Saint Francis Hospice

Caring for you

Quality Account

2024/25

Welcome

2024/2025 Innovations

During the last year we have continued to embrace innovative and creative ways of working, in our processes, technology and service provision, enabling us to operate in a more efficient and effective way.

Contents

PART 1

INTRODUCTION

Vision, Mission and Values

Saint Francis Hospice is an expert provider of outstanding palliative and end-of-life care, for over 40 years serving a population of nearly 1 million, spread across Barking and Dagenham, Brentwood, Havering, Redbridge, and parts of West Essex.

Our Vision

is the best care for all at the end of life.

Our Mission

is to ensure that everyone in our community has access to excellent palliative and end-of-life care before, during and after death.

Vision, Mission and Values

All our work is guided by our recently refreshed Values.

Our Values

Compassionate – we are a caring team, kind to each other and put the needs of individuals and their loved ones at the heart of what we do.

Collaborative – we value working in partnership across our communities and are proactive about nurturing relationships with our stakeholders.

Creative – we are forward-thinking, adaptable in our changing world and embrace change and innovative ways of working.

We are Saint Francis Hospice

Proud to be rated **'Outstanding'** once again by the CQC, Saint Francis Hospice is an independent charity and one of the largest Hospices in the UK, situated in the beautiful village of Havering-atte-Bower. We pride ourselves on our renowned reputation within our community for providing **expert care** for any person, from **any faith or cultural background** and living in **Barking and Dagenham, Brentwood, Havering, Redbridge, or parts of West Essex**.

Compassionate care

We provide outstanding care for people at the end of life, in their own homes or at the hospice and our committed team of experts address every person's situation, whatever their faith or spiritual needs may be. The hospice has **18 specialist palliative care beds** on its Ward. We also have an active wellbeing and day therapy service which provides one-to-one clinical and therapy appointments as well as group wellbeing activities. **85% of our care is carried out in the community.**

We work **collaboratively** alongside our local healthcare partners including GPs, community nurses and hospital specialists to help manage pain and other difficult symptoms, aiming for comfort, as much independence as possible, and the best possible **quality of life**.

Individuals in our care and the people who love them are embraced by a team of **experienced professionals** who are devoted to making everyone's life the very best it can be. Our aim is that no one is afraid or in pain and **no one dies or grieves alone.**

Care funded by kindness

There are no costs to our services. We are funded mostly by the generosity of our supporters - local people, companies and organisations.

To provide this dedicated and expert care, the hospice needs to raise nearly £9 million each year.

Grieving man to walk 5,000 miles from Essex to London to keep a promise to fiancee

Daniel Forrester will fulfil a promise he made to his beautiful fiancée Caroline before she died when he walks 5,000 miles from Saint Francis Hospice to her home in Kumasi, Ghana with her ashes.

Here Daniel shares why he is setting off in September on the epic journey which will take him through France, Spain and Gibraltar and over to Africa.

Caroline was the love of my life. When we met in January 2023, we hit it off straight away. I was struck by her beauty, her kindness, her selflessness, her zest for life, along with many more admirable qualities. She was authentic and she was everything I'd ever wanted in a partner.

Saint Francis Hospice was there for Caroline in the last year of her life. The support Caroline and our family received from hospice was immense. The team was so compassionate, and the emphasis was on the word 'care.'

I expect the journey to her home in Kumasi, Ghana to take between 6 and 12 months and I'll be walking around 20 miles a day. This will be my way of honouring Caroline. I want the world to know how amazing Caroline was and to keep her memory alive while raising as much money and awareness as I can for the hospice.

Caroline had bravely battled cancer since 2021 but by 4th November 2024 her health had deteriorated so dramatically that she told me, "I think I need to go to Saint Francis Hospice, not for long though, just for some symptom management."

We arrived at Saint Francis hospice in Romford 2 days later, and were greeted by the staff, who were all so absolutely wonderful and welcoming. We were then taken to her room, and luckily, I was allowed to stay with her 24 hours a day. Her sisters and her daughters were with her too.

Caroline was now in rapid decline, and each hour took its toll. By Saturday, I was told by the doctor that we had entered end of life stages as she wasn't eating or taking in much fluids. Caroline and I managed to have a very short but beautiful conversation that day.

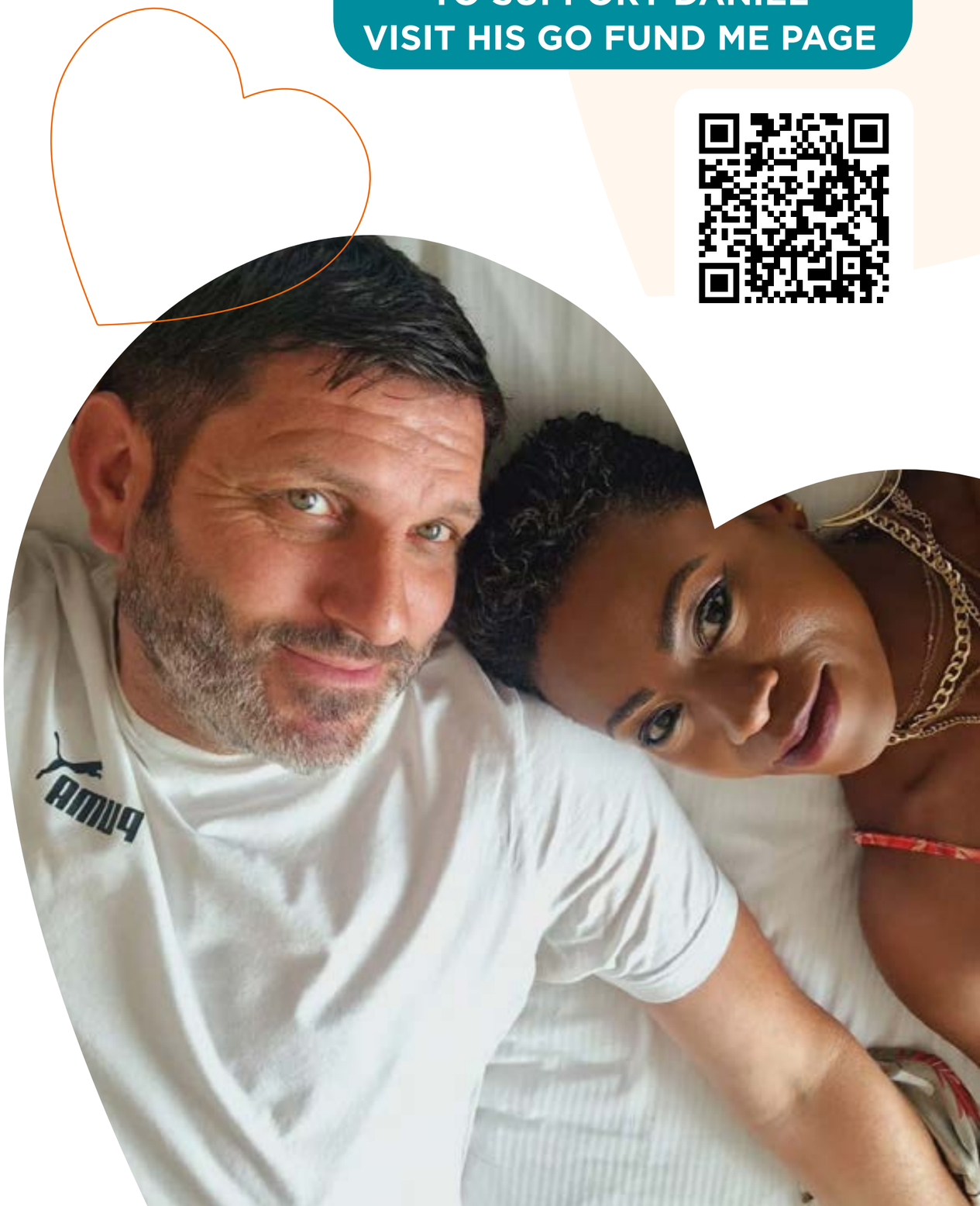
She was so organised. She had planned her funeral and I knew she wanted to be cremated. I spoke to Caroline about my plan to take her ashes back to her home in Kumasi, Ghana. She said, 'would you do that for me?' and I said I would.

Shortly afterwards Caroline went into a comatose state before finally passing on Monday 11th November.

Caroline instilled a strength in me that I never thought I had. I miss her so much, but I know she is with me and focusing on the challenge is helping me to cope with my grief.

By Daniel Forrester.

SCAN THE QR CODE TO SUPPORT DANIEL VISIT HIS GO FUND ME PAGE



Co-statement by Chief Executive Officer and Board Chair

GRAZINA BERRY CEO

MARY EDWARDS BOARD CHAIR

The Saint Francis Hospice teams enjoyed a busy and productive year in 2024/25, celebrating some wonderful achievements and setting the stage for more progress next year.

We can all be very proud of providing outstanding care to over 2,200 individuals in 2024/25, marking a 10% growth, and of retaining the highest possible rating by the Care Quality Commission, who deemed our services 'Outstanding' yet again. We welcomed to our Board four new Trustees, including a new Chair, further boosting our governance, and began work on a bold new 5-Year Strategy.

On the front line, our Hospice at Home team made changes to how they work so that more people could receive our care earlier – not just in their final days, but in their last weeks, helping them get home from hospital or the Hospice, or even stay at home while waiting for care, avoiding unnecessary hospital stays. We were able to support 12% more individuals at home than last year. This enhanced service is also helping us create a Virtual Ward model. We continued working on other crucial areas, such as meeting the Accessible Information Standard, though there's still more to do.

