St John’s Hospice

Quality Account 2017/2018

Caring for our community
Every hour of every day since 1986

St John's Hospice North Lancashire and South Lakes is a charitable incorporated organisation registered in England with charity number 1157030
Our Purpose

St John’s Hospice is a charity providing specialist in-patient and community-based palliative care and support for the people of North Lancashire and South Lakes.

We believe that when people die in our community they should do so in the place they choose and with dignity.

The staff and volunteers of St John’s Hospice strive to provide world-class end of life care and support to patients and their loved ones.

To be truly successful we must uphold our values, work across our communities and with many partner organisations, lobby decision-makers both locally and nationally and raise sufficient funds to deliver care of the highest quality.

Our Vision

Putting local patients and families at the heart of everything we do, we will ensure that on the journey towards the end of life we provide the right care, in the right place, at the right time.

Our Values

- **Care** – We will provide 1st class care, delivered by competent people who put the patient at the heart of all we do
- **Compassion** - We will treat everyone with respect, dignity and empathy
- **Collaboration** - We will work with others to ensure that patients and families receive the best end of life care possible
- **Charity** – We will provide care free of charge to patients and families and will connect with our local communities so that they continue to finance our present and our future
- **Celebration** – We will celebrate the abilities of the people we care for, however limited they may be. When people are bereaved, we will support them to celebrate the lives of the people they have lost

St John’s Hospice - Built by the people, for the people
Part 1

Chief Executive’s Statement

It gives me great pleasure to present this Quality Account for St John’s Hospice.

In this account our aim is to show how the hospice measures quality, involves patients, carers and staff and strives to always look for areas where we can improve our care.

A Quality Account is an annual report to the public from providers of NHS healthcare about the quality of services they deliver. It is important to note that St John’s Hospice only receives around 30% of its funding from the NHS; the remainder of the £4.3 million we will need to run the hospice this year is donated by the local community. The majority of services described in this document are funded by charitable donation rather than by the NHS.

Quality sits at the centre of all that the hospice does. Our vision is that everyone in our catchment area of South Lakeland, parts of North Yorkshire and all of North Lancashire with any life-limiting condition will have high quality care and support at the end of their life in the right place, at the right time.

We asked patients, families, volunteers and staff to sum up in one word what St John’s means to them. Their key words can be seen at the entrance to our ward and here:
Our Corporate and Clinical Governance structures ensure that we have both the systems and processes in place to maintain a viable and responsible business, whilst ensuring that our services are of the highest quality and meet the aspirations of our vision. Our services are subject to unannounced inspections at any time.

On the 26th July 2016, the hospice was inspected by CQC; we were given 24 hours’ notice of the inspection.

I am delighted to report that our overall rating was “Outstanding”. This was broken down in the following categories:

- **Safety** – Good
- **Effectiveness** – Good
- **Responsiveness** – Outstanding
- **Caring** – Outstanding
- **Well led** – Outstanding

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information contained in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by our hospice.

*Sue McGraw*

*Chief Executive*

*30th May 2017*
Part 2

Our priorities for 2017/18

As last year, these priorities were developed with the help of our service user group, VOICE (Valued Opinions in Care Excellence). The VOICE group is made up of patients, family members and volunteers, all of whom have had recent experience of hospice services.

### Priority 1 – Clinical effectiveness & patient experience

**Bereavement support in South Lakes**

After observing the benefits of a closed bereavement group, we set up a pilot group in October 2016, in Lancaster.

The evaluations from this showed how successful it was and we would like to extend this group into South Lakes, offering a local venue for those who did not want to travel to the hospice.

This would be for anyone experiencing the loss of a partner or spouse, and not only for those whose loved one died under St John’s Hospice care.

The NICE End of Life Care Strategy (2008) and the Ambitions for End of Life Care (2016) state that there should be support for carers, including bereavement, and there should also be equal access. With an ageing population, and increasing numbers of single households, the need for support is even more important. That support should be available in different ways across the catchment area.

