Quality Account

2021/22

2021/2022 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.

- Implemented Sentinel for all incident reporting and data collection.
- Nurse Aid call system installed on the Inpatient Unit.
- IPU camera installed.
- Preparation for the Integrated Care System.

- Safeguarding Log changed from word to excel, following an audit so it is more efficient in capturing the data we need to evaluate our service.
- Hospice at Home went 'paperlite'.

- Restarted face to face sessions in pre-bereavement and bereavement support and counselling rooms on site re-opened to use.
- Walk On group restarted and operating on a monthly basis.
- Increased numbers to the monthly evening bereavement group from 4 to 9 people.

Saint Francis Hospice
Caring for you

- Achieved continuous grant funding conditions for all our CCGs and Hospice UK by completing the NHS Capacity Tracker every day.

- Brentwood Action Team set up during the pandemic, a mobile phone particularly designed for overnight purpose and weekend with Hospice at Home going out to support when needed.
- Provided over 100 PCR clinics for staff and volunteers.
- Out of hours triage implemented.
- Beginning to do more home visits to people who cannot access the services by telephone.

- Spearheaded a bespoke and collaborative Palliative and End of Life Care Service and Care Home support across Mid and South Essex (BAT Project).
- A paramedic joined the Community Clinical Nurse Specialist team.
- Referral Hub is now operational 7 days per week.
- Clinical Nurse Specialists assigned to boroughs.

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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 Havering, Brentwood, Redbridge, West Essex and Barking and Dagenham. With only 28% of our funding provided by the government, we need to raise £7.77 million 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 some 780 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 Statement

I am delighted to share our 21/22 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 21/22, in a still challenging environment. We have decided to carry two priorities forward this year for further development:

- Sleep Well Initiative on the Inpatient Unit.
- Individual Experience Feedback (IWantGreatCare).

As well as a continuing focus on mental health and supporting wellbeing for all, we have focussed on 3 main goals this year in order to maximise resources across the Hospice and provide the best care possible:

1. Sustainability: Best Use of Resources
With focus on operational cost savings, maximising funding opportunities, moving the workforce to agile working involving digital transformation and building working relationships with local partners.

2. Our People: Agile, Resilient and Confident
With focus on training and support for staff and volunteers: recruitment, retention and growth; diversity and inclusion and the knowledge of our diverse community.

3: Our Services: Doing More Than You Think
With focus on outstanding care, resilience in our care models, collaboration and knowledge sharing.

As part of this work, we reorganised our Director Team, giving each Director an enhanced portfolio with integrated responsibility across the Hospice for a more cohesive working environment.

The last twelve months have been successful for Saint Francis Hospice despite the challenging circumstances – we remain financially sound and delivered increased care, as well as offering support to NHS colleagues via our education team and supporting Covid19 care.

I would very much like to pay tribute and give our thanks to our close partner organisations, this year more than any has seen our key relationships and service collaboration enable our local people access the services they need at this most challenging of times. Our commissioners and service colleagues alike have worked tirelessly for local need.

None of this would be possible without the dedication of our workforce, both staff and volunteers, and the generous support of our local community. I am grateful to all who have contributed this year and look forward to working together to secure the future of Hospice care in our community.

PAM COURT
CEO

Statement of Assurance from the Board

On behalf of the Board of Trustees, I am delighted to present the 21/22 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.

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 have continued to meet virtually during 21/22.

Wellbeing of staff and volunteers has continued to be a focus, particularly around support for a safe return to onsite working where appropriate. The entire workforce has had to be exceptionally flexible and resilient during this time, and we have put in place further opportunities for wellbeing and reflective sessions as well as counselling and support from Mental Health First Aiders. This support has been delivered virtually and in person, to support the varying needs of individuals.

Our priorities for improvement for 21/22 were ambitious in the challenging and ever-changing environment in which we found ourselves, and I am pleased to see the progress made. There is still work we want to do on two priorities, which we have carried forward to this year. I applaud the commitment to development of our services even in the most difficult circumstances. All data available on the quality of care provided across all services has been reviewed.

In a post-Covid19 environment, the Hospice continues to play a vital part in end of life care. Lessons learned during the height of the pandemic have enabled us to provide more flexible care, often remotely, to ensure that even the most vulnerable are fully supported with minimal risk.

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.

I recognise that it has been another challenging and difficult year for our workforce, and once again I am grateful and in awe of the magnificent efforts of staff and volunteers across the Hospice. Their commitment and determination to provide exceptional care has been an inspiration.

PETER CRUTCHETT
Chairman, Board of Trustees

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

2.1 OCCUPATIONAL THERAPY AND PHYSIOTHERAPY – a new Model of Care

Authors: Kathryn Owens, Therapies Manager and Paula Bavetta, Senior Physiotherapist

Aim

To ensure that all patients admitted to the Inpatient Unit (IPU) receive an equitable high standard of rehabilitative palliative care during their stay.

Progress

After a review of the referral process was evaluated and the new model commenced in May 2021 we agreed to accept all IPU admissions for Occupational Therapy and Physiotherapy team review without a formal referral. Immediate issues and urgency were clarified at the daily inpatient staff handover meeting, also the weekly multidisciplinary team meetings, where we could discuss the appropriateness of the team's involvement, as on occasion involvement was not appropriate.

Three months in Occupational Therapists and Physiotherapist met with ward representatives from the wider multidisciplinary team. All agreed that this new model was working very well. Reasons for such positive feedback were as follows;

- Every newly admitted patient being reviewed by both occupational therapy and physiotherapy at the daily meetings ensured that all aspects of rehabilitative care were identified within 3 working days.
- The new model provided a more equitable service for all inpatients.
- The diverse roles of the occupational therapy and physiotherapy were being much more fully recognised and utilised now, changing the main focus from discharge planning and general mobility to a holistic and thorough rehabilitative service.
- Early active involvement had increased team work across the multidisciplinary team on the Inpatient Unit.
- Involvement in discharge planning earlier in the inpatient experience ensured thinking ahead, and timely provision of all necessary equipment and support.
- The ward/our patients were receiving a more streamlined service.

The new model for occupational therapy and physiotherapy referrals on the Inpatient Unit is now embedded, and continues to be well received as a successful development, with ongoing effectiveness in ensuring an equitable, effective and holistic multidisciplinary approach to rehabilitative palliative care during inpatient stays.

Work outstanding

An audit will be performed to review this service at the end of its first year.

Priority 2: Clinical Effectiveness Priority

2.2 WIDENING ACCESS FOR PEOPLE WITH DEMENTIA

Authors: Dr. Corinna Midgley, Dr. Pia Amsler, and Clinical Nurse Specialists Julia Bryan and Caroline Shehu-Pearce

We are passionate about equity of access to palliative care services. We identified a particular need to work on access to our services for people living with advanced dementia (PwD). We found GPs and others were unsure about when they could/should refer. Our own staff were uncertain about how we 'fitted' with dementia care services.

Aim

With help of local dementia and advanced illness colleagues we set the following goals:

a) to develop a referral flow chart to help health professionals know when referral of PwD to a specialist palliative care service might add value (emphasis: the last year of life).

b) to ensure that colleagues in primary care, and in local memory clinics know they can contact us for advice as needed.

c) to clarify what our Community Team currently offer to PwD.

d) to prepare a business case for an earlier-involvement multi-professional Hospice day therapy services drop in for PwD and their carers.

e) To seek representation on local Dementia Partnership Board meetings to improve others' understanding of the Hospice offer beyond care in the last days of life.

