



2020/21 | St. Michael's Hospice (North Hampshire)

# Quality Account



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## Part 1

### Chief Executive's Statement



The period this year's Quality Account covers was overshadowed by the Covid Global Pandemic which understandably impacted on plans set out twelve months previously. Whilst looking back, it is important to acknowledge the challenges faced by the Hospice but also to learn from the experience of operating differently. The Senior Leadership Team have led their teams to adapt to new ways of working throughout the constant changes necessary to operate alongside Covid. The pandemic has fundamentally changed the way the Hospice operates, but the positive attitude displayed by the Hospice team has enabled services to adapt to the challenges of caring for patients and interfacing with the healthcare system.

As a result of the above, opportunities have been identified for future ways of working which will be embedded going forward. The Macmillan community team from Hampshire Hospitals Foundation Trust (HHFT) are now based at the Hospice which has had a significant impact on direct patient care and facilitated much better communication and understanding of how the services interact. Improved engagement with HHFT has also provided solutions, with nurse secondments to ease vacancy pressure on our In-Patient Unit, regular communication and access to hospital briefings. In addition, the Hospice now attends the Integrated Care Partnership group which allows a clearer understanding of the issues faced by the wider healthcare system in North and Mid-Hampshire. During the year new appointments were made for a Medical Director and Ward Manager and these key positions will underpin substantial improvements in our services.

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 and feedback is collected from various sources including the national VOICES survey to canvass relatives. Staff engagement is also a critical part of receiving wider views and throughout the pandemic our Hospice forums were held via Zoom with 80% of staff attending, on average, each session.

The overarching strategic aim of St. Michael's is to 'Increase the reach of Hospice services and the quality of our care' and this is 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*

There will certainly be many opportunities in the coming year and new ways to increase our patient reach. The continued development of Health and Social Care provision in North and Mid-Hampshire is a prospect we will remain ready to respond to whilst putting our community first.

**Iain Cameron**

**Chief Executive**

**May 2021**

## **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 2021-22**

St. Michael's Hospice is committed to providing high quality patient and family focused care. Despite some progress being made, as detailed on page 7, the Covid pandemic clearly impacted upon our ability to fully deliver the 2020-21 priorities. Consequently, the two priorities set in patient safety and patient experience will be carried forward and a new priority set for clinical effectiveness.

## **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 was leading on this priority for 2020-21 however the pressures of the Covid outbreak hampered progress. 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.

This priority has been extended to include the development of a clinical services portfolio for role and development framework.

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 2 be achieved?

All staff, registered nurses and HCAs will be expected to complete competencies as these are seen as 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 or Doctor.

As of March 2021, the IPU Ward Manager is working on completing this set of clinical skills competencies and is now also working on an across clinical services role and development framework. This is being developed as a guide for both the individual staff members and managers to ensure continued progression of skills and knowledge, enabling staff to achieve their full potential and to ensure a continued high-quality service for our patients and their relatives. Completion of these documents is set for mid-June 2021.

## Clinical Effectiveness

### Priority 2: To re-establish Hospice Day Services

#### How was this Priority identified?

The re-establishment of Hospice Day Services is one of the key priorities identified within the Hospice Strategic Plan and will enable St. Michael's Hospice to extend its services and patient reach.

The aim of Hospice Day Services is to provide a therapeutic environment, enabling the patient to have an increased sense of confidence and empowerment to support them in living with their illness. Services are also extended to carer's who are supporting their loved ones through their illness as well as bereaved relatives who need support in coping with their loss.

During 2020 a review of all clinical services was carried out, including Inpatient Services, Hospice at Home, Therapies and Family Support Service. Each review identified areas of service development that could be delivered via a hospice day service model, including clinics for managing long term conditions, patient exercise and relaxation programmes, complementary therapies, carer and bereavement support groups, spiritual care and counselling services.

#### How will Priority 2 be achieved?

Clinical teams are in the process of putting together a plan and proposed timetable in preparation for the introduction of Hospice Day Services. Hospice Day Services will be run from the Turner Centre and proposes to provide a range of clinics and programmes tailored to the needs of the patient and carers. The plan is to commence Hospice Day services in the Autumn of 2021.

Progress has already been made in the provision of services for bereaved relatives with the re-introduction of monthly Bereavement Evenings from November 2020. In April 2021 the hospice appointed a new Bereavement Lead who is now offering one-to-one pre and post bereavement counselling as well as monthly Bereavement Coffee Mornings.

## 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 January 2021, the Quality and Governance Manager carried out a review of other hospice user groups and put forward a proposal detailing how such a group could be established at St. Michael's Hospice. This proposal was presented to the Clinical Governance Committee in April which was approved.

### 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 VOICES Survey has also been updated to include a question inviting respondents to indicate if they would be interested in joining a Hospice user participation group. The aim is to hold the first HUG during Qtr. 2 and thereafter aim to hold four HUG meetings a year at St. Michael's Hospice. The purpose of the meetings will be 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 2020 – 2021**

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

At the beginning of 2020, the Education and Development Facilitator was writing an evidence-based competency framework and associated training and resource book. A pilot competency framework portfolio was circulated to the Director of Patient Services, Hospice at Home Lead, Quality and Governance Manager and Medical Director for comment. Unfortunately, due to the outbreak of Covid and the loss of the Education and Development Facilitator role, the competency document had not progressed past the pilot stage.

As of March 2021, and the reduction in Covid cases nationally the IPU Ward Manager is now working on both a clinical skills competency framework portfolio and associated training and resource book, and also an across clinical services portfolio for Role and Development Framework. This is being developed as a guide for both the individual staff members and managers to ensure continued progression of skills and knowledge, enabling staff to achieve their full potential and to ensure a continued high-quality service for our patients and their relatives. Completion of these documents is set for mid-June 2021.

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

A dependency tool was presented to all clinical staff at the organisational away day in January 2020 by the IPU Ward Manager and subsequently rolled out as a trial on the IPU. Unfortunately, due to the outbreak of Covid the dependency tool was suspended. As the first wave ended a new IPU Ward Manager was appointed, and feedback was collected from the IPU staff regarding the dependency tool, and it was felt that it did not reflect palliative care nursing. Another dependency tool has been sourced, one used across many Southeast Hospices. A four-week trial of this tool will commence on 31<sup>st</sup> May 2021.

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

Covid restrictions hindered our ability to establish an effective user experience group during 2020-21. However, the time was spent researching other Hospice User Groups and coming up with a local proposal which was presented to Clinical Governance Committee in April 2021. This proposal will be taken forward into 2021-22 and it is hoped that the first Hospice User Group will be held during 2021. The hospice VOICES survey has been updated to include a question asking respondents if they would be interested in joining a Hospice user participation group and to date 8 relatives have expressed an interest. In addition, there are plans to recruit from existing therapeutic groups to ensure patient representation.

## 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 2020/21 with regard to the provision of specialist palliative care by providing:

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

£5.4 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 15% of the funding required is from the NHS via the North Hampshire Clinical Commissioning Group (CCG).



