The Hospice of St Francis
Quality Account 2015-16

“I cannot help with suggestions for improvement of service - I feel you have a complete package. I must pay tribute to all the amazing people I came in contact with - doctors, nurses, office staff, catering staff, cleaners, voluntary workers, auxiliary workers. In fact everyone I met promoted what I associate the Hospice with - total care, compassion, respect, preservation of dignity, time to listen and encourage. My relative experienced all this to the end. How I wish such an experience could be available to everyone in their dying days. Thank you again.”
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Part One

Statement from the Chairman of Trustees

‘Quality sits at the centre of all that the Hospice provides and we strive year on year to develop and improve what we offer to people within the community who access our services. Our dedicated staff and volunteers work tirelessly to ensure we provide a secure, safe and welcoming environment at the Hospice to look after those with life-limiting illnesses and are active in improving end of life care for all in our community.

Increasingly we are caring for patients with complex physical, psychological and social requirements and need to provide them and their families with appropriate care and support. We are committed to ensuring that all of our clinical teams receive the training and support they need to continue to deliver the quality of care we demand.

We also place an important emphasis on research and education to ensure we are able to offer our patients the latest developments in palliative care. This year we have had a particular focus on reviewing all of our policies and processes to ensure they are fit for purpose and facilitate the quality of care we need. This has been a valuable exercise and has allowed us to stand back and look at all areas of care and make any changes needed.

We remain committed to maintaining our high standards and rigorous quality control in order to continue to deliver our exceptional care in all areas of Hospice life’.

Alison Woodhams
Chair of Board of Trustees

Statement from the Chief Executive

‘This is my second year as Chief Executive at The Hospice of St Francis and I am delighted to say that I am privileged to be leading this organisation. I have witnessed at first had the amazing care that we give to our patients, families and carers both at home, in our Inpatient Unit and our palliative rehabilitation centre.

As a nurse I also have the opportunity to put on my uniform and shadow the team on the ward or go and see people in their own homes. Each time I am touched by the quality of the care given by our nurses, doctors, health care assistants and other health care professionals.

This year we have set up a staff awards scheme to recognise the care that individuals and teams offer. We have also listened to our staff through a staff survey and have implemented changes needed to ensure our staff get the best out of their employment with us. We continue to focus on our Hospice values and this is evident in all the work we do.

I am pleased that we have been able to review all of our policies and processes to ensure that they are up to date and fit for purpose. Our newly appointed Governance Lead has been instrumental in making sure we adhere to all our governance structures including overseeing our new appointments processes for our Board of Trustees.

We are expanding our services to make sure we are able to support people with dementia and are currently reviewing our inpatient environment to make sure we are as dementia friendly as we can be.

This Quality Account identifies our priorities for quality improvement for 2016-17 and reviews our performance last year. It is to the best of my knowledge an accurate description of quality at The Hospice of St Francis.’

Steve Jamieson
Chief Executive Officer
Part Two

Introduction

The Hospice of St Francis Quality Account provides an opportunity 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 values and to the services we provide
- A statement of our commitment to quality
- A summary of our priorities for the coming year (2016/17)
- A review of our progress in achieving quality in the past year (2015/16)

Quality Account Governance Arrangements

This Quality Account has been prepared by the Head of Quality and has been overseen by the Director of Care and Clinical Development, the Hospice’s Chief Executive Officer and the Chair of the Board of Trustees. All Hospice data quality is assured internally and some shared with external partners.

Our Hospice Vision and Values

Our Vision:
A community where people with life-limiting illnesses live well until the end of their lives and those close to them receive the support they need.

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.

Services provided by the Hospice

We provide the following services:

- Inpatient Care – provides 24 hour care and support by a multi-disciplinary team of specialist staff.
- The Spring Centre – provides wellbeing and rehabilitation services to patients with stable and advancing illness and their carers, families and friends.
- Outpatient Service – provides consultations with a doctor, clinical nurse specialist or therapist.
- Community Services – provides specialist support and advice, by a multidisciplinary team to patients in their own home and/or in a care home.
- Education – provides a comprehensive range of training for internal and external delegates, staff and volunteers focussed on promoting excellent palliative and end of life care within the Hospice and other settings.
- Bereavement Care – offered to all carers and relatives and includes support for children.

