Birmingham Hospice

QUALITY ACCOUNT

APRIL 2022 - MARCH 2023

Our Quality Account summarises the quality of our services, our achievements during the previous year and our Quality Improvement Priorities for 2023-24. This account covers the 12 months prior to the introduction of Birmingham Hospice as our new name. Therefore, throughout this document we will refer to our charity as The Hospice Charity Partnership – which was, and remains, our registered charity name.

CONTENTS

PART ONE

1 Introduction

Our Quality Account provides an overview of our services, information about the quality of our clinical care and improvements we've made over the last 12 months. This is our opportunity to share information about how well we have delivered services in the past year which are safe, effective and offer our patients and their support network a good experience. We also highlight our priorities for the coming year which are based on our strategic plan.

Our charity's main priority is always to put those that need our services at the forefront of everything we do. This Quality Account illustrates, through specific examples, our commitment to innovation and continual quality improvements.

Important note: In March 2023, Birmingham St Mary's Hospice and John Taylor Hospice rebranded with the trading name Birmingham Hospice. This report was produced in July 2023 and is therefore Birmingham Hospice branded. However, throughout this Quality Account we will refer to the organisation as The Hospice Charity Partnership which remains our registered charity name.

1.1 Statement from the Chief Executive

Our charity's priority is to always put those that need our services at the forefront of everything we do.

I am delighted to present this Quality Account for our services operating from our sites in Selly Park and Erdington, formerly Birmingham St Mary's Hospice and John Taylor Hospice. This Quality Account is for our patients, their families and friends, the general public, and 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 charity, as well as outlining the key quality improvements delivered in 2022/23.

I am pleased to report that we have made strong progress in delivering against our Quality Account priorities for 2021/22. We have continued to deliver services, have embraced learning from the COVID-19 pandemic and worked with our hospice partners to deliver coordinated urgent care when needed. We continue to work very closely with other health and social care providers to improve services and increase access to 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.

To ensure we are accessible to all communities across Birmingham, we are working closely with different cultural and religious groups to promote hospice services, raise awareness of what is available to people, and understand what different people and communities need at end of life. Inclusivity is a core part of the organisation's strategy and significant resource has been allocated to create an inclusive and diverse organisation. This will allow us to be better equipped and more knowledgeable about the communities we serve. We believe this is the best way for us to reduce barriers that may exist to accessing palliative care and end of life services across the city.

Post pandemic we have invested significantly in staff welfare, education and training. The hospice supports and cares for its people, so they can maintain delivery of the highest standards of hospice care. Without our people we cannot continue our great work. I would like to take this opportunity to thank them all for their hard work over the last 12 months.

Simon Fuller – CEO

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 (QGC), and this group meets each quarter and reports 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 2022/23. 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.

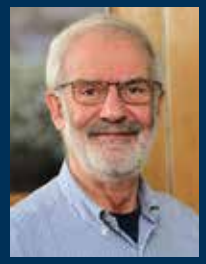
After a set term of nearly seven years as Chair of Trustees, Harry Turner stepped down from his role in September 2022 and Dawn Ward CBE was appointed Chair of Trustees.

Board of Trustees


Harry Turner
(until September 2022)
Chair of Trustees


Dawn Ward
Chair of Trustees


Lindsey Webb
Deputy Chair


Jonathon Shapiro


Julie Ward


Henriette Breukelaar


Karen Dowman


Kimara Sharpe


Mike Goodwin


Paul Bytheway


Paul Wainwright


Pete Shanahan


Robert Pickup

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.

Simon Fuller
CEO

Dr Christina Radcliffe
Medical Director

Sarah Mimmack
Director of Care Services

Michelle Stuteley
Director of People and Culture

Angela Szabo
Director of Finance, IT and Facilities

Lucy Watkins
Director of Income Generation

1.4 Birmingham Hospice Values

Our values are at the heart of everything we do as we continue in our mission to enable more people from all communities to access the care of their choice at the end of life.

PART TWO

2

2. Review of Quality Performance

Our hospice charity is regulated by the Care Quality Commission (CQC). We work closely with the CQC, and Birmingham and Solihull Integrated Care Board (ICC) to ensure our services provide patients with safe, effective, compassionate and high-quality care that is underpinned by continuous quality improvement.

We provide inpatient and community palliative and end of life care across Birmingham, Solihull, Sutton Coldfield and Sandwell. Our services are provided by specially trained multi-professional teams, which include doctors, nurses, physiotherapists, occupational therapists, social workers, counsellors, spiritual care and chaplaincy, as well as a range of volunteer roles.

We offer the following clinical services at both hospice sites and in the community:

- Inpatient Units
- Medical Team
- Living Well Centres (Day Hospice)
- Hospice at Home
- Community Specialist Palliative Care Teams
- Family Support and Bereavement service
- Personal Health Budgets
- Complementary Therapies.

2.1 Inpatient Units

The Inpatient Unit (IPU) Teams work closely with the wider Multi-Disciplinary Team (MDT) to ensure the needs of patients and families are met. A daily bed meeting is held with acute trusts and community teams, and all hospice providers in Birmingham and Solihull, to ensure we are responsive in meeting the needs of patients and can advise where hospice beds are available to support those in need.

The Inpatient Units have a mixture of single rooms with ensuite 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. Admission to our Inpatient Units enables patients to receive symptom management and end of life care while preventing hospital admissions, which helps to free up beds in the acute sector.

Due to the impact of COVID-19, bed numbers were decreased to a total of 23 beds across the organisation to ensure compliance with infection control measures. Additional facilities include bariatric equipment on both sites, and our Erdington site has a young person's room for patients under 40. The IPU at Selly Park has a family centre – a space with a kitchen, sitting area and spare bedroom in addition to the patient room which allows families to stay with their loved ones in the last days of life.

We provide support and symptom management for patients who require complex symptom management or end of life care. We have external contracts with Sandwell Hub to offer two beds at each site for Home from Home beds. These beds can support patients with low complexity needs who are in the last six weeks of their life.

IPU is not a long-term place of care and patients are often discharged home or to an alternative care setting. However, in certain situations where discharge may be very difficult, it is possible to obtain continuing healthcare (CHC) funding for patients where discharge home or to a nursing home would not be possible. Patients who meet these criteria tend to have very complex needs and are generally aged below 65 years.

In addition to daily medical reviews, both units have a weekly MDT/discharge meeting where all members of the wider hospice team - including the Social Hub, community teams, occupational health and physiotherapy - work together to provide a multi-disciplinary approach to care and discharge which considers the best interests and wishes of the patient and their family.

Using Establishment Genie, a NICE endorsed safe staffing tool, the hospice works with a ratio of one registered nurse to four patients. Nursing staff are highly experienced in palliative care, and most have undertaken or are working towards the European Certificate in Palliative Care. Within our Medical Team we have Nurse Consultants and Advanced Nurse Practitioners (ANPs), and we support trainee GPs.

