

# Quality Account

## St John's Hospice

### 2022-2023



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

Built by the people for the people



## 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, South Lakes and parts of North Yorkshire.

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

The staff and volunteers of St John's Hospice strive to provide world-class palliative and 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 first 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

## 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, in a normal year, St John's Hospice only receives less than a third of its funding from the NHS; the remainder of the monies we need in order to run the Hospice is donated by the local community. The vast majority of services described in this document are funded by charitable donations and not by the NHS.

Quality sits at the centre of all the Hospice does. Our vision is that everyone in our catchment area of South Lakes, parts of North Yorkshire and all of North Lancashire with any life-shortening 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 inspection at any time.

On the 26th of 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**

**27<sup>th</sup> June 2023**



## Part 2

### Our priorities for 2022-2023

#### **Priority 1 Clinical effectiveness and patient safety** The formation of the Lancashire & South Cumbria Hospice Alliance

The formation of the Lancashire & South Cumbria Hospice Alliance with an emphasis on sharing learning, resources and skills to ensure patients and families get the best Hospice care in the UK

There are 8 adult Hospices and 2 children's Hospices covering the new Lancashire and South Cumbria Integrated Care Board (ICB) footprint. During the pandemic, Hospices came together each Thursday lunchtime to share learning, updates and information. From this informal arrangement, a more formal collaboration began. In April 2022, the Lancashire & South Cumbria Hospice Collaborative was formed, its mission is "To ensure the population of Lancashire & South Cumbria receive the very best end of life and palliative care available".

The Hospice collaborative aims:

- To influence and shape the future commissioning and delivery of integrated Palliative and End of Life Care (PaEOLC).
- To develop qualitative, person-centred outcome measures.
- To support the implementation of outcomes linked to the Ambitions Framework NICE guidance palliative and end of life care.
- To act as the infrastructure that delivers Lancashire & South Cumbria's aspirations, standards and frameworks at a local level.
- To share and review data.
- To tackle inequality of access to Palliative and End of Life Care.
- To ensure we continue to deliver the very best specialist PaEOLC to all adults, young people and children who need us - overcoming constraints both financial and workforce-related - by coming together, acting together and achieving together.
- To enable hospices to survive and thrive, whilst maintaining our identity, independence and freedom to innovate.
- To encourage shared innovation and learning.
- To reduce needless duplication, and share resources (staff, costs) wherever appropriate and feasible, so that every pound is stretched as far as possible for the people who need us.
- To advocate for a compassionate regional strategy.

Each Hospice contributed funding to recruit a Lancashire & South Cumbria Hospice Collaborative Strategic Lead. The purpose of this role is to ensure the collaborative is seen as “one voice” by the ICB and to ensure all opportunities for “strength in numbers” are grasped.

Our CEO is the chair of the Hospice Collaborative and, because of this role, attends the Integrated Care Partnership Board of the ICB.

A link to the Collaborative’s website can be seen here:

[LSC Hospices Together \(lscht.org.uk\)](https://lscht.org.uk)

This project will be monitored via the Care, Quality and Services subcommittee of the Board.

## Priority 2 Clinical Effectiveness and Patient Safety

### SJH@40: ensuring a sustainable Hospice

Developing plans for a hospice building that will make us fit for the future - focus on engagement to ensure we not only the best clinical facilities available but also create a restorative and supporting space for our team

Our Hospice was built in the 1980s and will be 40 years’ old in 2026. The building is beginning to show signs of age, not only physically but also operationally. Whilst there is no sense of patients and families being concerned about this, the Trustees know we must plan for the future of Hospice care, and this cannot be done in a building that was designed decades ago.

In January 2023, a team engagement process began. We asked the team two questions:

- If we were starting again, what would the building look like in terms of patients and families?
- If we were starting again, what would the building look like in terms of team well-being?

We had a remarkable response to this with some key themes emerging:

- Clinical services should be co-located
- We should really think about quiet space for the team
- We must move the mortuary

At the Board meeting in March, it was agreed that a steering group should be formed to progress this work. The steering group will consist of Trustees and team members. It was also agreed that the work should not be rushed. Whilst the idea of having the building project completed by our 40<sup>th</sup> anniversary in 2026 may seem attractive, in the current economic climate cost, in terms of materials and labour, must be a consideration for the steering group.