Our services are provided by a multi-disciplinary team comprising of:

- Doctors including Medical Consultants
- Nurses and Healthcare Assistants
- Nurses working as clinicians or educators in other settings such as hospital and care homes
- Therapists to support rehabilitation, promote independence and improve quality of life including:
  - Physiotherapists
  - Occupational Therapists
  - Complementary Therapists
  - Creative Arts Therapists
  - Psychotherapists and Counsellors
- Social Workers to provide specialist support and advice
- Spiritual Care Services to support patients and their families
- Bereavement Services for adults
- Children’s Support Team to provide specialist pre- and post-bereavement support
Priorities for Improvement 2016/17

Priority 1
- To reach more people by working collaboratively and in partnership with other local healthcare providers.

Priority 2
- Using a ‘clinical marketing’ approach to refresh current, and develop new, relationships with local healthcare colleagues/providers to increase referrals to The Hospice of St Francis across all services.

Priority 3
- To expand the way that the Hospice provides services - to include more ‘outreach’ services and service provision in other settings.

Part Three

Review of the Hospice’s quality performance 2015/16

A culture of honest reflection and continuous improvement is embedded in The Hospice of St Francis’s values and practice, supported by robust processes of internal monitoring, and actively encouraged and modelled by the Senior Leadership Team and Board of Trustees.

The Hospice has a small Quality Team (Head of Quality and Clinical Audit Specialist Nurse) which reports to the Director of Care and Clinical Development. The team leads on a range of quality activities such as Clinical Auditing, the development and writing of policies and procedures, Infection Prevention and Control and cleanliness auditing.

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 on monthly to senior-level committees and quarterly to the Board of Trustees.
- Patient and 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, and concerns and complaints are also logged, investigated, and reported on and remedial actions taken.
- Regular case reviews, which are open to all staff, are held, recorded and reported on.
- Facilitated Schwartz Centre® Rounds are held four times a year and these, again, are open to all staff both to speak at and to attend.

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/leading improvements.

The Hospice of St Francis is also a member of the Hospice UK local (regional) and national ‘Inpatient Unit Quality Metrics’ benchmarking project. We benchmark ourselves against other, similar-sized, hospices on a range of key quality measures such as falls, pressure ulcers and medication incidents.

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

This Quality Account describes The Hospice of St Francis’s Quality Performance for 2015/16 focusing on the three domains of quality: patient safety, clinical effectiveness and patient experience.
1. Patient Safety

a) Infection Prevention and Control

In April 2014 the Hospice contracted with a new, specialist cleaning company. Since then work has continued in:

- Improving and maintaining standards of cleanliness throughout the Hospice
- Developing appropriate documentation so that there is a clear audit trail
- Developing and implementing systematic cleanliness auditing
- Developing and delivering bespoke training packages for staff and volunteers
- Responding to patient and/or carer feedback

The Hospice has also contracted specialist Infection Prevention and Control expertise as we now have the support of a senior Infection Prevention and Control specialist nurse who advises the Hospice on the development of our Infection Prevention and Control policies and procedures.

An Infection Prevention and Control ‘Champions’ Group has been formed, comprising clinical and other staff with an interest in, or specialist expertise in, Infection Prevention and Control. This group is currently leading on a new Infection Prevention and Control Policy with associated procedures for the Hospice.

b) Falls Prevention

In 2015/16 the Hospice improved its Falls Assessment Tool and care planning processes and documentation to better identify patients at risk of falling and also improve subsequent prevention of falls care planning.

