

VOICES SURVEY



Summary **Report**

January 2018

VOICES is a nationally validated tool used by a number of hospices to obtain the views of bereaved carers about the care of their loved one. These results are based on the opinions of bereaved carers of patients who had been cared for by Princess Alice Hospice within a six month period preceding death.

Key Findings - all percentages relate to those who responded to the question asked. Figures in **blue** relate to last years' results and help to draw a comparison:

Response rate and demographic

There was a total of 822 (694) VOICES packs mailed out in July 2017 to bereaved carers between four and eleven months post bereavement of PAH patients within a six-month period preceding death.

A total of 205 (25%/34%) surveys were returned.

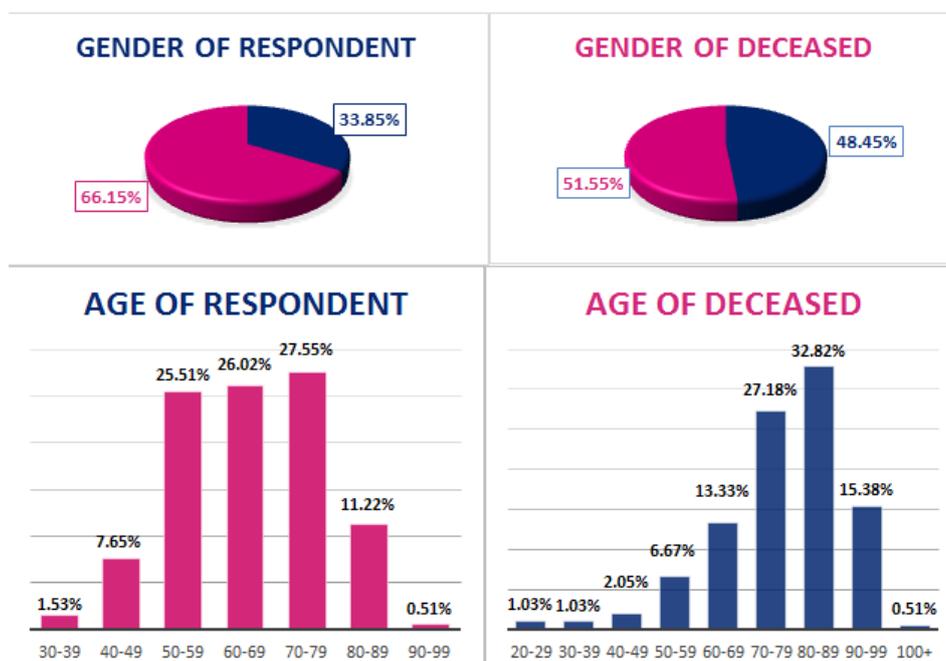
66% (70%) of respondents were female with a mode age range of 70-79 (60-69) yrs.

51% (43%) of deceased patients were female with a mode age range of 80-89 (70-79) yrs when they died.

55% (63%) of respondents were a spouse/partner of the deceased while 32% (26%) were a son or a daughter

96% (96%) of respondents identified as being 'White' (British/Irish/Other).

95% (96%) of the deceased were identified as 'White' (British/Irish/Other).



Services accessed

45% (34%) of patients had stayed on the IPU at some time before their death

74% (86%) of patients had received care from the Princess Alice Hospice at Home team.

11% (17%) of patients had accessed the Day Services.

44% (43%) of respondents had spoken to someone from PAH about their feelings since their loved one had died.

Place of death

71% (80%) of respondents stated that their loved one had expressed a preference for where they would like to die.

75% (80%) of those who stated both preferred and actual place of death (45% of total), achieved their preferred place of death (PPD).

9% (12%) of all respondents felt their loved one didn't have enough choice about where they died.

19% (21%) of patients wanted to die in the hospice but died elsewhere.

61% (76%) of respondents, whose loved one died on a hospital ward, felt that they had died in the right place.

88% (90%) of respondents felt overall that their loved one died in the right place.

"He would have liked to be at home but knew it was not possible due to his care needs and constraints in regard to building limitations. He preferred the option of the hospice rather than hospital. We, as a family, were delighted he had such a caring, calm place to be for his last days".

Meeting needs and expectations

Care on the In-Patient Unit (IPU) & at Home

Most respondents (93%/ 87%) strongly agree that there was enough help available to meet the patient's personal care needs on the IPU.

On the IPU, 74% (78%) found it very easy to understand the doctors and nurses in relation to the patient's condition, treatment or tests whilst 73% (82%) felt they were kept informed about the patient's condition at all times.

*Compared to last year, **more** respondents felt that their loved one needed help in terms of emotional, religious, spiritual, practical and family support whilst on the IPU and these needs were met to the greatest extent. Similarly to last year, very few respondents felt they needed any support in terms of financial concerns or other practical problems.*

Although the Hospice food and environment remain highly rated, there is a consistency in suggestions for further facilities to accommodate "out of hours" food and beverages.