## Participation in Clinical Audit

### National Audits

During 2020/21 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
Pharmacy Controlled Drugs Audit	<p>19/23 standards met (<b>83% compliance</b>)</p> <p>Areas of non-compliance included:</p> <ul style="list-style-type: none"> <li>• Two CD books (order) in use</li> <li>• Methadone discrepancy – 10ml</li> <li>• Two entries crossed out.</li> </ul> <p>Action to be taken:</p> <ul style="list-style-type: none"> <li>• Agreed with HHFT CDAO – allows for ordering CDs from RHCH pharmacy</li> <li>• Methadone discrepancy investigated by ward – calculation, discrepancy amended in CD register.</li> <li>• Staff reminded not to cross out entries and to use brackets.</li> </ul>
National Mortality Case Record Review – July 2020	<p>The audit highlighted opportunities to improve clinical documentation on IPU which is still predominately paper based. Some patient care plans were incomplete, some entries unsigned or dated and procedures performed but not always documented in the clinical notes. There was also very little documentation about the effectiveness of drugs once they were administered.</p> <p>53.85% of patients were recorded as having symptoms within 24hours of their death. This is likely to be related to the lack of escalation to a doctor when consistent PRNs are being administered for the same symptom. There were also 2 comments relating to lack of documented consultant review of patient whilst on IPU.</p> <p>However, the audit has demonstrated some areas of improvement:</p> <p>% of patients with an escalation plan In round 1 this figure was 81%, 100% of patients in this round had a completed ReSPECT form.</p> <p>% of patient died on APOC In round 1 this figure was only 53%, in this round it was 84%, but there is still room for improvement and some of the comments from this audit round suggest that the active dying phased was not recognised.</p>

<p>Morbidity and Mortality Review</p>	<p>These multi-disciplinary reviews are held each month to review those patients who:</p> <ul style="list-style-type: none"> <li>• Died within 24 hours of hospice admission or</li> <li>• Had an inpatient stay greater than 21 days or</li> <li>• Were of interest for other reasons.</li> </ul> <p>The format involves a member of the team presenting a summary of the case, followed by a discussion and a recording of any learnings that arise from the review. In the main the review serves the purpose of validating the appropriateness of an admission or prolonged length of stay given the medical or psychosocial needs of the patient and their families, nevertheless it is a valuable forum for challenging decisions and ongoing learning.</p>
<p>Infection Control Environmental Audit (External review by specialist nurse)</p>	<p>Audit carried out in October achieved an outstanding level of compliance across all areas.</p> <ul style="list-style-type: none"> <li>• Inpatient/Outpatient – 98%</li> <li>• Equipment – 100%</li> <li>• Utility Rooms – 97%</li> <li>• <b>Total score – 98%</b></li> <li>• Sharps Management – 100%</li> </ul>
<p>Child Safeguarding Awareness Audit</p>	<ul style="list-style-type: none"> <li>• All staff knew that policies were accessed via the p: drive.</li> <li>• All had completed their safeguarding training apart from one administrator who did not have it on her training profile, this was addressed shortly after the audit.</li> <li>• 8/10 knew to inform their line manager in the first instance but only half the group knew who the safeguarding lead was. Even fewer knew who the deputy lead was which suggests the need for some further communication.</li> <li>• 6/10 knew where to find contact details either via noticeboards or via the policy and none of the group knew the form to use when reporting an allegation i.e., incident form.</li> </ul> <p>Audit results were disseminated to the wider clinical team and will be regularly re-audited. Other actions included updating staff Bluestream profiles, updating policy on Bluestream and the re-issuing of contact and referral detail posters to all clinical departments. A named photo of the Safeguarding Lead is now displayed on the IPU corridor noticeboard and on the hospice website.</p>
<p>Therapy Service Response Times</p>	<p>The therapy service audited referral response times over a 3-month period in 2020. The team expect to contact anyone referred to SMH therapy within 3 working days and we achieved:89% of this response time.</p>

## **Research**

No patients were recruited during 2020/21 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. Due to Covid restrictions no quality 'walk round' inspections of the In-Patient Unit were carried out.

The hospice's NHS income in 2021-22 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 ●

## 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 2020/21
New Patients	152	157	<b>184</b>
% Occupancy	77%	75.4%	<b>72.65</b>
% Patients Non-Cancer	11%	14.5%	<b>16.7%</b>
Average Length of Stay (days) – Cancer	13.3	12.2	<b>8.8</b>
Average Length of Stay (days) – Non-Cancer	10.3	11.1	<b>8.1</b>
Day Case Admissions	0%	8.7%	<b>4.70%</b>

**Table 2. St. Michael's Hospice at Home Team**

Hospice at Home Team	Currently available national median 2015/16	SMH 2019/20	SMH 2020/21
Total Number of Patients	218	273	<b>319</b>
New Patients	159	229	<b>260</b>
% Patients with a Non-Cancer Diagnosis	17.5%	21%	<b>21.5%</b>
Average Length of Care (days)	38	32	<b>27</b>
% Patients Died at Home (including care homes)	75.3%	93%	<b>95%</b>

#### Therapy Services

This year has seen lots of changes in practice for the team, mainly as a result of the COVID pandemic and some of these changes the team has continued with. The team has now divided into north and south geographical areas for community work, in line with the community palliative care team, enabling increased continuity of staff for patients and families as well as closer working relationships with CPCT and primary care networks.

At the start of the pandemic, the Chief Executive requested any outpatient services that could continue virtually would be supported by him and the therapy team responded by offering virtual seated yoga sessions

and symptom management sessions. There have been 119 contacts virtually through these sessions since May 2020 and the team aims to continue to offer these to patients and carers ongoing if this is their preference.

As advice during the pandemic was to limit face to face contact with patients in the community to essential visits only, we focused on this, though the team actually carried out 586 assessments over the last year. (the previous year was 617) Many patients and families were very appreciative of this face-to-face contact as this was greatly reduced by other health services during the pandemic. In conjunction with therapy colleagues, the Therapy Lead produced our therapy service specification in March 2021 which summarises the services we provide and details our future plans. The lead also audited response times by the therapy team to referrals over a 3-month period in 2020. The team expect to contact anyone referred to SMH therapy within 3 working days and they achieved:89% of this response time.



## Chaplaincy

In September 2020 the hospice appointed a new Chaplain to provide 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.

The hospice has a small, dedicated room available as a multi-faith space for reflection and prayer. During the year, prayer mornings and other services were discontinued as a result of the pandemic and associated visiting restrictions. However, the Chaplain played a key role in providing telephone or virtual support to bereaved and isolated relatives, as well as leading the virtual memorial events including Light up a Life and the Sunflower celebration.

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. The Chaplain is able to contact other faith leaders from the community when requested.



## **Complementary Therapy Service**

The Complementary Therapy service was greatly affected by Covid restrictions; all treatments and clinics were stopped for several months, volunteers (both therapists and receptionists) were stood down and staff redeployed or placed on Furlough several times. During the periods in which the service was operational, treatments including massage, aromatherapy and reflexology were provided to patients and family members both on the ward and in outpatient clinics at the Turner Centre and Odiham Cottage Hospital. Adaptations to treatment methods, incorporating the use of PPE and new restrictions as well as losing 14 volunteer therapists greatly limited the capacity of the service as well as reducing the type of treatments that could be provided. But patients were keen to take up the offer and clinics were fully booked enabling treatments to take place helping with relaxation, symptom control and general wellbeing.

Patients, family members and staff were supported with Aromatherapy advice and products when treatments could not take place. Home visit appointments were also increased to help reduce footfall to the Hospice site. The service also relocated from the Turner Centre at the end of 2020 which further restricted the service and capacity due to the upheaval of relocating, a reduction in available rooms and incorporating the new working practices.

Currently the service is providing treatments to patients and their carers, in their own home where capacity allows, as outpatients and on the in-patient unit, at a reduced level. Staff continue to be supported with products and treatments where capacity allows. The Complementary Therapy Co-ordinator maintained contact with local therapists, Complementary therapy organisations and Charities, supporting with guidance on new working practices, government guidelines and industry professional organisations as well as signposting on training and support available for complementary therapists. Both members of the complementary therapy team completed training and continuing professional development whilst furloughed including Covid hygiene practices, Oncology massage, Motor neurone disease, Relaxation techniques and Advanced aromatherapy.

