



The Hospice
of st francis

Q

**UALITY
ACCOUNT
2023-24**

stfrancis.org.uk



**A HOSPICE IS A GIFT
THE COMMUNITY GIVES TO ITSELF**



THE POWER OF GOOD THE VALUE OF GIVING BACK

We are thrilled for our Trading Team who won The 'Social Value Award' at the Annual Charity Retail Association Conference in Harrogate in June 2024.

This new and important award recognises the added value charity shops contribute to sustainability and wellbeing in their local communities - the power of good. To be shortlisted for this award The Charity Retail Association set out a requirement for comprehensive evidence and examples to show how the charity and its shops provide significant and quantifiable benefits to;

- People in their local community or communities
- Staff and volunteers in their shops other than financial benefits
- Shoppers/donors in their shops and
- Future plans for additional non-financial benefits to staff, volunteers, shoppers and/or donors that may improve their wellbeing

The social value of charity shops has long been acknowledged. It has been a subject of research by bodies such as The Civil Society. However, until recently that value had not been quantified. **The Value of Giving Back - The Social Return of Investment of Charity Shops Report** commissioned by the Charity Retail Association (CRA) has changed that. This research and its findings were launched at The House of Commons in October 2023 and for the first time social value was quantified in financial terms.

The Hospice of St Francis, The Salvation Army Trading Company and FRowResource CIC were shortlisted for this ground breaking award. Underpinning our success in winning is the fact that the social value of our shops using the CRA metrics is nearly double the national average. For every £1 invested in a Hospice of St Francis Shop, our social return on investment is £13.34. The average is £7.35.

This award has been won by everyone in our shop teams; all our staff and volunteers have contributed to our success. It is recognition and testament for their passion, commitment and energy every day in supporting their local communities and The Hospice of St Francis.



Our grateful thanks to everyone whose story is part of this Quality Account. For assurance, this is the link to the consent we use when people share their story

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OUR VISION, MISSION & AIMS

A Hospice is a gift the community gives to itself



Our founder Pam Macpherson said:

"The Hospice of St Francis is for absolutely everyone, terminal illness is no respecter of age, race or sex." She said, "Everyone has a talent and the Hospice needs all the talents."

As part of our celebration of Hospice culture, diversity and our history, a gift from a generous donor enabled us to commission a sculpture that represents Pam's contribution to the Hospice and the influence she continues to have. Our original volunteers included Alumni from Berkhamsted School, in 2023 Berkhamsted honoured that shared history by donating two benches made from sustainable wood where you can sit and enjoy the sculpture and the gardens.

From our founding articles of association

OUR VISION

A community where people with life-limiting illnesses live well until the end of their lives and their families receive the support they require.

OUR MISSION

To achieve our vision by providing outstanding care and support to patients and those close to them.

To share expertise through collaboration, innovation and education. To sufficiently engage the support of our community to enable us to deliver our vision and mission.

OUR AIMS

To transform the quality of life for people living with life-limiting illnesses and provide support for those close to them.

To ensure high quality provision of care through education and research.

To sustain and expand our services through excellent finance.

How we express this commitment now



To live and die well

The need for our care is changing

What we do is led by you

We learn from each other

Double our reach

Fund the Hospice now & for future generations

STATEMENT FROM OUR CHAIR AND CEO

A Hospice is a gift a community gives to itself. The Hospice of St Francis was founded by local people to care for local people across a population that has grown to 506,700. As our population grows so does the need for hospice care. In 2017/18 we started to use the phrase 'double our reach' to describe this. Our 2023/24 Quality Account is about what double our reach means now and in the future.

A Quality Account is also **A Statement of Quality Improvement**, improvements we can make in year, those requiring more fundamental changes in the way we use funds and organise services and those where we need to raise more funds before we can make the improvement. In this Quality Account we share improvements made in 2023/24 and the impact of improvements we have been planning that have come into their own this year. This means we can show you trends over time and, your impact. Every improvement is about delivering our mission:

- To live and die well
- The need for our care is changing and so are we
- What we do is led by you
- We learn from each other

81% of the money that funds care and support is a gift from the community. Our 2023 fundraising survey told us the **top two reasons people give the gift of hospice care:**

- 1) The Hospice of St Francis has cared for someone I love**
- 2) I want to give to a local charity I can see doing good**

THANKS TO YOU
Over 45 years
33,000 people
have been cared for
and supported by
The Hospice of St Francis

Two reports published in 2023 underlined why funding hospice care is fundamental for all of us. The population projections report by the Office of National Statistics (ONS) and Marie Curie's report on the need for palliative care. Both reports underline why funding Hospice care matters.

The ONS looked at the number of people who had died in 2017-2022 to make projections on life expectancy. They said deaths/year will rise exponentially from 660,000 in 2024 to 700,000 by 2046. Marie Curie looked at diagnoses recorded as the primary and contributory causes of death in adulthood because most adults have more than one illness when they die. They concluded we need to think differently when planning palliative and end of life care. Thinking differently means understanding that 90% of us (rather than 75% of us as previously thought) are now likely to need palliative care.

100% of us need to know hospice care will be funded for us, our families, friends and neighbours.

The work of the whole Hospice team means that we have been able to respond to a 35% increase in all referrals since 2021/22. As a percentage of all patient referrals 31% came to us direct from Hospital. Up 2% on the previous year. In 2024 Amanda Pritchard, CEO of the NHS, said each year 1% of people, who are in the last year of their life, account for 33% of all hospital bed days. And, if 10% of those bed days were released by ensuring people could have the end of life care they need outside of hospital, the NHS would release the equivalent of three large new hospitals.

In 2023/24 Hospice UK ran a benchmarking process. The benchmarking data includes metrics per 1,000 head of population. The loyalty and commitment of our supporters means that legacy, lottery and fundraising profits are 22% higher and trading profits, 83% higher, than the average adult hospice. By comparison we have reduced our costs by 6% compared to 2022/23. 2% is the average reduction.



Our campaign #Iwill 1%, to inspire more people to leave a gift in their Will, won the national Smee and Ford Award for 'Legacy Campaign on a shoestring'.

Working with partners in our community the campaign included a cinema advert shown at The Odyssey in St Albans and The Rex in Berkhamsted.



In our fundraising, trading and in recruiting staff and volunteers, a shared commitment is the start of our relationship. This approach is at the heart of alliances and partnerships with other organisations. By delivering on shared interests together we deliver a bigger impact. Dacorum Council has, for example, renewed the discretionary business rate we pay, helping us to bring more great shopping experiences to the high street. We saw a 39% increase in customers in 2023/24. Hertfordshire County Council gives us the grant that funds our nature walks because mental and physical health throughout our lives is a shared priority. Working with our corporate partners we come together with other local businesses. Working with other Hospices across Hertfordshire and West Essex means we speak with one voice about Hospice care. Working together with Rennie Grove Peace Hospice Care, the Central London Community Healthcare NHS Trust, local Acute Trusts, Care Homes and GPs makes it easier for people to get the palliative care they need.

In different ways the economy continues to force hard financial choices. Our own post pandemic financial plan is in its second year. We expect to continue to need to use reserves to bridge the gap between income and expenditure. The need for NHS care means that we don't expect the NHS locally to be able to release more money for Hospice care. But we hope the new government in its plans to fix the NHS can. An investment in Hospices is good for patients and families and can help the NHS to reduce waiting lists. Our plan includes new ways to give like 'Friends of St Francis', a regular giving appeal that means we can plan together in funding the hospice. Major donors like our Guardians help us fund children and young people's bereavement care and bereavement care for adults. We would love to grow this kind of giving. We hope all fundraising donations and gifts in Wills continue to contribute at around the same level of income for the next two to three years. This is a big ask of our donors with further increases in the cost of living. We are opening more shops and, like many charities, looking to new commercial opportunities where the profits would fund our care and investors who could kick start our entry into these markets. We think these new approaches have a big part to play in funding the future of Hospice care. We cannot yet assure our final security because there is still so much uncertainty in the economy. There is more work to do.

This report in our 45th year, is about the impact you have made. We hope it continues to inspire your generosity and belief in the power of Hospice care. Our thanks go to our staff and volunteers for everything they do. If you are reading about us for the first time, we would love you to join us. Together we can ensure Hospice care can be there for all our futures.

Tim Curry
Chair of the Board of Trustees



Kate Phipps-Wiltshire
Chief Executive Officer



QUALITY IMPROVEMENT

#YourPreciousLife

Our virtual ward means Hospice in-patient care comes to you at home. Being cared for at home is a choice more people want to make. In 2023 the Hospice team looked at how we could do this.

We reviewed the number of in-patient admissions by postcode and the time of admissions. In discussion with NHS and Hospice partners we made a change, offering 18 beds, 10 at home (our virtual ward) and 8 at the Hospice. This meant more people could have the choice of care at home.

These changes mean our in-patient unit and virtual wards can both offer high intensity (acute) hospice beds and complex care hospice beds. Choice, cost effectiveness and responsiveness are three of the ways we measure the impact of these changes.

