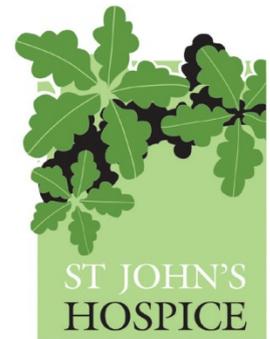


St John's Hospice

Quality Account 2018/2019



Caring for our community
Every hour of every day since 1986

St John's Hospice North Lancashire and South Lakes is a charitable incorporated organisation registered in England with charity number 1157030

Our Purpose

St John's Hospice is a charity providing specialist in-patient and communitybased palliative care and support for the people of North Lancashire, South Lakes and parts of North Yorkshire.

We believe that when people die in our community they should do so with dignity and in the place of their choosing.

The staff and volunteers of St John's Hospice strive to provide world-class palliative, and end of life care and support, to patients and their loved ones.

To be truly successful we must uphold our values, work across our communities and with many partner organisations, lobby decision-makers both locally and nationally and raise sufficient funds to deliver care of the highest quality.

Our Vision

Putting local patients and families at the heart of everything we do, we will ensure that on the journey towards the end of life we provide the right care, in the right place, at the right time.

Our Values

- **Care** – We will provide 1st class care, delivered by competent people who put the patient at the heart of all we do
- **Compassion** - We will treat everyone with respect, dignity and empathy
- **Collaboration** - We will work with others to ensure that patients and families receive the best end of life care possible
- **Charity** – We will provide care free of charge to patients and families and will connect with our local communities so that they continue to finance our present and our future
- **Celebration** – We will celebrate the abilities of the people we care for, however limited they may be. When people are bereaved, we will support them to celebrate the lives of the people they have lost.

St John's Hospice

“Built by the people, for the people”

Caring for our community
Every hour of every day since 1986



Part 1

Chief Executive's Statement

It gives me great pleasure to present this Quality Account for St John's Hospice.

In this account, our aim is to show how the hospice measures quality, involves patients, carers and staff, and strives to always look for areas where we can improve our care.

A quality account is an annual report to the public from providers of NHS healthcare about the quality of services they deliver. It is important to note that St John's Hospice only receives around 30% of its funding from the NHS; the remainder of the £5.1 million we will need to run the hospice this year is donated by the local community. The majority of services described in this document are funded by charitable donation rather than by the NHS.

Quality sits at the centre of all that the hospice does. Our vision is that everyone in our catchment area of South Lakeland, parts of North Yorkshire and all of North Lancashire with **any** life-shortening condition will have high quality care and support at the end of their life, in the right place, at the right time.

We asked patients, families, volunteers and staff to sum up in one word what St John's means to them. Their key words can be seen at the entrance to our ward and here:





Our Corporate and Clinical Governance structures ensure that we have both the systems and processes in place to maintain a viable and responsible business, whilst ensuring that our services are of the highest quality and meet the aspirations of our vision. Our services are subject to unannounced inspections at any time.

On the 26th July 2016, the hospice was inspected by CQC; we were given 24 hours' notice of the inspection.

I am delighted to report that our overall rating was "Outstanding". This was broken down in the following categories:

- **Safety** – Good
- **Effectiveness** – Good
- **Responsiveness** – Outstanding
- **Caring** – Outstanding
- **Well led** – Outstanding

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information contained in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by our hospice.

Sue McGraw

Chief Executive

7th June 2018



Part 2

Our priorities for 2018/19

Priority 1 – Clinical effectiveness and Patient Safety

Leading from the Middle:
Improvements to the Clinical Governance Framework whilst
developing leadership potential.

During 2017/18, the hospice's middle managers (department managers and department leads) took part in a development programme called "Leading from the Middle". It was evident middle managers needed some coaching on how to increase and meet their role's responsibilities and priorities, and so this bespoke course was commenced. This course would also support succession planning.

