EllenorLions Hospices
'without them we would have been lost'

Quality Account 2014

Reporting Period 1st April 2013- 31st March 2014

> "Your quiet compassion and efficiency meant that he received the best possible care and that we remained confident that we were all doing everything possible to make his journey easier. He was an incredibly strong man who fought to the end and, whilst cancer may have beaten his body, it certainly never beat his spirit and you all played your part in that.
>
> Thank you for helping him retain his dignity and sense of self, for putting up with his idiosyncrasies and letting him be the character he was. You gave us the opportunity to help him to die well, in a way that many would, curiously, envy; you put up with climbing over us, waking him every morning and plying him with toast. At the same time he lived every last minute to the full, as much as his illness would allow, we laughed with you, we had beer and curry nights, duvet days and sleepovers, celebrated birthdays and graduations, played croquet and ate oysters.
>
> One of our abiding moments was the nurses' chorus of 'Magic Moments' which we woke to find him conducting with aplomb. The work of the hospice was unknown to any of us until he had to access the service. We were blessed that through the kindness and generosity of others he got the care and attention he needed to keep him comfortable and safe"
>
> Thank you received from relative- October 2013

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Contents

1 Part 1- Chief Executive's Statement on Quality

Introduction

A quality account is to inform the public about the quality of services that are delivered. The aim of this report is to improve organisational accountability, review services, demonstrate our improvement plans, provide quality data and advise how we involve and respond to feedback.

Statement

EllenorLions Hospices' vision is that everyone in need should be enabled, by good palliative care, to enjoy the best quality of life possible and to die in the manner and place of their choosing.
In delivering its mission, EllenorLions has two key roles:

- to lead and coordinate the development of services, offering the best care for people approaching the end of life and,
- where appropriate, to provide a comprehensive, high quality hospice care service for children, adults and young people.

We aim to be the Lead Provider of end of life care in our local area; advising, educating and supporting others to ensure that each individual who needs support and care at the end of life is able to receive it.

Care is provided
…..for all ages, from the very young to the very old
…..for all diagnoses – not just for cancer
…..to support all needs, physical, practical and spiritual
…..in all places, at home, hospital, care home or hospice
…..to all concerned, patients, carers and families

The organisation places quality and safety as of the utmost importance. We have a robust and open Clinical and Corporate Governance structure in place. Risks, complaints and incidents are investigated thoroughly. Policy and practice are amended as required as an outcome of learning, and performance is managed accordingly. The Trustees are provided with the information they require to carry out their responsibilities. The Senior Executive Officers of the charity are in attendance at the Board and Sub Committee meetings and there is regular contact between the CEO and Chair of Trustees.

Patient and family experience is important to us and every comment, however informal, is followed up. We strive to do the very best we can and are grateful to those who help us identify improvements in our care. We participate in the national hospice patient survey, as well as our own internal surveys, and have a suggestion box for comments. Over the past year a more robust approach has been taken to ensure that there is a clear framework for responding to feedback, both positive and negative.

Patient safety is ensured by a comprehensive programme of staff education and support. We work on a “no blame” culture and encourage staff to feel able to identify situations they are finding difficult. This is reflected in our policy and practices, which clearly demonstrate staff are given training and support on the importance of raising concerns about poor practice. Where areas for improvement are identified, a training and support programme will be implemented with the individual staff member concerned. A robust safeguarding framework is in place, with a nominated Safeguarding Lead. The organisation achieved the Safe Networks Standards for safeguarding children in December 2013. All health and safety guidance is observed, audited and a report is available at the Governance and Risk committee. In the role of Senior Information Risk Owner, the CEO takes overall responsibility for all aspects of Information Governance. All staff and volunteers have training as part of their regular updates and there are clear policies and procedures in place.

Clinical effectiveness is assured through the leadership of senior clinicians, including the Director of Patient Care and the Lead Consultant. National guidance and best practice are followed, and research and audit results are utilised in the continuous improvement of practice. Clinical staff have regular training and update sessions, and follow a competency based framework relevant to their role.