More than 75% (82%) stated that whilst on the IPU, pain was completely relieved either always (57%/ 60%) or some of the time (18%/22%).

For those cared at home, 60% (66%) felt that pain was relieved completely either always (34%/ 36%) or some of the time (26%/ 30%).

Emotional needs of patients were considered by most respondents to be met, across **IPU** (74%/70%) and **community** (60%/ 58%).

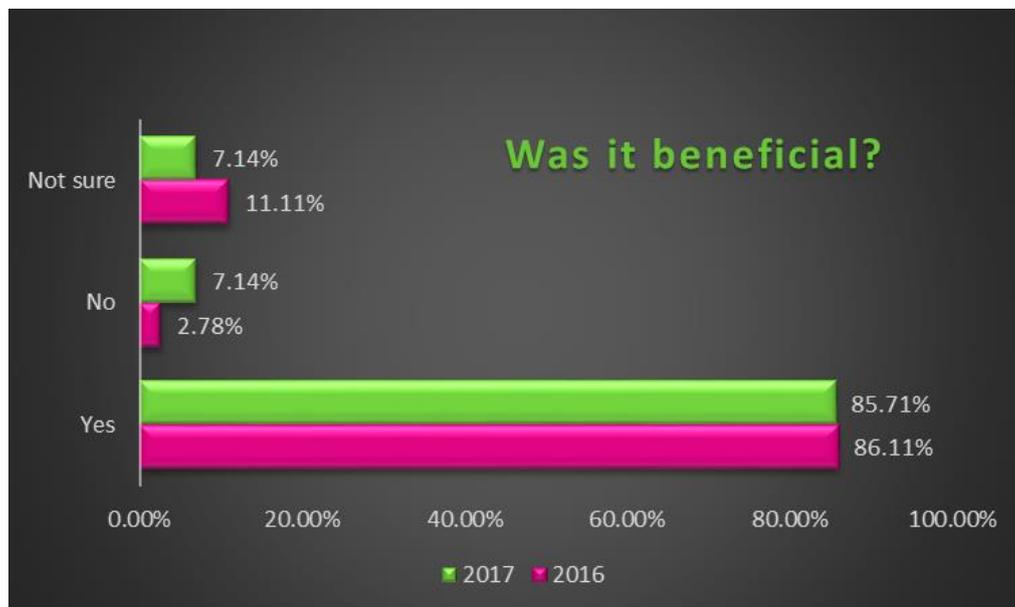
Communication between hospice staff and informal carers received a slightly lower rating compared to the previous year, equally across **IPU** and **community**.

78% (87%) of respondents felt that the **Hospice at Home** team visited as often as needed.

62% (56%) of those who needed help with personal care at **home** felt their needs were met completely or to some extent.

80% (79%) of respondents rated the care from the Hospice at Home team either exceptional or excellent.

Day Services remain highly rated by the 11% (17%) of respondents who experienced the service



Bereavement Care & Bereavement Journey

The majority of respondents were included in stages One (60%) and Two (66%) of the Bereavement Journey. The information was rated as helpful by 50% of the responders who received stage One and 53% of those who received stage Two, including some very positive comments.

Narratives suggest that some respondents slipped through the net of our bereavement support and didn't receive anticipated or appropriate follow up.

Overall Experience

96% (95%) of all responders would recommend PAH to friends and family if they needed similar care or support

59% of all respondents said they would have known how to raise a complain, although majority of comments suggest that even if they didn't, they would have known how to find out. A negative answer to this question was often related to no intention of making a complaint.

"The time we spent there was as perfect as these things can be. Yes, there was sadness and pain, but I wouldn't have it any other way. PAH gave us the opportunity and privilege to spend the last days of our mother's life together as a family and afford her the dignity and care she deserved".

Areas for future focus

For those patients cared for at home, delays in pain relief, lack of clarity around care coordination and being unable to reach the main Hospice at Home carer when in need, seem to be the main sources of frustration.

- Exploration of tactics to support better pain management across the community and the IPU
- Further enhancement of communication between carers and hospice staff, especially in terms of care coordination, follow up, first point of contact and discharge planning, both in the community and the IPU
- Consideration of programmes to enable younger service users to benefit from Day Services and bereavement support
- Further investigation to establish why some bereaved carers slip through the net of bereavement services

- Exploration of options to improve “out of hours” meals and drinks facilities for carers, whilst on the IPU
- Consideration of techniques to improve our response rate in future surveys

Final thoughts

The positive results from this VOICES report help to afford assurance of the quality of the services offered and improvement can be seen across a number of areas explored in the survey. The combination of qualitative and quantitative approaches used gives data meaning.

However, nothing is known about the experiences of people who did not respond to this survey.

It is essential not to become complacent and so the data provided will assist in informing future planning and service improvement for the organisation. Benchmarking against other hospices will become easier over time, as other organisations undertake this process in a similar way, meaning that comparisons can be drawn in an accurate and robust manner.

Konstantina Chatziargyriou

Quality Improvement Manager

References

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