This group of managers were asked to identify key areas in the hospice where they felt improvements could be made. Working in small groups, each team identified and reviewed what they felt was important.

One group identified clinical meetings as a potential area for improvement. Over a period of 2 weeks they attended all clinical meetings between 8am and 4.30pm, observing them and asking all those who had attended to answer a list of questions, such as did they think they should be present, and could the information discussed be dealt with in a different way.

Following a review of the number of staff attending, and how long each meeting lasted, they were able to calculate that £2223 of staff time was taken in the meetings.

From this, it was evident that there should be a review of clinical meetings, ensuring that monitoring became the responsibility of the middle managers, and not just at senior management and board level.

The group then reviewed the clinical meetings and revised these into a Quality and Governance Framework, and made recommendations for its future development.

They recommended 4 meetings which will feed into the board clinical meeting Care, Quality and Services:

- Risk and Performance
- Medicines Management
- Audit and Engagement
- Health and Safety

Each manager will submit a report prior to this meeting which would be discussed and evaluated through the meeting itself.

From July onwards this framework will be piloted and reviewed at 6 and 12 month points.



Priority 2 – Clinical Effectiveness, Patient Experience & Patient Safety

Care Home Development Programme

The NHS five year Forward View (2014) emphasises the need for partnership working and in breaking down the barriers between health and social care sectors. The Ambitions for End of Life Care (2015-2020) document clearly states, “Each person gets fair access to care”, and that “care is coordinated” at the end of life. Care homes are important, supporting almost 25% of all deaths in 2015 in our area. The residents should be able to access the right care and support, as well as be cared for by competent and confident staff, at end of life.

Our local Clinical Commissioning Group (CCG) allotted some money for St Johns to run an end of life education programme for a small number of local care homes, mainly nursing homes. The programme uses the principles of the “Six Steps for End of Life Care”, a local programme for care homes which ran until 2015.

The aims are to spread the culture and approach of hospice care to the identified care homes, and to future-proof end of life care in our communities: as a small hospice we are unable to meet all of the projected growing need.

The programme will employ a full-time hospice-led facilitator, with administrative support, for one year and will incorporate already existing education programmes such as Advance Care Planning, and Care of the Dying Patient, Verification of Expected Death and the management of syringe drivers. Alongside these the facilitator will work with each care home to set up resident update meetings, and a forum for the managers to support sustainability of the project.

The care homes will also have access to telephone support from the hospice palliative care hub, the Hospice at Home team, the Palliative Clinical Nurse Specialists and the medical team where appropriate.

The aims of the project are to increase the skills and knowledge of the staff and to set up systems to maintain and record good care at end of life.

The hospice will gather and report data to the CCG to evidence improvements in the following areas:

- Reduction in hospital admissions (% to be agreed once initial audit is conducted)
- Number of residents with an Advanced Care Plan in place (Number to be agreed after initial audit is completed)
- Reduction in the number of visits from District Nurses / Ambulance service and out-of-hours GPs
- Increase in staff confidence (audits will be conducted before and after the programme)

A launch event will be held at the beginning of the programme and a celebration event will be held at the end.



Priority 3 – Clinical effectiveness and patient experience

Equality and Inclusion

There is a vibrant and active “Communities Together” group working across the district. The group is made up of the major faith and minority community groups and meets every other month. After a presentation by the hospice CEO, it was agreed that further work should be done to help different communities understand and learn about faith, customs and traditions at the end of life.

In the next year, the hospice will support the group to run a community event showcasing the beliefs of each group in the following areas:

- Spiritual preparation
- Funeral traditions
- Organ donation and pain relief considerations
- Preferred place of death
- Mourning rituals and practices

It is anticipated that an exhibition will be held at the hospice with a community “Jacob’s Join” supper to facilitate an interactive learning and sharing event.

The hospice will also invest in specialist equality and inclusion support to update its demographic data regarding hard to reach communities. Once this data is updated, a training programme will be developed based on the needs of the statistically representative groups identified for all hospice staff. The aim of this work is to increase cultural competence across the workforce and to ensure we truly understand and can support the various hard to reach groups who may need our care.