In addition, the Hospice invested in a complete upgrade of the call bell system within the Inpatient Unit and the Spring Centre. This system has not only improved the nursing team’s ability to respond promptly to a patient’s call for assistance but has also incorporated new sensor pads, which will alert clinical staff when a patient who has been identified as high risk of falls, is likely to fall.

This year we will carry out a systematic review of the data relating to patients who have fallen in the Hospice – to identify trends and to establish whether we can improve a) the way we predict who is more likely to fall and b) our falls prevention strategies.

c) Incident Reporting

Everyone (all staff, volunteers, patients and carers) is encouraged to report all accidents and incidents and/or to comment or complain without fear or favour.

All accidents, serious incidents, significant events, safety incidents and concerns/constructive comments are thoroughly investigated as per the Hospice’s Incident Reporting Policy. They constitute an essential part of the Hospice ‘Quality Metrics’ and are recorded and reported on monthly via the Hospice Dashboard.

All incidents, comments and complaints are reported to and discussed initially by category (Clinical/Medicines, Safety etc.) by the relevant overseeing committee - for example the Inpatient Unit meeting or the Health and Safety Group).

A Root Cause Analysis is conducted on all incidents rated Amber or Red after initial investigation and, where appropriate, action plans are written using the National Patient Safety Agency matrix. All new incidents and current
action plans are reported to and monitored by the Clinical Leadership Team and the Clinical Care Committee and the Board of Trustees.

d) Clinical Audit

Audit plays a key part in measuring how we are doing, in supporting the culture of safe and effective care, and in driving improvements.

The Hospice’s Quality Team, together with the Director of Care and Clinical Development, agree the Hospice’s annual Clinical Audit schedule. The schedule comprises a) the programme of annual audits that the Hospice’s Senior Management Team has determined in order to monitor its own performance and b) additional areas for audit that either a clinical staff member has proposed or that our internal monitoring system has suggested requires further investigation.

The Hospice has a culture of encouraging staff at all levels to generate ideas for audit and to design the methodology and data collection tools. Staff are encouraged to participate directly in the data collection and presentation of results. Staff are actively supported in all the stages of the audit process by the Clinical Audit Specialist Nurse who is, in turn, supported by a Clinical Audit Group (which she chairs) who also monitor and lead on the audit programme for the Hospice.

All clinical audits, together with patients’ and relatives’ feedback surveys, service evaluations and research studies, are logged centrally on an Audit, Survey and Research Register. All audit results are reported to the staff via posters, are reported to and discussed at the Hospice’s Clinical Leadership Team meetings, associated action plans are led internally by the relevant staff and the associated improvements are reported to and monitored by the Clinical Leadership Team.

The Hospice’s ambition is to move towards a process of ‘bespoke’ auditing – audits generated and designed by staff in response to a genuine curiosity in, and desire to know more about, a range of clinical topics.

e) Training, Clinical Supervision, Case Reflections and Schwartz Center Rounds®

Training

The Hospice of St Francis is a centre of excellence in palliative care and is committed to continuing to educate and empower other health professionals by sharing knowledge, expertise and passion.

The Hospice offers a range of workshops, courses, placements and study days for multidisciplinary professionals, student practitioners and volunteers (many of which are free of charge) - including the accredited ‘European Certificate in Essential Palliative Care’ and the ‘ABC End of Life Education Programme’ for care home staff.

We also offer education and mentorship, in local healthcare settings throughout our catchment area, together with ‘bespoke’ programmes to suit the needs of different professionals and/or settings.

Clinical Supervision

Good quality clinical supervision has been shown to improve patient safety by offering clinical staff a regular, facilitated, opportunity to reflect on their work and to identify alternative (and better) approaches to patient care. Group clinical supervision is offered to all registered nurses and Healthcare Assistants (including Bank Staff) and also, more recently, to the team of clinical administrators.

Sessions are offered on a six to eight weekly basis and although there is no obligation to attend, staff are strongly encouraged and supported to do so. There is, however, an expectation that nursing staff attend a minimum of four ‘Clinical Reflection’ sessions per year - the four sessions being any combination of Clinical Supervision, Case Reflections and/or Schwartz Center Rounds® (see below).

