



BIRMINGHAM
ST MARY'S
HOSPICE



John Taylor
Hospice

THE HOSPICE CHARITY PARTNERSHIP

2020-2021 QUALITY ACCOUNT



THE HOSPICE CHARITY PARTNERSHIP

BIRMINGHAM ST MARY'S & JOHN TAYLOR HOSPICES

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Part 1 - Introduction

The Hospice Charity Partnership

On 2nd August 2021, Birmingham St Mary's and John Taylor Hospices successfully merged together to form one Birmingham-wide organisation – The Hospice Charity Partnership. Each hospice has retained its own well-recognised branding, and the merger of our much-loved charities is a positive development for the city, and in the best interests of patients and their families across the region.

The two hospices have been working together for many years to improve palliative and end of life care. The impact of the COVID-19 pandemic led to the introduction of HoBS – Hospices of Birmingham and Solihull – led by John Taylor Hospice in partnership with Birmingham St Mary's and other hospice partners. The joint service co-ordinated end of life care across the area to meet the increasing needs of patients. This highlighted the importance of providing palliative care and the need to secure the future of both charities at such a turbulent time.



As one organisation we will be able to meet the needs of patients, be financially resilient and ensure we are a stronger partner in the local healthcare system. As an organisation our top priority remains to provide the best healthcare possible for all our patients. Both Birmingham St Mary's and John Taylor Hospice will also continue to deliver the same services to patients and their families and there will be no changes to the quality of care offered.

The history of our hospices

Both hospices have a rich history of providing palliative and end of life care for many decades across Birmingham.

John Taylor Hospice was founded in 1910 and is the oldest non-denominational hospice in the country. It was named after Professor John Taylor, a gynaecologist who worked at the Birmingham and Midland Hospital for Women in the late 1800s. The hospice was gifted to the NHS in 1948 and in the 1970s began treating people in their own homes and cared for men as well as women.

Birmingham St Mary's Hospice was founded in 1979 by Monica Pearce. Upon retiring from her NHS nursing career in 1974, Monica decided to use her knowledge to 'enable anyone with a life-limiting illness to live their life to the full'.

Both sites are open to adults with any life-shortening illness, this includes, but is not limited to, malignant disease, neurological diseases, heart disease, and lung disease.

1.1 Statement from the Chief Executive

At The Hospice Charity Partnership, our priority is always to put those that need our services at the forefront of everything we do.

I am delighted to present this combined Quality Account for Birmingham St Mary's Hospice and John Taylor Hospice to reflect the quality of our services over the last twelve months. This Quality Account is for our patients, their families and friends, the general public as well as the local NHS organisations that we work with across Birmingham and Solihull. This report aims to give clear information about the quality of our services to help the public, patients and other stakeholders understand what we're doing well, where improvements in service quality are required and what our priorities for improvement are during the coming year. It covers how we are assured about the quality of care provided by the hospices, as well as outlining the key quality improvements delivered in 2020/21.

I am pleased to report that we have made strong progress in delivering against our Quality Account priorities for 2020/21. We have been able to respond to the challenges that COVID-19 has presented us with by providing services differently, and these changes have resulted in us setting up new 24/7 service to coordinate and provide urgent care when needed. We have been working very closely with other health and social care providers to redesign and deliver services to make it easier for people needing to access care. While we have lots more work to do, by working collaboratively we know we can reach more people, make services easier to access and be more responsive.

Following a strategic review, we knew we had to find a way of meeting the increasing demand for palliative and end of life services across Birmingham, and we also had to find ways of working differently to ensure as much of the funding we received goes directly to frontline services. To achieve this, the Board of Trustees agreed to merge Birmingham St Mary's Hospice and John Taylor Hospice on 2nd August 2021. Both hospices continue to provide inpatient and community services on their existing sites, providing a solid foundation for developing the future of palliative care and end of life services across the city.

Keeping staff and those accessing the hospice or community services safe during the COVID-19 pandemic has been a priority. Staff and families have lost loved ones over the last 12 months and their wellbeing is of utmost importance. Staff have worked tirelessly throughout the pandemic. We have provided independent support and trained staff in mental health first aid. We have continued to provide wellbeing days, resilience workshops and complementary therapy to staff to help with their resilience.



We know that we could not give such high standards of care without our hardworking staff and volunteers, and I would like to take this opportunity to thank them all for their hard work over what has been a very difficult and challenging 12 months.

