

THE HOSPICE OF ST FRANCIS QUALITY ACCOUNT 2017-18



'Thinking back to last year when my metastatic breast cancer was diagnosed and I was in severe pain and immobile, I didn't imagine then that I could have foreseen a situation where I feel so much better, my pain is in control, I am really quite mobile and have a reasonable social life. Most importantly I am looking at life positively. This is down to a combination of things, the clinical treatment organised for me by my oncology team at the hospital, the initial care by the Hospice community nurses and the occupational health team, and then the physio team at the Spring Centre who have got me nearly fully mobile and taking part in various activities. The continuity of coming to the Spring Centre every week has been very much part of my recovery'

'You gave him back hope, peace and a positivity that had disappeared... the children and I gained precious hours'

'After an extremely stressful week ... St Francis was like an oasis of peace and calm... he spent his last hours being looked after with such care, compassion and dignity. Nothing was too much trouble. The staff looked after the whole family too'

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Part One

Statement from the Chair of the Board of Trustees

The purpose of The Hospice of St Francis is to realise the best possible care for our beneficiaries (the formal language of Charity objectives). Each year the Board of Trustees reviews, sets and agrees priorities that are designed to sustain our outstanding rating and improve our care and support. This report shows how we have been able to deliver on those priorities.

As we approach our 40th birthday in 2019 we all know that the Hospice is cherished– not just in terms of its physical presence and the community that lives through us – and I am confident that everyone involved with the Hospice – staff, volunteers, donors, supporters in every sense of the word – are committed to continue to deliver an outstanding quality of care to which we believe every one is entitled now and for the next 40 years

Alison Woodhams
Chair of Board of Trustees

Statement from the Chief Executive

The Quality Account is one of the mechanism's by which the NHS assures the quality of the care experience for patients and families. All organisations providing services through grant funding or an NHS standard contract are contractually required to complete and publish a Quality Account annually. At The Hospice of St Francis the Quality Account is one of the ways that we celebrate quality and report plans and priorities to enable us to constantly innovate and learn in order to ensure the changing needs of patients and families are met and the potential of new treatment interventions is realised.

Having joined the charity in 2017 the commitment of everyone at the Hospice is to provide the best possible experience for those people who rely upon us and those people who work so hard to raise the funds we need. In the time from September to February 2018 we listened to what patients, families, staff, volunteers, donors, our shop customers and other stakeholders say about The Hospice of St Francis. We put this together in a new organisational strategy fit for the future - #YourPreciousLife.

Our Quality Account celebrates our commitment to:

- Care for the family as a whole and for families of all shapes and sizes
- Safe and skilled care, so that whatever your diagnosis we have the expertise you need
- Volunteers supported as full members of our team
- Training education and research
- Respond proactively to the changes in our population
- Work in partnership with each person and with other organisations
- Create distinctive and energising opportunities to raise funds
- Constantly learn from experience
- Innovate in every aspect of what we do

Kate Phipps-Wiltshire
Chief Executive Officer

Part Two

Introduction

The Hospice of St Francis Quality Account provides the information for stakeholders and our local community to reflect on and openly scrutinise the process by which we monitor, review, and continuously improve the quality of the services we provide.

This Quality Account has been prepared in accordance with the guidance NHS 'Quality Accounts toolkit 2010/11' (Department of Health, 2010) and is:

- An introduction to The Hospice of St Francis - to our vision, our values and to the services we provide
- A statement of our commitment to quality
- A summary of our priorities for the coming year (2018-19)
- A review of our progress in achieving quality in the past year (2017-18)

Quality Account Governance Arrangements

This Quality Account has been prepared by the Head of Governance and Care Standards and has been overseen by the Hospice's Chief Executive Officer and the Chair of the Board of Trustees. The data that we report here is assured internally and published on our website. We also share this data with commissioners, regulators, donors, trust and grant giving bodies.

CQC Inspection

The Hospice of St Francis was rated as **Outstanding** by the Care Quality Commission in May 2016. The CQC inspectors commented that patients and their families 'receive excellent care, based on best practice, from experienced staff who have the knowledge, skills and competencies to support their complex health needs' and 'the help and support they receive at the Hospice's Spring Centre changes lives and gives people strength'.

Our focus, since then, has been to ensure that our internal framework of processes, procedures and patient safety measures which contributed to us reaching **Outstanding**, has continued to be maintained and/or improved on.

Our Hospice Vision and Values

Our Mission:

- To achieve our vision by providing excellent care and support to patients and those close to them
- To share our expertise with colleagues in other settings through collaboration, innovation and education
- We will only achieve our mission with the support of our community

Hospice Objectives:

- To transform the quality of life for people living with life-limiting illnesses and provide support for those close to them
- To ensure high quality provision of care through education and research
- To sustain and expand our services through excellent financial management and governance
- To continually improve efficiency and effectiveness

Our Values:

Following consultation with our staff and volunteers the Hospice Values were developed and shaped and are now embedded into every aspect of Hospice life.