Attendance at Clinical Supervision is recorded by the supervisor/facilitator.

We plan to establish a facilitated action learning set for the supervisors (a joint initiative with Peace Hospice Care) in 2016-17.
Case Reflections

Case reflections, led by a senior clinician (nurse and/or doctor), are held regularly and are, currently, for Hospice staff only.

They are opportunities for guided reflection on cases which, commonly, have been complex, challenging or both. The outcome of the case reflection, where requested and/or appropriate, can also be shared with the patient’s family.

Schwartz Center Rounds®

The Schwartz Center Rounds® provide a forum for all staff to discuss the emotional impact of work. Nominated speakers from all areas of the hospice reflect on how a specific theme or a particular incident has affected them. The audience is then invited to ask questions and also to convey emotional experiences within a mutually respectful, confidential forum. Evidence has shown that Schwartz Center Rounds® are skilfully facilitated and have given staff and volunteers protected time to reflect on how their work has made them feel and act, resulting in greater team cohesion, increased empathy, improved staff resilience and a greater mutual understanding of professional roles.

The Hospice elected to be a centre for Schwartz Center Rounds® in 2013. They are steered internally by a small steering group and are led and facilitated by two senior clinicians (nursing and medical). The rounds are held at quarterly intervals and the subject titles have been designed to allow as wide a discussion range as possible.

In 2015-16 the subject titles were:

- Whose bed is it anyway?
- The dilemma of wanting to make things perfect in an imperfect world
- He who shouts the loudest
- When death is all around
- When it’s the small things said or done that have the most impact

And in 2016-17 the subject titles are:

- The many faces of the Hospice
- How do we know if we are getting it right?

All staff and volunteers are encouraged to attend and/or speak at the Schwartz Center Rounds® as they provide opportunities for both the speakers and audience to reflect on and explore how the scenario made the staff member feel and act. On average 50 participants have attended each session.

Think Tanks

Our Think Tank sessions are multi-professional forums where staff and volunteers from all settings can share best practice and/or the latest research. Sessions include guest speakers, staff and volunteer feedback from conferences and service developments. Out Think Tanks are held bi-monthly.

Students at the Hospice

Following the appointment of the Director of Education and Research (which is a joint post across Peace Hospice Care and The Hospice of St Francis) our intake of nursing students from the University of Hertfordshire has increased considerably. We also have Social Work Students working at the Hospice on placement.

We are developing links with Higher Education Institutions to become research active and to improve the evidence base for our care.
2. Clinical Effectiveness

a) Care Planning and Documentation Review

During 2015/16 the Hospice has improved on its use of both electronic patient records (Crosscare) and paper assessments and care plans. Electronic patient records provide a secure, central record of patient care which also enables performance and activity reporting. As well as this, paper care assessments and plans enable the clinical team caring for patients to have easy access to important care documents whilst delivering care. There is now a better balance between electronic and paper records which allows the Hospice to access large data sets, whilst paper care assessments and plans enable the clinical team caring for the patient not only discuss care directly with the patient and their relatives but are also effective ‘real time’ assessment, care planning and management tools – particularly in the prevention of falls and pressure ulcers.

Implementation of SystmOne Electronic Patient Records

In 2016/17 the Hospice is replacing the ‘Crosscare’ electronic patient record system with the fully integrated electronic patient record system ‘SystmOne’. SystmOne is widely used both locally and nationally across a range of healthcare settings which enables better sharing of clinical information between professionals caring for the same patient.

b) Implementation of Outcome Assessment and Complexity Collaborative (OACC) Measures

We are part of the national initiative to introduce palliative care outcome measures (Outcome Assessment and Complexity Collaborative - OACC) which will enable clinical teams to be able to evaluate their care to patients as well as their families.

c) Comprehensive Review of Policies and Procedures

During the past year, a systematic and comprehensive review and writing (or re-writing/updating) of all Hospice policies and procedures has been carried out. This has ensured that the Hospice has the policies and procedures that it requires and that those policies and procedures guide and support all staff and volunteers in caring for patients in a safe and standardised way, using best evidence.