Communication between our hospice and the acute hospitals has improved hugely over the past year. Joint bed meetings are conducted each morning between our hospice sites, the hospital palliative care teams, Sandwell Hub, St Giles Hospice and Marie Curie, so the palliative beds can be managed more effectively. We are robustly managing our waiting lists and are extremely responsive to urgent requests for admission, and have seen a higher throughput of patients.

We have noted an increase in the clinical needs and psychological complexity of our patients and families over the last 12 months. Our IPUs can accommodate patients with tracheostomies and those who require procedures such as non-invasive ventilation, blood transfusions, IV drugs, IV fluids, and drainage of both ascitic and pleuritic drains. The IPUs work closely with the hospice's Education Department to deliver a robust internal clinical skills training programme for staff, to ensure they are equipped with the necessary knowledge and skills to manage these complex patients.

In the last year the IPUs have seen an increase in young patients with young families which has been difficult. Staff have access to clinical supervision and the support of the Spiritual Care Team. Teaching is also being provided by our Children's Healing and Therapeutic Support (CHATS) Team and Wellbeing Team so that staff feel more confident when undertaking difficult conversations with children.

Both Inpatient Units actively support student education and work closely with universities in Birmingham to support pre-registration staff, including nursing, medical, pharmacy and therapy students.

District Nurses (DNs) with complex palliative patients. We also provide educations sessions to BCHC via our Education Team.

We attend MDT meetings at Good Hope Hospital, Birmingham Heartlands Hospital and Queen Elizabeth Hospital on a weekly basis. This allows continuity of care and a seamless journey through the services.

We have a growing number of non-medical prescribers within our team, and this benefits the patient by providing quicker access to the medication that they need to control their symptoms.

The CNS Team at our Erdington site is involved in the Nishkam Project. This hospice site is located 6.5 miles from Handsworth; however, the number of referrals from GP practices within this locality have historically been very low compared with the numbers of referrals expected for the demographic information collected from this community. The low numbers of referrals, the demographic data and evidence from the Sikh Community Health Profile report (2021), all suggest that barriers to accessing palliative and end of life care currently exist for people in the Sikh community and that partnership working would be one way to help address these issues. It is planned that the partnership can bridge this gap through regular meetings with a hospice community CNS representative present.

2.5 Allied Healthcare Professionals (AHPs)

The team includes physiotherapists, occupational therapists, therapy support workers, pharmacists and pharmacy technicians. Together they provide a service across all areas of the hospice including support within a patient's home. The Therapies Team works closely with patients and their families, identifies priorities and goals that are important to them, and helps to maintain the best level of independence. The team provides educational programmes to empower patients and support carers to manage symptoms, such as the Fatigue, Anxiety and Breathlessness (FAB) programme and Space to Breathe. The team also provides support and education as part of the Living Well Centre therapeutic programmes.

Pharmacists and pharmacy technicians provide a service for both visiting patients in their own homes and in the IPU. The team assists patients and their carers who have concerns and questions about their medication including symptom management, side effects of medication, when to take medication, and the practical issues of managing medication and interactions between different drugs. In addition to this the team provides a clinical service to the IPU and works closely with the Clinical Nurse Specialists, District Nurse Teams, general practitioners, and other healthcare professionals

to provide specialist knowledge and advice, and provide educational support for teams.

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.

2.6 Wellbeing Services

The Wellbeing Team provides a variety of services with an emphasis on pre and post bereavement support for patients, families, children and colleagues caring for these groups. The team helps people to prepare for loss, and supports them through grief and bereavement, incorporating their emotional, psychological and spiritual needs.

Our Wellbeing Team offers adults and children counselling and support either individually or through support groups. Counselling and support are offered to patients and their families from the point of referral onwards.

- Counselling services
- Art therapy
- Children's therapeutic services
- Spiritual services
- Clinical supervision for all staff across the organisation.

The Wellbeing Team provides one-to-one or group counselling in Punjabi, Hindi, Urdu and English. Counselling is provided via telephone, face-to-face consultations or online. 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.

The Children's Healing and Therapeutic Support (CHATS) Team works with children who are bereaved. They provide education and support including pre-bereavement work, memory making, hand casting and post bereavement support. This includes devising education packages and three tiers of support for schools including workshops and subscription to forums for education and peer support. The team also runs parent support groups incorporating dealing with difficult conversations and grief.

Clinical Supervision

Clinical Supervisors provide 1-2-1 and group support across both hospice sites. They work creatively to deliver the service including walk and talks. They aim to create a work culture where clinical supervision becomes intrinsic in practice for all members of the wider workforce.

Spiritual Care

Spiritual care is provided by our dedicated team across both sites. The wider team also includes a group of link workers and volunteers who provide support for patients, families and staff in both the hospice and community.

The Spiritual Care Team, link workers and volunteers cover several different faiths to support diversity across the community we serve.

2.7 Complementary Therapy Services

Complementary therapies are available for 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.

3.2 Creating a single point of referral for all services and eliminating duplication

The merger of Birmingham St Mary's and John Taylor Hospices has enabled us to provide one referral point into the services we offer. All referrals are managed by Hospices of Birmingham and Solihull (HoBS). HoBS brings together specialists from The Hospice Charity Partnership, Marie Curie and Solihull Macmillan Team to provide responsive, expert support and advice for people, families and professionals needing effective symptom management, equipment to remain at home or support arrangements for hospice admissions.

Healthcare professionals can make a referral using a single referral form to our HoBS referral inbox. The referral form can be found at www.birminghamhospice.org.uk and can be used to refer to the following services:

- Community Palliative Care
- Hospice at Home
- Inpatient Units
- Nurse and Doctor led clinics
- Living Well Centres
- Therapies including occupational therapy, physiotherapy and pharmacy
- Breathlessness programmes
- Social HUB / Personal Health Budgets (PHBs)
- Wellbeing.

The HoBS telephone service was brought together as part of the COVID-19 response and the service continues to go from strength to strength with future funding for the service secured from BSoL ICB which has enabled the service to continue to run 24 hours a day, seven days a week. The HoBS service facilitates community teams such as GPs, District Nurses and paramedics to access specialist advice. HoBS is staffed by specialist nurses and clinical administrations and is supported by a palliative on-call consultant.

The Inpatient Unit offer 24/7 care, HoBS provide telephone support and advice out of hours, and a bed meeting is facilitated daily to ensure community and acute palliative needs for hospice admissions are addressed in a timely way. Patients can be admitted out of hours if there is an urgent need.