CHOICE

In 2023/24, 91 patients had 109 'stays' on our virtual ward compared to 103 stays by 88 patients in 22/23. The average length of stay in our virtual acute beds is 7.5 days and in our complex care virtual beds 13 days. The average length of stay on our in-patient unit was 12.5 days.

Our inpatient unit admits people at the time of day that's right for them. In 23/24, on average 13% of admissions happened in the evenings or over a weekend. In five months of the year 19%-36% of all admissions happened at these times because that was what patients needed. The average occupancy from April - October (10 beds) was 87%. The average occupancy from November-March (8 beds) was 93%.

The senior nurses on duty on the in-patient unit also provide the out of hours helpline for SW Hertfordshire, taking calls from professionals, patients and family members in the evenings, weekends and on bank holidays. They responded to 742 calls in 23/24.

MAKING CHOICES



Thank you so much for looking after daddy, the Hospice at St Francis extended his days with the lovely care they gave him
love Lucy

RESPONSIVENESS

We measure our responsiveness with 'P response standards' which allocate a response time based on the urgency of the needs of the patient. We share this information with the NHS and Rennie Grove Peace Hospice Care, who use the same standards. This is part of our partnership across South West Hertfordshire. **The Hospice of St Francis met all P response standards for 1,107 (or 98%) of the 1,129 people referred in 23/24. The P1 standard (visit within 4 hours) was met 100% of the time.**

There were 15 times when we could not meet the P2 standard (response within 24hrs). The virtual ward wasn't what the patient needed on referral and we didn't have an IPU bed available. This happened 7 times when we had 10 IPU beds and 8 times when we had 8 IPU beds, even though for patients who could not stay where they were when referred, we flexed up to 11 or 9 beds to admit them.

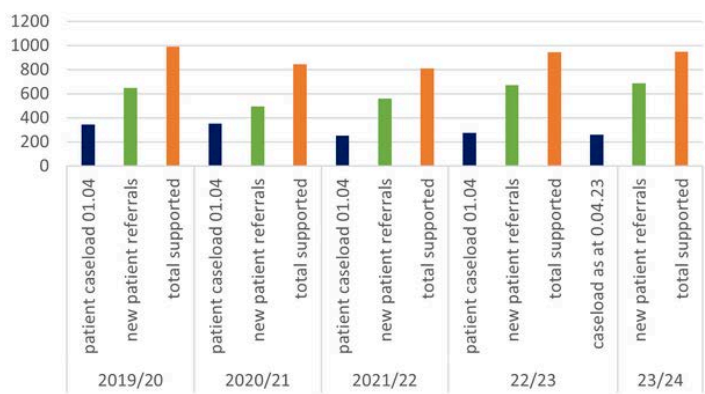
In June and February a patient did not receive a phone call from us within 72 hours of referral (P3 standard). In June and January our first contact with a patient happened after one week from the date of referral (P4). This was because we had to prioritise other patients already in our care. Whilst we didn't meet the contracted response time, we did respond within 24-48 hours after the response time.

COST-EFFECTIVENESS

The NHS funds 100% of the Hospice at Home Service we call 'Rapid Personalised Care' (RPCS) because this service is for people at home who meet the NHS threshold for continuing healthcare which means the NHS can fund the full cost of care. When people on the virtual ward meet this threshold, our RPCS team can help care for them. Charitable funding (money raised by donors in fundraising and through our shops) funds 100% of our virtual ward. Beds at the Hospice are funded by charitable funding and the NHS. Offering 8 IPU beds and 10 virtual beds means we need to use less charitable funding than it takes to fund 10 IPU beds and 5 virtual beds.

Most patients needed their Hospice care to start within 24 - 72 hours of referral

Patients we care for



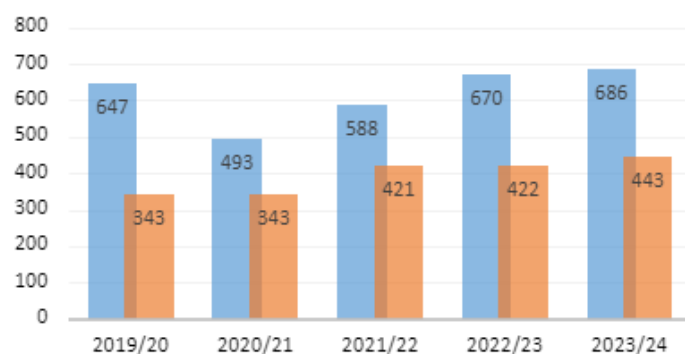
In 2019, patients had the benefit of Hospice care on average for 460 days. By 2020/21, the average time had reduced by 50 days. In 2023/24, 320 days was the average time in our care. Our teams are providing and coordinating the care patients need.

The number of family members who relied on us during lockdowns trebled. Compared to that period the number of family members we support has reduced. Because more family members are providing care at home, the Hospice teams are sharing skills and knowledge and giving support in bereavement.

Family members we support



all new referrals in year
patients and family members





TO LIVE AND DIE WELL

DID YOU KNOW? Breast cancer is the leading cause of death for women under 55. For men in the same age group the leading cause of death is suicide. Trust in local services, knowing who to ask for help, asking for help early and breast cancer screening all help to save lives.

Local council wards where Deaths/100,000 population of citizens aged 75 and under from causes considered preventable are significantly higher than average	
Adeyfield East	122.5
Adeyfield West	115.7
Grovehill	108.4
Hemel Hempstead Town	151.6
Highfield	164.9

Standardised mortality rates, per 100,000 population (2016–2021)
Hertfordshire and West Essex Integrated Care Board Public Health information

Since 2022
Hertfordshire County
Council suicide prevention
team has been giving us a
grant to fund our nature
walks

NATURE WALKS

In 2019 the impact of long periods of isolation was taking a toll on the health and wellbeing of patients and families. Our Wellbeing Team responded with a new project, Nature Walks, to regain confidence, re- establish social life and improve physical and mental health. Launched in 2020, volunteers with expert knowledge of local wildlife were recruited as guides and a member of the Wellbeing Team joined each walk. Every walk is based on the Five Steps to Wellbeing: connect with others, learn something new, take time to notice, be active and give. The terrain, accessible cafés, parking and toilets are taken into account.

Walkers told us the experience gave them confidence to leave home after the pandemic, protected their mental health, improved physical health and restored the feeling of wellbeing. A cuppa at the end of the walk fostered friendships. Our evaluation of Nature Walks was accepted as a poster at national conference. With interest growing, at the end of 2021 we used social media to share the dates, locations and walk guides.

Wellbeing matters throughout life. Activities like walking help to build resilience and maintain health. The next step was to broaden our reach to people who are more likely than others to be diagnosed, where preventative intervention like screening and early treatment works as well as and people undergoing treatment.

TO LIVE AND DIE WELL

In 2022 we consulted with couples where one partner was living with dementia. They told us they missed taking part in ordinary activities, like walking, spending time outside, activities that are fun and motivating because you keep your friendships.

Their experience resonates with *Is it Nice Outside?* – a collaborative project between Natural England, Dementia Adventure, the Mental Health Foundation and Innovations in Dementia who found that only 20% of people living with dementia thought dementia was a barrier to enjoying outdoor spaces. 38% said they wanted to join a regular walk. Family carers said the beneficial effect of walking was vitally important. 45% of people preferred outdoor spaces with water and 25% said they were wildlife and bird watching daily or weekly.

Our walks include all these opportunities. In 2022 we shared the walk programme with people coming to the Hospice's new Dementia group and our local Admiral Nurse. To keep the walks accessible, personal and practical support comes from wellbeing volunteers and staff when walkers need this. Volunteers at the charity HWR - Hertfordshire Welcomes Refugees - were keen to partner with us too. We started to look for funding to keep on walking. Hertfordshire County Council gave us a grant and in 2023 shared the walk programme with Asylum Seekers supported by HWR.

Louise Barker from our Wellbeing Team says, "The opportunity to see with binoculars at Tring Reservoir or find out about native trees in the hills above Aldbury brings everyone together. Our walks connect citizens with each other and with local experts over a shared interest in nature. Between September 2023 and May 2024, we had 88 attendances at 9 walks throughout West Herts and around Amersham. Walkers who are also asylum seekers most often comment on the kindness of fellow walkers, the willingness of the group to listen and share stories and learn about how landscapes here compare and contrast to those that people grew up in or have left behind. For all our walkers, the walks have the added benefit that people who may require our other services later in life already trust and know what 'a Hospice' means and does."