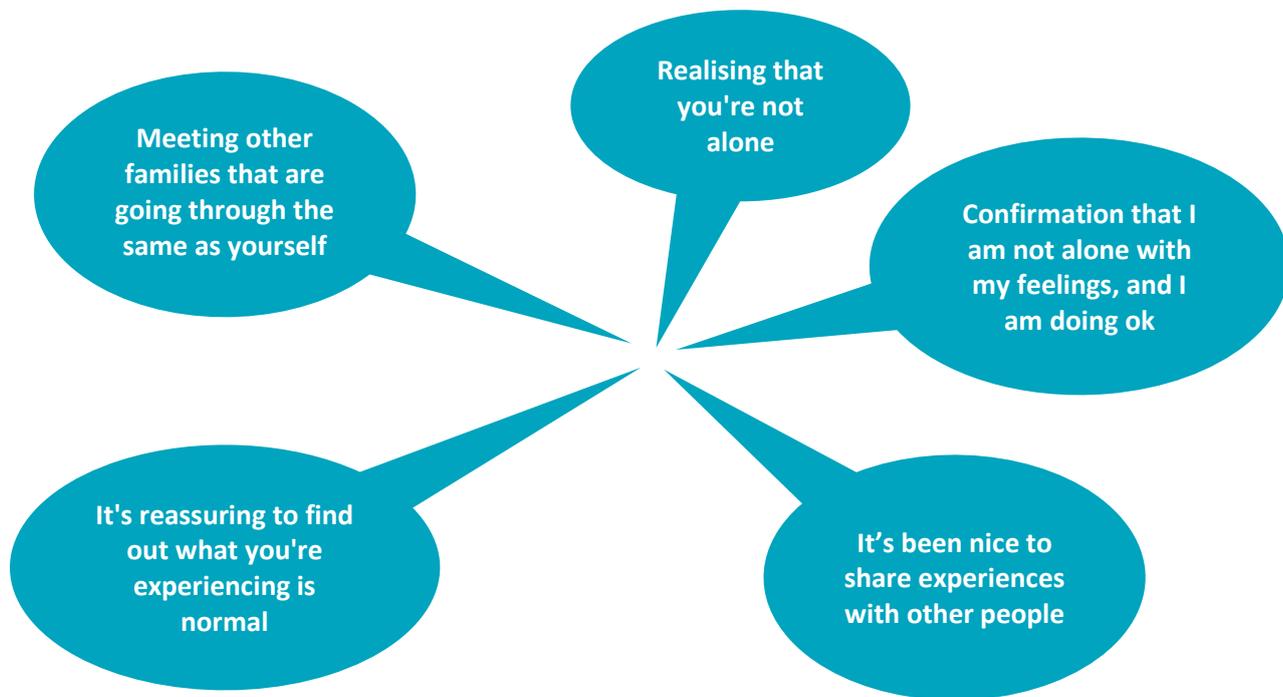


## **Bereavement Services**

The Bereavement Service was severely interrupted during 2020 due to a vacant Bereavement Lead post and the stepping down of all bereavement support volunteers due to Covid. During that time, the hospice Chaplain and an employed member of staff, also trained as a counsellor, provided ad-hoc telephone and Zoom support sessions to relatives who contacted the hospice asking for help and advice. In November 2020, the decision was made to recommence face to face Bereavement Evenings in a Covid secure environment with additional

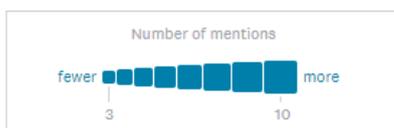
sessions held in December to address the needs of those families unable to access face to face support during lockdown. Feedback has been extremely positive with those attending identifying many benefits from attending (see comments below). In March 2021, the hospice successfully recruited a new Bereavement Lead/Counsellor who has already made great progress in re-building the service and providing both pre-and post-bereavement support to patients and their families.

**In what way(s) have you benefited most from attending the Bereavement Evening?**



**Bereavement Evening Word Cloud**

shared experience process Knowing able Listening Understanding  
 alone Meeting people going others feelings  
 experiences feeling normal grief different talking  
 Hearing others



## Social Worker

Our social worker offers support to patients, their families, and friends during their stay at the hospice. This can include support with accessing benefits, signposting to other agencies, and supporting referrals to statutory services if required. If a patient is being discharged from the hospice the social worker assesses the patient's needs for discharge, along with patient, family, and colleagues. The social worker will visit patients after discharge from the hospice and provide ongoing support in the community. Between April 2020 and March 2021, the social worker received 113 referrals compared with 101 the previous year.



## Additional Quality Indicators

In addition to the quality metrics in the national minimum data set, St. Michael's Hospice continues to maintain a comprehensive clinical dashboard containing several additional key governance and activity data, as shown below. The dashboard is updated on a monthly basis 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 basis providing a comprehensive snapshot of performance and identify areas that require review.

### IPU Dashboard

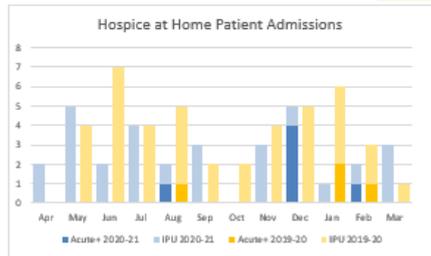
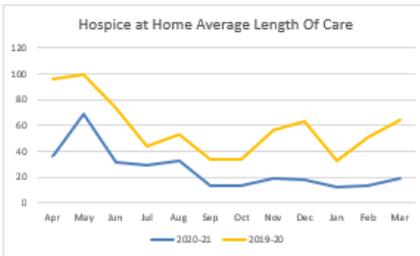
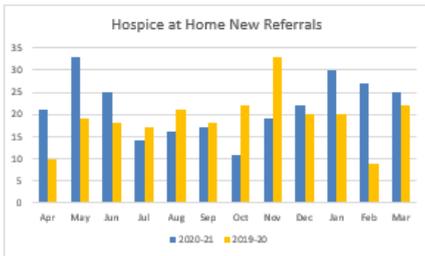


