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.  
You can Live your precious life well  
With The Hospice of St Francis.  

#YourPreciousLife  

Every life is precious.
# Contents

Statement from Chair of Trustees and Chief Executive  
Introduction  
Quality Account Governance Arrangements  
CQC Inspection  
Our Mission, Vision, Strategic Aims and Values  
Services Provided by the Hospice  
Quality and Performance 2018/19  
Progress on Our Priorities for Improvement 2017/18  
Feedback from our Patients and their Relatives and/or Carers  
Moving forward in 2019/20  
Statement from Herts Valleys CCG  

## Appendices

Appendix One – Community Engagement Projects & Events  
Appendix Two - Rapid Personalised Care Service & 7 day/wk working  
Appendix Three – Dan and Tasha’s story  
Appendix Four - What’s on in the Spring Centre
Statement from the Chair and Chief Executive

All organisations providing services through grant funding or an NHS standard contract are required to complete and publish a Quality Account annually. This is ours. The purpose of The Hospice of St Francis is to deliver the best possible care to all our patients and their families and carers and to reach as many people in our catchment area as we can. 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.

Life threatening illness can create such disruption in the lives of most who experience it, it is especially important that local people can easily find out what Hospice care means and can rely on their local Hospice. The Hospice of St Francis Quality Account is one of the ways that contributes raising that awareness and providing that assurance. It is focussed on quality, safety and effectiveness. The report is compiled for our local NHS commissioners and shared with our regulators.

This year the Board is pleased to report that we have maintained our capacity to care, supporting over 2,000 people annually. We have also implemented a programme of productivity measures and improvements without compromising the quality of the patient or family experience. This has been important because of a planned reduction in 18/19 of 15% in our NHS funding against a background of rising costs from essentials like utilities, equipment and supplies to rates, pension costs and inflation.

We have increased the delegated authority to clinicians and managers right across the organisation enabling decisions about all aspects of patient and family care to be made rapidly. The decision to move to having 10 beds open at all times, with a further 2 beds available as needed, means that we have successfully managed that reduction in NHS funding, delivered a higher level of occupancy, reduced the waiting time for admission, and maintained the number of people we can look after. Along with moving our community nursing team to 7 day working, choice for patients and families has been further increased by the introduction of the Rapid Personalised Healthcare Service which we are piloting with Rennie Grove Hospice Care, Peace Hospice Care and Herts Valley CCG.

Our clinical governance committee oversees our programme of audit on all aspects of patient and family experience. This year Medicines Management has been one area of focus, with clear evidence of closed loop learning preparing us for new national guidance intended to protect patients and drive up standards.

Our strategic aims now reflect the themes in our strategy #YourPreciousLife that we launched in 2018:

- To be an outstanding Hospice
- To proactively manage our income
- To grow the ratio of volunteers to staff from 5:1 to 10:1
- To double our capacity to care by 2028.

The Board has continued to source external expertise to conduct annual effectiveness reviews on the governance of the organisation. These reviews show that the charity performs well against the charity and corporate sectors.
A key focus during the year has been ensuring that our building remains fit for purpose against a background of changing need and care activities. This will culminate in some major building work over in the summer of 2019. In addition, the Board has agreed that we will now put aside 1.5% of our income each year to provide a capital fund to continue to ensure the best possible environment. This allocation, together with grants and specific donations should hopefully enable us to carry out this work without having to call on unrestricted reserves.

We appreciate keenly the funding position in the NHS and local government. We continue to work with the NHS as local structures change including the outcome of the tender for adult community health services and implementation of the NHS Long Term Plan. This means we can be well prepared for any future change in government health and social care policy.

We are now seeing the benefits of our own in depth review of our cost base and the results of our associated cost controls. Our expenditure fell in the year 18/19 without affecting our level of care. Consistent with our intention to eliminate in year deficits by 2019/20 it is pleasing to see that in the year just finished (18/19) we delivered a surplus of £277k. Our annual accounts show that we have increased the percentage of income we spend on our beneficiaries, from 78p to 82p in every pound we spend. The remainder is expended on operating the charity and raising funds. This in turn has increased the value the NHS Clinical Commissioning Group receives on behalf of their patients from their investment which accounts for 13% of what we spend.

The fundraising environment for all charities, including the Hospice, remains tough. As part of the changes in our fundraising and trading department we are taking the opportunity to review all aspects of our fundraising and trading programme. At the same time 2019 is a very special year for The Hospice of St Francis because we celebrate our 40th birthday. We can look back over the past years at the incredible network of partnerships, friendships and relationships, which are the foundation for the high quality of care, delivered to so many local people with the help of staff, volunteers, donors, and supporters in every sense of the word. Celebrating our 40th is a huge thank you to everyone who supports the Hospice now and over the past 40 years. We look forward to the future, to building on those standards as we embrace the new ways in which we can support our local community and deliver an outstanding quality of care to which we believe everyone is entitled now and for the next 40 years.

Alison Woodhams
Chair of the Board of Trustees

Kate Phipps-Wiltshire
Chief Executive Officer
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 (2019-20)
- A review of our progress in achieving quality in the past year (2018-19)

Quality Account Governance Arrangements

This Quality Account has been prepared by the Director of Care and Head of Integrated Governance and Family Support, 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.

The Care Quality Commission

The Care Quality Commission (CQC) independently assesses hospices, hospitals, care homes and other health and social care services focusing 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.

From 2018 CQC has made changes to its assessment framework for health care services setting out an ambitious vision for CQC to be more targeted, responsive and collaborative in its regulation, so that more people get high-quality care. From 2018 all Hospices will be inspected as independent health care services rather than the previous adult social care inspection approach, ensuring that Hospices are assessed fairly and consistently and that a rating for all hospices is provided using the health care assessment framework.

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 our reaching Outstanding, is maintained and/or improved.
Our Mission, Vision, Strategic Aims and Values

In 2017/18 we held a series of conversations about what the Hospice of St Francis means in order to help us to take a different approach to how we set out our Mission and Vision. We wanted to encapsulate that in a way that was easy to communicate, using a narrative style in order to make it easy for everyone to understand the purpose and ambition of the Hospice. The outcome was a series of 12 statements that now comprise our mission and vision. The Board of Trustees selects strategic aims annually by prioritising these 12 statements. Our staff and volunteers have the freedom, whilst supporting the delivery of these strategic aims, to select their own aims linked to these 12 statements specific to their work. These aims can also become the strategic aims of the organisation.