"A compassionate, non-judgemental approach to providing care supports people seeking sanctuary to access healthcare with potential to reduce health inequities."
Public Health Wales 2023

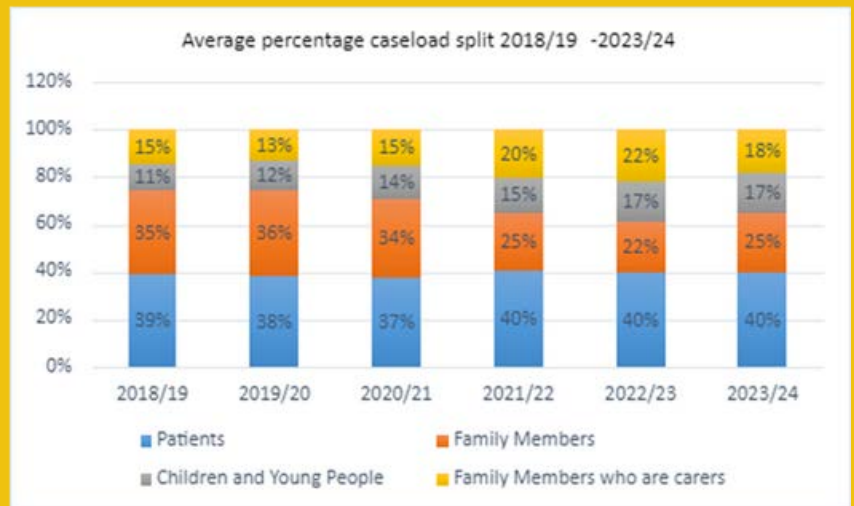


TO LIVE AND DIE WELL



HOSPICE CARE IS FAMILY CARE

Before the pandemic the government strategy for the NHS was for more care to happen outside hospital. During the pandemic more family members relied on hospices because being at home helped to protect people from getting coronavirus. Now more people not only want to continue to be cared for at home they want to have care to the end of life at home. As more family members are providing care on a daily basis, more children and young people are also seeing first hand how life changes when a parent or grandparent is living and dying with a long-term illness. This trend is clear in our work.



The percentage of people who die at home is higher than before the COVID-19 pandemic (2019 - 24.4%, 2023 - 28.7%)

ONS Palliative Care Profile
December 2023

In 2018/19, 35% of care and support for family members was bereavement care. Now understanding the way symptoms can change, skill sharing and what might happen at the end of life are just as essential.

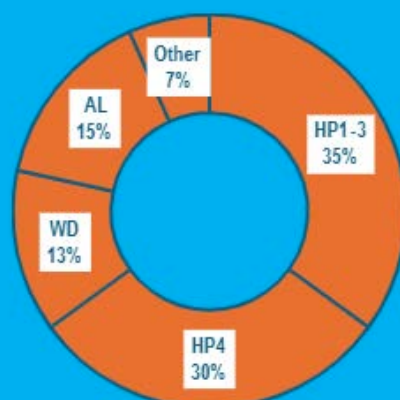
Children and young people need time to make sense of what is happening and support to keep getting on with life. Our team helps parents to feel like parents, families to have good times together and supports children and young people on their own terms.

The need for care before and after bereavement is undiminished.



Home Postcodes of Family Members

who were
aged 3-18
years old



when
referred
in 2023/24

THE NEED FOR OUR CARE IS CHANGING

MEDICINES

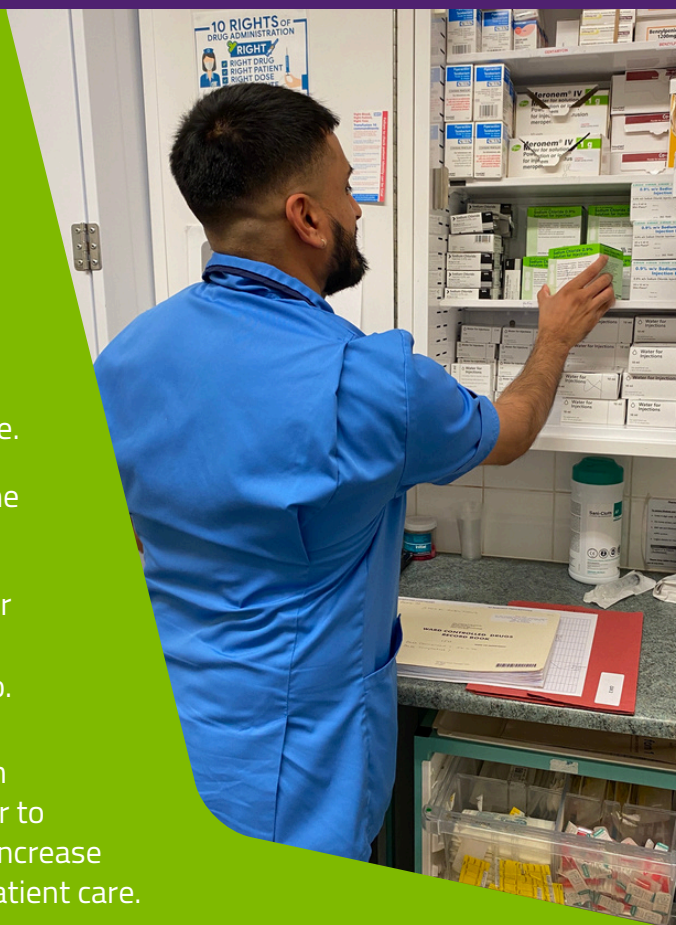
- In 2019 our virtual ward started to bring Hospice in-patient care to patients at home.
- In 2020 we prioritised money for independent prescriber training for nurses working on our virtual ward. Our Doctors provide the supervision during the training course.
- Once trained, our nurse prescribers can prescribe medicine when they visit patients at home.
- The opportunity to train and develop as a nurse prescriber helps us to recruit and retain great nurses. Senior nurses on our in-patient unit are trained as nurse prescribers too.

On our in-patient unit quick changes to medicine can make an immediate difference. We wanted to make it faster and easier to administer the medicine patients need. This plan would also increase the time our qualified nurses could give to other aspects of patient care.

Learning from other Hospices, we piloted Single Nurse Controlled Drug Administration (SNCD) in 2021. One qualified nurse, supported by a Healthcare Assistant does this. We measured success by checking accuracy. SNCD did not cause more drug errors (a potential risk) and it is now our standard practice. Healthcare Assistants on our In-patient unit completed training in 2023 for checking in controlled drugs, stock level checks, proper disposal of controlled drug patches and checking in medicines patients bring with them.

We only needed a small pharmacy room when we opened the Hospice at Spring Garden Lane in 2007. Now we need more fridges and space to store and prepare the many different medicines our patients need. In 2022 we started planning to redesign rooms on IPU to create a medicines hub that meets needs now and in the future. All nurses need to be skilled in understanding dosage and flow rates (for example, when medicine is given intravenously). The preparation of syringe drivers needs space and time to load the driver. We also need more cupboards and fridges of a higher specification for storage. In 2023 we started to raise the funds for the work. In 2024 we hope to have met our fundraising target and we have tendered for a construction partner to do the work.

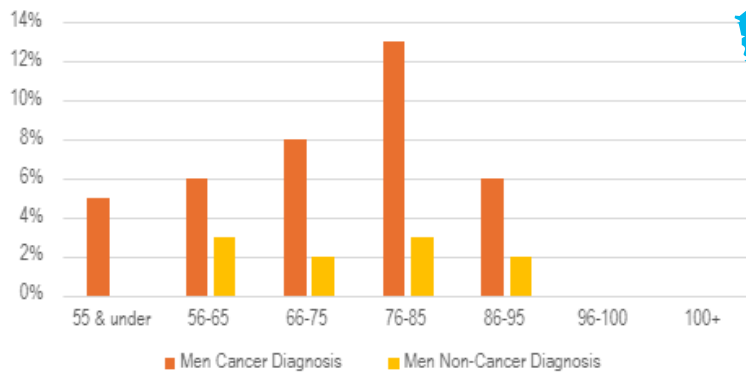
Caring for patients with more than one illness or coming to us for planned care means we are prescribing more expensive and complex drug regimes, medicines that would be fully funded by the NHS if that care happened in hospital. It has been a core principle of our NHS contract that the NHS would continue to fully fund these medicines when patients come to the Hospice. Over the last three years, NHS funding has not kept pace with these changes. The cost of medicines patients need is £25,000 more each year than our NHS income for medicines. We are now working with Central London Community Healthcare NHS Foundation Trust and other Hospices in Hertfordshire and West Essex to put forward our case for all medicines to be fully funded. Charitable funding has plugged this funding gap since 2021.