A handwritten signature in black ink, appearing to read 'Simon Fuller'.

Simon Fuller
Chief Executive

1.2 Statement of assurance from the Board of Trustees

The Board of Trustees assures itself of the quality of the services provided by the organisation through its clinical and corporate governance structures. It delegates the oversight of clinical quality governance to the Quality Governance Committee, and this group meet each quarter and report to the hospice Board in order to provide assurance to the Board of Trustees. Updates and evidence of the work undertaken to improve and maintain high-quality clinical services are discussed and monitored.

The Board of Trustees is assured that the progress described in this Quality Account is accurate and fully supports the quality improvements planned for 2021/22. The Board is committed to the provision of high-quality care for patients, families and staff across all hospice services and will continue to monitor the progress against the priorities for quality improvement over the next twelve months.

The Hospice Charity Partnership's Board of Trustees



Harry Turner - Chairman



Lindsey Webb – Deputy Chairman



Bev Edgar



Jonathon Shapiro



Rob Pickup



Kimara Sharpe



Paul Wainwright



Mike Goodwin

1.3 Executive Directors

The Executive Team is responsible for ensuring the hospice strategy is delivered and the charity's day-to-day operational aspects are maintained. The Associate Directors support the Executive Team in this delivery.

The Hospice Charity Partnership's Executive Team



Simon Fuller
Chief Executive



Dr Debbie Talbot
Medical Director



Sarah Mimmack
Director of Care Services



Alex McQuinn
Director and Finance
and IT



Lucy Watkins
Director of Income
Generation



Michelle Stuteley
Director of People and
Culture

This Quality Account illustrates, through specific examples, our commitment to innovation and continual quality improvements.

1.4 Our Mission, Vision and Values

Work is ongoing to finalise The Hospice Charity Partnership's strategy, including the partnership's mission, vision and values.

This is a collaborative piece of work involving everyone across the organisation through meetings and interactive workshops. Our aim is to have completed this work by January 2022.

Birmingham St Mary's Hospice

Mission: Hospice care for everyone.

Vision: A future where the best experience of living is available to everyone leading up to and at the end of life.

Values:

- Delivering high quality care
- Improving access to care for all
- Sharing our ever-growing expertise
- Working collaboratively
- Changing attitudes to hospice care

John Taylor Hospice

Mission: To provide specialist care for people living with a terminal illness and their families.

Vision: A compassionate and dignified death for all.

Values:

- Care for all
- See the person
- Be right first time
- Simplify the complex

1.5 Review of services

COVID-19 has had a huge impact on the whole health economy and our organisation has been significantly affected by the ongoing effects of this pandemic. Our Day Hospices, on both sites, were closed for almost a year, inpatient visiting was restricted, volunteer services were suspended, 'at risk' staff were shielded, charity shops were closed and face-to-face visits reduced - all measures that were necessary to protect patients and staff from possible transmission of COVID-19 and to comply with Public Health England and government guidelines.

During this time, clinical services struggled to establish a secure and reliable supply of personal protective equipment (PPE) due to the unprecedented demand for PPE across the whole healthcare system. We were also greatly challenged by staff sickness which led to a significant number of bank and agency staff being utilised to support and maintain patient safety.

The Pharmacy Teams based at John Taylor and Marie Curie Hospices worked closely during 2020 to support as many people as possible and provided on-call support 24 hours a day on a rota basis to support patient and healthcare professionals. By working together they ensured that geographical or organisational boundaries were not a barrier to providing support to all of the hospices involved.



John Taylor Hospice review of services

Living Well Centre

Unfortunately, the Living Well Centre was closed for the majority of the pandemic, but during this time the team continued to support patients by:

- Carrying out doorstep visits (maintaining social distancing).
- Delivering meals prepared by hospice chefs - for those who lived alone and were isolating.
- Weekly telephone support calls.
- Complementary therapy virtual visualisation, meditation and therapy packs.
- Education and self-management films accessible on the hospice website and a monthly newsletter to keep patients updated on hospice work.

Staff delivered Christmas hampers to all patients. The team also supported the hospice by taking on the management of COVID testing for all staff, PPE stock control and flu vaccination programmes.