All policies and procedures are stored in a variety of easy to access formats including the Hospice’s intranet.

d) Nutrition

We said that in 2015-16 we would continue to make improvements in the processes relating to patients’ nutrition and so the ‘Nutrition Matters’ Group, comprising clinical and catering staff, was revised to guide and lead these improvements. The group uses both patient and carer feedback and also best evidence to respond to and drive improvements in nutrition.

Feedback from patients had highlighted that meals (particularly at lunchtime) were frequently being interrupted by clinical care and/or visitors and that, consequently, meals which were looked forward to were either being delayed or were even being missed altogether.

We therefore implemented a programme of ‘protected mealtimes’ for patients which prevented them being interrupted for an hour between 12 midday and 1pm. Early evaluation has shown that patients are now completely uninterrupted during this time, are better able to enjoy their food, and this has been very well evaluated.

e) Service Developments

Team Nursing on the In Patient Unit (IPU)

The Inpatient Unit has introduced a team nursing approach which has been shown to facilitate safe, effective, person-centred care. This has also increased effective team working and learning in smaller teams.
Healthcare Assistants in the Community Team

The Hospice has, for some time, benefited from having an experienced skill-mix nursing team (registered nurses and Health Care Assistants) on the Inpatient Unit, so in 2015 the Hospice piloted the introduction of a new level of nurse in the Community Nursing Team.

Palliative Care Healthcare Assistants (HCAs) were employed to offer ‘hands-on’ care and emotional support to patients and their families in their own home.

This type of care has been shown to be particularly important at the end of life, or in a crisis, and formal evaluation of the pilot demonstrated that the needs of patients and their families were more effectively met by a skill-mixed team. It has also shown that having Palliative Care Healthcare Assistants work alongside the Community Specialist Nurses allowed them to focus on patients with more complex health needs. This, in turn, has proved a more effective use of their time and expertise.

Therefore, in 2016, the Community Palliative Care Healthcare Assistant is now a permanent role within the community team.

Dementia Nurse

The Hospice was successful in securing funding from St James’s Place Foundation for a Hospice Dementia Nurse who has focussed on four key areas:

- To work, initially, with three care homes supporting them in delivering high quality end of life care to residents in their care
- To work with the Hospice’s Education and Training Team to develop and deliver specialist dementia training for internal and external staff
- To support implementation of the Hospice’s ‘Dementia Friendly’ programme (for all staff and volunteers)
- To support proposed development of the In Patient Unit, with expert advice from the Kings Fund, which will increase the Hospice’s ability to care for patients with dementia and their families

This post is funded for 18 months by the Hospice UK St James’s Place Foundation grant programme and will continue to support the improvements within the Hospice and our local care home partners in dementia knowledge, competence, awareness and responsiveness throughout the next financial year (2016/17).

Increased Access to The Hospice of St Francis Services for Patients and their Families

One of the key areas of work for the Hospice throughout 2015/16 (which will continue to be a key focus of attention for the Hospice in the 2016/17) has been to redesign aspects of the Hospice’s services in order to reach more patients with long term and life-limiting conditions and their families and to focus our services to better meet their needs.

Therefore, we invested in community services (as part of our collaborative working partnerships with local specialist palliative care providers, Rennie Hospice Care and the local NHS Community Trust) and developed our Outpatients services, Wellbeing Support and Palliative Care Rehabilitation services.

The Hospice will continue to strive to reach more people earlier in their palliative pathway and support wellness and independence, therefore, this work will continue in 2016/17.