WHAT WE DO IS LED BY YOU

SOUTH BUCKINGHAMSHIRE

Men Patient Referrals age distribution by diagnosis
2019/20 to 2023/24

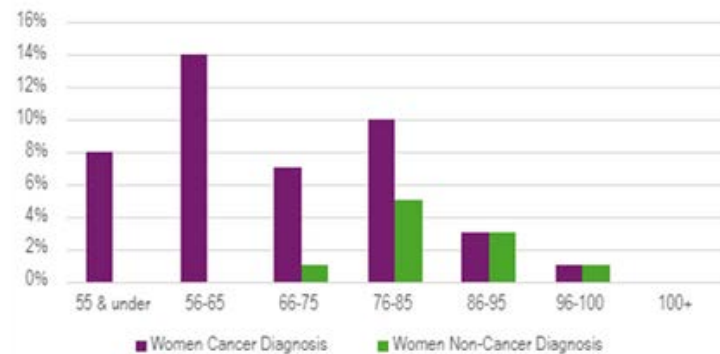


Sophie from our Community Fundraising Team says, "Hats Off is just one of the fabulous events in Chesham that brings everyone together. Our Book Lucky Dip outside Chapter Two is always a big hit. The Hospice of St Francis loves to take part and to help by offering new events. In December 2023 St Mary's Church partnered with us for a Carol Concert with local choirs. It was very special and festive evening. All the proceeds funded our care. At Chesham United Football Club young people's football teams helped us kick start Summer 2024 with our 'Mad Hatters Football Tournament'. Coaches, players and families loved the combination of football and fundraising and would like us to make it an annual fixture. Our Chapter Two Class Poem Competition brings conversations about Hospice Care to schools. Mark, from Chapter Two, and Syrona, our music therapist, helped put together a judging panel of published poets living in Chesham. Our poets performed their poems at the open-mic evening, hosted by Chesham Town Council."

The NHS in

Buckinghamshire supports people to choose their local hospice. For people in South Buckinghamshire, a 'cost per case NHS contract' helps fund their care at The Hospice of St Francis

Women Patient Referrals age distribution by diagnosis
2019/20 to 2023/23



We were delighted to be the chosen charity for Hats Off in 2023

South Buckinghamshire has been part of The Hospice of St Francis since our foundation.

Here's a clip from our archives with our Founder Pam Macpherson



WHAT WE DO IS LED BY YOU

RECOVERY AND LIVING WELL

When people are mid-treatment for cancer, physiotherapy, occupational, psychological and/or complementary therapy can be highly effective to build the resilience for chemotherapy and radiotherapy as well as essential strength building after surgery.

Cancer treatment can be traumatic. Being able to make sense of the experience is an important part of rebuilding and recovery.

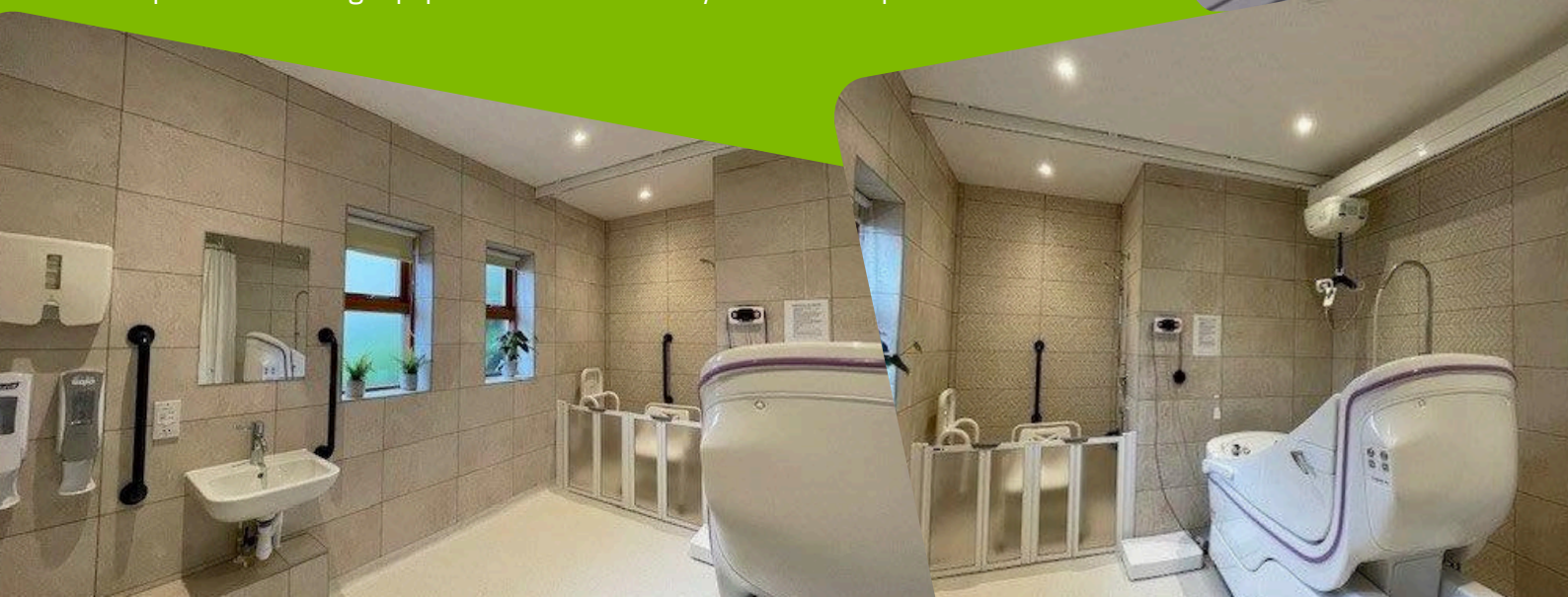
“You matter because you are you” Cicely Saunders

In 2019/20 one of our quality improvement objectives was to improve the range and depth of care for patients having treatment. We began collecting evidence through lived experience from people we supported. Since then SCAR therapy, Emotional Freedom Technique (EFT), Music Therapy, Movement Therapy and circuit training are part of our wellbeing services, helping to rebuild resilience and fitness.

“There is no way to describe what it’s like to be able to have a bath again. At the Hospice it’s not just a bath, it’s a proper pamper” IPU patient

Living well is just as important on our in-patient unit. In 2022 we started to raise money to improve one of our bathrooms. We needed £37,000 for the conversion and specialist bathing equipment. Our new ‘Holly Bathroom’ opened in June 2024.

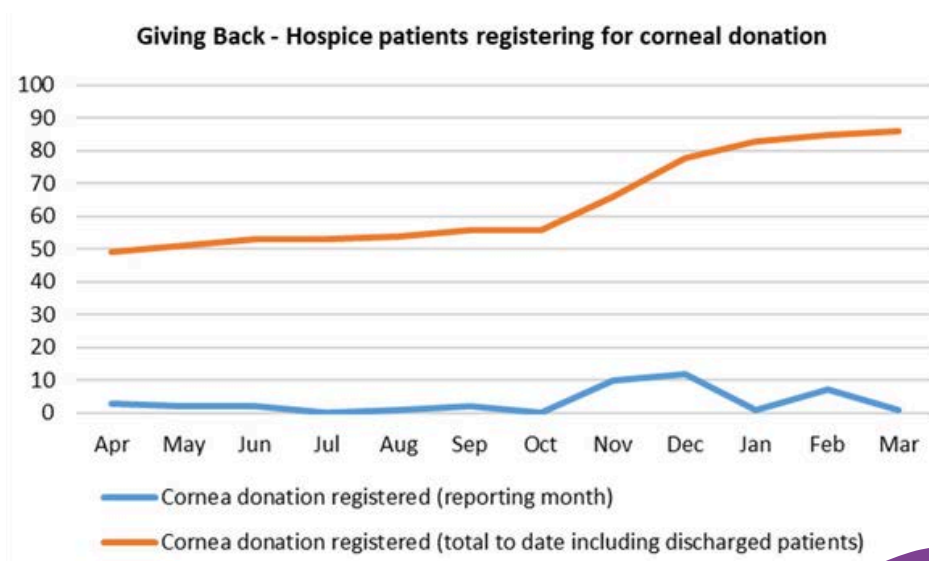
10% of people we care for are recovering from surgery and other invasive treatments.



WHAT WE DO IS LED BY YOU

THE GIFT OF SIGHT

43% of the UK population (28 million people) have registered to be organ donors. Health and care treatment for a potentially terminal illness can affect our organs and prevent us from being able to make the original gift of organ donation we intended to give. What most organ donors don't know is that even after this kind of treatment, we can continue to give the gift of sight by registering to donate our corneas. We support our patients who want to make this choice. Working with the National Tissue Donation Team after the pandemic we re-launched 'The Gift of Sight'. In 2023/24, forty-one patients decided to register. So far eighty-six Hospice of St Francis patients have registered to give the gift of sight after they die.



The leading contributors to the gap in life expectancy between the most and least deprived areas in Hertfordshire are circulatory disease (including heart disease and stroke), cancer and respiratory disease

Hertfordshire County Council Health and Wellbeing Strategy 2022-26

CARDIAC CARE

In five local council wards the number of people who die for these reasons is significantly above the national average.

Some cancers, during and after successful treatment can also heighten the risk of developing cardiovascular disease (CVD).