I have overseen the production of this Quality Account, in my role as Chief Executive and in my previous role as Director of Patient Care for the time period covered by this report. I commend them to you as an honest and open account of some key aspects of our work, to the best of my knowledge. I particularly wish to thank Hazel South, Clinical Contracts and Information Manager, who has undertaken the majority of the work in collating this report and has introduced a more structured framework for quality assurance and information management since her appointment in July 2013.

C Cardy

CLAIRE CARDY
CHIEF EXECUTIVE
30 JUNE 2014

2 Part 2 – Priorities for Improvement 2014-2015

In developing the 2013-18 strategic plan for the organisation, particular attention was paid to the rapidly changing health and social care environment. The Board and the Executive Team looked at how the hospice could extend its services to meet the growing needs of the local population, enabling more people to receive care in the place of their choice.

The care strategy has developed further, and some key objectives have been set in order to achieve the overall aim to reach more people who need our care. These relate directly to the priorities we have set, following consultation with a range of stakeholders including patients, relatives, staff, volunteers and external colleagues.

EllenorLions Hospices confirmed the top three quality improvement priorities for 2014 to 2015 to be as follows:

Priority 1: Review of referral criteria and process

The organisation recognised the need to review its referral criteria and process – in order to assess needs equitably on referral to provide a more responsive service to a wider population, with less specialist needs.

How was this priority identified?

Through feedback from professionals on how we managed referrals, and the confusion associated with our services; we identified that our referral criteria and process were complicated and our service offer unclear at times. We have been committed to streamlining it for our professional colleagues and improving the process internally.

How will it be achieved?

We aim to implement a single point of referral into the organisation. A small working group will identify the essential information required for a referral and adapt the criteria in order to improve accessibility to more patients, with less specialist needs, through a simplified process.

We will also develop a model for a referral / triage team (both clinical and administrative) and develop new pathways of services. We are planning to introduce assessment clinics, and increase accessibility by offering sustained out of hours admissions into the In Patient Unit (following our successful winter period increase in weekend admission rates). The resulting streamlined process will also improve data collection and activity statistics, therefore complementing our priority for documentation improvements last year.

As part of this, we will also introduce a more comprehensive advice line and an enhanced educational offer to healthcare professionals. Queries raised on our advice line will be followed up as learning opportunities where appropriate.

How will progress be monitored and reported?
The referral single point of access will be piloted for a 3 month period, and evaluated against a range of outcome measures. Progress will be monitored by the Care Practice Group. We will request feedback from those referring into our service and also from patients / families. We will also review activity statistics and collate records of referral outcomes.

Priority 2: Develop and introduce 'hospice as a hub' model
The organisation is committed to provide a co-ordinated approach of assessment and care and we recognised the need to improve our accessibility and service provision in order to provide more flexible services to a wider population.

How was this priority identified?
We recognised the need to widen access to the hospice, with the growing needs of the local population. Patients with less complex needs will be offered access to the full range of holistic care. This has also been piloted at other hospices with much success. As a lead provider of end of life care in the area, we strive to innovate wherever possible.

How will it be achieved?
A small working group will develop a range of more flexible service offers, and unbundled packages of care at different levels of patient / family need. We will review service operating times, and aim to provide 'drop in sessions', self-directed care and structured group programmes. Part of the 'hospice as a hub' model will include developing the volunteer role for our less dependent patients and carers, and changing the way we care for some of our patients. We will also be looking to improve our therapeutic and creative activity access, promoting a wellbeing / rehabilitation model of care.

To develop our model, we will continue to work in partnership with other colleagues, and to integrate with primary care teams. We will need to liaise with local services that offer support for other conditions such as renal, cardiac disease. Through this, we will develop links and potential joint working opportunities (perhaps joint clinics) that will build on our recent integrated working model, which to date, shows real benefits for patients.

The outcome of the 'hospice as a hub' model will also further improve carer support and our data collection, therefore complementing our priorities from last year.