#YourPreciousLife

- Feeling safe, Our yearning to belong
- A place to thrive, One person to another.
- A hand in the darkness, At The Hospice of St Francis
- People to rely upon, We love what we do
- How to say hello and, And we love your support too.
- How to say farewell, You can Live your precious life well
- A warm embrace and With The Hospice of St Francis.

Every life is precious.

Hospice Strategic Priorities 2019-20:

In 2018/19 #YourPreciouslife narrative has been rolled out right across the organisation and is reflected in all of our communications from our shops to our fundraising and to our clinical care. Our strategic aims:

1. To double the reach of our care by 2028
2. To grow the ratio for volunteers to staff from 5:1 to 10:1
3. To use a communication style in everything that we do that is “personal first” reinforced through digital media
4. To operate within our means
5. To be an outstanding hospice

At the same time we are also asking ourselves how we would prioritise these statements looking over the longer term for the 3, 5 and 10 years of the NHS long term plan. Everyone at St. Francis has the opportunity to trial and develop actions that might become organisational objectives in the future.

As outlined later in this report, we have made good progress in most areas against the planned objectives for 2018/19. There has been much focus during the year on ensuring that our building remains fit for purpose against a background of changing need and care activities. This will culminate in some major building work over the coming summer. In 2019/20 the aims above continue to be our strategic aims against which we have set new objectives. Number 4 ‘to operate within our means’ has, because of our improved financial position, been replaced as follows:

“To have a robust financial plan to underpin our ambitions”
Our Values:
Our Corporate Audit Risk and Governance Committee undertook a review of our approach to ethics. Like all health and social care organisations, ethical practice is a priority governance matter. Learning from other sectors we will hold a series of sessions in the final quarter of the 19/20 financial year to review our values in the context of changes in ethical practice and how we provide assurance about ethics in all aspects of the conduct of the business of the charity. Our current values remain in place until the outcome of that work and are set out below.

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.

Our services are provided by multi-disciplinary teams comprising:

- Specialist Palliative Care Doctors including Medical Consultants
- Nurses, including Heads of Departments e.g. In Patient Unit, Community Clinical Nurse Specialists, Senior Nurses, Practice Development Nurse, Community Nurses, Nurses and Healthcare Assistants and Carers
- Specialist Palliative Care Pharmacist
- Nurses working as clinicians or educators in other settings (such as 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 provide specialist support and advice
- Carers services - focussed on assessing and supporting family members who are also carers
- Spiritual Care Services support patients, their families and friends
- Bereavement Services for adults and for children
- Children’s Support Team to provide pre- and post-bereavement support
- Volunteers are part of the team in all services

**Services provided by the Hospice**

**Inpatient Care**
- Our Inpatient Unit is able to flex capacity between 10 – 12 beds.
- We offer 24 hour admissions for specialist symptom control, end of life care and palliative rehabilitation. All patients and their families have the opportunity for a full holistic assessment, acknowledging patients/families concerns and supporting goal setting.
- 24 hour access to consultant advice.
- The unit is staffed by a multi-disciplinary team composed of nurses, healthcare assistants, doctors, pharmacy, social workers, occupational and physiotherapists, spiritual care staff, team administrators, specially trained volunteers and complementary therapists. The unit can also 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 Head of Community Services, Community Nurse Specialists, Health Care Assistants, Doctors, Allied Health Professionals, social workers, carers support services and volunteers, provides specialist support and advice to patients in their own homes and in care homes. September 2018 saw the roll out of a new service in which our Community Nursing Specialists provide a 7 day a week service which is responsive and supportive to patients and their families at home reducing hospital/hospice admissions, also supporting other community professionals with advice.
- From October 2018 the Community Nursing Team began working on a collaborative Continuing Health Care funded pilot project called the Rapid Personalised Care Service (RPCS) offering a local proactive, responsive, caring service to support patients at end of life and their families in their own home.
- Our Rehabilitation and Wellbeing Team works across the Hospice as a whole and at home – providing Occupational and Physio therapies, 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.

**Children**
- 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

**Counselling and Psychotherapy**
- Patients and family members can be referred to our psychological support services
- These services include 1:1 and family support sessions.
Bereavement

- We have a comprehensive bereavement service including one-to-one counselling, regular bereavement support groups and a 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.
- Bespoke training and clinical placements are available to external providers to promote excellence in palliative and end of life care.

Research

- We continue to be a ‘Research Active’ Hospice participating in 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 continues to be 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 NHS Trust

Quality and Performance 2018/19

The Hospice of St Francis reflects continuously on its performance and improvement which is supported by processes of internal monitoring. A range of quality activities such as clinical auditing, policies and procedures and patient feedback are reported to the Director of Care. Funding from the NHS is prioritised for in-patient care, Consultant Palliative Care Assessments and Medicines. We have therefore focussed on those services when sharing quality, performance and clinical statistics.

Medicines Management was a key focus of the clinical governance committee. The Hospice participated in external peer review audit processes for the management of controlled drugs and retained compliance with these audit standards. The clinical governance committee set a very low tolerance level for drug errors (because controlled drugs are core to our practice). This threshold is lower than that used by the Local Intelligence Network (LIN) but similar to that used by other Hospices. The CCG will therefore see a higher number of drug errors reported by Hospices in the LIN reports. In every instance there is a detailed action plan and the Hospice updated training to IPU staff in 2019 consistent with closed loop learning.

In 2018/19 221 patients were admitted to the in-patient unit. The average length of stay was 11 days. The range was 4 hours to 12 weeks. Even if the stay was for a very short time, the patients and families were grateful for the opportunity to achieve their wish. 75% of patients referred for IPU beds were admitted within agreed response time. On those occasions where the response time was missed it was caused by the hospice beds being fully occupied. Some stays were extended in the process of planned discharge to nursing homes or returning home. This year there were 40 patients admitted to the In-patient unit out of hours preventing 40 un-planned hospital admissions.

The full implementation of the Rapid Personalised Care Service and the extension to 7 days working by our community team, together with a small expansion in our social work and rehabilitation capacity have improved the flow in the second half of 2018/19.
The demand for in-patient care continues to fluctuate with peaks in demand affecting waiting times for admission. We have flexed up to 11/12 admissions in response to patient need and saw an average at 94% occupancy across 10 beds in 18/19. Having delivered the productivity savings (moving from 12 beds at 85% occupancy to 10 beds at planned 90% occupancy), and with the changes in Hospice bed capacity in the wider STP, stepping back up to 12 beds is 19/20 is being explored.