	Deaths from circulatory disease under 75 years	Deaths from respiratory diseases all ages	Deaths from circulatory disease all ages
Adeyfield East		134.4	
Adeyfield West		190.6	
Grovehill	140.6	146.5	
Hemel Hempstead Town	169.2		124.6
Highfield		144.4	

WHAT WE DO IS LED BY YOU

In 2023 the BMJ published a population based study on trends over 20 years in cardiovascular disease incidence among 22 million people in the UK. The researchers were investigating the impact of large scale public health intervention on cardiovascular disease (CVD), smoking legislation and the prescription of statins on cardiovascular health. The term CVD includes at least 10 specific cardiovascular diseases. The mean age of first CVD diagnosis was 70.5 years and 47.6% of those diagnosed were women. At the time of their 1st diagnosis for CVD people were already living with other diagnoses. 11.6% had a history of chronic kidney disease, 18.0% had abnormal levels of fat in the blood (dyslipidemia), 49.7% had hypertension and 14.2% had type 2 diabetes. The study found that the impact of statins and smoking legislation had almost exclusively appeared to benefit people aged 60 and above but there were no similar improvements in the onset of CVD for younger people or for people living in socio-economically deprived areas.

We have been planning for growth in the number of people needing palliative cardiac care. Since 2021 the number of people being referred to us is greater than our capacity to respond. We started to make internal changes that would give our expert clinicians, like our Medical Director Dr Sharon Chadwick, more time to develop the Hospice services people needed. In the UK, after a diagnosis of congestive heart failure, about 35% of us will typically have another ten years of life. More than half of us will have about another 5 years. Because palliative care is about the best quality of life, hospice cardiac care really is good for you. Our quality of life can be improved with a combination medication, proactive symptom management and lifestyle changes like diet, exercise and mental health.

Dr Chadwick works with NHS colleagues in Hospital, our Hospice Community and Wellbeing Teams and the Hospice in-patient unit, seeing patients at home and in the Hospice. Patients can benefit from specialist treatments to reduce the debilitating impact of the symptoms, including IV iron, intravenous medicines, draining the excess fluid that can build up in the body, as well as occupational and physiotherapy, and practical support.

In 2022, we made savings internally to fund a Clinical Nurse Specialist in Heart Failure and Palliative Care with Central London Community Health Care NHS Foundation Trust.

MEET JULIE

"I joined the Hospice team in 2024. I am a member of The Hospice of St Francis Community Team and the NHS Community Heart Failure team. Working with Dr Chadwick my caseload has quickly grown. We want to break down the myth that a diagnosis of heart failure and coming into palliative care means you are about to die. It's so important that heart failure patients know there is support for them and the positive impact of that help in their everyday life and future plans.

The focus of my role is improving quality of life."



WHAT WE DO IS LED BY YOU



PULMONARY FIBROSIS

Pulmonary Fibrosis (PF) progressively damages your lungs causing severe breathlessness. Being unable to breathe is frightening and debilitating. Low levels of oxygen have a huge impact on the everyday things we take for granted and on how our mind and body work. We have been offering IPF care since 2016. Like cardiac care, this is another growing area of need. In 2022, by making changes internally, some of our nurses and one of physiotherapists who are skilled in respiratory care were able to focus on caring for PF patients alongside their teaching and training responsibilities. Claire Nicell job shares the role of managing the Education Team and Manisha Cook, one of our Lecturer Practitioners, assess patients with PF and runs group sessions for treatment and support.

By introducing nurse-led admissions on our In-patient Unit, Dr Aitchison has been able to work alongside Dr Chadwick and we can see more people with PF in clinic at the Hospice. Our PF support group has been expanded too, with Lucy Hume, support coordinator, helping to run these sessions.

When people with PF need our care at home every day, our community nursing team step in. They have the skills to care for people with respiratory illness, as do our in-patient team when the Hospice is the right place to be.

Working with the NHS we have introduced specialist equipment (called MyAirvo) for people with advanced PF. Without the need for a permanent face mask, high levels of oxygen can go directly into the lungs via a tube through the nose. Breathing, talking, eating and drinking are much easier, improving quality of life.

All these changes in our care mean more people with PF and their families can get the care they need. Demand for this service continues to grow. We are now fundraising for £50,000 to fund a full time specialist respiratory nurse and the equipment the nurse will use and need.

**Do you share our
passion for cardiac and
respiratory care?
You could fund a specialist
nurse Call 01442 869550 and
speak to our Fundraising team**

WHAT WE DO IS LED BY YOU



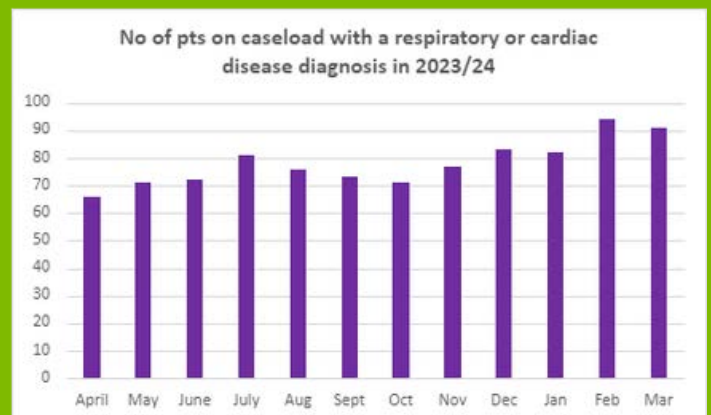
PHIL'S STORY

Phil and his wife Alison had been living with pulmonary fibrosis for some time when they came to our Pulmonary Fibrosis Support Group for input from our expert team. Alison received help from our Carers Support Team as well as mutually beneficial peer support.

As Phil's condition progressed, we booked outpatient appointments with Dr Chadwick our Medical Director who is a Palliative Care Consultant and a Chest Physician by training. Dr Chadwick has a special interest in pulmonary fibrosis.

These appointments enabled Phil and Alison to review what was working, agree changes in Phil's care and plan for the future. Dr Chadwick visited Phil at home and saw Phil's increasing need for oxygen. Dr Chadwick explained how MyAirvo could help. MyAirvo is a new way of delivering oxygen that is heated and humidified.

It is available in very few places in the United Kingdom. Our collaborative work with Central London Community Healthcare Trust and West Hertfordshire Hospitals NHS Trust means we are spearheading work to establish its use and collect information about the positive impact that it has. Working with our colleagues we were able to support Phil and Alison to use MyAirvo so that his symptoms were better controlled and he was able to stay at home, where he wanted to be.



THANK YOU



Our nurses on the inpatient unit fundraised during the pandemic to help pay for our 1st cuddle bed. In 2023 our Christmas Appeal and a generous individual donation raised funds to buy our second cuddle bed. It arrived on the ward in 2024.

Find out more
about our 2024 Big Give appeal
www.stfrancis.org.uk/hospice-appeal

WE LEARN FROM EACH OTHER

CARERS WEEK



This year's celebration of National Carers Week included events at the Hospice and at Amersham Owned because we have meeting rooms and clinic space there, as well as our fabulous shop.

We are very lucky to have the support of a Director from a pub chain and the staff team from one of their local pubs who support our Carers Week events. This relationship started in 2016 when a fire in the pub kept it closed for a significant period. The pub team were supported to volunteer in the community, they helped us and have continued to help us run Carers week at the Hospice ever since.



I didn't even think of myself as a carer before I came here

OUR WEBSITE – [STFRANCIS.CO.UK](https://stfrancis.co.uk) IS GOOD FOR YOU TOO

In 2018 we went to market to find an Information Technology Partner to look after our IT infrastructure and upgrade it. Trustees and Association Members who have digital expertise helped us. We found a new partner just as the pandemic began. This meant we could switch to 'online' care and remote working overnight. The less good news was that bringing our network up to scratch was a much bigger task than originally envisaged. To fund it, the website upgrade planned for 2021 had to wait.

Our Hospice team undeterred used their skills to build the features into our existing website so self-referral could be piloted as planned in 2019 as well as changes in 2020 to make it easier to shop and donate online. In 2023 the team negotiated a subscription deal to transform our website. Most of the work has happened behind the website to prevent any disruption.

All the core new pages are now live. It is even easier to refer yourself, to donate, volunteer, get involved or apply to work with us.

In 2024 we are training staff in each team to deliver content directly, they will be able to curate their pages in real time. We will gradually take down 'old content' as it is replaced. We couldn't meet our original planned delivery date (2021). The time and funding invested in the equipment and infrastructure needed to be fit for a digital world first means that the new website the team have delivered, we think, is even better.



