



st michael's hospice

Quality Account

2022/23



Contents

Page 3:	Chief Executive's Statement
Page 4:	Vision and Strategic Objectives
Page 5:	Vision and Strategic Objectives continued
Page 6:	Update on Quality Improvement Priorities 3.1 Update against the Quality Improvement Priorities for 2022/2023
Page 10:	Update on Quality Improvement Priorities 3.2 Quality Improvement Priorities for 2023/2024
Page 15:	Statement of Assurance 4.1 Review of services
Page 16:	Statement of Assurance 4.2 Participation in national clinical audits 4.3 Participation in local audits 4.4 List of Clinical Audits and Research carried out between 1st April 2022 to 31st March 2023
Page 17:	Statement of Assurance 4.5 The Care Quality Commission (CQC)
Page 19:	Review of Quality Performance 5.1 Feedback from patients and relatives
Page 22:	Review of Quality Performance 5.2 Activity data
Page 23:	Review of Quality Performance 5.3 Clinical complaints
Page 24:	Appendices 6.1 Regular audits
Page 25:	Appendices 6.2 Clinical research

1. Chief Executive's Statement

I am delighted to introduce St Michael's Hospice, Hastings and Rother, Quality Account for 2022/23.

Serving a population of circa 190k, we enable people living with advanced, serious illness to live as fully as possible. We provide compassionate, expert care at the end of life and support people through the challenges of grief and bereavement. Our care and support are provided free of charge and in 2022/23 we supported 1843 patients.



Virtual support, established during the pandemic, has continued to be part of our service offer and we continue to see an increase in demand for bereavement support. Workforce challenges have led to us changing our community service offer, but we continue to have Clinical Nurse Specialists (CNS) supporting patients at home and have created new Associate CNS roles to grow and develop skills in this area. Our focus on quality improvements is a theme that runs through all our work as we strive to provide personalised, holistic, high-quality care and support to patients and families in an enabling environment that respects their wishes, whilst being a supportive partner to our NHS and social care colleagues. This is reflected in this Quality Account which also offers an opportunity to update our stakeholders on progress with our Quality Improvement Priorities.

The Hospice's Board of Trustees has reviewed this Quality Account which has been approved by the Clinical Governance Committee. To the best of my knowledge the information reported in this Quality Account is accurate and is a fair representation of the quality of healthcare services provided by our Hospice. I hope you will find its content interesting and informative.

Dr Karen Clarke
Chief Executive

2. Vision and Strategic Objectives



In 2022 the Hospice launched a new set of strategic priorities to enable it to achieve its vision of

a kind, resilient and empowered community who are ready, willing, capable and confident to support people living with dying, death and loss.

Strategic objectives 2022 - 2025

1. To provide high quality specialist palliative and end of life care

As the specialist palliative care provider in Hastings and Rother, the Hospice's focus is on the total care of individuals with life-limiting illnesses and their families. Its expert multi-disciplinary team will:

- enable people living with serious, advanced, life-limiting illness to live as fully as possible
- provide compassionate, specialist care at the end of life
- support people through the challenges of dying, death and loss
- provide specialist education and advice in relation to dying, death and loss.

2. To collaborate with health and social care partners

The Hospice will be responsive to the needs of generalist palliative care colleagues through understanding and proactively addressing their needs and the needs of the individuals they support. It will collaborate with them to ensure integrated clinical services, providing advice 24/7, and its knowledge and expertise will be shared widely to empower others.

2. Vision and Strategic Objectives continued



3. To support compassionate communities

To support compassionate communities the Hospice recognises the community's ability to support those living with dying, death and loss and will enhance this by encouraging a compassionate community across Hastings and Rother.

To sustain a compassionate community, the Hospice will support those closest to the person living with the illness by providing practical and emotional support and encourage neighbourhoods to build supportive networks to assist those caregivers in their community and to connect people who are dying, their carers and people who are bereaved back to their community. This will align with the new Integrated Care System.

4. To influence civic institutions

Civic institutions such as schools, workplaces, and local councils can support people living with dying, death and loss and the Hospice will positively influence this whilst developing and maintaining relationships with these institutions. Its role will be to support and advise, acting when invited to do so or when a need is identified.