Hospice at Home

The Hospice at Home Team provide personal care and symptom management for patients that wish to remain in their own home. We offer this service seven days a week from 8am – 8pm for a maximum of two weeks in order to facilitate discharge home from hospital or the hospice. There can sometimes be capacity to help bridge the gaps for patients where care packages are awaited prior to CHC packages commencing.

Inpatient Unit

Our Inpatient Unit has a mixture of single rooms with en-suite facilities and small multi-bedded bays for those needing palliative and end of life care. Medical and nursing assessment is carried out daily and there is access to medical advice 24 hours a day.

Clinical Nurse Specialist (CNS) Team

During the pandemic, the Community Team extended its hours to cover 24/7 but due to funding issues we have now reverted back to covering the hours of 8am to 8pm, with IPUs at JTH and BSMH taking urgent calls from the community at night.

The CNS Responder role continues to be an essential new addition to our service. We currently have two CNS Responder Nurses and they are able to respond to urgent calls that require an urgent review. This enables our patients to be seen quickly and medication can be administered if indicated. This results in hospital admission avoidance and reduces the need for GP visits.

There continues to be plans for community clinics to be set up in the future, either at the hospice or in allocated GP practices. This will enable those patients who are able to travel to the clinic to be assessed and reviewed. This in turn will enable more patients to be seen on a daily basis as it will limit travel time for the CNS.

Multi-Disciplinary Team (MDT)

The team includes physiotherapists, occupational therapists, pharmacists and pharmacy technicians. Together they provide a service across all areas of John Taylor Hospice including support within a patient's home. All team members make a significant contribution to both education and research and are involved in regional working groups and projects to improve palliative care across the West Midlands.

Wellbeing Services

The Wellbeing Team provide one-to-one or group counselling in Punjabi, Hindi, Urdu and English. During the pandemic, counselling was achieved via the telephone, however with the easing of restrictions and with robust infection prevention practices in place, clients are returning to the hospice for counselling. Plans are also in place to undertake counselling sessions within community venues which will also provide us with the opportunity to network and raise awareness of our hospice services.

Work is underway to upgrade areas within the hospice that are dedicated for children's counselling to ensure it is child friendly. Further groups will be developed according to needs.

Complementary Services

Complementary therapies are available to any patients at our hospice and are used alongside conventional medical treatments. The following therapies are available:

- Therapy Massage
- Indian Head Massage
- Aromatherapy
- Reiki
- Reflexology
- Relaxation and Creative Visualisation
- Hand Care
- M Technique

Birmingham St Mary's Hospice review of services

Inpatient Unit

The Inpatient Unit has a mixture of single rooms with en-suite facilities and small multi-bedded bays for those needing palliative and end of life care. Medical and nursing assessment is carried out daily and there is access to medical advice 24 hours a day.

Community Palliative Care Team

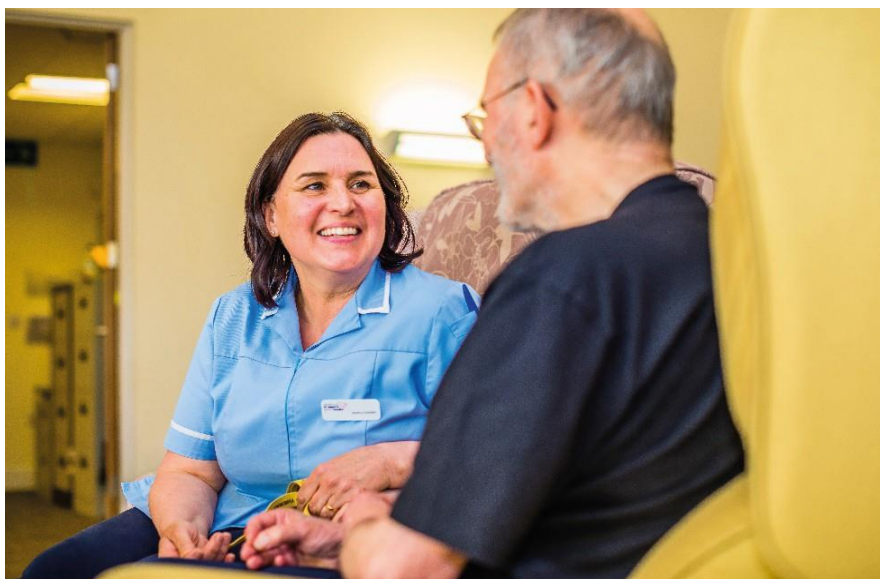
This team consists of clinical nurse specialists, doctors, occupational therapists and the family and carer support staff who are experienced in palliative care and who provide support and advice to patients and carers in their own homes.