Respectful Relationships

We create a caring and compassionate environment: demonstrating appreciation and respect in all our interactions, and taking account of individuals' needs and circumstances.

Constructive Communication

We encourage open, clear and honest communication, where everyone can be heard.

Excellence through Innovation

We strive for excellence in everything we do; encouraging innovation, maximising opportunities and exploring fresh ideas in order to see continuous improvement.

Integrity and Trust

We act with integrity, building trust by demonstrating our loyalty to the Hospice, its people, aims and vision.

Encouraging Learning

We educate and develop to enhance knowledge and skills, improve performance and help people reach their potential.

Sustainable Service

We aim to provide a professional and sustainable service, which is fair, efficient and coordinated.

Community Engagement

We involve and engage with our community, building mutually supportive relationships which maximise our contribution.

In January 2018 we replaced our mission statement with a new organisational strategy

Every Life is Precious (#YourPreciousLife)

Feeling safe
A place to thrive
A hand in the darkness
People to rely upon
How to say hello and
How to say farewell
A warm embrace and
Our yearning to belong
One person to another

At The Hospice of St Francis
we love what we do and
we love your support too

Every life is precious

You can

Live your precious life well

With The Hospice of St Francis

It contains 12 distinct statements that also work together as a whole. Everyone in the organisation can consider how they would prioritise these statements and the actions they will take in the coming year to realise them. At the same time we are also asking ourselves how we would prioritise these statements looking over the longer term for 3, 5 and 10 years. It is a process that enables the Board to set objectives for the organisation as a whole and for individuals to trial and develop actions that might become organisational objectives in the future.

Our services are provided by multi-disciplinary teams comprising:

- Specialist Palliative Care Doctors including Medical Consultants
- Nurses, including our own Nurse Consultant in Palliative Care, Clinical Nurse Specialists and Healthcare Assistants
- Specialist Palliative Care Pharmacist
- Nurses working as clinicians or educators in other settings (such as our local hospitals and/or care homes)
- Therapists who work with patients to support their rehabilitation, to promote independence, and to improve quality of life. These include
 - Physiotherapists
 - Occupational Therapists
 - Complementary Therapists
 - Creative Arts Therapists
 - Psychotherapists and Counsellors
- Social Workers to provide specialist support and advice
- Carers services, focussed on assessing and supporting family members who are also carers
- Spiritual Care Services (our own Chaplain, a volunteer Chaplain and three Spiritual Care Team members) who support patients, their families and friends
- Bereavement Services for adults and for children
- Children's Support Team to provide pre- and post-bereavement support

Services provided by the Hospice

We provide the following:

- **Inpatient Care**
 - Our Inpatient Unit is able to flex capacity between 10-14 beds. In 2018/19 we operated 12 beds at 85% occupancy except over the 'NHS Winter Pressures' period when we were commissioned to operate all 14 beds, with 4 beds running at 100% occupancy
 - We offer 24 hour admissions for palliative rehabilitation and specialist end of life care
 - The unit is staffed by a multi-disciplinary team composed of nurses, healthcare assistants, doctors, pharmacy, occupational and physiotherapists, spiritual care staff, team administrators, specially trained volunteers and complementary therapists, the unit can draw on counsellors and psychotherapists who are part of the Hospice team as a whole when people on the unit need them
 - We have our own kitchen onsite and our own specialist catering team designing menus to suit each individual
 - We are also able to provide food for patients' relatives and visitors as well as staff
- **Community Services and Spring Centre**
 - Our multidisciplinary community team, comprising Community Nurse Specialists, Health Care Assistants, Doctors, Allied Health Professionals and volunteers provides specialist support and advice to patients in their own homes at the hospice and in care homes
 - Our Rehabilitation and Wellbeing Team works across the Hospice as a whole at the Hospice and at home — providing occupational and physiotherapies wellbeing and rehabilitation services to people who are receiving curative treatment, those with stable and/or with advancing illness and their carers, families and friends.
 - We also provide individual treatments, group sessions and workshops to support and improve the health and wellbeing of patients, carers and family members that are delivered by our staff working in partnership with teams of specially trained volunteers.

- We have a specialist service for children pre- and post-bereavement which includes both individual support and a whole family approach providing group activities to encourage peer support. These include half-term activities and special events such as the monthly 'Pony Days', Family Film Days and our Children's annual Christmas Party
 - We have a comprehensive bereavement service including one-to-one counselling, regular bereavement support groups and our bereavement telephone support line which provides regular support calls from our specialised bereavement support volunteers.
- **Education**
 - Our specialist educators provide a comprehensive range of training for internal and external delegates, staff, and volunteers
 - Education is focussed on promoting excellent palliative and end of life care both within our Hospice and in other settings
- **Research**
 - We became a 'Research Active' Hospice in 2016 joining the Hertfordshire-wide Palliative Care Research Group (supported by University of Hertfordshire) and an official site participating in a national research project studying the link between opioids and constipation (for further information see below).