We saw more activity in our Wellbeing Therapies space at Pemberton Place, with existing groups going from strength to strength and new ones starting up, such as the dementia group. We also did a deep dive into supporting people with advanced illness who also have a learning disability or neurodiversity, learning along the way and sharing that knowledge across our teams. All in all, last year 85% of all the care and support provided by the Hospice was in the community.

On the service user experience side, we teamed up with OrangeLine and our support lead to start up regular 'meet cafes', helping us connect early with families and friends after a loved one's death. We also made good headway in getting people involved in shaping our services through co-design.

You spoke, and we listened – implementing various improvements such as, transforming the chapel into a peaceful Hospice Sanctuary for everyone, updating the Ward evening menu with lighter options and better vegetarian and vegan choices, plus always having Halal and Kosher meals ready, as well as providing a big bike rack installed on the premises.

The Orange Cafe got a bright, dementia-friendly makeover. We also made health and safety upgrades on the Ward and gave the Pepperell Education Centre a major refurbishment. To help with complex mental health needs, we added a senior psychiatrist liaison post, found a new lead for our choir, and got comfy new chairs for the Counselling Rooms thanks to a generous donation.

Looking ahead to 2025/26, we're focusing on a few key areas. For the safety of individuals in our care, we'll be developing our nurses' skills and confidence in Non-Medical Prescribing, setting clear standards and goals to make sure prescribing is safe and effective. The Ward Development project from last year is on track to start in the autumn, aiming to update and upgrade the Ward for a better and safer environment. For clinical effectiveness, we're planning to upskill our clinical teams in areas like phlebotomy and IV skills to support nurse-led care across all settings and develop a nurse-led outpatient service. We'll also work with local hospital leads to make pathways smoother for people with conditions like Spinal Cord Compression and Ascites. When it comes to service user experience, we'll be gathering feedback from our new dementia group to keep developing that service and working with local faith leaders to create helpful leaflets for GPs and families about urgent burials for religious reasons.

We could not have achieved so much without our supporters and partners, who have worked alongside us, all the way. We look forward to another fulfilling year ahead that will see even more collaborative effort across our communities, all working towards the best care for all at the end of life.

Grazina Berry CEO
Mary EdWards Board Chair

PART 2

REPORTING ON OUR PRIORITIES 24/25

Priority 1: Patient Safety

1.1 **To future proof the Ward by adapting the environment and the services within the Hospice Ward, as well as the public reception areas, allowing the Hospice to keep pace with the increased and varied demands for care within our community including modern nursing/hospice standards. This work is being funded by the Hospice.**

Authors: Joanne Noguera, Head of Ward Services, Chris Franklin, Head of Support Services

How was the priority identified?

The Ward at Saint Francis Hospice was constructed during the 1980's and has served its purpose well over the last 40 years. However, due to age, wear and tear and regulatory updates the Ward required a transformation. Before the Covid-19 pandemic, Saint Francis Hospice planned for a capital build project - a complete new Hospice build. The Board had to make the decision not to proceed with this due to future financial uncertainty caused by the pandemic, but the Board agreed the pressing need for Ward Transformation.

Aim

To transform our Hospice Ward to enable us to future proof the Hospice and continue to provide outstanding care for the people who access our services and facilities.

Progress against the priority

The project was paused due to potential for cost escalation, with significant increases in costs of labour and materials. We commissioned an independent expert peer review of the plans, including cost, governance, risk management and the value proposition to see how the cost compared with similar projects elsewhere. The independent review concluded that the Ward Transformation as costed would not meet our aspirations and was too expensive.

As a result, it was decided to take a different approach, moving us from a transformation project to a development project. We have an experienced external project lead for the project now, improved costings and a more limited but still aspirational vision, which includes new furniture and entertainment systems, refurbishment of the bathroom and shower rooms and new family suites.

GOING FORWARD

The purpose of the new Ward Development project is to refurbish the existing Ward, (currently 24 bed spaces and 18 registered beds) to continue to meet the regulatory requirements of the CQC, HSE, IPC and building compliance regulations. The focus of the development still ensures a safe care environment. The development work will also ensure the best possible experience for individuals in our care and their loved ones as well as those working in our care environment. The Ward Development is due to commence in September 2025 and complete by Spring 2026.

Priority 1: Patient Safety

1.2 Meeting the Care Quality Commission Accessible Information Standard

Author: Jan Scott, Transformation Development Manager

How was the priority identified?

The Accessible Information Standard (AIS) is mandatory for all organisations that provide health services or adult social care who are registered with the Care Quality Commission (CQC). The standard aims to make sure that people who have a disability, impairment or sensory loss, have aphasia, autism or a mental health condition which affects their ability to communicate to have information that they can access and understand and that they have any communication support they need.

Organisations are required to provide alternative formats where required, such as braille, large print, and easy read. They must also support people to communicate, for example by arranging a British Sign Language (BSL) interpreter, deafblind manual interpreter or an advocate.

Aim

Our aim was to provide front line staff with appropriate training to focus on these 4 steps: - to identify people that have these needs, record, flag, share and meet

1. Ask if you have any communication needs and asked how these needs can be met.
2. Record your needs in a clear and set way and highlight these needs in your file or notes so people are aware and know how to meet them.
3. Share information about your communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
4. Deliver information to you in a way you can access and understand, with the option for communication support if needed.

Progress against the priority

During 2024-25 we collaborated with Healthwatch Redbridge to assist with our educational requirements. Their CEO is kindly going to deliver AIS training to selected hospice staff. The first tranche of AIS training is planned for June 2025.

GOING FORWARD

Ten members of staff, one from each service, have been selected to undertake the learning for this new CQC standard. One of these members of staff will become an AIS champion who will be able to provide further workshops going forward to SFH teams ensuring that front line services will be fully accessible to individuals using our care services. This champion will be supervised initially by Healthwatch Redbridge who have become experts in this field of work.

Priority 2: Clinical Effectiveness

2.1 Hospice at Home rapid response - extending reach and access

Author: Simone Sims, Hospice at Homes Team Lead

How was the priority identified?

Although we reach a lot of people in our catchment areas, we wanted to adapt our service to reach many more. During the covid-19 pandemic we recognised not everyone needed a 3 hour set visit, nor did everyone want a 3 hour visit; we adapted our service to be more flexible and personalised to individual's needs whilst continuing to remain responsive to providing crisis support to those we care for and their loved ones.

Aim

Our aim was to trial shorter visits, but only if this was suitable for/worked for the individual. We incorporated into our first assessments an assurance that our care was individualised, incorporating into our care any adaptations as advised by the individual and family/as needed, in keeping with faith or culture. As always, we continued to communicate with our external colleagues – district nurses, acute hospitals, palliative care team and GP's. Our aim was to create the capacity to respond more efficiently to crisis calls when they occurred.

Progress against the priority

We have worked to ensure that when concerns are resolved and individuals and their supports are secure, we move on, rather than providing a protracted visit. This has enabled the coordinator to expand reach to others (if individuals or carers are not coping, e.g. if symptoms continue to be an issue, our staff member stays for longer/the team continues their input, harnessing wider support as needed).

By providing shorter, more succinct visits, we have been able to respond more rapidly to new crises as needed and to support more people. For example, in March 2024 we supported 94 people; in March 2025 we supported 123 people; a 30.85% increase in the people we are reaching.

GOING FORWARD

We will continue to provide more personalised visits depending on individual's needs, monitor and record, therefore becoming business as usual.

We recognise that the increase in home visits by the Hospice at Home team, this has impacted the coordinator role, and the fuel costs have increased, due to more home visits in our community.

Priority 2: Clinical Effectiveness

2.2 Create a virtual ward model to deliver a high quality of specialised care in an individual's home

Author: Jo Noguera, Head of Ward Services

How was the priority identified?

It was recognised through the Ward Development planning that we would be required to reduce the capacity of the Ward to enable us to complete the work in two phases. This would impact on the number of beds available. We would need to reduce the number from 18 to 11 for a period. Throughout the covid-19 pandemic, we learnt that other hospices within the area developed Virtual Wards, and we know that Barking, Havering and Redbridge University Hospitals NHS Trust - (BHRUT) was also successfully piloting this.

Aim

By September 2024, we will offer virtual consultations and provide Ward services in the comfort of an individual's home. We aim to grow the service alongside our Specialist Community team and Hospice at Home team.

Progress against the priority

We have implemented change within the Hospice at Home service which has allowed an expansion of the service. In November 2024, we started identifying individuals on the Ward waiting list that we could support further at home, steadying and supporting them whilst they waited for a ward bed, or by providing more robust support that would prevent the need for a Ward admission. Hospice at Home criteria has been broadened from offering support in the last few weeks of life to last months of life. This has allowed crisis visits to prevent hospital/hospice admissions, supporting individuals at home for longer until the individual is transferred to a care home, or until symptoms are managed better, as well as supporting carers to feel enabled to keep their loved ones at home. Through this priority we have been able to serve an increased number of individuals within the community which has been reflected in our annual performance figures.

GOING FORWARD

Moving forward, we plan to further enhance the Hospice at Home service and develop a stepped approach in criteria. As we move into the Ward Development project, Ward staff will have the opportunity to work within the community to provide a more enhanced care service at home. This will include a multi-disciplinary team (MDT) approach and assessments for packages of care, review of equipment needs, and providing more therapy services within the home. Use of technology will also evolve with the ability to complete a video consultation or review. Medical support will allow symptom management and closer working with GPs. Nursing competences and education will allow nurses to offer services such as phlebotomy at home. Expanding the offer will help reaching neighbourhoods by taking our services to them.