Review of our Priorities for Improvement 2017/2018

Our priorities for improvement 2017/2018 were developed in conjunction with feedback from our VOICE group. VOICE stands for Valued Opinions in Care Experience and is our service user forum at St Johns Hospice.

Priority 1 – Clinical effectiveness & patient experience

Bereavement Support in South Lakes

The hospice was asked to offer bereavement support groups in the South Lakes area towards the end of 2016. In the reporting period, we ran 2 closed groups for people bereaved through the loss of a spouse or partner. The groups were held at Kendal College and were facilitated by the hospice's Bereavement Co-ordinator with assistance from trained volunteers.

We promoted the group via mail drops to all GPs, the Hospital Trust bereavement service, community teams and third sector partners. We also used our social media platforms which are well supported.

However, take-up of the service was disappointing. Group one had 5 clients, group two had 4. The positive aspect of the programme was the evaluation of its effectiveness:

- “If it is offered to you, take it. You will be surprised how it will help coping with grief.”
- “It’s very good to be part of a group (same people each time). You can just listen if you want.”
- “In general, [I’m] coping a lot better and beginning to look forward.”

We do still feel that there is value in supporting bereavement services in the South Lakes area, as recent fundraising events have highlighted there is a need. However, in the next year we will make this a more informal option of a monthly “drop in” tea and support service which works well at the hospice in North Lancashire. Leading on from this project, we will review the model of bereavement services in that area.

Priority 2 – Clinical effectiveness and patient safety

Investment in new e-learning statutory and mandatory training system

After a tendering process, the hospice chose “Lo-Cost Learning” to provide e-learning mandatory training. Lo-Cost’s curriculum seemed more suited to our clinical team’s specific needs as well as providing organisational requirements.

We have been using Lo-Cost modules for almost 18 months and for the first year we gave staff the option of e-learning or taught group mandatory training. The staff who

were resistant to computer training opted for the taught sessions and quickly became frustrated as e-learning was still required to meet specific safeguarding standards such as PREVENT. However, experiencing e-learning helped them recognise the benefits of this type of training.

In the first instance the Quality and Governance Team provided supported facilitation on a 1:1 basis for those who required it. The staff requiring support were from various departments: nurses, housekeepers, caterers and some shop staff. The Quality and Governance team will continue this support to the small number of staff requiring it.

Feedback from staff has been on the whole positive. An audit completed at the end of the first year informed us that staff were happy to continue with more of the same. The training matrix was reviewed and managers ensured that staff were only completing the key modules necessary for their work, thus streamlining the time required.

Having invested in supporting staff in navigating their way around this training system it would seem sensible to continue with the Lo-Cost package. The company refreshes the modules each year and adds to the portfolio available so the hospice is confident that it has access to training that is responsive to healthcare developments and up to date with best practice and legislation. A positive also for the hospice is to provide a consistent training platform on which we can measure staff satisfaction and compliance.

Below is a list of all the main courses accessed by our staff this year. These figures are based on staff (including ones who have left) that have accessed the system within the last year:

Courses	Course Visits
Health and Safety	202
Fire Safety	202
Information Governance	202
Safeguarding Children Level 1	202
Equality and Diversity	202
Dignity and Respect	192
Food Safety - Level 1	175
Basic Life Support	109
Infection Prevention and Control	109
M&H Objects	105
Falls Prevention	103
M&H People	97
Learning Disability	92
Communications	88
Diet and Nutrition	85
Safeguarding of Vulnerable Adults	78
MCA & DoLs	76
Pressure Ulcer Prevention (acute)	69
Lone Working Essentials	69
Control and Administration of Medicines Level 3	66

