



Saint
Francis
Hospice

Caring for you

Quality Account

2022/23

2022/2023 Innovations

During the last year, learning from the most challenging period of the pandemic led to further innovative thinking and service development, enabling us to restart face to face groups and sessions as well as improving technological solutions across the Hospice.



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PART 1

INTRODUCTION

About Us

Our Approach

As an independent charity and one of the largest adult Hospices in the UK, Saint Francis Hospice has a vital role to play in the local community. We have a committed team of specialist consultants, doctors, and nurses who work alongside other health and social care professionals across our catchment area to provide comprehensive care for all who need it. These qualified and compassionate people provide care and support to individuals with a life-limiting illness, as well as to their carers, families and loved ones.

We serve the growing and diverse populations of Barking & Dagenham, Havering, Redbridge, Brentwood and near West Essex. This year, we will see an uplift in government funding to 35.9% of our costs, but we still need to raise £7.696,639 in voluntary donations this year to continue to offer our services, without charge, to those who need them.

Every donation is essential to us, and we value every one of our supporters immensely: individuals, schools, faith groups, local organisations, trusts and foundations and businesses, as well as large corporations. We are grateful to our team of 723 skilled and committed volunteers who help us across the organisation — keeping costs down and adding huge value to the Hospice.



Our Vision

A world where everyone gets the right palliative and end of life support and care for them and their loved ones.

Our Values

These values underpin all that our charity aspires to do, as well as shaping our external and internal behaviour.

Supportive: We listen to people and value peoples' experiences and use them to give the personal support that is right for everyone.

Compassionate: We are kind and provide a caring and compassionate environment for everyone. We put people at the heart of our actions and words and support people's choices and decisions, helping them feel safe, secure and valued.



Inclusive and Respectful: We are open and transparent and value each person's individuality. We respect everyone and value diversity. We believe our different experiences and knowledge make us stronger. Together we achieve more.

Professional: We are experienced in what we do as a Hospice and as a charity. We encourage everyone to give of their best, in providing the appropriate care and expertise to those who need us and support us.

Always Learning: We are open and outward looking, always ready to adapt and change, looking for better ways of doing things, by learning from each other and from the ever changing world around us.

Chief Executive Officer's Statement

I am delighted to share our 22/23 Quality Account and to communicate more about our work, focusing on the improvements and developments we have made since the last report.

The Quality Account provides an overview of the vital work we are doing for our communities - providing care to local people, their friends and families, where and when they need it most. I am pleased to see that progress has been made on all priorities identified for 22/23, in a changing but still challenging environment.

This year, we have re-opened services stalled by the pandemic. I have been delighted to see in-person groups and outpatient activity taking place at the Hospice once again. Of course, many services continued during successive lockdowns and restrictions, and I will always be grateful and proud of the way we maintained services throughout.

We have invested in producing and implementing a new People Strategy to ensure that our workforce is as effective as possible, and that everyone - whether volunteer or staff member and whatever their role - knows and understands their value in the organisation. Equality, Diversity and Inclusion (EDI) has been a focus of this work, as have pay, working conditions and Hospice leadership.

Recruitment has been a significant challenge this year, across all areas of the Hospice, and we hope that the new People Strategy will support increased interest in our available roles.

The Cost of Living crisis has had a significant impact on the Hospice, with energy costs rising by £300,000, but we felt it important to support staff during these very challenging economic conditions. We were pleased to be able to give two Cost of Living payments to staff during 22/23 to help ease the financial burden while we await a pay review.

We are slowly rebuilding our volunteer workforce after the pandemic, and we have introduced new roles across the Hospice to appeal to a broader group of people. Our volunteers add considerable value to the Hospice, and I am grateful for their continued and committed support.



Saint Francis Hospice remains at the heart of our diverse community, and I am grateful to so many individuals and organisations that make it all possible, as well as to our commissioners and partners. Together we provide outstanding, compassionate care to all who need it, and I am proud of what we have achieved this year.

PAM COURT
CEO

Statement of Assurance from the Board

On behalf of the Board of Trustees, I am delighted to present the 22/23 Quality Account. Once again, I am pleased to see the progress made during the last 12 months, including work on our stated priorities for this period which in a post-Covid environment focus on the ever-changing needs of our patients. All data available on the quality of care provided across all services has been reviewed.

The role of the Board includes monitoring and maintaining the clinical and corporate governance of the Hospice, fulfilled by attending quarterly governance committees: Clinical, Corporate and Finance, Audit & Investment Governance. These committees receive reports about the work that is done, in order to maintain, develop and improve the high quality services provided by our Hospice. These committees now meet on a hybrid basis, but with emphasis on meeting in person whenever possible.

This year, we have undergone a Governance Review in order to ensure that our Board remains strong and effective, and we are currently working through the recommendations.

During the last 12 months, Integrated Care Boards (ICBs) have replaced Clinical Commissioning Groups (CCGs), giving scope for improved sustainability and more collaboration between providers in the new, larger ICB areas. I am pleased to note that we have agreed a 5 year contract from April 2023 with the North East London ICB. Saint Francis Hospice has played a key role in some excellent joint working on the ICB's End of Life Strategy.

Our community has once again stood by us this year, providing funds and giving of their time and talents to support their local Hospice. Donations from individuals, local organisations, businesses and trusts ensured all our services remained available for people who needed them. I am grateful for their commitment and kindness. Without them, there would be no Hospice.

Having come out of the pandemic, there has been little let up in the numbers of patients and families needing our care and support. Our staff and volunteers have once again given of their best



to ensure people in our community can access specialist end of life care. Our Hospice is built firmly on the shoulders of this wonderful workforce, and I am grateful for each and every person who has worked so diligently and selflessly to put our patients and their families first.

PETER CRUTCHETT
Chairman, Board of Trustees

Priority 1: Patient Safety Projects

1.1 NIGHT OWLS PROJECT IN THE INPATIENT UNIT

Authors: Karen Freeman and Jo Noguera

Aim

To recruit a new team of volunteers to work alongside the Inpatient Unit (IPU) team offering periods of time during twilight and overnight. Volunteers, who we call our Night Owls, would sit with patients offering individualised attention dependant on their needs.

Progress

Over the initial 12 months we contacted our Night Owls as needed (like a 'bank' pool of staff). The Night Owls provided not only 1:1 support and reassurance but also provided extra eyes and ears to alert staff when the person they were caring for may require further intervention. The project is proving to be a success, with positive feedback from the Owls and from our staff in the IPU. We are set now to gather data on the number of times the volunteers were used and for what situations, and to review the experience of the volunteers more formally, towards adjusting induction, training and ward support as needed and to explore whether there is interest in developing the role further.

Work outstanding

We plan to recruit additional volunteers and we need to ensure that all IPU staff are kept aware of the service.

We plan to expand the service in to the IPU during the daytime by way of a volunteer patient buddy/companion service throughout the week. The volunteer will visit the people we are caring for to engage those that are able to do so in activities such as reading, completing puzzles, crafts, crossword, painting nails, etc.

This service will enhance the IPU experience for patients and their visitors by way of mental stimulation and engagement and will support the IPU staff during the day which will increase the use of volunteers on the IPU.

This would require a new job description and new recruitment if agreed.



PART 2

REPORTING ON OUR PRIORITIES

The Quality Account gives us an opportunity to appraise and report on the progress we have made on the priorities identified in last year's publication, and in this section we do exactly that. All improvement priorities – under the headings of Patient Safety, Clinical Effectiveness, and Patient Experience were chosen for their direct impact against the quality of care that patients and families receive from the staff employed by, and services provided by, Saint Francis Hospice.

Priority 1: Patient Safety Projects

1.2 IDENTIFYING, RECORDING AND LEARNING FROM INCIDENTS - IMPROVING SYSTEM AND PROCESSES

Authors: Dr Corinna Midgley (Medical Director) Joanne Noguera (Ward Manager)

How was it identified as a priority?

All organisations must manage incidents; incidents such as patient trips and falls, unintentional drug omissions, medication supply issues; also, broader issues such as information breaches/waste disposal challenges. We have long had a paper-based incident reporting system which was very time consuming to manage. This year we moved to a simpler digital form with aspirations as per the goals below.

Aim

1. Abolition of paper records of any incidents in any location within SFH
2. Embedding of the Sentinel system of incident reporting across the whole organisation
3. Accessible system to enable any/all staff to report an identified incident
4. A feedback mechanism within the system, for those reporting an incident and for those involved
5. Ability to identify/extract themes to inform teaching and training
6. Engagement of Special Interest Groups (SIGs) to lead on development of training based on learning from incidents/root cause analysis as well as on wider evidence-based developments in their field e.g., in pressure area care, medicine administration competencies, information governance/security
7. Generation of meaningful high-level reports for governance purposes

Progress

Great progress has been made across the whole organisation. We now have no paper-based report forms; all is digital, and staff are either confident to use or know who to go to for help in learning. Incident reporting has been maintained and

includes submission of near misses; a testament to the engagement of staff, committed to identifying learning. We have been able to develop reports so that senior leads can pull reports tailored to need, including monthly and quarterly top-level information. Themes are analysed through a tailored report and presented regularly at quarterly management group meetings, with summary information and learning to the quarterly governance committees. Our education team have been abreast of learning via their attendance at management groups and bring the learning to team and bespoke sessions in a planned manner. Sessions have received very positive feedback.

Work outstanding

We need to adjust the reporting system to ensure that those who did the original incident alert get individualised feedback, reliably, from the incident owner, via email. Our IT team is finalising this work.