We have secured a venue in Kendal, and accessed some further funding to support us to run 3 programmes in this fiscal year. We have informed all GP surgeries of this new service, and asked them to tell us what other bereavement support is needed in the area.

### Priority 2 – Clinical effectiveness and patient safety

**Investment in new e-learning statutory and mandatory training system**

Following on from the provision of a basic online e-learning programme 2 years ago, we realised the effectiveness of online learning and assessment and the benefit of monitoring compliance. We have an extensive programme of education for our staff, with a blended learning approach to suit all learning styles. We have found e-learning to be a successful way of completing some mandatory and statutory training.

In order to support the detailed mandatory training required by all trained clinical staff the hospice has invested in a more robust e-learning programme which will be put into practice over the following fiscal year.
We are receiving feedback about this programme from those staff taking part and will continue to ensure we provide a relevant and practical education model.

This is an example of some of the subjects we can access from the e-learning programme:

- Communication
- Basic life support
- Dementia- an understanding
- Control and administration of medicines level 3
- Food safety level 1
- Health and Safety.

**Priority 3 – Patient safety, clinical effectiveness and patient experience**

Investment in the Clinical Nurse Specialist service – end to end care for palliative patients

The role of the clinical nurse specialist (CNS) is important in providing holistic support and advice to patients who have a palliative diagnosis, and have a specialist palliative care need. This may be physical, psychological or social. With increasing numbers of single households, an ageing population, areas of deprivation in our catchment area and an increase in the complexity of disease as palliative conditions become more long-term, their role is key in supporting not only patients and families but health and social care professionals through formal and informal education.

This service is currently provided through Blackpool Teaching Hospitals Community trust who have indicated that the hospice might lead this service in the near future.

This would mean patients would experience consistency of care across the hospice services from early in diagnosis.

Over the next year we will be working collaboratively to see how this can be achieved.
Review of our Priorities for Improvement 2016/2017

Our priorities for improvement 2016/2017 were developed in conjunction with feedback from our VOICE group.

**Priority 1 – Clinical effectiveness**
Formation of the Hospice Alliance

**Review**

There are 5 independent hospices working across Cumbria and into North Lancashire, each with its own management and Board structure. Individually, each is a relatively small charity, receiving a small proportion of funding from statutory sources. However, collectively, hospices have a big impact in their communities.

The Cumbria Hospice Alliance was successfully formed with the intention of looking at ways to work more closely in partnership to demonstrate the reach and impact of hospices and to identify ways to provide more safe, effective and responsive end of life care. In the year 2016/2017, the Chief Executives and Chairs of the Alliance met four times. An annual work programme was agreed and a number of task and finish groups were established.

The formation of the Alliance was the subject of a poster presentation at the Hospice UK annual conference in November 2016.

The Fundraising task and finish group have developed a joint legacy campaign that will shortly be rolled out across Cumbria.

The Alliance actively supported the jointly funded EMIS Co-coordinator post – see the review for priority 2.

The future of the Alliance looks uncertain due to boundary changes at CCG and regional level. Unfortunately, Cumbria looks set to be split into 2 separate CCGs which may affect the way the 5 member hospices are able to work together in the future. It is our intention to keep the Alliance going regardless of the geo-politics we are surrounded by.
Priority 2 – Clinical effectiveness and patient safety

Develop the EMIS electronic patient record system consistently across Cumbria & North Lancashire by jointly funding an EMIS Co-coordinator post

Review

All 5 hospices have adopted EMIS as their electronic patient record system over the past 5 years. EMIS is used by all our GP practices and the vast majority of community nursing teams. Since hospices adopted the system, there have been problems with reporting, coding and consistency. As an individual organization we have struggled to find ways to address these issues; however, collectively, there is strength in numbers. Each hospice agreed to jointly fund an 18 month post which was to be seconded to achieve the following:

- to enable the effective day-to-day operation of the EMIS patient record system across all hospices in the Alliance
- to analyse the way EMIS is currently being used across Cumbria and North Lancashire in all hospice settings
- to assist in the consistent development and implementation of the EMIS system with particular regard to coding and reporting
- to feedback our developments to other hospice sites with whom we work
- to ensure compliance with NHS Information Governance Framework
- to identify issues pertaining to Data Protection Act and Information Governance and make recommendations to address them
- work with the nominated EMIS lead in each hospice site, either remotely from St John’s Hospice or on site, ensuring equitable use of time
- liaise with EMIS representatives to ensure that the functionality of the system is maximised
- devise and implement consistent benchmarking reports to comply with the requirements of the National Council for Palliative Care’s Minimum Data Set tool
- ensure the EMIS system is compliant with all relevant legislation and ensure compliance with Information Governance standards

The introduction of the EMIS Co-coordinator post has helped us to realise that our ambition to establish the same shared record across the patch was not achievable. Each hospice was already too far down the road of developing its own version of the system. The Co-coordinator has been able to support the hospices develop consistent coding across Cumbria and he has been able to provide practical “hands-on” trouble-shooting support.

With hindsight, the way EMIS was introduced at each hospice by the software providers themselves was part of the issue. Some hospices received good training from EMIS; others (we being one of them) received very poor initial support.
One of our objectives was to provide consistent benchmarking reports for submission to the "Minimum Data Set" (MDS). In February 2017, it was announced that the MDS was to be scrapped. We await further guidance from Hospice UK about what will take its place.

The Alliance are about to review the jointly funded EMIS Co-coordinator role; the funding runs out in September 2017.

Priority 3 – patient safety, clinical effectiveness and patient experience

Develop a robust programme of education for end of life care

Review

Over the last 18 months the Education team have promoted palliative care education events in and around the area. However, recruiting to the Education Lead post has proved unsuccessful. The Education coordinator post was therefore developed to provide some of the Education Lead responsibilities, and the Medical Director remains as manager.

Education has included regular sessions on the Care of the Dying Patient pathway, Verification or Expected Death, and syringe drivers.

This table shows how many staff have accessed these core courses:

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<thead>
<tr>
<th></th>
<th>Jan – Dec 2016</th>
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<tbody>
<tr>
<td></td>
<td>Number of sessions</td>
<td>Numbers Trained</td>
<td>Professions Trained</td>
<td>Number of Organisations</td>
</tr>
<tr>
<td>Care of the Dying Person Study Day</td>
<td>11</td>
<td>117</td>
<td>20</td>
<td>27</td>
</tr>
<tr>
<td>Verification of Expected Death</td>
<td>6</td>
<td>78</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>T34 Syringe Driver Training</td>
<td>2</td>
<td>16</td>
<td>1</td>
<td>5</td>
</tr>
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<table>
<thead>
<tr>
<th></th>
<th>Jan – May 2017</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Number of sessions</td>
<td>Numbers Trained</td>
<td>Professions Trained</td>
<td>Number of Organisations</td>
</tr>
<tr>
<td>Care of the Dying Person Study Day</td>
<td>4</td>
<td>68</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Verification of Expected Death</td>
<td>2</td>
<td>26</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>T34 Syringe Driver Training</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Care of the Dying Person ACP/Comms</td>
<td>2</td>
<td>18</td>
<td>9</td>
<td>8</td>
</tr>
</tbody>
</table>
The Board of Trustees has invested in education over the next three years to increase our reach and impact.

In “Ambitions for End of Life Care: a National Framework,” (National Palliative and End of Life Care Partnership, 2016,) education and training is one of the eight foundations underlying the 6 ambitions for end of life care. It states, “It is vital that every locality and every professional has a framework for education, training and continuing professional development to achieve and maintain competence and allow expertise and professionalism to flourish.” Cumbria and North Lancashire have a collaborative education strategy group which is using the end of life care competencies adopted by the North West Strategic Clinical Network as a basis for this education programme to be built on.