Tissue Viability - an Introduction	65
Dementia - Dealing with challenging behaviour	57
End of Life Advance Care Planning	54
Care Planning and Record Keeping	52
Dementia - interventions for cognitive and non-cognitive	36
COSHH	36
Pressure Ulcer Prevention (community)	30
Dementia - An Understanding	19
Prevent	16
Blood Transfusion	15
Emergency First Aid at Work - Annual Refresher	9
Food Safety Level 2	5
Legionnaires	4
Nutrition Awareness	3
Risk Assessment and Management in Care	3
Fire Warden	2
Grand Total	2929

Priority 3 – Patient safety, Clinical Effectiveness & Patient Experience

Investment in the Clinical Nurse Specialist service – end-to-end care for palliative patients

On the 1st April 2018, the Clinical Nurse Specialist (CNS) Team transferred from Blackpool Hospital Trust to the Hospice via a TUPE (Transfer of Undertakings (Protection for Employment)).

The hospice, (from charitable funds), invested in the provision of a CNS team leader and a very experienced nurse specialist was recruited.

The team have provided “Hot Topic” sessions for all staff and volunteers to describe their role. They will make a presentation to the Board of Trustees at their next meeting on the 6th June and a public launch for all healthcare professionals is planned for June 2018.

It is anticipated that their role in the future will dovetail with the work of our existing hospice at home service, who provide a specialised, but not a specialist, service. The recruitment of the CNS team means that St John’s can take a systemic view of patient care in our communities which should lead to a much better patient experience in the long term.



Part 2 (Continued)

Statements of Assurance from the Board

Quality Accounts have a series of statements that MUST be included. Many of these statements do not apply to St John's Hospice. Explanations of these statements are given where appropriate and are prefaced by the words:

“MANDATORY STATEMENT”

During 2017-2018, St John's Hospice provided the following services:

- In-Patient Unit
- Hospice at Home Service
- Day Hospice
- Family Support and Bereavement Service
- MND / Parkinson's Support Groups
- COPD programme
- Positive Living Group
- FAB (Fatigue, Anxiety, breathlessness) programme
- Relaxation and Wellbeing programme.
- Weekly drop-in for discharged patients, including a “Move it or Lose it” chair-based exercise programme.

- Education and training for our own staff and external staff
- Out-patient clinics, led by specialists in palliative medicine.
- Clinical Nurse Specialist (CNS) in Palliative Care post, as part of local CNS team
- Physiotherapy, Occupational Therapy, Complementary Therapy, Social Work, Spiritual Care, Bereavement care and hosted Lymphoedema Services.
- In-house catering for our ward and day hospice patients
- Housekeeping to ensure strict standards for infection prevention and control.

MANDATORY STATEMENT – St John's Hospice has reviewed all the data available to them on the quality of care in all these NHS services.

Participation in Clinical Audits

The following are examples of audits (both clinical and non-clinical) conducted within the hospice in 2017-18:

- Controlled Drugs
- General Medicines
- Infection Prevention & Control, including hand hygiene on the ward and environmental audits
- Safeguarding Adults & Children
- Accountable Officer including self-assessment
- Controlled Drug Procurement re-audit
- EMIS Allergy Status recording
- Medical Gases
- Pressure Ulcers
- Information Governance
- Hand Hygiene in community
- Medical Devices
- Medicine Patches
- Spiritual Care
- North West Audit Group Heart failure, and advance care planning
- PLACE Assessments.

Some positive outcomes have been achieved from this year's audit activity; headline themes being:

- General medicine and controlled drug audits showed we were compliant with the all standards.
- Our Information Governance compliance is high in 2017-2018 with all substantive staff and clinical administrative volunteers completing a mandatory IG update.

Research

MANDATORY STATEMENT - The number of patients receiving NHS services, provided by or sub-contracted by St John's Hospice in 2017/2018, who were recruited during that period to participate in research approved by a research ethics committee, was NONE

Use of the CQUIN Payment Framework

In 2017-2018 the hospice was not subject to any CQUIN payment schemes.