3.3 Aligning electronic systems across both hospice sites

Significant changes have been made to electronic systems to ensure clinical leads can robustly monitor and analyse clinical data. An example of this is the implementation of Vantage - the electronic incident and risk management system. Vantage has been well received by all staff as it is a very responsive and adaptable system. Clinical data is monitored by heads of departments and further scrutinised at Clinical and Quality Governance Committee meetings, and by the hospice Board.

Work is currently in progress to align all data systems and records across the organisation.

3.4 Optimising patient and carer experience

It remains essential that we carefully listen and learn from the experiences of our patients, families and loved ones who use our services across all settings. We utilise several different methods to gather feedback, which can be very challenging at the end of life, and it is sometimes difficult to gather feedback from those close to the end of life.

The National FAMCARE is an Association for Palliative Medicine (APM) audit which seeks family feedback following care and death of a patient known to the hospice services. It is a national survey, allowing some benchmarking against other services and some individual feedback in the form of free text comments. Although the hospice has many different routes of seeking feedback from families, this provides another option and as it is managed by an external body, may be responded to by individuals who have otherwise not provided feedback.

A full review of all satisfaction surveys was completed, and a core of questions exists to enable accurate analysis, as well as department-specific questions which enable deeper leaning to take place.

The feedback received is overwhelmingly positive but there are always things to improve, and the Quality and Safety Team work hard to support all areas to continually improve.

Now the restrictions created by the pandemic have eased, we are planning and developing a service user group who we can directly work with on future developments so that co-design is embedded properly, hopefully ensuring we can meet the needs of all parts of the diverse community we serve.

3.5 Rolling out the Palliative Care Register across BSOL

We have 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 aim of this register is to improve coordination of care, so that end of life care can be more proactive, and patients' wishes can be implemented. 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 life.

There are two aspects to the register:

- The active register – where all patients being actively seen by any hospice teams are included.
- 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 a patient's 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.

3.6 Being visible in every community

The hospice has employed an Urdu and Punjabi speaking Community Development and Inclusion Officer (CDIO) to work specifically with the South Asian communities of the city. The CDIO attends regular community-led groups, raising awareness of hospice services and exploring current barriers that exist to this community in accessing hospice support.

The hospice is being invited to attend cultural celebratory events to promote our services to wider communities and to engage the public in conversations about end of life planning.

The Community Development Team sits on a number of city-wide networks and plays an active role in ensuring end of life care and bereavement support is on the wider agenda.

The hospice is now a recognised partner within the homeless, learning disabilities, probationary and Gypsy Roma and Traveller networks. Strong links have been with the Neighbourhood Network Schemes and subsequently new connections are being made daily with grassroots-level groups. An increased presence on social media to share this community development activity has helped to raise the charity's profile both locally and nationally.

PART FIVE

Clinical Services Strategy

Birmingham Hospice 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 Birmingham Hospice become a lead provider of excellent end of life care, ensuring a palliative care service that is equitable for all patients across Birmingham, Solihull, Sutton Coldfield and Sandwell.

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.

Care vision: A future where everyone with a life limiting illness will live & die with dignity and in comfort

Mission: We will enable more people from all communities to access care of their choice at the end of life

Strategic Goals	**ACCESS** We will extend our reach to deliver personalised palliative and end of life care when and where it's needed.	**QUALITY** We will develop evidence to inform how future services can reduce inequality of access to palliative and end of life care. We will increase joint working in our communities and with our partners to shape future services.	**SUSTAINABILITY** We will grow our people and resources sustainably using our assets efficiently to ensure expert care is made available to more people.

What must we do for our stakeholders to be successful?

24/7 Access - Visible - Excellent experience - Best workforce - Flexible - Integrated

Create a single point of referral and 24/7 access to services (SPUR).	Be visible in every community and deliver care where patients need it.	Improve patient and carer experience by developing research and evidence to inform our practice.	Right people, right place. Improve clinical recruitment and retention.	Become a critical partner in the new Integrated Care System.

Ways of working. What do we need to be great at?

Adaptable - Community development - Research and education - Positivity

Embracing change that will benefit all patients.	Aligning culture and values to ensure the equal standards of care across all areas.	Community engagement and development.	Use research, patient experience and outcome measures to improve practice.	Learning from each other and encouraging innovation.	Teaching and influencing.	Celebrating success.

What skills are needed to achieve the above?

Kindness - Expertise - Compassionate and clear communication

Compassionate care, change management and leadership.	Excellent and up-to-date clinical skills.	Teaching, coaching and mentoring skills.	Research and critical analysis.	Skills and experience in quality improvement and change.	Exemplary communication and networking skills.

What resources are required?

Technology - Facilities and equipment - Workforce

Enhanced technology to improve experience and release time to care.	Excellent education and training (externally and internally).	The right environment, facilities and equipment that meet everyone's needs.	Invest in clinical supervision and wellbeing support for all.	Development of a research portfolio across the system.	Clinical establishments to support service delivery and system leadership.

Care Priorities

1 Ensure a single model of hospice care across services and BSOL is in place. Implement a centralised referral Hub and 24/7 support in partnership with the health system (funding dependent)	**2** Redesign hospice services alongside the wider BSOL system including localities, acute services and WMAS. Design and test approaches to support patients with cancer, heart failure, dementia and frailty who require specialist interventions.	**3** Identify gaps in the wider system and work with commissioners to develop service models and associated business cases to reach more people. Grow reach of PHB through provision of bathing service, night sits and other care services (funding dependent). Extend off site clinics within communities.
4 Ensure HCP is spearheading PEOLC across the region - scope the development of a complexity tool that highlights the holistic issues a person at the end of life experiences. Look to create a national tool to help hospices prove the complexity they can manage.	**5** Work to improve data collection and analysis so service delivery is evidence based and efficient.	**6** Develop three-year plan for internal and external training to ensure own staff are highly trained and external education is robust and supports wider health economy.
7 Review and align statutory and mandatory training across both sites develop process of review and embedding new learning and education needs.	**8** Development of a three-year plan for research across organisation, including embedding research activity as a normal part of work; contribute to research portfolios. Research concentrating on improving access and equity.	**9** Recruitment and retention for medical team across hospice enabling broad MDT input into all services, developing outpatient services.