Wellness Support and Palliative Rehabilitation Services

There is increasing national and international evidence that:

- Self-management approaches are effective in assisting people with long term or life-limiting conditions, manage their own conditions better and for longer
- People are living longer with long term health conditions and with support from a variety of services are able to maximise both their function and also their quality of life
- Intervening with palliative care services earlier leads to improved end of life care and experience for patients and their families
- Intervening earlier in a patient’s journey also helps patients and families gain a better understanding of hospice services in case of potential future use.
In 2013, the Hospice embarked on a three year programme in partnership with Peace Hospice Care and funded by Macmillan Cancer Support to develop the Hospice’s outpatient provision from the traditional day-hospice model (which had not been meeting the needs of local patients effectively) ‘to become a vibrant rehabilitation hub, widening access and supporting people earlier in the palliative pathway, enabling them to learn skills to self-manage, plan their future and engage with palliative services earlier’. (Final Project Report, June 2015).

Using the evaluation report of the development, published in June 2015, and a range of outcome measures demonstrated that the multi-disciplinary approach together with targeted interventions, workshops and programmes has been successful in reaching more people earlier in their palliative pathway (both sites reached 396 people in year one and 486 people in year two compared to 114 per year in the previous traditional day-hospice model).

The services have also been extremely well received by both patients and carers (patient surveys and feedback) and are held in high regard by the professionals referring into the services.

3. Patient Experience

During 2015/16 we have continued to work hard to ensure that we really understand patients’ and their families’ experience of our services. To that end we elicit feedback from patients in a number of different ways and at different times in the patient journey.

With those patients who are well enough and wish to and using a team of trained volunteers to carry out the surveys, we conduct ‘Real Time’ patient feedback. The questionnaire is either completed electronically (and directly) or, if preferred by the patient, on to a hard copy and then completed electronically at a later time, by the volunteer. We also log all comments, concerns and complaints from patients and/or carers or relatives – both written and verbal.

Real Time Surveys

‘Real time’ surveys are a short list of easy-to-answer questions to help patients, carers, families and others who use the services of the Hospice to tell us what they think of the care they receive.

We are doing this:

- to receive feedback on the quality of our care from those who use the Hospice
- to help us understand whether we are meeting the needs of all our service users
- to enable us to respond quickly to concerns to improve our care
- to help us demonstrate the quality of the services we provide

We carry out this survey using trained volunteers who:

- can help to complete the form or answer any questions raised.
- can record the patient’s responses on a paper or iPad survey.
- safeguard anonymity of response and ensure that there is neither obligation on the patient or carer to take part nor any bias in their answers.
- assist with disseminating the survey results to patients, relatives and to Hospice staff for evaluation and review.

During 2016/17, the Hospice plans to implement ‘Real Time’ surveying to all patients attending the Spring Centre.

Relative/Carer Experience Surveys

Eight to nine weeks after a patient’s death on the Inpatient Unit, their relatives and/or carers are sent a questionnaire by post asking them to comment on both their personal experiences as well as the experiences of their relative.

The survey covers all aspects of their relative’s stay from receipt of written information, the quality and responsiveness of the catering, privacy, dignity and courtesy - to understanding and involvement in treatment decisions, opportunities to ask questions and how telephone calls were dealt with.
All the responses received provide valuable feedback for the Hospice team and are used to help shape the care and service provided for patients and their relatives.

Between 1st January and 31st December 2015 a total of 195 questionnaires were sent out and a total of 109 were returned – a response rate of 54%.

**Key findings**

In comparison with the 2014 audit:

- There was a 10% increase in levels of confidence in Hospice staff
- In all the remaining areas there was a similar level of satisfaction with all but one showing a slight percentage increase in 2015
- The most common themes from relatives’ and carers’ comments related to the care and kindness they were shown during a very difficult time; the help and support they received; the professionalism of staff; appreciation of the hospice and its surroundings; the input of all those working at the Hospice - staff and volunteers, and their gratitude for the service they received

Less positive comments related more specifically to patients’ dietary requirements; the environment in the double rooms; difficulties using the phone; information; discharge planning and the approach of some staff/volunteers.

