There was also a significant improvement in their well-being. MYCAW continues to be used as a way of measuring patient outcome for ongoing Symptom Management Groups.
Pharmacy Controlled Drug Audit	Audits carried out in May and November 2019 by the Medication Safety Pharmacist at Hampshire Hospitals NHS Foundation Trust (HHFT). The initial audit achieved 71% compliance with some discrepancies identified around documentation, regular weekly stock checks and the use of bungs/oral syringes to improve the accuracy of measuring liquid balances. Results are always discussed and signed off by the nurse in charge for the attention of the ward manager to ensure learning is shared. Re-audit in November achieved 90% compliance with some ongoing reminders on the need for two witness signatures and to have only one controlled drug order book in circulation.

Research

No patients were recruited during 2019/20 to participate in research approved by a research ethics committee.

Duty of Candour

Duty of Candour applies to all registered providers of both NHS and independent healthcare bodies as well as providers of social care.

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. When something goes wrong with patient care, it is crucial that it is reported at an early stage so that lessons can be learnt quickly, and patients can be protected from harm in the future.

Duty of Candour is a key topic in all our employees mandatory training. We promote a culture that encourages candour, openness and honesty at all levels. This should be an integral part of a culture of safety that supports organisational and personal learning. There should also be a commitment to being open and transparent at board level, or its equivalent such as a governing body.

Quality Improvement and Innovation Agreed with Our Commissioners

Over the reporting period communication between St Michael’s Hospice and North Hampshire Clinical Commissioning Group (CCG) has continued to thrive. The CCG have been committed to funding enhanced services as the hospice seeks to increase collaborative working and its reach to more patients. We continue to participate in quarterly Clinical Review Meetings and ad-hoc meetings as required. These also include a quality ‘walk round’ inspection of the In-Patient Unit conducted by the CCG Quality Team.

The hospice's NHS income in 2020/21 is not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework (CQUIN Framework) although quality measures are monitored in the contract with the North Hampshire CCG.

What Others Say About Us

St. Michael's Hospice is registered with the Care Quality Commission (CQC) to provide the following services:

- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.


St. Michael's Hospice registration status is unconditional.

Care Quality Commission:

The last CQC inspection visit to the hospice was in July 2016 and the hospice achieved 'Good' in every area.

Ratings	
Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

On 24th October 2019, the North Hampshire Clinical Commissioning Group conducted a supportive quality review of St. Michael's Hospice. The team made up of a GP Clinical Lead for Quality, Deputy Director of Quality and Nursing, Enhanced Nurse Practitioner and Quality Manager spent time with patients, relatives, and staff as well as reviewing documentation and processes alongside a CQC framework. A summary of the key findings was as follows:

<p style="text-align: center;">SUPPORTIVE QUALITY REVIEW St Michael's Hospice <i>Date of visit: 24 October 2019</i></p>	
	
Domain	Key Findings
Safe	<p>Junior doctors feel well supported by consultant, staff grade colleagues and the nursing team.</p> <p>System for reporting incidents in place and rate of reporting improving.</p> <p>Learning from incidents shared via monthly newsletter.</p>
Effective	<p>New lunch time MDT meetings appear to be well received and effective for handover of information.</p> <p>Daily referral meeting, daily handover meeting and weekly MDT.</p> <p>There is an admission proforma to aid ensure quality of admission clerking.</p> <p>VTE assessment and prophylaxis management guidance is not readily available.</p> <p>Staff stated that notes needed to be manually transcribed from hospital notes from HHFT to the MOPS information system used by the Hospice and felt that this was a time-consuming task.</p>
Responsive	<p>Staff are responsive to individual needs - care plans are written with patients and their families in response to individualised needs</p>
Caring	<p>Staff were caring, understood the needs of their patients.</p> <p>Staff interviewed stated that they enjoyed working within the Hospice and were passionate about providing high standards of care to both patient and their families</p>
Well Led	<p>Junior doctors feel empowered to introduce quality improvement initiatives such as the lunch time MDT.</p> <p>Junior doctor induction was variable with the GP trainee receiving a formal 3-week induction period that included shadowing and observation, but the staff grade SHO did not (acknowledge that new staff grade appointment is unusual situation).</p> <p>Staff reported an improved open culture.</p> <p>Organisational away days promoted culture and increased awareness between clinical and non-clinical teams and staff reported that they found these days really useful.</p> <p>Staff reported that they felt that there is a gap of leadership on the Ward. SMH stated that they are interviewing for this role on 31 October 2019.</p>

Part 3

Review of Quality Performance

St. Michael's Hospice (SMH) continues to collect data on Quality Performance despite the National Minimum Dataset (NMDs) coming to an end in 2016. Hospice UK are currently working towards a new patient level data set for hospice care but until this is available the 2015/16 NMDs continues to be used as a benchmark across hospice services.

Minimum Data Set Tables for Palliative Care (Small Units)

Table 1. St. Michael's Hospice Inpatient Unit

Inpatient Unit	Currently available national median 2015/16	SMH 2019/20	SMH 2018/19
New Patients	152	157	137
% Occupancy	77%	75.4%	81.7%
% Patients Non-Cancer	11%	14.5%	11.3%
Average Length of Stay (days) – Cancer	13.3	12.2	12.5
Average Length of Stay (days) – Non-Cancer	10.3	11.1	5.0
Day Case Admissions	0%	8.7%	10.4%

Table 2. St. Michael's Hospice Community Palliative Care Team

Community Palliative Care Team	Currently available national median 2015/16	SMH 2019/20	SMH 2018/19
Total Number of Patients	218	273	260
New Patients	159	229	196
% Patients with a Non-Cancer Diagnosis	17.5%	21%	28.8%
Average Length of Care (days)	38.0	32.0	45.0
% Patients Died at Home (including care homes)	75.3%	78%	79.1%

St. Michael's Hospice Therapy Services

The St. Michael's Hospice Therapy Team continues to work as part of the Palliative Care Team both on the inpatient unit and in the community. Between 1st April 2019 and 31st March 2020, the therapy team recorded 1,052 visits to the inpatient unit, averaging 88 a month and 617 home visits, averaging 51 a month.

The therapy team also run outpatient clinics including a weekly therapeutic clinic and a hydrotherapy session. During 2019 the team established Symptom Management Groups each consisting of 4 sessions covering Fatigue, Falls Prevention and Exercise, Breathlessness and Relaxation and Mindfulness. Groups were held in June,

September and November and resulted in positive patient outcomes as measured via the Measure Yourself Concerns and Wellbeing (MYCAW) tool and positively received by the 21 patients and carers who attended.

Our therapists are core members of the team running the monthly clinic for people with Motor Neurone Disease (MND) whom they review frequently in the community as and when required. During the reporting period the team supported 26 number of patients with MND.

An average of 23 new patients per month are referred for Occupational Therapy or Physiotherapy and prioritised according to need and each person is offered an individual assessment, followed by a plan of treatment which may include assessment at home.