During the period from 1st October 2018 to March 2019 we focussed on monitoring specialist rehabilitative palliative care on the Inpatient Unit: 73 patients received 350 individual sessions of rehabilitative palliative care (average of 5 sessions per patient).

The Hospice had 640 patient referrals into all its services, of these 520 were new referrals and 120 re-referrals. The typical average open case load at any one time for the Hospice as a whole was 889 and the Hospice supported over 2,000 people - patients and families - in the course of the year.

During the period from 1st October 2018 to March 2019 we focussed on monitoring specialist rehabilitative palliative care on the Inpatient Unit: 73 patients received 350 individual sessions of rehabilitative palliative care (average of 5 sessions per patient).

During the period from 1st October 2018 to March 2019 we focussed on monitoring specialist rehabilitative palliative care on the Inpatient Unit: 73 patients received 350 individual sessions of rehabilitative palliative care (average of 5 sessions per patient).

There were a total of 2,459 home visits or visits to nursing homes by various teams during the year. 100% of community referred patients were contacted within the agreed response times. 100% of patients are offered an advance care planning conversation within 3 contacts if appropriate (ACP is not always appropriate for people on a curative pathway).

The Hospice had 117 individual adult patients visit the Spring Centre on average per month. The Hospice supported on average 31 children per month in the Spring Centre through its one to one and group sessions.

In 2017/18 we selected a quality and outcomes tool called the Well-being Star and 57 patients had active wellbeing stars; there was a 44% increase in 2018/19 in the number of patients able to measure their own goals and outcomes in this way.

Telephone bereavement services provided 1,765 bereavement support calls to family members offering a space for reflection, support and intervention where required. The Hospice’s bereavement services provide support to adults, children and young people.

Our Carers Service has continued to reach out and offer support to more carers in our community that are caring for someone with a life-limiting illness. With 256 carers receiving a specialist Carers Support Need Assessment [CSNAT] in 2018. The focus of these assessments is to help each carer identifying their own practical, social and emotional support needs and then work with them in meeting their individual needs.

In 2018/9, we refreshed the home page on our website to improve its signposting, messaging and donation pathway. The bounce rate has gone down and visitor numbers are increasing. We were particularly proud of our updated supporter communication – our monthly E-news which goes to over 8,500 supporters, and showcases how their money is helping and ways in which they can get involved with our care.
Key Clinical Quality Metrics 2018-19

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 annual basis.

The Hospice of St Francis clinical dashboard is completed monthly and comprises the latest performance and activity data. It provides information on Hospice performance 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.

The Hospice UK document ‘How rehabilitative is your hospice’ was used as a best practice benchmarking tool during the project to measure improvement in line with recognised good practice and at the end of the project a substantial improvement was noted.

The Hospice of St Francis’ Clinical Quality Metrics Dashboard, for the year April 2018-March 2019 and in comparison to 2017-18, is shown overleaf.

Principal risks and uncertainties-

The Board of Trustees is responsible for ensuring there are effective risk management controls in place. This responsibility is managed through oversight of the Hospice’s risk management policy and procedures. The process adopted by the Hospice is:

- Risks are identified at an operational level and transferred to a risk register.
- A scoring system, based on the National Patient Safety Agency (NPSA) Matrix incident scoring scale, is used to evaluate the risk.
- Where a risk is identified as significant, an action plan is designed to mitigate and manage the risk.
- The Hospice Executive Team reviews all risks and action plans monthly.
- The Board of Trustees reviews the most significant or strategic risks quarterly.
- Formal project groups are set up for major projects, to ensure they are properly planned, managed and implemented.
<table>
<thead>
<tr>
<th>Quality Metrics</th>
<th>1 April 2018 – 31 March 2019 (2017/18 figures in brackets)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Safeguarding Concerns</td>
<td>64 (59)</td>
</tr>
<tr>
<td>No. of safeguarding concerns reported to Herts. Social Services</td>
<td>6 (11)</td>
</tr>
<tr>
<td>Deprivation of Liberties (DoLs) Authorisations</td>
<td>3 (6)</td>
</tr>
<tr>
<td>No of Serious Incidents</td>
<td>5 (0)</td>
</tr>
<tr>
<td>(2 clinical incidents and 3 similar non-clinical incidents investigated together)</td>
<td></td>
</tr>
<tr>
<td>No of Significant Events (Total)</td>
<td>278 (279)</td>
</tr>
<tr>
<td>Falls – patients only</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>38 (40)</td>
</tr>
<tr>
<td>No. of patients who fell</td>
<td>31 (34)</td>
</tr>
<tr>
<td>Pressure Ulcers Grade 2</td>
<td>93 (132)</td>
</tr>
<tr>
<td>No. of patients</td>
<td>48 (67)</td>
</tr>
<tr>
<td>Acquired at HoSF</td>
<td>0 (2)</td>
</tr>
<tr>
<td>Unavoidable</td>
<td>37 (47)</td>
</tr>
<tr>
<td>Admitted with PU or PU developed &lt;72 hours</td>
<td>N/A</td>
</tr>
<tr>
<td>56 (83)</td>
<td></td>
</tr>
<tr>
<td>Pressure Ulcers Grade 3, 4 and suspected deep tissue injuries</td>
<td>23 (36)</td>
</tr>
<tr>
<td>No. of patients</td>
<td>21 (21)</td>
</tr>
<tr>
<td>Acquired at HoSF</td>
<td>0 (2)</td>
</tr>
<tr>
<td>Unavoidable</td>
<td>10 (14)</td>
</tr>
<tr>
<td>Admitted with PU or PU developed &lt;72 hours</td>
<td>N/A</td>
</tr>
<tr>
<td>13 (20)</td>
<td></td>
</tr>
<tr>
<td>Medication Incidents</td>
<td>87 (54)</td>
</tr>
<tr>
<td>No of External Incidents</td>
<td>6 (28)</td>
</tr>
<tr>
<td>Other Significant Incidents (CLINICAL)</td>
<td>43 (44)</td>
</tr>
<tr>
<td>Other Significant Incidents (NON-CLINICAL)</td>
<td>26 (11)</td>
</tr>
<tr>
<td>No of safety incidents</td>
<td>3 (5)</td>
</tr>
<tr>
<td>No of Audits completed</td>
<td>23 (26)</td>
</tr>
<tr>
<td>No of concerns (verbal or written or via feedback forms)</td>
<td>0 (8)</td>
</tr>
<tr>
<td>No. of Formal Complaints</td>
<td>4 (1)</td>
</tr>
</tbody>
</table>
Progress Report for 2018/19 on Our Priorities for Improvement set out in the 2017/18 report

**Priority One - To live within our means:**
For our clinical teams in 2018-19 this meant a much more proactive involvement by clinicians and clinical managers in all aspects of financial management. First line managers were given more authority and were involved in a hospice-wide productivity programme, increasing opportunities for income generation. In addition we sought to renegotiate our NHS contracts carefully by working closely in partnership with our local clinical commissioning group (CCG) and other partners.