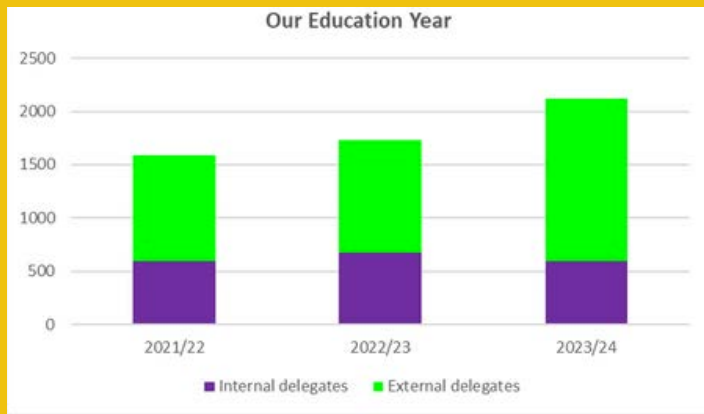
IN 2023/24

8% of patients referred themselves

Sales of £178,666 thanks to our customers online

£157,478 given in donations online
Thank YOU

LEARN FOR GOOD



Prepared to Care - Supporting Patients with Mental Health and Palliative Care Needs

"The training was relevant, very interactive and answered all the questions regarding end of life and palliative care. Session content - great Learning objectives were achieved. I found the whole day valuable and relevant."

"This course is excellent value for money and covers a wide range of topics so relevant to working in Palliative Care."

Part of our mission is to share palliative care skills and knowledge because sharing these skills can be life changing for patients and families. Our staff and volunteers also get training at the Hospice. Courses online and in person keep skills up to date as well as time to develop and learn new ones. Our Education team also teach collaboratively with the NHS and other Hospices. For external delegates some courses are free too. Others we charge for to help fund our care.



Advanced Communication Skills Training

A fantastic experience I feel I am a better person for completing this course. Very knowledgeable facilitators. I could have listened to them all day long. They had so many interesting experiences and ideas we used."

Palliative Care Development Programme

ONE TEAM: STAFF AND VOLUNTEERS

Our Founder Pam Macpherson said, 'Everyone has a talent that gets better for using it and the Hospice needs all the talents.' We are proud to honour that today. 1,325 people volunteer their time. From the Board of Trustees to shops, in fundraising and support and care, every team across the Hospice is made up of staff and volunteers. We hold a census every two years, in the same years that we survey staff and we act on the results. We recognise volunteers' service at five yearly intervals at our annual awards event. Our longest serving have volunteered for over 40 years.

"Volunteers are given so much support, training & care. It is extremely rewarding and you feel so valued."

"A satisfying role, well supported. The team make me feel a valued and useful as part of the Hospice. I feel that I can still work professionally in spite of my age."

	Launched March 2021	Launched August 2023
Role Satifaction 8 or above out of 10	83.10%	90.40%
% volunteers stepping back	2.88%	0.39%

A PLACE TO THRIVE



100% OF OUR STAFF SAY THEY ARE PROUD TO WORK AT THE HOSPICE OF ST FRANCIS

Ali, Senior Nurse on our Inpatient Unit

"We support student nurses on placement from various local universities. Every student is matched with a practice assessor from our nursing team who has teaching and training skills. Our students work alongside their assessor to gain experience in palliative and end of life care in a hospice setting. We love having students here. Our students can attend Hospice in-house training sessions, experience the community team and the wider work of the hospice. It's such a valuable placement. The skills and experience students learn here are invaluable not just in training, for your whole career and it's a great opportunity for us and our patients. We have outstanding evaluations from the universities, from our students and the teams they are in.

We train and support our own staff to qualify, this might be to begin the process of qualification as a nursing associate or occupational therapy apprentice, to return to nursing practice, to become a nurse prescriber or progress to Masters Level."

Kate: "I started at the Hospice as a Health Care Assistant in 2008. In 2020, I was accepted onto a nursing associate programme and qualified in 2022. I'm now doing a top-up Open University course for my full nursing degree. I've been so supported by Ali, one of our Senior IPU nurses in all of this."

Dorothy: "I've been working for two years as a Health Care Assistant at the Hospice while doing my return to nursing practice. I feel 100% supported. I couldn't have done it if I wasn't here."

Sophie: "I have been supported and encouraged to progress whilst working at the hospice. I joined as a healthcare assisted, progressed into a Wellbeing Practitioner and I am starting my OT apprenticeship in September 2024."

A PLACE TO THRIVE



Palliative medicine is the care and study of people living with active, progressive, advanced illness. Compared to average life expectancy, these are illness(es) that will bring death forward. Quality of life on the patient's own terms is what matters most. Listening to the many different aspects of life that matter most and understanding how this can change is at the heart of palliative care, as is a team made up of people who bring diverse professional and lived experience.

Sustaining Hospice Care means inspiring others to work, train and volunteer. At The Hospice of St Francis sixth formers preparing for medical school volunteer on the in-patient unit. Medical Students at different points in the 1st six years of training come to us for placements. We have a new GP Registrar every 4 months, starting on the 1st Wednesday of the month in August, December or April.

Dr Katy Bruce, Specialist Doctor who has worked as a GP and a Hospice Doctor is also our GP supervisor.

"GP registrar training is a three year training. We usually have ST1 registrars at The Hospice. I also teach registrars annually in their final year (ST3) at the GP Vocational Training Scheme meeting. My session focusses on the palliative care issues most GPs regularly encounter. I usually start by asking the group what they would like to know and try and cover these points throughout the presentation encouraging questions throughout. When GP Registrars come to the Hospice they get their welcome email from me with accompanying journal articles summarising various palliative management strategies useful in primary care. I include our "Handbook for New Doctors" that I have created over time to help new starters.

The level of my involvement as Supervisor is dependent on the needs of the trainee. At the first Supervisor meeting we talk about 3 or more continuing professional objectives using the SMART framework – specific, measurable, achievable, relevant, time bound. This is recorded on the Registrar's e-Portfolio "FourteenFish". It's a relaxed meeting for about 45 minutes. It's an opportunity for the Registrar to ask any questions or air any worries. As a minimum the Supervisor needs to perform one CBD (Case Based Discussion) or one mini Clinical Examination Exercise and complete this on the e-Portfolio. The nature of the work at the Hospice is such that the Registrar is much more closely supervised with many more opportunities to ask questions than probably any other attachment. Throughout I offer assessment and informal teaching focused on achieving the CPD objectives and general inpatient palliative care. I always try to cover the management of pain, nausea and vomiting, opiate conversions, breathlessness, how to complete the Pan Herts Anticipatory Medications Charts and prescribe the appropriate medication.

At the end of the attachment, we have the CSR meeting (Clinical Supervisor's Report) where we cover achievement of the core skills set out by the Royal College of General Practitioners. Usually, I prepare a draft report and send it to the Registrar to review as a basis for our discussion. Any issues identified during the attachment are raised and dealt with as we go along so it is rare that there are any surprises at the end.

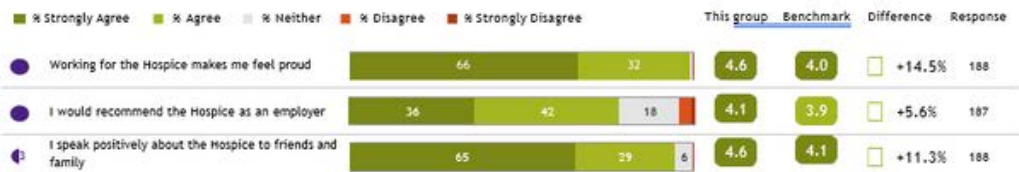
Like all my Hospice colleagues who supervise trainees, I enjoy it, we always learn from trainees. We uphold high standards as well as the standards of the college, most of our trainees successfully pass."

WHAT OUR STAFF SAY ABOUT WORKING AT THE HOSPICE

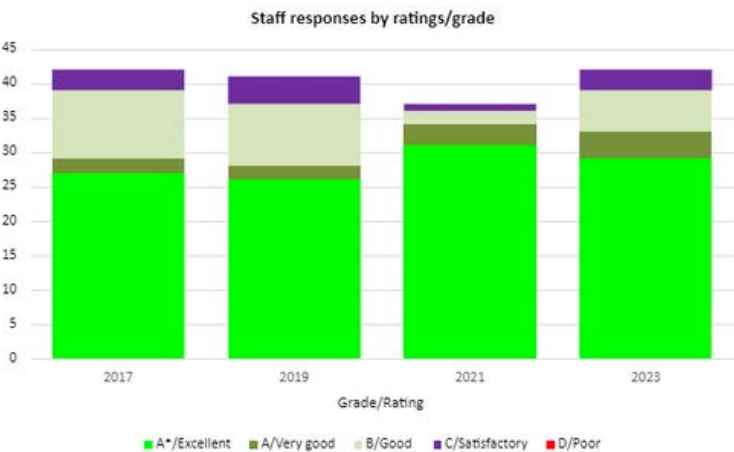
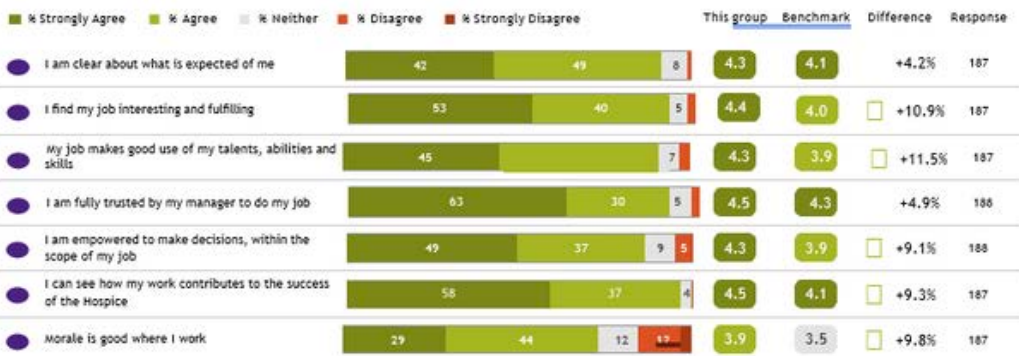
Every two years an independent company surveys our staff asking them between 37 and 42 questions about all aspects of their work experience. The company assesses the satisfaction our staff and benchmarks us against 52 other organisations including care organisations, charities and small and medium sized commercial companies.