This project will be monitored by the Finance and Resources subcommittee of the Board.

## **Priority 3 Clinical Effectiveness and Patient Safety**

### **Education to support end of life care**

In COVID we were unable to continue the previous education offering and the Learning and Development team roles were made redundant bar one person who co-ordinated mandatory training compliance. With the continuing pressure on NHS services, feedback from staff and the importance of effective recruitment and retention, it is clear that continuous professional development for our team and colleagues is key to ensuring the fundamentals of palliative care can be undertaken to ensure resources are utilised better.

With local ICB continued funding, the Hospice will be recruiting to a nurse specialist level education post. This post will work in one part of our catchment, the South Lakes, with our community, domiciliary agency and care home partners, to ensure the workforce understand how to identify palliative patients, give them the best fundamental care they can, and refer to St John's Hospice for support and guidance.

The postholder will link with a similar post in the acute hospitals to ensure the same courses are offered, ensuring the consistent and ongoing education and support required. There will also be firmer links made with education strategy groups and the wide Health Education England, to ensure relevant guidance and procedures are included in the education.

We will also be working in partnership with neighboring Hospices to jointly recruit a Hospice Collaborative Strategic Education Lead.

This project will be monitored via the Care, Quality and Services subcommittee of the Board.

## Review of our Priorities for Improvement 2022-2023

### **Priority 1 Clinical Effectiveness and Patient Safety** Investing in staff retention

St John's Hospice has undertaken a number of initiatives to invest in staff to support staff retention and wellbeing.

Pay awards of 3% and 2% were made in April and September respectively. This equates to a total of 5% over the year, against a backdrop of a 2% average pay rise in the public sector. As a charity, we cannot mirror NHS salaries and have therefore looked at other measures to help improve working lives.

During recent staff engagement sessions many of the Hospice team said that they would like annual leave entitlement to mirror that of the NHS, so, from the 1st April 2023 we acted on that and improved the entitlement as follows:

- 27 days (plus Bank Holidays) on appointment
- 29 days (plus Bank Holidays) after 5 years
- 33 days (plus Bank Holidays) after 10 years

Having engaged with staff about what they had missed during COVID a number of key themes emerged; one theme was the desire to recommence learning and development opportunities. Therefore, the Hospice delivered the following initiatives:

- Bereavement training for all staff (half day)
- Leadership and Management training for the management team (three days)
- Relax and Restore for Wellbeing for the management team (one day)
- Team Leader training (two days)
- Management and HR Training for Retail staff, both managers and assistant managers (two days)
- Sage and Thyme Communication Skills training for clinical staff (half day)
- Equality and Inclusion Training for the management and team leader teams
- Staff are also given Time off in Lieu to attend the Last Days Matter course (half day)

This is in addition to mandatory training and continuous professional development opportunities such as one day courses, webinars, conferences etc.

Staff retention is also about wellbeing; therefore, the Hospice wellbeing initiatives launched this



year have included:

- Wellbeing articles and links to health topic films are published in the weekly staff newsletter
- Complementary Therapy sessions are made available to all staff
- Additional publicity re: access to the 'Freedom to Speak Up Guardian'
- Staff food made freshly every day and available at cost-price only e.g. £1 for a large cup of soup
- On-site flu vaccinations made available to all staff
- Time Off in Lieu was given to staff who needed to access their COVID vaccinations during the working day
- Tea and traybakes for staff retirements
- Tea, coffee, milk and sugar was free of charge from the 1st November until 31st March to help keep staff warm and hydrated through the winter
- Free Christmas lunches on the 21st December for hospice-based colleagues and a nice meal deal style lunch or sandwich for retail colleagues
- A free buffet provided to all Hospice-based staff who worked Christmas Day, Boxing Day and New Years' Day
- St John's continued its COVID sickness absence process until the end of March 2023: this enabled staff to have sick leave if they had COVID without worrying that it would adversely affect their absence rate. Although it had stopped in the NHS during late Summer the Hospice continued this policy as it felt that the biggest threat to the small charity that is St John's, was the spread of COVID amongst staff.
- The petty cash procedure was altered so that staff knew that any out of pocket expenses incurred e.g. fuel costs, would be paid as soon as they were claimed.
- Staff were also supported to use Westfield Health – a health benefit scheme for staff funded by the Hospice.