The team provide both patient and staff education and continue to provide external training where required such as the Lung Cancer Support Group and the Moving Forward Programme a self-management course specific to breast cancer patients.

Chaplaincy

The Chaplain provides spiritual and pastoral support to patients, their families, and friends and to members of staff and volunteers. This non-judgmental ministry of listening, reflection and encouragement is offered sensitively to all, irrespective of religious belief or affiliation.

Prayers for the work of the hospice are held weekly in the Quiet Space, a multi-faith space for reflection and prayer. The Chaplain will contact other faith leaders from the community when requested.

The Chaplain seeks to enable all members of staff to have confidence in their own awareness of the spiritual needs of patients and their families. He is also available to conduct funerals as required and can provide less formal prayers and blessings as needed by patients and their families.

Complementary Therapy Service

The Complementary Therapy team of staff and volunteer therapists provide treatments for patients on the in-patient unit to help with relaxation, symptom control and general wellbeing – in addition to supporting their families with treatments. Aromatherapy diffusers are available in the patient's room to help with symptoms such as anxiety, insomnia, and nausea if the patient chooses to use them.

Complementary Therapy outpatient clinics are run from The Turner Centre where treatments are also offered to carers and the bereaved. A home visiting service is also provided for those unable to travel to the hospice and a weekly clinic takes place at Odiham Cottage hospital.

Treatments offered include Aromatherapy, Reflexology, Massage, Indian Head Massage, Reiki, Acupuncture, and Deep Relaxation.

Regular training and updates for the therapists is provided by the Complementary Therapy Services Co-ordinator who also provides training for other local therapists.

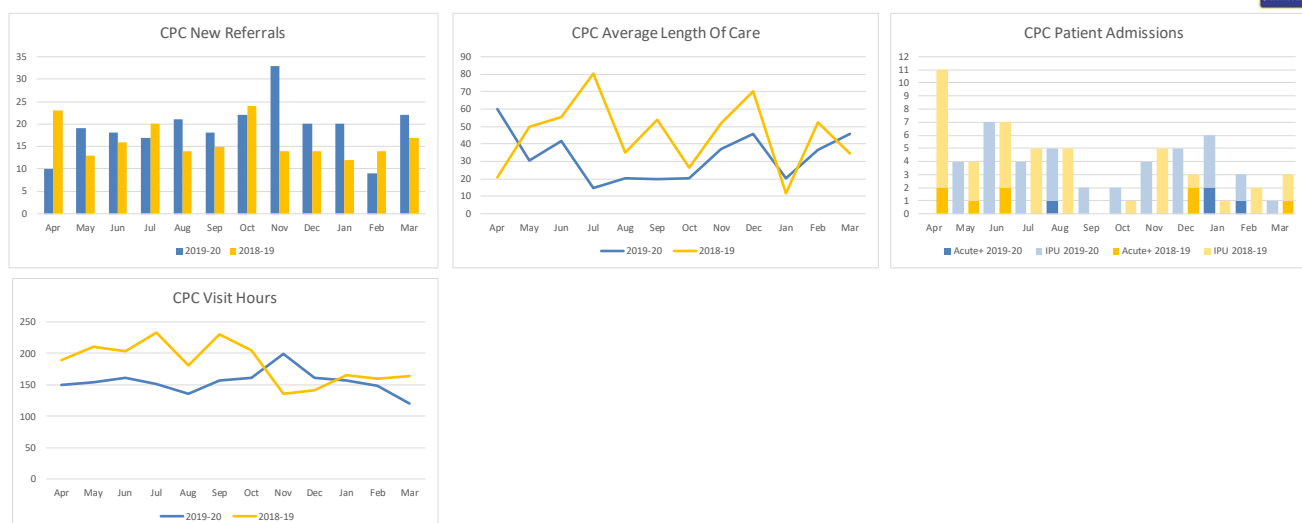
Additional Quality Indicators

In addition to the quality metrics in the national minimum data set, St. Michael's Hospice has developed a comprehensive clinical dashboard containing several additional key governance and activity data, as shown below. The dashboard is updated monthly and reviewed by the Clinical Governance Committee and Clinical Commissioning Group on a quarterly basis. In addition, each clinical manager receives their respective dashboard on a monthly dashboard providing a comprehensive snapshot of performance and identify areas that require review.

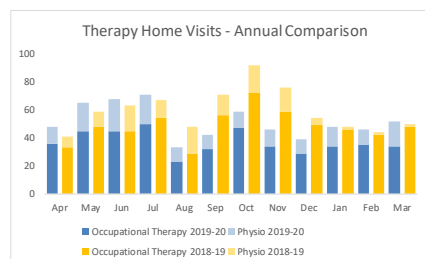
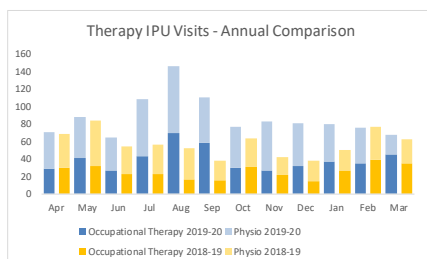
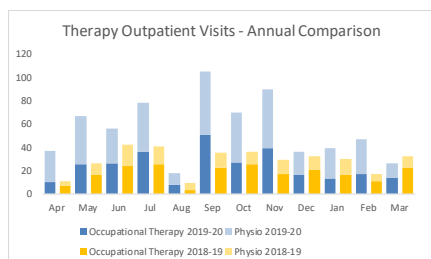
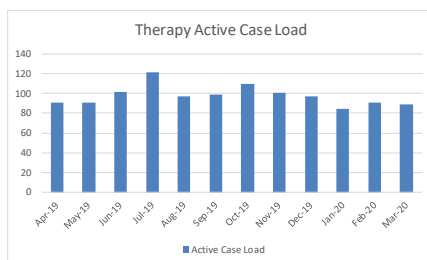
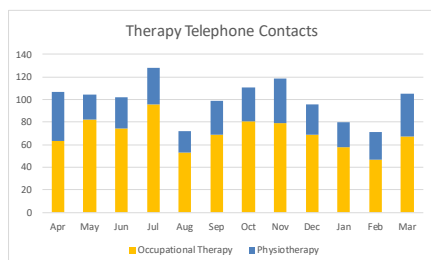
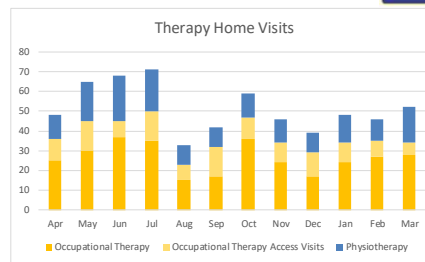
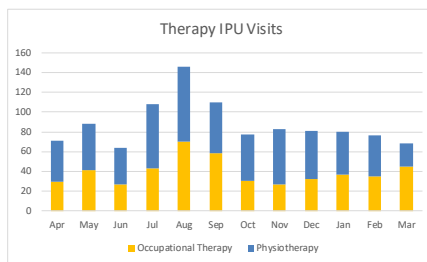
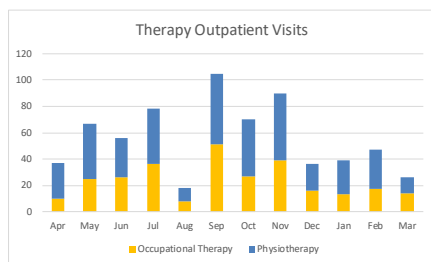
Inpatient Unit (IPU) Dashboard