**225**  
Admissions

**202** Admissions achieved within 24 hours of request being made

Average Length of Stay  
**8.8** days

# SMH Hospice at Home Dashboard

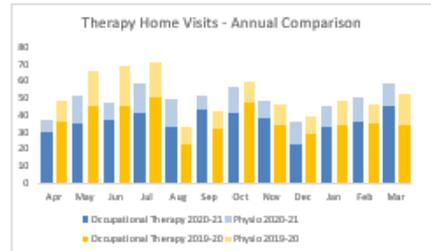
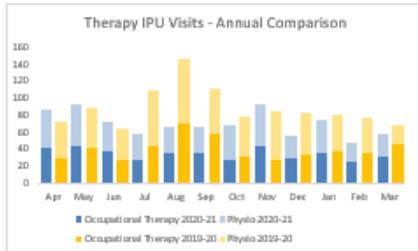
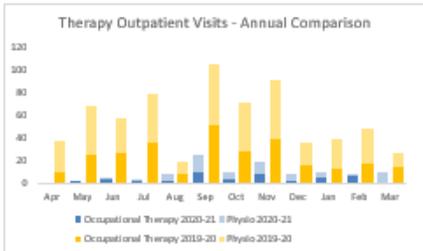
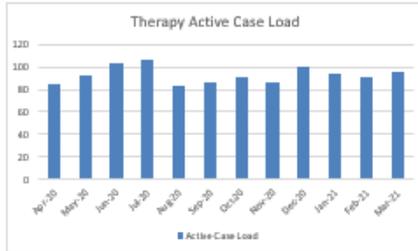
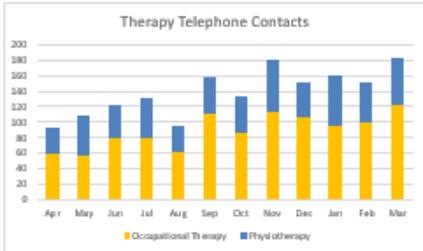
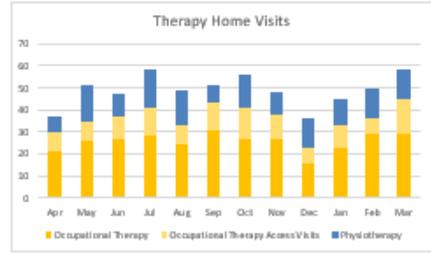
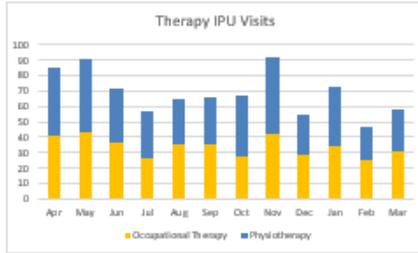
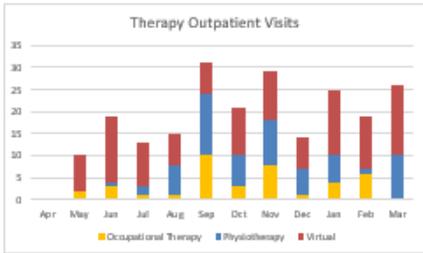


**225**  
New Referrals

Average Length of Care **27** days

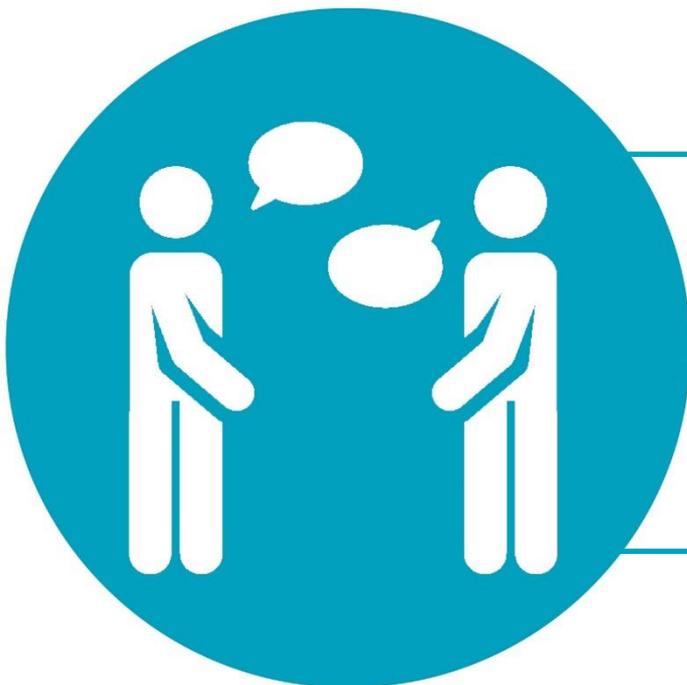
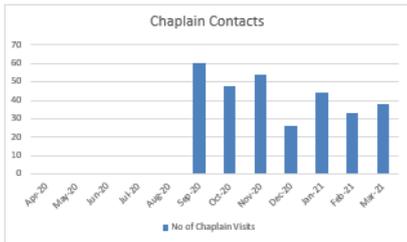
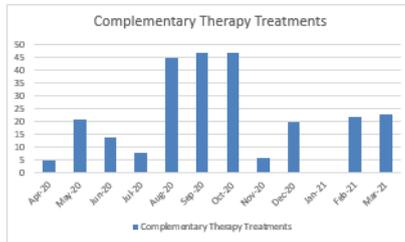
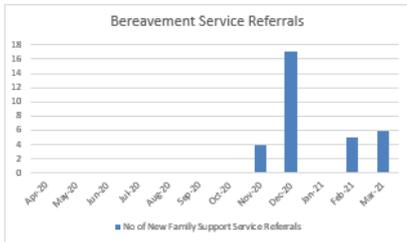
**96%** Achieving Preferred Place of Death

# Therapy Dashboard



- 586 Home Visits
- 119 Virtual Visits
- 828 IPU Contacts
- 1670 Telephone Contacts

# Family Support Dashboard

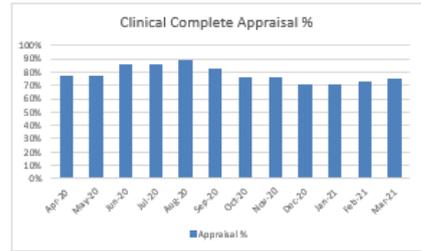
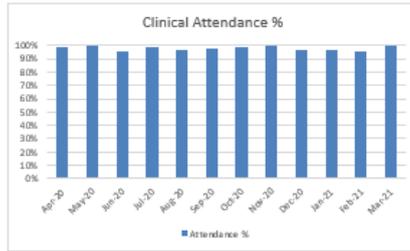
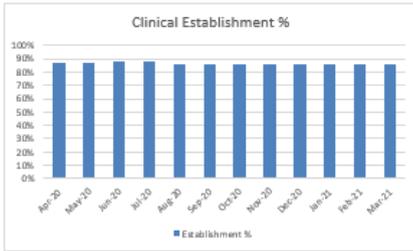


**258** Complementary Therapy Sessions

**32** Bereavement Support Sessions

**303** Chaplain Visits

# Clinical Team Dashboard



- 92% Mandatory Training Completed**
- 98% Staff Attendance**
- 86% Staff Establishment**

## Hospice UK Comparison Data on Key Quality Indicators

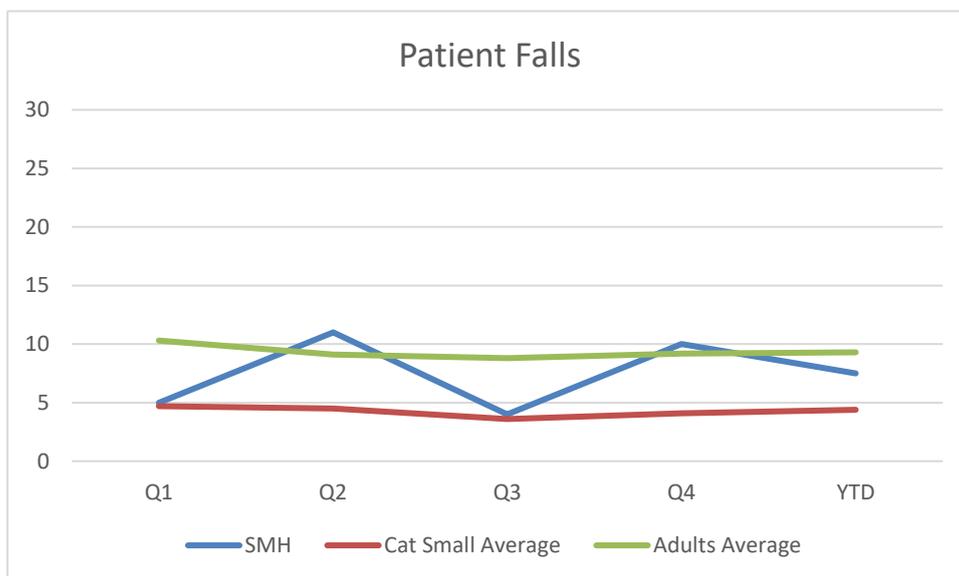
Benchmarking, as a component of quality management, offers a continuous process by which an organisation can measure and compare its outcomes over time with peer organisations and use the findings to inform management decision making.