Statement from the Care Quality Commission (CQC)

St John's Hospice is required to register with the CQC; we are registered to carry out the following regulated activities:

- Treatment of disease, disorder or injury
- Diagnostic and screening
- Transport services, triage and medical advice provided remotely.

St John's Hospice has the following conditions on registration:

- Only treat people over 18 years old
- Only accommodate a maximum of 20 in-patients.

The CQC has not taken any enforcement action against St John's Hospice during 2017-2018.



The CQC rated St John's Hospice as "Outstanding" at its inspection on the 26th July 2016:

"We spoke with people who used the service, relatives, staff and other professionals during this inspection. They told us the service provided an exemplary level of care and the leadership was exceptional. They spoke extremely highly of staff. One person told us, "From being in despair I am now able to focus on what matters. All with the help from the staff." A relative said, "The support from the hospice staff exceeded anything we had hoped for. It was fantastic."

Care planning was extremely flexible, person centred and proactive. People and their families told us staff championed people's right to choose how, where and when they wanted their care provided. They said staff were especially proactive and 'made things happen' in order to provide exceptional care for people. We saw staff had to support people to attend special family events with staff support and helped patients with arrangements to marry in the hospice.

People said staff were extremely caring and respectful, listened to them and assisted them promptly. They told us staff always 'went that extra mile and beyond'. We saw end of life care plans were informative and personalised and staff were remarkable in their determination to help people to carry out their final wishes. This included providing advice, support and staff at a person's home so they could remain in the comfort of their home with loved ones.

Families told us staff were extremely competent and compassionate in the way they assisted people to have control of illness symptoms and pain. They commended staff for the practical, emotional and spiritual support provided and outstanding care that enabled their relative to have a dignified, peaceful and pain free death. Written comments from families included, 'Thank you for making the end of [family member's] life so calm and dignified and filled with love'. And 'You worked miracles and [person] died serenely and comfortably. Thank you.'

The management team and trustees worked collaboratively with other agencies to develop best practice, excellent partnership work and support for people. They carried out innovative research with local and national organisations and influenced best practice and policy-making. This further improved care practices and helped develop innovative support in the hospice and the community. The management team set up numerous forums and support groups to seek people's views, provide support and information and ensure people received person centred flexible care that fully met their needs. One comment we saw stated, 'Nothing needs changing the care is superb.' Another person had written, 'Your wonderful, warm personalities create such a lovely friendly atmosphere. You are amazing and do a fantastic job.' The

management team used multiple ways of monitoring and auditing care and seeking the views of people who used the service, their families, other professionals and staff. This assisted staff to provide care that was personalised and exceptionally flexible.

Other professionals were extremely complimentary about St John's Hospice, the staff attitudes and their competence. Staff demonstrated a highly sensitive and compassionate understanding of protecting and respecting people's human rights. We found staff were passionate about providing a non-discriminatory and tremendously supportive service. People who used the service, their families and staff were supported throughout their 'journey'. They were provided with complementary therapies such as reflexology and massage to assist with relaxation and reduce anxiety and distress. The care by hospice staff did not end when a person died; The hospice team continued to support families after their family member's death. They were offered bereavement counselling and support groups for emotional well-being.

Recruitment and selection was carried out safely with appropriate checks made before new staff were appointed. There were enough staff to provide safe, personalised and timely care. The provider had an extremely positive and constructive response to complaints and carried out their duty of candour with an open and transparent approach. People told us they knew how to raise a concern or complaint and staff encouraged them to express any ideas or concerns. The registered manager had systems to monitor and manage accidents and incidents to maintain everyone's safety. One person confirmed, "I feel safe and supported here and not worried."

MANDATORY STATEMENT – St John's Hospice did not submit records during 2017/2018 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance (IG) Toolkit

St John's Hospice achieved level 2 compliance across all areas of the IG toolkit in 2017-2018.

The hospice has already registered for the new Data Security and Protection Toolkit. Compliance with the new General Data Protection Regulation (GDPR) is being overseen by a steering group chaired by a member of the Board of Trustees.