Palliative Care Referrals Co-ordination Service

- Referral into The Hospice of St Francis, Rennie Grove Hospice Care and Peace Hospice Care is coordinated through a, centrally located, referrals coordination centre (PCRC)
- This service is jointly managed and staffed in partnership with Peace Hospice Care, Rennie Grove Hospice Care and Hertfordshire Community NHS Trust
- This service received the 'Innovation in Care' award from Hospice UK in 2017



Our Priorities for 2018-19

The Hospice of St Francis will be **40 years old** in 2019 and we have ambitious plans both approaching and beyond that important milestone. In addition to maintaining our 'Outstanding' status with the CQC, our Organisational and Clinical Strategies (2018-21) describe our three core organisational aims

- **To live within our means**
- **To reach more people**
- **Ensure that everyone can recognise themselves in The Hospice of St Francis**

Priority One To live within our means



For 2018-19 this means that we will manage our income wisely; we will maximise the opportunities for income generation; and we will renegotiate our NHS contracts by working closely, in partnership, with our local clinical commissioning group (CCG) and other partners.

We will also

- Apply a 'productivity' methodology, together with the measures, tools and techniques, to all our processes to reduce waste, eliminate duplication and streamline work
- Go 'digital'. We will rethink all actual and potential digital processes and digital applications to support improvements in efficiency and productivity
- Adapt our building to better fit the planned developments in our services and the changing needs of our patients. For example: planned adaptations in the Spring Centre and Inpatient Unit to better support rehabilitation services and to provide additional, specialist, support for patients with dementia
- Support staff in maintaining their own resilience through clinical supervision, coaching and mentoring programmes and Schwartz Centre® Rounds
- Develop the role of trained volunteers, in every team in the Hospice, to attract professional who have left paid employment and want to take up active citizenship

Priority Two To reach more people



We will continue to work collaboratively, to innovate, and find new ways to deliver better care and to reach more people. Ultimately, we aim to double our capacity to care in the next ten years (Organisational and Clinical Strategy). In 2018/19 we will

- Ensure that our Inpatient Unit is fully occupied for at least 90% of the time
- Continue the implementation and expansion of 'nurse led' admissions - introduced in 2018 and led by our Nurse Consultant who, this year, will train the senior nurses on the Inpatient Unit to carry out holistic admission assessment
- Extend the Community Nursing Service from a weekday (9am to 5pm) service into a 7 day (8am to 10pm) 'Hospice at Home' service. Working closely with patients, their families and carers and with the other professionals/agencies involved in their care, we will be better able to support and care for people at home and for longer and to support them in achieving their preferred place of care (PPC) and preferred place of death (PPD)
- Increase the versatility of the medical and nursing team to carry out home based care including starting an admission ('clerking') while the patient is still at home, to review patients at home and/or as an outpatient.
- Deliver an inclusive rehabilitation service within the Inpatient Unit, the Spring Centre and the community
- Audit whether all our patients have been able to achieve their preferred place of care (PPC) and preferred place of death (PPD)
- Further develop the role of trained volunteers, together with improved processes, in safely maximising our capacity to support patients and their families
- Go 'digital'. We will rethink all actual and potential digital processes and digital applications - in particular how using technology could enable patients to communicate directly with us with the aim of enabling and empowering patients to better and more independently manage their own health.

Priority Three Ensure that everyone can recognise themselves in The Hospice of St Francis



We are already working proactively to ensure that our patients, staff and volunteers more fully reflect the local population and their cultural and spiritual differences. This is supported by our diversity strategy which describes how we plan, over the next three years, to proactively meet the needs of people in our catchment area who would be identified in public health data as requiring palliative care services.

In 2018-19 we will

- Work with local partners/agencies to increase the percentage of patients referred from the Dacorum area by 10%, the percentage of patients referred from the Amersham/Chesham area by 15%, and the percentage of patients referred with a 'non-cancer' diagnosis by 10%
- Develop whole-Hospice spiritual Intelligence to ensure that the clinical teams are able to assess and respond to spiritual needs and strengthen spiritual links internally and externally
- Use a co-production approach and involve patients, families, staff and volunteers in service improvement
- Develop a child and young people-friendly environment including working, with other agencies, in improving care for young people who are graduating from 'children's services' to adults' services. This work will be supported by the development of a 'Transition for Young People' policy.
- Go digital – developing on line enquiry and referral pathways
- Imbed the use of OACC (Outcome Assessment and Complexity Collaborative) and iPOS (integrated Palliative Care Outcome Scale) tools so that we ensure that we really understand and support patients to achieve what they wish for themselves
- Working with local partners and funeral directors, explore how we can address funeral poverty

Part Three

Progress Report on Our Priorities for Improvement - 2017/18

Priority One

To work collaboratively with other local palliative care providers in order to reach more people, to reduce duplication of services and to increase our clinical effectiveness



- The new Palliative Care Referrals Coordination Centre (PCRC) for West Hertfordshire, launched in March 2017, has steadily improved the process and, therefore, the speed and efficiency of referrals for patients and families to all Hospice services locally.