Priority 2: Clinical Effectiveness Priority

2.1 ESTABLISHING A MONTHLY SUPPORT GROUP FOR PATIENTS LIVING WITH RARE AND RAPIDLY PROGRESSIVE NEURO-DEGENERATIVE CONDITIONS

Authors: Paula Bavetta and Kathryn Owens



Aim

To deliver a support group for people living with rapidly progressive neurological conditions, such as Motor Neurone Disease, who face challenges due to the nature of the condition that manifest in loss of many physical functions and increasing dependency on family and carers, bringing with it emotional and psychological distress.

Progress

Fifteen referrals were received (6 from SFH therapists, 5 from the SFH Specialist Community and Crisis team, 2 from the SFH referral hub and 2 were self-referrals) and the sessions had an average of 8 attendees; both the person living with the condition and their carer. Each person referred received a questionnaire asking what content they would like to have within the sessions. This enabled us to create a programme which would benefit them all.

Between February 2022 and December 2022, we delivered 9 monthly support sessions. 2 sessions were cancelled due to limited numbers and reduced staffing.

Initially the group was delivered by a Therapist, Therapy Assistant and Complementary Therapist. Following reduced COVID restrictions we are now fortunate to have volunteer support and a volunteer Complementary Therapist.

For the last 5 sessions a member of the family support team facilitated a carer only group enabling conversation and support.

Five people received timely onward referrals to other SFH services, including one person for complex advance care planning, and 2 for end of life care and support.

Currently 9 patients remain active on the group. 6 patients no longer engage with the group (2 people have died and 4 people found the group not appropriate for them or requested no further contact).

People attending the group are able to receive 1:1 support from a Physiotherapist and/or Occupational Therapist. They are also offered psychological and pastoral/spiritual support, specialist community crisis intervention and medical care.

Sessions have included advice on falls avoidance, breathing and respiratory issues and advance care planning. In addition, external guest speakers, such as the area Motor Neurone Disease Association Coordinator, have taken part.

The group participants receive a questionnaire asking for their thoughts having attended the group; to the question "Overall, do you find attending the group is making a difference to how things are going for you at present?" the vast majority have answered 'Yes I have found the group to have benefitted me'. Full survey results are available.

This group has proved to be a valuable support and resource and will continue on a monthly basis.

Work Outstanding

Whilst we have had several referrals from internal services, the priority will be to increase referrals from external health professionals.

Priority 2: Clinical Effectiveness Priority

2.2 PROFESSIONALS RECONNECT IN BARKING AND DAGENHAM

Authors: Bridget Moss, Head of Professional Practice and Education and Jan Scott Transformation Development Manager



Aim

Our aim was to reconnect and increase contact with health professionals in Barking and Dagenham. The referrals we receive had increased but the contact between health professionals had declined, primarily due to new ways of working after the pandemic.

Progress

Earlier last year we hosted a virtual meeting for health care professionals in Barking and Dagenham with a variety of speakers which included case studies by District Nurses, the role of the Medical Examiner, meaningful burials for different faiths, the role of the Coroner and information about services at the hospice. The event was very well attended, and this was the beginning of the journey to reconnect with colleagues in this borough.

Clinical Nurse Specialists now have monthly meetings with Barking and Dagenham District Nurses, Community Nurses and the End of Life Care Facilitator to provide opportunity to share information, discuss dual concerns, and promote collaboration and networking. This is supportive across teams and will potentially result in new referrals to Saint Francis Hospice and has resulted in an excellent holistic approach for individual care plans.

Our Hospice at Home team have invited Barking and Dagenham Community Nurses and student District Nurses to shadow their Staff Nurses and Health Care Assistants so they can experience how we care for people in their own homes. This has resulted in strengthening relationships and understanding of one another's roles, and this will continue in the future.

Our Transformation Development Manager contacted Social Prescribers and teams supporting people with dementia in the borough. Presentations to these professionals resulted in their teams having a greater understanding of the Hospice services, which has also resulted in referrals for the people they currently care for in the community.

Work Outstanding

We will need to ensure that the current partnership approach to health care continues by way of monitoring the levels of referrals received. Contact with Admiral Nurses and attending Protective Learning Times events for GPs will be established during the next 12 months.

Priority 2: Clinical Effectiveness Priority

2.3 BUILDING ON OUR EMBEDDED OUTCOME ASSESSMENT AND COMPLEXITY COLLABORATIVE (OACC)

Authors: Paula Bavetta – Practice and Quality Improvement Lead

Aim

The aim of this initiative was to improve consistency of recording the Outcome Assessment and Complexity Collaborative (OACC) suite of outcome and complexity measures in patient records to enable reporting of data to illustrate both patient complexity and effectiveness of care delivered.

Progress

We have created a training resource as part of the mandatory training programme for all clinical staff and have re-engaged team champions to help deliver and advocate for the OACC measures within teams.

Resources have been created to inform processes of inputting, and there are regular meetings of champions to create action plans to continue driving forward.

We have achieved an initial KPI of 100% for capture/recording of first assessment symptom/complexity and performance status scores. There has been measurable improvement in wider data capture on the Inpatient Unit.

Work Outstanding

We will continue to improve data collection, aiming to ensure collection of data at both the beginning and end of a spell of care to allow comparison and improved illustration of complexity of issues for our service users, and the impact of our care.

The aim will be to use the data to inform complexity/dependency of the IPU caseload and to further develop and report on KPIs to Clinical Governance concerning complexity and outcomes.



Priority 3: Service User Experience

3.1 NUTRITION IMPROVEMENT FOR THE INPATIENT UNIT

Authors: Chris Franklin and the Five Sisters Managed Services at St Joseph's Hospice



Aim

We recognise that good nutrition is an integral component of caring for people. Nutritional food provides physical benefits, help in managing chronic illnesses, builds/maintains strength, reduces the risks of infections, and supports psychological comfort. Saint Francis Hospice, in partnership with Five Sisters Managed Services Ltd made improved nutritional meals a top priority this year.

Our aims:

- ♥ to put greater emphasis on fresh ingredients for hospice inpatient menus
- ♥ to increase healthy vegetarian choices
- ♥ to improve the nutritional value of all cooked dishes
- ♥ to improve the catering offer for all dietary and cultural/ethnic diets
- ♥ to introduce a new seasonal three-week cycle inpatient menu

- ♥ to improve out of hours catering options for service users and for visitors
- ♥ to introduce staff training, to improve cooking practices and procedures and achieve a higher quality offering

In 2021 we introduced more robust Food Hygiene and Hazard Analysis and Critical Control Point (HACCP) procedures around food storage, preparation, cooking and serving, and purchased some new catering equipment. Our aim: to achieve and maintain an excellent Food Hygiene Rating.

Progress

Good progress has been made in all the above areas. We now have:

- ♥ an established, wider choice menu of both vegetarian and vegan options
- ♥ a new, seasonal 'Dish of the Day'
- ♥ The menu, a rotating 3-week cycle menu, which will be refreshed and revised four times per year

- ♥ We now have a wider and more accessible out of hours offering
- ♥ Tailored (e.g., gluten free) and culturally/ethnically varied meals are now available daily, for rapid provision on request
- ♥ We have developed a staff training programme. Feedback has confirmed an improvement in cooking practices/procedures and a higher quality offering.

An industry leading Food Safety Management System, built on HACCP principles and exceeding the requirements of the Food Safety Act 1990, has been operational since November 2021. This, with more stringent controls, systems and training as set by Five Sisters Managed Services Ltd led to an improved FHR score of 4* on initial inspection in 2021. This has been achieved again in 2023.

Work Outstanding

To further advance IPU quality around modified textured diets, Five Sisters Managed Services can support the roll out of the International Dysphagia Diet Standardisation Initiative (IDDSI) standard should Saint Francis Hospice decide to adopt this model.

A new ready-meal solution is to be rolled out within the next two months, to broaden the out of hours menu. This will be extended to staff.

The Head of Catering Operations at Five Sisters Managed Services continues to seek inclusion in any working groups that are centred on patient catering.

Minor kitchen improvements are needed to reach a desired FHR score of 5*. Work in progress. We hope that we will maximise scoring upon next inspection.



Priority 3: Service User Experience

3.2 SLEEP WELL INITIATIVE

Authors: Dr Andrew Jackson (IPU) Sharon Williams (Complementary Therapist)



Aim

We were aware that a good night's sleep can be hard to achieve for some people with advanced illness, especially when in an unfamiliar environment like our Inpatient Unit. We wanted to support anyone needing to be on the Inpatient Unit to get the best possible night's sleep. We had already had a little feedback last year about sleep disturbance from noises that carried through the ward, like noisy waste bin lids, banging doors, loud buzzers and from people talking, and had started work to reduce noise.

Progress

Throughout 2022 we carried out work to assess the quality of patients' sleep on the IPU, to identify the causes of poor sleep on the unit and, importantly, what the Hospice could do to improve this. From our initial survey we learnt that most patients were already sleeping badly at home and that anxiety, worry and symptoms (e.g., pain) were the main causes of this. These issues continued on the IPU but we learnt that by simply being admitted to the Hospice (without any specific sleep interventions) patients' sleep quality improved. Our assumption being that as patients' symptoms, worries and anxieties were treated and improved, their quality of sleep followed suit.

However, despite this, sleep quality remained an issue for patients, so the therapies team developed a 'sleep box' for nursing staff to use for selected patients on the unit. This included equipment and guidance to give relaxing hand massages, guided meditations, aromatherapy sprays and oils, eye masks and ear plugs, and other items patients may find useful. We learnt that those who used the sleep box found it incredibly helpful and the interventions effected significant improvements in their sleep.

Work Outstanding

The focus is now on ensuring staff awareness and use of the sleep box continues beyond the data collection period of the project. We've found that prescribing the sleep box on patients' drug cards is a useful way of flagging need to the nursing team - especially the night team who are more likely to use it with patients. We are now working on ensuring that a process is available so that patients who have found the sleep box helpful on the IPU can continue using the items when discharged home.