Day Hospice

The Day Hospice was closed for the majority of the pandemic. When operational, the Day Hospice holds several clinics during the week, including a Therapeutic Programme, a clinically-led educational programme focusing on living well with a life-limiting illness and a clinical nurse specialist clinic weekly by appointment. A weekly volunteer-led Welcome Group provides social and peer support for patients with life-limiting or terminal conditions.

Physiotherapy and occupational therapy

Exclusive agreements provide physiotherapy and occupational therapy services with University Hospital Birmingham NHS Foundation Trust. The therapists specialise in palliative care support and are designated to work at the hospice with the clinical teams.



Both hospice sites

Family and Carer Support Services

The Family and Carer Support Team provide specialist counselling, spiritual and psychosocial support for patients, carers and family members, including children.

Bereavement Support Services

At the hospice, we consider bereavement support to be an essential part of quality palliative care. The Bereavement Support Service consists of highly-skilled volunteers who have been trained in supporting people with grief and loss.

Social and Personal Health Budget Support

Social Team: Working across both hospice sites, the Social Team complements all the healthcare teams by; providing support to patients and their family with packages of care, referrals to external professional services, respite care for patients who have long-term health conditions, hospice and hospital discharge planning for care at home or nursing home transfers. The social workers in the team provide emotional and psychosocial support along with advice on any housing issues, benefit advice and any financial concerns our patients have. Over the last 12 months the team has helped facilitate over 300 packages of care and provided social support and advice to an active caseload of over 80 patients.

Personal Health Budget (PHB) Support: Initially launched at John Taylor, PHB is now successfully running across both hospice sites.

PHB support is provided for patients in the last 12 weeks of their life, however with the support of PHB and our clinical services, some patient's health has improved and support from PHB has been needed for a longer period of time, which is very positive. Patients and family members supported by the PHB Team have commented how the support has enabled the patient and family members to remain in their preferred place for care and death. For the team this is positive feedback and emphasises how important this service has become.

External support has been forthcoming with Splodge Teddies donating over 30 teddies and Boots and Lloyds Pharmacy donating perfumes and toiletry samples for patients. Aston Villa Football Club has donated a private box to enable one of our patients who has been a lifelong Villa fan to attend a game with his family.



Patient story

A 50-year-old patient was referred into the PHB project by the hospice's Community Team who were providing care and support at home. A married man and devoted father to his 10-year-old son, this gentleman had a diagnosis of lung cancer with metastasis to his brain and adrenals. The patient and his family were devastated by his diagnosis, and the fact his prognosis was so very short. No longer able to work due to the side-effects of his cerebral metastasis, his balance was poor and he had suffered several falls.

The PHB Team was able to discuss ways to help process what was happening and supported the patient to put together a memory box of precious things for his son. The team also organised a hand cast to help both his son and his wife with the grieving process.

A family of avid football fans, our patient and his family are supporters of Aston Villa Football Club. He told the PHB Team how he had starting taking his son to matches as soon as he was old enough, and that they had made many memories together watching the team play. As his health deteriorated he'd been unable to fund his season ticket and was unable to take his son to a match. When asked what was important to the patient, he discussed how it would be a dream come true for him to take his son to watch the Villa play one more time before he passes away. The patient was concerned that his son was very young and was worried how he would be able to accept the loss of his father at such a young age.

Aston Villa FC was contacted and their response was fantastic. They offered the patient a Director's Box and all the facilities, which included a five-course meal for four people and an amazing view of the game. The patient and his family were overjoyed, and even though the his health continued to deteriorate, he managed to attend the match and enjoy a magical moment with his son. Following the experience, the family said it had been a 'fantastic experience' which had provided them with much-needed happiness during a 'very dark time'.



Palliative Support Register

The Hospice Charity Partnership has led the way across Birmingham in the development of a Palliative Support Register which is being developed within our SystmOne Electronic Patient Record System.

The ultimate aim of this register is to improve coordination of care, so that end of life care can be more proactive and patient's wishes can be better adhered to. It will also support more patients to be able to die in the place of their choosing and with their preferred care

package and avoid any unnecessary hospital admissions at the end of their lives.