Progress

- We have developed a 'dementia support' flow chart, which includes 'when to think about referring to specialist palliative care'. This has been well received by Havering dementia services and is being shared with GPs across outer east London.
- We are now in the Havering online local resource pack for PwD and their supports.
- We reviewed notes of all with a primary or significant diagnoses of dementia who the Hospice supported, over 1 year, June 2019 - June 2020. More than 1:10 has a primary or significant dementia diagnosis. (170 of approximately 1500 referrals). GPs referred most, closely followed by the local hospital Macmillan team. More than ½ were in their last month of life at referral. About 2/3 had done some thinking ahead, but most had not documented wishes or medical crisis plans in a shared record. A snapshot of records confirmed our rapid response to need for PwD in their last month of life, for symptom control advice/support and care during dying. Support for people with earlier stage disease was not clear. Bereavement support was valued, but not consistently offered.

Work outstanding

- We are sharing our flow chart widely, internally, also adapting it for Brentwood GPs/colleagues.
- Sadly, local memory clinic activity stalled due to the pandemic, our local Admiral Nurse resource reduced and we could not pursue the idea of building a Hospice day therapy drop-in for PwD. We have a business case ready, but our focus now is to support the re-build of the Admiral Nurse service. We feel it would help if palliative care support were available earlier, to compliment support from front line dementia services, particularly for advance care planning, but this remains an aspiration and requires external investment.

  We haven't the capacity to join the Dementia Partnership Board meetings, but will continue to pursue strong relationships, and to work with all partners for all with advanced dementia.

  The Havering Dementia Carers group is in discussion with our Hospice OrangeLine and AGEUK, hoping to create a partnership to help support newly bereaved people caring for a PwD. We are very keen to help. Watch this space!

Priority 3: Patient Experience Projects

3.1 INDIVIDUAL EXPERIENCE FEEDBACK

Authors: Brigid Hardy, Tracie Brennan. Lauren Parker and Jan Scott

Aim

Our Individual Experience Management Group (IEMG) identified that the number of completed user feedback surveys had decreased over the past 12 months. Our aim is to encourage feedback from people to provide meaningful, honest and independent reviews on the services they/or their loved ones have received. We then 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. Our goal was to research, and buy into, a monitoring and feedback system that is simple to use, and which gives people a choice of options on how they would like to respond. These options include completing the survey using our website, or by using a simple app, or in person on site, or by telephone in person.

Progress

After research by our ICT department a decision was made to invest in the iWantGreatCare system. This system is used successfully by many NHS and Hospice care providers and will provide people with easier feedback options. This in turn will provide us with 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 we offer, highlighting a better quality of life to those we support. This will also enable us to respond where possible and share learning. On a monthly basis IWantGreatCare will provide us with thorough reports on the feedback received which will be analysed by the IEMG, reported to Clinical Governance on a quarterly basis and share with our Healthwatch partners.

3 podiums, with secured iPads, have been purchased and were installed in the Hospice in February 2022; they have been sited in the Inpatient Unit, Reception and within 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 will continue to send paper copies of the survey to our service users which they can return in a stamped addressed envelope and will also include information on how they can complete the survey digitally on our website.

Work Outstanding

To enable people to complete their feedback we aim to recruit 4 volunteers who can assist people who may not be able to complete the survey digitally themselves, or would prefer to speak to someone in 'real time' and voice their opinions and reviews on the service they, or their loved one received. This is currently in hand with our Volunteering Hub.

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 be receiving from IWantGreatCare will demonstrate this for us.

Named personnel will have access to the reporting site which we are due to have training on imminently, ready to go live on the 1st April 2022.

iWantGreatCare

3.2 A SLEEP WELL PROJECT

Authors: Joanne Noguera, Kathryn Owens, Dr Andy Jackson, Dr Corinna Midgley

Aim

We were aware that a good night's sleep can be really 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 from these things.

We now wanted to ask our service users, and our night staff, about the value of sleep, and to explore their experiences/ideas about what made sleep hard and what helped give a good night's sleep. We wanted to raise whole team awareness about sleep, and if we did find it to be a problem for some, to provide some solutions, such as addressing of ongoing environmental factors, and any other ideas generated.

Progress

The project was delayed by the pandemic, but has now started. So far we have received feedback from our inpatients, which, as we suspected, highlights sleep as a difficulty and worth trying to find solutions for.

Thanks to ideas generated by our inpatients and our night staff, our therapies team is in the process of developing a sleep box of complementary therapy products, mindfulness soothing music, eye shields, ear plugs, to be placed in our drug cupboard for our night staff to draw on.

Work Outstanding

We still have work to do:

- to analyse our questionnaires fully.
- to identify, and if possible rectify any recurrent environmental noise issues.
- to evaluate the 'sleep box' with our night team, and to incorporate further ideas from them and from our service users.
- to re-run the questionnaires after suggested changes are implemented.
- to explore whether/where to put a 'how is your sleep' question on the admission form, and a prompt to re-check during the IPU stay.

We aim to complete this project over this next year, with our Night Owls joining the night staff team to enhance our ideas and solutions. We will feed back on this project in next year's Quality Account

3.3 WIDENING ACCESS GROUP (WAG) PROJECT FOR PEOPLE EXPERIENCING HOMELESS

Authors: Ann Dalgliesh, Isabel Richmond and Jan Scott

Aim

During 2017 to 2019 only 3 people experiencing homelessness and rough sleeping were referred to Saint Francis Hospice for palliative care. We realised that people who are homeless are rarely engaging with the healthcare systems, including palliative care; these factors led to an inequity of care. Our aim is to implement new Saint Francis Hospice referral guidelines for homeless people and to establish links with public/voluntary sector agencies currently supporting this community. Working in partnership should increase the level of referrals and advice interventions.

Progress

The WAG successfully applied for Masonic funding via Hospice UK for an 18 month project, commencing in January 2021, the project deadline for completion being the end of June 2022. A Senior Staff Nurse within the Hospice at Home team was seconded one day per week to lead this project.

For the first 9 months Havering was the focus then extended into Barking, Dagenham and Redbridge.

Aims included developing relationships with local homeless communities in order to facilitate better access to palliative end of life care at Saint Francis Hospice. This was achieved by working collaboratively with the wider multi-disciplinary teams.

Progress so far:-

Guidelines for referral purposes were completed and shared with all Saint Francis Hospice teams

An education programme was rolled out to external key workers, including:-

- Understanding palliative/end of life care.
- Recognising signs and symptoms of deterioration and when to refer to Saint Francis Hospice.
- Being part of holistic care for people who may be approaching end of life.

- Sensitive communication through advanced care planning.
- Recognising the need for self-care (supporting key workers).

Internal workshops for Saint Francis Hospice front line workers included:-

- Discussing challenges of caring for people experiencing homelessness.
- Recognising barriers and issues that may arise.
- Myths and facts relating to this community.

Attendance at multidisciplinary case meetings during the last 12 months Ann attended monthly meetings with the High User Dependency Forum at the local hospital covering Barking, Dagenham, Havering and Redbridge (BHR). This resulted in developing a holistic care package for individuals. In addition Ann attended the BHR strategy meetings. This has ensured that palliative care is included in the strategy, and ensure developments for 'step down' housing options are available. This has resulted in 2 further new referrals to Saint Francis Hospice.

Having a presence at drop in centres became difficult because of the pandemic, however, Ann is in constant communication with BHR partners and Thames Link.

Attending borough homelessness forums Saint Francis Hospice are now regular members. This has enabled us to work closely with all housing departments, social services and other health care services and voluntary sector agencies.

Work Outstanding

To commence our presence in drop in centres when safe to do so.

Seek additional funding to take this project to 'business as usual'. Our fundraising 'grants and major gifts' team is currently working on this.

Provide workshops to internal staff to ensure better understanding and appreciation of complex needs.

BHRUT have employed a discharge co-ordinator to

assist with housing options following the person's discharge, our aim will be to make contact and work in partnership with them.

3.4 WIDENING ACCESS TO BLACK, ASIAN AND OTHER MINORITY ETHNIC GROUPS

Authors: Dr Sarah Maan lead, with Bridget Moss, Dr Leena Patel, Dr Corinna Midgley

Last year we identified that the Hospice was receiving significantly fewer referrals for care and support of people from black, Asian and minority ethnic groups than would be expected given the population we serve.