Clinical Coding Error

MANDATORY STATEMENT – St John's Hospice was not subject to the payment by results clinical coding audit during 2016/17.

Part 3

Review of Quality Performance

Whilst the MDS for hospices was discontinued this year, we have carried on collecting data in the old MDS format. The data below reflects our performance in 2016/17 using the old benchmarking requirements:

<u>INPATIENT UNIT</u>	2015/16	2016/17	2017/18
Total Patients	234	263	229
Patient RIPs on Ward	153	193	147
Patient Discharges	45	87	80
% Ward Occupancy	74%	73%	80%
Average Length of Stay (days)	11.7	15.9	13.6
<u>COMMUNITY</u>	2015/16	2016/17	2017/18
Total Patients	463	513	527
Face to face visits	2530	2302	2277
Telephone Calls	10226	12559	11279
% Patients who died at home	72%	76.5%	75.5%
Average Length of care (days)	39.5	32.1	27
<u>DAY SERVICES</u>	2015/16	2016/17	2017/18
Total Patients	228	368	329
Average length of support (days)	85	100.1	90
<u>FAMILY SUPPORT & BEREAVEMENT SERVICE</u>	2015/16	2016/17	2017/18
Total service users	491	438	440
Discharge from 1-1 support	469	385	388
Average length of support (days)	117.1	115.0	93

On the In-Patient Unit, our new patient dependency score has influenced the accurate recording of our improved bed occupancy, with patient need still being uppermost.



On our Hospice at Home team, the revised criteria of last 6-8 weeks of life now means more patients are getting the care they need at home at end of life.

Patient Safety Incidents

We have a healthy incident reporting culture and a robust incident reporting system at the hospice. Whilst the number of incidents and near misses reported are high, they tend to be very low level in terms of patient risk. However, we actively encourage our teams to report incidents. All incidents are reviewed weekly by the hospice Senior Management Team (SMT).

Below is given the total number of patient safety incidents this year. These include medication, slips, trips and falls. These include all near misses.

Number of incidents	2016/17	2017/2018
	423	552

Implementation of the Duty of Candour

Duty of Candour means being open and honest with people using our services, especially when things have gone wrong, or potentially may go wrong.

The Duty of Candour must be followed in all aspects of patient care so that the patient, where they have capacity, is informed when something has not happened as planned. If the patient does not have capacity, incidents must be shared with the family or carers. Any questions or concerns must be addressed as soon as possible and everything said should be documented.

At St John's Hospice we have developed a system to implement the Duty of Candour through informing family members of particular patient incidents (with the patient's consent, if they have capacity) which have resulted in actual harm, through best interest meetings with family when a patient does not have capacity and through open and honest discussions about patients' conditions and treatment plans.

The development of our VOICE group supports how we want to build on existing relationships with our service users, and we pride ourselves on having an open and honest culture with our employees.

We deal with complaints by being open, honest and admitting when things did not go as planned. We ensure bullying and harassment is dealt with promptly, and encourage staff to report any behavior from colleagues they do not feel is correct.

The Sign up to Safety Plan

St John's Hospice has not signed up to this because it is intended for NHS organisations: indeed, looking the list of organisations who have signed up, they are all NHS Trusts or commissioning groups.

However, St Johns Hospice remains committed to patient safety through robust incident reporting, detailed investigations including root cause analyses for high risk incidents or those involving a controlled drug, through ensuring staff and service users (our VOICE group) work together to ensure (as far as is humanly possible) a safe, harm-free care setting. All incidents are shared with our staff at management level and with the Board. Managers are encouraged to share learning through our "Lessons Learned" newsletters and through education.

Feedback from Staff

A bi-annual staff satisfaction survey is conducted. The top three statements that staff agreed with in our most recent staff survey were:

- If a friend or relative needed treatment, I would be happy with the standard of care provided by the Hospice – 100%
- I am proud to work for St John's Hospice – 97%
- I enjoy the work I do – 99%

Feedback from Patients, Families and Carers

Feedback from patients, families and carers is one of the most important ways for us to understand and improve the services we provide.