- Referrals, into all services at The Hospice of St Francis, have varied between 50 patients (in April – when the PCRC had just been launched) and 100 patients (in January 2018) per month and, in general, have been steady over the past year. We have streamlined the admissions process further to avoid delay and duplication and patients’ details are now only processed when a bed becomes available for them.

2017

- April to September – between 50 and 73 per month
- October - 76
- November - 90
- December - 77

2018

- January – 100
- February – 88
- March - 56

- The number and proportion of patients with conditions other than cancer accessing our services (all services) has also been steadily increasing over the same period.
- We work closely with our local District General Hospital (West Herts Hospitals NHS Trust) and in 2017 - 2018), our Consultant in Palliative Care saw 100 patients in hospital.

Priority Two

To further develop Palliative Rehabilitation (Inpatient) Services at The Hospice of St Francis



There is a large body of evidence demonstrating the benefits for patients and organisations of a palliative rehabilitation approach within hospices. This approach is established within our outpatient setting but the multi-disciplinary approach within the Inpatient Unit was recognised as being less focussed on patients’ goals and priorities.

With the support of funding from St James’ Place, we have developed a new palliative rehabilitation pathway on our Inpatient Unit. Patients and their families have been able to identify and achieve a range of rehabilitation goals before, during, and after admission, and in consequence improve their resilience, confidence, and independence.

The funding for the project will continue until July 2018, a final project report will be submitted to St James Place in October 2018 and the work to date is detailed below.

Baseline Data:

Baseline data has been collected looking at the existing provision of rehabilitation within the IPU.

- Completion of the Hospice UK Benchmarking document
- Collation of the number of face to face contacts in the IPU by the rehab team over 2 x 4 week periods (November 2016/March 2017)
- Review of the Real Time surveys and extracting comments relevant to rehabilitation

Documentation:

- Questions added to the Real Time survey to capture 'enablement' within the IPU
- Rehabilitation pathway developed: all patients in the IPU will be engaged in the project. Depending on their patient profile they will either follow the enablement or the rehabilitation strand of the pathway.
- Patient information leaflet developed in conjunction with the Communication team for patients on the rehabilitation strand of the pathway
- Outcome measures agreed and templates finalised for use

Training and increasing awareness of project:

- Training sessions on enablement for HCAs on IPU delivered by Rehab team
- Professional information flyers written and disseminated (ongoing)
- Plans in place to set up a HoSF enablement steering group

Plan:

Data collection will start in July 2017. Outcome measures for each patient will be completed on discharge from the IPU and 2 months post discharge. *An example Case Study is attached as Appendix One.*

Priority Three

To lead on Palliative Care education in Hertfordshire



Education is closely aligned to the delivery of the Hospice mission. The Hospice is a centre of excellence and we have continued to develop education activities, increasingly in collaboration with others.

In 2017-18

- We successfully secured funds to deliver a 'Prepared to Care' education programme across Hertfordshire. This programme focusses upon providing palliative care to individuals with mental health diagnosis; four 1 day workshops will commence from June 2018 and will be facilitated by Specialists from both services in the 'East and North Herts' and 'Herts Valley' Clinical Commissioning Group areas.
- We have secured funding for a Hertfordshire wide 'ABC 4 LD' education programme and completed a 'Train the Trainer' event for all the facilitators from local providers. The programme commences in Sept 2018 and will run for 18 months.

- We have worked with East and North Herts Clinical Commissioning Group to complete the Care Home 'Vanguard' programme and developed End of Life Care pathways, together with bespoke training and education, for Hertfordshire Care Providers Association.
- The educational consortium of Hertfordshire hospices will meet with representatives from the University of Hertfordshire, in July 2018, to outline future plans to deliver courses for undergraduates.

Priority Four

To further develop research activity in the Hospice



There is a national and international drive to improve the evidence base for Palliative Care Medicine. We became a 'Research Active' Hospice in 2016, are members of the Hertfordshire-wide Palliative Care Research Group (supported by University of Hertfordshire), and are now running, or contributing to, a number of research projects listed below:

- STOIC research study: a multi-centre Study of Opioid Induced Constipation which aims to assess how common constipation is in patients who are taking strong painkillers (for example: codeine, morphine, oxycodone or fentanyl) for cancer related pain, to look at the impact of this symptom and investigate different ways of managing the problem. For the first part of the research study we plan to recruit 50 patients who have cancer and are taking strong pain killers and a number of those patients will be asked if they would be happy to participate in the second part of the research study. The research team at the Hospice will carry out the assessments and then forward them through to researchers at the Royal Surrey County Hospital who are leading on this work.
- Research study on the perceptions of volunteers on the Inpatient Unit as to what would have helped them cope with their role more effectively (part of a Masters' degree)
- Research study into 'health anxiety' in Hospice staff
- National (UK) research study on the factors influencing the duration of hospice based-palliative care services from referral to death (in collaboration with University of Leeds)
- Research study into resilience and End of Life educators
- A systematic approach to working in a Hospice/palliative care (part of PhD)
- Randomised feasibility study of the impact of self-management programmes on the ability of palliative care patients to cope with their illness (5 hospice research collaborative)

Our aim as a 'Research Active' Hospice is to continue to contribute to the national and international evidence base for palliative care medicine, to continue building a culture of enquiry within The Hospice of St Francis, to build our own research expertise, and to continue to promote the advancement of knowledge in Palliative Care.