As a large local employer, the Hospice recognises its responsibility in supporting members of its own team affected by life limiting illness, caring responsibilities and bereavement, and to be an exemplar organisation in this regard.

3. Update on Quality Improvement Priorities (QIPS)



3.1 Update against the Quality Improvement Priorities for 2022/2023

The Quality Improvement Priorities are linked to the Hospices' vision and strategic objectives of improving and demonstrating our effectiveness. The priorities for 2022/2023 were based on areas of practice where improvement was needed to ensure safe, high quality care with a focus on care delivery on the Inpatient Unit, communication and implementing a new Electronic Patient Record System.

Director lead	Supported by	Measures of success	Target date	Progress	Status review April 2023
Strategy and Integration Director	Organisational Development Director	100% of eligible RN's and HCA's completed level 1 skills framework	31.03.2023	Decision making tree to identify eligibility requirements when joining the hospice in place. All eligible RNs and HCA have completed or are working towards the required levels.	Completed
	Heads of Integrated Clinical Services	90% of eligible RN's and HCA's completed level 2 skills framework			
	Quality Lead Nurse Clinical Education Group	Process in place to identify communication skills learning needs at individual, dept and organisational level	31.08.2022	Communication training needs were identified, training has been completed. A process is now in place to keep this under review and for future training needs to be identified and delivered	Completed

3. Update on Quality Improvement Priorities (QIPS)



Director lead	Supported by	Measures of success	Target date	Progress	Status review April 2023
Strategy and Integration Director		Re-establish internal clinical education offer	31.03.2023	Diary of events in place based on identified needs and statutory and mandatory requirements	Completed
		Implement formal debriefs/after action reviews following each complaint/concern	30.09.2022	Process in place for 'After Action Reviews' and evidence of value and effectiveness of reviews through use in practice	Completed
		Monthly Assurance audits (IPU) completed on IPU, results shared with staff and "You said, we did" approach in place to evidence learning from feedback	31.03.2023	Monthly Assurance audits in place and results are shared with staff. These are demonstrating improvements in practice	Completed
		Develop strategies and progress to capture real time user feedback	31.03.2023	Real time user feedback is in place for the Inpatient unit as part of Monthly Assurance and plans in place to implement appropriate systems for community patients in 2023/24	Partly achieved with ongoing action

3. Update on Quality Improvement Priorities (QIPS)



Director lead	Supported by	Measures of success	Target date	Progress	Status review April 2023
Clinical Services Director	Head of Integrated Clinical Services - Nursing and Education	Evidence of full compliance with falls prevention and assessment measures to reduce avoidable falls and associated harm	31.03.2023	IPU Monthly Assurance report evidence shows improvement in documentation. Adverse Event analysis shows 80% decrease in avoidable falls	Completed
	Head of Quality Improvement and Support Services	Evidence of full compliance with pressure ulcer prevention and assessment measures to reduce avoidable pressure ulcers and associated harm	31.03.2023	IPU Monthly Assurance report evidence shows improvement in documentation. Adverse Event analysis shows 75% decrease in avoidable PU's	Completed
	Patient Safety Group	Evidence of full compliance with the management of medicines policy and associated standard operating procedures to reduce avoidable medication errors and the associated harm	31.03.2023	Through focused work on the Inpatient unit, there has been an 63% reduction in harm linked to medication errors. Controlled Drug Accountable Officer annual audits show 100% compliance	Completed

3. Update on Quality Improvement Priorities (QIPS)



Director lead	Supported by	Measures of success	Target date	Progress	Status review April 2023
Medical Director	Head of Quality Improvement and Support Services SystmOne project team SystmOne Steering Group	Data collection in relation to outcome measures, protected characteristics and Key Performance Indicators incorporated into SystmOne process mapping	30.09.2022	SystmOne was successfully implemented (Phase 1) in September 2022. A phased approach is being taken for future developments that will maximise effectiveness and support seamless care and support for patients and clients	Partly achieved with ongoing action

The learning and changes in practice have had a positive impact on patient outcomes. Two have not been fully implemented and that was a proactive decision to allow time to ensure the approach taken is the correct one so that changes are meaningful and achieve their aims. They are incorporated into ongoing workstreams and will continue to be developed.