Aim

1. To identify barriers to access for these communities through qualitative research.

2. To use service users' narrative to implement change and improve access.

3. To ensure continued active, regular review of Saint Francis Hospice ethnicity data, and comparison against our local population Census data, so that ongoing low uptake of services by BAME groups is flagged for exploration.

4. To ensure awareness within the Hospice team and referral team about the lower referral rate.

Progress

Review and presentation of ethnicity data is now in line with Census data, enabling meaningful comparison.

We are nearing the end of our research project after reviewing a full year of referrals. 10 semi structured telephone interviews with service users who have BAME heritage have been completed.

Interview responses have provided rich and valuable qualitative data which has been analysed thematically to identify 3 overarching themes.

Work outstanding

Our key priority over the coming months will be to make sure we communicate a clear message about what the Hospice does and what it can offer to the local community. Ensuring the language used is representative and culturally sensitive and closely working with the marcomms team.

And to

- use pastoral team links to help raise awareness within BAME communities.
- use already developed resources to get our message out there.
- review our Hospice use of social media, the Saint Francis Hospice website and our paper literature, using understanding gained from BAME service user feedback to adapt these mediums/make them more accessible for people from BAME backgrounds.
- identify a team to continue reviewing this work once our registrar leaves.

3.5 KEYRING KEEPSAKE PROJECT FOR IPU

Authors: Grant Boosey and Jan Scott

Aim

Our aim was to develop a keepsake for families in remembrance of a loved one.

During the Covid19 pandemic when people came in to the Hospice Inpatient Unit not all family members were able to visit and spend time here due to necessary restrictions in visitor numbers. Not all could be with their loved one if they died here. One of our IPU lead nurses, Grant Boosey was inspired by a keepsake idea developed elsewhere during Covid19, called 'Ashes to Glass', whereby a deceased person's ashes were incorporated into a piece of jewellery. Grant's hope was that the Hospice could also develop a keepsake, but one which was easier to create, affordable for us and also meaningful and unique. His idea was for a keyring with the fingerprint of the person who had died, which included the words of a beautiful remembrance poem.

Progress

Grant captured the interest of his IPU colleagues. All were keen to trial it. We established a process for creating the keepsake, also for the monitoring of requests, knowing we would need to demonstrate a value for families. Leaflets about the keepsake were then designed, printed, and offered to families following the death of their loved one. The leaflet offered the option, if the family would like, to make a voluntary donation. The hope was that the keepsake project might be self-funded and thus sustainable, and might even raise funds for the Hospice.

The concept was initially piloted for 8 weeks. During this time 23 families were asked if they would like a fingerprint keyring. 21 families accepted this offer, and a total of 93 keyrings were requested. A total of £290 was received in donations.

Following the pilot the Executive Team agreed to make the keepsake project a permanent service.

In this last few months families of those who have died on the IPU have been asked if they would like a keyring keepsake. We have received over 400 requests for a keyring for friends and family members. We have had universally positive responses from recipients, who have described how much they value and treasure their keyrings. People have been generous too; a total of £865 has been raised. The outlay for the Hospice has been £110, meaning that the project has been self-sustaining, and raised £775 for Hospice care.

Work Outstanding

Keyrings are now offered regularly to people when their loved one has died in IPU. Our ongoing challenge is to ensure that every new member of staff, including volunteers, who work on the IPU, are informed of this service going forward. We are in the process of including the project in our induction packs. This subject will also be a regular item on team meeting agendas.

PART 3

PRIORITIES FOR IMPROVEMENT

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 2022/23.

Priority 1: Patient Safety

1.1 NIGHT OWLS INITIATIVE

Authors: Joanne Noguera, In Patient Unit Ward Manager and Karen Freeman, OrangeLine Manager

How was it identified as a priority?

Our Inpatient Unit often supports individuals who are feeling anxious or frightened, or who are confused, and who need extra time and attention and a reassuring presence. We want to give each one of our inpatients the support and care they need, but particularly in the late evenings and at night, when visitors have gone home, staff can be stretched with duties such as medicine rounds, and can struggle to sit with, and offer comfort and reassurance for long periods of time.

We struggle to find extra staff at times, especially for late evenings and night times.

We have identified that we may not require more qualified members of staff to give people that one to one support. We have experience of volunteers keen to work in a support role both on the IPU and in other areas. As we move out of the pandemic we really want to evolve the services offered to our patients and transform and enrich the current offer of support. We are hoping to find and train 'Night Owl' volunteers to help us do that.

What are the goals we are setting?

- We need to recruit a pool of volunteers who could offer periods of time overnight where they could come and sit with patients, and be an extra pair of eyes and ears to alert staff members when the patient may require further intervention.
- We will create a role description, and an induction programme, for the volunteers who will each receive appropriate training.
- We plan to induct a small group initially and then increase the numbers with the possibility of expanding the role further in the future.

How will it be monitored?

- We will monitor how often the service is required on a monthly basis – we will do this by audit.
- We will also review the experience of the volunteers – do they feel effective and how could we expand their role in the future.

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

Authors: Joanne Noguera Ward Manager and Dr Corinna Midgley Medical Director

How was it identified as a priority?

We have a paper based incident reporting system. As we move more towards digital systems the paper-based system is cumbersome. Keeping it easy to use, ensuring thanks go to those who identify incidents, picking up themes and trends and ensuring we maximise learning from incidents are all a challenge.

We recognise a whole-organisation need to have a more accessible, centralised reporting and learning tool, which can create reports for senior oversight, and to support development of meaningful ongoing professional development for our workforce.

What are the goals we are setting?

- Abolition of paper records of any incidents in any location within the Hospice.
- Embedding of the Sentinel system of incident reporting across the whole organisation.
- Accessible system to enable all staff to report an identified incident.
- A feedback mechanism within the system, for those reporting an incident and for those involved.
- Ability to identify and extract themes to inform teaching and training.
- Engagement of Special Interest Groups to lead on development of training based on learning from incidents and 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 and security.
- Generation of meaningful high level reports for governance purposes.

How will it be monitored?

- Monitored monthly and reported quarterly via the relevant management meetings to the relevant Governance Committees – Information Governance, Health & Safety, Quality & Audit.
- Provide bespoke data for individual services, i.e., the IPU can report on the time of falls and link to staff allocation, patient placement, equipment provision, training in moving and handling.

Priority 2: Clinical Effectivness

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

Authors: Kathryn Owens, Therapies Manager, Paula Bevetti, Senior Physiotherapist

How was this identified as a priority?

As we are now able to re start 'in person' support groups in Pemberton Place following Covid19 restrictions, the team have identified the importance of delivering 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. These manifest themselves as uncontrollable loss of many physical functions and increasing dependency on family and carers, bringing emotional and psychological distress.

Specialist palliative care, as delivered by Saint Francis Hospice, has the expertise to support these patients throughout their journey alongside their medical teams in hospital or community settings to allow time to share.

However, these patients are often reluctant to engage with 'Hospice' services early enough to gain benefit.

What are the goals we are setting?

We will establish a monthly support group for patients and relatives or carers. The aims of the group are:

- To prepare and support patients and those they share their lives with for the challenges of living with rapidly progressive neurological conditions and to provide information.
- To offer complementary therapy taster sessions.
- To offer exercise and relaxation opportunities.
- To advise on symptom management.
- To introduce wider members of the Saint Francis Hospice multi-disciplinary team.
- To regularly review need and pre-empt predicted need.
- To signpost and communicate in a timely manner with the wider community team.
- To explore Advance Care Planning in the context of disease progression and provide an environment for difficult conversations.
- To include external support services (Motor Neurone Disease Association, etc.) in some aspects of the course.
- To provide a source of peer support and social interaction for both patients and carers.
- We will collaborate with colleagues in the community and specialist clinics involved in referring patients to ensure patients are invited to attend the group.