As society age and people live with more complex co-morbidities, demand for end of life care will increase. Clearly the hospice cannot hope to meet the needs of everyone in our community. Our aim is to spread our expertise by educating fellow health and social care colleagues in our communities so that the sound principles we uphold at St John’s Hospice may be cascaded throughout North Lancashire and South Cumbria.

Our Education team has delivered training on the new Care for the Dying Patient (CDP) documentation and the Five Priorities for Care to more than 200 health and social care colleagues between April 2015 and March 2016. The Education team has utilised hospice clinical staff to support various aspects of the programme, educating over 150 staff in additional palliative care subjects. We believe it is vital to continue this work if we are to have real reach and impact locally.

Our Medical Director will lead the Education team in the coming year and will recruit an Education Lead that will be responsible for the development and delivery of our on-going education strategy. The Education Lead will conduct a learning needs analysis with community colleagues to ensure that the programmes we deliver help us all to understand and improve performance with the aim that in South Cumbria and North Lancashire we can all deliver world class palliative and end of life care.

How will progress be monitored and reported?

- The recruitment and selection of a suitably qualified Education Lead to support the Medical Director’s education strategy.
- The quality of the education content and delivery: through evaluations from attendees.
- Through scrutiny at the Care, Quality and Services Board sub-committee meetings, held quarterly.
Priority 4 – Ensuring care is delivered in a clean, safe environment

Conduct PLACE assessments to monitor the quality of the service we give from a service users’ perspective

Review

PLACE was initially carried out in March 2016, when a robust inspection by our VOICE group resulted in a substantial action plan being developed with the Maintenance and H ousekeeping teams.

An interim assessment was carried out by VOICE in January 2017, before the next formal inspection at the end of March 2017.

There was a vast improvement in meeting the standards this year, due to the revised cleaning schedules and action plans put in place following the 2016 inspection. The VOICE group were very impressed with how much had improved.

We achieved an increase in scores for each area assessed.

Part 2 (Continued)

Statements of Assurance from the Board

Quality Accounts have a series of statements that MUST be included. Many of these statements do not apply to St John’s Hospice. Explanations of these statements are given where appropriate and are prefaced by the words:

“MANDATORY STATEMENT”.

During 2016-2017, St John’s Hospice provided the following services:

- In Patient Unit
- Hospice at Home Service
- Day Hospice
- Family Support and Bereavement Service
- COPD/MND/Parkinson’s Support Groups
- Positive Living Group
- Weekly drop-in for discharged patients
- Education and Training for our own staff and external staff
- Out Patient Clinics, led by specialists in palliative medicine.
• Clinical Nurse Specialist (CNS) in Palliative Care post, as part of local CNS team
• Physiotherapy, Occupational Therapy, Complementary Therapy, Social Work, Spiritual Care, and hosted Lymphoedema Services.

MANDATORY STATEMENT – St John’s Hospice has reviewed all the data available to them on the quality of care in all these NHS services.

Participation in Clinical Audits

The following are examples of audits (both clinical and non-clinical) conducted within the hospice in 2016-17:

• Environmental audit (Hospice UK tool)
• PLACE assessments
• General medicines
• Infection prevention and control audits - hand hygiene inpatient and community
• Accountable Officer self-assessment
• Controlled Drugs medicines audit
• Protocol on the MAR charts
• General medicines peer audits (observation of medicines administration)
• Health and social care Act 20018 audit
• IG audit report
• Medical gases
• Non-clinical hand hygiene audit
• Smoking and oxygen supply
• Length of stay from referral to end of care - part of national audit with Leeds University.

Some positive outcomes have been achieved from this year’s audit activity; headline themes being:

• PLACE and the environmental audits in 2017 have shown substantial improvement in cleanliness since 2016, and there were no qualified passes or fails this year.
• General medicine and controlled drug audits showed we were compliant with the majority of standards, with non-compliance being related to our hospice set-up rather than unsafe practice.

• Our IG compliance is high in 2016-2017 with all substantive staff and clinical admin. volunteers completing a mandatory IG update.