- We reduced our expenditure on running the charity and raising funds by 6% protecting our capacity to provide care and support and the quality of our care.
- The charity did not make a pay award in 2018/19. Our staff turnover was impacted in some of the shortage specialities (occupational and physiotherapy), however overall staff turnover and unplanned staff absence have both fallen significantly in year.
- We retained the ability to flex up to 12 beds if the need arose.
- We reviewed our clinical admin team structure by reducing duplication in processing and creating a single team with a team leader and we have increased the total capacity. This team now operates seven days a week and helps to assure patients and families with an informed first point of contact. This together with the transition to 7 day working in our community nursing team (at no cost to the NHS) has increased the numbers of patients to be proactively responded to within the triage response target.
- Initiation of RPCS with rapid access to fast track care pilot in collaboration with the Peace Hospice and Rennie Grove Care, supported by the NHS. We have maintained patient numbers within the target number for the percentage of the patch covered by the HoSF in the pilot. The Hospice invoices only for direct care costs, all other costs (management and administration) have been covered by the Hospice through existing staff.
- Productivity review of the care of bedrooms on the In-patient unit revealed overlap between Healthcare Assistant and Housekeeper duties giving inconsistency of environment management. In future this area will be managed by HCA champions with a dedicated team of volunteers, supporting the priority to increase volunteer involvement.
- The education team has 3 lecturer practitioners who deliver clinical holistic assessment (to maintain their clinical expertise), which is available for patients in the Spring Centre and providing additional capacity to flex and manage the demands for care.
- We have reviewed staff support mechanisms to maintain their own resilience through clinical supervision, coaching and mentoring programmes and Schwartz Centre® Rounds, utilising in house support where possible to reduce cost but not compromising the standard of support.
- We have commissioned a number of improvements in the Spring Centre to enable us to
improve the assessment and treatment of patients. This work will be delivered in July and August 2019. We have secured the necessary funding from trusts to undertake this work.

- The Breedon paths which form part of the walking circuit around the Hospice used by both patients for exercise programmes and visitors and staff have been re-laid owing to their poor condition.
- We purchased and installed a new AidCall system (Patient call bell system) to improve patient safety.

**Priority Two - To reach more people**

Some of the productivity changes as set out in the preceding sections have also increased our capacity to care. In addition:

- Our clinical teams across the hospice are now working much more closely throughout the ‘patient journey’ from home right through to admission and back again. A much more proactive discharge/transfer process has been made possible with the 7 day working of our community nurses and the RPCS. In this year we successfully discharged 48 patients with excellent feedback.
- We introduced an new In-patient unit nursing structure with Head of IPU, a robust senior nurse team and the introduction of the Practice Development Role to enable us to expand ‘nurse led’ admissions.
- We reviewed our medical workforce and created a two associate posts for doctors preparing to join the palliative care rotation, releasing more senior medical staff to support the community nursing team, RPCS and in developing our specialist out-patient services.
- Together with our Education and training team our community nurses and clinical managers delivered comprehensive in-house training to the new vocationally qualified carers who work closely with patients, their families and carers and with the other professionals/agencies involved in their care. Together the RCPS and 7 day community nursing service has increased real choice about preferred place of care for patients and families.
- All departments are increasing and developing the role of trained volunteers e.g. the number of Spiritual Care volunteers is increasing, and together with improved processes, we are safely maximising our capacity to support patients and their families.
- Go ‘digital’. We have systematically been rethinking our current processes, reducing duplication and maximising the potential of digital processes and applications.
- We are encouraging more people to come to the Hospice in a variety of different ways. Directly seeing our building and hearing what we do first hand stimulates interest and support. For example, the opening of our new Myeloma UK garden event saw 400 people visit the Hospice last September, the majority of whom had not been to a hospice before.
Alongside all our campaign work, the daily importance of publicising individual fundraising events, internal communications, devising clinical literature and the management of our social media accounts remains a constant and vital part of the team’s responsibility. We were pleased to receive nearly 120 specific mentions in the digital and media space relating to how we help people to live their precious life well.

In response to feedback we have introduced online digital self-referral to all our services. GP surgeries are working with us in piloting this self-referral system and those referrals are then currently processed electronically.

We have refreshed the homepage on our website to improve its signposting, messaging and donation pathway. The bounce rate has gone down and visitor numbers are increasing.

We were particularly proud of our updated supporter communication – our monthly Enews which goes to over 8,500 supporters, and rising, every month showcasing how their money is helping and ways they can get involved with our care.

The Rehabilitation Team within the In-patient unit (IPU) are embedding the recommendations of the St James’s Project which ran from July 2017 – July 2018. The remit of the project was to evidence-base the need to increase Rehabilitative Palliative Care on the IPU. The implementation and continued use of an outcome measures tool will ensure an ongoing focus on patient-identified goals and priorities.

Improved collaborative team working has improved patient resilience, confidence and independence by ensuring the continuity of care for each patient and thus the high level of goals achieved 81%.

Clients may now self- refer into the counselling and bereavement services through the website, by email or post or telephone. We also accept referrals from Health Care Professionals such as GP’s and mental health teams as appropriate.

Our established Palliative Care social work team provides a targeted social work service within the IPU, Community and Spring Centre. This year our social work team has led training on safeguarding, mental capacity and deprivation of liberty safeguards both internally to staff and volunteers as well as extending this specialist knowledge to other palliative care providers and social care providers within our locality.

Our education team hosted a Dementia awareness event for the Public and professionals with positive feedback

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

We developed 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.

We use a co-production approach and involve patients, families, staff and volunteers in service improvement.

We went digital and developed online enquiry and self-referral pathways.