We often receive comments and compliments by letter or email and a montage of some of them are included below.

We never forget that the sign above the door here reads:

“Built by the people for the people”

Putting patients and families at the heart of what we do is fundamental for the hospice.

Patient and Family Surveys

Our surveys on the ward, in day services and in our Hospice at Home team have been almost 100% positive this year.

As part of our contract with the CCG, we are required to survey bereaved families for our Hospice at Home service. Again, responses have been overwhelmingly positive.

Complaints 2017/2018

Complaints are all monitored by the relevant member of Senior Management Team; clinical complaints are discussed at the Care, Quality & Services sub-committee and are reported to the full Board of Trustees.

Complaints	Number
Total number received	0
Total number of complaints upheld in full	0
Total number of complaints upheld in part	0
Total number of complaints not upheld	0

We received 322 compliments during 2017-2018.

Here are a selection:

My cousin was with you earlier in the year and had such wonderful treatment and care that I wanted to add to your funds. She felt the love you all expressed and requested that her final days be spent with you.

To all the nurses at St John's Hospice - Just wanted to thank you so very much for the excellent care you gave to my dear husband who was with you for 2 days. It meant so much to me that you kept him so comfortable in his last hours. You are all wonderful! With love from Mrs AA and family

We can't thank you enough for the care and attention you gave my dad, over the last few weeks. you are truly doing God's work

Thank you doesn't seem adequate enough to express our gratitude for the wonderful care that you gave to [family members name] on the last weeks of his journey. Also thank you for the support and empathy you gave to the family. It helped us all so much at such a difficult time. Best Wishes to you all.

To all staff and volunteers at St John's Hospice. Thank you for the wonderful care you gave to [family member's name] and his family. It was a privilege to witness the dedication of all the staff and volunteers from every department within the hospice. All [family members name]'s needs and those of his family and friends were attended to in detail and with real love and care. It is wonderful to know that this service is available to people who need it. My sincere thanks to everyone who makes this possible. with love KD

Forever grateful for all the care you all gave to my Mum [family member's name] love S and family XX

To everyone of you who looked after J we would like to thank you very much from the bottom of our hearts from [family member's name] family XXXX you're the best F

With many thanks for the wonderful care given to my husband. also for the kind support given to the family, sincerely JM

R D our [family members name] to all the wonderful staff, from the bottom of our hearts, thank you so for all your amazing love and devotion you showed to our mum lots of love always E and I S, S, J, G and E D XXXXXX

To all the staff at SJH who helped care for [family members name] thank you so very much for making I as comfortable as could be in his last few days. We will never forget your kindness and the wonderful care you gave. love from the F family x

RE; J P to all the wonderful staff at the hospice, the family wish to express our sincere thanks for the lovely, kind, caring and professional care given to Mum during her long and painful illness. To have Mum transferred to the hospice felt absolutely heaven sent and gave huge relief to J and I to know mum was in the best hands, and we can't thank you enough, what an amazing service; from reception/catering staff/Dr's/ nurses simply everyone contributed towards making the situation as easy as it could possibly be given the circumstances. Thank you to every lovely member of staff we have met on our last journey with MUM. D,J,S and all the family x



Opportunities to give Feedback on this Quality Account

We welcome feedback on our Quality Account.

If you have any comments, please contact:

**Sue McGraw
Chief Executive
St. John's Hospice
Slyne Rd
Lancaster
LA2 6ST**

Helen McConville, Senior Manager, ICCs and Community Services Development, Morecambe Bay CCG, responded to this document by stating, "It is always nice to be reminded of the great work that you do and the fact that you are continuously looking at the quality and impact of your service makes to the people you care for." (June 2018).

The Health Scrutiny Board, Lancashire County Council, made no comment.

Healthwatch Lancashire made no comment.