PART SIX

6.1 Quality Performance

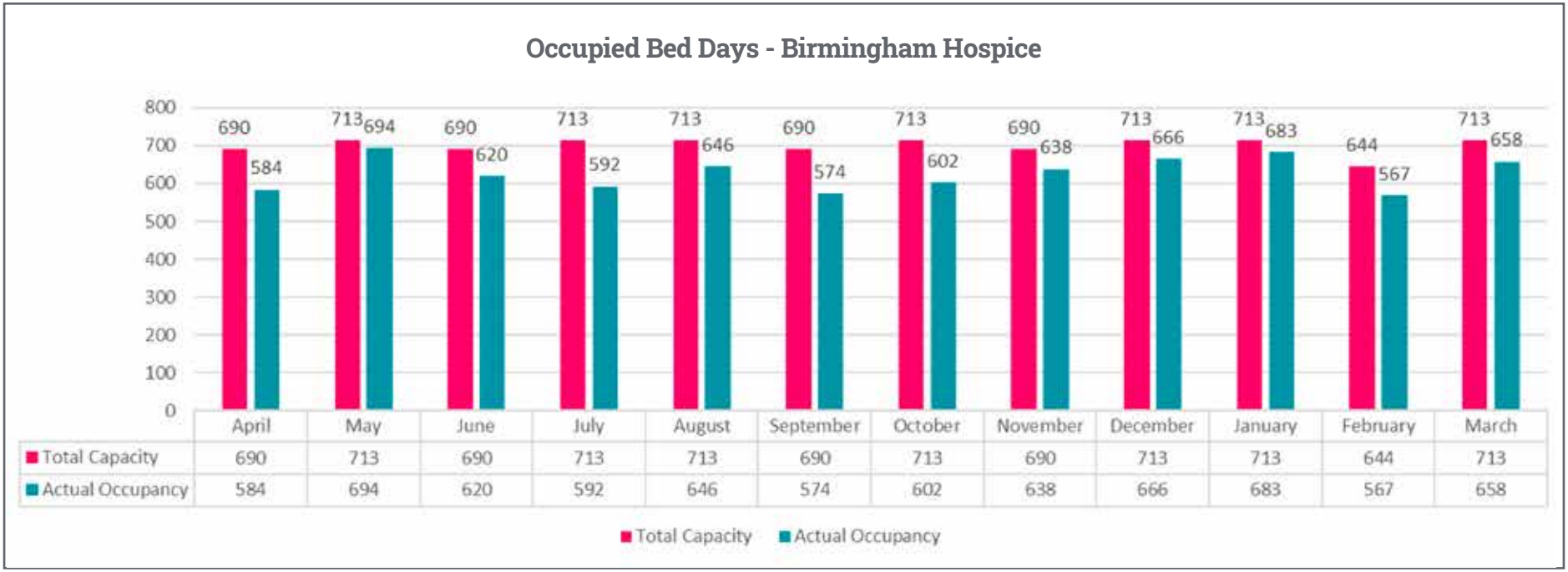
The Care Quality Commission (CQC) awarded our Erdington site (formerly John Taylor Hospice) an 'outstanding' rating in March 2022.

CQC inspectors found:

- There was evidence of excellent multidisciplinary working to ensure patients were able to die in their preferred place
- Staff were creative when helping to support people, and they did all they could to ensure their emotional needs were met
- The service had implemented new ideas and worked with other hospices and services to prevent hospital admissions
- Wellbeing was very much on the agenda for the management team and they worked hard to make the hospice a good place to work for all staff
- The service was constantly striving to improve, and staff were encouraged to start new forums in relation to gaps in the service.
- The hospice provided teaching, mentoring and support to both postgraduate and undergraduate medical students and post graduate speciality trainees.

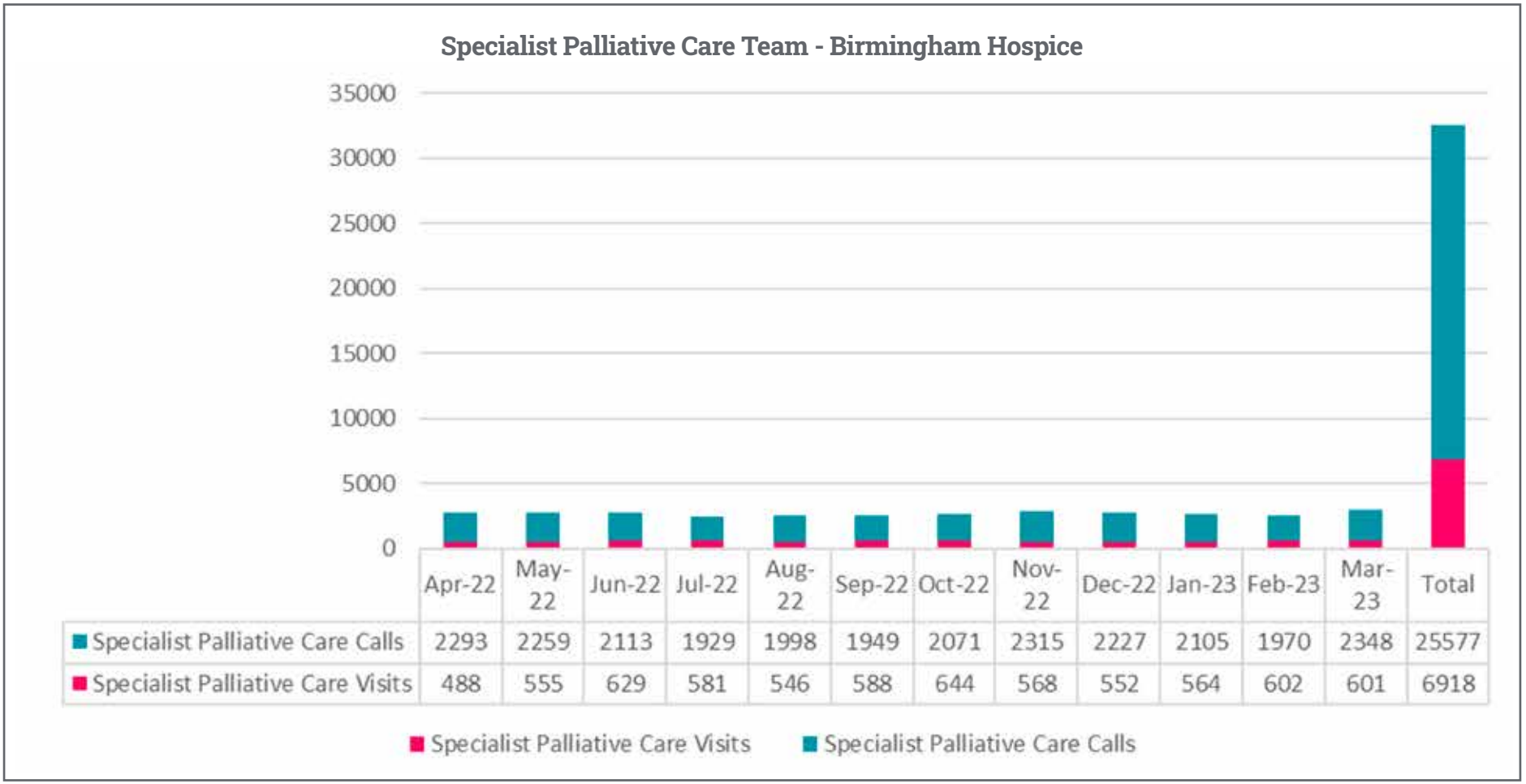
6.2 Clinical Data

The hospice uses SystmOne which is an electronic patient records system. Please see below data relating to both hospice sites.