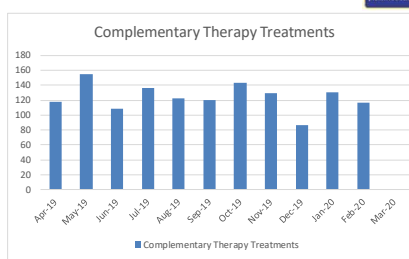
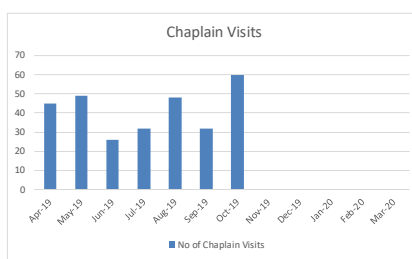
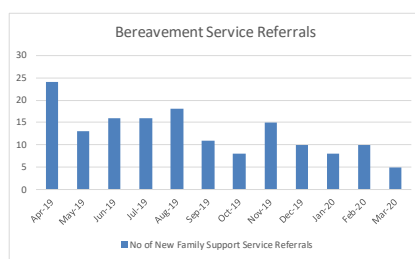
Community Palliative Care Team (CPCT) Dashboard



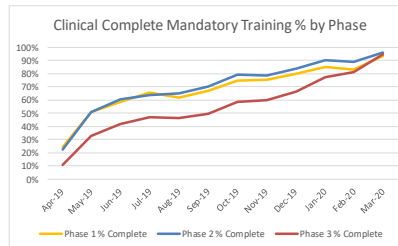
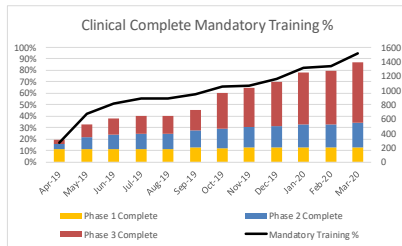
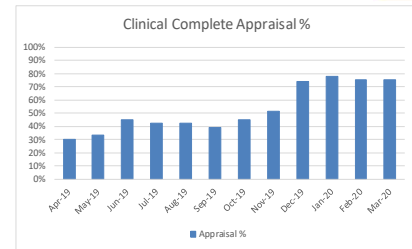
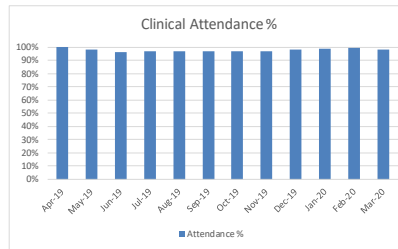
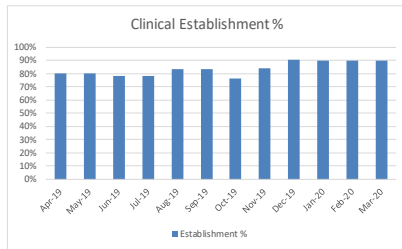
Therapy Dashboard



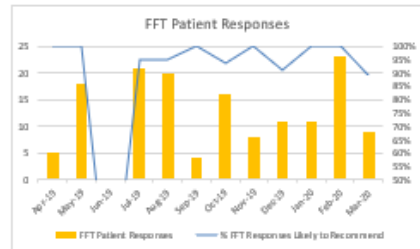
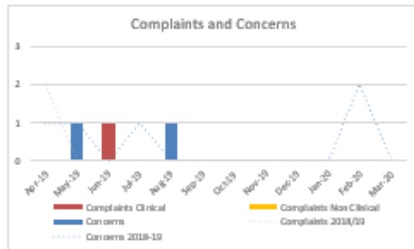
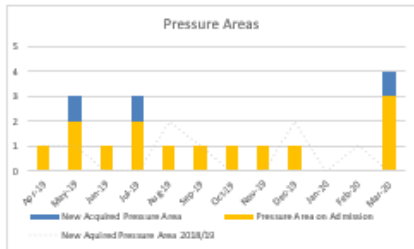
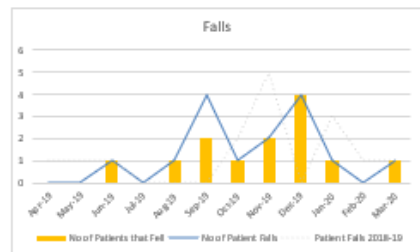
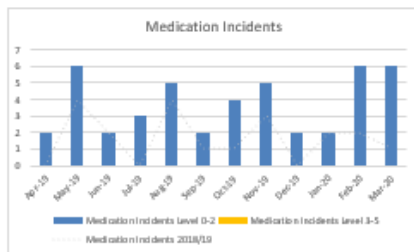
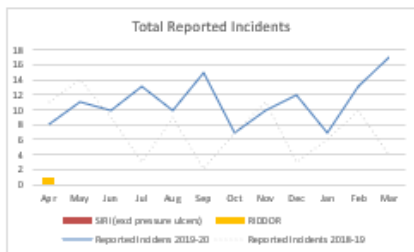
Family Support Dashboard



Clinical Team Dashboard



Quality & Governance Dashboard



Hospice UK Comparison Data on Key Quality Indicators

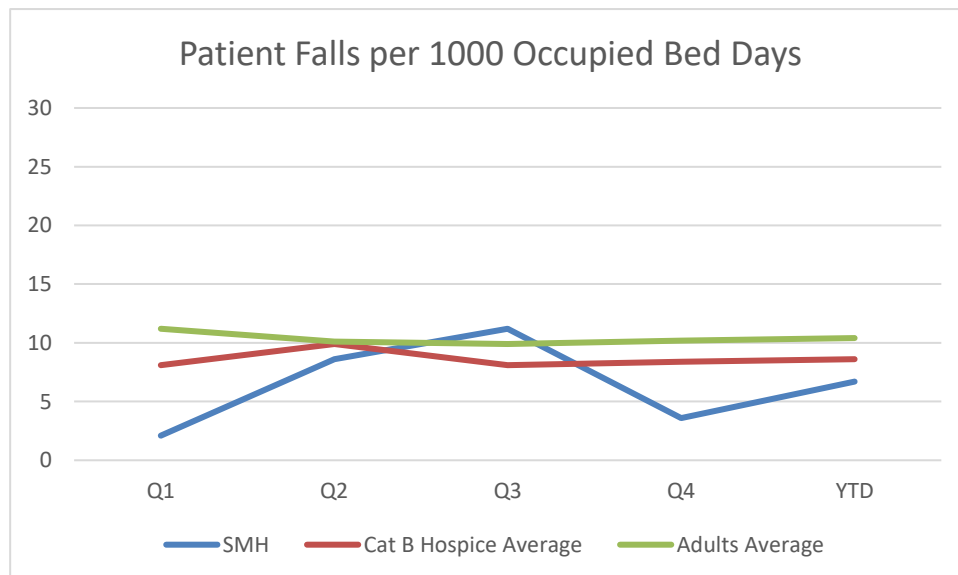
Benchmarking, as a component of quality management, offers a continuous process by which an organisation can measure and compare its outcomes over time with peer organisations and use the findings to inform management decision making.