This project will be monitored via the Finance and Resources subcommittee of the Board.

## Priority 2 Clinical Effectiveness and Patient Safety

### A new model for bereavement support at St Johns Hospice

The Hospice's family support, including bereavement, service grows from strength to strength following some key recruitment in the last year.

We have successfully recruited to the Head of Family Support, plus a part time counsellor and part time Family Therapist. The team has embedded its processes and systems to ensure referrals, assessments and management are streamlined. The team is now offering support to the ward and to community patients and their families, both before and after someone dies.

A new grief support pathway has been implemented, which offers the Grief Café as the first step in support, unless the family are already receiving pre-bereavement help. The Grief Cafe welcomes about 20-25 attendances at each monthly meeting. This supports those who are in the early stages of their grief journey and who want to explore how the Hospice can help them.

One to one counselling and talking therapies continue to be offered, which are presently experiencing steady referral rates.

The children and young people's service have had a huge increase in referrals. Cases are now given a set amount of sessions before a further reassessment, allowing better use of resources.

The regular memorial services have recommenced, they take place every quarter and have been well attended. The Hospice team are present for these, ensuring any further support required can be given not only at the time but going forward.

Alongside level 3 safeguarding training, the approach to difficult social situations is acknowledged through all aspects of the service.



## Priority 3 Clinical Effectiveness and Patient Safety

### Creating one Community Team – a responsive and adaptable service – Fit for the Future

In the last year the services based in the community have become one overall 'Hospice Community' team, with a shared caseload rather than individual smaller services. All patients are assessed as to which phase of illness they are in and have follow-up appointments made based on this. For instance, if dying they will have a daily review from the hospice at home team to the GP or district nursing team to decide who is best to visit, and will ensure any urgent care required is followed up. Or if the patient is in the stable phase, they will receive a phone call from a health care assistant regularly, until such time it is possible to only be involved when things change- this is monitored through the local GSF regular meetings with the community services.

The team are now able to respond to the caseload more flexibly, and to adapt the care required according to the patient's needs at the time.

The joint heads of community service have also set up a palliative care forum for District Nurses which all the teams can join monthly. The response to this has been overwhelmingly successful and is helping them to identify patients sooner, therefore reducing the number of late referrals to the team.

The shared caseload has reduced the "them and us" between Clinical Nurse Specialist and Hospice at home teams, supporting a more integrated team and smoother patient journey.

## 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 2022-2023 St John's Hospice provided the following services:

- In-patient Unit
- Community service, comprising of Hospice at Home Service, Night Sitting Service, Day respite service and Clinical Nurse Specialist Service
- Family Support and Bereavement Service
- Education and training for our own staff
- Out-patient clinics, led by specialists in palliative medicine
- Physiotherapy, Occupational Therapy, Complementary Therapy, Social Work, Spiritual Care, and hosted Lymphoedema Services
- In-house catering for our ward and day hospice patients
- Housekeeping to ensure strict standards for infection prevention and control.

**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 2022-2023

#### **Compliance Audits**

Hand Hygiene Audits

Information Governance Audit

Clinical Administration Audit (Monthly)

Community and In- Patient Unit Weekly Key Information Audit

Infection Prevention and Control, COVID 19 Audit

Mattress Audits

In Patient Unit Weekly Vital Observations and Information Audit

Nutrition Audit

Sharps Audit

Sluice Commode & Catheter Audit

Syringe Driver Audit

Medical gases

DOLS audit

PLACE audit

### **Clinical Audits**

Blood transfusion Care Plan

Care of the Dying Patient Audit

Pressure Ulcer Audit

RPSGB: Professional guidance on the safe and secure handling of medicines

Tissue Donation Audit

A new Associate Director of Clinical Governance and Improvement commenced in November 2022. Audit processes continue to be developed and improved, including work on demonstrating NICE compliance. A gap analysis of NICE Clinical Guidelines and Quality standards pertaining to Hospice inpatient and community care has been undertaken. There is a plan in place to review the relevant NICE documents using the Baseline Assessment Tools. The review of NG31 Care of Patients in last days of life, and NG 142 End of Life Care for Adults (service delivery) has commenced and already indicates high compliance. A plan is in place to review other NICE documents throughout the year.