How will progress be monitored and reported?
Progress from this service development will report into the relevant governance groups. Monitoring will include activity statistics, including diagnosis codes and demographic profile. We will aim to reach 30% of non-cancer conditions by the end of 2015 through this model. Outcome measures will be used for each of the different service developments, including clinics, drop-in sessions and other initiatives.

Priority 3: Develop Service User Involvement Forum
The organisation recognised the need to ensure that service users inform and influence the development of services and provision of high quality care that meets their needs.

How was this priority identified?
The views of service users have always been valued and used to plan care and develop services. Regular feedback has been sought through a range of measures and any actions taken as a result. The CCG identified within the last Quality Account that the organisation needs to have a more robust process in place to act on both positive and negative comments to ensure that if necessary, actions are put in place to further improve services.

How will it be achieved?
A small working group containing staff members from across the organisation will develop a forum model, similar to that used at St Christophers, which will gain negative and positive feedback in an environment that all service users feel comfortable to express their views. Every area will complete a patient / family satisfaction survey.

How will progress be monitored and reported?
Survey results will be collated and shared, and action points implemented. Progress will be monitored through attendance at the forums and feedback received. Information will be reported into the care governance groups to act upon the feedback received. The CCG will also be informed through various contract monitoring meetings.

2.1 Statements Of Assurance from the Board

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to hospices.

2.1.1 Review of services

During 1st April 2013 to 31st March 2014, EllenorLions Hospices provided specialist palliative care in a range of settings, available 24 hours a day and 7 days a week. The provision comprised the following services:

For adults living in Dartford, Gravesham and Swanley:

In-Patient Unit (ages 14+)

Day Therapy Unit

Out Patients Clinics

Hospice at Home including

Specialist Palliative Care Service

Palliative Care Support Team

End of Life Care Crisis Support Service

Care Homes Support Team

'Planning for Change' case management pilot project

Hospital Support Team (until September 2013)

For children and young people in Dartford, Gravesham and Swanley, West Kent and the London Borough of Bexley:

Hospice at Home including:

Specialist Palliative Care Service

Community oncology service

Respite and Short Breaks care

Family Drop In sessions and Day Care Facilities

Transition services including Youth Groups

All these services are delivered by a specialist multidisciplinary team, comprising nurses, doctors, allied health professionals, and psycho-social staff (including social workers, chaplains and counsellors). Patients and families under the care of the organisation receive regular assessment and review by an appropriate member of staff or registered volunteer.

Hospice at home services are provided 7 days a week with a 24 hour on call service staffed by Specialist Nurses and Doctors, and with access to other staff to visit and provide care as required.

EllenorLions Hospices receives funding from the NHS through grants from local CCGs. The income from this funding represents approximately 30% of the overall running costs of the organisation. The income generated by the NHS services in 2013-14 represents 100% of the total income generated from the provision of the NHS services by EllenorLions Hospices. 70% of the organisation’s income is provided by fundraising activities, including the generous support of the local community and businesses, legacies and shops.

2.1.2 Participation in clinical audits

During 2013-14, EllenorLions Hospices was ineligible to participate in the national clinical audits and national confidential enquiries, as they cover subjects which are not applicable to this sector. However, we do regularly undertake audits of our own services against national or local standards. In 2013-14, the audit programme focused on documentation, and has included the following:

- Last Days of Life - We completed a last days of life audit and have been looking into the discussions that have previously been documented in paper form. We have changed the way that this information is now recorded and subsequently the number of records completed has doubled. We anticipate that this will continue to improve during the next year.

- Service Referrals - We have completed a referral audit to establish information surrounding length of time on referral for various departments, completion of information and other valuable data. This has improved record keeping and training is being rolled out across the organisation on a continual basis for the clinical record keeping system.

- Spiritual Care - We reviewed if spiritual care was standard practice for our clinical teams. It was established that improvements and training are needed with some guidance on common spiritual needs. This has been planned for the coming financial year.