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

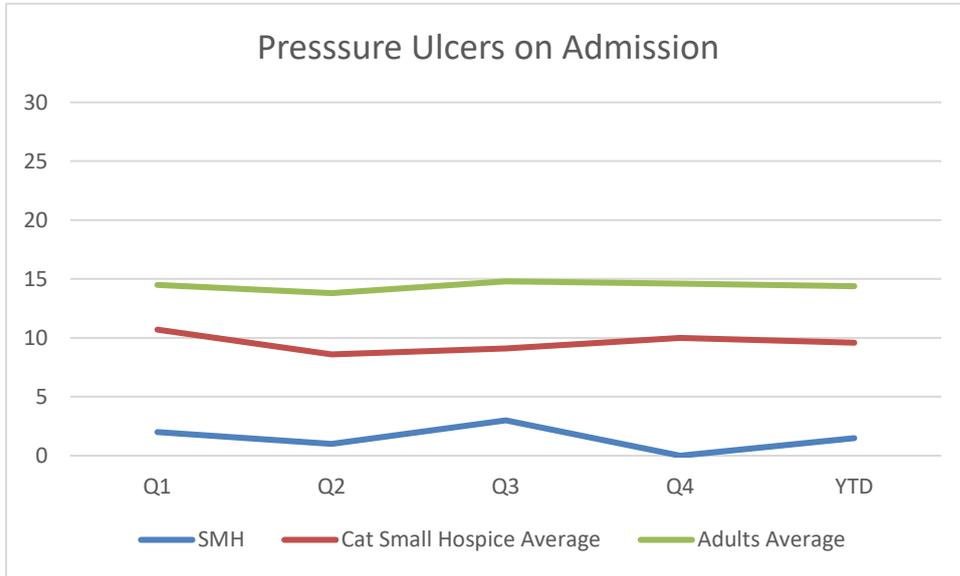
### Patient Falls

	Q1	Q2	Q3	Q4	YTD Average
<b>St. Michael's Hospice</b>	<b>5</b>	<b>11</b>	<b>4</b>	<b>10</b>	<b>7.5</b>
Cat Small Average	4.9	5	3.7	4.1	4.4
Adults Average	10.2	8.9	8.8	9.2	9.3



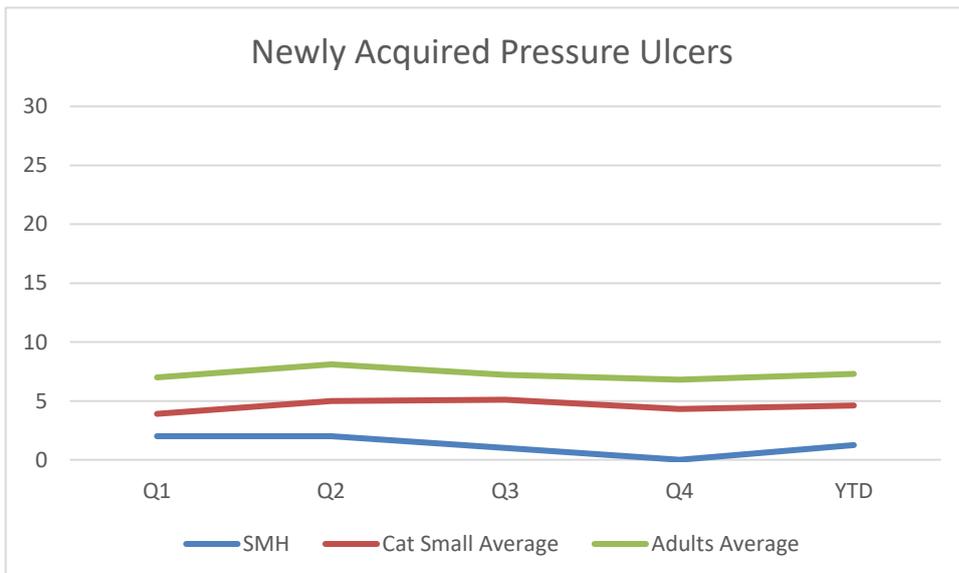
**Pressure Ulcers on Admission**

	Q1	Q2	Q3	Q4	YTD Average
<b>St. Michael's Hospice</b>	<b>2</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>1.5</b>
Cat Small Average	10.7	8.6	9.1	10	9.6
Adults Average	14.5	13.8	14.8	14.6	14.4



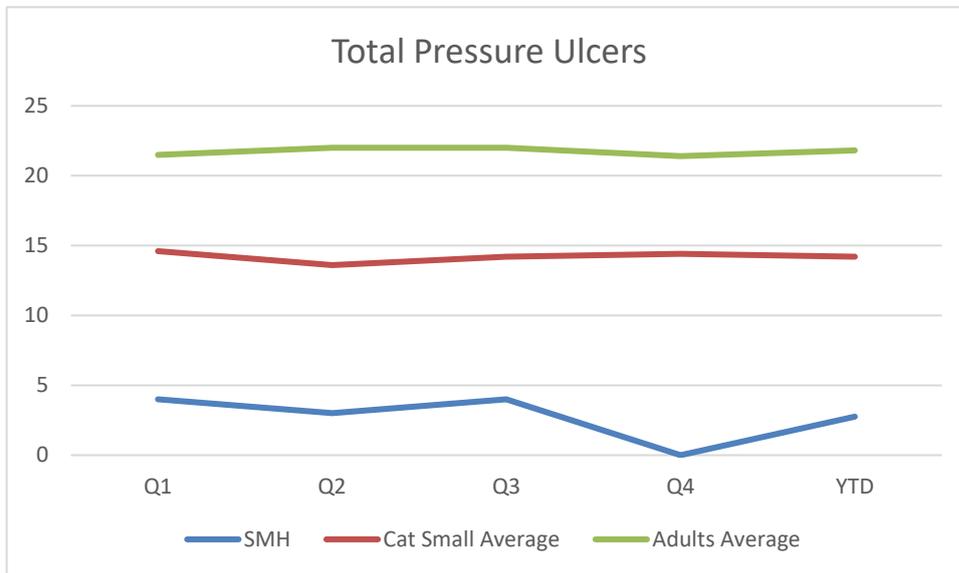
**Newly Acquired Pressure Ulcers**

	Q1	Q2	Q3	Q4	YTD Average
<b>St. Michael's Hospice</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1.25</b>
Cat Small Average	3.9	5	5.1	4.3	4.6
Adults Average	7	8.1	7.2	6.8	7.3