Research

MANDATORY STATEMENT - The number of patients receiving NHS services, provided by or sub-contracted by St John’s Hospice in 2016/2017, who were recruited during that period to participate in research approved by a research ethics committee was NONE.

Use of the CQUIN Payment Framework

In 2016/17 the hospice was not subject to any CQUIN payment schemes.

Statement from the Care Quality Commission (CQC)

St John’s Hospice is required to register with the CQC; we are registered to carry out the following regulated activities:

• Treatment of disease, disorder or injury, diagnostic and screening
• Transport services, triage and medical advice provided remotely.

St John’s Hospice has the following conditions on registration:

• Only treat people over 18 years old
• Only accommodate a maximum of 20 in-patients.

The CQC has not taken any enforcement action against St John’s Hospice during 2014/15.
"The CQC rated St John’s Hospice as “Outstanding” at its inspection on the 26th July 2016:

“We spoke with people who used the service, relatives, staff and other professionals during this inspection. They told us the service provided an exemplary level of care and the leadership was exceptional. They spoke extremely highly of staff. One person told us, "From being in despair I am now able to focus on what matters. All with the help from the staff." A relative said, "The support from the hospice staff exceeded anything we had hoped for. It was fantastic."

Care planning was extremely flexible, person centred and proactive. People and their families told us staff championed people's right to choose how, where and when they wanted their care provided. They said staff were especially proactive and 'made things happen' in order to provide exceptional care for people. We saw staff had to support people to attend special family events with staff support and helped patients with arrangements to marry in the hospice.

People said staff were extremely caring and respectful, listened to them and assisted them promptly. They told us staff always 'went that extra mile and beyond'. We saw end of life care plans were informative and personalised and staff were remarkable in their determination to help people to carry out their final wishes. This included providing advice, support and staff at a person's home so they could remain in the comfort of their home with loved ones.

Families told us staff were extremely competent and compassionate in the way they assisted people to have control of illness symptoms and pain. They commended staff for the practical, emotional and spiritual support provided and outstanding care that enabled their relative to have a dignified, peaceful and pain free death. Written comments from families included, 'Thank you for making the end of [family member’s] life so calm and dignified and filled with love'. And 'You worked miracles and [person] died serenely and comfortably. Thank you.'

The management team and trustees worked collaboratively with other agencies to develop best practice, excellent partnership work and support for people. They carried out innovative research with local and national organisations and influenced best practice and policy-making. This further improved care practices and helped develop innovative support in the hospice and the community.

The management team set up numerous forums and support groups to seek people's views, provide support and information and ensure people received person centred flexible care that fully met their needs. One comment we saw stated, 'Nothing needs changing the care is superb.' Another person had written, 'Your wonderful, warm personalities create such a lovely friendly atmosphere. You are amazing and do a fantastic job.' The management team used multiple ways of monitoring and auditing care and seeking the views of people who used the service, their families, other professionals and staff. This
assisted staff to provide care that was personalised and exceptionally flexible.

Other professionals were extremely complimentary about St John's hospice, the staff attitudes and their competence. Staff demonstrated a highly sensitive and compassionate understanding of protecting and respecting people's human rights. We found staff were passionate about providing a non-discriminatory and tremendously supportive service. People who used the service, their families and staff were supported throughout their 'journey'. They were provided with complementary therapies such as reflexology and massage to assist with relaxation and reduce anxiety and distress. The care by hospice staff did not end when a person died; The hospice team continued to support families after their family member's death. They were offered bereavement counselling and support groups for emotional well-being.

Recruitment and selection was carried out safely with appropriate checks made before new staff were appointed. There were enough staff to provide safe, personalised and timely care. The provider had an extremely positive and constructive response to complaints and carried out their duty of candour with an open and transparent approach. People told us they knew how to raise a concern or complaint and staff encouraged them to express any ideas or concerns. The registered manager had systems to monitor and manage accidents and incidents to maintain everyone's safety. One person confirmed, "I feel safe and supported here and not worried."