St. Michael's Hospice submits benchmarking data on a monthly basis to Hospice UK on the following core patient safety and activity metrics:

- Patient Falls
- Pressure Ulcers
 - On Admission
 - Newly Acquired
 - Total
- Medication incidents
- Bed occupancy
- Discharges
- Deaths
- Average length of stay

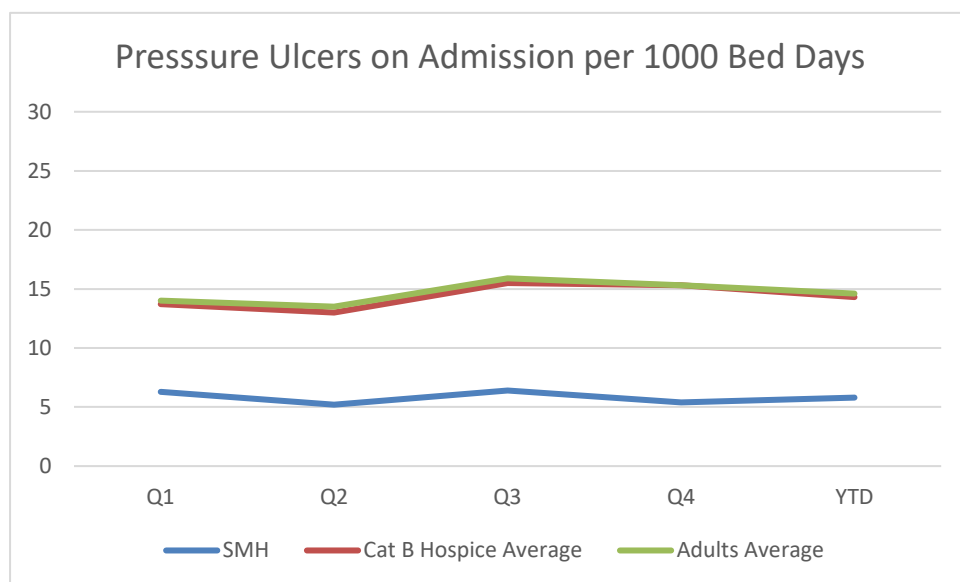
Patient Falls

	Q1	Q2	Q3	Q4	YTD
St. Michael's Hospice	2.1	8.6	11.2	3.6	6.7
Cat B Hospice Average	8.1	9.9	8.1	8.4	8.6
Adults Average	11.2	10.1	9.9	10.2	10.4



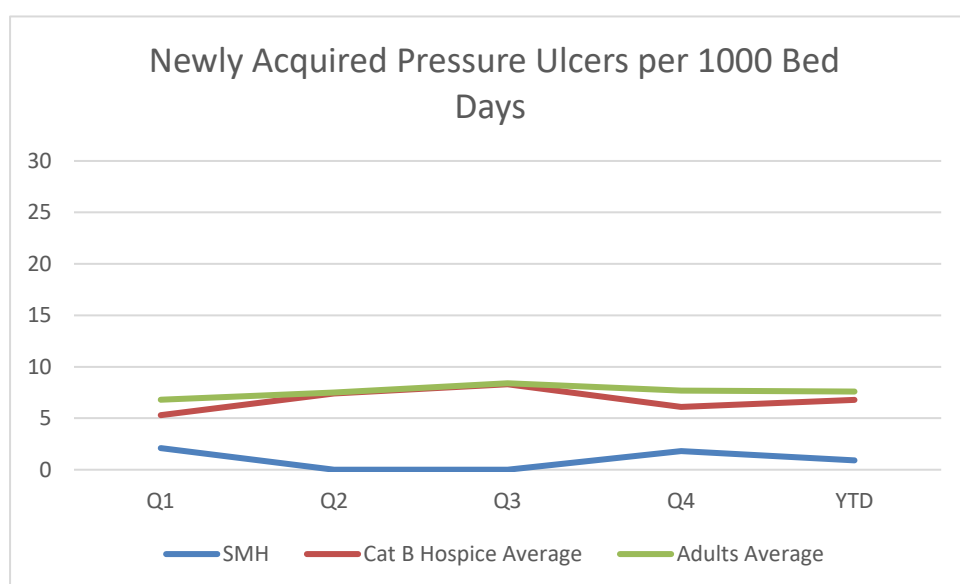
Pressure Ulcers On Admission

	Q1	Q2	Q3	Q4	YTD
St. Michael's Hospice	6.3	5.2	6.4	5.4	5.8
Cat B Hospice Average	13.7	13.0	15.5	15.3	14.3
Adults Average	14.0	13.5	15.9	15.3	14.6



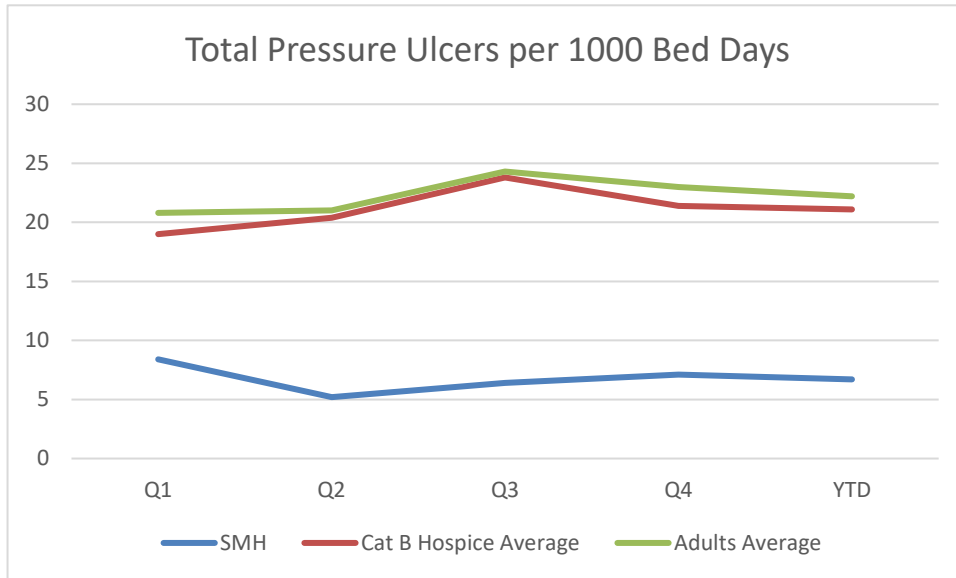
Newly Acquired Pressure Ulcers

	Q1	Q2	Q3	Q4	YTD
St. Michael's Hospice	2.1	0.0	0.0	1.8	0.9
Cat B Hospice Average	5.3	7.4	8.3	6.1	6.8
Adults Average	6.8	7.5	8.4	7.7	7.6