There are two aspects to the register; the active register – where all patients being actively seen by any hospice teams are included, and an inactive register – this is a record of patients across the Birmingham area, diagnosed with a terminal illness not actively needing hospice services at present but deemed to be within the last 12 months of life.

The inactive register will benefit patients by providing a hospice contact for support, advice and signposting. GPs and external professional stakeholders will benefit from the register by faster referrals to hospice services, and information regarding patients' health records being available out of hours when decisions on care delivery need to be made. The hospice can use this information to signpost patients to some of our services, such as the Living Well Centre, and the Fatigue, Anxiety and Breathlessness (FAB) clinics. Analytical data will provide information for forward planning on clinical skills and knowledge that may be required for patients cultural and physical needs at the end of life. It will allow forward planning for education and training, and provide insight into future expected caseload numbers.

Education: What we have done to educate our staff and other healthcare professionals?

Birmingham St Mary's Hospice

During this period, the Education Department received commissioning from Birmingham and Solihull CCG to coordinate a six-month virtual education programme for the region, encompassing GPs, healthcare professionals and care homes. Following a positive evaluation, a further six months of commissioning was secured with the view to secure sustainable funding for the future. The programme is led by the Birmingham St Mary's Hospice Education Department; however, it is collaboratively delivered across all local hospices.

The Education Department during this period has successfully completed the immersion training for Project Echo, and the hospice is now a license holder with plans to develop and launch the first Project Echo hub in 2021/22.



The hospice continues to work in partnership with Birmingham Community Health Care Trust to deliver a four-day palliative/end of life educational programme.

During this period, the education department attracted over 4,000 delegates to educational and training programmes and successfully trained 2,328 delegates. This demonstrates the growth, reach and success the Education Department established during this period.

John Taylor Hospice

Links have been established with the local Learning Disability Forum, we have presented at a local conference on our experiences of looking after patients with learning disabilities within the hospice environment.

All staff have attended in-house educational updates such as:

- Record keeping
- Nutrition
- Tissue Viability
- Venepuncture and Cannulation
- Tracheostomy Care
- Emergency and Non-Invasive Ventilation

Planned courses for next year to ensure our patients receive excellent care:

- Communication Skills
- Non-Medical Prescribing module
- Health Assessment module
- Care of the Dying module by Princess Alice



Part 2 - Priorities for improvement

The Hospice Charity Partnership is very keen to facilitate change across the healthcare landscape and believes that hospices have a significant part to play in relieving some of the pressures on the NHS.

The following clinical strategy forms part of the charity's three-year strategy. The strategy is ambitious and based entirely upon the needs of our patients and their families. The ideas and concepts come from frontline staff who are keen to see The Hospice Charity Partnership become a lead provider of excellent end of life care, ensuring a palliative care service that is equitable for all patients across Birmingham and Solihull.

Clinical Services Strategy

Our revised plan - post COVID-19 (2021-2022)



Work will also commence on other strands of the clinical strategy, as many dovetail with each other and only by joining up the thinking and services internally and externally will patients really be able to access whatever they need, whenever they need it - in the place they want to receive it.

2.1 Birmingham St Mary's priorities for improvement and what we achieved last year

Reporting Management System

Datix IQ was implemented across the hospice to ensure staff were able to report all patient safety incidents for review and investigation in a timely manner. Any learning is shared and embedded across the organisation.

Patient Experience

Gathering patient and carer feedback on the Hospices of Birmingham and Solihull (HoBS) service to enable ongoing service evaluation and design.

Homelessness Support Service

Our Homelessness Support Service has gone from strength to strength since its launch in 2020, supporting members of the homeless community in Birmingham and local charities. From helping homeless people with claiming benefits, accessing housing and social care, to raising the profile of end of life care and dying a good death - our support workers have ensured that every homeless person they work with is treated fairly, regardless of their circumstances.

Well-being

The Hospice Charity Partnership recognises the importance of staff well-being and how a workforce that is well and engaged will positively impact the care we can provide. We have continued to progress with rolling out and embedding well-being initiatives. During the last year we have trained and launched 19 Mental Health First Aiders to support the well-being of staff across all areas of the hospice.



2.2 John Taylor's priorities for improvement and what we achieved last year

Unfortunately, progress with some of our quality objectives has been delayed due to the ongoing effects of the pandemic.