Your View of The Hospice



Job Satisfaction



A PLACE TO THRIVE

Comparing 2023/24 with 2020/21 we have fewer staff but we are spending £1m more on salaries. Delivering our financial plan means paying staff as fairly as we can. We match the national living wage and pay an annual pay award to all of our staff. We fund benefits, like free education and training. Staff and volunteers love our culture and the places they work. We can't afford to match NHS pay and meet the need for care. We are not alone. Hospice UK says 85% of Hospices can no longer match NHS pay. In a cost of living crisis pay can be a deciding factor when there is a similar post with higher pay in the NHS or another local organisation. We have seen a small increase in our turnover because of this. We are able to recruit new staff - it can take much longer and this can place more pressure on existing staff. Some of our teams have delayed filling vacancies to help fund clinical services and enable us to keep teams raising funds fully staffed.

This quality account is a tribute to the passion, commitment and flexibility of the teams of managers, staff and volunteers right across the Hospice.



STAFF SURVEY 2023

Freedom to Speak Up

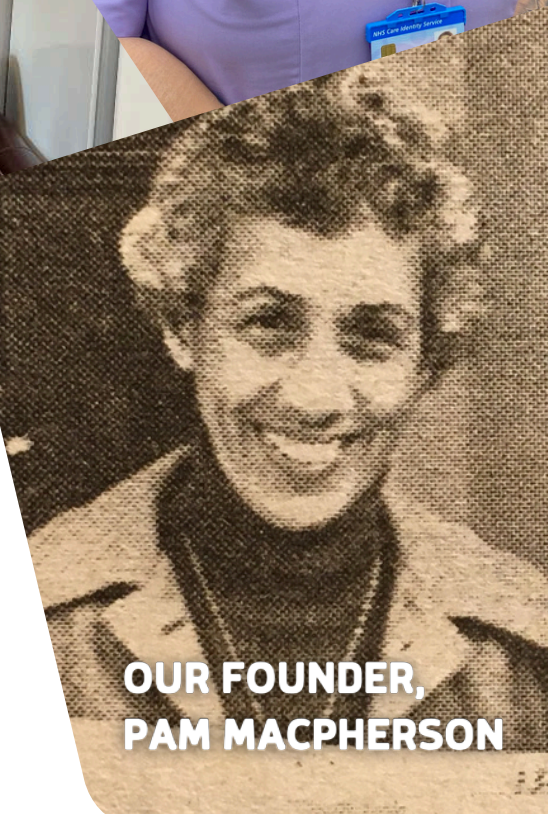
● I know what Freedom to Speak Up is



■ This group ■ Survey Solutions benchmark database

■ Strongly Agree ■ Agree ■ Neither ■ Disagree ■ Strongly Disagree

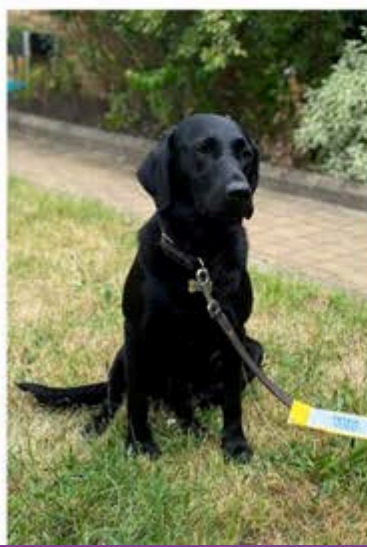
	This group	Benchmark	Difference	Response
I would feel confident raising a concern via this system	28	40	17	184
I know who to approach if I want to raise an issue via Freedom to Speak Up (FTSU)	29	41	14	185



**OUR FOUNDER,
PAM MACPHERSON**



MEET OUR #TEAM



ASSURANCE & PERFORMANCE INDICATORS

	2023/24	2022/23	2021/22
Serious Incidents			
No. of serious incidents	2	5	3
Significant Events	27	32	38
Safety Events	10	21	3
Medication related incidents	49	53	53
Complaints or concerns			
Formal Complaints	0	4	3
Concerns	1	4	4
Quality & Safety			
Number of patients who fell	21	30	29
Total falls on the in-patient unit	21	35	32
Skin and pressure care			
All Grade 2 Pressure Ulcers in year	57	77	64
Number of patients with Grade 2 pressure ulcers	31	47	49
Pressure ulcers on admission	36	41	27
Pressure ulcers acquired when at HoSF	21	36	37
All Grade 3 &/or 4 Pressure Ulcers in year	34	43	27
Number of patients with Grade 3 &/4 pressure ulcers	19	31	20
Pressure ulcers on admission	13	25	13
Pressure ulcers acquired when at HoSF	6	18	14

Serious Incidents

If the NHS helps to fund care, the organisation must use these categories to report incidents and take action. A serious incident is an act of omission resulting in one of: serious harm, abuse, an injury requiring treatment to prevent death and/or unexpected or avoidable death. A significant event is an occurrence where remedial action is required but the occurrence did not compromise patient safety, typically this might be a problem with equipment, information governance or a minor injury in the course of duty. A safety event is where staff spotted the risk of an error or incident but intervened in order to prevent a significant event or serious incident. The Hospice proactively reports incidents of potential harm. There have been no incidents of serious harm, no incidents concerning unexpected or avoidable death and no abuse or injury requiring treatment to prevent death.

Complaints and Concerns

We use QR codes, paper forms and we encourage patients and families to tell us if they have any concerns. In 23/24 we had one concern about wellbeing services. It was resolved to the satisfaction of the person who raised it.

Quality and Safety

Mobility and Falls: Everyone has a mobility assessment on admission and plan including the patient's wishes about independence, the risk to safety in falling, the benefits of mobility aids, adjustments to beds/chairs and/or requesting help from staff. Motion sensors are used when people are at risk of falling allowing our staff to get to the room if help may be required. Every patient has a buzzer to call for assistance.

Skin and pressure care: Sitting or lying in one place, dehydration, illness and aging decrease the strength of our skin. We do tissue viability assessments for skin and wound care, with a plan in place for infection prevention and control, needs and wishes. The fragility of our skin means we can have more than one pressure ulcer, for example heels, sacrum, buttock area. Our 1st priority is prevention followed by promotion of healing.

A Grade 2 pressure ulcer is an open wound affecting the top (epidermis) and second (dermis) layers of skin that has caused partial thickness loss of the dermis. **A Grade 3** pressure ulcer is a full-thickness wound that extends through the skin and into the subcutaneous fat tissue. **Grade 4** is the most severe pressure ulcer characterised by severe tissue damage, tendon &/or bone may be visible.

Medicines: In 2023/24 these occurrences were breaches in policy on administration of drugs, including delays in recording and concordance with prescribed doses, for example timing of administration.

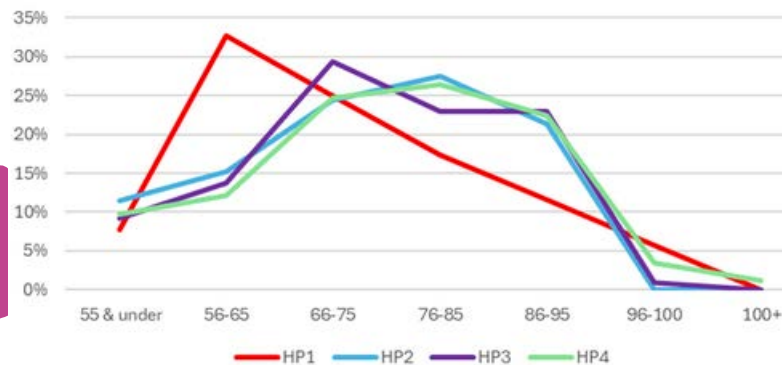
ASSURANCE & PERFORMANCE INDICATORS

EQUITY & POSTCODE

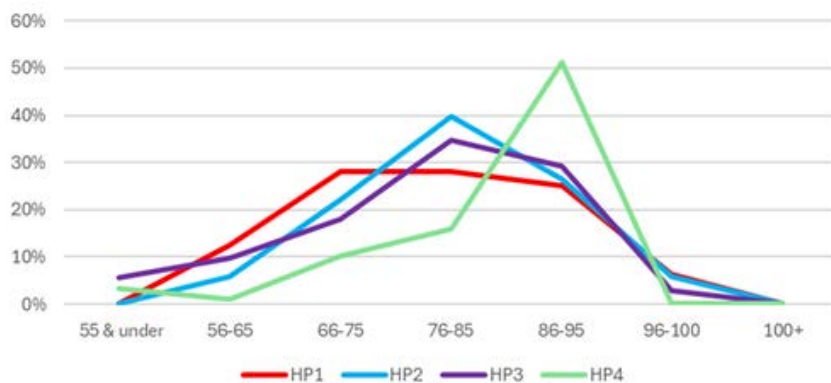
Men living in the top third of affluent areas will live until their late 80s and on average won't be ill or have a disability, until they are 80. Men in areas that rank in the lowest third by average incomes will live until they are 80 but spend their 70s in ill health.