Priority 2: Clinical Effectiveness

2.3 Increase onsite visits and assessments

Authors: Evelyn Asiam and Jane Elmer, Specialist Community and Crisis Support (SCCS) Team Leaders

How was the priority identified?

This priority was identified as referrals to the SCCS team had increased, identifying a need to reshape the service and be smarter with our approach.

We had ongoing staff vacancies with difficulty recruiting into the Clinical Nurse Specialist (CNS) role.

The team were visiting people in the community to complete assessments, which involved a lot of time travelling.

Aim

Our aim was to increase onsite visits to the hospice giving individuals more control and choice, with the opportunity to see the hospice and get an introduction to other services, with the possibility of creating a one-stop joint consultation.

Primarily this would give more people the opportunity for face-to-face contact for assessing and reviewing their needs directly with CNSs and an introduction to the hospice for individuals and their loved ones. There would be a minimum of two onsite visits each week.

Progress against the priority

Onsite visits were increased with the support of the medical team with opportunities for learning from joint visits.

There was an agreement with the therapies team to use a dedicated space and time in which to conduct the onsite visits.

CNSs promoted onsite visits via the Referrals Hub team to ask the question at triaging on suitability of individuals to travel to the hospice for appointments.

GOING FORWARD

We are focusing on increasing the use of technology to improve efficiency and to enable letters being sent virtually, reminding individuals of the date, time and venue.

Transport is a challenge, but our intention is to recruit more volunteer drivers in the future who can provide support bringing individuals to the hospice and taking them home.

The launch of our new 5-Year Strategy will further influence this venture.

Priority 2: Clinical Effectiveness

2.4 Palliative care for people with a learning disability: Improved learning through critical audit.

Authors: Corinna Midgley, Katy Marling, Christine Ezediuno, Ann Hart, Palliative Care for People with Learning Disabilities (PCPLD) Champions for Saint Francis Hospice.

How was the priority identified?

National Learning Disability Mortality Review (LeDeR) reports continue to highlight that people with a learning disability (LD) with advanced/ progressive illness don't get timely access to palliative care. Our Oliver McGowan mandatory training also highlighted difficulties in getting best care for people with LD and people who are neurodivergent. There is often underestimation of vulnerability concerning communication, understanding, choice, recognising distress, and the support needs of family, loved ones and carers.

Aim

Our hospice 'learning disability champions' group felt our own 2 yearly audits on outcomes for people with a learning disability had been too thin. We'd always 'scored' well on time to first visit and whether a preferred place of death was achieved. But were we learning and improving our care? We wanted to take a closer look at the quality of care we were providing.

We conducted a much more detailed two-year retrospective notes audit of anyone referred to us with a learning disability, looking at:

- Throughput information (referrals and broad outcomes)
- Whether we were identifying additional complexities/ vulnerabilities, more common for people with LD
- The stories of our care for evidence of individualised, vulnerability aware care

Progress against the priority

Nineteen people were identified, referred mainly from hospitals for symptom management/control or end-of-life care. 9 had advanced cancer, 12 a serious other diagnosis (with some overlap).

Other issues were also very common e.g. epilepsy, PEG dependency, being deaf or blind. 5 people were neurodivergent, 6 had a significant mental health diagnosis. Yet for most people there was no comment regarding neurodiversity, mental health or other potential vulnerabilities, and no evidence that we had asked. For most, nothing was recorded, with no evidence that we had asked.

Most people lived at home; some in a care home. 17 had a next of kin (NoK), but only 10 were contacted. For 9, there is no record of being asked about a LD support worker.

Advance Care Planning metrics were well recorded, but for most no mention of a hospital passport or similar being used to inform care.

Most people were seen quickly and regularly but there was sometimes lack of continuity, and several were only seen once.

Some 'IPOS' symptom scores were very low with many 'non applicable' scores, due to e.g. people being non-verbal. More tailored assessment tools were not then used.

Only 7 of the 12 who died were offered bereavement support, and only to NOK. We worried: how were their friends and carers afterwards?

There were examples of fabulous, individualised care, but also examples of under-appreciation of vulnerability, and poor closure with family, GP and LD supports.

GOING FORWARD

This audit was truly valuable, highlighting really good care but also real gaps in appreciation of impact of medical complexity, additional physical vulnerabilities, mental health vulnerability and neurodiversity.

We have shared widely internally with all care teams, emphasising the importance of a fuller understanding of vulnerabilities and impact, the difference better understanding makes, what individualised care looks like, and the importance of support for all carers; family, professionals and friends, pre and post death.

This audit has been selected as an oral presentation at the annual conference for Palliative Care for People with Learning Disability in June 25 – giving us a special opportunity to share our learning on a national stage.

Priority 3: Patient Experience

3.1 Widening bereavement Support

Author: Shahina Haque, Family and Individual Support Manager

How was the priority identified?

Bereavement support is a core service provided to the families and loved ones of those who died under our care. With the introduction of the OrangeLine service, we expanded support to individuals not previously known to us.

Following the covid-19 pandemic, we have observed a lasting impact of grief across communities. We also recognised that a significant number of deaths occur from non-palliative care diagnoses.

Currently there is a waiting list for bereaved individuals seeking access to counselling, and a growing need to address social isolation, not only among the bereaved but also more broadly within the community.

Aim

To provide a comprehensive service to those who are bereaved, aiming to minimise adverse outcomes associated with unresolved grief such as:

- the risk of complicated grief,
- thoughts and emotions associated with grief,
- mental health concerns and provide appropriate signposting to additional support services.

Progress against the priority

Service Model Improvements: The bereavement service has been reviewed with a focus on reducing waiting times. We are introducing a 12-session limit for counselling support, with provisions for review in exceptional cases. This structure will enable more timely access to support and promote uninterrupted grief processing.

OrangeLine Holding Service: Individuals on the waiting list are now offered support through the OrangeLine holding service. OrangeLine volunteers provide a listening ear, helping to normalise the grief experience and introduce users to additional services to address social isolation.

Friendly Faces Social Group: This group for bereaved individuals has been highly successful in reducing loneliness and isolation. Participants have developed connections that extend beyond the group and outside the hospice environment.

Lunch Group at Pipe Major, Barking and Dagenham: This newly established lunch group has seen growing attendance. Many participants had previously been eating alone, and the group now provides a meaningful opportunity for shared meals and social support among those grieving.

Walk-On Group: Recognising the mental health benefits of nature, the Walk-On group offers bereaved individuals the opportunity to connect with others and the natural environment. Spending time outdoors has been shown to reduce stress, promote relaxation, and help individuals explore emotions in a safe, supportive setting.

Wednesday Connection Group: An onsite social group which now includes a questionnaire for attendees. This tool is helping us gather baseline information to better distinguish between social isolation and loneliness, and to understand the wider needs of participants.

GOING FORWARD

Expansion into Redbridge: Develop new bereavement groups based on local needs in Redbridge.

Collaborative work with GPs: Build stronger links with local GPs to better understand the bereavement support needs within our community and improve signposting and referrals.

Addressing social isolation in care homes: Identify individuals who are socially isolated within care and nursing homes and collaborate with external partners to provide targeted support.

"My counsellor was excellent! A very empathic and kind lady who always gave me the time to express how I was feeling. So patient & caring & gave invaluable advice and suggestions which helped me cope with the myriads of emotions following the death of my partner John. Can't praise Lisa highly enough."

Priority 3: Patient Experience

3.2 **Increase the use of co-design and co-production approaches in developing and transforming services**

Author: Jan Scott, Transformation Development Manager

How the priority was identified

The feedback we currently receive is in written or digital form, using the iWantGreatCare system, which covers all our clinical and therapeutic services. This information is shared across the site to the relevant teams and is monitored by the Individual Experience Management Group (IEMG) and reported to Care & Quality Committee on a quarterly basis. However, we don't have regular real time verbal feedback which we feel would be beneficial to the transformation of our services.

Aim

Our aim was to recruit 3 people, on a rolling basis, so that we have up to date knowledge of people's experiences when they, or their loved ones, have been cared for by the hospice. This would create a co-design approach where we can work together in a collaborative way to create solutions. Co-design aims to harness the collective wisdom and insights of everyone involved, especially the end-users, to innovate and solve problems effectively. As we start to develop our Hospice Strategy for the next 5 years, we endeavoured to have this as a permanent strand for gathering information and knowledge to reflect people's experiences and determine the development and transformation of care. Our aim was also to request that staff and volunteers record comments, in real time, when they hear people's wishes, thoughts and ideas so that we could have a shared vision and tailor services accordingly.

Progress against the priority

To encourage collective creativity to identify innovative ideas, solve problems and create user-centred solutions, through both discussions and activities, a guide to running a co-design workshop has been created with equity in mind. In collaboration with our SFH fundraising and communication teams plans are underway to identify both past and current individuals who have used our service. The process has been included in our new hospice strategy 2025-30 and will form part of service development over the next 5 years.

GOING FORWARD

Once individuals have been identified and recruited the first workshop is planned for June of this year. Outcomes will be included in our Quality Account report 2026.

PART 3

PRIORITIES FOR IMPROVEMENT FOR 25-26

The priorities for improvement for the coming year were developed in line with our new 5-Year Strategy 2025-30

Priority 1: Patient Safety

1.1 **A Ward Development project has been undertaken to future proof the Hospice Ward and the outstanding clinical services that the Ward provides for the next 5+ years**

Authors: Jo Noguera, Head of Ward Services & Steve McClure, Ward Development Project Manager

How was this identified as a priority?