IPU environment

Significant changes have been made to the ward environment, with a focus on making the hospice a more modern setting. The planned work for our young person's and bariatric rooms were unfortunately delayed due to COVID-19, however work is now in progress for both of these important areas. We will be creating a young persons room that is comfortable, contemporary and contains all the IT tech a young person requires. The bed within the bariatric room will be able to accommodate not only bariatric patients but also taller patents that struggle in a standard-size bed. It can also be used as a double bed for those patients who want to lie with their loved ones.

Renovation

The conversion and upgrading of two houses belonging to the hospice to include facilities for wellbeing services is ongoing. This work stream was paused due to the pandemic, but now that restrictions have been relaxed we are keen to move forward with these plans.

Dementia Services

We are building on existing work to develop dementia services, particularly aimed at those who have been recently diagnosed with dementia. Our intention is to provide education and support to the patients affected, and for their carers. The dementia support programme will be delivered over a period of eight weeks, focusing on the importance of patient-centred care. They will benefit from access to a multi-disciplinary team who can offer advice and guidance and also provide psychosocial interventions and signpost them to other local services. This program has been delayed due to the effects of the pandemic.

Virtual Day Hospice

The Living Well Centre has delivered a virtual day hospice for patients that were unable to attend. Online sessions were held with the aim of being as inclusive as possible, as every patient's access requirements will differ.

Supporting care homes

To support care homes in providing end of life care, funding is awaited from BSoL CCG. This work stream is currently on hold due to the pandemic.

2.3 Clinical Model

The Hospice Charity Partnership has developed a joint working forum to look at national guidelines, decide on applicability to our care settings, review and provide recommendations for change in practice. A review of the following applicable National Institute for Health and Care Excellence (NICE) guidelines, guidance and standards has taken place during the year:

The Hospice Charity Partnership Clinical Model 2021-23.



The Hospice Charity Partnership Quality Objectives for 2021-2022

Following the launch of our three-year Clinical Model, our focus will be on ensuring services across both Birmingham St Mary's Hospice and John Taylor Hospice are fit-for-purpose and future-proofed. In support of our strategy, we have identified the following key quality improvement areas for The Hospice Charity Partnership:

- A one-team approach.
- Creating a single point of referral for all services and eliminating duplication.
- 24/7 access to services; Specialist Palliative Urgent Response (SPUR) / Inpatient Unit (IPU).
- Monitoring the effectiveness of SPUR.
- Aligning incident reporting system across both hospice sites.
- Optimising patient and carer experience.
- Rolling out the Palliative Care Register across BSOL.
- Being visible in every community.

Part 3 - Review of Quality Performance

3.1 Clinical Data

Both hospices use SystmOne which is an electronic patient records system. Please see below data relating to both hospices.

John Taylor Hospice



Our average length of stay is **10** days



We cared for **329** inpatients

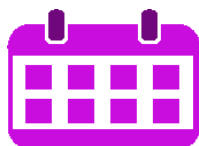


We have had a total of **545** Day Hospice attendances



We made **9,982** community visits

Birmingham St Mary's Hospice



Our average length of stay is **12** days



We cared for **333** inpatients



We have had a total of **291** Day Hospice attendances



We made **3,087** community visits

3.2 Quality Markers

The Hospice Charity Partnership is committed to continuous service and quality development and empowers teams to make changes they believe will best enhance the care they provide.

We benchmark our organisation against metrics supplied by Hospice UK, Establishment Genie and the regional Executive Clinical Leads in Hospice & Palliative Care (ECLiHP) - these are all important indicators. In particular ECLiHP is most relevant as it monitors bed occupancy alongside risk factors such as:

- Pressure ulcers
- Patient falls
- Medication incidents

Activity and quality of services is reviewed monthly, with challenge provided at the quarterly Clinical Governance Committee and the Quality Governance Committee which report to the Board of Trustees

Patient safety

Patient safety and providing high-quality care are of paramount importance across the organisation. All incidents and clinical events of concern are reported on our Datix reporting system. All incidents are reviewed and investigated with learning and recommendations for improvement shared across the organisation. The Risk Register, reflects concerns and issues consistent with those identified within the organisation.

Infection prevention and control

Infection prevention and control is one of the key elements in ensuring Birmingham St Mary's and John Taylor Hospices provide a safe environment and practice for our patients - all of whom are vulnerable. The charity recognises that effective prevention and control must be an integral part of everyday practice and be applied consistently to ensure the safety of our patients. In addition, good management and organisational processes are crucial to maintain high standards of care for our patients.