We have embedded the use of OACC (Outcome Assessment and Complexity Collaborative) and iPOS (Integrated Palliative Care Outcome Scale) tools into the IPU and Spring Centre Multi-disciplinary meetings so that we ensure that we really understand and support patients to achieve what they wish for themselves.
• Implement the Diversity Action plan supported in this work by the newly formed Diversity Steering Group composed of interested staff from across the Hospice.
• We harmonised the datasets for patients and staff/volunteers to monitor the ethnicity of those accessing care or involved in the Hospice.
• We improved community contacts – our Head of Volunteering and Chaplain have connected with various community groups to build relationships – e.g. interview on local radio to raise awareness of services and share about our objective to ‘open up hospice care.’
• A calendar has been devised to include and recognise a range of religious and cultural festivals and we plan to host customised recruitment events for volunteers during key festivals / actively approaching ethnically diverse volunteers, staff and patients to appear in publicity to improve perceptions of Hospice care.
• A staff survey was held to identify those who would like to be involved in moving the diversity of the Hospice forwards and key skills to further this e.g. languages spoken in addition to English.

Feedback from our Patients and their Relatives and/or Carers

During 2018/19 learning from the experiences of our patients and their relatives or carers, and responding where possible, has remained an essential part of what we do. 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
On the In-patient unit we use a team of trained volunteers to carry out surveys in ‘real time’ to get feedback from patients who are well enough and wish to do so. Patients are invited to complete the survey themselves on an iPad or in paper form, or the volunteers will fill it in with them. Collecting real-time feedback means that, with the patient’s permission to share their identity, we can respond to comments and/or put right issues.

Patients are asked to comment on a variety of aspects of their care – including key elements such as symptom management, being treated with dignity and respect, staff response time, involvement in decision-making about their care and whether they were helped to be as independent as they wanted to be.

We also ask questions about aspects of care that we’ve found, through experience, really matter to people such as the choice and quality of the food, whether people had enough to occupy them during the day, and whether they had managed to have undisturbed nights’ sleep.

What People Said

Overall 95% of patients were very satisfied or satisfied with the care they were receiving on the Inpatient unit. All the patients were very satisfied or satisfied with the dignity and respect they were shown; the amount of information they were given and their involvement in decisions about their care. Over 90% were very satisfied or satisfied with their choice of food, and with the encouragement and support they received to be as independent in their daily activities as they could be.

The lowest score related to whether patients could eat their meals uninterrupted with only 67% responding that they could all or most of the time.
What We Did

- We have emphasised the importance of meal times for patients so that they can enjoy their meals as much as possible and get the full benefit nutritionally. All staff and volunteers are encouraged to avoid interrupting patients when they are eating.

Some of the comments we received included:

“The treatment and care has been exceptional. The setting itself is perfect but what makes this place is the staff. From the cleaners to the top doctors, each member of staff has shown me such respect and kindness, all being very approachable and nothing too much trouble.”

“Everyone SMILES!”

“Outstanding – I’m treated as a whole, they look at the bigger picture, not just individual problems.”

The Spring Centre Patients

In 2018-9 we surveyed patients and relatives coming to the Spring Centre. Some were attending as outpatients, for example to see a specialist nurse or doctor; others to attend a group such as the ‘Balance and Strength’ exercise group or for an individual session e.g. counselling or complementary therapy.

What People Said

People attending the Spring Centre evaluated their experiences very positively – all those surveyed thought the Spring Centre was a welcoming and supportive environment and that they had been given enough information, which they could understand, to help them make decisions that were right for them.

91% of people agreed that they felt more confident at least to some extent. All agreed completely, or to some extent, that the services provided had been appropriate for them and their lifestyle and had enabled them to make the most of their life and promoted a sense of wellbeing.

Overall 97% stated that they would be extremely likely or likely to recommend the Spring Centre to other people.

The tranquillity, friendliness, support and social interaction afforded by the Spring Centre were all valued by people using its services. The Spring Centre aims to support and enable patients/relatives and the impact of its services were highlighted through such comments as:

“It is helping me re-learn and tap into things I did not think I could do.”

“They are interested in YOU and always happy to suggest ideas to make life more comfortable.”

Providing adequate parking was something that people felt could be improved upon.

What We Did

- The Hospice has been working on improving parking over the last year with extended parking areas and a double parking system.
- Staff in the Spring Centre are developing a system of regular reviews with people using their services to ensure that they meet each individual’s needs appropriately and effectively.
- We will also continue to offer experience surveys to as many of those attending the Spring Centre as possible.
Relatives and/or Carers

We send a postal survey to the relatives and/or carers of patients who died in our care, either on the In-patient unit or at home under the care of the community nursing team. Surveys are usually sent six weeks after a patient’s death and are used to find out about the experiences and levels of satisfaction of bereaved relatives with the services they received. As with our other surveys, a range of points are covered from the provision of written information, catering and courtesy, through to the person’s understanding and involvement in treatment decisions and responses to their telephone calls.

What People Said

98% of relatives/carers on the In-patient unit said that they would be extremely likely or likely to recommend the Hospice to others in a similar situation and all of those under the care of the community team said they were very satisfied or satisfied with the service they received. All the relatives who answered the question said they had confidence in the staff they met either all the time or most of the time, and that the staff made an effort to listen to their concerns and worries.

Individual comments that people made highlighted the care and dignity their loved ones were shown. Families on the In-patient unit told us that they valued the consideration and support they had received and how grateful they were to everyone, including the cleaning staff, the catering team and the volunteers. In the community, the professionalism, support and caring of the nursing team were highlighted and relatives identified how important it was that the patient’s needs were met and their wishes respected.

Car parking was identified again as a less positive point.

What We Did

- All the responses and comments we received were reported to the teams involved in the patients’, including clinical, catering, cleaning and volunteers. This helped to raise their awareness of what is important to people using our services, including those aspects of care that scored more and less highly than previously.
- Summaries of the feedback we received were displayed for other users of our services to read.
- Where appropriate, or in response to particular requests, we responded individually to specific comments and actions were taken accordingly.

Specific comments included:

“The main focus of my wife’s care was handed over to the Hospice of St Francis. For the last month of her life the links in her care plan worked perfectly - GP, District nurse, Hospice of St Francis community nurses. Borrowing medical care equipment was arranged by the St Francis team. It all arrived in good time. When the time came for her admission as an Inpatient it was managed smoothly and without delay. She was admitted in the morning and died a few hours later. A peaceful end surrounded by her family.”

“The Hospice enabled my husband to die peacefully without pain with his family around him knowing he was truly loved.”

“The care, professionalism and compassionate support could not have been better.”

“We had home visits which we found very helpful. Also the bereavement service you provided has been very sympathetic and valuable.”