3. Update on Quality Improvement Priorities (QIPS)



3.2 Quality Improvement Priorities for 2023/2024

The priorities for the next 12 months build on the work done in 2022/2023. These priorities support enhancing patient centred care, increasing the support offer to carers, maximising opportunities to learn and getting the most from the clinical systems. They support achievement of the strategic objectives and demonstrate a commitment to continuous quality improvement.

QIP1 - To consistently record and use the Outcome Assessment and Complexity Collaborative (OACC) measures across all settings, to support effective direct patient care and evidence the impact of Hospice interventions

Relaunch and refresh understanding of OACC measures within the Hospice



Target date: 30.06.2023

Increase the number of patients who have two Integrated Palliative Care Outcome Scale (IPOS) scores during their episode of care



Target date: 31.12.2023

Evidence that Phase of Illness (POI) and Australian-modified Karnofsky Performance Status (AKPS) is assessed and recorded at each appropriate intervention



Target date: 31.12.2023

Outcome measure data readily available to clinicians to inform patient care



Target date: 31.12.2023

Implement Views on Care



Target date: 30.09.2023

3. Update on Quality Improvement Priorities (QIPS)



QIP 2 -To increase support to carers through the offer of a carer's assessment

Introduce the Carer Support Needs Assessment Tool (CSNAT) and upskill clinicians to screen and record information on carers correctly in the Electronic Patient Record System (EPRS) and refer appropriately for CSNAT



Target date: 30.06.2023

Number of carer assessments offered increases each quarter



Target date: 31.03.2024

3. Update on Quality Improvement Priorities (QIPS)



QIP3 - Implement a systems approach to patient safety and experience by adopting and embedding the principles of the new Patient Safety Incident Response Framework (PSIRF)

Training matrix in place to identify essential training linked to PSIRF



Target date: 30.06.2023

Policies and Standard Operating Procedures updated to reflect PSIRF principles



Target date: 31.12.2023

Process in place to determine a just and proportionate response to safety incidents, complaints and concerns



Target date: 31.12.2023

A focus on learning that identified opportunities from near miss reporting and auditing to improve patient safety and experience



Target date: 31.12.2023

Decrease in complaints/concerns/safeguarding/adverse events linked in theme



Target date: 30.03.2024

Implement the Clinical Assurance Framework to ensure a balanced approach to incident prevention and response



Target date: 31.12.2023

3. Update on Quality Improvement Priorities (QIPS)



QIP 4 - Improve quality of data captured to identify gaps in service provision.

Increase data capture for Equality Diversity and Inclusivity (EDI) within demographic information for 80% of active patients



Target date: 31.03.2024

Increase monitoring of EDI and demographic information available at team level



Target date: 30.09.2023

Refresher training on documentation including when and how to record demographic data including EDI and the rationale for capturing it



Target date: 30.06.2023

Audit of the Electronic Patient Record System (EPRS) Documentation Standards Standard Operating Procedure (SOP)



Target date: 31.03.2024

3. Update on Quality Improvement Priorities (QIPS)



QIP 5 - Utilise the full functions of the Electronic Patient Record System (EPRS) to improve patient safety and experience

Process in place for appropriate record sharing with key stakeholders



Target date: 30.06.2023

Scope prescribing modules to inform feasibility of implementation



Target date: 30.09.2023

User friendly and intuitive dashboard and reporting information available at team level



Target date: 30.09.2023

Scope patient facing apps



Target date: 31.12.2023

Process in place to engage staff with future improvements to system



Target date: 30.06.2023

4. Statement of Assurance



The following are a series of statements all providers must include in their Quality Account. Some of these statements are not directly applicable to Hospices.

Strategic objectives 2022 - 2025

4.1 Review of services

During 2022/23 St Michael's Hospice supported the commissioning priorities of East Sussex Clinical Commissioning Group (CCG) and subsequently NHS Sussex Integrated Care Board by providing the following services:

- In-patient care and support
- Clinical Nurse Specialist care and support
- 24/7 Telephone Support Line
- Outpatient services
- Rehabilitation
- Psychosocial and spiritual support
- Bereavement counselling and support
- Wellbeing support
- Education



4. Statement of Assurance



4.2 Participation in national clinical audits

In June 2022 St Michael's Hospice participated in the Equitable Care for All Ethnicities Audit run by Kings College Hospital.