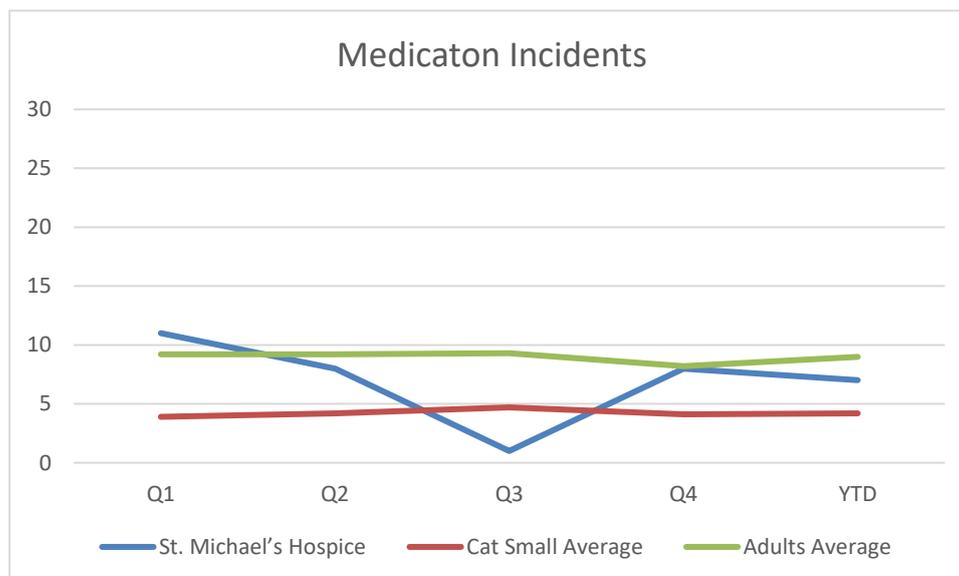
### Total Pressure Ulcers

	Q1	Q2	Q3	Q4	YTD Average
<b>St. Michael's Hospice</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>2.75</b>
Cat Small Average	14.6	13.6	14.2	14.4	14.2
Adults Average	21.5	22	22	21.4	21.8



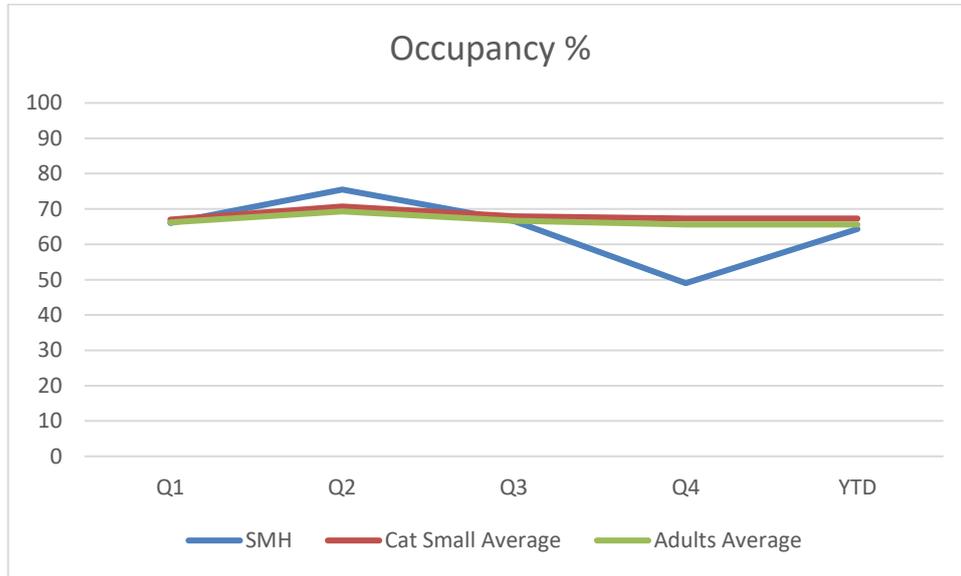
### Medication Incidents

	Q1	Q2	Q3	Q4	YTD Average
<b>St. Michael's Hospice</b>	<b>11</b>	<b>8</b>	<b>1</b>	<b>8</b>	<b>7</b>
Cat Small Average	3.9	4.2	4.7	4.1	4.2
Adults Average	9.2	9.2	9.3	8.2	9



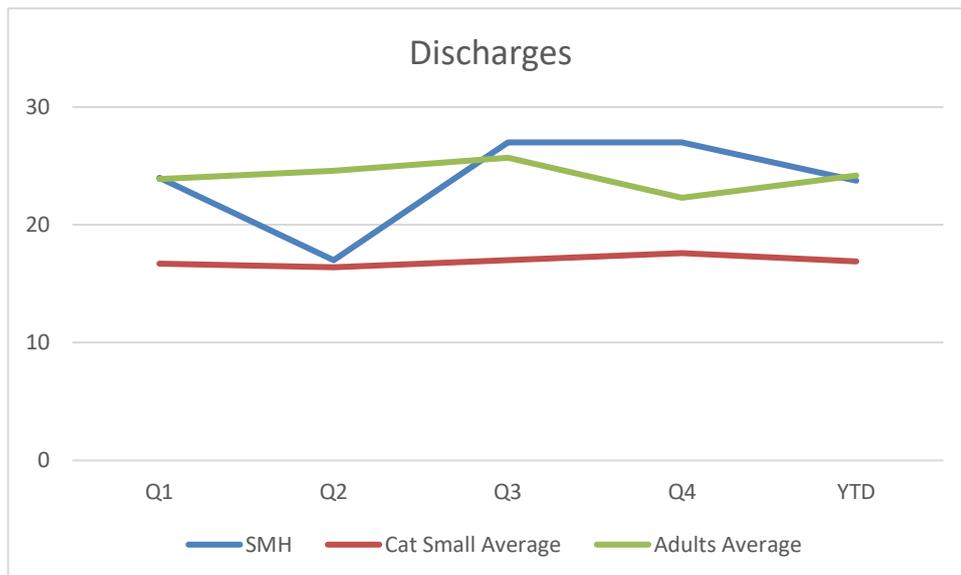
**% Bed Occupancy**

	Q1	Q2	Q3	Q4	YTD Average
<b>St. Michael's Hospice</b>	<b>66</b>	<b>75.5</b>	<b>66.6</b>	<b>49</b>	<b>64.3</b>
Cat Small Hospice Average	67	70.7	67.9	67.3	67.3
Adults Average	66.2	69.3	66.7	65.6	65.6



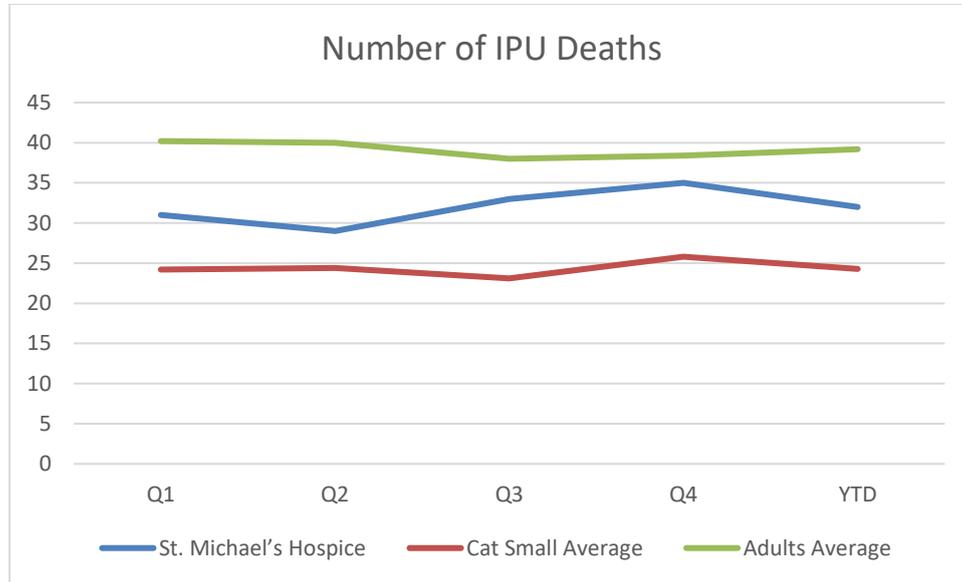
**Discharges**

	Q1	Q2	Q3	Q4	YTD Average
<b>St. Michael's Hospice</b>	<b>24</b>	<b>17</b>	<b>27</b>	<b>27</b>	<b>23.75</b>
Cat Small Hospice Average	16.7	16.4	17	17.6	16.9
Adults Average	23.9	24.6	25.7	22.3	24.2