The audit schedule for 2023/24 is in place and is due to be ratified, and Compliance Audits are now differentiated from Clinical Audits. This is to more clearly articulate the regular compliance audits that are to be completed in order to provide assurance. This allows the Hospice to be able to select which clinical audits are important to patients and families in order to improve quality, safety and clinical effectiveness in specific areas.

In 2022/23 the following Audits highlighted:

Blood Transfusion Audit – 99% compliance with the standards which showed a considerable improvement on the previous audit. The use of the Electronic Blood Transfusion care plan on EMIS has improved the documentation of observations.

Care Plan Audit – Identified that the use of the electronic care plan was not fully embedded following the implementation of the care plan and plans were put in place for monitoring of compliance. This is to be re-audited in May 2023.

Care of the Dying Patient (CDP) Audit – 99% compliance with excellent findings, especially in regard of communication with the patient, family, and friends. 3/15 patients had complex needs and the documentation in regards to the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DOLS,) and Best Interests Meeting were found to be of a high standard

Clinical Administration Monthly Audit and Key Information Audits - This ensures that data is coded correctly before transmission to the local NHS trust. Compliance has shown an improved picture which has remained high.

Infection and Prevention Control (IPC) and COVID 19 Audit – 100% compliance in all areas.

Nutrition Audit – demonstrated excellent standards of nutritional achieving 100% compliance throughout.

Pressure Ulcer Audit – The audit has demonstrated overall good compliance >90% but has highlighted the requirement for updates to the Pressure Ulcer Care Plan in order to improve documentation. It is proposed that NICE CG 179 Baseline Assessment tool will be completed in June 2023 to provide further assurance and any quality improvements.

Tissue Donation Audit – This audit demonstrated areas of excellent compliance and areas for quality improvements which are underway.

In February 2023, the hospice participated in the Hospice UK NACEL audit, submitting data for 8 patients who died at the hospice in the period 1-21 February 2023. The audit Standard NICE QS 144 for NICE NG 31 was used as the premise for the review. The aim of this case note review was to ‘review and understand the level of care being experienced by those dying during their hospice admission, and of those important to the dying person and potentially identify areas for improvement’. The main recommendation was for those hospices participating to celebrate good practice, and to set local improvement plans in order to improve the experience of palliative and end of life patients and families. There is a plan in place to review the findings of this audit in order to identify any learning for St John’s Hospice.



## Research

**MANDATORY STATEMENT** - The number of patients receiving NHS services, provided by or sub-contracted by St John's Hospice in 2022-2023, 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 2022-2023 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; on advice received from CQC in 2021, we only need to register for the following regulated activity, as the others are included under this:

- Treatment of disease, disorder or injury

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

- Only treat people over 18 years old
- Only accommodates a maximum of 17 in-patients.

The CQC has not taken any enforcement action against St John's Hospice during 2022-2023

The CQC rated St John's Hospice as "Outstanding" at its inspection on the 26<sup>th</sup> July 2016, an excerpt from the report follows:

"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 were 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 2022-2023 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

#### **The Data Security and Protection Toolkit (DSPT)**

St John's Hospice achieved compliance across all mandatory areas of the DSPT in 2022-2023

#### **Clinical Coding Error**

**MANDATORY STATEMENT** – St John's Hospice was not subject to the payment by results clinical coding audit during 2022-2023.