The Ward at Saint Francis Hospice was constructed during the 1980's and has served its purpose well over the last 40 years. Due to age, wear and tear and regulation updates the Ward is now in need of re-development.

The purpose of the Ward Development project is to refurbish the existing Ward, (currently 24 bed spaces and 18 registered beds) to future proof the facility, ensuring it meets the requirements of the CQC, HSE, IPC and building compliance regulations and to ensure a positive experience for individuals in our care and their loved ones as well as those working in our care environment.

What goals are we setting?

This Project sets out to ensure that the Ward continues to meet the CQC and Infection control guidelines and to ensure compliance with all building regulations.

The project will improve the welcoming and calming environment for the individuals in our care, their families and loved ones that use the hospice services, while improving the working environment for the Hospice clinical teams and staff.

The Project will ensure the Ward is fit for purpose for at least the next 5 years.

What will the impact be?

Each room and area on the Ward will be refurbished to meet the standards set out by Infection Prevention and Control, CQC and building regulations, while improving the individual's experience at the Hospice. Feedback from individuals in our care, families, and colleagues across SFH will be sought throughout the project. These consultations can be used to measure the final success once the refurbishment is completed.

How will the progress be monitored and reported?

A Project initiation document details timescales for the project including agreed timelines and progress monitoring. Monthly reports will provide overview and updates to the Ward Development Steering Group.

Priority 1: Patient Safety

1.2 Meeting the Accessible Information Standard (AIS) utilising our EDI policy with a specific lens on individual care recipient information and regulations

Author: Jan Scott, Transformation Development Manager

How was this identified as a priority?

The Accessible Information Standard (AIS) is a requirement for providers of NHS care to meet the information and communication needs of people with disabilities, impairments, or sensory losses. The CQC monitors how providers implement the AIS and expects providers to involve people with accessible information needs in reviewing and improving their services. This will support the needs of people who are deaf, blind, deafblind, or have a learning disability.

It can also support people who have aphasia, autism or a mental health condition which affects their ability to communicate. When appropriate, AIS also must be considered in its application to carers and parents.

What goals are we setting?

We want to ensure that our services identify and meet the information and communication needs of all people with a disability or sensory loss.

In collaboration with Healthwatch Redbridge, we will provide learning for 10 members of staff, who represent front line services. In addition, one member of staff will become a champion in this field of work to roll our learning to relevant teams, this person will initially be supervised by the lead at Healthwatch Redbridge. The first learning event will be held in June 2025.

We will consider: how do we record, highlight, and share this information with others when required and gain people's consent to do so? We will seek accessible ways to communicate with people when their protected and other characteristics make this necessary to reduce or remove barriers.

We will focus on these 5 steps:

Identify
How do the services enable assess for service guidance and any other disability related information or communication needs? How does the service find out if people have any of these needs?

Record
How do we record identified needs clearly?

What systems are in place as part of the assessment and care planning process?

Flag
How do we highlight people's information and communication needs in their records? This could be in paper or electronic records. The chosen method must make it possible for all staff to quickly and easily be aware of those needs.

Share
Sometimes we will need to share details of people's information and communication needs with other health and social care services. This means that other services can also respond to the person's information and communication needs. How do we gain consent to share?

Meet
Evaluation: how do we make sure it meets people's needs? How does the service make sure that people receive information that they can access and understand? How does the service arrange ongoing communication support if people need it?

What will the impact be?

People using our service will:

- Be able to contact (and be contacted by) services in accessible ways, such as via email or text message
- Receive information and correspondence in formats they can read and understand. For example, in audio, braille, easy read or large print.
- Be supported by a communication professional if needed to support conversation or use appropriate devices. This would include a British Sign Language interpreter.
- Get support from health and care staff and organisations to communicate. This should include help to lip-read or use a hearing aid or loop.

How will the progress be monitored and reported?

We will look at these five steps by talking to staff and people using the service. Wherever possible, by peer review, service user and our CQC inspectors will review the assessment and care plan of at least one person using the service who is affected by AIS. These will be selected as part of our usual inspection evidence-gathering. In addition to inspections, we will also monitor how we are meeting AIS through annual Provider Information Requests/Collections.

Priority 1: Patient Safety

1.3 **Priorities for Improvement – Non-Medical Prescribing**

Author: Jane Elmer, Specialist Community & Crisis Support (SCCS) Team Leader

How was it identified as a priority?

In September 2019, the hospice was granted authority for our Clinical Nurse Specialists (CNSs) to train as Non-Medical Prescribers. This to ensure that people under our care, whose needs for urgent prescriptions are clearly essential, as identified in crisis management visits, will receive their medications rapidly.

Funding to support CNSs to attend 6 months course and obtain the qualifications was identified.

To date, there are a total of 10 CNSs in the Specialist Community & Crisis Support team (SCCS), eight of whom can prescribe within the scope of palliative care practice, and one is currently taking the course, with hope to complete in September 2025.

With the demands on the service increasing, so is the need to support individuals under our care. One way is by prescribing at the time of visits for medications identified as urgent and vital for individuals' assurance and well-being.

Hand -written prescriptions take time and is seen as a barrier to people receiving their urgent medication.

What goals are we setting?

Our goals are to increase the confidence of prescribing within the CNS workforce, to support this we have planned to review, and where appropriate revise our NMP standards, using real-time feedback from CNSs on their prescribing experience.

What will the impact be?

Benefit for the individual on getting essential prescriptions in a timely manner, keeping them at the heart of what we do. Reduced concern for the individual about when a GP can provide an urgent palliative care prescription, and reduced pressure on the GP to do so. Increased job satisfaction and motivation for CNSs who will be able to monitor responses to medications more effectively.

How will the progress be monitored and reported?

By monthly one to ones with discussions related to NMP on concerns and barriers and how to overcome.

E-pact data sent quarterly by Integrated Care Boards – for prescribing habit, i.e, what drugs, pattern and prescribing occurred within the scope of practice

A non-medical prescribing forum will meet bi-monthly for discussion and buddying with another prescriber

CNSs to produce documentation on prescribing to NMP lead for data collection. This will be followed with an audit in March 2026

Priority 2: Clinical Effectiveness

2.1 Upskilling clinical workforce in preparation for extending nurse-led care.

Author: Jo Noguera, Head of Ward Services

How was this identified as a priority?

It is recognised we are providing care and treatment to more individuals earlier in their illness journey. This often means a need for enhanced clinical interventions, as a result, our nursing team, will be required to enhance clinical competencies. Within supervision and appraisals, nurses working on the Ward have identified and requested the need to improve and enhance their clinical skills to be able to provide enhanced nurse-led care and treatment for the individuals they are caring for.

What goals are we setting?

To enhance the reach and clinical offer to underserved communities and neighbourhoods within the geographical footprint of Saint Francis Hospice (SFH) by offering outpatient services, within individuals own homes or the Ward setting. To increase the number of avoidable admissions to secondary care for individuals requiring IV antibiotics, to upskill the nursing workforce in areas such as clinical examination skills, phlebotomy and IV competencies to also strengthen career progression and achieve higher levels of retention within the SFH workforce.

What will the impact be?

To increase our service, offer within the Ward setting, as a day case or within the individual's own home. An increase in nurses' clinical skills will help identify earlier interventions within community settings, avoid hospital admissions or individuals finding themselves in crisis. Offering individuals the option to attend the hospice Ward for day case interventions will introduce them to the hospice environment at an earlier stage whilst provide a more calming environment rather than a busy acute hospital.

How will the progress be monitored and reported?

We will monitor the progress by the number of individuals referred into the service for day cases and how many admissions to hospital have been avoided due to interventions provided by SFH services.

Priority 2: Clinical Effectiveness

2.2 Improving pathways in advanced illness: Co-designing a smoother investigation and treatment service for people with advanced disease.

Authors: Dr Corinna Midgley, Dr Pippa Russell (Hospice Consultants), Dr Pauline Leonard, BHRUT Oncology Consultant and the Acute Oncology Team BHRUT and Dr Meeran Kirby, Consultant Hepatologist BHRUT.

How was this identified as a priority?

Our hospice and our local hospital trust Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) recognise the strain on our local Emergency Departments and acknowledge that A&E is a hard place to be during a palliative care crisis.

Suspected spinal cord compression and suspected malignant or advanced liver disease ascites are two palliative care crisis scenarios which can lead to extended waits in Emergency Departments whilst examination, investigations and treatments are processed. Experience has shown us that the wait is so hard for people who are very unwell. A congested Emergency Department is not the place to get things done quickly.

We want to make the pathway to these diagnoses, and if needed, treatment and care, reliably easier for people who are poorly.

What goals are we setting?

Locally adapted and agreed pathways for smoother assessment, investigation and if needed, treatment for malignant spinal cord compression and advanced recurrent ascites.

What will the impact be?

The ability to stay at home or in the Hospice with comfort care instituted, pending a one-stop assessment, investigations and treatment pathway, which gets the right care whilst avoiding an Emergency Department protracted wait.

How will the progress be monitored and reported?

A treatment pathway for both suspected malignant spinal cord compression and advanced ascites to be developed and agreed between palliative care and BHRUT oncology and liver services, with pilot testing. Collation of timeline and experience data from suspected diagnosis to definitive diagnosis +/- treatment as appropriate, with ongoing pathways adjustment according to feedback.