- Drug Chart - Some areas for improvement were identified including allergy recording. There were also discussions on redesign of the chart. This audit is anticipated to be completed during the same period next year to establish if things have improved. The new pharmacy provider is now in place, and we have been working with them to streamline this.

- Electronic documentation - During this year we established a working party which agreed streamlining of the electronic documentation, and our paper notes now reflect more closely the electronic system. The group are currently piloting a care plan which is hoped will be loaded onto the electronic system once it has been finalised.

- Outcome measures – Review of HR system. Nearly 100% attendance rate on statutory and mandatory training amongst clinical staff (some new Flexibank staff still to attend).

We have a full and comprehensive audit schedule for the next financial year and have increased capacity within the education department to act on the outcomes and initiate learning from these audits.

One of our consultants also completes audits within part of his role as a hospital doctor and subsequently brings the learning back from these to the hospice.

2.1.3 Research

The organisation supports appropriate research in palliative care with the aims of enhancing the experiences of patients and families. There is a research governance committee which approves the participation in all research studies as appropriate, to ensure good governance. All research undertaken within the hospice setting has received appropriate ethics approval. Several members of staff have been undertaking studies at Masters level.

- Breathlessness study has concluded and we are waiting for the published results. Our target was to recruit 10 to the study and we exceeded this by recruiting 17 to the study.
- The study into Palliative Prognostic Indicators has concluded and we completed our recruitment target of 100 patients. Now waiting for the final results.
- The CSNAT study has concluded. The CSNAT (Carers Support Needs Assessment Tool) has proved beneficial in assessing, recording and responding to carers needs. As such there is now a third phase of the study being implemented which is to implement the CSNAT tool in practice across organisations. Several Hospices in Kent have now joined in with utilising this tool to improve carers support
- Childrens ACP study has concluded. We were the main recruitment site for this Kent-wide study, results are expected shortly.
- Palliative Care needs of South Asian population - MSc research paper which has led to cares palliative care course being set up and an article published in the International Journal of Palliative Nursing (peer reviewed journal).

EllenorLions Hospices have continued their liaison with the Kent and Medway palliative research specialty group and have supported the merger with Sussex and Surrey to form Kent, Surrey and Sussex Palliative Care Research. This provides an opportunity to collaborate on research projects with a potential to recruit more effectively from the palliative care population and hence to provide more robust research to benefit the patient population.

2.1.4 What others say about us

EllenorLions Hospices is required to register with the Care Quality Commission (CQC) and it has current registration status. The hospice has no conditions on its registration. The Care Quality Commission has not taken any enforcement action against EllenorLions Hospices during 2013-14.

The last on-site inspection was at the Dartford site on 7th February 2014 when the organisation met all the inspected standards. The hospice was fully compliant on all measures. Overall, we received some very positive comments and feedback. The inspection found that patients were receiving care and support that met their needs and protected their rights. A parent whose child is under the care of the service said that they “couldn't lead a normal life without the support from the service”. Another person told us it was “a wonderful service and they always include the child's siblings.”

2.1.5 Data quality

In accordance with the agreement with the Department of Health, EllenorLions Hospices submit a National Minimum Dataset (MDS) to the National Council for Palliative Care. We provide the MDS report and a copy of the quarterly activity report to the local commissioning organisations. A summary of the activity statistics can be found in Part 3.

Information on the number of patient records held by an organisation which includes NHS number and General Medical Practice Code: 546 out of 670 current patients/clients (81%) have an NHS number recorded. 88% have a GP practice recorded.

Number of errors introduced into a patient's notes: there were 112 reported errors in our patient documentation during the year 2013-14.

EllenorLions Hospices has taken the following actions to improve data quality:

- A new governance framework for documentation has being implemented to ensure a high level of consistency and accuracy for recording clinical activity.
- A data quality project has been initiated to improve the accuracy and timeliness of clinical information reporting for both internal and external stakeholders.