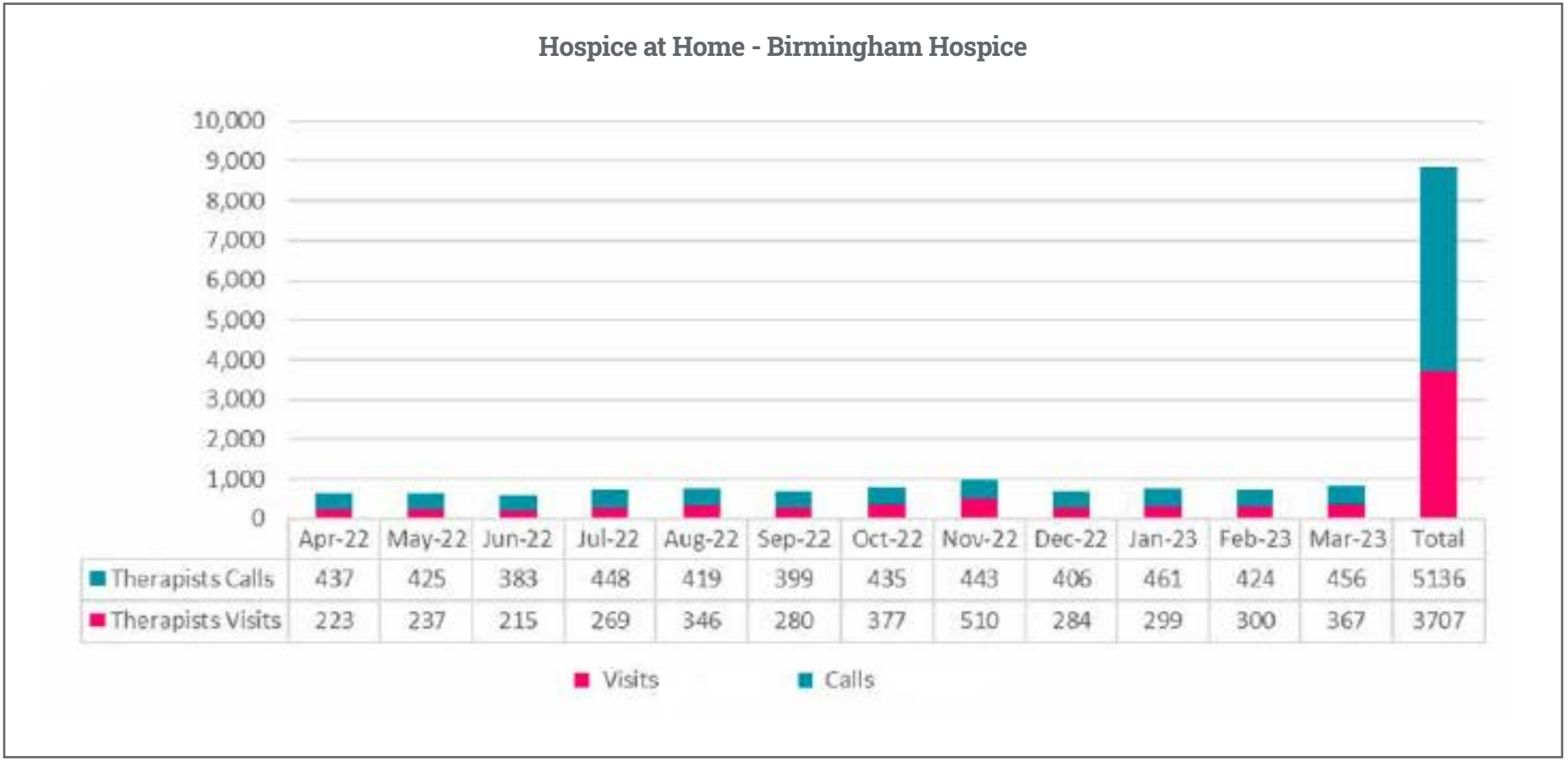


	April	May	June	July	August	September	October	November	December	January	February	March
Total Capacity	690	713	690	713	713	690	713	690	713	713	644	713
Actual Occupancy	584	694	620	592	646	574	602	638	666	683	567	658