## Deaths

	Q1	Q2	Q3	Q4	YTD Average
<b>St. Michael's Hospice</b>	<b>31</b>	<b>29.0</b>	<b>33</b>	<b>35</b>	<b>32</b>
Cat Small Hospice Average	24.2	24.4	23.1	25.8	24.3
Adults Average	40.2	40	38	38.4	39.2



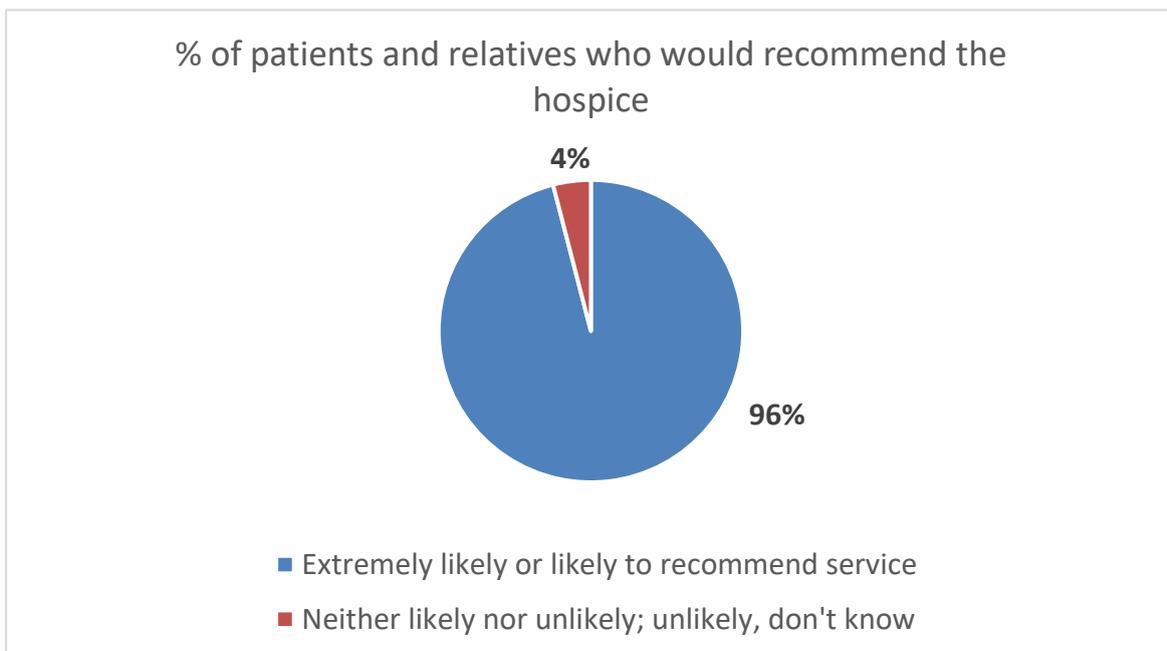
## What Our Patients and their Families Say

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.

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, receiving therapy 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



### Your Experience Matters to Us Word Cloud

compassionate made provide improve excellent Relax thank follow  
best members helpful know staff much care yoga  
service face help team professional well friendly pain  
kind amazing given always

# VOICES Survey

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 2020 a total of 197 surveys were sent out and 89 were returned for analysis giving a 45% response rate.

We are delighted that in 2020, 100% of those taking part in the survey reported that they were either likely or extremely likely to recommend the Hospice to their friends or family if they needed similar care or treatment.

## Key Findings:

### Inpatient Unit

- 100% agreed that there was enough help available to meet the patient's personal care needs.
- 97.5% agreed there was enough help with nursing care such as giving medicine.
- 100% agreed that the bed and surrounding environment had adequate privacy for the patient.
- 86% felt that the patient had received enough emotional support.
- 84% felt that the patient had received enough support with the relief of symptoms other than pain.
- 86% felt that the patient's pain was relieved completely all or some of the time.
- 85% felt that they were always kept informed about the patient's condition.
- 92% felt the patient was always treated with respect and dignity by the doctors.
- 95% felt that the patient was always treated with respect and dignity by the nurses.
- 93% felt that the care by the nurse was exceptional.

### Hospice at Home Team

- 83% felt that the service was offered to them at the right time.
- 78% said they could always see a nurse as often as it was needed.
- 94% felt that the patient received enough emotional support.
- 86% felt that the patient's pain was relieved completely all or some of the time.
- 87% of relatives felt that they got as much support as they wanted.
- 92% felt there was good communication with other professionals and care was well managed.
- 99% felt that the patient was treated with respect and dignity all of time.
- 95% felt that the care they received from the team was excellent or exceptional.
- 96% said they were involved as much as they wanted in decisions about care and treatment.

### General

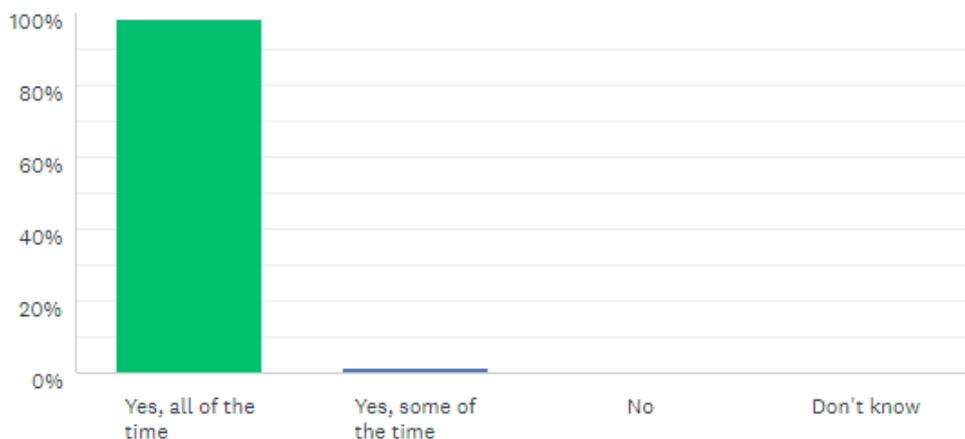
- 82% of patients said where they would like to die.
- 77% of these patients said they would prefer to die at home.

- 57% died in his/her own home.
- 21% of these patients said they would prefer to die at the hospice.
- 38% died in the hospice.
- 92% thought the patient had enough choice about where they died.
- 98% of relatives on balance, thought their loved one had died in the right place.