2.1.6 Information Governance

The organisation is an NHS business partner and successfully achieved 77% compliance against the Information Governance toolkit N3 connection.

2.1.7 Clinical Coding Error Rate

The organisation is not subject to payment by results clinical coding audit.

3 Part 3
3.1 A) Review of Quality Performance 2013-2014

A wide range of activity and quality measures are recorded, for internal purposes as well as in response to requests from commissioners.

Activity statistics are submitted as part of the Minimum Data Set (MDS) and the figures below are in accordance with these figures. Comparisons with the national average (median) figures are given where appropriate, and are based on the National MDS 2012-13 (the latest report available). Some comparison is also made to hospice figures from the previous year where available.

IN PATIENT UNIT	2013-2014
Number of patients admitted	255
% of new patients (i.e. admitted for the first time)	92
% of patients admitted within 24 hours of referral	81
% of patients with a non-cancer diagnosis (national 8.6%)	30
Average length of stay *(national between 10-11 days)*	10
Infections	11 in total
	5 CDiff 3 HIV 1 MRSA 1 Shingles 1 TB

We are seeing a higher number of first time patients.

DAY THERAPY UNIT	2013-2014
Number of patients	178
% attendance *(national 57.6%)*	67
Average length of care *(national 148.7 days)*	350
% of patients with a non-cancer diagnosis *(national 23.5%)*	22

The number of patients has increased slightly this year.

HOSPICE AT HOME (ADULTS) INCLUDES CARE HOME SUPPORT	2013-2014
Number of new patients	567
Total number of patients	839
% of patients with a non-cancer diagnosis *(national 16%)*	24
Average length of care *(national 108 days)*	133

HOSPITAL SPECIALIST PALLIATIVE CARE TEAM (STATISTICS UNTIL 30 JUNE 2013)	2013-2014
Number of new patients	163
Total number of patients	211
% of patients with a non-cancer diagnosis *(national 20%)*	27

We still provide consultant support to the hospital team, and from the numbers it is clear that the figures would have been similar to that of last year.

CHILDREN AND YOUNG PEOPLE'S SERVICE (INCLUDING RESPITE)	2013-2014
Number of new patients	51
Total number of patients	155
% of patients with a non-cancer diagnosis	65
% of patients who die in their preferred place of care	100

3.2 B) Progress against improvement priorities identified for 2012-2013.

All plans for improvement were identified through needs assessments of the local community and direct patient involvement.

Progress against the quality improvement priorities for 2012-2013 is discussed below.

Progress against Priority 1: Documentation review

We reviewed and streamlined record keeping, to ensure improved accuracy and completeness of patient records. The need was identified through internal audit process, and a CQC inspection.

We identified that the current patient records system was too complex and cumbersome, and made it more difficult for clinical staff to record patient care appropriately and effectively. There was also some degree of mismatch between electronic and paper records.

A small working group met to identify the priorities for patient records and to simplify the structure of the current database, incorporating paper documentation as well. It established clear standards for record keeping and set out an improved audit process to ensure effective monitoring and compliance with the standards. The standards included mandatory data fields which were completed for each patient in a stated time, including consent and risk assessments.

The improved system went live on 1st November 2013 and the resulting streamlined system has shown improvement in data collection and reporting on activity statistics, as an additional benefit. The Documentation Standards group, monitor any requirements for the system and it is also reviewed quarterly as part of the risk register. Audits are conducted on a monthly basis against the standards, and reported to the Board of Trustees annually.

Priority 2 - Meeting Carers' needs

We reviewed the evaluation of the ongoing carers' programmes that we were providing and continue to run a successful well evaluated Carers' Course. The Carers Support Needs Assessment Tool (CSNAT) research project has concluded and we will be launching that during this year. We are linking with external agencies locally, such as Carers First, to utilise services that are already in place to help the carers of hospice patients.

A new carers' drop-in session has been initiated, to enable carers to receive information and signposting to support services, as well as to gain peer support and social contact. We provided a carers' support session at the Sikh day centre, with an interpreter. A project to look at the specific needs of young carers is also being developed.