4.3 Participation in local audits

Clinical audits are overseen by the Clinical Audit and Research Group, which is a sub group of the Clinical Governance Committee. A total of 11 clinical audits were undertaken by the Hospice's inter-disciplinary team during 2022/23.

4.4 List of Clinical Audits and Research carried out between 1st April 2022 to 31st March 2023. (See Appendix)

Regular audits

- Infection Control Audit, External Infection Prevention and Control Nurse Consultant
- Controlled Drugs Audit, Hospice UK CD Audit Tool, Controlled Drug Accountable Officer/Quality Lead Nurse, Clinical Services Director/Registered Manager



4. Statement of Assurance



- Controlled Drugs Accountable Officer (CDAO) Self-Assessment, Controlled Drugs Accountable Officer/Quality Lead Nurse, Clinical Services Director/Registered Manager
- Implementation and Use of Bed Rail Risk assessments, Quality Lead Nurse
- Duty of Candour Audit, Quality Lead Nurse
- Clinical Handwashing Audit, Professional Development Nurse
- Antibiotic Prescribing Audit, Foundation Doctor

Ad hoc Audits & Clinical Research

- Regional Opioid Benchmarking Audit (Four East Sussex and Kent Hospices), Specialty Doctor, Foundation Doctor, Clinical Pharmacist, Consultant in Palliative Medicine, Medical Director
- Falls prevention: The importance of lower limb neurological examination on hospice admission and inpatient falls, Foundation Doctor, Consultant in Palliative Medicine
- Evaluating a Hospice Balint Group, Foundation Doctor, Consultant in Palliative Medicine

4.5 The Care Quality Commission (CQC)

The Clinical Services Director/Registered Manager has maintained ongoing discussions with the CQC Relationship Manager.

The Clinical Services Director/Registered Manager and Associate Director – Quality met with a member of the National Monitoring Team



4. Statement of Assurance



in February 2023 as part of planned ongoing monitoring. During the meeting they shared evidence of compliance with Key Lines of Enquiry, discussed work in progress and areas of development being worked on.

Members of the Extended Leadership Team have attended webinars related to the new Single Assessment Framework. The Board of Trustees have been provided with information regarding the Single Assessment Framework as part of a Board Strategy Day.

Work will continue to embed the Single Assessment Framework as it is introduced and evolves.

A full copy of the CQC report is available at www.cqc.org.uk/location/1-112337718.

During 2022/23 there were five Trustee led face to face assurance visits. They included attendance at the daily referrals meeting, Infection Prevention and Control meeting, Community Interdisciplinary meeting, and the Medicines Optimisation Group.

Trustees had opportunities to meet and speak with employees from across the Hospice supporting them to learn more about individuals and their roles.

All Key Lines of Enquiry were considered across the five Trustee assurance visits. Trustee Assurance visits have been scheduled to take place bi-monthly in 2023/24.



5. Review of Quality Performance



5.1 Feedback from patients and relatives

Every year the Hospice receives feedback regarding services in the form of cards, letters and emails. The following are an indication of the type of feedback the clinical teams receive.

Community relative quote

"For all the help you gave to me and my mum, you were so amazing with your care and support."

Community relative quote

"There are no words that we as a family can express to thank you for your kindness shown to us. It was a privilege to have met every one of you and we want to thank you from the bottom of our hearts."

Community relative quote

"Our first contact with the hospice nurse was with the CNS. She proved invaluable, the one person who was able to lift a great burden off our shoulders. She had all the answers to all the questions we had been searching for."



5. Review of Quality Performance



In-patient unit relative quote

"Just wanted to thank you all for the great care you gave my dad. Not only great care but the kindness, patience and time you all gave to chat with him etc. I often heard laughter from his room while you were in with him and under the circumstances this was amazing to hear."

In-patient unit relative quote

"We can't thank you enough for rallying to prepare X for the wedding and the extra touches that I will always remember. Thank you for letting us help with her care. Everyone we met was so kind and caring. We all felt supported and that you had us cradled when we needed it."

Wellbeing relative quote

"Thai Chi reduced my anxiety and overall pain. I found everything very helpful, thank you very much."

Rehabilitation team quote

"Kind, caring teachers and explained everything really well. Helped me get back some of my confidence."