“You offer a very valuable and much appreciated service. You visited my mother for the last 2 years of her life on and off. She died at home as she had wanted to.”
Moving forward in 2019/20

Priority One To proactively manage our income

In 2019/20 we will:

- Continue to apply ‘productivity’ methodology, together with measures, tools and techniques to all our processes to reduce waste, eliminate duplication and streamline work.
- Explore the implementation of digital applications that enable patients to have a direct and real time communication with clinicians.
- Undertake essential maintenance work and increase the internal footprint of our building. An e.g. of planned adaptations in the Spring Centre (Health and Wellbeing) is to have a private space for exercise and rehabilitation. For the Inpatient Unit to better enabled to support rehabilitation services and specialist, support for patients with dementia.
- Complete the process to move to a fully nurse led admission process into IPU. The quality of experience at the point of admission will be maintained without compromising the need for medical review where this is essential at or immediately after admission. This new intervention creates more time for our medical team to be able to see more patients during the week in community and as outpatients.
- Identify shared priorities for change with Herts Valley CCG linked to the NHS Long Term Plan that could be attractive for non-recurrent funding available in the 19/20 and 20/21 financial years.
- To be a centre for Nurse Associate students to enhance their experience and learning of hospice care.

Priority Two To double the reach of our care by 2028

In 2019/20 we will

- Ensure that our Inpatient Unit is fully occupied for at least 90% of the time, allowing 10% capacity to ensure cleanliness, infection control and maintenance.
- Continue the implementation and expansion of ‘nurse led’ admissions via our senior nurses on the Inpatient Unit.
- Secure new income to enable us to meet the agreed waiting times for admission with the re-opening of beds 11 and 12.
- Continue to embed the Community Nursing Service 7 day a week.
- Collaborative working with Primary Care networks to ensure awareness of service and provide support.
- Working closely patients, their families and carers, continue to contain the uptake of the Rapid Personalised Care Service within the agreed patient numbers for the patch served by the HoSF.
- Increase the capacity to deliver rehabilitative care (with the reopening of the Hospice) and within the current expenditure budget.
- Develop a Fatigue Management programme run collaboratively between the OT service and a CNS.
- We are increasing the number of community locations we use and also altering the format of groups to be more responsive to clinical need of patients both as an individual and within a group.
- Further develop the role of trained volunteers, together with improved processes, in safely maximising our capacity to support patients and their families.
Following on from the summer building works we will review the use of all spaces within The Spring Centre to ensure that they are used to the maximum potential and allow for rehab to be carried in clinically appropriate areas whilst maintaining patient dignity and privacy.

Within the Complementary Therapy Service we are developing and piloting a new assessment appointment pathway.

We would like to Scope Return to Work support – recognising an increase in referrals in those returning to work and the broader demographic distribution of those accessing our care.

Investigate the possibility of developing a “Repair Shed” type initiative. This will allow us to scope the needs of some of the less well represented groups within our services and also encourage meaningful activity/return to work support. It will also afford us the opportunity to work more closely with other community groups.

Commence a Yoga group and pilot intermediate Pilates group and establish links in the community for onward referral.

Develop a scar therapy service with potential for further training specifically for breast patients potentially increasing referrals as this is a large cohort of patients.

**Priority Three** To use a communication style in everything that we do that is “personal first” reinforced through digital media

- To continue to promote referral and self-referral, especially digitally.
- Explore further Health and Well-being groups to run externally and embrace Hospice out patients services in local GP practices.
- Continue to embed 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.
- We are developing a more child and young person friendly environment as we have started to improve and extend our services to care for young people graduating to adult services’
- Our three year Communications Strategy has six different elements to it: Sharing our new Your Precious Life messaging far and wide; developing our Influencer Marketing; Introducing integrated marketing campaigns; Improving the ability to join our network and refreshing how we communicate with that network and Running our busy press office including the promotion of all our clinical and fundraising events.
- The Your Precious Life narrative helps us to communicate how the Hospice is not just for the last days of life and how we can help people live well with a life-limiting condition. We are promoting this message in a targeted campaign, using a whole variety of marketing techniques, to raise awareness that you can self-refer to access our care. We are seeing a steady rise of people doing that (rather than going via their GP) and expect to see numbers rise as a direct result of this work during 2019.
- Our other huge campaign this year is promoting that The Hospice of St Francis is 40 years old and this has been six months in the planning. The aim of the campaign is to ignite interest in the Hospice amongst the general public and reconnect with past supporters, volunteers and beneficiaries’ families to encourage renewed interaction with our charity. We are undertaking a huge volume of media work here and have written many stories from people’s past experiences of our care.
**Priority Four  To grow the ratio for volunteers to staff from 5:1 to 10:1**

- A volunteer survey and information audit was completed in March 2019 to enable us to understand the composition of our workforce and identify specific knowledge and expertise which will help us further our objective to widen access.
- Celebrate being awarded the Queens Award for Voluntary Service.
- We will develop a total employee package and a structure for ‘safe delegation’ of responsibility for staff and in our volunteer roles.
- Develop a comprehensive blended workforce plan (employed staff and volunteers) and make it easier for potential employees and volunteers, who do not traditionally choose a hospice as a place to volunteer and work, to make that choice.
- Roll out our Heathcare Assistant champions programme, to include supporting a dedicated team of volunteers to maintain a clean and appropriate space for patients and their families.
Statement from Herts Valleys Clinical Commissioning Group

"Herts Valleys CCG regard 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 Hospice of St Francis and are committed to working with Hospice of St Francis to continue to deliver a high quality and much valued service to our population.

During 2018/19, 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.

Hospice of St Francis has demonstrated excellent partnership working and has worked collaboratively with Peace Hospice Care and Rennie Grove Hospice Care to develop the Rapid Personalised Care Services (RPCS) pilot.

Looking forward to 2019/20, Herts Valleys CCG is delighted to continue to work closely with Hospice of St Francis as in helping to achieve key objectives of Herts Valleys CCG Palliative and End of Life Care Strategy and working with our new Adult Community Services contract, Central London Community Health NHS Trust”

Amanda Burfot
Planned and Primary Care Commissioning
Herts Valleys CCG.
5th June 2019
Appendix One

Community Engagement Projects & Events

Our Wellbeing and Creative Therapies service offers 121 Art Psychotherapy, group therapeutic sessions and community projects to patients, carers and those bereaved. This includes for example, Open Studios, Life Drawing, Flower Arranging, Learn To Paint, Tell Your Life Story and at Art Bag Project.