We continuously obtain feedback from carers accessing the new services and report this at the Care Practice Group and to the Board of Trustees.

Priority 3 - Achieving Preferred Place of Care

Our joint initiatives continue, including a case management pilot 'Planning for Change' which aims to encourage GP surgeries to identify the 1% of their practice population in the last year of life, as well as completing a risk analysis of patients that may frequently attend hospital as an urgent unplanned attendance. This will assist in ensuring that a larger group of patients, that may not be known to other services, can be identified and plans put in place to enable them to achieve their preferred place of care / death, and avoid hospital attendance.

We continue to offer training to care homes and primary care staff, and have appointed a new Head of Clinical Education to develop our education offer further. Evaluation from our training courses indicate that all staff attending develop their knowledge in the subject area and feel more confident in delivering palliative care. The care provided by this team during 13-14 meant that fewer than 5% of these patients died in hospital.

The end of life crisis support service has been providing hands-on care and emotional support in the home to people at the very end of life in a crisis situation. This project has continued to show great success during 13-14 and fewer than 1% died in hospital during the year. All referrers have also stated that the service enabled the patient to remain out of hospital. We are continuing to build an evidence base for this project to be funded substantively and plan to integrate the service into the new referral criteria, which will assist in ensuring that patients continue to remain and die in their place of choice.

Priority 4 – Support for Young People

As a provider of both children's and adult's palliative care, the organisation is well-placed to ensure good care through Transition from children's to adult services. We have been pioneers in developing this area of work, and have the opportunity to continue to develop this aspect of our services to reach a wider group.

Transition is widely recognised as a difficult and challenging time for young people and their families, facing a stressful time which is made more complicated by organisational barriers and obstacles in the way services are delivered. We have developed a range of services to help address some of these issues, including employing a Youth Worker. We continue to listen to young people and their families who tell us that some of the challenges remain, especially those who live outside our normal catchment area and have fewer options available to them.

We have established a steering group to oversee the development of this area of our strategy, and we have made positive links with Learning Disabilities teams in order to develop opportunities for joint initiatives. We have reviewed the referral and assessment criteria for young people under our adult service, and to develop better promotional materials for our various Transition services, such as the youth groups and inpatient admissions. We have arranged meetings with relevant commissioners to discuss our service offer and secure statutory funding where appropriate. We intend to develop and extend the Transition service to become a regional resource. There has been slow take-up of some of the services on offer to young people, but we have had positive outcomes in achieving successful transition for several young people. We do have regular patients who use the In Patient Unit for planned admissions, who would otherwise not have an appropriate care setting to access.

The steering group meets regularly to review progress against the agreed objectives. The group reports to the Care Practice Group against the project targets. Feedback from young people and their families is sought and reviewed regularly. The promotion and development of this service will continue as an ongoing initiative.

3.3 Deaths

We review all deaths and compare against the patient's stated preference. During 2013-14, it showed that 84% of those patients known to our hospice services who had informed us of their preference, were able to die in their preferred place, which compares extremely favourably with the estimated national average figure for all deaths.

Preferred Place of Death achieved (%) at death – adult patients

85% (64% in 2013) of all patients under the care of EllenorLions Hospices died at home (including care homes) or in the hospice, during the year. For patients receiving the End of Life Crisis Support service, 80% achieved their preferred place of death. These figures are compared to DGS CCG data, where the figure (for care homes/ homes/ hospice) is only 51%).

Fewer than 15% of all known hospice patients died in hospital, and only 6% (including community hospitals) for patients receiving Crisis Support. These are compared to 48% across the DGS CCG area. (Source: National End of Life Care Intelligence Network).

This demonstrates that patients receiving our services are much less likely to die in hospital and achieve their preferred place of death

3.4 Complaints – all services / departments

The organisation treats all complaints seriously and records all expressions of dissatisfaction, both verbal and written, as complaints. These are all reviewed by the Director of Patient Care for opportunities to learn and improve practice. A regular report is provided to the Board of Trustees.