5. Review of Quality Performance



Telephone Support Line Relative quote

"Thank you for the support you offered last weekend. Talking with you was very helpful as I was struggling with multiple bereavements and caring for my dad at the end of his life. I really understand how your service helps people in a crisis and just knowing I could call was a great comfort."

Spiritual Support relative quote

"Thank you for being such a helpful presence over the past few months. You helped us to understand where we were and know what we wanted from the time we had left together."

Bereavement Service relative quote

"I would like to say a big thank you to everyone in the Bereavement Team for the help and kindness I have received. It has made a huge difference."

Bereavement Group attendee

"Never thought this would work for me! I came, loved it, and look forward to it every week. Lovely place, lovely people."



5. Review of Quality Performance

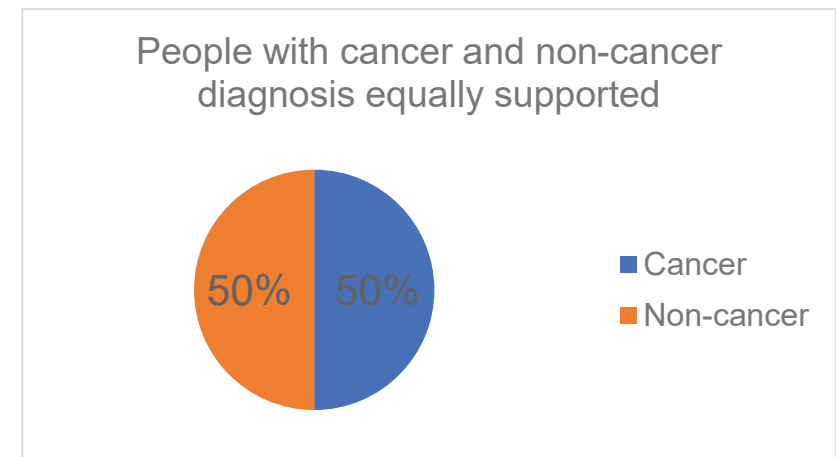
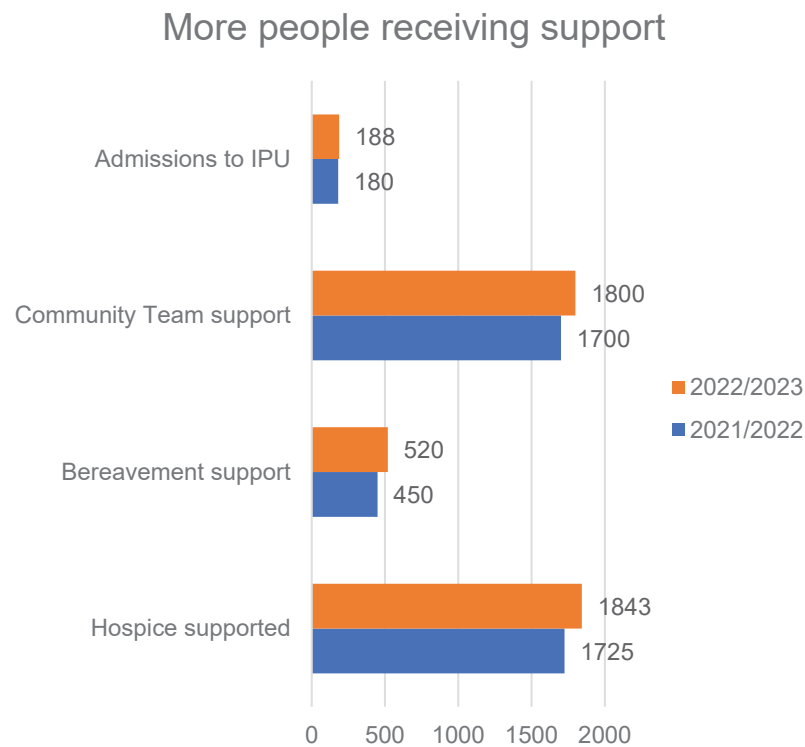


5.2 Activity data

In 2022/23 the Hospice supported 1,843 patients. This does not include support provided to family members, bereavement support or Hospice Neighbours. Of those patients supported, 50% had a non-cancer diagnosis.

520 clients benefitted from bereavement support and there were 188 admissions to the In-Patient Unit.