**MANDATORY STATEMENT** – St John’s Hospice did not submit records during 2016/17 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

**Information Governance (IG) Toolkit**

St John’s Hospice achieved level 2 compliance across all areas of the IG toolkit in 2016-2017.

**Clinical Coding Error**

**MANDATORY STATEMENT** – St John’s Hospice was not subject to the payment by results clinical coding audit during 2016/17.
Part 3

Review of Quality Performance

Whilst the MDS for hospices was discontinued this year, we have carried on collecting data in the old MDS format. The data below reflects our performance in 2016/17 using the old benchmarking requirements:

<table>
<thead>
<tr>
<th>INPATIENT UNIT</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>234</td>
<td>263</td>
</tr>
<tr>
<td>Total New Patients</td>
<td>223</td>
<td>244</td>
</tr>
<tr>
<td>Patient RIPS on Ward</td>
<td>153</td>
<td>193</td>
</tr>
<tr>
<td>Patient Discharges</td>
<td>45</td>
<td>87</td>
</tr>
<tr>
<td>% Ward Occupancy</td>
<td>74%</td>
<td>73%</td>
</tr>
<tr>
<td>Average Length of Stay (days)</td>
<td>11.7</td>
<td>15.9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNITY</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>463</td>
<td>513</td>
</tr>
<tr>
<td>Face to face visits</td>
<td>2530</td>
<td>2302</td>
</tr>
<tr>
<td>Telephone Calls</td>
<td>10226</td>
<td>12559</td>
</tr>
<tr>
<td>% Patients who died at home</td>
<td>72%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Average Length of care (days)</td>
<td>39.5</td>
<td>32.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DAY SERVICES</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Patients</td>
<td>228</td>
<td>368</td>
</tr>
<tr>
<td>% New Patients</td>
<td>87%</td>
<td>91%</td>
</tr>
<tr>
<td>Average period of attendance (days)</td>
<td>85</td>
<td>100.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FAMILY SUPPORT &amp; BEREAVEMENT SERVICE</th>
<th>2015/16</th>
<th>2016/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total service users</td>
<td>491</td>
<td>438</td>
</tr>
<tr>
<td>Cases where formal support was concluded</td>
<td>469</td>
<td>385</td>
</tr>
<tr>
<td>Average length of support (days)</td>
<td>117.1</td>
<td>115.0</td>
</tr>
</tbody>
</table>
Patient safety incidents

We have a healthy incident reporting culture and a robust incident reporting system. Whilst number of incidents reported are high, they are almost all very low level in terms of patient risk. However, we actively encourage our teams to report incidents. All incidents are reviewed weekly by the hospice Senior Management Team (SMT).

Below is given the total number of patient safety incidents this year. These include medication, slips, trips and falls. These include all near misses.

<table>
<thead>
<tr>
<th>Number of incidents</th>
<th>2015/2016</th>
<th>2016/17</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>104</td>
<td>423</td>
</tr>
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</table>

The increase has occurred due to the introduction of an online reporting system which is improving our data collection on incidents and near misses.

Implementation of the Duty of Candour

Duty of Candor means being open and honest with people using our services, especially when things have gone wrong, or potentially may go wrong.

The Duty of Candour must be followed in all aspects of patient care so that the patient, where they have capacity, is informed when something has not happened as planned. If the patient does not have capacity, incidents must be shared with the family or carers. Any questions or concerns must be addressed as soon as possible and everything said should be documented.

At St John’s Hospice we have developed a system to implement the Duty of Candour through informing family of particular patient incidents (with the patient’s consent, if they have capacity) which have resulted in actual harm, through best interest meetings with family when a patient does not have capacity and through open and honest discussions about patients’ conditions and treatment plans.

The development of our VOICE group supports how we want to build on existing relationships with our service users, and we pride ourselves on having an open and honest culture with our employees.