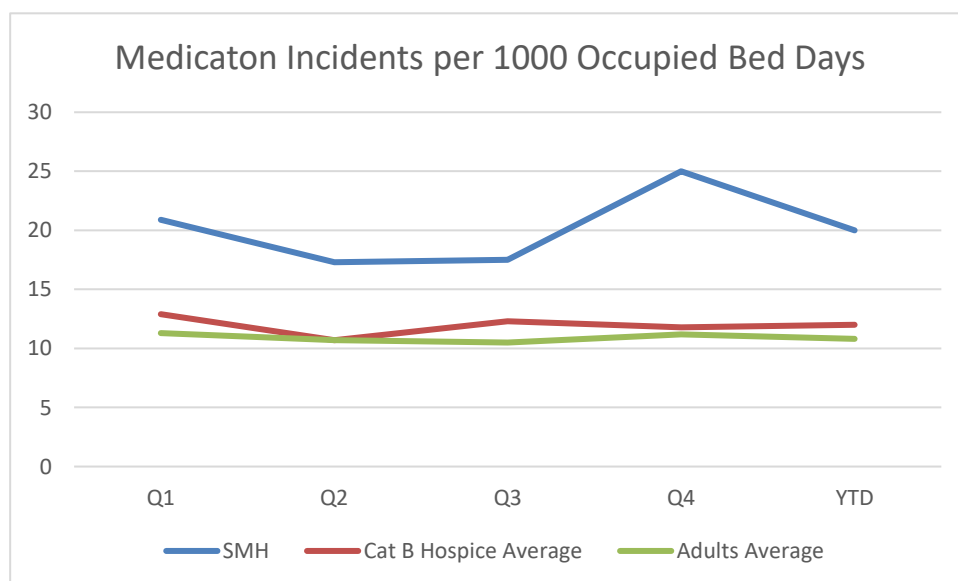
Total Pressure Ulcers

	Q1	Q2	Q3	Q4	YTD
St. Michael's Hospice	8.4	5.2	6.4	7.1	6.7
Cat B Hospice Average	19.0	20.4	23.8	21.4	21.1
Adults Average	20.8	21.0	24.3	23.0	22.2



Medication Incidents*

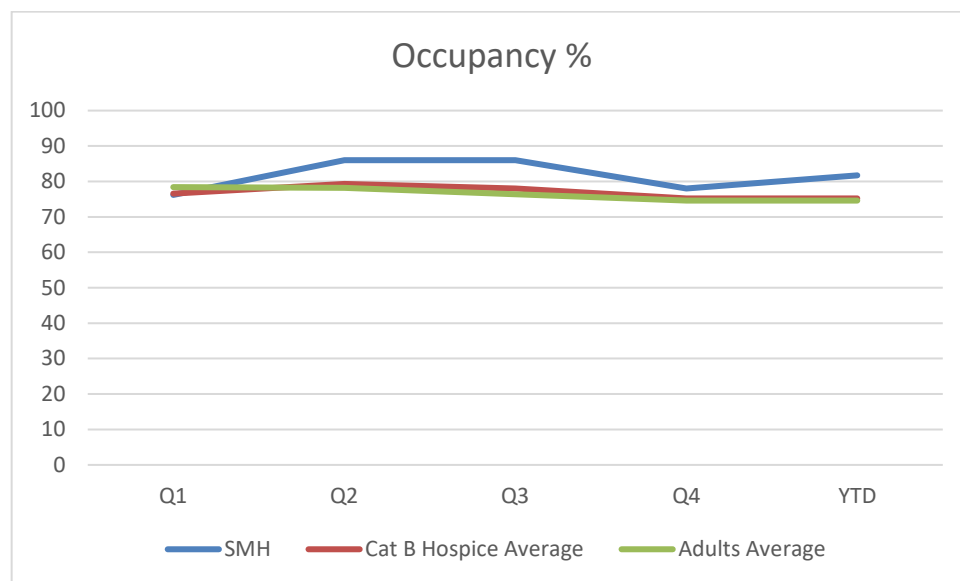
	Q1	Q2	Q3	Q4	YTD
St. Michael's Hospice	20.9	17.3	17.5	25.0	20.0
Cat B Hospice Average	12.9	10.7	12.3	11.8	12.0
Adults Average	11.3	10.7	10.5	11.2	10.8



*During 2019 St. Michael's Hospice established a Medicines Management Group which has led to an increased awareness and focus on near misses and incidents involving medicines. As a result there has been a marked increase in the number of medication related incidents all of which have been low level but nevertheless have led to changes in practice including improved signage and use of tabards to reduce staff interruptions during drug rounds and purchasing of drug cabinets for patient rooms.

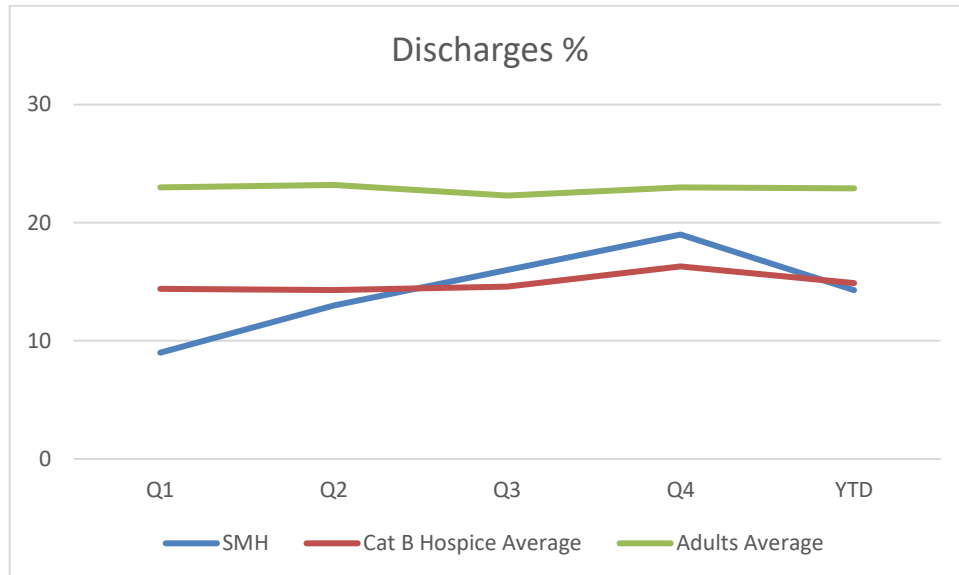
Bed Occupancy

	Q1	Q2	Q3	Q4	YTD
St. Michael's Hospice	76.2	86.0	86.0	78.0	81.7
Cat B Hospice Average	76.6	79.3	78.0	75.2	75.2
Adults Average	78.4	78.2	76.4	74.6	74.6