Some of the quotes received by those engaging in services:-

‘It was great to have an overview of my life and remind myself of all the good things that have happened’ (Life Story)

‘Informative and very relaxing’ (Life Drawing)

‘I have really enjoyed the course. Clive was an excellent tutor with lots of patience and expertise.’ (Learn to Paint Course)

‘Kindness & TLC with this therapeutic activity which has brought me closer to my dear departed mum who had her birthday this week. This bunch of flowers is for her birthday and in remembrance of her on mothering Sunday. Thank you very much.’ (Flower arranging)

During 2018 we also ran a collaborative initiative, the ‘Solace Project’ with a local artist. The project was developed as a way of encouraging and supporting those with a life threatening illnesses, their family and friends to use craft based activities, such as weaving and cross-stitch, to improve their general wellbeing and to give solace through periods of distress and sadness.

Patient feedback included:-

‘Nothing ‘cross about the stitching today’

‘Really helpful in putting my thoughts into perspective through art/craft’

‘I really enjoyed it, learnt something new and found it quite therapeutic’

Future Initiatives

In line with our strategic objectives we aim to increase our services, expanding the creative arts to patients and their family members. We aim to:-

- recruit a volunteer qualified Art Psychotherapist
- recruit additional volunteers to expand our Life Story recording service
- engage with our local community to develop music therapy/interventions
- develop more therapeutic arts workshops courses
The *art bag project* is part of the Wellbeing and Therapeutic Service. Each *art bag* includes a simple art activity that, when completed, is returned to either Peace Hospice or the Hospice of St. Francis. The artworks are then displayed in an exhibition, visually representing the unity and energy of both hospice communities. The benefit of the art bag is in the making, not the keeping, of the activity. Participants are encouraged to return their completed bag to either hospice.

The Art Bag 2018/19 was supported by artist Sophie Alston - project leader for The Solace Project also run at The Hospice of St. Francis in Oct 2018.

In connection with Sophie’s artistic practice the theme of the Art Bag Project 2018-19 was

‘*Contemporary cross-stitch*’.

Sophie’s works consists of modernist, cross-stitched wall hangings and wooden plank and cross-stitched structural installations. In her practice she utilises an appropriation of signifiers from 20thC avant-garde modernism - De Stijl and Bauhaus design - and reconfigures them by using materials and techniques mostly associated with amateur craftspeople and executed in a purposefully unskilled way.

Sophie’s practice centres around the notion that historically craft has been associated with women and the domestic environment and therefore outside of any serious aesthetic or philosophical debate within ‘serious’ (male) art.

By appropriating the visual language of avant-garde modernism, and combining it with materials and skills associated with craft, she seeks to undermine the historical binary male/female opposition that produces a hierarchy of values that privileges Fine Art over Craft.
Selection of Art Bag Submissions 2018-19
A selection of feedback from Art Bag Project 18-19

‘Kindness & TLC with this therapeutic activity which has brought me closer to my dear departed mum who had her birthday this week. This bunch of flowers is for her birthday and in remembrance of her on mothering Sunday. Thank you very much.’ Hospice Service User

‘Really helpful in putting my thoughts into perspective through art/craft’ General Public

‘I really enjoyed doing this and would like to participate in other projects’ General Public

‘Nothing ‘cross’ about the stitching today’ Patient supported by hospice

‘Very easy for everyone to try. Anything is possible, for every level of ability. Good fun. Just try it and surprise yourself’ Hospice Service User

‘I have enjoyed the challenge of combining Sohpie Alston’s style and my own style and interests. However, the ‘fabric’ was awful to work with. All part of the challenge I guess’ Hospice service user

‘I really enjoyed it, learnt something new and found it quite therapeutic’ unknown

‘I love sowing and I will keep on going! – Sowing is a part of my life now’ Hospice Service User

‘I have enjoyed the challenge of combining Sohpie Alston’s style and my own style and interests. However, the ‘fabric’ was awful to work with. All part of the challenge I guess’ Hospice service user

‘Loved the ‘art’ in a bag. I’m not arty, however, this came at a time when I needed something to do with my hands in the evening (and not IT based or work!). However, the colours in my bag gave me a heart (red) in tatters with a surround of tears and, hopefully, a few green shoots of hope after a tough few months managing bereavement and anticipatory grief. Thanks for making it so easy to engage, would love to contribute again.’ Hospice service user

‘My Stitch of Light’ – ‘Hard to concentrate, limited with colours, the grid, the stitch….. soon engrossed, softening, blending and creating a watercolour, sunshine, sparkling, glittering. I can feel warmth, energy returning and hope’ Hospice service user

‘I enjoyed designing and making a pattern. I felt relaxed’ Hospice service user, aged 7 3/4

This year’s Art Bag Project will be installed in collaboration with Peace Hospice Care at the Open Door Gallery in Berkhamsted in Aug 2019.

Appendix Two

RPCS and 7day a week working case study

Case study around Community Specialist Nurses extending their service to weekends and collaboration with the Rapid Personalised Care Service (RPCS)

In December 2018 Patient X was being supported at home and in the Spring Centre by our community multi-disciplinary team, deterioration was identified over a weekend by one of our nurses Sue along with significant carer breakdown. Physical and emotional support were given to X and his daughter over the weekend by Sue along with an urgent referral to the RPCS, assisted by our additional weekend admin support. Care commenced Saturday evening providing 2 visits a day, the carers noted the positive supportive impact of their visits on both X and his daughter.

The carer visiting on the Tuesday morning noted further decline in X, his condition had deteriorated and he and his daughter had experienced a distressing night, this was immediately reported back to the community office and a nurse visit was made within a couple of hours. It was clear that X required inpatient support for symptom control, end of life care and the hospice was his preferred place of death and an IPU bed was secured for the following day. In the interim the care was increased from that evening to 2 carers visiting and the final visit was made the following morning to see him transferred safely to IPU.
**Rapid Personalised Care feedback from wife of patient**

The RPCS is a pilot scheme being run in partnership with the Herts Valley Clinical Commissioning Group, Rennie Grove and Peace Hospice Care.

Maureen Stonhill's husband Des was cared for by The Hospice of St Francis' Rapid Personalised Care Service in the last weeks of his life. It meant that, rather than endure an extended stay in hospital, he could be looked after in his own home, in line with this wishes.

Here, Maureen - who was a volunteer flower arranger at the Hospice for 25 years until November 2017 – explains how the service supported her with Des’s care.