## Part 3

### Review of Quality Performance

<b>INPATIENT UNIT</b>	<b>2022-2023</b>	<b>2021-2022</b>	<b>2020-2021</b>	<b>2019-2020</b>
Total Patients	184	123	147	221
Patient RIPs on Ward	135	92	72	121
Patient Discharges	46	43	52	93
% Ward Occupancy	96	92%	76%	75%
Average Length of Stay (days)	17.9	13.8	11	14.5
<b>HOSPICE AT HOME</b>	<b>2022-2023</b>	<b>2021-2022</b>	<b>2021-2022</b>	<b>2019-2020</b>
Total Patients	648	574	544	606
Face to face visits	2928	2,365	1,630	2,763
Telephone Calls	10343	11,384	9,324	11,434
% Patients who died at home	90%	92%	93%	90%
Average Length of care (days)	40	35	36.8	38.6
<b>NURSE SPECIALISTS</b>	<b>2022-2023</b>	<b>2021-2022</b>	<b>2021-2022</b>	<b>2019-2020</b>
Total Patients	713	337	393	605
Visits	1196	858	900	1,232
Telephone Calls	4426	3,416	4,324	5,784
<b>DAY SERVICES</b>	<b>2022-2023</b>	<b>2021-2022</b>	<b>2021-2022</b>	<b>2019-2020</b>
Total Patients	383	X	X	440
Average length of support (days)	82.5	X	X	65.3
<b>Family Support &amp; Bereavement</b>	<b>2022-2023</b>	<b>2021-2022</b>	<b>2020-2021</b>	<b>2019-2020</b>
Total service users	319	321	291	359
Discharge from 1-1 support	85	140	102	142
Average length of support (days)	91	122	90	178

Patients being admitted to the services have increasingly complex needs, both physically, emotionally and psychologically. An increase in the number of younger palliative patients has been seen, possibly due to delays in diagnosis and treatment through COVID.

The ongoing social care issues make finding care home places difficult, however packages of care which can include night sits can be easier to access in less rural areas.



### Patient Safety Incidents

We have a healthy incident reporting culture and a robust incident reporting system at the Hospice. Whilst the number of incidents and near misses reported are high, they tend to be 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 the total number of patient safety incidents this year. These include medication, slips, trips and falls and include all near misses.

Number of incidents	2022-2023	2021-2022	2020-2021
	326	175	172

Incident numbers reduced in 2020 onwards due to COVID reducing the beds available in the hospice and therefore admission numbers. As the data shows admissions, length of stay and deaths have all increased as has complexity of patients being admitted, which all influence

incident numbers.

The increase in incident numbers corresponds with the increased referrals to our inpatient unit as society learns to live with COVID. It also continues to be difficult to obtain social care in rural communities, which also impacts on our admission rate.

Number of incidents resulting in severe harm or death: 0

### **Implementation of the Duty of Candour**

Duty of Candour 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 members 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 Sign up to Safety Plan**

St John's Hospice has not signed up to this because it is intended for NHS organisations.

However, St John's Hospice remains committed to patient safety through robust incident reporting, detailed investigations including root cause analyses for high risk incidents or those involving a controlled drug and through ensuring staff and service users (our VOICE group) work together to ensure (as far as is humanly possible) a safe, harm-free care setting. All incidents are shared with our staff at management level and with the Board over and above a risk score of fifteen. Managers are encouraged to share learning through our "Lessons Learned" newsletters and through education.

### **Feedback from Staff**



A bi-annual staff satisfaction survey is conducted at the Hospice. The top three statements that staff agreed with in our most recent staff survey (April 2022) were:

- I would recommend a friend or family member for care– 98%
- I am proud to work for St John’s Hospice – 97%
- I enjoy the work I do – 92%

### **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, but also many verbally which are not formally recorded.

We never forget that the sign above the door here reads: ‘Built by the people for the people’

### **Patient and Family Surveys**

During quarter four, VOICE volunteers have been supporting the completion of a hospice experience questionnaire which is offered to patients and families at the end of a patient’s life. Volunteers are either speaking to patients and families on the inpatient ward or are phoning families to complete the questionnaires. Some questionnaires are being posted. The analysis of these 60 responses in January to March 2023 was overwhelmingly positive.



### Complaints 2022-2023

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.

Complaints	Number
Total number received	3 (2 from same family)
Total number of complaints upheld in full	1
Total number of complaints upheld in part	2
Total number of complaints not upheld	0

Learning from the complaints has identified that explanation of how the Hospice community team are additional to the GP and District Nurses services: this has been clarified in the patient and website information.

### Compliments

In quarter 1, responses were collected from the International Nurses Day on Facebook and feedback sent in by the public and colleagues, the word 'amazing' featuring most.

The hospice receives many compliments including phone calls, verbal reports, letters, and cards, and during quarter four, the process for receiving feedback from patients, families, friends and the community has been reviewed.

For 2022/23 the hospice has received a total of 220 compliments for all areas, with the inpatient ward and community receiving the greatest volume so far. Quarter 3 and 4 has seen the activity in the Forget me Not Centre and the Day Hospital gradually increase, and initial feedback has been very positive.