Number received	Number upheld	Trends noted
13	5	In response to the complaints we have: • Reviewed our discharge criteria • Reviewed our mortuary and undertaker procedures. • Implemented staff training where required.

3.5 The Board of Trustees’ commitment to quality

The Board of Trustees regularly review the performance measures above. One of the Trustees undertakes an annual visit. During visits, the Trustee visits different parts of the organisation and speaks to patients and staff. There is a Clinical Governance Sub-Committee chaired by a Trustee, focusing on care services. It thoroughly reviews varied information relating to the quality of care provided, including statistics relating to any staff shortages or concerns in clinical areas. Senior members of clinical staff attend this meeting to discuss current issues in an open and transparent environment. A report is sent to the Full Board meeting regularly. In this way, the Board has knowledge of the quality of the service provided, through regular reporting. The Board is confident that the treatment and care provided by the Hospice is of high quality and is cost effective.

3.6 Feedback from external colleagues

The organisation has a strong track record of working in partnership with colleagues from other health and social care organisations. We adopt a collaborative approach in order to enhance the quality of care we can give to patients and families through joint working and communicating effectively with other agencies and professionals, such as GPs and District Nurses. Below are some quotes from colleagues who refer into our services:

> “Just thought I would send a thank you. As you know we have been really struggling with the winter pressures and capacity issues. We have been trying to work more responsively as I know have you and we are very grateful for the teams admission rates particularly over the weekends and also the response to the out of area transfer last week. Looking forward to seeing what else we can achieve together... Thanks again”
>
> “Excellent first experience of 'Planning for Change'. Time needed to expand range of patients and understand how service can be best used. Keep pushing us for referrals (we're overwhelmed at times so need it!!)”

3.7 Feedback from others

In November 2013, we received the results of our patient survey. There were 1039 replies, 574 from daycare users and 465 from inpatients. Response rates were 64% for daycare patients, and 50% for inpatients, which was an increase on the last survey response.

The survey results showed that patients continued to rate various aspects of hospice care very highly, such as being treated with respect and dignity, with sensitivity to their privacy, and patients expressed high levels of confidence in staff. Daycare patients' ratings were largely the same as the previous survey, but were significantly higher for having the opportunity to discuss advanced care plans, as well as the range of activities and food on offer. Inpatient satisfaction increased, compared to the previous survey for many areas and significantly so for cleanliness, activities available, disturbance from noise, food quality, and visiting arrangements.

Patient satisfaction levels remained remarkably consistent over the five surveys from 2004 to date and any changes have been quite small. Over the series there have been notable improvements in the provision of information and in reducing anxiety of daycare patients, while satisfaction has fallen for some aspects of patient transport.

The user involvement group will be working through the results of this survey and implementing changes where necessary.

3.8 Feedback from patients and families

As one of our priorities this year, the User Involvement Group is creating a forum for reviewing and reporting feedback from patients and families. We will be implementing the forum later this year. All services are encouraged to seek and use the views of the people who use them. Comments are collated and reported, a small selection of which are shown on the following pages, representing the whole range of areas:

Thanks for making our mum and wife last weeks of her life peaceful and pain free. Words cannot express our gratitude to you all.

I would like to thank the staff and helpers of EllenorLions Hospices for taking care of our uncle who passed away in the hospice before Christmas. He loved the hospice. You brought him solace, light and love in his dying days.

We know that she didn’t want to know you initially, but we are so grateful for all your help. Your care and compassion from everybody involved was absolutely wonderful. We cannot thank you enough. Yesterday was a very tough day but we are all so pleased that she was in your care for a few short hours at the end of her life.

To all staff, we would like to thank you for you care in his final days. In the short time he spent here he was treated with such respect and dignity. It was a comfort to us, his family to know that he was in such good hands. We will always remember your kindness. Bless you all...