“Des was diagnosed with bowel cancer 18 months ago but he was already receiving care from the Hospice community nursing team for Chronic Obstructive Pulmonary Disease, which was causing him problems with his breathing.

We started receiving the RPCS in October and I couldn't have coped without it. Without the support from Helen (the RPCS coordinator) and her team, Des would not have been able to be at home for the last weeks of his life. He would have had to have been in hospital and he would have been upset about that.

When he started to deteriorate, we went from twice weekly visits from the Hospice’s community nurses to visits three-times a day, morning, noon and night, which was a wonderful help.

For the last few weeks of his life they would come in first thing in the morning and help Des to wash and dress and bring him into the living room. They would then come in at midday to see how he was getting on and help him back into bed if he wanted. Finally, they would come in the early evening to help him get ready for bed. It was a comfort to have that continuation of care.

They were also a fantastic support for me and gave me a bit of time for myself. They would say ‘why don’t you go out for a bit, take some time for yourself and don’t rush back’. I would be able to go out and buy a paper and my fruit from the market knowing that Des was in good hands and that he was being looked after so I didn’t have to worry. He couldn't have been better looked after if he was in a five star hotel.

The last time Des went into hospital he walked in but he didn’t walk out because when he was there they didn't do much to get him up and about. The Hospice nurses, however, would help him to get up and walk from the bedroom to the living room and they did this for as long as possible and that helped him to stay mobile. This was something I could never have done by myself because, at just over 6ft, he was a big man.

He had the best of care right up until the end and what’s more, his wishes to die at home were met, which is a great comfort to me.”
Appendix 3  
Dan and Tasha’s Story

“They’re places that help you live life to the fullest – to make the most of every day, every hour, every minute, every second you have left.”

The care that we received at The Hospice of St Francis wasn’t at all what I expected from a hospice. It went above and beyond. You hear the word ‘hospice’ and you think of somewhere that might be a bit dank or not very nice. Tasha thought it might smell and that the nurses wouldn’t be very kind. But what we found was so different - we were totally wowed, it was a really lovely surprise.

People think hospices are places where you go to die and there was no escaping the reality that Tasha was dying, but it wasn’t like it was the last days of Tasha’s life. The Hospice helped her live more than anything we could have hoped for. The staff and volunteers were just amazing.

The first thing she sent me was a photo of her lunch - a delicious fresh, home-made sandwich with a side salad and packet of crisps. Poached egg on toast wasn’t on the menu but they made it especially for her every morning for breakfast.

They helped her make the most of every day, every hour, every second she had left.

Tasha was the patient, but they supported me too, always checking if there was anything I wanted – cheese and pineapple on a stick was a favourite – and always asking if I was OK.

They totally understood our needs and what was important to us. They gave Tasha peace, and made her feel settled. We didn’t have to worry whether she was in pain because they managed it. We didn’t have to worry about her care because everything was done. When the end came on 6th December, it couldn’t have been more peaceful, and I was there at her side.

The staff couldn’t do enough and to be able to have that time together as a couple meant the world to us both. It was our final goodbye.

The one thing we wanted more than anything was to get married and the Hospice made that happen. They enabled us to have a wedding ceremony that we could share with 40 of our closest family and friends before she became too weak to manage it. From the nurses and doctors to the chaplain, volunteers and cleaners, everyone was so excited and so lovely. We really felt they wanted to make our day as special as we did.
Our wedding was such an amazing, unforgettable experience and it wouldn’t have happened had we been somewhere else – I’m certain nowhere else could have handled it like they did.

I feel lucky and privileged to have been able to have that care and to have had that burden of worrying taken from me.

It’s such an incredible place and it should always be there for people when they need it. Even now, as I come to terms with life without her, every Monday night, I get a call from a trained volunteer on the Telephone Support Line asking how I am. I’ve been invited to a monthly bereavement support group which I’m definitely going to try to go to - I feel maybe talking to someone in the same situation as me might help. Just knowing that people from the Hospice are always at the end of the phone if I need them is a great comfort. 

What the Hospice gives goes way beyond medical care.

We had a real sense of love and being held. We never had to ask for a thing.

If I could tell people one thing about hospices, it's that they're not places where you go to die. They're places that help you live life to the fullest – to make the most of every day, every hour, every minute, every second you have left and I can't thank the Hospice enough for giving us that.

Dan
## What's On in the Spring Centre w/c 24th June and 1st July 2019

### Monday 24th Jun
- Comp therapy by appointment
- Gentle Movement to Music: 10.30am – 11.30am
- Pilgrim Group: 7pm – 8.30pm

### Monday 1st Jul
- Comp therapy by appointment
- Gentle Movement to Music: 10.30am – 11.30am
- Open Studio: 1.15pm – 3.15pm

### Tuesday 25th
- Comp therapy by appointment
- Balance & Strength: 10am - 11am
- IPF Group: 11.15am – 1pm
- Nordic Walking: 1.00pm – 2.00pm
- Knit and Natter: 1.30pm – 3pm
- Tea@Two: 2pm – 3.30pm
- Expressive Life Drawing: 6pm – 8pm

### Tuesday 2nd
- Comp therapy by appointment
- Balance & Strength: 10am - 11am
- Nordic Walking: 1.00pm – 2.00pm
- Knit and Natter: 1.30pm – 3pm
- Memorial Service: 6pm

### Wednesday 26th
- Comp therapy by appointment
- Adapted Tai Chi: 12 – 1pm
- Plant & Potter: 2pm – 3.30pm
- HOSF Choir: 5pm – 6pm

### Wednesday 3rd
- Comp therapy by appointment
- Adapted Tai Chi: 12 – 1pm
- Plant & Potter: 2pm – 3.30pm
- HOSF Choir: 5pm – 6pm

### Thursday 27th
- Comp therapy by appointment
- Multiple System Atrophy Group: 2pm – 4pm
  Room changed to the Chapel
- Tai Chi (community group): 4.45pm

### Thursday 4th
- Comp therapy by appointment
- Tai Chi (community group): 4.45pm
- Relaxation and Mindfulness: 7pm – 8pm

### Friday 28th
- Yoga: 11.30am – 12.30pm

### Friday 5th
- Yoga: 11.30am – 12.30pm

### Saturday 29th
- Pony Day: 40th Birthday celebration
- Gymkhana and Spring Fayre: 10am – 1pm

---

For more information on any of the sessions listed, please contact
Lisa Cohen, Clinical Administrator.

---

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

---

STFRANCIS.ORG.UK
Reg. Charity No. 280825