Each pathway to be operational by mid-year with agreed data collection before and after set up. Reports to be presented to the Hospice Care and Quality Committee at year end and within the BHRUT Clinical Governance framework.

Priority 3: Patient Experience

3.1 **Increase the use of co-design and co-production approaches in developing and transforming services**

Author: Jan Scott, Transformation Development Manager

How was this identified as a priority?

During 2024-25 a priority was agreed to increase feedback received from individuals using our service, which was only being received in writing or digitally using the iWantGreatCare system covering all our clinical and therapeutic services. This information is shared across the hospice to the relevant teams and is monitored by the Individual Experience Management Group (IEMG) and reported to Care & Quality Committee on a quarterly basis. However, we didn't have regular, real-time verbal feedback which would be beneficial to the transformation of our services.

What goals are we setting?

Our aim is to recruit 3 people, on a rolling basis, so that we have up to date knowledge of people's experiences when they, or their loved one, have been cared for by the hospice. This will create a co-design approach where we can work together in a collaborative way to create solutions. Co-design aims to harness the collective wisdom and insights of everyone involved, especially the end-users, to innovate, solve problems and create better end of life experiences for people in our care.

As we start to implement our hospice strategy for the next 5 years, we will endeavour to have this as a permanent strand for gathering information and knowledge to reflect people's experiences and inform the development and transformation of care.

We will request that staff and volunteers record comments, in real time, when they hear people's wishes, thoughts and ideas so that we can have a shared vision and tailor services accordingly.

What will the impact be?

By following this route of co-design, it will promote positive relationships between the hospice workforce and people using our service, demonstrating a commitment to listen and respond. We hope it will foster trust and transparency and allow people to witness the direct impact of their contributions, 'you said, we did'. This approach bridges gaps between stakeholders and ensures that the design process is an open, shared

journey towards a common goal. The first workshop is planned for June 2025 and outcomes will be shared in the Quality Account 2025/26

How will the progress be monitored and reported?

We will maintain detailed records of the co-design process, and any developments/transformations agreed because of the workshops. We will communicate outcomes with all participants and stakeholders, being transparent about how their input was incorporated. IEMG will monitor feedback bi-monthly with regular reports going to Care & Quality Committee. Regular reporting of 'you said, we did' will be displayed around the hospice.

Priority 3: Patient Experience

3.2 Dementia – consolidated progress and the future

Author: Mark Gilbey-Cross, Quality Improvement Lead

How was this identified as a priority?

This piece of work was identified as a priority within the new Saint Francis Hospice Five Year Strategy 2025–30 to increase access to Hospice services from underserved communities, through building an understanding of the areas of unmet need in each 'place', and what their clinical care needs are.

What goals are we setting?

The aim is to consolidate the excellent and innovative dementia work already undertaken at Saint Francis Hospice. We will develop a new Hospice-wide Dementia Project Group to ensure complete internal collaboration and alignment of dementia workstreams. We need to identify areas of dementia care and support that can be improved, extended or introduced, internally and externally. To also consider the dementia related learning and development needs of the organisation.

What will the impact be?

A project guardian will be identified, and members of the new Dementia Project Group will ensure the collation of current dementia related workstreams within the Hospice are scrutinised with a dedicated forward plan created.

Consideration of what an extended dementia offer could look like, including the undertaking of appropriate 'train the trainer' educational programmes, will be a priority.

In addition, we will closely align to the dementia strategies at 'place' to ensure equity for everyone regardless of where they live.

How will the progress be monitored and reported?

The Dementia Project Group will report into the Care & Quality Committee, with regular updates provided to the Equality, Diversity and Inclusion Group and the Individual Experience Management Group.

Priority 3: Patient Experience

3.3 **In support of the frequent wish for urgent burial for religious reasons: Co-designing GP and family information leaflets with local faith leaders to aid GP and family preparedness after death.**

Author: Dr Pippa Russell, Hospice Consultant and Medical Examiner, Mohamed Omer, Co-founder of Gardens of Peace, Ilford, with Muslim, Jewish and GP community engagement.

How was this identified as a priority?

Our local community includes many for whom urgent burial is important for religious reasons. The relatively new Medical Examiner service has provided some new process challenges for GPs, leading at times to unintended obstacles to smooth death certification (a requirement before burial can occur). This has been seen by our local faith leads, and by our hospice too.

We see an opportunity to better help and support families to achieve a timely burial. Urgent burial is not always possible, but this project aims to help by ensuring families, loved ones and GPs (as usual providers of a proposed Medical Certificate of Cause of Death) are as prepared as possible for dying, and to be information ready for necessary after death processes, towards making those processes smoother for the Medical Examiner/Registrar services and for the bereaved.

What goals are we setting?

A simple, informative leaflet for families of people who are nearing the end of life which enables them to be ready for 'what next after death'. An equally useful/informative leaflet for GPs as usual providers of the proposed Medical Certificate of Cause of Death, co-created to ensure a secure understanding of what is needed after death, towards clearer expectations and smoother after death processes, which we hope will facilitate the ability for more rapid burial.

Development of the leaflets will be collaborative and involve sense checking with faith leads from Muslim, Jewish and other communities, also with families with experience of bereavement and with local GPs.

What will the impact be?

A meaningful difference for our communities for whom urgent religious burial is important.

How will the progress be monitored and reported?

User feedback will be collected and monitored by the Individual Experience Management Group, then in turn through our Care & Quality Committee, and in local ('place' and faith) forums, adjusting as needed.

PART 4

PARTICIPATION IN CLINICAL AUDITS

Participation in Audits

Author: Mark Gilbey-Cross, Quality Improvement Lead

Saint Francis Hospice continues to recognise the value of audit in providing assurance around current practice and the identification or areas of improvement and links to development of quality improvement projects.

Oversight of all audit activity is maintained via:

- Monthly Quality & Care Meetings
- Bi-monthly Clinical Audit Group

Annual Audit Programme

Our annual audit cycle continues using both audit tools developed by Hospice UK (national charity for hospice care) and those identified internally; these audits allow us to measure our services against national standards of excellence and our own internal standards. Hospice UK audits are under regular review, ensuring audits are based around current evidence and best practice. In the past 12 months we have completed 6 annual audits.

Short Observational Framework Inspections (SOFI's)

SOFI's are tools that are used to highlight areas where we continue to do well, as well as identifying any gaps and areas for improvement. SOFI's are conducted to evidence care standards on the Ward and wider across the hospice. In addition to the annual audit cycle, our annual cycle of SOFI's has continued during 2024/25, during this period, 14 SOFI's have been completed.

Specific Tailored Audits

All members of the multidisciplinary team are encouraged and supported to consider areas of audit activity and quality improvement projects; this drives innovation as well as improving the care and treatment of those individuals receiving care and treatment from Saint Francis Hospice. The Clinical Audit Group is open to any member of staff; during the previous year the group received 7 presentations around audit activity.

Audit Task & Finish Group

Saint Francis Hospice has recently developed an Audit Task & Finish Group. The aim of the group is to review and revise the Saint Francis Hospice Audit process, this will enable us to ensure the process is effective, user friendly, with an additional focus on digitalisation, strengthening of feedback and sharing of learning pathways. The Task & Finish Group is made up of multidisciplinary colleagues from all teams and departments.

Annual Audits completed between April 2024 and March 2025

No. 9 Hospice UK	Ongoing support CNS
No. 10 Hospice UK	General Medicines
No. 11 Hospice UK	Controlled Drugs
No. 13 Hospice UK	Management of pressure ulcers – the Ward
No. 15 Hospice UK	Pain Management
No. 16 Hospice UK	Meeting Effectiveness - Community

SOFIs completed between April 2024 and March 2025

SOFI No. 2	Care Plans – The Ward
SOFI No. 5	Environment supports privacy and dignity
SOFI No. 8	Hand Hygiene – The Ward
SOFI No. 9	Reception Area
SOFI No. 19	Nutrition
SOFI No. 20	Whistleblowing
SOFI No. 21	Uniform/Dress Code: Hands on clinical
SOFI No. 22	Uniform/dress code – Domestic
SOFI No. 23	Maintenance and Renewal
SOFI No. 24	Documentation – Personalised framework for the last days of life
SOFI No. 27	Diabetic Management
SOFI No. 29	Controlled Drugs Check
SOFI No. 31	Medicines Safety Thermometer Audit
SOFI No. 32	Hand Hygiene – Domestic

Audits presented at Audit Group between April 2024 to March 2025

- Learning disability and neurodiversity
- Can we further improve rates of corneal donation at Saint Francis Hospice?
- Physiotherapy and Occupational Therapy: New model of referrals for inpatients
- Impact of the Continuing Services Coordinator role and potential development of enhanced care to Saint Francis Hospice services
- Out of hours Specialist Advice Line
- Hospice at Home: Referral response time Including crisis visits
- Accuracy of recorded data on religious and spirituality of people admitted to the Ward

Learning identified through the audit cycle for the period 2024/25 includes:

Hospice at Home (H@H) Referral Response Times:

- H&H continues to be recognised as an amazing service
- Responses to referrals are timely
- Hospice at Home responds rapidly to crisis and non-crisis referrals
- The service promotes and endeavours to keep individuals in the place of their choosing

Out of Hours (OOH) Specialist Advice Line:

- There is evidence of good collaborative working between Specialist Community Crisis Support (SCCS) and H@H
- The service is responsive to planning crisis visits following an OOH call
- Effective in supporting individuals at home pre-admission to the Hospice Ward
- Good partnership working in supporting District Nurses, residential and nursing homes, paramedics and GPs

Corneal Donation:

- Increase in total donations compared to previous audit findings (averaging 2.25/month)
- Almost 70% of individuals having donation discussion on admission
- Value in post death discussions with NoK resulting in further donations

PART 5

REVIEW OF QUALITY PERFORMANCE

Quality Performance Overview 2024-25

Author: Jan Scott, Transformation Development Manager, on behalf of Tes Smith, Director of Care and Community Services

During the last twelve months, across all services, the number of people we cared for increased by 13% from 2000 to 2245. Please see the data charts for more information.