### Additional Comments

- *All the care was excellent and the transition for going home was amazing thank you so much.*
- *Enjoyed having meals with my husband. Excellent food, staff catered very generously to all our needs.*
- *Good that as a visitor I could get drinks and cake. Pleasant gardens and reception staff very friendly.*
- *I personally felt that the readiness of the staff to keep the bed clean and tidy was exceptional. Towels washed and sheets/linen constantly reorganised was so lovely and it was never too much trouble.*
- *The support was offered at the time we needed it and we were made to feel as though we could have as much time as we wanted or needed- they were OUTSTANDING.*
- *My husband and I were extremely pleased with the amount of time given at each visit. The nurses never seemed in a hurry- this was so much appreciated.*
- *We had the team in for less than 48 hours, but they were professional, kind and did everything I could have asked for. Including talking things through with our children.*
- *Fantastic care received by community palliative care team.*
- *Nurses always came when they were needed and were always at the end of the phone for advice.*
- *I would love to see some of the nurses again as I could never thank them enough for what they have done for me!*

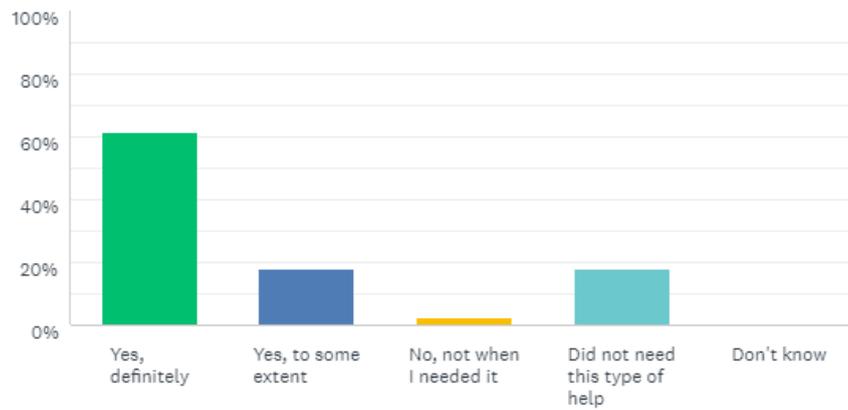
Did you feel at all times that she/he was treated with dignity and respect?



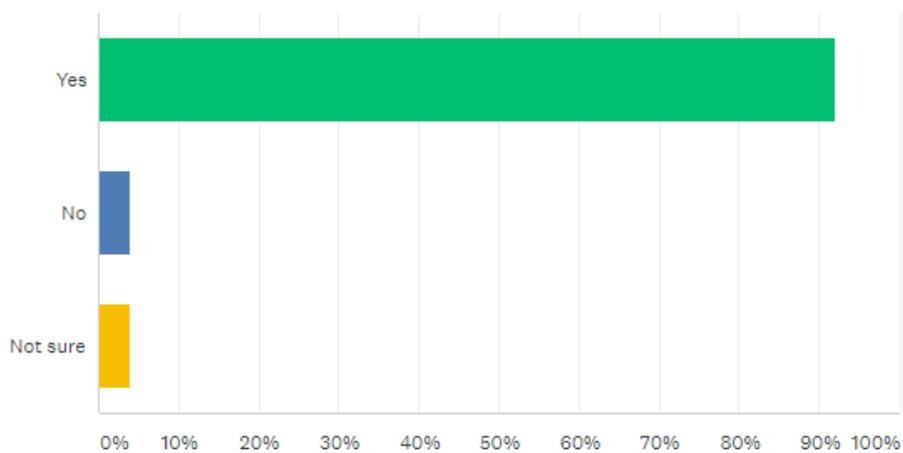
**Overall, do you feel that the care she / he got from the doctors and nurses in the hospice on that admission was:**



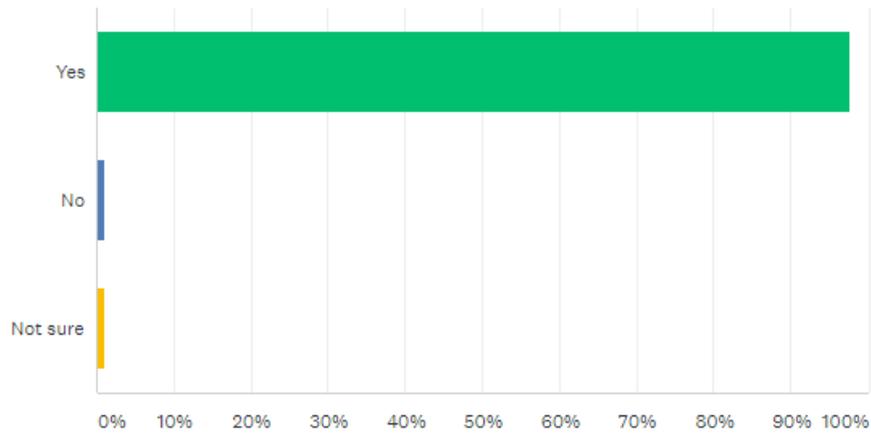
**Whilst she / he was in the hospice, did you receive enough emotional support from the hospice team?**



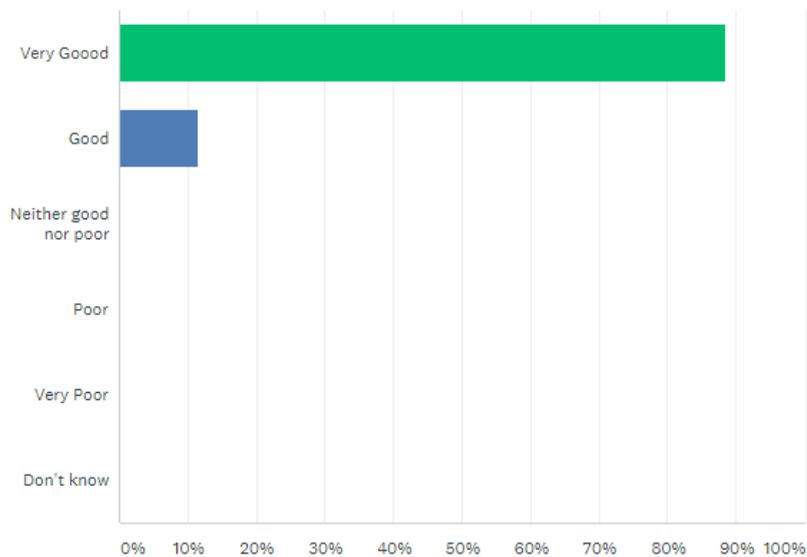
**Do you think she / he had enough choice about where he / she died?**



**On balance, do you think that she / he died in the right place?**



**Overall, how was your experience of St. Michael's Hospice?**



**Workforce Engagement**

People are at the centre of St. Michael’s values making workforce engagement a high organisational priority. The Hospice Forum, led by the Chief Executive and supported by the Medical Director, is a key engagement facilitator and following the introduction of Zoom facilities, has been extended to harder to reach staff which has increased attendance and awareness of organisational matters. All messages from the forum are combined into a Hospice Bulletin that is available for staff and Trustees on the Hospice website’s staff area. Structured monthly 1:1 meetings have been reinvigorated 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’ although not possible during 2020, will be reintroduced when restrictions allow to support and encourage inter-departmental collaboration.

## **The Board of Trustees Commitment to Quality**

The Board of St. Michael's are 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 through annual Trustee Away Days and Trustee appraisals with the Chairman and Vice-Chair. Trustees also undertake mandatory training in core aspects of their roles each year in line with the requirements for all staff.

Trustees take an active role in contribution and approval of Hospice policies across all areas of Hospice activity and operate a scheme of delegation to expert committees. When national restrictions allow, Trustees visit various areas within the hospice to meet with staff and gain first-hand information about patient and staff experience. The newly appointed Chair of the Clinical Governance Committee has a wealth of Palliative Care experience and plays an active role in education and guidance of clinical staff members and service leads.

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 Chief Executive 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 2020/21, please submit your comments via the St. Michael's Hospice website or to the Chief Executive at this address:

St. Michael's Hospice (North Hampshire)  
Basil de Ferranti House  
Aldermaston Road  
Basingstoke  
Hampshire  
RG24 9NB.

Website: [www.stmichaelhospice.org.uk](http://www.stmichaelhospice.org.uk)



On March 23rd, the National Day of Reflection, the Hospice joined the nation in remembering all those who had lost their lives in this pandemic and all those who are grieving.