Priority 3: Service User Experience

3.3 EXPERIENCE FEEDBACK

Authors: Jan Scott (Transformation Development Manager) and Brigid Hardy (Business Manager)

Aim

Our aim is to encourage feedback from people who have used our services to provide meaningful, honest, and independent reviews on the services they or their loved ones have received. We use this feedback as a quality indicator to assist with improving services and to tell us what we are doing well and how we can improve even further in the future. Our Individual Experience Management Group (IEMG) identified that the number of completed satisfaction surveys received from service users had decreased during 2021-22.

We wanted to give people choices on how they would like to give us their comments and suggestions, and we wanted this to include a digital option, as well as the usual paper-based survey.

Progress

In addition to completing surveys using our website, in person on site, or by telephone, we invested in a digital monitoring and feedback system, iWantGreatCare (IWGC). This included 3 podiums, with secured iPads, which were installed in the Hospice and sited in the Inpatient Unit, The Orange Cafe and in Pemberton Place, our day services department. This allows people to give 'real time' feedback about the care and service they have received that day. This gave us quantitative and qualitative feedback, giving us a real insight, with data, that provides us with the opportunity to ensure continuous improvement of all the services. To enable people to complete their feedback we are in the process of training 4 volunteers who can assist people to use the iPad so they can complete the survey digitally themselves.

These are the outstanding results since implementing iWantGreatCare

2021-22	Surveys completed	154
2022-23	iWGC feedback forms completed	282
2021-22	Comments received	54
2022-23	iWGC Comments received	226

As a result of the commitment in utilising iWGC, we received the excellent news that our Specialist Community and Crisis Support Team (SCCS) were awarded a Certificate of Excellence. Only the most highly recommended clinicians and providers across the country receive this endorsement in recognition of outstanding care and patient reviews.

Work Outstanding

During this coming year 2023/2024, we will expand our data platform to include ethnicity and long-standing conditions. This information will provide invaluable evidence when researching our widening access strategy.

Our intention is to continually monitor the number of surveys completed to ensure we are reaching as many people as we can. The reports we will receive from iWantGreatCare will demonstrate this for us. We will continue sharing these reports with our IEMG Group, which includes external members from HealthWatch, and our Clinical Governance Team.

iWantGreatCare

PART 3

PRIORITIES
FOR 23/24

We're proud of the services we provide at Saint Francis Hospice but we know that there are always things that could work better. The delivery of high quality care is at the heart of what we do, for our patients, staff, volunteers and trustees, and to make our care even better, we prioritise key areas of development each year. This section highlights the main quality improvement projects we will be focusing on in 2023/24.

Priority 1: Patient Safety

1.1 THE IMPLEMENTATION OF THE PATIENT SAFETY INCIDENT RESPONSE FRAMEWORK

Authors: Tes Smith (Director of Services) Brigid Hardy (Business Manager)

How was this identified as a priority?

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety events. This newly launched framework has been developed to aid learning from incidents and improving patient safety. The PSIRF supports the development and maintenance of an effective patient safety incident response system that integrates four key aims:

- ♥ compassionate engagement and involvement of those affected by patient safety incidents
- ♥ application of a range of system-based approaches to learning from such incidents
- ♥ considered and proportionate responses
- ♥ supportive oversight, focused on strengthening the functioning of the response system and on ongoing improvement

We are required to adopt the PSIRF from September 2023. The PSIRF will replace the current Serious Incident Framework (2015).

This is a contractual requirement under the NHS Standard Contract for all services provided under such a contract. This includes our hospice services.

What are the goals we are setting?

By the autumn of 2023 we will need to have transitioned to the PSIRF.

We will need to develop a thorough understanding of our patient safety profile, and actions, in response to analysis of events, using established improvement methods.

Preparation will be broken down into phases to ease transition. This will help to provide detail around discrete activities, enabling us to set strong foundations for the full implementation of the framework.

- ♥ The 'Patient Safety Event Analysis' (incident investigation) report template will be adopted.
- ♥ A business case for a Patient Safety Officer (PSO) will be completed, with hope for Integrated Care Board (ICB) support and for recruitment to support the following actions:
 - to seek out Patient Safety Partners (PSPs) by engagement with our local hospitals, regional ICBs, and smaller providers like Saint Francis Hospice
 - to prepare and embed PSIRF training into our mandatory training schedule. Training will start in April 2023, beginning with the Senior Leadership Team and our Board of Trustees
 - adaptation of our safety incidents reporting tool, 'Sentinel', to reflect the changes in culture and understanding of terminology that PSIRF requires.

How will it be monitored?

PSIRF oversight will focus on enabling and then monitoring improvement in safety of care. The PSIRF will not simply monitor investigations and analytical quality. Oversight will ensure learning focuses on identifying the system factors that contribute to patient safety events, rather than on finding individuals to blame.

Monitoring and reporting will be part of daily activity, collated and summarised at the Quality and Assurance Management Group, with a quarterly report to our Trustees via our Governance Committee meetings. Progress will form part of emergent learning. Individuals will be encouraged to be actively involved in self-learning and self-discovery and to build their own understanding of how to improve performance.

Priority 1: Patient Safety

1.2 THE IMPLEMENTATION OF TRUSTED ASSESSORS COURSE AND IMPACT ON SERVICE USERS

Author: Kathryn Owens – Therapies Manager

How was this identified as a priority?

The Therapies Team at Saint Francis Hospice comprises Physiotherapists, Occupational Therapists and Complementary Therapists. We can offer a selection of equipment to individual patients in the community as part of our role, to support people at home and to reduce hospital admissions. It is crucial that safety at home is ensured, also that equipment is provided in a timely manner. To increase the ability of the team to provide this invaluable service to individuals known to our services we made the decision to train some team members as Trusted Assessors. This training gives the learner the skills and confidence to provide advice on or assess needs, and to prescribe an equipment or adaptation solution. The service has already been provided to some, with positive feedback so far. We now need to extend and evaluate the impact of our investment.

What are the Goals we are setting?

- ♥ To provide a safe home environment
- ♥ To enable people at home, increasing independence
- ♥ To ensure safe appropriate equipment is provided
- ♥ To increase the service to individual patients
- ♥ To provide equipment appropriate to service user in a timely manner
- ♥ To reduce hospital admissions

How will the progress be monitored and reported?

This service will be evaluated by data gathering, and from a questionnaire to service users after 6 months between January 2023 and June 2023.



Priority 2: Clinical Effectiveness

2.1 RECYCLING DRUGS DESIGNATED FOR DESTRUCTION

Authors: Joanne Noguera (Ward Manager), Victoria Wyke-Joseph (Pharmacist), Salma Begum (Pharmacist), Dr Corinna Midgley (Accountable Officer)

How was this identified as a priority?

In recent years our team has found itself facing difficulties due to national shortages of critical palliative drugs on a fairly regular basis. At the same time we have regularly had to oversee the destruction of the very same drugs on the Hospice inpatient unit.

During Covid19 times, in an effort to preserve national stocks, Standard Operating Procedures were adapted in some nursing homes to enable commonly prescribed medications for symptom control which were unused to be recycled rather than destroyed.

We want to explore the feasibility of adopting such a scheme in our inpatient unit, i.e., recycling rather than routinely destroying all unused patient named drugs.

Legally, only medication dispensed from our local chemist can be recycled. Stringent conditions need to be met to ensure safety. Articulation and implementation of new processes will take time and effort, but we hope that the pilot will identify real benefits of recycling, i.e., preservation of medication where national stock is under strain, and cost savings which outweigh the effort required.

What are the goals we are setting?

Our goal is to pilot a recycling process on the inpatient unit for standard palliative care medications, including Controlled Drugs and some other drugs which have been in short supply in recent years, or which are high cost.

We will need to:

- ♥ revise our Standard Operating Procedure to ensure that robust processes and safeguards are in place to guide staff to select, separate, record, re-label and store into our stock a list of medications which were dispensed to inpatients during their time on the inpatient unit, and who no longer need it
- ♥ identify a list of key medications we can recycle

- ♥ train the ward manager and sisters in the new processes
- ♥ designate protected time at month end for 6 months (from April to end Sept 23) for the pharmacist and a trained ward manager or sister to recycle together.

How will it be monitored?

The pharmacist will record the time spent recycling, which medications have been recycled, what the medicines recycled cost and whether any have been subject to national shortage within the previous 6 months.

At the end of the pilot period we will present the data gathered to the Clinical Governance Committee, towards a balanced decision as to whether it will be worthwhile to continue the pilot into normal practice or not.



Priority 2: Clinical Effectiveness

2.2 DEVELOPMENT OF COMMUNITY FACING STAFF

Authors: Lesley Burrows (Head of Community Services and Commissioning Lead) Maria Stripe (Team Leader) and Jane Elmer (Team Leader)

How was this identified as a priority?

The Specialist Community and Crisis Support team (SCCS) are highly skilled and knowledgeable clinical specialists. It is not always easy to develop the knowledge, skills and experience required. Thus in 2015 we introduced internal development opportunities for nurses, providing mentoring support and a competency-based framework to support them to gain the high standards required. Development posts have since provided a successful transition route for nurses aspiring to be Community Clinical Specialists.

In recent years it has been hard to recruit to experienced community clinical specialist posts, and to recruit nurses wanting to transition. We thus need to look to professionals from alternative backgrounds who could be supported to develop the specialist knowledge, skills and high level of autonomy and decision making required.

What are the Goals we are setting?