How will it be monitored?

- We will report on referrals received and attendance.
- We will use OACC measurements to monitor patient complexity and need and initiate internal referrals.
- We will collate Views on Care and patient satisfaction surveys.
- We will monitor the patient journeys through other Hospice services.

2.2 PROFESSIONALS RECONNECT IN BARKING AND DAGENHAM

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

How was it identified as a priority?
Last year we identified that although referrals from Barking and Dagenham had increased from 440 to 548 year on year, the contact between health professionals had declined. One thought is that the pandemic had prevented face to face contact which hadn't been replaced with virtual connect.

What are the goals we are setting?
Our aim is to create a forum of internal and external health care partners from the borough of Barking and Dagenham to re-connect health professionals. The agenda will include preparing virtual workshops on subjects of interest or concern, and will concentrate on inviting front line workers, i.e., Clinical Nurse Specialists at Saint Francis Hospice and District Nurses in Barking & Dagenham. The first planned workshop concentrated on:-

- What's on my wish list?
- What would I like to change?
- What would I like to see addressed at the next webinar?
- What do we want our future to look like?

As a result a further workshop has been planned concentrating on the outcome and asks of the first event.

This will include:-

- Increasing referrals from ethnic minority groups.
- The role of the Medical Examiner.
- Case histories of care given by District Nurses.
- The role of the Senior Coroner.
- Why speed of burial is meaningful in some faiths.

The aim is to encourage discussion and relationship building between teams and to seek ways of working more collaboratively into the future.

The outcome would be to have weekly managed meetings, in a multi-disciplinary style, between Saint Francis Hospice and our external partners.

How will it be monitored?
Our iCare system will continue to monitor the level of referrals received from Barking & Dagenham.

In addition the leads for the Clinical Nurse Specialist team at Saint Francis Hospice will monitor the frequency and attendance of weekly arranged meetings to discuss referrals of people who have life limiting illnesses, potentially new referrals to Saint Francis Hospice, and the current case load of people they are jointly caring for.

2.3 BUILDING ON OUR EMBEDDED USE OF OUTCOME ASSESSMENT AND COMPLEXITY COLLABORATIVE (OACC) MEASURES TO ACHIEVE IMPROVED TAILORED CARE FOR OUR PATIENTS AND FAMILIES.

Authors: Paula Bavetta – Senior Physiotherapist, Dr. Corinna Midgley – Medical Director, Tahnee Howard – Practice Development Nurse

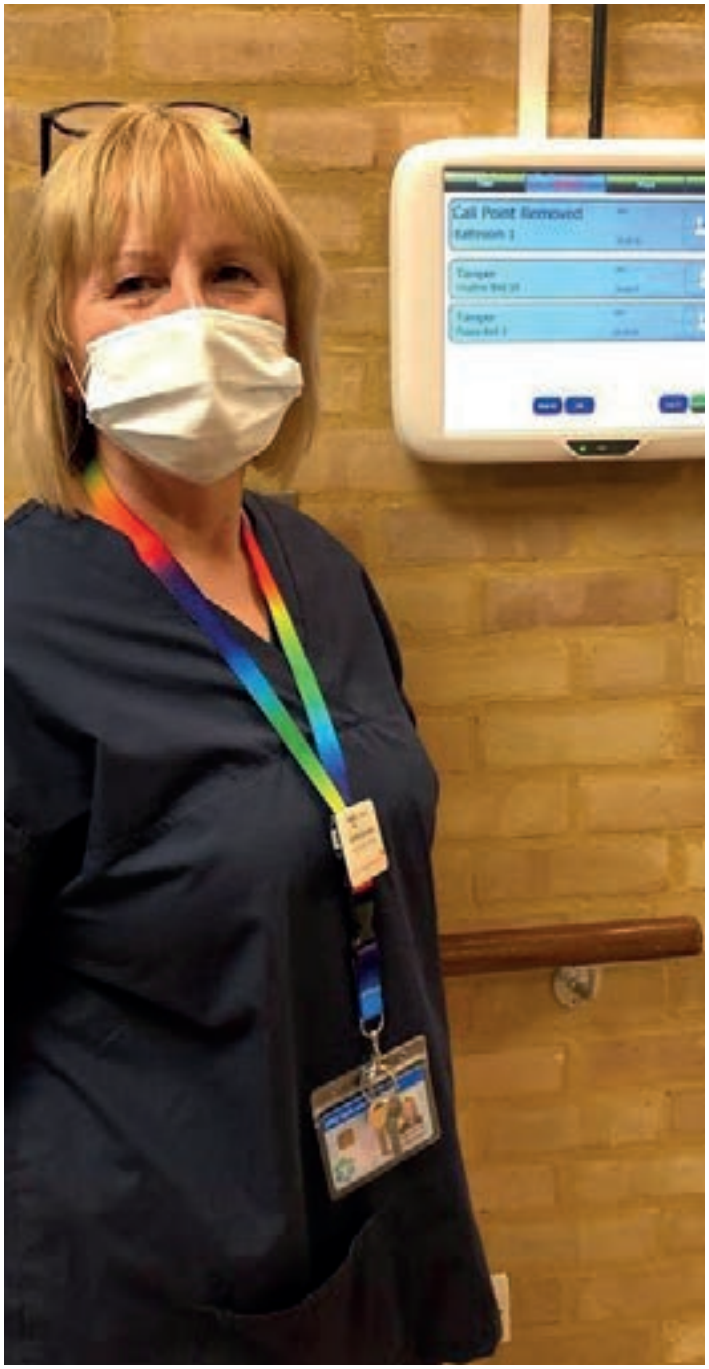
How was this identified as a priority?
There has been a national push to encourage palliative care services to demonstrate their worth, both in terms of the complexity they manage and in what difference they make. We are keen to engage with this to understand the impact of our care and identify areas needing time and attention to ensure we deliver care to our patients and families to optimise quality of life in an effective and efficient way.

A national collaborative of specialists in palliative care, the OACC has developed a suite of measures that can demonstrate both complexity in palliative and end of life care and the impact of care, using measures such as symptom severity scores, the stability of the condition and the individual's performance status. Our care staff have been getting used to using these measures for some time, but, recent audits identified that we should record them differently on our computer systems to enable us to summarise results across our services, analyse the measures over time and use them in daily practice to encourage and affirm patient centred, individualised goals and progress.

What are the goals we are setting?
To ensure all care staff:

- Know, understand and value OACC measures, can confidently collect OACC data, and enter it into our computer software in a way that ensures that we can compare measures over time for individuals.
- Can summarise or describe our caseload in terms of complexity (This will require creation of an education resource and the roll out of a mandatory training programme).
- Reengage and empower OACC champions within each team to facilitate and support staff in the daily use of OACC measures.

- To embed the use of OACC measures as a standard language to illustrate patient complexity and status at all referrals, handovers and Multi Disciplinary Team discussions.
- To secure clear processes and flow charts for data entry, ensuring that OACC measures are recorded at the beginning and end of each spell of care, and at pre-determined intervals.
- To develop, from that data, Key Performance Indicators for caseload (complexity) and impact.



How will the progress be monitored?

- By the OACC Champions Group, who will develop and deliver the education resource and mandatory training and will monitor uptake, completion and feedback.
- Alongside responsibility for checking that each step is embedded, and an action plan drawn up if progress stalls.
- By the Clinical Governance Committee who will monitor quarterly data on % OACC measures entered onto our computer software at start of care.
- By the OACC Champions Group at ground level, and the Clinical Governance Committee at high level, once our beginning and end 'spell of care' entry is secure, and we can present data on complexity and impact.
- By development of organisational Key Performance Indicators for complexity and impact.
- By observation/audit of staff engagement/use of the OACC measures in daily practice.