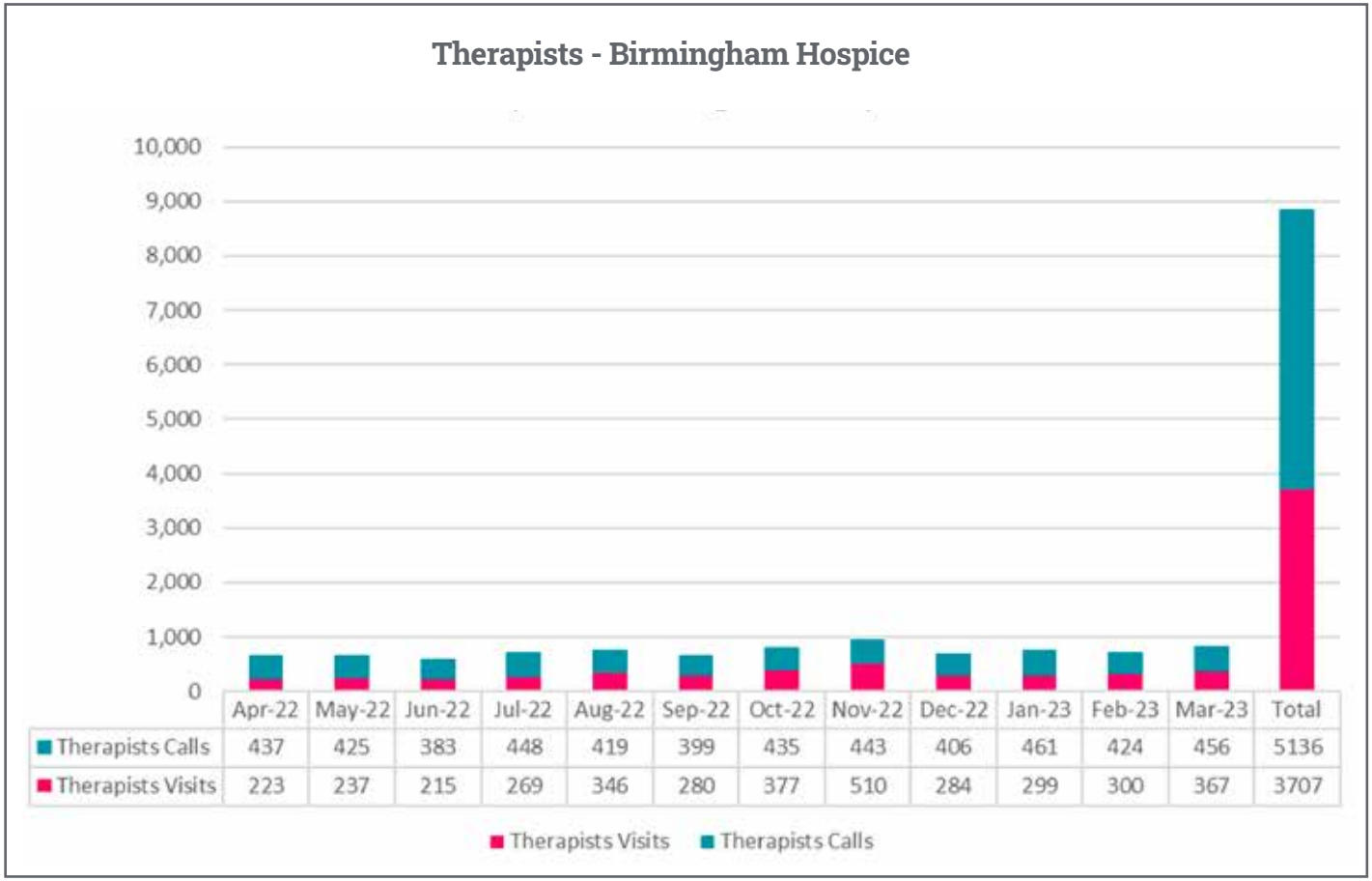
Occupancy Rate - Birmingham Hospice



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Specialist Palliative Care Calls	2293	2259	2113	1929	1998	1949	2071	2315	2227	2105	1970	2348	25577
Specialist Palliative Care Visits	488	555	629	581	546	588	644	568	552	564	602	601	6918



	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Therapists Calls	437	425	383	448	419	399	435	443	406	461	424	456	5136
Therapists Visits	223	237	215	269	346	280	377	510	284	299	300	367	3707



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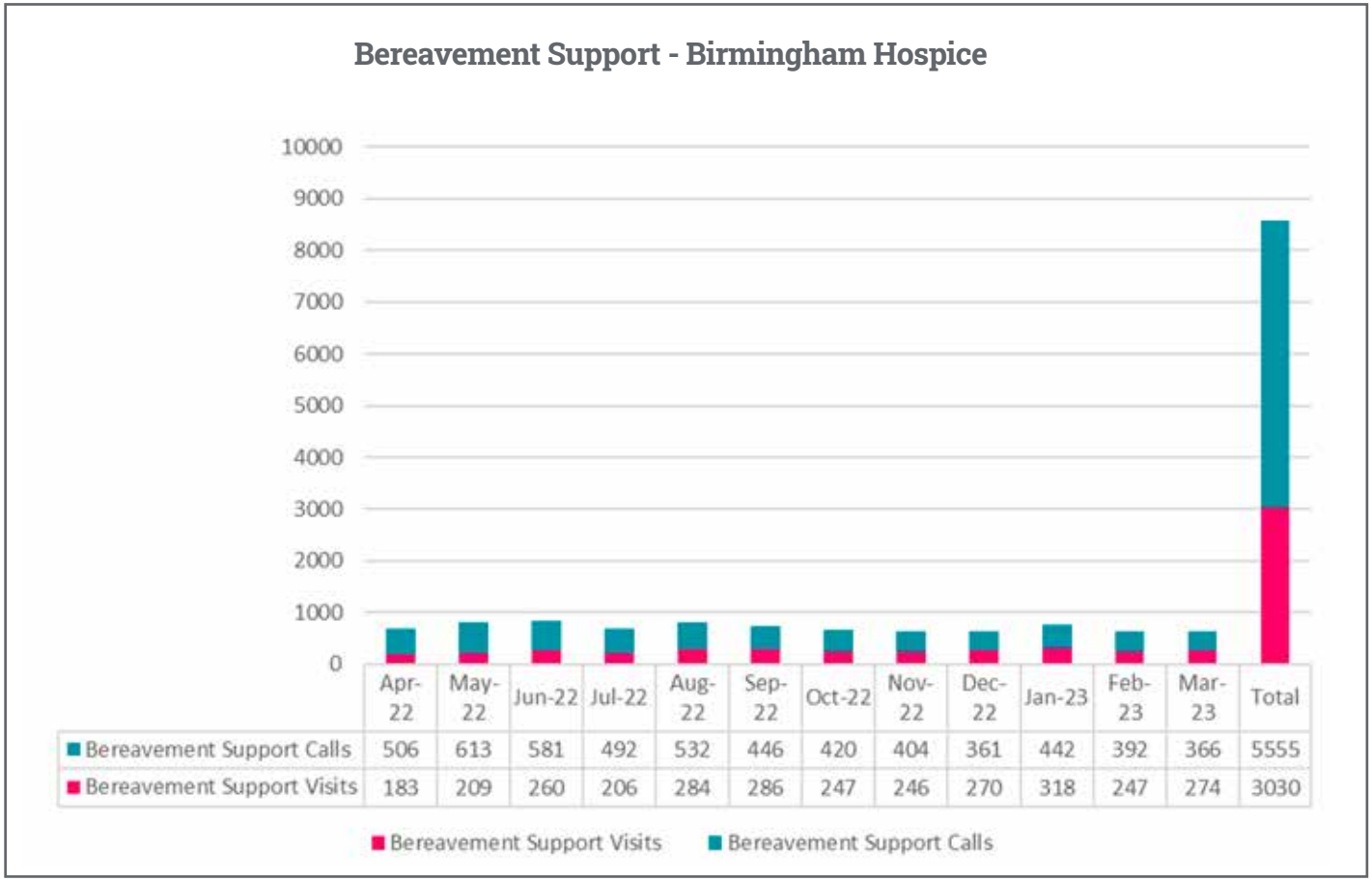


	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Bereavement Support Calls	506	613	581	492	532	446	420	404	361	442	392	366	5555
Bereavement Support Visits	183	209	260	206	284	286	247	246	270	318	247	274	3030