Key Clinical Quality Metrics 2017-18

Quality performance is measured, reported on and scrutinised - internally and externally - in a number of ways:

- A suite of quality metrics is systematically recorded and reported monthly to senior-level committees and quarterly to the Board of Trustees.
- Both patient and relative/carer feedback is elicited continuously both 'real-time' and also after care.
- All incidents, both clinical and non-clinical, are reported, investigated, rated (in accordance with the National Patient Safety Agency matrix), logged on a central register and reported on to senior-level committees and quarterly to the Board of Trustees.
- All compliments are logged. Any concerns or complaints are logged, investigated, and reported on and remedial actions agreed.
- Case reviews, which are open to all clinical staff to attend, are held on a regular basis; the discussion is recorded and any actions, which are agreed in response to the review, are reported on.

This ensures that there are robust mechanisms in place for everyone, across the whole organisation, to be involved both in reflecting on our performance and also in suggesting and driving or leading improvements.

The Hospice of St Francis is also a member of the Hospice UK 'Inpatient Unit Quality Metrics' national benchmarking project. We benchmark ourselves against the Inpatient Units of other, similar-sized, hospices on two key quality measures - falls and medication incidents.

We submit our data quarterly to Hospice UK who correlates the data and we receive feedback reports which show how we compare with our partnered hospices on a quarterly and then annual basis.

The Hospice of St Francis clinical dashboard is completed monthly and comprises the latest performance and activity data. It provides information on how the Hospice is doing using a range of key quality indicators such as Hospice Activity (how many patients we have seen, by whom and for what) and also how good our care has been using standard clinical quality measures such medication errors, falls and pressure ulcers. The latest dashboard is discussed every month at the Clinical Reference Group meeting and the outcome of these discussions directly influences service improvements, planned training and service developments.

We continue to participate in the national Hospice UK Quality Measures benchmarking project. We submit data quarterly to Hospice UK on two key quality measures - falls and medication incidents and this enables us to compare ourselves to other Hospices with similar sized Inpatient Unit and using the same key quality measures. NB: Pressure ulcers are, at present, excluded from the Hospice UK national benchmarking until a national initiative on pressure ulcers is concluded.

The Hospice of St Francis' Clinical Quality Metrics Dashboard, for the year April 2017-March 2018 and in comparison to 2016-17, is shown overleaf.

The Quality Metrics Dashboard – 2017/18 (compared to the same metrics for 2016/17)

| Quality Metrics | | 1 April 2017 – 31 March 2018 (2016/17 figures in brackets) | | | | | | | |
|--|---------|--|--|---|--|----------------------------|--|---------|--|
| No of Safeguarding Concerns | | 59 (45) | | No of Safeguarding concerns reported to Herts Social Services | | 11 (6) | | | |
| No of Serious Incidents | | 0 (0) | | | | | | | |
| No of Significant Events (Total) | | 279 (315) | | | | | | | |
| Falls – patients only | | Total | | 40 (43) | | Amber or Red | | 0 (3) | |
| No of patients who fell | 34 (31) | | | | | | | | |
| Infection Prevention and Control | | MRSA Bacteraemia | | 0 | | Attributable C-diff | | 0 | |
| Pressure Ulcers Grade 2 | | Total | | 132 (114) | | No of patients | | 67 (72) | |
| | | | | Avoidable | | Unavoidable | | | |
| | | Acquired at HoSF | | 2 (1) | | 47 (64) | | | |
| | | Admitted with PU or PU developed <72 hours | | N/A | | 83 (39) | | | |
| Pressure Ulcers Grade 3 and 4 | | Total | | 36 (23) | | No of patients | | 21 (16) | |
| | | | | Avoidable | | Unavoidable | | | |
| | | Acquired at HoSF | | 2 (0) | | 14 (9) | | | |
| | | Admitted with PU or developed <72 hours | | N/A | | 20 (28) | | | |
| Medication Incidents | | Total | | 54 (70) | | Amber or Red | | 1 (0) | |
| No of External Incidents | | Total | | 28 (26) | | Amber or Red | | 0 (0) | |
| Other Significant Events (CLINICAL) | | Total | | 44 (28) | | Amber or Red | | 0 (0) | |
| Other Significant Events (NON-CLINICAL) | | Total | | 11 (10) | | Amber or Red | | 0 (0) | |
| No of safety incidents | | 5 (28) | | | | | | | |
| DoLs Authorisations | | 6 (5) | | | | | | | |
| No of Audits completed | | 26 (22) | | | | | | | |
| No of concerns (verbal or written or via feedback forms) | | 8 (6) | | No of Formal Complaints | | 1 (0) | | | |

Feedback from our Patients and their Relatives and/or Carers

During 2017/18 we have continued to work really hard to ensure that we really understand and, where possible, respond to patients' and their families' experience of our services. To that end we ask for feedback from patients and their families and carers in a number of different ways and at different times in the patient journey.