Priority 3: Service User Experience

3.1 NUTRITION SERVICE IMPROVEMENT PROGRAMME IN THE INPATIENT UNIT

Authors: Chris Franklin and the Five Sisters Managed Services at St Joseph's Hospice who officially took over the catering contract at the Hospice on 1st November 2021.

How was it identified as a priority?

From the outset, the Hospice's first objective was to improve the quality, nutritional value and choice of the patients offering on the Inpatient Unit. With this in mind, the Five Sisters Head of Catering Operations Manager met with relevant clinical staff such as the Head Consultant, Ward Manager, and the nurses in charge to gauge what was needed and what was expected in regard to improving patient meals. In addition, a catering Special Interest Group was established to communicate new ideas and the changes needed as well as receiving vital feedback to act on. The findings from these meetings led to a number of new catering initiatives that have resulted in a greatly improved service for patients.

These changes are varied and many and although the feedback from patients and clinical staff have been positive, the service is constantly reviewed and if necessary adapted while new improvements are planned and launched.

What are the goals we are setting?

- A greater emphasis on fresh ingredients, utilised for IPU menus, with dishes cooked fresh daily. This has aided in increasing the nutritional value of all cooked dishes.
- An increase in healthy vegetarian food dishes on offer.
- The ability to cater for all dietary and cultural/ ethnic diets as this was historically difficult.
- The introduction of a new seasonal three week cycle IPU menu, with a minimum of two menu changes a year, significantly increasing the freshness, quality and choices offered to patients as well as keeping on trend.
- Improvement to the out of hours catering options with a wider choice of offerings.
- The introduction of robust Food Hygiene and Hazard Analysis and Critical Control Point (HACCP) procedures ensuring food is stored, prepared, cooked and served in a safe and compliant manner.
- Improving the Food Hygiene Rating Scheme rating of the catering operation.
- New catering equipment that allows a wider choice of dishes, improving cooking techniques while increasing the nutritional value of the dishes, notably the quality of the vegetables.
- The introduction of staff on the job training leading to improved cooking practices and procedures resulting in a higher quality offering.
- The introduction of new and improved food options to patients that reflect the demographic of patients in addition to being reactive to ad-hoc patient needs.
- The catering team are now empowered to suggest and actively assist in menu development so as to create a positive culture of continuous improvement of the service .

How will this be monitored?

- A feedback process will be established so that quality and choices can be monitored and altered as necessary to suit patients' needs.
- Regular inspections of food hygiene ensuring food is stored, prepared, cooked and served in a safe and compliant manner.

3.2 SLEEP WELL INITIATIVE – INPATIENT UNIT PRIORITY

Extension of the Sleep Well Project into 22/23

Unfortunately due to the pandemic our Inpatient Unit had to prioritise tasks to ensure the safety of our staff and the people we care for; this involved major adjustments that had to be made to abide by Government guidelines. This delayed the completion of the Sleep Well initiative, therefore we would like to extend this piece of work into 2022-23. What we do know is that the people being cared for on the Inpatient Unit wanted us to find solutions which would enable a more peaceful night's sleep. We have many ideas now and will commence adding these solutions in the coming months and report our findings, and the feedback we receive, in next year's Quality Account.

3.3 INDIVIDUAL EXPERIENCE FEEDBACK

Extension of the IwantGreatCare project into 22/23

During the last 12 months we have worked hard to ensure that our customer feedback becomes a digital system to make completion and receipt far easier for people once they have received our care and support. We achieved this by the end of the 12 months deadline, however, we are only just starting to use the new system so would like to extend this project for another 12 months. This will enable us to monitor the success of IWantGreatCare, under our Individual Experience Management Group, and will review after 6 months and 12 months; and will provide the final outcomes in the Quality Account next year.

PART 4

PARTICIPATION IN CLINICAL AUDITS

Clinical and Service Audits Programme

Clinical audit is high on our priority list although we are unable to participate in NHS-led national clinical audits and national confidential enquiries, due to being a voluntary sector organisation. We understand that if we want our services to continue to offer the best clinical practice, and to grow in quality to better support people with an increasingly more complex range of life-limiting conditions, we need to continuously assess our practice against the best standards possible.

Our annual audit programme is dynamic and broad, and is managed by Bridget Moss, Head of Professional Practice and Education, and Tahnee Howard, Practice Development Staff Nurse.

Audit activity is reported:

- Monthly at the Quality and Care Directorate team meeting.
- Bi-monthly at Clinical Audit Group.
- Bi-annually to the Clinical Effectiveness Group.
- Annually to the Clinical Governance Committee.

1. Annual Audits Programme

Each year, we run an ongoing programme of audit activity, both in-house generated and against nationally recognised excellence standards which have been researched and developed by Hospice UK (national charity for Hospice care in the UK). Hospice UK provides audit tools which enable us to benchmark our specialist palliative care services against the best standards of excellence for a large range of health, safety and care delivery principles.

Annual audit programme

01	Hospice UK - Infection Prevention - Inpatient Unit (IPU)
02	Hospice UK - Infection Prevention - Pemberton Place
03	Hospice UK - Pre-Bereavement
04	Hospice UK – Self-Assessment; Accountable Officer
08	Hospice UK - Admission Telephone CNS
10	Hospice UK - General Medicines
11	Hospice UK - Controlled Drugs
12	Saint Francis Hospice in house - Resuscitation Policy Audit
13	Hospice UK – Management of Pressure Ulcers (IPU)
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	Saint Francis Hospice in house – SCCS Standards
20	Patient Led Assessment of the Care Environment (PLACE)
21	Uniform/dress code: Hands on clinical
22	Uniform/dress code: Domestic
23	Maintenance and renewal
25	Catheter care
26	Storage of M&H equipment and spot check of servicing tool
27	Diabetic Management
29	Controlled Drugs Check (Six monthly)
30	Fall Toolkit IPU
31	Medicines Safety Thermometer Audit
32	Hand Hygiene. Domestic

2. Short Observational Framework Inspection (SOFIs)

Short observational audits are undertaken on an annual basis, unless concerns are identified. SOFIs are particularly useful for evidencing compliance against Care Quality Commission (CQC) key lines of enquiry. They are also beneficial in evidencing gaps not sufficiently covered by larger annual audits.

Annual SOFI plan

No.	Name
02	Care plans – IPU
04	Mental Capacity
05	Environment supports privacy and dignity
07	Informed consent – IPU
08	Assessment of risk within clinical and non-clinical areas
09	Reception area
12	Safeguarding people who use services
13	Using clinical equipment
14	Discharge Planning
18	Hand Hygiene
19	Nutrition
20	Whistle Blowing
28	Mattress Audit

3. Clinical Audit Group

The Clinical Audit Group (CAG) meets every other month and, under the guidance of the Clinical Governance Committee, oversees all audit activity. Completed Audits are presented to the multidisciplinary team at the Audit Group. We also maintain a noticeboard dedicated to audit news, presentations and updates. The overall aim is to instil an ethos that encourages and recognises the advantages and value of audit within our organisation.

Audits Undertaken in 21/22

Audit No.	Date Presented	Audit Title and Presenter
158	5.5.2021	Depression in Palliative Care Dr Danushan Srirathan
159	5.5.2021	Venous Thromboprophylaxis Dr Sarah Maan
152	7.7.2021	SCCS Telephone Audit CNS Katy Marling
140b	7.7.2021	Audit of the use of initial pain assessment and standard pain tools on the IPU Dr Sabrina Ahmed
161	4.11.2021	Audit of Oxygen Prescribing at Saint Francis Hospice Dr Mark Howard
160	4.11.2021	Dementia Audit CNS Caroline Shehu-Pearce CNS Julia Bryan Senior Staff Nurse Julia Bull
162	6.1.2022	OACC Measures: Documentation of Spell of Care Dr Andreas Hadjigeorgiou
N/A	3.3.2022	What is Audit? Bridget Moss

We are committed to making continuous improvements and to aid this, all results following an audit are presented and discussed within our relevant teams as a learning opportunity. The results, and the outcomes of the team discussions, are used to develop an action plan specifying the overall owner of the audit, what actions are required, how this is to be achieved and who is responsible for the implementation of actions.