The Community team, including the Outreach Team and Wellbeing, supported over 1,800 patients and made over 1,600 home visits. The team also made over 25,000 telephone, and 67 video support calls to patients and their carers in this period.



Over 25,000 calls to provide support



1600+ visits to support people at home

5. Review of Quality Performance



5.3 Clinical complaints

In 2022/23 there were ten clinical complaints. Lessons learnt and recommendations from the investigations into the complaints inform the Hospice's education, audit and Quality Improvement Priorities.

Feedback is shared with team members to increase understanding of the impact of a poor experience on patients and families. Learning is shared widely across relevant teams.

In the past year teams have worked to:

- Enhance the focus on providing person centred-care
- Improve communication
- Make sure carer experience is heard and valued
- Provide accurate information about services so patients and families know what is on offer
- Provide clarity on who is providing treatment and interventions where care is shared across organisations
- View all feedback as an opportunity to learn and improve



6. Appendices



6.1 Regular audits

Infection Control Audit, External Infection Prevention and Control Nurse Consultant

This was the second annual Infection Prevention and Control Audit carried out by an external Nurse Consultant. Work done to improve practice and the environment since the first audit was evident in the increase in compliance across all audit domains. Ongoing work to improve compliance is overseen by the Infection Prevention and Control Group chaired by the Clinical Services Director.

Implementation and Use of Bed Rail Risk Assessments

This re-audit undertaken June 2022 showed an improvement in the completion (100%) and quality of bed rail risk assessments compared to previous audits. The audit identified the need to consistently repeat assessments following a significant change in Performance Status or Phase of Illness. Audit findings were used to inform process updates.

Controlled Drugs Audit, Hospice UK CD Audit Tool

The Misuse of Drugs Regulations (2001), The Health Act (2006) and the Controlled Drugs Regulations (2006) are used as standards for this annual audit. The Hospice demonstrated full compliance with the audit.

Controlled Drugs Accountable Officer (CDAO) CQC Self-Assessment

The CDAO and colleagues undertook the CQC CDAO self-assessment audit. Audit results had improved from the previous year and showed full compliance.

Duty of Candour Audit

The aim of this audit was to review compliance with the Duty of Candour policy. For all notifiable incidents, there was evidence of communication with patients and family members.

Clinical Handwashing Audit

Results showed compliance with 90 -100% of correct hand washing standards were being adhered to.

Antibiotic Prescribing Audit

This re audit of antibiotic prescribing showed good adherence to the prescribing policy and an improvement in documentation of allergy status, indication and review dates.

6. Appendices



6.2 Ad hoc audits and clinical research

In-Patient Unit admissions waiting list audit

This prospective audit was carried out to review responsiveness and support available for patients referred for inpatient hospice care. Results provided assurance that the service was responsive, and where there was a delay, patients received alternative hospice support at home.

Regional Opioid Benchmarking Audit (Four East Sussex & Kent Hospices)

This is part of ongoing review of prescribing practices that require transparency and supporting documentation to evidence the decision-making around prescribing around the end-of-life care of patients within hospice care. The importance of comparing and therefore, acting as a meaningful benchmark of what prescribing looks like across the Hospice settings is critical to ensure safe and effective practices.

Falls prevention: The importance of lower limb neurological examination on hospice admission and inpatient falls

This work highlighted the importance of a neurological assessment in patients who have inpatient falls in the hospice setting. This re audit in showed an improvement in falls incidents with neurological assessments compared to a previous 2021 audit.

Evaluating a Hospice Balint Group

Balint groups aim to explore and allow physician reflection on patient experiences and improve doctor-patient relationships. Questionnaire responses showed low understanding and participation of Balint groups, despite the fact that every participant faced frequent emotional difficulty at work. The group's ability to improve the understanding of the patient perspective and doctor-patient relationship could prove valuable in maintaining high quality, patient-centred care.



St Michael's Hospice Quality Account Feedback

If you would like to comment on the content or format of the St Michaels Hospice Quality Account 2022/23 please submit your comments via:

St Michael's Hospice website: stmichaelshospice.com

By email: info@stmichaelshospice.com

Or by post to Dr Karen Clarke, Chief Executive at: **St Michael's Hospice, 25 Upper Maze Hill,**

St Leonards on Sea, East Sussex, TN38 0LB



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