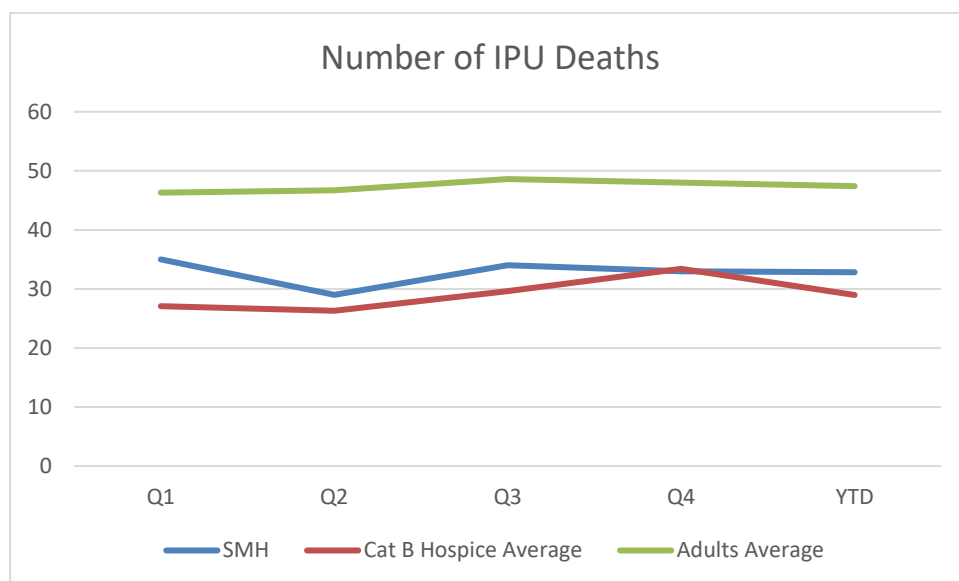
Discharges

	Q1	Q2	Q3	Q4	YTD
St. Michael's Hospice	9.0	13.0	16.0	19.0	14.3
Cat B Hospice Average	14.4	14.3	14.6	16.3	14.9
Adults Average	23.0	23.2	22.3	23.0	22.9



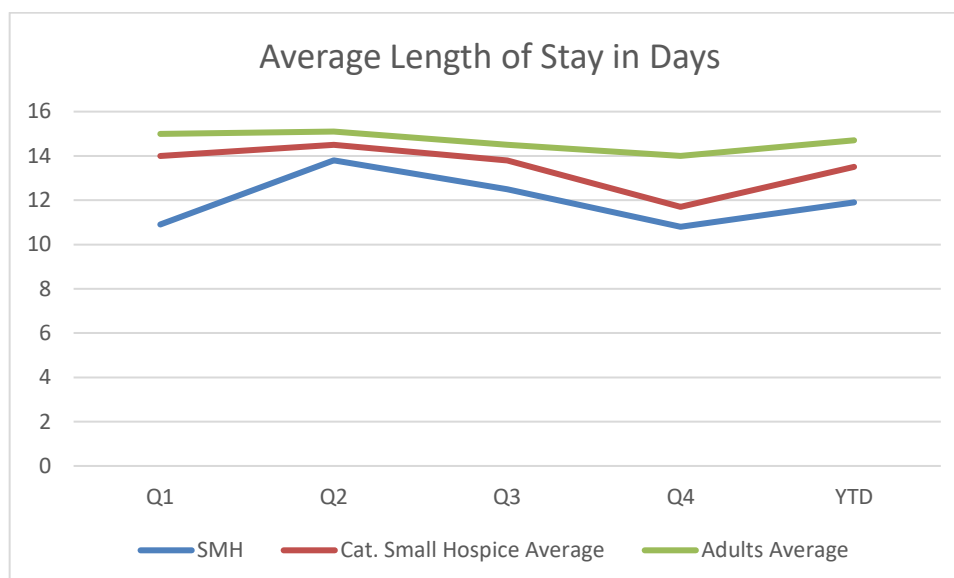
Deaths

	Q1	Q2	Q3	Q4	YTD
St. Michael's Hospice	35.0	29.0	34.0	33.0	32.8
Cat B Hospice Average	27.1	26.3	29.6	33.4	29.0
Adults Average	46.3	46.7	48.6	48.0	47.4



Length of Stay

	Q1	Q2	Q3	Q4	YTD
St. Michael's Hospice	10.9	13.8	12.5	10.8	11.9
Cat B Hospice Average	14.0	14.5	13.8	11.7	13.5
Adults Average	15.0	15.1	14.5	14.0	14.7



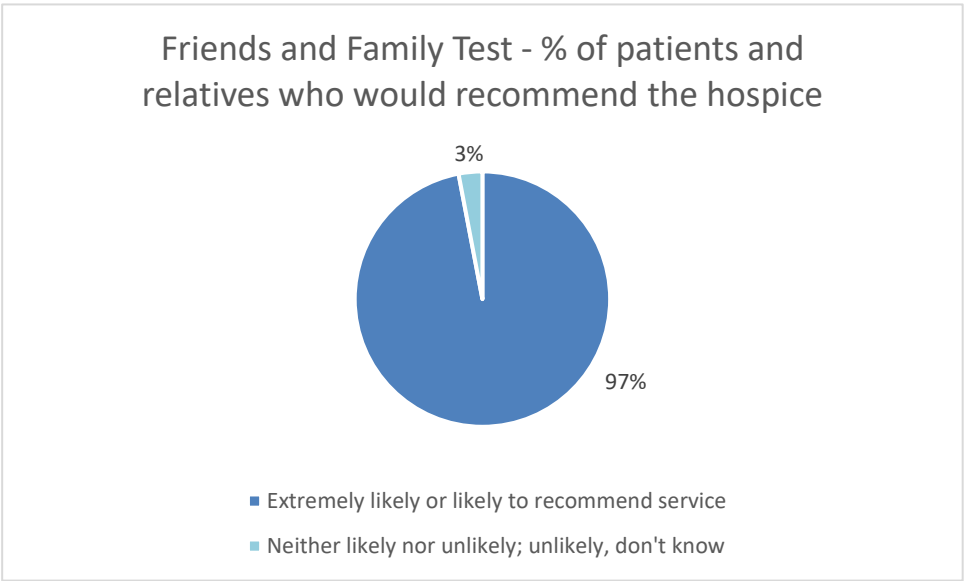
What Our Patients and their Families Say

St. Michael's Hospice strives to offer a caring and highly professional service to all of its patients and families but welcomes open and honest feedback and any suggestions that patients and their families feel could benefit the Hospice.