- ♥ Provision of a high-quality 24-hour service which provides consistency of advice and support to manage people who are at home or in care homes with advanced disease and with complex symptoms, and to help them avoid unnecessary hospital admissions.
- ♥ To maintain funding for training of all of our Community Clinical Specialists as non-medical advanced prescribers (NMPs). Currently a proportion are trained. NMP training has enriched the service, with reduction in delays for symptom management and thus positive outcomes for individuals.
- ♥ To maintain service, developing a broader structure for succession planning: using vacant development roles and a refreshed competency-based framework to extend development opportunities to a wider variety of health professionals, and with hours that are more appealing to potential recruits.

- a senior staff nurse post on the Specialist Advice line (SAL) will enable the clinical specialists on the SAL to focus on the more complex situations.
- Job description created, evaluated, advertised and recruited to.
- a paramedic professional. Through short term placements arranged by paramedics following high exposure to end of life care community scenarios during Covid19, we identified numerous transferable skills that could be built upon in a development role.
- additional posts to manage the high day time service demand on the Specialist Advice Line, with possibly more attractive working conditions than that of a conventional Clinical Specialist e.g. no community visiting; weekday working.
- adaption of our current competency-based framework for individual learning and development needs for the above posts.

The time frame of development roles will need to be flexible, but will usually be around 12-18 months, with probation and assessment framework for the first 6 months, and biweekly one to one meetings to set goals and evaluate learning.

How will it be monitored?

- ♥ Monitoring of vacancy rates
- ♥ A wider pool of interested applicants
- ♥ Successful recruitment into unfilled community specialist sessions
- ♥ Senior mentoring support, and ongoing monitoring of competencies acquired during the 12 months development phase. Additional ongoing provision of service-lead assurance.

Priority 3: Patient Experience

3.1 LEADING ALONGSIDE LOCAL COMMUNITIES/PARTNERS IN REDBRIDGE - SUPPORTING BETTER ACCESS TO OUR SERVICES BY INCREASING UNDERSTANDING OF WHAT WE DO

Authors: Bridget Moss (Head of Professional Practice & Education) and Jan Scott (Transformation Development Manager)



How was this identified as a priority?

Recent research identified that the Hospice was receiving significantly fewer referrals for people from ethnic minority origins in comparison to the population and demographics of the area we serve. As an example, data from the latest 2021 census shows the population in Redbridge comprises 60% people of ethnic minority origins, with census returns from 47% Asian, 8% black, 40% White, 5% other. Of the referrals we received that year only 23% were for support of people who defined themselves as non-white UK or white/non-white non UK.

Our aim is to try to increase referrals to hospice services from people who may find it difficult to seek palliative care, with confidence that our services are for them. As a key priority we will ensure we communicate a clear message about how the Hospice can support with and provide the individual care people need in advanced illness, and

that the care we give and the language we use is representative and culturally sensitive.

What are the goals we are setting?

The Transformation Development Manager will form a steering group to focus on widening access to our services. This group will feed into the Equality, Diversity, and Inclusion Strategy Group.

Our goal is to increase the percentage of referrals from people who define as non-white UK or white/non-white non UK.

We aim to ensure that what our services offer is clear, and service descriptors are in accessible form. Also that our own staff and services are culturally welcoming and that our care is culturally sensitive.

We will be working to ensure that care includes provision of language translation, space to pray, pastoral care and choices for nutrition, and that this message is widely shared. We will host an 'open morning' during 2023 to invite questions and ideas around acceptability and accessibility of services, and will include presentations from service managers, service users via case sharing, partnering health professionals, and a Muslim chaplain from the London Chaplaincy Team. Our target audience will be faith forum members, faith leaders, and health and social care professionals.

How will it be monitored?

Our data analyst will provide reports for referrals received, including a breakdown of age, gender, and ethnicity. This will enable us to compare the 'before' and 'after' percentages of people supported. This monitoring will be reported to our Clinical Governance Committee quarterly. We will also collate service user and local community ideas and implement change as we go along according to feedback.

Priority 3: Patient Experience

3.2 RESEARCH THE USE OF INTERPRETERS, PURCHASE AND TRIAL OF INTERPRETING DEVICE IN IPU

Authors: Jan Scott (Transformation Development Manager) and Bridget Moss (Head of Professional Practice and Education)

How was this identified as a priority?

A service user may not be able to communicate fully with staff because their first language is not English or because of difficulties with hearing, sight, speech, or a combination of these. In this situation we need to enlist the services of an interpreter or signer or find other means of communication to enable the person to fully participate in discussions and decisions regarding their care, and express their preferences, wishes and feelings.

What are the Goals we are setting?

The existing policy for translators provides our standard to communicate well with everyone we support. It lays out the procedures for sourcing internal and external interpreters. The policy and procedures will be revised, with aim to make day to day communication easier, and to prevent isolation by supporting staff and service users to communicate more easily with each other.

This will be done by providing easier to access interpreting, signing services or digital communication, so that the person can better discuss their situation and share concerns and so that we can better help informed discussion and decision making.

We will enrich current external service provision to allow a first-class pre-booked face to face appointment, or a telephone/video call. We also hope to purchase digital interpreting devices which we can use to provide an instant interpreting system, within the hospice and in the community.

In addition, our plan is to raise funds to provide British Sign Language training for a number of hospice staff, enabling better communication for service users with hearing loss. This is an essential adjustment as required under the Equality Act 2010.

How will it be monitored?

The Interpreting Policy will have a review date which will be monitored. The use of interpreting services, including digital devices, will be recorded and monitored. In addition, a survey for our service users and staff who have used the services/devices will be completed, monitored and reviewed.



Priority 3: Patient Experience

3.3 WELLBEING PACK – SELF MANAGEMENT HELP: RESOURCING A RE-SETTING PACK FOR SERVICE USERS

Authors: Klaire Craven (Complementary Therapist) Josh Singleton (Community Clinical Specialist)



How was this identified as a priority?

One of our Clinical Specialists, Josh Singleton, brought to our attention that some of the people being visited by our Specialist Community Crisis and Support team needed support regarding their living space. The Therapies Team were asked to help. Many factors play a part in how someone feels and manages at home. Symptoms such as pain, and practical issues such as managing wounds/dressings or reduced mobility/function need to be considered. Social isolation imposed by chronic illness and functional impairment can lead to people feeling incredibly low at times, which may lead to depression and poor mental state.

Limited research attention has been paid to the mental health and wellbeing of housebound older adults; however, our concern is that this group may be more susceptible to depression than their peers, and if housebound and isolated they are at risk of their needs being unrecognised, undiagnosed and untreated.

We recently started a project; “**Mindfully resetting your space – bringing the outdoors in**”. Mindfulness was a core component of this project because mindfulness has been seen elsewhere to significantly improve patients’ wellbeing and psychological

condition through difficult times. Studies also show that nature can be very calming – so that combining both to mindfully experience and engage in smells, sights, sounds and some activities of the outside whilst inside, can, we hypothesise, have a positive effect on the emotional, physical and psychological wellbeing of someone who is housebound through advanced illness.

What are the goals we are setting?

- ♥ To provide written information with suggestions as to how a living space can be reset to facilitate feelings of calmness and wellbeing
- ♥ To encourage use of suggestions provided in the literature to prompt self-awareness of how small changes within the living space can affect wellbeing – empowering people to cope better with being housebound
- ♥ The information is to be accessible to all service users and to carers
- ♥ To seek service user feedback about the information: to explore whether and what difference this has made

How will the progress be monitored and reported?

- ♥ A service user survey/questionnaire to monitor progress and efficacy
- ♥ Incorporating a Likert scale to measure feelings of wellbeing before and after changes in order to quantify findings.

Results will be collated for next year’s report, towards a decision as to whether to continue to develop and distribute service user tools and support in this direction.

Priority 3: Patient Experience

3.4 EXTENDING THE EDI APPROACH AND KNOWLEDGE TO INCLUDE NEURO DIVERSITY

Author: Jenni Aylen – Director of People and Culture

How was this identified as a priority?

The Hospice's commitment to ensuring exceptional care for our service users means that we are continually looking at how we can build knowledge, awareness and understanding to meet the needs of all people that use our services. A strong commitment to equality, diversity and inclusion is evident within the Hospice and we have strengthened this further in recent months with updating our core mandatory training for staff across this subject matter.

Furthermore, the Hospice has responded to the requirement of the Health and Care Act 2022 which introduced a requirement for regulated service providers to ensure their staff receive training on learning disability and autism.

Meeting the needs of our patients, carers and families is vital to the delivery of outstanding care, and ensuring that Hospice colleagues have the training and knowledge to feel competent and confident is an essential aspect of this. The Hospice identified a need to proactively commence the roll out of this training at pace to all employed staff at the beginning of 2023. The Oliver McGowan Mandatory Training on Learning Disability and Autism is the standardised training developed for this purpose and is the Government's preferred and recommended training for health and social care staff. It is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have better training. It is the only training with permission to include Paula McGowan OBE, telling Oliver's story and explaining why the training is taking place.

The advancement of our approach to EDI has seen the commitment to recruiting to a new role within the Hospice, namely an Inclusion and Wellbeing Lead. This role will drive our work to further develop and embed best practice in EDI with the aim of achieving accreditation under the Fairness, Respect, Equality, Diversity, Inclusion and Engagement

framework (FREDIE) with the National Centre for Diversity.

What are the Goals we are setting?

The Hospice is committed to achieving a 95% compliance with the Oliver McGowan training in 2023; teams have prioritised this learning to be completed by year end. Early reflections on the training have indicated how powerful, insightful and galvanising the training content is, ensuring staff have an awareness of this important subject matter.

The Hospice is dedicated to becoming a Disability Confident employer in 2023, ensuring that our recruitment processes and entire employee journey supports colleagues with disabilities to access and thrive in employment.