We deal with complaints by being open, honest and admitting when things did not go as planned. We ensure bullying and harassment is dealt with promptly, and encourage staff to report any behavior from colleagues they do not feel is correct.
The Sign up to Safety Plan

As yet St John’s Hospice has not signed up to this because it is intended for NHS organisations. However, the organisation is committed to patient safety through hands-on care and the environment, ensuring staff and service users are involved in this and in working together to ensure (as far as is humanly possible) a safe, harm-free care setting. We will therefore explore how this would benefit patients in 2017/2018.

Feedback from Staff

A bi-annual staff satisfaction survey is conducted. The top three statements that staff agreed with in our most recent staff survey were:

- If a friend or relative needed treatment, I would be happy with the standard of care provided by the hospice – 96%
- I am proud to work for St John’s Hospice – 96%
- I enjoy the work I do – 94%

Feedback from Patients, Families and Carers

Feedback from patients, families and carers is one of the most important ways for us to understand and improve the services we provide.

We often receive comments and compliments by letter or email and a montage of some of them are included below.

We never forget that the sign above the door here reads

“Built by the people for the people”

Putting patients and families at the heart of what we do is fundamental for the hospice.
Caring for our community

Every hour of every day since 1986

ST JOHN’S HOSPICE

Care Quality Commission

18

HOSPICE

To all the Dr's Nurses, Carers and the St John's Hospice team...for looking after our daughter during her final days with such love, devotion and understanding to us all...With love and gratitude to you all...G. A.K.

To all the Hospice at Home Team. To say thank you for all your support whilst helping us look after Mum just isn’t enough. Knowing that you were only a phone call away was like having a giant blanket wrapped around us and meant the world to us. Thank you once again. Lots and lots of love. The S Family.

Thanks to all at Hospice at Home. You do an amazing job. From D O, son of P G

Just wanted to say a huge and heartfelt thank you to all the staff at the Hospice, who did such a wonderful job looking after my sister [family member's name].

To doctors, Nurses and all the staff...[family member's name]. Our sincere thanks and gratitude for the wonderful care, compassion, kindness and support that both [family member's name] and we as a family received during his time at the Hospice. You all did such an amazing job and the Hospice provided such a calm and peaceful environment when you need it most. We are so grateful for this facility and your caring staff was available to us and others who need it. Thank you so much.

Thank you for your compassion, dignity and kind manner for [family member's name]. The family very much appreciated the work you did—what a fantastic service you offer.

We just wanted to say thank you to you all for the excellent care given to [family member's name] by myself, L and S. You helped us through a very difficult time. [family member's name] was our hero so thank you for looking after him for us.

In memory of [family member's name]. Thank you for your care and support when looking after mother.

R & family would like to express our gratitude for the care shown to [family member's name] during her illness. We are very appreciative of the professional and considerate manner in which her condition was managed.

[Family member's name], grandson A, will be taking part in the Liverpool Marathon at the end of May 17. He will be fund raising for St John's Hospice—a charity very close to all our hearts. To all the staff and volunteers at St John's Hospice. Our heartfelt thanks for the outstanding care given to our father and grandfather, [family member's name], during his final days. The kindness and compassion shown to both him and the family made a difficult journey much more bearable. Thank you so much. A and J J
Our surveys on the Ward have been almost 100% positive this year.
As part of our contract with the CCG, we are required to survey bereaved families for our Hospice at Home service. Again, responses have been overwhelmingly positive.

**Complaints 2016/17**

Complaints are all monitored by the relevant member of Senior Management Team; clinical complaints are discussed at the Care, Quality & Services sub-committee and are reported to the full Board of Trustees.

<table>
<thead>
<tr>
<th>Complaints</th>
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<tr>
<td>Total number received</td>
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<tr>
<td>Total number of complaints not upheld</td>
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</table>

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**Opportunities to give Feedback on this Quality Account**

We welcome feedback on our Quality Account.

If you have any comments, please contact:

Sue McGraw  
Chief Executive  
St John’s Hospice  
Slyne Rd  
Lancaster  
LA2 6ST