Both sites strive towards maintaining an excellent level of infection prevention and control. In response to the COVID-19 pandemic, the organisation implemented all Public Health England (PHE) guidance related for the care and management of suspected and confirmed cases of COVID-19. Staff were trained as FIT testers to allow our organisation to accept all referrals whilst still protecting staff. Both hospices sites experienced an outbreak of COVID-19, but this was well managed and the charity was well supported by BSoL CCG and PHE.

John Taylor Hospice has reviewed and updated the hand hygiene audit and introduced new environmental audits for the Inpatient Unit and Day Hospice. Results are closely monitored at the relevant governance committees.



Both hospice sites have their own Housekeeping Teams who are responsible for ensuring the standard of cleanliness across the hospice are in line with NHS cleaning standards. Our Housekeeping Teams have worked extremely hard during the pandemic, and they are committed to providing an outstanding service.



3.3 Clinical Audit

Clinical audit provides the framework to improve the quality of patient care in a collaborative and systematic way. Through audit we can identify emerging trends, which enables us to identify risks and implement actions before it becomes a bigger issue.

John Taylor Hospice

An audit calendar is in place and audit reports are reviewed at the Clinical Governance Committee, with learning disseminated through team leaders. The programme covers both local and national audits and includes statutory activities.

John Taylor Hospice participated in the FAMCARE national audit in 2020 and this audit measures family satisfaction with advanced cancer care and consists of 17 questions. The FAMCARE survey is sent to recently bereaved relatives or a designated main carer for completion 4-6 weeks after the death of their loved one. Data is analysed from hospital-based palliative care teams, hospice inpatient units or home care teams specialising in providing end of life care.

Carers' Support Needs Assessment Tool (CSNAT)

Carers need to be supported in their central role of caring for patients at the end of life. To identify the support required, we ask our carers to complete the CSNAT document which in turn acknowledges their role as a carer and engages our carers in discussions to identify their own individual needs. CSNAT facilitates discussions between clinicians and carers to assess the impact of concern over 14 areas which include practical, spiritual, emotional and financial issues. Community palliative care and hospice services can therefore be developed based on the requirements of what our caring population most need to feel supported and enable us to identify areas where we can improve services to support our carers via a three-monthly audit. The CSNAT tool is utilised across all clinical teams, results are reviewed and discussed at the Clinical Governance Committee.

Birmingham St Mary's Hospice

Birmingham St Mary's Hospice was not eligible to participate in any of the national clinical audits or national confidential enquiries. We do however have an extensive programme of internal clinical auditing which is an essential component of good clinical governance practices. Our focus is continually improving the quality of life for patients and their families, ensuring a positive experience in a safe environment.

3.4 Patient Experience

Hospice experience

Measuring and learning from patient experience is vital to the improvement of all of our services. The feedback we receive is incredibly valuable, enabling us to develop new services where gaps exist, support business cases with fact not assumption, and ensure that we learn when things don't go as well as we would like, - making sure that such issues do not arise again.

Patient survey results

Patient experience is critical for the improvement of all our services. Unfortunately the pandemic has had a negative effect on the number of patient and carer surveys returned across the charity. With the merger of Birmingham St Mary's and John Taylor Hospice, we will be reviewing patient experience and considering how we can make it easier for patients, relatives and carers to provide feedback.

Compliments and comments

We are always interested to hear the views of our patients, carers and families. Compliments are reassuring and motivating as they let us know that we are meeting the high standards of service and care that we set for ourselves. They also:

- Identify areas of good practice, our strengths and what we do well
- Demonstrate that we value patients
- Enable us to improve services to ensure we are meeting the needs of our population.
- Improve staff confidence

Birmingham St Mary's Hospice: Complaints and Compliments

Complaints Summary: 1st April 20 to 31 March 21

All complaints are handled per our policy and were thoroughly investigated, with a written summary of the findings provided to complainants and appropriate cascading of actions and learning to teams. There were six formal complaints during this time period compared to 10 formal complaints in the previous year.

Themes from clinical complaints

Communication on the Inpatient Unit, and lack of relationships built with family and carers, may be related to visiting restrictions.