There has been an increase of non-cancer referrals rising to 39% of all referrals received; an increase of 2% from the previous year. Often it is thought that we solely care for people with a cancer diagnosis, therefore we have tried hard to encourage health professionals to refer people with a non-cancer illness which has had a positive outcome.

The Ward

We have seen an increase of people receiving palliative and end of life care in our Ward admitting 386 people in comparison to 359 last year, many requiring treatment for pain and other symptom control, enabling 28% of people to be discharged back home, or, if needed, into a care home. 72% of people cared for in our ward sadly died. The average length of stay was 12.7 days compared to 12.4 in 2023-24.

Specialist Community and Crisis Support (SCCS)

1116 people were cared for by our SCCS team in 2024-25, a small decrease from 1238 during the same period the year before. However, complexities of illness have resulted in the number of face-to-face visits and telephone consultations rising to 15229 from 14777 in the previous 12 months (a 3% increase), and consultations with health professionals rose from 18533 to 20864, a substantial increase of 12%. Growth in collaboration with our community healthcare partners has contributed to this increase, in addition healthcare professionals are referring more people whose primary diagnosis is not cancer.

Hospice at Home

Our Hospice at Home team cared for 729 people in their own homes compared to 639 in 2023-24 (an increase of 14%) and made 5227 home visits compared to 4897 the previous year (an increase of 7%). 58% of people they cared for had a non-cancer diagnosis compared to 44% the year before. This trend indicates that healthcare professionals who refer are understanding that we care for people without a cancer diagnosis and this has seen referrals steadily rising over the past 2 years. We are taking steps to increase the overall time we can offer help and support for this service. People dying in their preferred place of death rose from 82% to 85% which is above our target of 80%.

Therapies

Pemberton Place, our day centre, has had an increase in complementary therapy sessions, rising from 1142 in 23-24 to 1395 in 24-25, an increase of 22%. During this period the therapies' team experienced a fall in volunteer numbers, highlighting additional workload and the need for more efficient and effective ways of working.

Occupational therapy support has increased from 465 to 549, highlighting a substantial increase of 18%. In contrast, Physiotherapy sessions experienced a decrease in numbers from 2445 to 1969, due to a staff member leaving in quarter 4 thereby reducing activity. This position is currently being advertised, we therefore anticipate numbers increasing in 2025-26 after completing the recruitment process.

The therapies team are delighted to announce that a new group for people with dementia is currently being piloted; the take up is extremely encouraging and feedback is very positive both from people with dementia and their carers who also attend these sessions.

Family and Individual Support

The number of adults receiving bereavement counselling has increased to 974 from 643, an increase of 51% compared to the year before, partially due to recruitment of more volunteer bereavement counsellors, and an improved process in data recording. In addition, 100 children received bereavement counselling from our child and family therapists compared to 62 in 2023-24. In total these teams delivered an outstanding 5312 activities, an increase from 5246 in the previous 12 months.

This year we anticipate adding data for our helpline, 'OrangeLine' and therefore we will be able to show recordings of activities in our 25-26 Quality Account. This unique service is available to anyone in the community who require emotional support, or for people experiencing loneliness or isolation. Options for individuals include regular phone calls, face to face support or joining one of the many groups now available throughout our catchment area.

IN CONCLUSION

Overall, this has been an outstanding year for providing services to our increasingly complex and diverse communities of people who need our care and support. With recruitment challenges and seeing changes to other services in primary and acute care - we remain immensely proud of all our services and teams and all they deliver. With the introduction of our new 5-Year Strategy: Growing Together, the future of Saint Francis Hospice will continue being 'outstanding', supporting more people from our areas of unmet need.

Review of Quality Performance

Activity based on the National Council for Palliative Care: Minimum Data Sets criteria	2024/25	2023/24
OVERALL SERVICE		
Patients cared for by the Hospice	**2,245**	2000
% Patients cared for with non cancer primary diagnosis	**38.9%**	36.8%
% Patients cared for with cancer primary diagnosis	**61.1%**	63.2%
WARD SERVICES		
Total number of admissions	**386**	359
Total number of patients cared for	**348**	313
% New patients	**89.9%**	78%
% Occupancy	**76.7%**	79.1%
DIAGNOSIS		
% Inpatients cared for with non cancer primary diagnosis	**22.1%**	17.9%
% Inpatients cared for with cancer primary diagnosis	**77.9%**	82.1%
OUTCOME OF WARD STAYS ENDING		
% Died	**71.2%**	69.4%
% Discharged to home (including care home)	**27.7%**	29.2%
% Discharged to an acute hospital	**0.8%**	1.4%
% Discharged to another setting	**0.3%**	0.0%
Average length of stay (days)	**12.7**	12.4
SPECIALIST COMMUNITY & CRISIS SUPPORT SERVICE		
Total number of patients supported	**1116**	1238
% New patients	**92.0%**	79%
% Patients with non cancer primary diagnosis	**34.1%**	32.8%
% Patients with cancer primary diagnosis	**65.9%**	67.2%
Number of face-to-face or telephone consultations with patient or relative /carer	**15,229**	14777
Number of face-to-face/telephone consultations/digital records checks with a health professional	**20864**	18533
Average length of care (days)	**26.7**	25.59

Activity based on the National Council for Palliative Care: Minimum Data Sets criteria	2024/25	2023/24
HOSPICE AT HOME		
Total number of patients cared for	**725**	639
% New patients	**86.5%**	89%
% Patients cared for with non cancer primary diagnosis	**41.7%**	44.1%
% Patients cared for with cancer primary diagnosis	**58.3%**	55.9%
Total number of visits	**5227**	4897
% Patients who died at home (including care homes)	**85.3%**	82%
Average length of care (days)	**8.15**	8.49
BEREAVEMENT SERVICE		
Total number of clients		
Adult	**974**	618
Children	**100**	87
Total	**1074**	705
Number of support/counselling telephone or face-to-face consultations (including health professionals)	**5,312**	5246
SPECIALIST MULTIDISCIPLINARY SUPPORT SERVICES		
Number of face-to-face consultations with patient or relative/ carer by service:		
Pastoral care support	**852**	614
Complementary therapy	**1395**	1142
Family & Individual Support Services	**1492**	1453
Occupational therapy	**1132**	1175
Occupational therapy equipment	**549**	465
Physiotherapy	**1969**	2445

PART 6

EDUCATION CENTRE HIGHLIGHTS

Education Highlights 24/25

Author: Bridget Moss, Director of Nursing, Quality & Research

The background for this years' education highlights is the development of a new strategy and preparing for change. Local data indicates an increasing need for palliative and end of life care, particularly as the population increases and we begin to increase our knowledge of the needs of underserved communities.

Learning and Development

Our mandatory training, covering traditional subjects including infection prevention and control, and manual handling, continues to perform well. This year we achieved 98% compliance at the end of March.

We have increased the number of first aiders following First Aid at Work training. Tissue Donation Awareness, relevant for those delivering direct care, supported our clinicians in this aspect of care. Communication Skills Training enhances all aspects of caregiving and includes Advanced Communication Skills Training for our staff. In this digital age, the Digital Skills programme continues to develop confidence and competence in learners, as evidenced by a recent organisational digital survey.

There has been a focus on dementia training to equip our workforce to deliver tailored services and care. The training is experiential and resulted in positive feedback, with learning that is applicable to practice. Dementia Interpreters training focused on the lived experience of dementia, including confusion, frustration and sensory overload and further developed confidence and skills in communication and person-centred care. All attendees qualified as Level 1 Interpreters and 2 staff have completed the Train the Trainers course, which will enable this learning to be cascaded to clinical staff. Dining, Immersive, Experiential Training (DIET) addresses steps required to create a positive dining experience for people with dementia.

Palliative care knowledge was furthered with remote access to the Hospice UK conference sessions; all were varied and current to our work.

An introduction to palliative care is captured in the Essentials in Palliative Care course, delivered to our staff and community colleagues who are new to palliative and end of life care.

University partnerships

Our partnership with London South Bank University (LSBU) remains strong; we have delivered three specialist modules that form part of the master's degree in Palliative and End of Life Care. These modules are: Palliative Approaches to Pain and Symptom Management; Psychosocial, Spiritual and Ethical Aspects of Palliative Care,

End of Life Care: Dementia and Other Non-Malignant Conditions. Each module group included hospice clinicians as learners and teachers. We have supported the learning of student nurse placements, from LSBU, Anglia Ruskin University and University of East London.

Bespoke and Commissioned Education

Strengthened partnerships has resulted in syringe pump training provision for NELFT community nurses and care home staff across our patch. Requests for skills-based teaching, particularly Syringe Pumps and Advance Care Planning, for care home staff and community professionals is anticipated to increase next year, as demand for care rises. We have delivered Advanced Communication Skills Training to a neighbouring hospice and hospital bereavement and mortuary staff in Mid & South Essex. A hospice collaborative for End of Life Care training for domiciliary care workers in a learning disabilities context continued this year.