Between 1st April 2019 and 31st March 2020 St. Michael's Hospice received one formal complaint. The complaint was received from the family of a patient who had been discharged from the care of the Community Palliative Care Team. The family did not understand why their relative had been discharged and was offered the opportunity to come and discuss their concerns with a consultant and Director of Patient Services. The family were supported in their grief and helped to understand that the decision to discharge the patient came at a time in her illness where it was not felt that there was a need for ongoing specialist input beyond the expertise of the community nurses and patient's own GP. The complaint helped the hospice to review the way in which information is communicated and received by the patient and their family and as a result the hospice changed its process to improve guidance to patients discharged from the service with clear guidance and contact details of how they can access the team, should they need to. In addition to this the community team now provide all their patients with an information leaflet upon referral to the service, ensuring a clearer understanding of our role and how the team works in partnership with other key healthcare professionals.

Gathering and presenting feedback from our patients and their families on the care they receive from us is a key priority for us and is encouraged via a range of different methods. All patients and visitors to the inpatient unit are invited to complete the "Your Experience Matters to Us" postcards which provides a real time friends and family test. These postcards are made widely available in-patient rooms and across the IPU with 2 dedicated mailboxes which are regularly emptied and reviewed. Patients based in the community and attending therapeutic or family support services are also encouraged to complete the postcards to ensure feedback is across all clinical services.

Your Experience Matters to Us - Friends and Family Test Results April 2019-March 2020 (146 responses)



Your Experience Matters to Us - Word Cloud Summary April 2019- March 2020

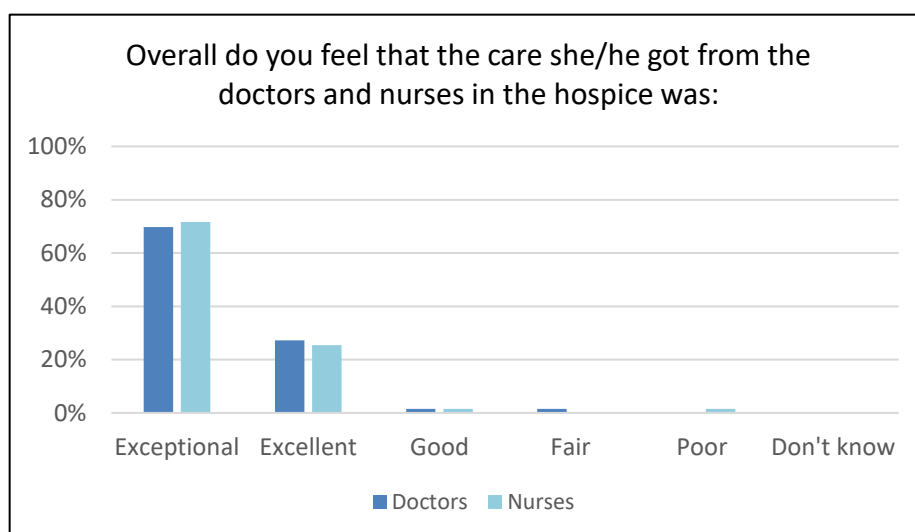
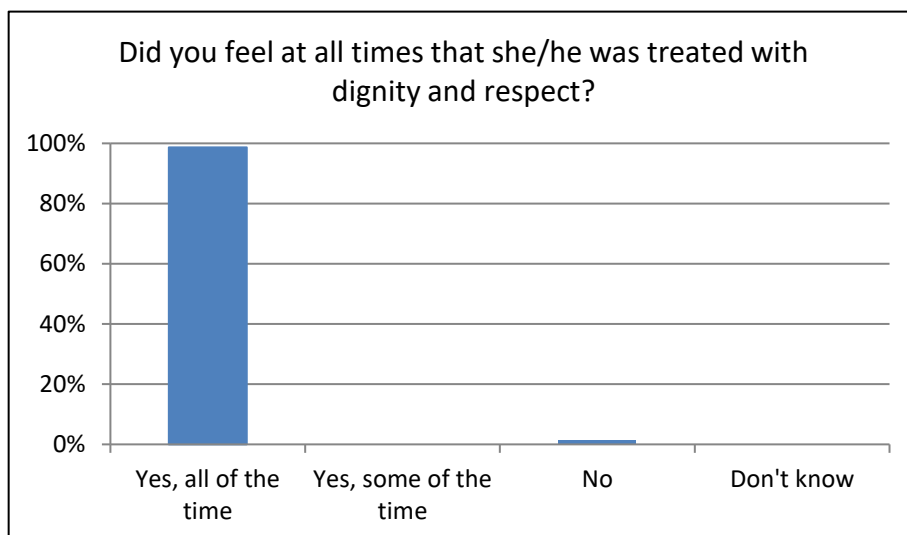


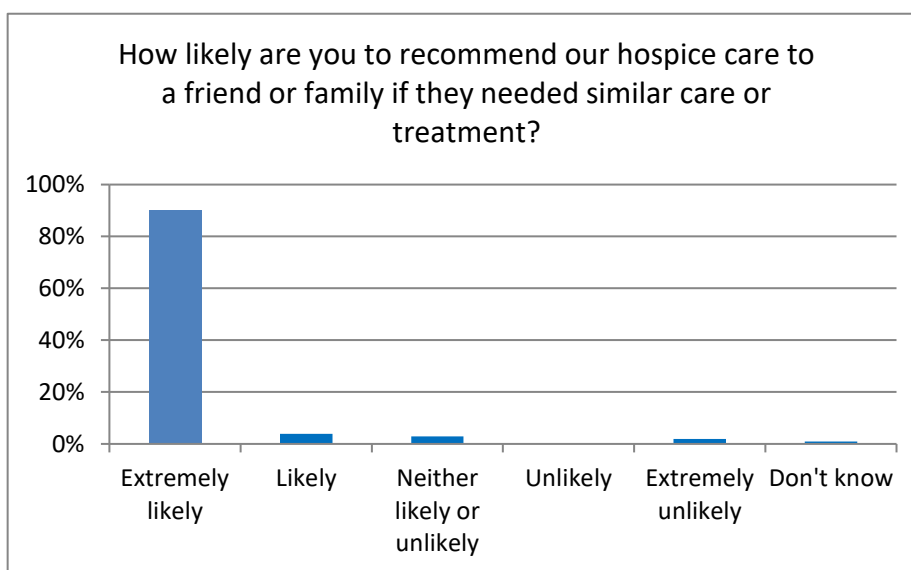
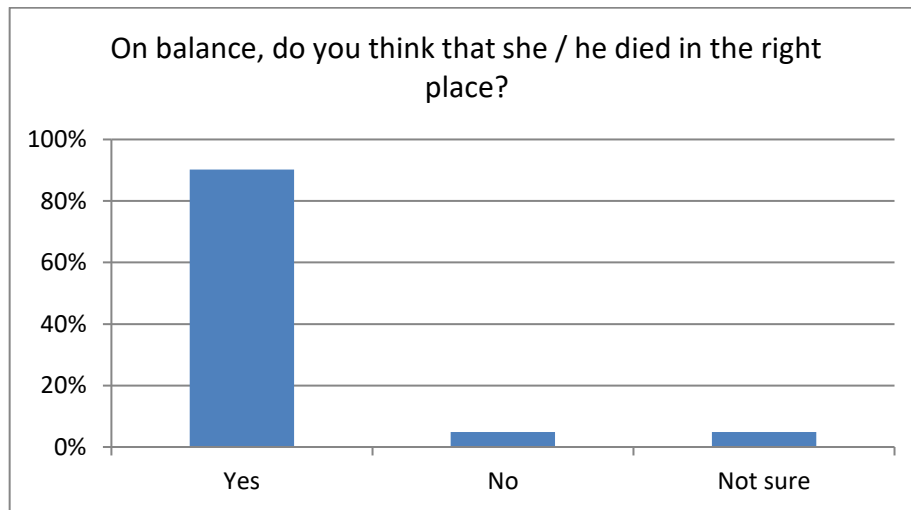
In addition to the postcards the hospice has introduced bespoke patient and relative feedback questionnaires used on the Inpatient Unit and in the Community and compliments and concerns shared with clinical managers as and when received.