Some examples of changes made this year following audit include:

- **158** - We have added a section in our medical discharge summary about mood/depression assessment and management.
- **152** - We are now caseload working and working proactively, ensuring more continuity.
- **161** - Ward based education now routine as Drs are initiated into prescribing. Led by pharmacist and Consultant/Specialist Registrar team. Therapeutics sheet amended.

PART 5

REVIEW OF QUALITY PERFORMANCE

Quality Performance Overview

Author: Tes Smith, Director for Quality, Care and Support Services, CQC Registered Manager (application in progress)

PAM COURT
CEO
CQC Responsible Person

TES SMITH
Director for Quality, Care and Support Services
CQC Registered Manager (application in progress)

Use of the CQUIN Payment Framework
Saint Francis Hospice income during 2021/2022 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 CCGs 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 CCG.

Statement from 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 currently are awaiting confirmation of our new registered manager and 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 two required framework reports during this past year both of which were met with very favourable response from CQC.

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.

NHS Data Security and Protection Toolkit
Saint Francis Hospice has maintained the NHS Data Security and Protection Toolkit for 21/22.

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.

Quality Performance Overview

During the last twelve months, services have continued to be delivered in a Covid19-safe way, with many people receiving virtual support. However, in recent months, we are taking steps to restore onsite care, including groups and sessions in Pemberton Place, as well as physiotherapy and counselling.

Across all services, the number of patients increased by 15% between 1st April 2021 and 31st March 2022. This year, the number of people a non-cancer primary diagnosis dropped to 33% of the overall total.

The number of people cared for on the Inpatient Unit increased slightly (1%). Of those admitted, 62% died in the Hospice, 36% were discharged home, including to a care home.

While the number of patients cared for by our Specialist Community and Crisis Support (SCCS) team has remained the same when compared to last year, the average length of care has increased by 22% to 105.4 days. Additionally, the number of face-to-face/telephone consultations/digital records checks with a health professional has more than doubled, from 6,288 to 13,053.

Our Hospice at Home team made 4,582 home visits to 585 people in the last days and weeks of their life, continuing to work safely with PPE and social distancing where possible to ensure safety of all concerned.

Pemberton Place, our day Hospice and outpatient facility, began to welcome people back onsite, and 270 people attended sessions in 21/22. Others were supported virtually and with materials sent to their home for creative therapy. Our physiotherapists had 2,296 face-to-face consultations with patient or relative/carer, up significantly from last year's total of 1,484 (54.7% increase).

A total of 494 people, including 96 children, received bereavement counselling.

Activity based on the National Council for Palliative Care: Minimum Data Sets criteria	2021/22	2020/21	2019/20	2018/19	2017/18
OVERALL SERVICE					
Patients cared for by the Hospice	**2,153**	1,872	1,674	1,663	1,693
% Patients cared for with non cancer primary diagnosis	**33.0%**	38.0%	37.2%	42.3%	28.8%
% Patients cared for with cancer primary diagnosis	**67.0%**	62.0%	62.8%	57.7%	71.2%
Inpatient Unit SERVICES					
Total number of admissions	**391**	398	370	352	371
Total number of patients cared for	**336**	325	305	322	336
% New patients	**78.0%**	95.0%	89.0%	91.5%	92.9%
% Occupancy	**81.0%**	82.0%	77.8%	77.1%	77.9%
DIAGNOSIS					
% Inpatients cared for with non cancer primary diagnosis	**19.0%**	6.0%	23.6%	19.1%	14.3%
% Inpatients cared for with cancer primary diagnosis	**81.0%**	94.0%	76.4%	80.9%	85.7%
OUTCOME OF INPATIENT STAYS ENDING					
% Died	**62.0%**	66.5%	61.3%	66.4%	65.2%
% Discharged to home (including care home)	**36.0%**	33.5%	37.4%	33.5%	33.2%
% Discharged to an acute hospital	**2.0%**	0.0%	1.3%	0.1%	1.4%
% Discharged to another setting	**0.0%**	0.0%	0.0%	0.0%	0.3%
Average length of stay (days)	**10.9**	10.0	13.1	14.2	13.2
PEMBERTON PLACE					
Total number of patients attending	**220**	47	407	331	257
% New patients	**66.0%**	49.0%	61.0%	77.6%	73.5%
SPECIALIST COMMUNITY & CRISIS SUPPORT SERVICE					
Total number of patients supported	**1599**	1589	1583	1,496	1,326
% New patients	**75.8%**	67.6%	64.0%	67.0%	77.5%
% Patients with non cancer primary diagnosis	**33.6%**	34.8%	33.8%	37.2%	27.5%
% Patients with cancer primary diagnosis	**66.4%**	65.2%	66.2%	62.8%	72.5%
Number of face-to-face or telephone consultations with patient or relative /carer	**17,737**	17,834	16,565	20,467	15,578
Number of face-to-face/telephone consultations/digital records checks with a health professional*	**13053**	6288	5601	6,890	7,824
Average length of care (days)	**105.4**	86.3	100.06	92.6	90.2

*** Digital records checks account for 7593 instances in 2021-22 which has replaced the traditional phone/face to face activity. Making access to health care professionals easier.**

Activity based on the National Council for Palliative Care: Minimum Data Sets criteria	2021/22	2020/21	2019/20	2018/19	2017/18
Hospice AT HOME					
Total number of patients cared for	**585**	585	554	571	557
% New patients	**83.3%**	71.1%	81.6%	93.1%	95.3%
% Patients cared for with non cancer primary diagnosis	**37.4%**	35.2%	33.7%	31.0%	28.7%
% Patients cared for with cancer primary diagnosis	**62.6%**	64.8%	66.3%	69.0%	71.3%
Total number of visits	**4582**	4537	4799	2,842	2,839
% Patients who died at home (including care homes)	**97.6%**	98.5%	97.5%	96.1%	92.3%
Average length of care (days)	**6.27**	7.87	11.96	13.1	11.1
BEREAVEMENT SERVICE					
Total number of clients					
Adult	**398**	410	391	499	529
Children	**96**	76	118	100	106
Total	**494**	486	509	599	635
Number of support/counselling telephone or face-to-face consultations (including health professionals)	**4,274**	4,159	4,538	4,888	3,912
SPECIALIST MULTIDISCIPLINARY SUPPORT SERVICES					
Number of face-to-face consultations with patient or relative/carer by service:					
Pastoral care support	**583**	533	1750	1,748	1,572
Complementary therapy	**2174**	1863	1474	1232	985
Family services (excluding bereavement)	**2525**	2556	1893	1,413	1,662
Occupational therapy	**1714**	1516	1475	1,434	1,767
Occupational therapy equipment	**507**	552	853	1079	524
Physiotherapy	**2296**	1484	1437	1,623	1,554

PART 6

EDUCATION CENTRE HIGHLIGHTS

Education Centre Review

Author: Bridget Moss, Head of Professional Practice and Education

As expected the education activity during 21/22 continued to be affected by Covid19. Our consistent aim to ensure all are prepared to care to the highest standard through evidenced-based, quality-assured education and training remained at the centre of everything that we did.

In-house Training and Development

In spite of challenges, we have been able to deliver education and training in accordance with working safely guidance. Mandatory training via e-Learning has continued and included Infection Prevention and Control, including the use of Personal Protective Equipment, Fire Safety, Moving and Handling, Safeguarding, and Equality and Diversity.

Essential face-to-face training such as Basic Life Skills has also been delivered and this year we have achieved a mandatory training completion rate of 98.8%, which is remarkable considering the challenges, and is the best ever performance.

Wider training has continued to sustain care services with Clinical Skills days, and 'Toolbox Talks' which provide learning on specific topics in a short format.