BSMH 'thank yous'

The hospice receives thank you cards and letters throughout the year. These are generally sent to individual departments. The following are examples of some compliments received in 2020-21:



- Invaluable support. The nurse gives time and listens carefully. Regular phone calls updates and excellent liaison with GP. She remembers details from previous conversations and offers practical advice. Appreciate the Hospice support. Thank you. (CPCT).
- The Zoom programme has been very informative and educational, and the staff have been first class. Kind, friendly, helpful, and it has been a pleasure to partake in this experiment. (Space to Breathe Clinic).
- Despite the challenges of COVID-19 and the limitations this places on everything, and the Hospice has managed to find a way for us to still “meet” via Zoom. I was sceptical that this could work, but it does. I appreciate all the different elements offered in the day programme -the opportunity to talk to staff 1:1, exercises tailored to our specific ability levels, the mindfulness exercise and the education session. The time flies by. The staff are great at helping us manage the technical issues that come up too. (Day Hospice Therapeutic Programme).

John Taylor Hospice: Complaints and Compliments

Complaints Summary: 1st April 20 to 31 March 21

We like to know when we are getting things right and when we could have done something better. Complaints are seen as a valuable source of feedback and as a way of changing what we do to improve the services we offer. We received five written complaints during this time period; all have been investigated in line with our complaints policy. There were no common themes. Any identified learning or changes to practice have been shared and implemented.

JTH ‘thank yous’

Please see below a small selection of compliments received during 2020/21.

- Gentle hands that gave gentle care.
- Letting me cry without judgement, whilst maintain a lovely care that is hard to match.
- Being able to care for mom at home as she took her final journey was a blessing.
- Taking the extra time to explain processes that may scare and make them seem achievable.
- Seeing the bigger picture, making sure we had the space to cry or to be comforted when needed.
- For being ‘That person’ the one I got direct, straight answers from that was invaluable to the family, being able to understand where we were in Mom’s journey.



"Thank you so very much for all your support in hard times. God bless you all forever."

"Thank you , I feel better because of your help."

"Thank you so very, very much. Your kindness, thoughtfulness, empathy and professionalism goes above and beyond always, you are an angel on earth, who has a heart of gold. Your relaxation sessions mean so much and make a huge difference to me."

"Thank you – 2 tiny words but they come from deep in our hearts. To need a hospice is a terrible, heart crushing feeling. To get a hospice team is a wonderful heart lifting feeling. We are so grateful to have met you all. Thank you."

"Thank you so much for the love, attention and support given to mom and our family during mom's terminal illness. We were overwhelmed with the support we received and we will be forever thankful to you all. We are so pleased to have raised much needed funds for JTH of which mom would have been very proud. Thank you again."

"The nurses were not just there for dad but also for us as a family. We didn't leave the hospice during that week and the nurses would be on hand at any point to help reassure and comfort. They came to every call and they listened to us, as we knew what dad wanted. They kept his dignity throughout and he was never in pain.

We are incredibly grateful to the amazing team of people at JTH and they will always hold a very special place in our hearts."

"We have been on our own for so long it is a weight lifted from our shoulders. The CNS was a big help and a beacon of light for us. Nothing was too much trouble. Thank you so much for being there for us. Love and best wishes."

Part 5 - Glossary

Bariatric

Bariatrics is the branch of medicine that deals with the causes, treatment and prevention of obesity.

Better Care Fund

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join up health and care services so that people can manage their own health and wellbeing and live independently in their communities for as long as possible.

BSMH

Birmingham St Mary's Hospice.

BVSC

Birmingham Voluntary Service Council is a support organisation for charities and community groups in Birmingham.

CCG

Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

Complaints

The NHS complaints procedure is the statutorily-based mechanism for dealing with complaints about NHS care and treatment and all NHS organisations in England are required to operate the procedure. This annual collection is a count of written complaints made by (or on behalf of) patients, received between 1 April 2020 and 31 March 2021 and also includes experimental information on upheld complaints.

CGC

Clinical Governance Committee (CGC) is a system through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

CQC

The Care Quality Commission is the independent regulator of all health and social care services in England.

EoLC

End of life care (EoLC) is the care experienced by people who have an incurable illness and are approaching death. Good EoLC enables people to live in as much comfort as possible until they die and to make choices about their care.

JTH

John Taylor Hospice.

QGC

Quality Governance Committee (QGC) oversees the Clinical Governance Committee, Information Governance Committee, Patient Safety Group and Health and Safety Forum and is a subcommittee of the Board of Trustees.