Inpatients

With those Inpatients that are well enough to and who wish to do so, and using a team of trained volunteers to carry out the surveys, we conduct 'Real Time' patient feedback. The questionnaire is either completed electronically using an iPad or, if preferred by the patient, on to a hard copy and then completed electronically at a later time, by the volunteer. An added advantage of collecting real-time feedback is that, where permission is given to share the person's identity, we can respond to comments and/or put right issues.

What People Said

Patients were asked to comment on a variety of aspects of their care - key elements such as symptom management, being treated with dignity and respect, staff response time, involvement in decision-making in their care and how closely our care matched their own goals.

We also asked questions about the issues that we've found, through experience, really matter to people such as the choice and quality of the food (and whether 'protected meal times' are useful/implemented), whether people had enough to occupy them during the day, and whether they had managed to have undisturbed nights' sleep for at least most of the time.

Most (94%) of people surveyed described themselves as satisfied or very satisfied with the care they received on the Inpatient Unit. However, 43% of the patients felt that they didn't have enough to occupy them during the day and 38% would have liked a better (less disturbed) night's sleep.

Specific comments included: *'it's all done with such love and care'; 'staff do things without asking'; 'much better than in hospital; 'very impressive care, time taken to try different medication'; 'really appreciate the physio and the hand and feet massage; 'you have dealt with my symptoms and are trying everything to help with my pain' 'getting there, can't think straight because of the fatigue'.*

What We Did

We improved the way that patients are signposted to, or referred to, appropriate staff who can advise on activities patients might get engaged in during the day and we made sure that patients on the Inpatient Unit were fully aware of the activities held in the Spring Centre so that they can benefit from them too.

Noise is kept to a minimum at night; if a patient is finding a room too noisy at night every effort is made to reallocate them to one in a quieter location.

The Spring Centre Patients

In 2016 we also started surveying in 'Real time' patients who attended The Spring Centre as an outpatient or to attend a group.

What People Said

Patients and their relatives evaluated their experiences of the Spring Centre very positively - 90% or more of the people surveyed said that the Spring Centre is a welcoming and supportive environment. They particularly highlighted that the treatments and care offered were completely appropriate for them and that those around them were fully supported.

People also said that they had been given enough and the right information, had opportunities to discuss what was important to them, felt fully able to make the most of life, had a sense of wellbeing, and that they would be extremely likely to recommend the Spring Centre to others.

Specific comments included: *'The Spring Centre team are always friendly and welcoming'; 'they are very special staff'; 'it has been a lifesaver to overcome my bereavement'; 'I look forward to each session'; 'I needed to do some activities to improve my breathlessness and get out and meet people with similar problems and gain confidence'; 'I was at a real low after being diagnosed with bladder cancer it was a helping hand and a light at the end of a very dark tunnel'; 'I contacted the Spring Centre soon after my diagnosis. The community nurse I saw was a great help at the start of my journey through the treatment'; 'the Tai Chi lessons have helped me enormously and the (team) who takes them is wonderful'; 'everyone here is so nice! I have found it easy to approach staff. I have been listened to. I have been helped'*

What We Did

We will continue to increase the number of patients offered the chance to complete a survey and will work hard in looking at different ways in which this can be done most effectively.

It is acknowledged that aspects of care such as planning ahead and knowing how to help themselves can be difficult for patients, but are important in helping them to cope more effectively with their condition. They contribute to the person's ability to self-manage and this topic is currently part of a research project on self-management being undertaken, by a joint Hertfordshire Hospice collaboration of which we are a member.

Relatives and/or Carers

We send a paper survey, in the post, to relatives and/or carers of those patients who have been in our care (as an Inpatient or at home by the community nursing team) but have now died. The survey is posted 8-9 weeks after a patient's death and aims to identify the experiences and levels of satisfaction of bereaved relatives with the services received. We ask a range of questions ranging from the provision of written information and response to telephone calls through to the patient and their relative's understanding of, and involvement in, treatment decisions.

What People Said

The feedback that people gave us regarding our community and Inpatient services has overwhelmingly been very positive.