There has been an additional focus on Digital Education this year, which has included bespoke sessions and wider learning across departments to build digital literacy and capability, with a particular focus on retail services, as well as supporting teams to adapt to a number of new systems. Leadership and Compassionate Conversations supported managers to sustain communication skills within their teams.

There has been a continued focus on Health and Wellbeing, with information and a rota for staff support from the established team of Mental Health First Aiders. Covid19 reflection sessions have also been provided as part of this offer, as has training with a focus on Equality, Diversity and Inclusion across the organisation.

It has also been possible to support staff to attend conferences and present our work this year; Hospice UK Conference to present an oral presentation on the Domiciliary Care Education collaboration and Palliative Care Congress to present a poster on the Homelessness project.

External Partnerships

We have been a Gold Standards Framework (GSF) Regional Training Centre since 2013. To date, we have supported 112 care homes to deliver more personalised end of life care, tailored to a person's wishes. However, this has not been possible this year. We will look more widely at care home education, in conjunction with local partners, throughout this coming year.

London South Bank University

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, which began in 2016. This year we have had 25 student registrations across the modules, from a range of backgrounds and employers, a remarkable achievement given the workforce pressures even though this figure is lower than last year. This year academic teaching has been delivered in a hybrid way, with a mixture of in person and virtual formats. Throughout the year, we have continued to support and provide a good learning environment for cohorts

of student nurses on placement, as part of the BSc (Hons) Adult Nursing course. The student nurses are closely supported by practice development and registered nurses across the Hospice services.

Bespoke Commissioned Education

Like last year, skills-based education and training has been a constant need. Strengthened partnerships and the joint working of last year has been significant again this year. Syringe pump training has been provided for staff across the North East London NHS Foundation Trust (NELFT) throughout the year, together with some sessions on advance care planning; both are key skills that enable community colleagues to deliver effective palliative and end of life care.

Care home education has increased this year. Syringe pump training has been delivered to staff working in a number of care homes across the locality; this particular skill is a great support to those receiving end of life in these settings. 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. Additionally Bereavement and Resilience Training has been delivered in one local care home.

We have been able to increase the number of Advanced Communication Skills training courses for local partners, including a local children's Hospice, and for our staff. This continues to be requested regularly and is highly valued, and plans are in place for the year ahead.

Your approach to marking and moderation is exemplary at all levels. Indeed, I have been an external examiner across at least five Universities over the past 20 years and your modules reflect the highest standard I have witnessed. You are to be congratulated on all your hard work and rigorous and fair approach. Thank you for your professionalism and consistency.

Service User Feedback – Education – August 2021

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 mainly undertaken via distribution of our Service User Questionnaire to individuals supported across all our service areas. During the past year, we have ensured that the questionnaire is also available for completion on our Website.

During the last year and throughout the pandemic, many of our services continued to be delivered virtually and off-site. This impacted some responses to the usual questions set within our questionnaire. However, 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 questionnaire within their offer of bereavement support from the Hospice.

As we have nurtured and supported service users throughout this unprecedented time, we acknowledge the impact on the number of returned questionnaires, and although we are complimented on providing excellent care and services, the actual number of returns were lower than we would expect but higher than last year.

In 2021/22, **85%** of people that we surveyed strongly agreed/agreed that they would recommend our service to friends and family if they needed similar care.

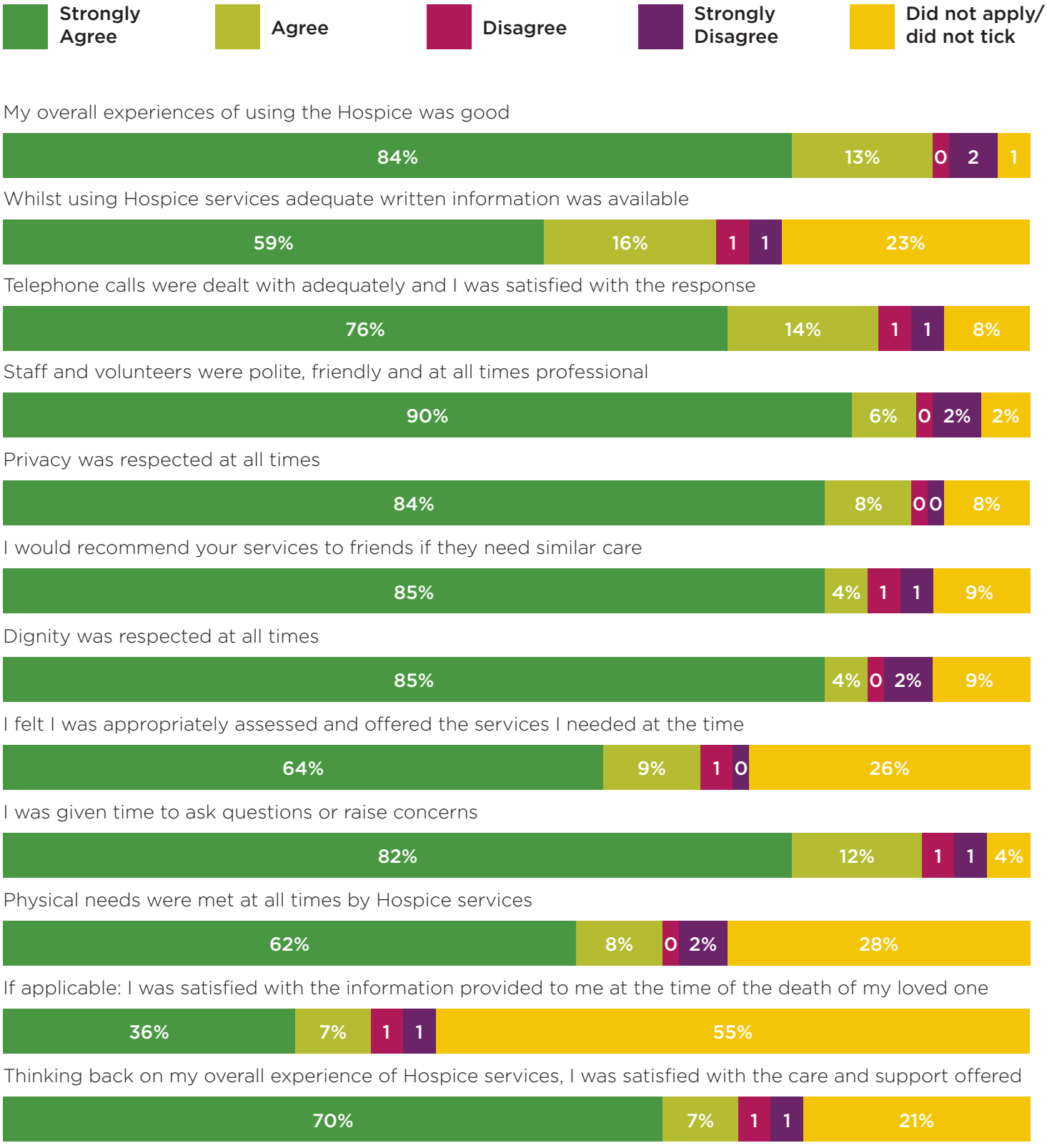
We received **149** completed questionnaires.

We have invested in iWantGreatCare, making it simple and safe to provide and share experiences so that the next service user can find excellent care, and so that we can learn. During 2022/23 we will prioritise this alternative method of collection of views and suggestions through a variety of IT based processes.

My heartfelt thanks to all the wonderful Hospice staff who looked after my late wife whilst she was a patient there. The love and care she received from you all, along with the many kindnesses will never be forgotten and I shall be forever grateful to you all.

Service User Feedback – Inpatient Unit – February 2022

Questions asked of all our service users April 2021 – March 2022



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 2021-22. The members are across the spectrum of the Hospice and also includes external partners from the 4 Healthwatch groups across our area.