How will it be monitored?

The Hospice will monitor completion of this training on a monthly basis with reporting via our Education Management Group to the Corporate Governance Committee, to give assurance of the ongoing commitment.



PART 4

PARTICIPATION IN CLINICAL AUDITS

Participation in Clinical Audits

Authors: Paula Bavetta (Quality Improvement Lead) & Tahnee Howard (Practice Development Staff Nurse)



Saint Francis Hospice believes that audit of the practices and services we offer ensures that we develop, maintain and support a culture of evidenced-based practice in the management and delivery of services within the Hospice.

Annual Audits Programme

An annual cycle of audits measures our service against recognised national standards of excellence and our own organisational standards. We use national tools developed by Hospice UK (the national charity for hospice care) and in-house tools that we have created. These enable us to assure our standards and benchmark services against standards of excellence for a wide range of health, safety and care delivery principles.

The programme is dynamic. Over the past year we have seen the completion of 17 audits by a range of staff involved in service delivery.

National Benchmarking Audits completed 2022-2023

1	Hospice UK - Infection prevention Inpatient Unit
2	Hospice UK - Infection prevention Pemberton Place
3	Hospice UK - Pre-bereavement
4	Hospice UK - Self assessment, Controlled Drugs Accountable Officer
6	Hospice UK - Admission Inpatient Unit
8	Hospice UK - Assessment telephone Clinical Nurse Specialist (CNS)
9	Hospice UK - Ongoing support CNS
10	Hospice UK - General Medicines
11	Hospice UK - Controlled Drugs
13	Hospice UK - Management of pressure ulcers Inpatient Unit
14	Hospice UK - Nutrition & Hydration
15	Hospice UK - Pain Management
16	Hospice UK - Bereavement support
17	Hospice UK - Medical Gases
18	Hospice UK - Safety Matrix benchmarking tool
19	SFH in house - Specialist Community Crisis and Support Team standards
20	Patient Led Assessment of the Care Environment (PLACE)

Short Observational Framework Inspections (SOFIs)



An annual cycle of SOFIs is carried out particularly evidencing care standards on the inpatient unit. These are tools that can also be used to respond to newly identified areas of concern. They are particularly aligned with CQC (Care Quality Commission) key lines of enquiry. 27 SOFIs were completed in the past year.

The Hospice responds to findings from the Audits and SOFIs to ensure the highest possible practices by celebrating evidence of excellent practice alongside implementing change and driving actions that address concerns raised by the audit results.

SOFIs completed 2022-2023

2	Care plans - Inpatient Unit
4	Mental Capacity
5	Environment supports privacy and dignity
7	Informed consent - Inpatient Unit
8	Assessment of risk within clinical and non-clinical areas
9	Reception area
10	Documentation Inpatient Unit
12	Safeguarding people who use services
13	Using clinical equipment
14	Discharge Planning
18	Hand Hygiene
19	Nutrition
20	Whistle Blowing
21	Uniform/dress code: hands on clinical
22	Uniform/dress code: Domestic
23	Maintenance and renewal
24	Documentation-Personalised framework for the last days of life
25	Catheter care
26	Storage of M&H equipment and spot check of servicing tool
27	Diabetic Management
28	Mattress Audit
29	Controlled Drugs Check (Six monthly)
30	Fall Toolkit IPU
31	Medicines Safety Thermometer Audit
32	Hand Hygiene Domestic

Audit Group

Members of the Multi-Disciplinary Team are encouraged to consider aspects of service improvement in the form of Quality Improvement Projects (QIPs). We have a core Audit Group membership which helps with audit and Quality Improvement Project design and ensures that learning and need for change is captured and implemented.

Our Audit Group meets bi-monthly and is open to any member of staff.

During the past year it has received presentations from 7 groups who completed audits as either baselines to inform QIPs (Quality Improvement Projects) or audits to evaluate outcomes of QIPs.

Audits Undertaken in 2021-2022

Audit No.	Date Presented	Audit Title and Presenter
166	Mar-23	Improving rates of corneal donation at St Francis Hospice Dr Nikita Singh, HCA Emma Brown, Dr Christina Chu
164	Jan-23	Audit of Referrals for Care Home Residents, July 2021-March 2022 Mandie Tysoe-Calnon and Magda Mikov from the Referral Hub
N/A	Jan-23	Evaluation: Specialist End of Life Care Ambulance Response Car/LONDON AMBULANCE SERVICE (Georgina Murphy-Jones and Karina Catley, both paramedics/external colleagues)
165	Nov-22	Community Anticipatory Medication Quality Improvement Project 2022 (Advice Line Audit) Dr San San Vijeratnam and CNS Katy Marling
N/A	Nov-22	Sleep Well: A quality improvement project to assess and improve the quality of sleep for hospice inpatients. Sharon Williams, Complementary Therapist + Dr Andy Jackson
162a	Jul-22	OACC Measure - Documentation of Spell of Care Dr Andreas Hadjigeorgiou (a re-audit)
163	May-22	Hospice at Home Referrals: Where did they come from? Were they appropriate? Simone Sims and Julie White from the Hospice at Home team

Highlights:

- ♥ The Sleep Well QIP which led to a poster presentation at the Annual Hospice UK conference
- ♥ The Community Anticipatory Medication Quality Improvement Project. Provision of information on the SFH website led to a 16.5-hour reduction in the time spent by SFH team in prescribing community medication over the course of a month.



PART 5

REVIEW OF QUALITY PERFORMANCE

Quality Performance Overview

Author: Tes Smith, Director for Quality, Care and Support Services, CQC Registered Manager



PAM COURT
CEO
CQC Responsible Person



TES SMITH
Director of Services,
Quality and Care

Use of the CQUIN Payment Framework

Saint Francis Hospice income during 2022/2023 was not conditional on achieving quality Improvement and innovation goals through the Commissioning for Quality and Innovation payment framework. We will continue to look for target based/ QIPP opportunities for the year ahead in discussions with the ICBs that we work with and are contracted by. Through our sub contract arrangements with St Luke's Hospice we have also requested that any CQUIN or new business case proposals that they work to achieve in the future, that we are also considered in partnership to ensure we achieve consistent services within the Brentwood area of Mid Essex ICB.

Statement about the Care Quality Commission

Saint Francis Hospice is required to register with the Care Quality Commission and is currently registered for Treatment of Disease, Disorder or Injury and Diagnostic and Screening procedures. We were not inspected during the period of this account and maintain our Outstanding quality rating. We had confirmation of our new registered manager in July 2022, Tes Smith, Director of Services, Pam Court, CEO remains the Responsible Individual and they have quarterly engagement meetings with our inspector. We therefore have a proactive relationship with CQC and maintain all regulatory reporting as required. We have submitted all updates and reports during this past year all of which were met with very favourable response from CQC. We have also had a Direct monitoring Assessment (Governance focused) January 23, which required no further actions.

Saint Francis Hospice has the following conditions/variation on registration

The service may only be provided for persons aged 17 years or over, this is agreed by way of an ongoing variation for those aged between 17 & 18 years. A maximum of 18 (16 during the pandemic period) inpatients may be accommodated overnight. We adhere to the requirement that a Notification in writing must be provided to the Care Quality Commission at least one month prior to providing treatment or services not detailed in the Statement of Purpose. The Hospice was last inspected by the Care Quality Commission in April 2016 and awarded an 'Outstanding' for 4 of the 5 key lines of enquiry with a 'Good' for safety. We continue to meet all requirements and none of the monthly monitoring undertakings by the CQC have required action to date.

NHS Data Security and Protection Toolkit

Saint Francis Hospice has maintained the NHS Data Security and Protection Toolkit for 21/22 with "Standards Exceeded". The hospice is also accredited Cyber Essentials Plus last issued June 2022.

Duty of Candour:

We have a Hospice Duty of Candour (DoC) sub-policy including a template letter that can be sent out to all families/carers of an individual who has experienced an adverse incident. This process is closely maintained and monitored with the Caldicott Guardian role and actions overseen and reviewed. Any such DoC actions are reported through to the Clinical Governance Committee and Board to ensure assurance and compliance with the DoC policy and procedure. We are now in the process of revising all processes in light of the implementation of PSIRF (Patient safety incident response framework) which is the subject of one of the coming clinical outcome set.

Quality Performance Overview

Author: Tes Smith, Director of Services, Quality and Care



During the last twelve months, hospice services cared for 2,092 people, a slight decrease of 2.8% compared to 2021/22, when we were at the heart of the COVID pandemic, but an increase of 11% from the previous year 2020/21.

Our inpatient unit admitted 371 people, many requiring pain and symptom control which resulted in 38% of people being discharged home. the average length of stay in the inpatient Unit was 10 days, mirroring the year before.

This year, the overall number of people with a non-cancer primary diagnosis increased to 34%. This is a positive outcome as we strive to demonstrate that our care services reach far beyond a person with a diagnosis of cancer.

The number of patients cared for by our Specialist Community and Crisis Support (SCCS) team decreased this year by 21%. This is partly due to the increased complexity of the people being referred which has seen an increase of activities required for each person. This decrease also has reflected the aim of the newly developed hub to actively filter new referrals to ensure suitability and cases of high priority being fast tracked to our palliative care services; we have seen a lower number but have cared for people with a higher complexity of illness. During this time, we also experienced a lower staff headcount. We continue to be innovative with development posts to ensure standards of skill are

maintained. The SCCS team continued to deliver a high number (14,287) of face to face and telephone consultations, and had 12,906 consultations with other health professionals, working closely with GPs, Hospital Consultants and District Nurses. The average length of care delivered by our Clinical Nurse Specialists was 77 days, caring for 32.5% of people with a non-cancer diagnosis and 67% of people with cancer.