Specific comments included:

- *Your nurses gave very sympathetic and immaculate service at all times. It was an extremely distressing time for me and I felt well cared for and I can't thank them enough*
- *My mum thought they were marvellous. I think they made her feel very reassured about the time that was going to come*
- *Hospice staff could not have been more helpful – I and my family would like to thank the nurses who came to look after my husband. They were true angels*
- *Two ladies came from the hospice to see me at mum's care home. They were so kind and Mum only had a few days to live. They came to see me again, offered support and gave me the Hospice pack. Since then I have had phone calls offering me support and seeing how I am doing. I have now been offered bereavement counselling. I think the help and support from the hospice is brilliant. I did not expect it but am so grateful for it - Just keep doing what you are doing - it's great!!*
- *They treated my mum with kindness, thoughtfulness, care and dignity - couldn't have asked for more*
- *I was always listened to as if they had all the time in the world*
- *We could not believe how well we were always treated. I have never stopped telling friends what wonderful people you have at the hospice*
- *The level of care was outstanding - exceeded expectations; was a massive relief to be there after hospital and to have people on hand with time to care - Thank you.*
- *My wife initially wanted to go home from hospital. The way she was treated in St Francis meant that she felt relaxed and safe and more than happy to stay in the hospice.*
- *The care that my Mum received in her last few weeks was absolutely amazing. The Hospice made sure all her needs were met and my family were met with the upmost respect. A truly amazing and beautifully peaceful place.*
- *During one of the saddest experiences of my life, the wonderful, wonderful staff and volunteers turned that situation into the best it could ever have been.*
- *Having found my Dad collapsed on the floor we knew he could no longer manage at home. The ambulance crew wanted to take him to hospital but he knew he did not want to go there. Thankfully, his involvement with the Hospice palliative team meant he would possibly be considered for a bed in the hospice. We all felt very lucky indeed to have secured a place for Dad at St Francis. Our experience was really good at such a sad*

time. I would not hesitate to recommend the hospice to others. Thanks also to all the volunteers and catering staff who went out of their way to include us for meals etc. Initially we did not really use the service apart from teas and coffees but once we were staying with Dad on 2 beds etc. we started ordering food/meals and it was wonderful.

- *When my husband was admitted it was my salvation. Answer to my prayers. He was given 24 hour amazing care and I felt a burden had been lifted enabling us to spend quality time together in the last week of his life. We even shared a Sunday roast together in his room. Spread the word about the coffee mornings and tour of the hospice as there is still a stigma of the word Hospice which should be eliminated. Thank you to everyone, inadequate words but from the heart.*

What We Did

Feedback from the relatives of patients cared for at home will now be analysed and reported on, on a 6 monthly basis and comments will continue to be responded to individually where appropriate and whenever possible.

Relatives have expressed a desire to have information on and be clearer about what to expect when a person enters the last days of life. We now provide a booklet for carers and relatives which describes in simple and straight forward terms what to expect.

We also log all comments, concerns and complaints from patients and/or carers or relatives, both written and in person, and respond directly to anyone who requests us to do so and who is happy to share their name and address with us.

The Care Quality Commission

The Care Quality Commission (CQC) independently assesses hospices, hospitals, care homes and other care services focussing on five key components of high quality healthcare – safe, effective, caring, responsive and well led. We were formally inspected on the 24th May 2016 and our CQC rating was **Outstanding**.

It was announced in 2017 that all hospices would be moving from the 'Social Care/Care Homes' CQC directorate into the directorate overseeing all hospitals. In November 2017, The Hospice of St Francis was invited to participate in the co-production of a new Inspection Framework and Key Lines of Enquiry for hospices (adults and/or children's hospices). The new framework and key lines of enquiry will be implemented mid-2018.

Statement from Herts Valleys Clinical Commissioning Group

Herts Valleys CCG regard The Hospice of St Francis as a key partner in the delivery of integrated palliative and end of life care for the patients of West Hertfordshire. The CCG value the excellent open and regular communication that we have with the hospice and are committed to working with The Hospice of St Francis to continue to deliver a high quality and much valued service to our population.

During 2017/18 The Hospice of St Francis continued to provide high quality care, prioritising patient safety, clinical effectiveness and enhancing patients' and their families' experience. Progress towards these improvements was monitored through regular contract review meetings and quarterly end of life care provider meetings.

The Hospice of St Francis has demonstrated excellent partnership working and has worked collaboratively with our end of life care providers to remodel the palliative and end of life care workforce to ensure equity of access to specialist palliative care. The Hospice of St Francis has supported with the implementation of the West Hertfordshire Palliative Care Referral Centre and has been committed to improving the sharing of information through embedding the Herts Valleys CCG Electronic Palliative Care Coordination System (EPaCCS) within their organisation to improve patient care and outcomes.

Looking forward to 2018/19, Herts Valleys CCG is delighted to continue to work closely with the hospice as a key partner in helping us to achieve the key objectives of the Herts Valleys CCG Palliative and End of Life Care Strategy. This five year strategy reflects the aims of both organisations to continually improve and provide high quality palliative and end of life care to its patients and the West Hertfordshire community.