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 2021/2022 we received 2152 compliments across our Hospice relating to 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 2021/2022 we received 18 service-related complaints in the Hospice all of which were investigated thoroughly. We learnt from each, and ensured that learning was shared with colleagues.

"To St Francis Hospice Family. Merci, danke, grazie, obrigado, gracias, diokh, dziekuje ci, koszonom, maita zuenyu, e dupe, Thank you. Thanks it not enough to express my gratitude, hence the different languages. From the day I walked into this place there has never been a dull moment. Each and every one of SFH family made a difference in my stay. You all hold a special place in my heart. My recovery has been made possible by each and every one of you, unfortunately, I cannot mention all of you by name. Please know that every day you are in this place you are making a big difference. Keep it up!!!"

Service user feedback April 2021 – Inpatient Unit

"I first met the Hospice services through the pain management team and it was at the start of Covid19 and the lockdown so a lot of the survey does not apply to me. However, what does apply to me is the outstanding treatment I received from that team. I would not be where I am today without their pain relief suggestions and telephone help – always given so comfortingly and patiently. They, more than anyone helped me master the after effects of cancer treatment".

Service user feedback January 2022 - Specialist Community and Crisis Support Services

"Just wanted to say thank you for all your care and support with both my parents, helping my brother and I be able to keep them in their own home until the end of their lives, which they would have been grateful about. Having a Hospice nurse with us as dad passed away and sorting all the things and people we needed to call, took the pressure off at this challenging time. Thank you so much to this Hospice and to you all."

Service user feedback November 2021 – Hospice at Home

"I just wanted to say a huge thank you to the Bereavement Group for all your support through the difficult part of my grief. It has been a difficult passed year since losing my beloved, but I am getting there. I have amazing family and friends that are very supportive and have helped me get through each day. Thank you once again. Please also pass on my gratitude to whom I had individual counselling with. She was very good and I enjoyed our telephone sessions. She helped me a lot, listening each week. Say a big thank you to her."

Service user feedback – Family Support Services – January 2022

"I felt safe within your service. My needs were met, thank you. You gave good clear information and understanding on expectations and dealing with breathlessness. You helped deal with my anxiety as um given positive advice on how to help herself/coping strategies. I can now help her with this. It was great that you encouraged my mum not to avoid things but to have a plan to deal with breathlessness. You have given me the information to help her in a more positive way. It is good that you have shown mum exercises and given her the confidence to enjoy them and to try to be more independent."

Patient Group Questionnaire – March 2022

"I felt I had to write and thank you for the exercise classes I have attended for the last six weeks. Not only have I benefitted physically but they have mentally boosted me too. I get calls weekly but a chance to see some of your wonderful staff face to face again has been fantastic and I have looked forward to every session. Sad they have come to an end but I fully appreciate that other people need your help too and you have other roles to fill. Should you get any vacancies on courses in the future I would like you to keep me in mind? While I am writing I would like you to thank all the ladies there for their support and who have always found time for a chat even when busy. To me they are a credit to both their department and Hospice as a whole and represent the very ethos of the Hospice. Thanks to one and all. Loving you always, missing you already."

Service user feedback – Occupational Therapy/ Physiotherapy/Complementaty Therapy – November 2021

PART 8

STATEMENTS FROM OUR PARTNERS

Thank you for the opportunity to review the Quality Account for Saint Francis Hospice. Firstly I wish to commend the teams at the Hospice on the breadth of work undertaken in the last year for the Palliative and end of life community in Brentwood. The Quality Account clearly demonstrates the amount of work that has been undertaken to continuously review and improve the service you offer and this is evident particularly in the feedback received from service users in section 7.

The Quality Account gives an overview of the priorities of the last year, progress to date and the benefit of these. St. Luke's Hospice witnessed this first hand when working collaboratively with Saint Francis Hospice during COVID to enhance the Hospice out of hours response. The innovative and collaborative Brentwood Action Team project was rolled out urgently in response to increased pressures across the wider health and social care system. This provided an enhanced level of service for the local community whilst supporting the wider system at such difficult times, keeping patient experience and quality of care at the fore.

It is interesting to read the priorities for the Hospice for the future year and it is refreshing to see that the Individual experience feedback, working with the service users to hear their voices, will be extended into this year and used to shape services.

It is wonderful for Saint Francis Hospice to be able to celebrate the successes of the past year and to know that so much has been achieved at a time when the Hospice and wider system have continued to be impacted by COVID. As a local commissioner I wish to thank you on behalf of the wider Commissioners and partners across the health and Social care system for the care, compassion, innovation and support that you have provided to both the community you serve and also the wider system.

The next year offers an exciting opportunity for the Hospice to continue building on the successes of the past year and St. Luke's Hospice looks forward to continuing the strong partnership with Saint Francis Hospice in the forthcoming year.

JOANNE MCCOLLUM
Director of Care and Commissioning and Caldicott Guardian
St Luke's Hospice

As a commissioner of hospice services locally, Mid and South Essex Clinical Commissioning Groups (MSECCGs) welcomes the opportunity to comment on this Quality Account.

MSECCGs 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 reflection on the priorities you set for 2021/22 MSECCGs are pleased to note the progress Saint Francis Hospice has made in what was again a difficult year. MSECCGs appreciates your decision to carry two of these priorities over into the new year allowing for further development.

MECCGs acknowledges the priorities for improvement that you have set for 2022/23 and are looking forward to seeing how you will meet these and the benefit they will have for the communities you serve.

Our thanks 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 continued backdrop of COVID 19 which continues to place pressure on all healthcare services.

In conclusion MSECCGs considers the Saint Francis Hospice Quality Report for 2021/22 as providing an accurate and balanced picture of the reporting period. MSECCGs will continue to seek assurance on performance and delivery of care by regular monitoring through agreed contract processes.

RACHEL HEARN
Executive Director of Nursing & Quality
Mid and South Essex Clinical Commissioning Groups

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 quality feedback about services provided by the Hospice, and so offer only the following comments on the Saint Francis Hospice Quality Account. The Quality Account itself is well laid out, engaging and readable.

- It's great to see that there has been an increase in monthly bereavement session to more than double.
- The move back to more face-to-face support sessions including counselling and Walk On Groups is good to see as we know they provide invaluable support to those who use them.
- The Hospice spearheaded a bespoke and collaborative Palliative and End of Life Care Service and Care Home support across Mid and South Essex (BAT Project) demonstrating a fantastic example of partnership working.
- I am pleased to see that Patient Experience and Feedback are still a priority area for the Hospice moving forward and am interested to see how the 'iWantGreatCare' system improves user feedback and experience long term.
- It is also positive to see that patient safety is a priority and that you are moving away from paper based records here.

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 Saint Francis Hospice.

SAMANTHA GLOVER
Chief Executive Officer
Healthwatch Essex

Thank you for the opportunity to comment on the Quality Account.

There are no particular issues on which Healthwatch Havering wishes to comment. It is clear that the Hospice's tradition of offering excellent end of life care has been maintained, despite the difficulties caused over the past two years by the Covid disruption.

It is pleasing to see that, again despite those difficulties, the Hospice has been able to improve and expand its services, particularly for those who are affected by dementia and those who are homeless, and broadening its take up by people of an ethnic minority background.

It is also pleasing to see that steps are being taken to re-establish clinical links that were diminished owing to the Covid disruption.

We look forward to this tradition of excellent care continuing into the future.

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

Glossary

BAME: Black, Asian, Minority Ethnic

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

IEMG: Individual Experience Management Group

iPOS: Integrated Palliative Outcome Scale

IPU: Inpatient Unit

KLOE: Key Lines of Enquiry

LGBTQ: Lesbian, Gay, Bisexual, transgender and queer

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

QIPP: Quality, Innovation, Productivity and Prevention

SCCS: Specialist Community and Crisis Support Service

SFH: Saint Francis Hospice

SOFIs: Short Observation Framework Inspection

Saint Francis Hospice

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