Quality Markers

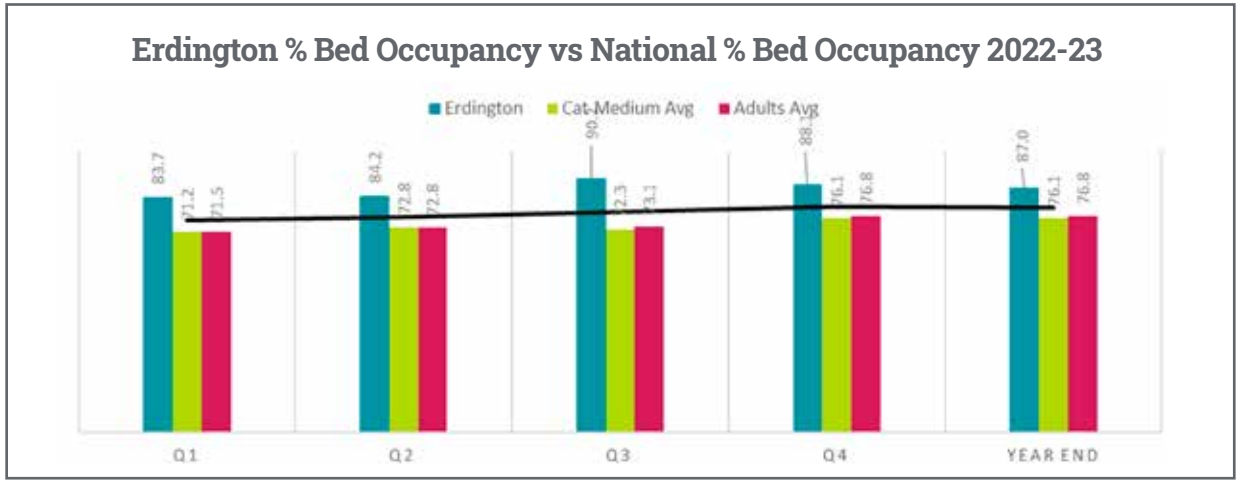
Our hospice is committed to continuous service and quality development, and empowers teams to make changes they believe will best enhance the care they provide.

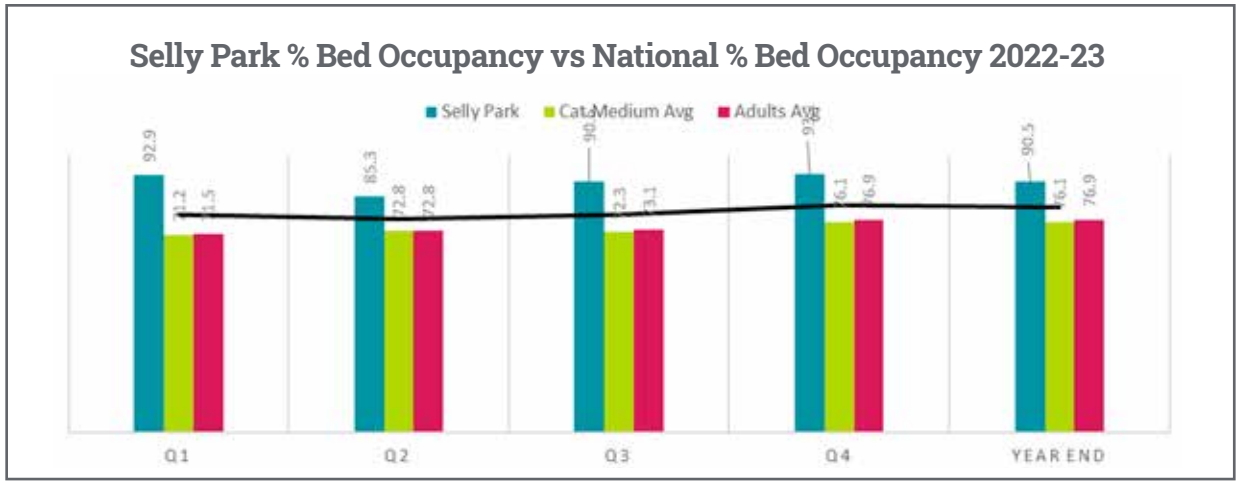
We benchmark our organisation against metrics supplied by Hospice UK, Establishment Genie and the regional Executive Clinical Leads in Hospice and Palliative Care (ECLiHP) - these are all important indicators, in particular ECLiHP, as it monitors bed occupancy alongside risk factors such as:

- 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.

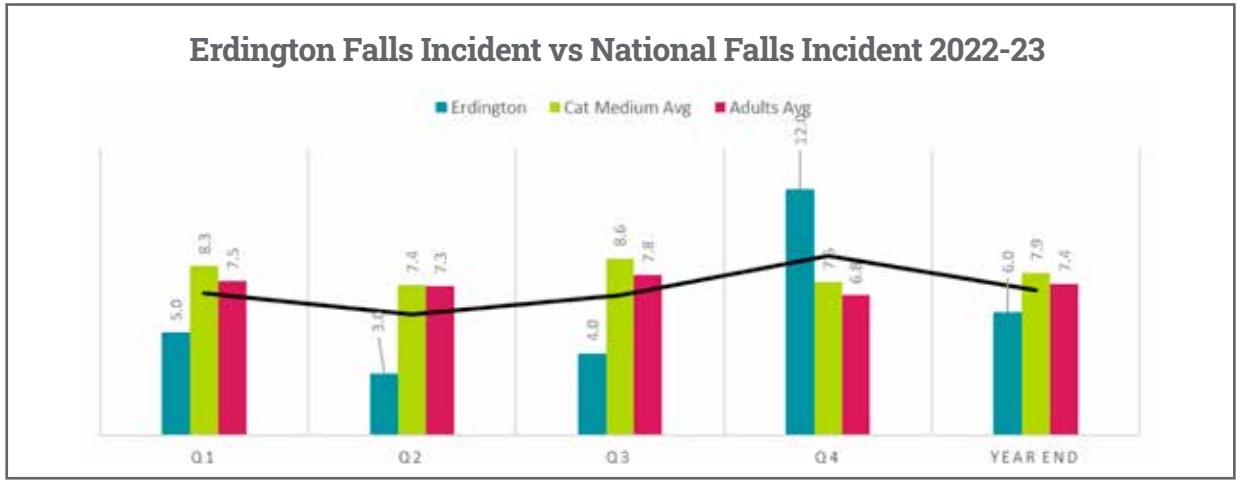
Hospice UK Benchmarking Data (examples):