Since the end of 2022/23, cards are being handed to all community patients who access the Hospice at Home service. Visitors Books have been introduced in the Forget me Not Centre, Day Hospital and the Inpatient ward. This is to catch the opinion of a wide variety of patients, staff, family and friends that pass through our services.

**Here are two patient stories which are typical of the feedback we receive on a daily basis:**

### **Jo and Paul**

“My husband Paul and I were happily married; our puppy Jackson had come into our lives and then out of the blue Paul was diagnosed with cancer in January 2022.

With the cancer came pain and we relied on the St John’s Hospice at Home team to help us. They were great and came out every day to Paul to manage his pain and we knew we could call on them 7 days a week. On top of the pain there were other problems so we decided to go to the St John’s inpatient ward for a short stay to look at other options and approaches. Paul was reluctant to go to the Hospice, he thought it would be like a hospital, so it took some persuasion and reassurance that it was quite different.

Fortunately, Paul settled in to life on the inpatient ward really quickly and found it a very different experience to a hospital ward. He had his own space, his privacy, his own TV and bathroom and could finally sleep. It may sound odd but going to St John’s really perked him up: and I was really relieved to see him more relaxed. He was in his own words, “Chilled out”. The nice atmosphere and environment, coupled with the care of the staff were what he really needed. I really appreciated that the staff stopped and had a chat with him and didn't rush off, they listened to him and his stories of our travels, or whatever the topic of the day was... the time out & care was nothing more than amazing, they really couldn't do enough for him. Also, the cuddles for me in-between were so welcomed and cherished.

I had supported St John’s in the past and now it feels even more important because I’ve experienced their care personally. I’m grateful to everyone who has supported this charity so it was there for Paul, and to my family and friends who are supporting my fundraising so it’s there for others. You don't realise how amazing this place is until you have the unfortunate circumstances but it really is a very special place from the moment you enter in to the reception to see the receptionists who welcomed us with a friendly smile each day, to the ward care, and not forgetting the fabulous cakes and coffee on offer! ”

Paul died five months after his diagnosis.

### **Rita’s Story**

Rita came to stay at St John’s for care a number of times. Here she shares the story of her experiences at St John’s and answers some questions you may have about Hospice care:

“The word ‘hospice’ can be frightening, it can bring up thoughts of scary old houses but that’s not true for here. All those myths that exist about hospices being sad and somber places aren’t true. Let me tell you about my time at St John’s.

My last few days at St John’s, before I went home, saw me have a ‘makeover’ with a member of

staff giving me a manicure – I love my nails to be painted. I had always fancied the idea of lilac shades in my hair so with the help of the nursing staff and my son I went for it! Why stop there I thought? So, the St John’s team arranged for a beautician to come in and treat me to eyelash extensions and then it was time for the big one – a tattoo! Emma, a lovely and kind local tattooist, came in and gave me a beautiful tattoo of thistles to reflect my Scottish heritage. The Hospice team arranged everything and having these treats has without doubt helped my confidence.

The word ‘hospice’ does not mean that staff members will take your independence away. Quite the opposite; St John’s encourages you to remain as independent as possible – from chatting about your concerns and wishes during your stay, to supporting your decision making, through to helping you to complete tasks and ensuring your wishes are met – all with clarification, guidance and a sense of purpose.

The word ‘hospice’ does not mean that you are not encouraged to be a person in your own right – you have the freedom to do as you please with discussion, support and care. There’s always time for a chat about what I want and any comfort I need, there wasn’t one day where my needs weren’t met. I have always had complete support from the Hospice team, they have cared for me with positivity and encouragement.

St John’s Hospice is a large light building with plenty of suntraps. The garden is also amazing for people to sit out in, the garden house is amazing and there’s benches scattered within the grounds to have a quiet five minutes (if you choose to). The Hospice also offers a beautiful garden room within the Hospice to help you reflect, do your decision making and think about life in general. There’s also a beautiful shop for gifts and trinkets!

My stay at the Hospice has been positive, I’ve had my freedom to choose (which no-one has restricted) and the commitment of everyone -the staff are fabulous and amazing. St John’s is my chosen charity, I hope it’s yours too.”