**Comments from Patients and Carers/Family Members**

**Patient Experience**

‘Staff are so proactive, reassuring and with a ready smile. The caring attitude of staff - and that includes volunteers - cannot be “taught” and is a big indication that the right staff are employed (paid or not!).’

‘The staff are there at the touch of a button and cannot do enough for me. I was not eating when I arrived and now with the correct medication I’m eating and loving it.’

‘I have never felt so safe in my entire life. Everyone is so kind and helpful.’

‘All staff - nursing, Drs, catering & all volunteers were caring, kind and friendly at all times. My stay in the Hospice was a wonderful experience & of great benefit to the whole family.’

‘There is nothing I could add to the treatment I received. Your staff brought me back to the 'land of the living' and I go on to fight for more days. I have only the highest praise for all staff involved in my case. I have met a whole team with so much patience. I can’t have been easy.’

**Carer Experience**

‘The exemplary dignified care given to us all came not only from the medical staff but from everyone - the cleaners, volunteers, social staff and Chaplain. The medical staff (doctors and nurses) were amazing - we all knew what was happening and the course of action from the moment we arrived. We never felt there was a time limit when we were talking to anyone and everyone had time to talk and discuss anything and everything at any time. The inside and outside spaces are fantastically maintained and helped to make a bad situation as pleasant as possible’.

‘I cannot thank all the staff enough at The Hospice of St Francis for the care they gave my relative in his last weeks; also the care given to the family, nothing was ever too much. We could always leave with confidence that he was well looked after when we were not around.’

‘All I can say is that I am so thankful that my husband spent the last three weeks of his life in such a peaceful and caring atmosphere. There was also a cheerful attitude in spite of the seriousness of his illness. The Hospice also provided great support for the family for which I am most grateful’
The Hospice ‘Dashboard’

The Hospice of St Francis ‘dashboard’ is completed monthly, with the latest performance and activity data. It provides staff with ‘real time’ 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 how good our care has been using Quality measures such medication errors, falls and pressure ulcers. (We are also part of a national benchmarking project, supported by Hospice UK, and benchmark ourselves against other similar sized hospices using the same quality measures).

The latest dashboard is discussed every month at the Clinical Leadership Team meeting and the outcome of these discussions influences training and service improvements and service developments.

Tables showing the Hospice’s activity for 2015/16 and Quality Metrics for the year 1 April 2015 – 31 March 2016 are shown below.

**Overall Hospice Activity 2015/16 (in comparison with 2014/15)**

<table>
<thead>
<tr>
<th>HOSPICE ACTIVITY DATA</th>
<th>2014/15</th>
<th>2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Service – Patient Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referrals of patients to Inpatient Unit, Community and Spring Centre</td>
<td>637</td>
<td>675</td>
</tr>
<tr>
<td><strong>Inpatient Unit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of admissions</td>
<td>315</td>
<td>296</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>10.5</td>
<td>14</td>
</tr>
<tr>
<td><strong>Spring Centre</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Attendances</td>
<td>2935</td>
<td>3527</td>
</tr>
<tr>
<td>Clinical Nurse Specialist outpatient appointments.</td>
<td>345</td>
<td>480</td>
</tr>
<tr>
<td>Medical outpatient appointments.</td>
<td>112</td>
<td>171</td>
</tr>
<tr>
<td>Allied Health Care Professional outpatient appointments</td>
<td>803</td>
<td>598</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Nurse Specialist domiciliary assessments</td>
<td>1938</td>
<td>2064</td>
</tr>
<tr>
<td>Medical domiciliary assessments.</td>
<td>30</td>
<td>61</td>
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<tr>
<td>Allied Health Care Professional domiciliary assessments</td>
<td>581</td>
<td>632</td>
</tr>
<tr>
<td><strong>Clinical Support Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult bereavement service contacts</td>
<td>1438</td>
<td>1590</td>
</tr>
<tr>
<td>Children’s bereavement service contacts</td>
<td>550</td>
<td>721</td>
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<tr>
<td>Complementary Therapy contacts</td>
<td>376</td>
<td>346</td>
</tr>
</tbody>
</table>
## Key Quality Metrics - 2015/16