Gemma Thomas

Head of Planned and Community Care

Planned and Primary Care

Herts Valleys Clinical Commissioning Group

Case Study: St James Project Patient A – Rehabilitation Pathway

A is 66 years old with a diagnosis of metastatic rectal Ca with bladder, liver and prostate metastases. A has a colostomy and a catheter in situ and was admitted to the in-patient unit for management of urinary and faecal incontinence.

During admission, A's overarching rehabilitation goal was to continue to attend family outings to weekend events and to festivals. The achievement of this goal involved the collaborative working of the Physiotherapists, Occupational Therapists, Medical and Nursing Teams.

The goal was broken down into key components:

- Management and strategies to address incontinence
- Maintenance of mobility, ability to transfer and standing balance
- Self-care skills

In order to visit a festival or event, it was identified that A would need to be able to transfer independently between a scooter, chair and car. A would need to be able to tolerate sitting in the car and subsequently the scooter for up to 6 hours and would need to be able to stand and change continence pads as required. Medical management strategies around the incontinence would also need to be timed and tailored accordingly in order to hopefully give a 'window' of reduced risk of incontinence.

Collaborative working:

In order to gain consistency and to give A the most opportunities for improving and maintaining skills the IPU team worked trans-disciplinary with the following activities:

- Supervision to encourage mobility around the IPU - to walk down to the dining room for meals, to the bathroom and also into the gardens to participate in the gardening club.
- Encouragement and support to transfer independently from bed to chair
- Encouraged to use the scooter around the Hospice grounds to build up and maintain a tolerance of sitting for prolonged periods
- Encouragement to stand for pad changes and to complete these independently if able

Reflections:

A identified their own priorities and goals which became central to care (*Responsive*)

Pad changes were initially completed with A lying in bed. When discussing with A the plans for weekend visits it was evident that A would need to stand from the scooter and change the pad in a standing position. It was therefore decided that A would be encouraged to be as independent as able in pad changes whilst in the Hospice and that this would be completed in standing rather than lying. By mirroring the method that would be needed to use when on a visit, A was able to increase confidence and competency in completing this task. (*Safe*)

When discussing with A as to why they were sometimes not independent with the pad changes A stated that they often had to wait for nursing staff to bring supplies. A was therefore provided with a trolley in the room with all supplies in situ. (*Effective/Responsive*)

A's goal and the activities that they were completing on a daily basis were displayed outside their room enabling all staff to give consistency in their approach and care. (*Caring*)

A's goal was referenced in the handover meeting allowing intervention and management strategies to be tailored around this where possible. (*Well led*)

WHAT'S ON IN THE SPRING CENTRE



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| <p>MONDAY 4th JUNE Comp therapy by appointment Open Gym: 10am – 12 Open Art Studio: 1.15pm – 3.15pm Support Line: 4pm</p> | <p>MONDAY 11th JUNE Comp therapy by appointment Open Gym: 10am – 12 Support Line: 4pm</p> |
| <p>TUESDAY 5th Comp therapy by appointment Balance & Strength: 10am - 11am Nordic Walking: 11am – 11.45am IPF Group: 11am – 1pm Knit and Natter: 1.15pm – 3.15pm Memorial Service: 6pm Teen Drop In: 7pm – 8.30pm</p> | <p>TUESDAY 12th Comp therapy by appointment Balance & Strength: 10am - 11am Nordic Walking: 11am – 11.45am IPF Group: 11am – 1pm Knit and Natter: 1.15pm – 3.15pm</p> |
| <p>WEDNESDAY 6th Comp therapy by appointment HOPE Course: 10am – 1pm at The Forum, Hemel Hempstead Adapted Tai Chi: 11.30am – 12.30pm Plant & Potter: 1.30pm – 3.30pm HOSF Choir: 5pm – 6pm</p> | <p>WEDNESDAY 13th Comp therapy by appointment HOPE Course: 10am – 1pm at The Forum, Hemel Hempstead Adapted Tai Chi: 11.30am – 12.30pm Plant & Potter: 1.30pm – 3.30pm Drawbridge: 4pm – 5pm HOSF Choir: 5pm – 6pm</p> |
| <p>THURSDAY 7th Comp therapy by appointment Inspire Breathlessness : 10.30am – 12.30pm SMILE (sleep & relaxation): 1pm – 2.30pm Tai Chi (community group): 4.45pm</p> | <p>THURSDAY 14th Comp therapy by appointment Forget Me Not Group: 2pm – 4pm Tai Chi (community group): 4.45pm</p> |
| <p>FRIDAY 8th Pilates: 10am – 11am</p> | <p>FRIDAY 15th Pilates: 10am – 11am (Acorn) Carers Afternoon: 2pm – 4pm</p> |
| <p>SATURDAY 9th Family Activity & Pony Day: 10am - 12</p> | |

For more information on any of the sessions listed, please contact Lisa or Helen in the Spring Centre Admin Office

Spring Garden Lane, Northchurch,
 Berkhamsted, Herts, HP4 3GW
 Tel: 01442 869550



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