PART 7

FEEDBACK FROM THE PEOPLE WE'VE CARED FOR

Compliments and Complaints

This report provides an overview of feedback (complaints, comments and compliments) received across the organisation, identifying themes, trends and importantly – learning. We encourage people to share their feedback with us, and we take all feedback seriously.

Complaints

- 47 complaints were received in 2024/25, which is 7 complaints fewer than last year, marking a 15% decrease. There were no appeals received.
- Of the 35 complaints identified in a catchment area, the highest number of complaints were from the London Borough of Havering (20) 54%, this is followed by the London Borough of Brentwood who made 7 (19%) complaints.

Our process

EA to CEO & Chair manages the day-to-day complaints records, acknowledgements, responses and process. In summary:

- The CEO continues to have overall responsibility for complaints and has access to all complaints and responses.
- The Complaints Co-ordinator will inform the CEO immediately if there are any specific complaint themes or if a complaint is deemed serious/ unusual.
- The Complaints Co-ordinator will request the CEO to review a complaint response if it is deemed complex or if additional guidance is required.

Alongside the complaints, comments and compliments policy we have the Volunteer Issue Solving Procedure. This has been put in place to help support and manage our Volunteers and any issues that may arise. This was developed by the Voluntary Services Projects Manager and is managed by the Voluntary Services team.

As per the Complaints, compliments and comments policy we aim to acknowledge all complaints within 3 working days. After investigation, a response detailing the outcome of the investigation is issued to the complainant within 21 working days.

Compliments

- A total of 2,191 (1,402 in 2023/20024) compliments were received in 2024/2025, 608 of which were from iWGC (28%).
- In addition, 2623 from eBay, when added to the compliments total which made a total of 4814.

- Of the 2191 compliments 564 were for Hospice at Home (26%), followed by SCCS 135 (6%).

We are following a steady trajectory of increase year on year as our services grow.

iWantGreatCare (iWGC)

iWGC remains the one source/tool for gathering online feedback and surveys completed offline. Our % positive experience consistently remains above 92% and has done since its introduction at SFH.

We have celebrated our success in that we are consistently in the top 3 out of 22 Hospices, for the number of iWGC reviews received.

Learning from complaints

As an organisation we work closely with each other and collaboratively with external colleagues, to continually review and update the way we communicate, the way we process information, and the way we respond to all people who use our services.

Some examples of learning this year have been;

- Ensuring that iCare records are updated for all contact from people in our care, so we can ensure the correct signposting and advice is provided.
- The need for a more thorough handover from a referring team, so that we are certain of what is being asked and is expected from us.
- When we are advised of the death of a person in our care, we will attempt to contact the next of kin offering condolences and 'checking in' for any concerns, no matter what the time frame, as per our service standard.
- The need for appropriate communication courses as learning objectives for individuals.
- Ensuring that a telephone conversation takes place first wherever possible, before an email is sent, so that words are not misinterpreted.

A selection of comments from across the organisation

"Everyone and everything was done in a very pleasant and professional way. All the staff were excellent."

Virtual Ward, June 2024

"I am extremely impressed by the care offered throughout. Thank you for your understanding and professionalism the staff clearly understands, my vulnerability."

Specialist Community & Crisis Support, May 2024

"Because I found the staff helpful, I had phone call from staff every Thursday till got better in mind."

OrangeLine, August 2024

"Of all the agencies involved in my husband's care at home, St. Francis Hospice were by far the only ones to tick all the boxes for empathy, care, support, information and actually getting things done. Special thanks to XXXX who went beyond her duty in dealing with other agencies and the NHS on our behalf in order to get things done. She truly is dedicated and genuinely caring."

Hospice at Home, February 2025

"My brother was in the hospice a few weeks prior to his death. He was cared for with dignity and respect as were we as his family. We had complete confidence in the care he received and the healthcare he was given. All the staff, from the cleaners to the consultants were absolutely amazing and we will be eternally grateful to them. Thank you all."

The Ward, November 2024

"My contact at the hospice has been supportive and caring in light of my mother's diagnosis, being able to answers my many questions, and contacting my mother's GP for supportive medication at this difficult time."

Referrals Hub, July 2024

"The support I have received has been an immense help to me at a difficult time. All staff have been helpful and professional. I can't thank you enough for the emotional care I have been given."

Bereavement Service, March 2025

You said, we did

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

The Individual Experience Management Group met regularly throughout the year with members from across the hospice including guest members from external Healthwatch organisations.

You said: Our Specialist Community and Crisis Support team asked for a break area;

We did: We refurbished and upgraded the staff area to promote wellbeing.

You said: Visitors requested a covered smoking area, and comments from staff and those under our care that the new pergola is not used solely as a smoking shelter.

We did: We built and installed a smoking shelter in our garden, separate to the pergola

You said: The Ward evening menu needs a refresh with more nutritional, fresh and inclusive food options

We did: We introduced a new lighter evening menu including inclusive options such as vegan, Kosher and Halal meals for visitors, staff and volunteers

You said: Following feedback from teams and users of the space, it was recommended that we upgrade the Education Centre.

We did: We carried out a refurbishment of the space including hospice branded decorating and furnishings throughout, modern LED efficient lighting, and new commercial facilities, allowing us to compete with local venues that can be hired for events and training.

You said: We need a dedicated space for our Children's Bereavement Counselling sessions

We did: We created a dedicated 'Seaside Room' for our children and young adults that is warm, inviting and provides a safe space.

You said: We should help with hospital blood runs and pharmacy pick-ups

We did: We now provide regular hospital blood runs and pharmacy pick-ups, supported by our Estates team

You said: A visitor commented that our gardens needed some more flowering plants to better represent the imagery on our website

We did: We asked our local garden centres and supporters to help with donations of bedding plants which we have now planted, creating a more beautiful space for visitors, staff and people in our care to enjoy

You said: We need more professional support for the increasing mental health complexity

We did: We secured 1 session a week of dedicated consultant-level psychiatry support

You said: We need more comfortable chairs for the counselling rooms

We did: New comfortable chairs were purchased through support from a generous donor

You said: We need a more inclusive quiet space for people of all faiths or none

We did: We created a quiet, peaceful reflective space for everyone by evolving the 'Chapel-Quiet Space' to the newly name and decorated 'Hospice Sanctuary'.

PART 8

STATEMENTS FROM OUR PARTNERS

Comments from our Partners

Dr Uzma Haque
Clinical Director
PCN North, Dagenham
Health Inequalities Lead
NEL ICB, End of Life Lead Havering
Ageing Well Lead
Redbridge, Barking, Dagenham & Havering

I would like to commend Saint Francis Hospice on an inspiring and comprehensive report. It clearly reflects your commitment to delivering compassionate, high-quality care, while also driving innovation, inclusivity, and continuous improvement. The renewed focus on outreach, co-production, and personalised care planning—particularly through the Hospice at Home and Virtual Ward models—is especially commendable in a climate of increasing complexity and need.

I was particularly struck by your efforts to broaden access for underserved communities, people with neurodiversity or learning disabilities, and those facing barriers to bereavement support. The expansion of services such as OrangeLine, the new dementia group initiatives, and the real-time co-design feedback loop all represent meaningful strides toward equity and responsiveness.

Your emphasis on sustainability, from environmental measures to workforce development and non-medical prescribing, also signals a forward-thinking and holistic approach. The narrative of Daniel Forrester's journey was a powerful and humanising inclusion that brings the values of Saint Francis Hospice vividly to life.

In terms of format, the Account is clear, well-structured, and accessible. The use of case studies, year-on-year data, and visual highlights makes it engaging and informative.

I fully support the direction laid out for 2025/26 and look forward to continuing to collaborate with you in ensuring our communities receive outstanding palliative and end-of-life care.

Joanne McCollum
Director of Care and Commissioning and Caldicott Guardian
St. Luke's Hospice

Thank you for giving me the opportunity to read and comment on Saint Francis Hospice Quality Accounts. The accounts provide a comprehensive overview of the fantastic work that your teams do to meet the needs of the communities that you serve. It was good to read about how the Hospice have remained responsive to the changing needs of the community, for example the work to increase visits on site and also the virtual support provided to patients prior to admission to the In-Patient Unit. The priorities identified for 2025-26 will continue to benefit service users and continue to enhance care provision at a time when Palliative and End of life Care is much needed across our communities.

Congratulations and well done on achieving the Outstanding rating for the CQC. We look forward to continuing to working collaboratively with Saint Francis Hospice over the coming year.

Many thanks

Scott Tatum
Engagement Manager
Healthwatch Essex

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 Saint Francis Hospice 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 Saint Francis Hospice Quality Account.

- It is heart-warming to see Saint Francis Hospice deliver outstanding care to over 2,200 individuals in 2024/25, with 10% growth evident. Also, it is reassuring to hear they have retained the highest possible rating by the Care Quality Commission of 'Outstanding'.
- It is great to see that Saint Francis Hospice have engaged with their community and implemented numerous improvements, showing a true dedication to making slight adjustments that make a big difference, with a co-design ethos evident.
- We are pleased to see Saint Francis Hospice implement a new senior psychiatrist liaison post to help support people with complex mental health requirements, and redesigned spaces to make the counselling rooms a welcoming environment.
- It is encouraging to see Saint Francis Hospice collaborate with Healthwatch Redbridge to assist with highlighted educational requirements, with AIS training to selected hospice staff scheduled for the coming year.
- It is great to see the range of community services they provide such as Lunch Groups, Friendly Faces Social Group, the Walk-On Group, among many others. Showing a true commitment to implementing a comprehensive service to those who are bereaved.
- It is really reassuring to see their new priority list, again showing a true commitment to listening to people's voice to implement positive change.