<table>
<thead>
<tr>
<th>Quality Metrics</th>
<th>1 April 2015 – 31 March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of Safeguarding Concerns</td>
<td>36</td>
</tr>
<tr>
<td>No of Serious Incidents</td>
<td>1 (de-escalated later)</td>
</tr>
<tr>
<td>No of Significant Events (Total)</td>
<td>354</td>
</tr>
<tr>
<td>Falls – patients only</td>
<td></td>
</tr>
<tr>
<td>No of patients who fell</td>
<td>48</td>
</tr>
<tr>
<td>No of Serious Incidents</td>
<td>1 (de-escalated later)</td>
</tr>
<tr>
<td>No of Significant Events (Total)</td>
<td>354</td>
</tr>
<tr>
<td>Infection Prevention and Control</td>
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</tr>
<tr>
<td>MRSA Bacteraemia</td>
<td>0</td>
</tr>
<tr>
<td>Attributable C-diff</td>
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</tr>
<tr>
<td>Pressure Ulcers Grade 2</td>
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</tr>
<tr>
<td>Total</td>
<td>89</td>
</tr>
<tr>
<td>No of patients</td>
<td>80</td>
</tr>
<tr>
<td>Avoidable</td>
<td>2</td>
</tr>
<tr>
<td>Unavoidable</td>
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</tr>
<tr>
<td>Acquired at HoSF</td>
<td>5</td>
</tr>
<tr>
<td>Admitted with PU or PU developed &lt;72 hours</td>
<td>N/A</td>
</tr>
<tr>
<td>Pressure Ulcers Grade 3 and 4</td>
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</tr>
<tr>
<td>Total</td>
<td>22</td>
</tr>
<tr>
<td>No of patients</td>
<td>19</td>
</tr>
<tr>
<td>Avoidable</td>
<td>9</td>
</tr>
<tr>
<td>Unavoidable</td>
<td></td>
</tr>
<tr>
<td>Acquired at HoSF</td>
<td>2</td>
</tr>
<tr>
<td>Admitted with PU or developed &lt;72 hours</td>
<td>N/A</td>
</tr>
<tr>
<td>Medication Incidents</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>60</td>
</tr>
<tr>
<td>No of External Incidents</td>
<td>23</td>
</tr>
<tr>
<td>No of safety incidents</td>
<td>13</td>
</tr>
<tr>
<td>No of Audits completed</td>
<td>24</td>
</tr>
<tr>
<td>No of External Incidents</td>
<td>23</td>
</tr>
<tr>
<td>DoLs Authorisations</td>
<td>13</td>
</tr>
<tr>
<td>Other Significant Events (CLINICAL)</td>
<td>70</td>
</tr>
<tr>
<td>Other Significant Events (CLINICAL)</td>
<td>30</td>
</tr>
<tr>
<td>Other Significant Events (NON-CLINICAL)</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
</tr>
<tr>
<td>No of Audits completed</td>
<td></td>
</tr>
<tr>
<td>No of concerns (verbal or written or via feedback forms)</td>
<td>10</td>
</tr>
<tr>
<td>No of Formal Complaints</td>
<td>0</td>
</tr>
</tbody>
</table>
Care Quality Commission Inspection – May 2016

The Care Quality Commission independently assesses hospices, hospitals, care homes and other 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. We are currently still waiting for the full report but verbal feedback from the inspectors, both at the time of the inspection and afterwards, was extremely positive.

Statement from Hertfordshire Valleys Clinical Commission Group

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

During 15/16 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.

Looking forward to 2016/17, Herts Valleys CCG is delighted to continue to work closely with the Hospice as a key partner in helping us to achieve our End of Life Strategy. The strategy reflects the aims of both organisations to continually improve and provide good quality end of life care to its patients and the community.

Gemma Thomas,
Head of Planned & Community Care (Herts Valleys CCG)