Our Hospice at Home team made 4,724 home visits (an increase of 3%) to 632 people (an increase of 10%) in the last days and weeks of life, continuing to work safely with PPE and social distancing where possible to ensure safety for all. The team cared for 265 people with a non-cancer primary diagnosis, a 42% increase, and 367 people with a diagnosis of cancer.

Pemberton Place, our day therapy and outpatient facility, began to welcome people back onsite, and although numbers are lower than the previous year, due to lower levels of group activity and fewer staff in post, they are now steadily increasing as staff numbers improve and new groups for physiotherapy, exercise, pastoral care, complementary and creative therapy are commencing in a new and safe environment.

The number of adults receiving bereavement counselling has increased to 438 - an additional 10% compared to the year before, partially due to additional funding from Essex County Council specifically to care for people in the Brentwood area. In addition, 65 children received bereavement counselling from our Child and Family Therapists. Overall, the Family Support Team delivered an outstanding 4,706 telephone and counselling consultations, an increase of 10.11% from the previous year. This is in addition to their business-as-usual social work and safeguarding interventions

An incredible year of providing services to an increasingly complex and diverse cohort of people who need our help. With recruitment challenges and seeing changes to other services in primary and acute care - I remain immensely proud of all our services and all they deliver.

Activity based on the National Council for Palliative Care: Minimum Data Sets criteria	2022/23	2021/22	2020/21
OVERALL SERVICE			
Patients cared for by the Hospice	2,092	2,153	1,872
% Patients cared for with non cancer primary diagnosis	34.0%	33.0%	38.0%
% Patients cared for with cancer primary diagnosis	66.0%	67.0%	62.0%
INPATIENT UNIT SERVICES			
Total number of admissions	371	391	398
Total number of patients cared for	322	336	325
% New patients	72.0%	78.0%	95.0%
% Occupancy	78.3%	81.0%	82.0%
DIAGNOSIS			
% Inpatients cared for with non cancer primary diagnosis	19.0%	19.0%	6.0%
% Inpatients cared for with cancer primary diagnosis	81.0%	81.0%	94.0%
OUTCOME OF INPATIENT STAYS ENDING			
% Died	62.0%	62.0%	66.5%
% Discharged to home (including care home)	37.7%	36.0%	33.5%
% Discharged to an acute hospital	0.0%	2.0%	0.0%
% Discharged to another setting	0.3%	0.0%	0.0%
Average length of stay (days)	10.1	10.9	10.0
SPECIALIST COMMUNITY & CRISIS SUPPORT SERVICE			
Total number of patients supported	1257	1599	1589
% New patients	93.5%	75.8%	67.6%
% Patients with non cancer primary diagnosis	32.5%	33.6%	34.8%
% Patients with cancer primary diagnosis	67.5%	66.4%	65.2%
Number of face-to-face or telephone consultations with patient or relative /carer	14,287	17,737	17,834
Number of face-to-face/telephone consultations/digital records checks with a health professional	12906	13053	6288
Average length of care (days)	77.6	105.4	86.3

Activity based on the National Council for Palliative Care: Minimum Data Sets criteria	2022/23	2021/22	2020/21
HOSPICE AT HOME			
Total number of patients cared for	632	585	585
% New patients	80.0%	83.3%	71.1%
% Patients cared for with non cancer primary diagnosis	42.0%	37.4%	35.2%
% Patients cared for with cancer primary diagnosis	58.0%	62.6%	64.8%
Total number of visits	4724	4582	4537
% Patients who died at home (including care homes)	84.0%	97.6%	98.5%
Average length of care (days)	7.35	6.27	7.87
BEREAVEMENT SERVICE			
Total number of clients			
Adult	438	398	410
Children	65	96	76
Total	503	494	486
Number of support/counselling telephone or face-to-face consultations (including health professionals)	4,706	4,274	4,159
SPECIALIST MULTIDISCIPLINARY SUPPORT SERVICES			
Number of face-to-face consultations with patient or relative/ carer by service:			
Pastoral care support	675	583	533
Complementary therapy	1536	2174	1863
Family services (excluding bereavement)	1283	2525	2556
Occupational therapy	459	1714	1516
Occupational therapy equipment	316	507	552
Physiotherapy	1553	2296	1484

Education Centre Review

Author: Author Bridget Moss, Head of Professional Practice and Education



The education activity has continued to be influenced by Covid19 however, there has been a real sense of moving forward, and learning and developing new skills for the future. Our aim is all are prepared to care to the highest standard through evidenced-based, quality-assured education and training.

In-house Training and Development

Mandatory training (e Learning and face to face) continues to include Infection Prevention and Control, Fire Safety, Moving and Handling, Safeguarding and Basic Life Skills. This year we have achieved a mandatory training completion rate of 98.8%. Wider care-focused training has continued with Clinical Skills study days, and 'Toolbox Talks' which provide learning on topics in a short format. In addition, this year's Digital Skills Programme year has included bespoke sessions and specific skill development across the organisation to build digital literacy and capability for the use of technology to enhance all levels of care and service provision. Communication skill development continues to be part of the offer for all staff who require this as a central part of their role. This year we recognised the

Equality, Diversity and Inclusion training needed to be improved, therefore the completion rate above includes a new learning module. Feedback from the learning has been good and has generated discussion and reflection on these issues. There has been a national drive to improve understanding about end-of-life care needs for people with learning disabilities and autism and the required Oliver McGowan mandatory training has been implemented.

There has been a continued focus on health and wellbeing, and the established team of Mental Health First Aiders is part of this. This year we have been involved in a Hospice UK Quality Improvement project on Resilience Based Clinical Supervision which will be extended into next year. It has been possible to support staff to attend conferences and present our work this year; we presented an oral presentation and 4 posters at the Hospice UK Conference in November 2022.

University partnerships

Our partnership with London South Bank University (LSBU) remains strong, and we have delivered three specialist modules that form part of the master's degree in Palliative and End of Life Care. Each student cohort has included hospice clinicians and teaching is delivered in person and virtually. Throughout the year, we have continued to support and provide a good learning environment for cohorts of student nurses on placement, from a few universities, as well as paramedics, district nurses, and social work students. We have been able to respond to the increased number of requests for clinical placements.

Bespoke Commissioned Education

The need for skills-based education and training, like last year, has been a constant need. Strengthened partnerships and joint working of last year has been significant this year. Syringe pump training has been provided for NELFT community nurses and for care home staff. Additional education on end of life care and advance care planning has been provided within several care homes. The collaborative End of Life Care training for domiciliary care workers has continued and this year included delivery for staff who support adults with learning disabilities.



PART 7

SERVICE USER
FEEDBACK

Service User Feedback



To ensure delivery of our services to the highest possible standard, we continue to request feedback from our service users. We positively encourage suggestions and comments to enable us to improve and appraise the services we provide. This process is solely undertaken via iWantGreatCare to individuals supported across all our service areas.

Last year we identified that the number of completed user feedback surveys had decreased over the past 12 months. Our aim was to encourage feedback from people to provide meaningful, honest and independent reviews on the services they or their loved ones had received. We use this feedback to assist with improving services – and as a quality indicator of what we are doing well and how we can improve even further in the future.

We achieved our goal to research, and buy into a monitoring and feedback system that was simple to use, and would give people a choice of options on how they would like to respond. These options included completing the survey using our website, by using a simple app, in person on site, or by telephone. Progress and research by our ICT department enabled a decision to invest in the iWantGreatCare system. This system, already used successfully by many NHS and Hospice care providers, provides people with easier feedback options.

This enabled us to respond where possible and

share learning. On a monthly basis iWantGreatCare provides us with thorough reports on the feedback received which are analysed by the Individual Experience Management group (IEMG), reported to Clinical Governance on a quarterly basis and shared with our Healthwatch partners.

Three podiums, with secured iPads, were purchased and installed in the Hospice in February 2022. They were placed in the Inpatient Unit, Reception/Orange Café and in Pemberton Place, our day services department. This allows people to give 'real time' feedback on the care and service they have received that day. In addition, we continue to send iWGC paper copies to our service users, which they return in a stamped addressed envelope and which includes information on how they can complete the survey digitally on our website.

Last year many of our services continued to be delivered virtually and off-site. We continued to receive feedback on available services to service users including carers, patients, family members and visitors. We have continued to gather feedback from those people we have supported within our Inpatient Unit (also engaging in views on care from the Outcome Assessment and Complexity Collaborative (OACC) Suite) and our Hospice at Home team have continued to gather real-time feedback from those we supported in the community.

We have received feedback from those that have been bereaved via a feedback form within their offer of bereavement support from the Hospice. As we have nurtured and supported service users throughout this unprecedented time, we acknowledge that despite the change in provision for feedback, there was an improvement on the number of feedback comments received.