Words cannot explain how I feel about the exceptional kindness and support given by all the staff and volunteers at the hospice. It is a frightening and daunting time and dad was only with you for a few days, but all your kindness and time, is beyond words. Dad died peacefully and the nurses have the patience of angels. You were so kind with Daddy and spoke such gentle words to him. You gave him the courage to move on to a different place. The nurse’s radiate such love and affection and they show such love to their patients. Nothing was too much trouble. Thank you for looking after my dad in his final hours.

My father passed away at the hospice. Although he only had a short stay, he was familiar with the hospice and enjoyed going to the day centre where he enjoyed a meal and good company. He understood the value of the hospice to the community and the hard work and great care from everyone involved. I would like to pass on my thanks to all of the staff at the hospice who also helped support our family during my dad's illness at home and stay at the hospice. I spoke to the team who were extremely helpful to me when Dad was at home, providing me with support and advice.

Angels. Words are not enough to express our gratitude to you all for the kindness and care you showed our dad, during his time at the hospice. We felt so fortunate to have him in the hospice, in a place where he felt safe and secure and where we knew he would be so well cared for. You all do amazing work in looking after your patients but also in caring for their families, just like us, too. Please pass on our thanks to all the other staff and volunteers who make the hospice such an admirable place. Thank you so very much, With our very best wishes.

To ALL staff. Just a note to say a very big thank you to you all for the loving care you gave to my wife and our mum. You look took great care in looking after mum, making her last days pain free. Thank you for the care and support you gave to all of us. You were all brilliant. Once again thank you to all.

Thank you very much for the excellent level of care and compassion shown whilst she was with you. This will not be forgotten.

We thank you for all your support, kind words and great care you gave our dad. He was only in the hospice for 5 days, but you all made those days the best they could be. You all do such a wonderful job for which we will be eternally grateful.

I would like to send a heartfelt thanks for all of the compassion and kindness that you showed to her during her stay with you and for the respect and sensitivity that you consistently extended to all of us- particularly at the time of her passing. It was a great comfort to know that she with some genuinely caring people at the most difficult time of her life. Thank you.

Compliments, Compliments and more compliments. 2 weeks ago I felt deserted and close to climbing the walls. Not knowing who to turn to for advice and guidance...I'm so impressed by the extent of the caring and service which I didn't know was out there. Everyone is so kind and caring and brilliant. Thank You.

3.9 Health Statements Provided

3.9.1 Statement from Dartford, Gravesham and Swanley CCG

“The organisation’s draft Quality Accounts document was sent to Clinical Commissioning Groups (CCGs) for consultation and comment. The CCG’s have a responsibility to review Quality Accounts each year, using the Department of Health’s Quality Accounts checklist tool to ascertain whether all of the required elements are included within the document.

The CCG has now completed its review and is pleased to confirm that the necessary data requirements have been included and that the account contains accurate information in relation to the NHS Services provided.

The Quality Account document is well written, structured, clear and concise and follows a consistent format throughout the whole document, in line with national requirements.

The organisation achieved the priorities outlined during 2013/14 and are now seeing the benefit to patients, carers and staff.

The organisation has identified three key areas to focus on during 2014/15, where improvements will be made. The key priorities aim to improve quality services further for patients, carers and their families but also acknowledge changes required to support external services referring into the Hospice. The CCG welcome the opportunity to work with the organisation during 2014/15 and support the improvements as outlined within the report.

In conclusion, the report identifies that quality is a high priority for the organisation. It demonstrates that service users are at the forefront of its service provision and that it is central to its operations.

The CCG thanks the organisation for the opportunity to comment on this document and looks forward to working more closely with the organisation throughout 2014/15.”

Nicola Jones
Interim Head of Quality and Safety
North Kent CCGs (incorporating NHS Swale, NHS Dartford, Gravesham and Swanley and NHS Medway Clinical Commissioning Groups)

3.9.2 Statement from Healthwatch Kent

This was not received in time for publication. Unfortunately we had not given the required 30 days notice period due to staffing constraints.