Listening to the voice and lived experience of patients, service users, staff, and the wider community, is a vital component of providing good quality care and Healthwatch Essex supports the encouraging work of Saint Francis Hospice.

Zina Etheridge
Chief Executive Officer
North East London Integrated Care Board

NHS North East London Integrated Commissioning Board is the lead commissioner responsible for commissioning health services from Saint Francis Hospice on behalf of our population. Thank you for asking us to provide a statement on Saint Francis Hospice's 2024/25 Quality Account and priorities for 2025/26.

We commend the Hospice for meeting and exceeding the quality priorities set last year relating to:

1. Patient Safety.

2. Clinical Effectiveness.

3. Patient Experience

We note the 13% increase in the number of people cared for across all services, over the year – from 2000 to 2245. Additionally, we recognise the wide-ranging diverse communities of people you have supported over this period and both together enhances the outstanding achievements the Hospice has made this year

We are aware that the Hospice has undertaken important work to enable support of 12% more individuals at home than last year. This enhanced service also helped create a Virtual Ward model which ultimately avoids unnecessary hospital stays and an improved patient journey.

We welcome your 2025/26 priorities which include clinical effectiveness and the aim to upskill clinical teams in areas like phlebotomy and intravenous skills to support nurse-led care across all settings and develop a nurse-led outpatient service.

The Hospice's quality indicators continue to show extremely high performance when benchmarked against other UK hospices and we congratulate you on your comprehensive and wide-ranging clinical audits and education systems. We acknowledge the continued excellence of the service and retention of the highest possible rating by the Care Quality Commission, who deemed the services 'Outstanding' once again.

We are grateful to Saint Francis Hospice, its staff, and volunteers for their commitment to addressing health inequalities and working in collaboration that will further support and develop our North East London Integrated Care System.

We confirm that we have reviewed the information contained within the Account and checked this against data sources where these are available to us, and it is accurate.

Overall, we welcome the 2024/25 quality account and the new quality priorities. We look forward to working in partnership with Saint Francis Hospice over the next year.

Dr Giles Thorpe
Executive Chief Nursing Officer
Mid & South Essex Integrated Care Board

As a commissioner of Saint Francis Hospice services locally, Mid and South Essex Integrated Care Board (MSEICB) welcomes the opportunity to comment on this annual Quality Account.

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 St Francis Hospice prior to publication for consideration of inclusion, along with any missing data in the final report.

MSEICB is pleased to note the progress that the team at Saint Francis Hospice has made against the priorities for improvement that it set out last year.

MSEICB can see that excellent progress has been made to achieve these priorities in line with the Hospice's Vision, Mission, and Values.

The majority of the agreed priorities have been progressed well. Where there have been barriers outside of the control of Saint Francis Hospice, actions have been initiated to drive forward the remaining objectives. The enhanced service of Hospice at Home working with the virtual ward model has allowed the hospice to support 12% more individuals to stay in the familiar surroundings of their own home during their final days.

Saint Francis Hospice remain committed to improving patient care and experience and ensuring that feedback is embedded. Patient feedback shared is positive. Where complaints are received, there is a robust framework in place.

There is ongoing evidence of ongoing audits including the Annual Audit programme and Specific Tailored Audits. The newly developed Audit Task and Finish group will ensure that the audit process is robust and effective.

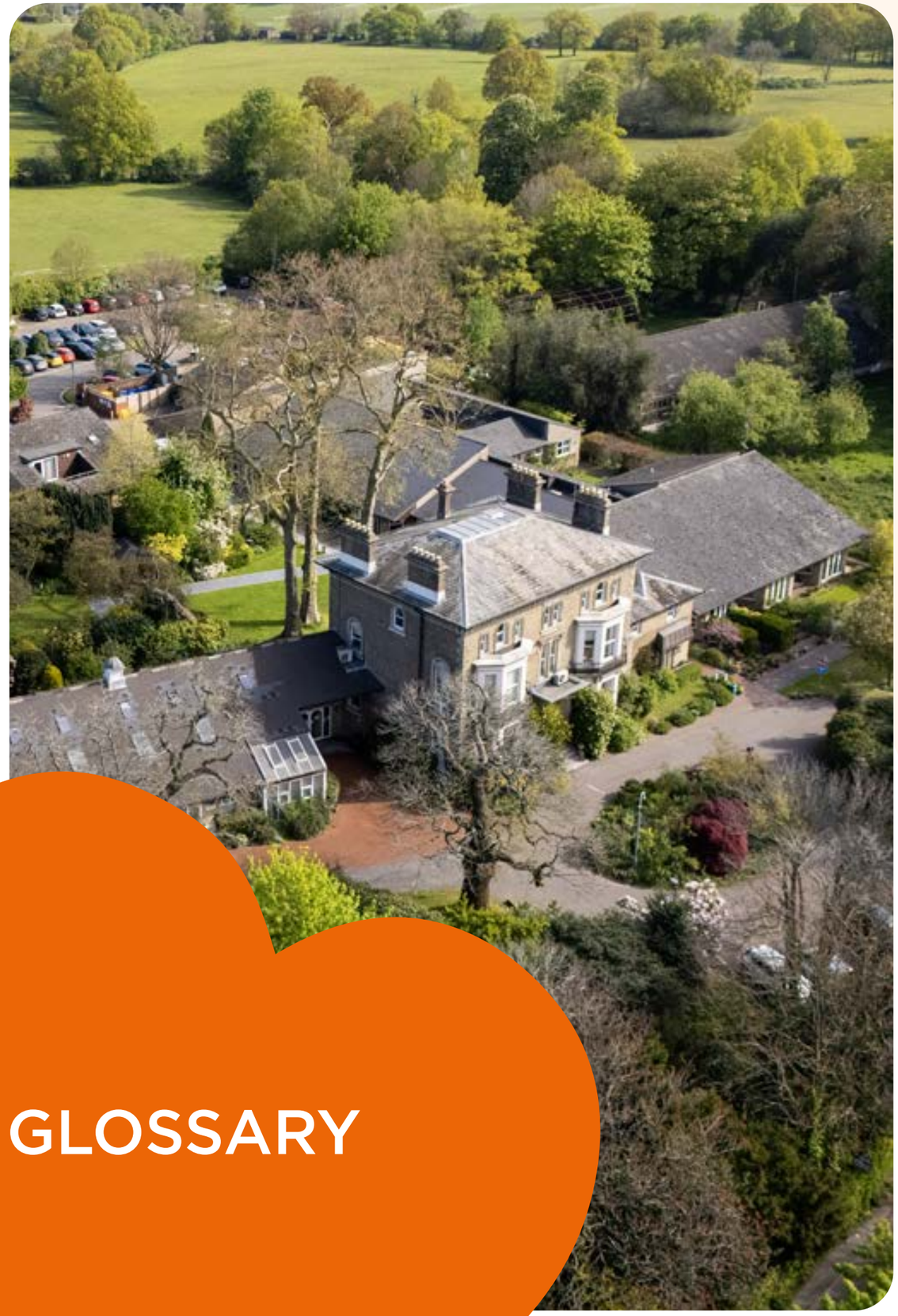
Commitment to patient safety and experience remains paramount and patient feedback contained in the annual account is testament to this.

MSEICB acknowledge the priorities that Saint Francis Hospice have set for 2025/26 that have been developed in line with their new 5-year strategy 2025 – 30.

- Meeting the Accessible Information Standard (AIS) using our EDI policy with a specific lens on individual care recipient information and regulations.
- Priorities for Improvement – Non-Medical Prescribing.
- Upskilling clinical workforce in preparation for extending nurse-led care.
- Improving pathways in advanced illness: Co-designing a smoother investigation and treatment service for people with advanced disease.
- Increase the use of co-design and co-production approaches in developing and transforming services.
- Dementia – consolidated progress and the future.
- In support of the frequent wish for urgent burial for religious reasons Co-designing GP and family information leaflets with local faith leaders to aid GP and family preparedness after death.

Sincere thanks go to the whole of the Saint Francis Hospice team for their hard work, dedication and commitment to patient safety and staff development that has been evident over the past year. MSEICB would like to congratulate Saint Francis Hospice for achieving CQC "Outstanding" again and all that it has achieved thus far, given the continuing backdrop of increasing pressure and uncertainty which continues to impact all healthcare services.

In conclusion, MSEICB considers the Saint Francis Hospice annual Quality Account for 2024/25 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 processes.



GLOSSARY

Glossary

A&E: Accident & Emergency

CEO: Chief Executive Officer

CNS: Clinical Nurse Specialist

CQC: Care Quality Commission

EA: Executive Assistant

GP: General Practitioner

H@H: Hospice at Home

HSE: Health & Safety Executive

IEMG: Individual Experience Management Group

IPC: Infection Prevention & Control

iPOS: Integrated Palliative Outcome Scale

IV: Intravenous

LSBU: London South Bank University

MDT: Multi-Disciplinary team

NELFT: North East London Foundation Trust

NMP: Non-Medical Prescriber

PEG: Percutaneous Endoscopic Gastrostomy

SCCS: Specialist Community and Crisis Support Service

SFH: Saint Francis Hospice

SOFIs: Short Observation Framework Inspection

Saint Francis Hospice

Caring for you

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