Questions asked of all our service users April 22 - March 23

Saint Francis Hospice

01 April - 31 March

Your average score for all questions this period

★ ★ ★ ★ ★
4.88

Reviews this period

282

Your Experience Scores

5 star score

4.79

% Positive Experience

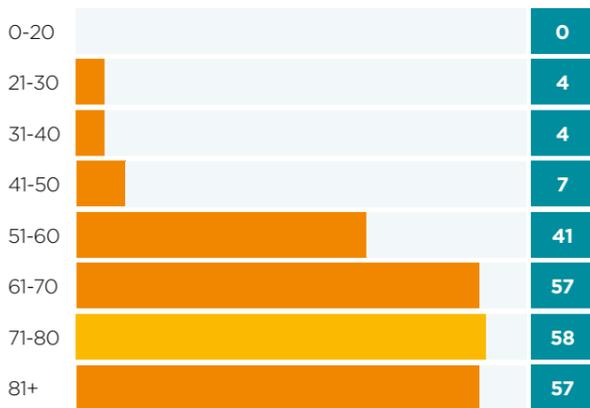
93.6%

% Negative Experience

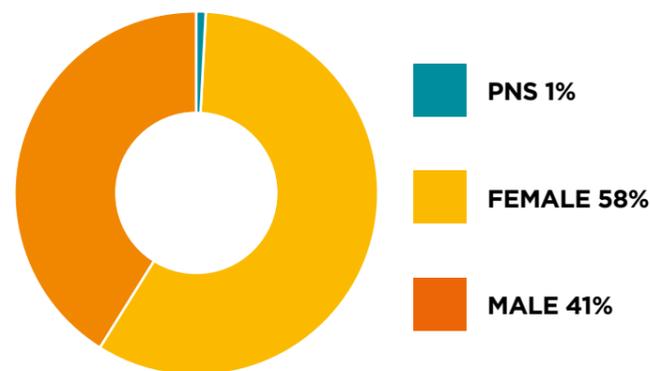
3.5%

In 2022/23, 93.6% of people that we surveyed gave feedback of a positive experience. We received 282 feedback submissions via iWGC compared to 149 paper questionnaires last year. During 2022/23 and beyond, we will continue to use this method of collection of views and suggestions via a variety of IT based processes.

Reviews by patients age



Reviews by patients gender



Adult Services

SERVICE NAME	THIS PERIOD		LAST 6 MONTHS	QUESTIONS						
	Responses	Average Score	Average Score	Experience	Dignity/Respect	Involvement	Information	Caring	Trust	Support Staff
BEREAVEMENT SERVICE										
The Hall	1	5.00	5.00	▲	▲	▲	▲	▲	▲	▲
COMPLEMENTARY THERAPY SERVICE										
The Hall	0	—	—	—	—	—	—	—	—	—
DAY SERVICES TEAM (PEMBERTONG PLACE)										
The Hall	0	—	—	—	—	—	—	—	—	—
FAMILY SUPPORT SERVICES										
The Hall	0	—	—	—	—	—	—	—	—	—
HOSPICE AT HOME TEAM										
Community Services - Saint Francis Hospice	70	4.96	4.98	▲	▲	▲	▲	▲	▲	▲
INPATIENT UNIT (IPU) TEAM										
The Hall	48	4.89	4.89	▲	▲	▲	▲	▲	▲	▲
MEDICAL TEAM (DOCTORS)										
The Hall	1	4.43	—	▲	▲	▲	▲	▲	▲	▲
OCCUPATIONAL THERAPY SERVICE										
The Hall	0	—	—	—	—	—	—	—	—	—
ORANGELINE TEAM										
Community Services - Saint Francis Hospice	41	4.84	4.83	▲	▲	▲	▲	▲	▲	▲
PASTORAL CARE TEAM										
Community Services - Saint Francis Hospice	0	—	—	—	—	—	—	—	—	—
PHYSIOTHERAPY SERVICE										
The Hall	5	5.00	5.00	▲	▲	▲	▲	▲	▲	▲
PSYCHOLOGIST										
The Hall	0	—	—	—	—	—	—	—	—	—
REFERRALS HUB TEAM										
The Hall	0	—	—	—	—	—	—	—	—	—
SOCIAL WORKER										
The Hall	0	—	—	—	—	—	—	—	—	—
SPECIALIST COMMUNITY CRISIS SUPPORT TEAM (SCCS)										
Community Services - Saint Francis Hospice	115	4.84	4.84	▲	▲	▲	▲	▲	▲	▲
UNKNOWN										
Community Services - Saint Francis Hospice	1	4.57	4.57	▲	▲	▲	▲	▲	▲	▲
YOUNG ADULT GROUP										
The Hall	0	—	—	—	—	—	—	—	—	—

Key: Direction of arrow indicates improvement, decline, or same vs previous period
 ▲ TOP 1/3 SERVICES | ▲ MIDDLE 1/3 | ▲ BOTTOM 1/3, — NO DATA FOR COMPARISON

For 2023/2024, we have expanded our data platform to include ethnicity and long-standing conditions. This information will provide invaluable evidence when researching our widening access strategies as to which ethnicities and conditions service users come from and where our Equality, Diversity and Inclusion policy should be reviewed. As with Widening Access, our aim is to reach seldom heard or disadvantaged communities.

Where we could attribute an improvement action to a comment, we ensured we did

The Individual experience management group have continued to meet regularly during 2022-23. The members are across the spectrum of the Hospice and also includes external partners from the 4 Healthwatch groups across our area.

You said...

“Perhaps the use of headphones connected to TVs to reduce volume”.

We did...

We ordered additional headphones and looked at upgrading TV screens, added signal boosters, and checked ariels because of this suggestion. We can use also the headphones with the sleep box USB during the night so that other patients are not disturbed.

You said...

“Small group therapy, either with physical exercises in a group session Pemberton Place back and working Day therapy for smaller groups. People love to share their condition and how it has affected their lives”.

We did...

Due to the restrictions within government guidelines during the Covid19 virus pandemic we had to suspend group work face to face within our Saint Francis Hospice building. We used this time to

review and plan one to one and small therapeutic groups going forward from all aspects of the multidisciplinary team. The plan was to reinstate groups and one to one, face-to-face sessions as soon as we were able to safely, and in line with government restrictions.

We were able to continue throughout this time with conference calls to some social group patients and one to one calls if it was felt appropriate, enabling patients to continue to receive support whilst unable to attend due to shielding and restrictions that were in place.

In September 2021, a ‘pilot’ group was risk-assessed, for the return of small groups, and plans were put in place for the following groups to return to Pemberton Place; Chair-based seated exercise classes, courses of 6 consecutive weeks. FAB - fatigue and breathless management group held regularly. Lymphoedema support group available monthly. Neuro group-monthly. (Macmillan)HOPE group regularly. Plans for further groups are evolving with a men’s monthly group to commence soon.

Compliments and complaints

Compliments

In 2022/2023, we received 3086 compliments compared to 2152 last year, across our Hospice and relating to all the services we offer.

Complaints

Complaints guide us to look at the areas that we need to work on and help to identify any themes – we learn from complaints. In 2022/2023, we received 16 service-related complaints in the Hospice all of which were investigated thoroughly. We learnt from each and ensured that learning was shared with colleagues.

“I just wanted to express, on behalf of my family, such huge thanks for the wonderful care you gave to mum and to xxx as well! Your understanding, conversations, laughs as well as clinical and psychological support are outstanding. Please know how much the work you do every day is valued. Thank you for the care and support you gave and I know will continue to give.”

Service User Feedback May 2022 – Inpatient Unit

“Thank you from the bottom of our hearts for your love and care and for looking after our beloved mum, nanny, daughter and sister in her finals days. You are all amazing and we couldn’t have gotten through mum’s final days without you all! Our wonderful mum sadly passed away with her family by her side, just how she would have wanted. We will be eternally grateful.”

Service User Feedback November 2022 – Specialist Community and Crisis Support Services

“Thank you for the sleep blend you provided for my mum. My mum has dementia and suffers from severe anxiety. The blend was amazing and calmed her down. The best she has ever slept.”

Service User Feedback September 22 – Therapies Team



Compliments and Complaints

“Been trying to write this for days – Thank You is never enough to say for all you did for my husband. He told me a few days before he died that he felt totally ‘safe and at peace’. What more could we have asked for and it was all down to the care and respect you gave him while he was in your care. You also gave our boys and myself all the support we needed right up until we left him with you. Bless you all for everything. You have also made it that we are also at peace.”

Service User Feedback May 2022 – Inpatient Unit

“I want to take this opportunity to say a massive thank you for being there for us and making it so easy to open up and talk about our feelings. You have been a massive help to the boys in helping them move on. You will be greatly missed by us all.”