### **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 Road**  
**Lancaster**  
**LA2 6ST**



## Feedback on our Quality Account

### **Response to St John's Hospice Quality Account Report for 2022-2023 for NHS Lancashire and South Cumbria Integrated Care Board**

Lancashire and South Cumbria Integrated Care Board (LSCICB) welcomes the opportunity to review and comment on the St John's Hospice Quality Account 2022/23. The commentary provided in this letter relates to services commissioned by LSCICB as well as some general observations.

Firstly, we would like to commend the hard work, commitment and resilience Hospice staff continue to demonstrate through the recovery of the Covid-19 pandemic and the dedication to quality improvement of services for our patients. This pays testament to the continued resilience shown by staff in light of what has and continues to be a very challenging operating environment.

LSCICB is pleased with the progress made by St John's Hospice against the quality priorities set out for 2022/23. St John's Hospice has invested in staff and LSCICB welcomes the range of engagement and wellbeing initiatives that have progressed.

LSCICB was pleased to read about the new models of bereavement support that have been implemented and are happy to see an increase in families and young people benefiting from these services.

The Community Hospice Team is working well to identify and support patients earlier and LSCICB is encouraged by the integration of operational teams to better meet patient's needs.

LSCICB notes the audit activity undertaken by St John's Hospice over the course of 2022/23, with a focus on compliance against The National Institute for Health and Care Excellence (NICE) clinical guidelines and quality standards. The hospice has demonstrated high compliance in audits and identified areas for further improvement.

St John's Hospice has a healthy incident reporting culture and LSCICB welcomes the encouragement staff are given to report incidents and near misses. This demonstrates an organisation that wants to learn and ensure that patient safety is always a priority.

Staff and patient feedback is positive, and St John's Hospice is actively seeking feedback from patients and families through the Valued Opinions to Improve Care Excellence (VOICE) volunteers. LSCICB recognises and values the patient stories included in the quality account, which highlight the impact and support of services for both palliative care patients and their loved ones. The patient voice is crucial to measuring the true effectiveness of the quality of care delivered.

LSCICB supports the Quality Improvement priorities identified for 2023/24, including the formation of the Lancashire and South Cumbria Hospice Alliance, which will support palliative and end of life care, tackle inequalities and promote innovation and learning. LSCICB is pleased that there is keen focus on education and welcomes the introduction of a nurse specialist level educator who will work with partners to enhance understanding of palliative patients.

The Quality Account provides an open account of the achievements made in the past year, areas for improvement and describes the priorities for 2023/24. This is an important contribution to public accountability in relation to quality and LSCICB appreciates the amount of work involved in producing this

report.

Yours sincerely



**Professor Sarah O'Brien  
Chief Nursing Officer**

**Response to St John's Hospice  
Quality Accounts Report for  
2022-23 Lancashire County Council Health Scrutiny Committee:**

Although we are unable to comment on this year's Quality Account we are keen to engage and maintain an ongoing dialogue throughout 2023/24.

**Response to St John's Hospice  
Quality Accounts Report for  
2022-23  
Lancashire Healthwatch**

**Introduction**

We are pleased to be able to submit the following considered response St John's Hospice Quality Accounts for 2022-23.

**Priority 2: A new model for bereavement support at St John's Hospice**

It is pleasing to read that family support at the hospice has strengthened, especially with the implementation of the 'Grief Café'. This is invaluable support for people and families who are in the early stages of their grief journey and throughout.

**Part 3: Review of Quality Performance**

The hospice has acknowledged the increase in number of incidents which corresponds with the increase of referrals to the inpatient unit.

**Feedback from staff & Patient and Families**

We note the high levels of satisfaction from the most recent staff survey with 98% of staff stating that they would recommend a friend or family member for care.

The two patient stories included in the quality account highlight the individualised support that St John's Hospice offers for their patients and families. Of note within both stories are the attitudes and caring nature of staff at the hospice.

In accordance with the current NHS reporting requirements, mandatory quality indicators

requiring inclusion in the Quality Account we believe the St John's hospice has fulfilled this requirement.

Overall, this is a fair and well-balanced document which celebrates achievements and acknowledges areas for improvement.

We welcome these and as a Healthwatch we are committed to supporting the Trust to achieve them.

**Jodie Ellams**  
**Manager- Healthwatch Lancashire**