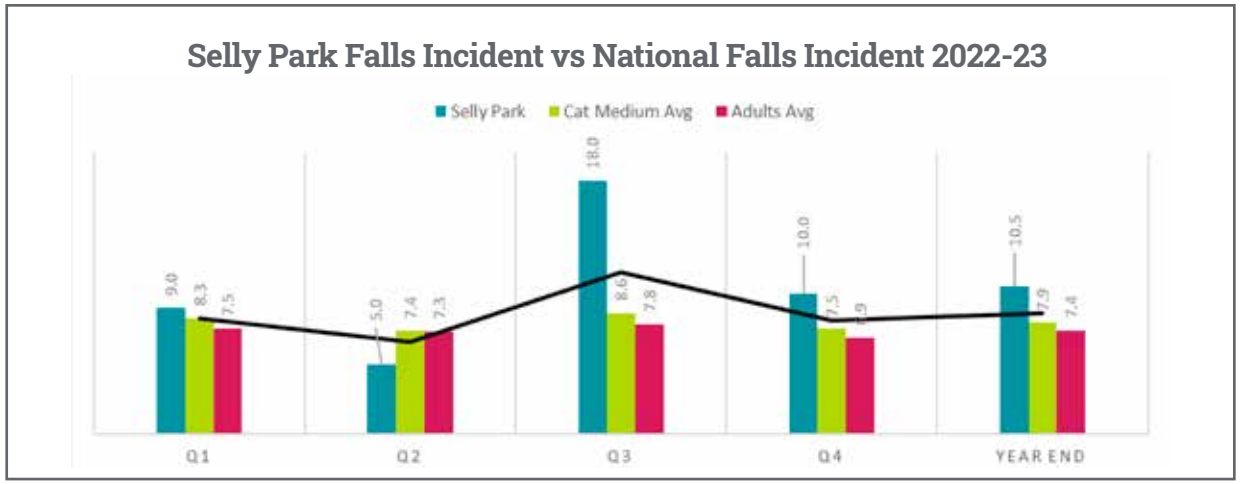




At both sites, the bed occupancy rates exceeds both the average of hospices of similar size across the UK, and adult hospices across the UK.

Hospice UK Benchmarking Data (examples):





Selly Park had a higher number of falls compared to hospices of similar size, and adult hospices across the UK, with Erdington having a slightly lower number than the average. In this example, a single patient can alter the numbers in a quarter so significantly that they will affect the overall figure for the whole year. This can be seen in Q3 for Selly Park and Q4 for Erdington.

Due to the proactive manner that incidents are reported, our hospice takes a positive approach to ensure that lessons can be learned and improved practices can be implemented.

6.3 Patient Safety

Patient safety and providing high-quality care are of paramount importance across our organisation. All incidents and clinical events are reported on the hospice electronic incident reporting system. All incidents are reviewed and investigated, and any identified learning or recommendations for improvement are discussed at the Patient Safety meeting and shared across the organisation to mitigate future risks.

6.4 Infection Prevention and Control

Our organisation continued to operate and respond during the COVID-19 pandemic. All Infection prevention and control guidance issued by the UK Health Security Agency (formally Public Health England) has been implemented, ensuring we provide a safe environment and that our practices are in line with infection prevention and control for our patients - all of whom are vulnerable. These changes included altering unrestricted visiting and visiting times, asking visitors and staff to wear masks while they are in one of our hospices, and undertaking COVID testing. We recognise that effective infection prevention and control must be an integral part of everyday practice and be applied consistently to ensure the safety of our patients, visitors and staff. In addition, good management and organisational processes are crucial to maintain high standards of care for our patients.

We work hard to maintain excellent levels of infection prevention and control. Hand hygiene and environmental audits are conducted across all Inpatient Unit areas. Results are closely monitored at the relevant governance committees. Housekeeping Teams are responsible for ensuring the standard of cleanliness is in line with NHS cleaning standards. Our Housekeeping Teams work extremely hard, and they are committed to providing an outstanding service.

6.5 Clinical Audit and Research

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 they become a bigger issue. During this year ambitious plans were set out to link audit and quality. The group was amalgamated across two sites and new terms of reference were agreed.

We continued to populate the audit calendar. Encouragement was given to staff to initiate new audits and embed the old audits across both sites. Partners were invited from all clinical teams.

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 such as handwashing.

The hospice participated in the FAMCARE national audit in 2022, which 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. We are awaiting results from this national audit but will be taking part each year.

The Carers' Support Needs Assessment Tool (CSNAT) audit has been paused due to the creators changing the tool. New training has taken place and the hope is that once staff are up and running the audit will start again. The plan is for audit to be embedded into a Vantage module, providing easier use for staff and better reporting.

New audits implemented:

- Use of bedrails
- Use of MUST score.

New audits for the future:

- Deep dive falls
- Oral care
- Recommence documentation audit once SystmOne is configured across both sites.

We use benchmarking data from Hospice UK and ECLIP.

6.6 Patient Experience

Gathering patient and carer feedback enables ongoing service evaluation, design and improvement. Measuring and learning from patient experience is vital to the improvement of all 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.

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.

PART SIX

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 last year.

Erdington site

"The named staff member provided expertise in her role as a Clinical Nurse Specialist in a very professional manner. She was friendly and caring and gave us a lot of useful information." (CNS Team)

"I cannot express my gratitude for the care and compassion that my Mum and family have been given since they first came into our home. I've heard laughter, seen incredible kindness and professionalism, and all the staff has been wonderful. Thank you so so much." (Hospice at Home Team)

"The memory box provided by the PHB team will bring long-lasting comfort in the years ahead. I also want to take this opportunity to mention the dedication and unfaltering support received from named nursing staff and team. Without the named nursing staff, we would not have moved past 'Go' as far as a patient care and management options are concerned. Her years of experience and practical thinking has helped to guide us through some very challenging times with other external services (GP and DNs). The named staff is worth her weight in gold, and I would not hesitate to nominate her for Hospice Oscar, were such an award in existence. I owe her a debt of gratitude for all she has done and continues to do. Thank you all." (PHB)

Selly Park site

"Our family cannot praise highly enough the wonderful care and support that each member of our family has received from the whole team. We cannot thank you enough that this service was available to use when it was so urgently needed." (IPU)

"Came in feeling quite unwell. After 10 days of care from the hospice and all the staff and doctors, also cleaners and chefs, I am going home feeling so much better. I cannot thank all of them enough." (IPU)

"I have had counselling before and hadn't rated counselling, but I have to say (named counsellor) was amazing. She really listened to me and had such a positive and uplifting personality that every time we finished, I felt so much better and gave me time to reflect on what we had spoken about in our sessions. I have previously not found counselling beneficial, but this has to be the best I have received. I felt I was a 'real' person with 'real' problems, and I wasn't just listened to but given proper support. Please keep doing what you are doing. When you lose a loved one it is the worst thing in the world. The sessions have helped me immensely. (Named counsellor) is a huge credit to your team! Thank you to all of you for this wonderful service. P.S. The forget-me-nots is a wonderful touch." (Adult Bereavement Counselling)

"The ironing and cleaning service has made a difference to me, so I don't have to be stood for long periods and get pressure on my spine. It has also helped with managing my energy levels which are limited." (PHB)

"All the staff have shown care and compassion to me and my family. They have gone above and beyond their duties. Could not recommend them highly enough." (Hospice at Home)

Complaints

We take complaints very seriously; informal and formal complaints are thoroughly investigated in line with our complaints policy.

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 three formal complaints during this time period. There were no common themes. Any identified learning or changes to practice have been shared and implemented.

PART SEVEN

Glossary

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

BSMH Birmingham St Mary's Hospice.

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.

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.

Birmingham Hospice

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