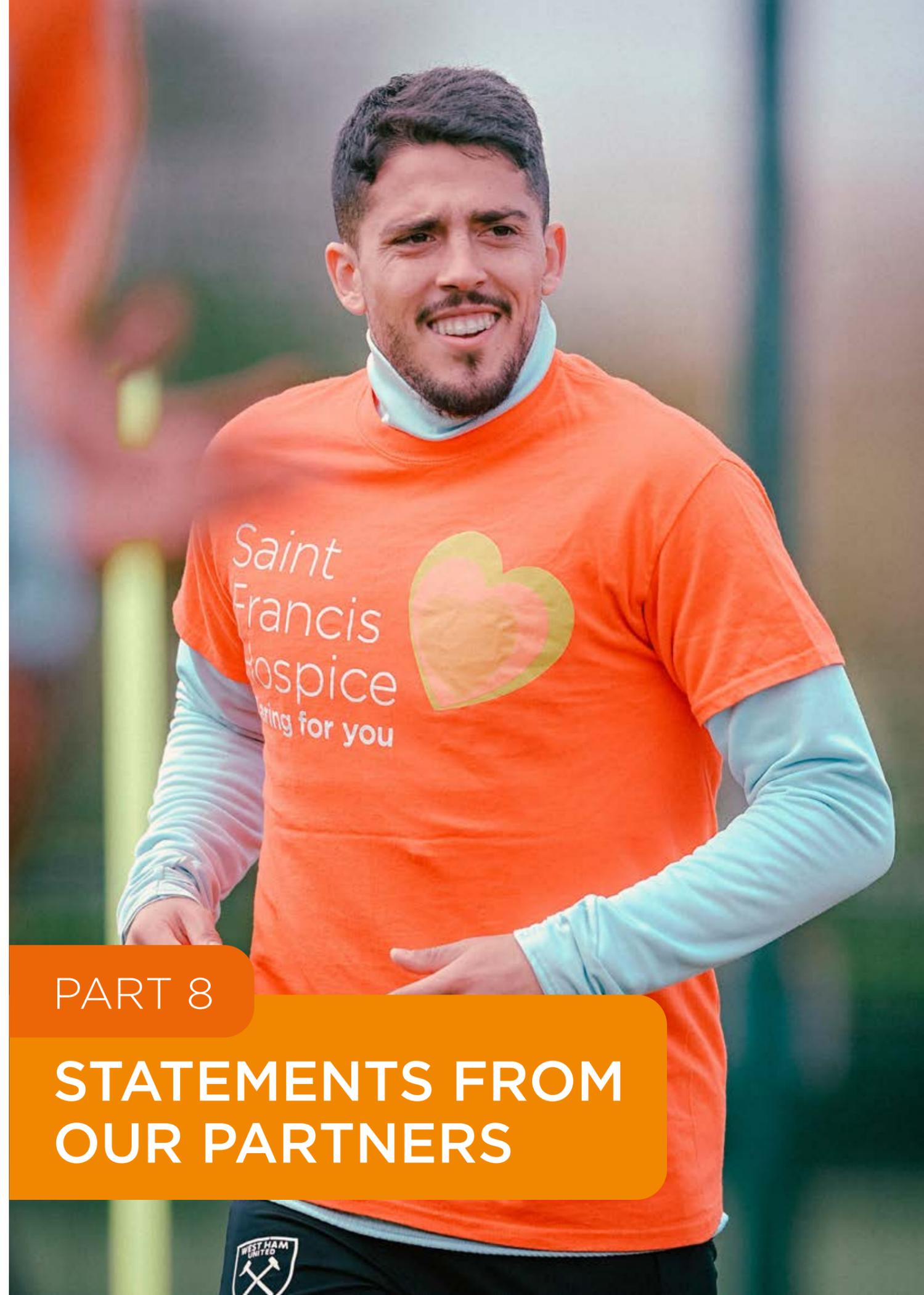
Service User Feedback January 23 – Family Support Services

“We would like to say a big thank you to all the lovely caring Saint Francis Hospice at Home nurses for caring for our dad. The last few weeks of his life without your care and support, we don’t know how we would have coped. A special thank you to the nurse who stayed with him and helped us through his final hours.”

Service User Feedback March 2023 – Hospice at Home

PART 8

STATEMENTS FROM OUR PARTNERS



Saint Francis Hospice has been up to brilliant work making a real difference to a very crucial part of our society where every second counts. I am truly impressed with the content of this Quality Account. It is a challenge to even get good feedback so for the Hospice to manage this is a massive achievement.

The pictures are beautiful and help to draw attention to the diversity that the Hospice encompasses within its staff and the population it serves. I know the Hospice is concentrating on the small numbers of ethnically diverse communities that present here and strive for this to increase. This will need to be emphasised more to include the ethnic minority activities that you are involved in locally.

Also some extended mentions of autism and learning disability groups of patients could perhaps have more presence.

Thank you for all you do for people to live well.

DR UZMA HAQUE
Clinical Director
North East London ICB

Thank you for asking us to comment on your annual Quality Account report. It is, for us, Healthwatch Havering, as always, a privilege to be asked to comment.

Saint Francis Hospice has a first-class reputation for the care and support it provides. The twelve innovations which established the framework for last year, brought together the need for improving technical and digital solutions, better accommodation, better opportunities for staff and the magical experience of a trip to the London lights.

The new Quality Account is very comprehensive and covers all aspects of care, education, working with staff, patients, relatives, friends and volunteers.

We have identified two which we are particularly pleased are in the Priorities for 2023/2024.

For staff we were pleased to see that the NHS Patient Safety Incident Response Framework

(PSIRF) is successfully being developed and that individuals will be encouraged to be actively involved in self-learning and self-discovery enabling them to build their own understanding of how to improve performance.

For patients and families, the Hospice has responded to the requirement of the Health and Care Act 2022 which introduced a requirement for regulated service providers to ensure their staff receive training on learning disability and autism.

We look forward to continuing to work with you.

IAN BUCKMASTER, MA FCG
Executive Director & Company Secretary
Havering Healthwatch C.I.C

We continue to work collaboratively with Saint Francis Hospice. The Healthwatch Redbridge Chief Executive Officer is a regular attendee of the SFH Individual Experience Management Group. We find the level of engagement with patients and carers is full and meaningful. All responses are reviewed, and we are content that responses to individuals are well thought out and respectful to the issues raised.

However, it should also be noted SFH continues to review itself and to address areas of improvement. We recently provided a small grant to work together with them to increase hospice usage amongst minority ethnic communities within Redbridge. They have invited faith and community leaders to speak with patients and staff and to increase the range of services offered to all diverse communities. We look forward to seeing the results of this project.

CATHY TURLAND
Chief Executive Officer
Healthwatch Redbridge

I have always been impressed by the work /ethos of your organisation and the report gives an accurate assessment.

A good piece of work!

DR ANIL MEHTA FRCGP
Redbridge Clinical Director,
Redbridge Borough Partnership
Associate Medical Director Primary Care Barking,
Havering Redbridge University Hospitals Trust

Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care. We believe that health and social care organisations should use people's lived experience to improve services. Understanding what it is like for the patient, the service user and the carer to access services should be at the heart of transforming the NHS and social care as it meets the challenges ahead of it.

We recognise that Quality Accounts are an important way for local NHS services to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive and patient experience of care. They present a useful opportunity for Healthwatch to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people's voice and lived experience – that is relevant to the quality of services delivered by Saint Francis Hospice. In this case, we have received no additional feedback, and so offer only the following comments on the Quality Account.

What is encouraging to see, is that there is a priority focus on recruiting and utilising valued volunteers throughout the 'Night Owls Project'. We passionately believe volunteers should feel valued and part of the team and this project highlights ways in which they can feel rewarded for the hard work they clearly passionately enjoy. 1 on 1 support cannot be overlooked and is always so important to citizens when it comes to person centred care.

It is positive to see the development of patient safety projects. Lessons learnt are so valuable to any organisation and it's important to look at both what is working well along with ways in which procedures or best practice can be improved.

Monthly support groups are a really great idea, and the benefit will show with many networking opportunities, signposting of services and also referrals.

It is pleasing to see that all compliments and complaints appear to be taken into consideration and dealt with appropriately and professionally.

Each year it would be encouraging to see complaints reducing, managing expectation of course needs to be realistic, but it would be a nice aim. Listening to the voice and lived experience of patients, service users, carers, and the wider community, is a vital component of providing good quality care and by working hard to evidence that lived experience we hope we can continue to support the encouraging work of St Francis Hospice.

DAN POTTS
Engagement Manager
Healthwatch Essex

Mid and South Essex Integrated Care Board's response to Saint Francis Hospice Quality Report 2022/23

As a commissioner of hospice services locally, Mid and South Essex Integrated Care Board (MSEICB) welcomes the opportunity to comment on this quality report.

MSEICB is commenting on a draft version of this Quality Account. However, to the best of its knowledge, the information contained within this report is accurate and is representative of the quality of services delivered. Any queries will have been fed back to Saint Francis Hospice prior to publication for consideration of inclusion, along with any missing data in the final report.

When looking at your reflections on the priorities you set for 2022/23 MSEICB is pleased to note the progress Saint Francis Hospice has made in what continues to be challenging circumstances across the health and care sector. MSEICB appreciates that some of these remain works in progress and we look forward to seeing them come to full fruition over the course of time.

MSEICB acknowledges the priorities for improvement that you have set for 2023/24 and the work that is required to achieve these. We are looking forward to seeing how you will meet these and the benefit they will have for the communities you serve.

Our thanks once again go to Saint Francis Hospice and all its staff and volunteers for their hard work and dedication that has been evident over the last year. We would also like to congratulate you for all that you have achieved in that time given the pressures faced by the team.

In conclusion MSEICB considers the Saint Francis Hospice Quality Account for 2022/23 as providing an accurate and balanced picture of the reporting period. MSEICB will continue to seek assurance on performance and delivery of care by regular monitoring through agreed contract processes.

FRANCES BOLGER
Interim Chief Nurse
Mid and South Essex Integrated Care Board



GLOSSARY

Glossary

BAME: Ethnic minority groups

BHR: Barking, Havering and Redbridge

CBE: Commander of the British Empire

CAG: Clinical Audit Group

CCG: Clinical Commissioning Groups

CMP: Clinical Management Plan

CNS: Clinical Nurse Specialist

CQC: Care Quality Commission

CQUIN: Commissioning for Quality and Innovation

CSU: Commissioning Support Unit

DNACPR: Do Not Attempt Cardiopulmonary Resuscitation

EOLF: End of Life Framework

GP: General Practitioner

GSF: Gold Standards Framework

GSL: General Sales List

H@H: Hospice at Home

ICB: Integrated Care Board

IEMG: Individual Experience Management Group

iPOS: Integrated Palliative Outcome Scale

IPU: Inpatient Unit

KLOE: Key Lines of Enquiry

LSBU: London South Bank University

MDT: Multi-Disciplinary Team

NICE: National Institute for Health and Care Excellence

NELFT: North East London Foundation Trust

NMC: Nursing and Midwifery Council

NMP: Non-Medical Prescribing

OACC: Outcome Assessment Complexity Collaborative

PP: Pemberton Place (day therapy unit)

POM: Prescription Only Medicine

PSIRF: Patient Safety Incident Response Framework

QIPP: Quality, Innovation, Productivity and Prevention

SCCS: Specialist Community and Crisis Support Service

SFH: Saint Francis Hospice

SOFIs: Short Observation Framework Inspection

Caring for people in our community





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