The Quality and Governance Manager also conducts regular Quality Ward Rounds to speak to patients and relatives to gauge satisfaction with the service being provided and identify areas for improvement where necessary.

Relative Feedback VOICES Survey 2019 (106 responses)

VOICES is a nationally validated survey used by St Michael's Hospice to obtain the views of bereaved relatives about the care of their loved ones and is sent to the patient's next of kin 10 weeks post bereavement. During 2019 a total of 186 surveys were sent out and 106 were returned for analysis giving a 57% response rate. This is a 10% increase on the response rate for 2018.





Some of the improvements made as a result of patient and relative feedback during 2019 included:

- The promote the use of the patient's whiteboard to emphasise patient personal preferences.
- The development of a leaflet for all patients referred to SMH Community Palliative Care Team offering a clearer understanding of their role and how they work in partnership with other key healthcare professionals.
- Purchasing of new trolleys designated for the provision of personal care on the inpatient unit.
- Provision of a designated play area for children with age appropriate toys.
- Installation of sky tv in every patient rooms.
- The installation of a new ward clerk station and reception to improve the welcoming feel of the inpatient unit.
- A project of work to show case the vibrancy of the team through staff photos on the unit to brighten and lift the mood of the inpatient unit.

Summary of Relative Comments

- *Excellent compassion shown to patient and family at all times by all staff.*
- *The receptionists, housekeeping and nursing staff were generally a cheery bunch despite some of the dire situations they were working with.*
- *The care given was wonderful, nothing was too much trouble.*
- *Consultant care from all staff was excellent, much better than expected. Respect and gentleness shown him even when barely conscious.*
- *The time my husband was in the hospice was very special for us, we felt supported and at last some one cared. The help and care given to both my husband, myself and his children was excellent at all times. Every single person went above and beyond to help him. I cannot thank you all enough.*
- *The whole hospice was very clean. The staff could not be faulted, so helpful.*
- *The visitor rooms were fantastic. A small moment of escapism. Superb facilities on offer. Complimentary refreshments were a lovely touch.*
- *The staff were fabulous, also the day room was furnished with tea and coffee facilities, plus a lovely homemade cake/cakes everyday which was really appreciated. Thank you to all of them.*
- *The hospice staff were incredible - and made this difficult and horrendous point of our life as bearable as possible.*
- *I just cannot express how grateful I am for the excellent care that my dear husband received at St Michael's. Thank you so much*
- *They made his illness and subsequent death the best they could under the circumstances. Everyone at the Hospice was helpful, caring and supportive to him and every family member and visitor.*
- *You offered a first-class service*
- *We found the team very supportive and always available to speak to when required*
- *The support given over the last weeks was outstanding. I could ring anytime with questions and the response is always instant. Nothing but praise for you all.*
- *The team as a contact point about worries or issues was always available and individual members seemed always available should they be needed.*
- *They could not have done anymore, the care he received was exceptional*

Workforce Engagement

Engagement with the entire workforce is an extremely high organisational priority. The Hospice Forum, led by the CEO, is a key engagement facilitator which also provides the opportunity for two-way dialogue between staff which has been extended to harder to reach staff through the introduction of Zoom. All messages and actions from the forum are combined into a Hospice Bulletin that is distributed electronically to all staff, volunteers and Trustees which proves useful for those not able to attend. Regular 1:1 meetings are advocated by the Leadership Team to ensure staff have a set time to have safe conversations with their Line Manager.

Clinical Staff have access to Support and Supervision to ensure staff are able to discuss matters and to support their mental health wellbeing. Organisational 'Away Days' were introduced in 2019 and proved an invaluable way to encourage inter-departmental working and increase understanding of each other's roles and how they contribute the success of the Hospice.

The CEO holds monthly 'Coffee and Cake' sessions for staff and takes the lead in arranging social events throughout the year.

The Board of Trustees Commitment to Quality

The Board is committed to their role in ensuring the provision of the highest quality of care to patients and their families and supporting the organisation to achieve its mission and strategic aims.

The Board continues to review its effectiveness and during the year introduced an annual Trustee Away Day to improve governance, enhance interpersonal relationships and hold Trustee appraisals with the Chairman and Vice-Chair. The introduction of strict terms of office has been launched and newly appointed trustees have a structured and comprehensive induction process. Trustees must now complete mandatory training in core aspects of their roles and records are retained by the Hospice HR Team.

New clinical Trustees have significantly improved the Clinical Governance Committee so that it plays an active role in monitoring the quality of services. At this committee, Trustees take the opportunity to review all areas of clinical quality and seek assurance that any required learning is embedded within the clinical areas. Additionally, Trustees visit various areas within the hospice to gain first-hand information about patient and staff experience. In the coming year, a new Chair of the Clinical Governance Committee will be appointed and will meet regularly with the Director of Patient Services and the senior medical staff.

The Chief Executive is highly visible, accessible, and approachable to all staff and volunteers, through regular walk rounds of the hospice and an open-door approach. The Chairman of the Board meets regularly with the CEO and both have access to wider Trustee support as necessary to ensure that the Board have a current awareness of any relevant issues.

The contents of this report illustrate the Hospice commitment to serving the local community by providing specialist services of a high quality, ensuring our core values of compassion, care and dignity are at the heart of all we do.

St. Michael's Hospice Quality Account Feedback

If you would like to comment on the content or format of the St. Michael's Hospice Quality Account for 2019/20, please submit your comments via the St. Michael's Hospice website or to the Chief Executive at this address:

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Aldermaston Road
Basingstoke
Hampshire
RG24 9NB. Website: www.stmichaelshospice.org.uk