Sarah Harper Professor of Gerontology Oxford University 2024

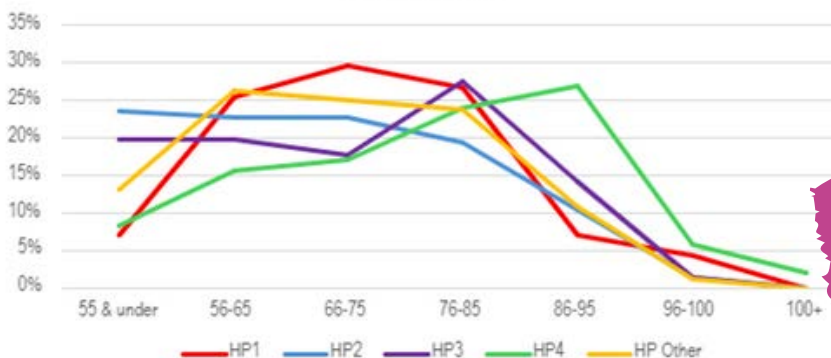
Referrals Men (cancer diagnosis) age distribution by postcode 2019/20 to 2023/24



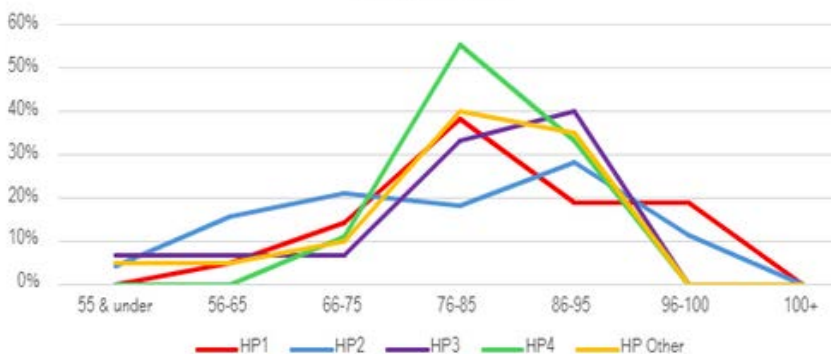
Referrals Men (noncancer diagnosis) age distribution by postcode 2029/20 to 2023/24



Referrals women (cancer diagnosis) age distribution by postcode 2019/20 to 2023/24



Referrals women (noncancer diagnosis) age distribution by postcode 2019/20 to 2023/24



Looking at referrals by age and postcode is a way to find out if people who are most likely to need our care (based on public health information) can get our care. It highlights where we need to promote early referral and help encourage screening to help save lives.

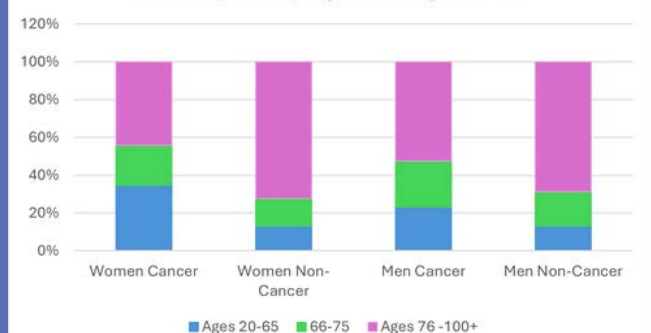
Because palliative care is good for you, referring earlier is better.

In Dacorum, families with the lowest incomes are more likely to have HP 1&2 postcode. HP4 postcodes are some of the wealthiest.

CENTRE FOR AGING BETTER 2024

Women in the most deprived areas of England can expect to live to just 51 years before the onset of illness or disability, compared to 67 years for women in the least deprived areas. A woman today is likely to spend no more than 53% of her years, aged 65, in good health.

Referrals by Gender, Diagnosis and Age 2019-2024



ASSURANCE & PERFORMANCE INDICATORS

EQUITY AND ILLNESS

The percentage of 'non-cancer' patient referrals 2023/24



In the UK a premature death is defined as dying before you reach your 75th birthday. In 2023, cancer, cardiovascular disease, and respiratory illnesses were the leading causes of premature death. In the previous 18 months Dementia and Alzheimer's were the leading causes of death.

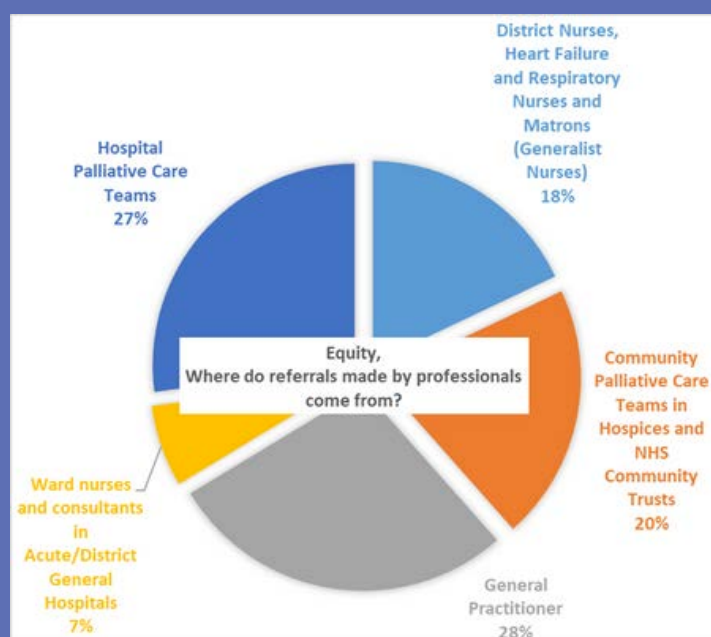
Our Key Performance Indicator is 60:40 split between referrals with a cancer diagnosis and other (non-cancer) diagnoses.

In 2023/24, on average, 24% of our patients had a diagnosis of heart disease and/or respiratory disease, 3% had a diagnosis of dementia and 30% had cancer.

One way to make getting access to palliative and end of life care more equitable is to have one place for referrals. The Hospices and the NHS locally worked together to do this, Peace Hospice hosted this palliative care referral centre (PCRC). When Central London Community Healthcare NHS Foundation Trust got the contract for NHS adult community health services they set up a single point of access for referrals for all community health services, the PCRC became part of this new referral centre.

Our audits of patient experience told us some patients concluded it would have been easier and quicker if there was an option to refer themselves. Working with one of the local GP practices, in 2019/20 we began piloting this, by telephone or via the website. It was a success and in 2020/21 we made this option available to anyone in our catchment area. To help track trends across SW Hertfordshire we let the Single Point of Access team know how many self-referrals we get.

In 2022/23 we audited referrals by looking at the ethnicity of patients referred through the single point of access. We found options for dual heritage were used when people for example had Irish, Scottish and/or English ethnicity as well as black British and white British ethnicity. We could not reach any meaningful conclusions about equity and ethnicity. We compared this finding with referrals to our children's and young people's service. They come directly to the Hospice - by talking to young people, ethnicity was more consistently recorded and the highest number of people with census ethnicities grouped as BME.



The work done to upgrade our website makes it even easier to refer yourself. In 2025 we will target how we promote this way to get Hospice care and track uptake. We want to find out if more people will choose this route and who chooses it. We will work with the referral centre to look again at the information referrers give about ethnicity and check this information when we update what is recorded on individual patient records.

CLINICAL AUDIT AND LEARNING IN PRACTICE



This year Helen, our Governance and Quality Practitioner, and Sue, our Integrated Governance Officer, played key roles in implementing Vantage. We selected this governance software because we can bring all our work on quality, performance and assurance into one place and keep learning. Helen says, "Vantage has been brilliant for the Hospice. We have uploaded policies, incident and complaints reporting and audits first."

Data entry a simple and accurate process for everyone. The system sends automatic email alerts to remind us to be punctual in our recording and meet standards and deadlines. It's great for reporting - it's quick and easy to create reports and spot patterns and trends. The next step is to move our freedom to speak up, safeguarding reporting and CQC single assessment data into Vantage."

2022

Summary			
Section	Good practice	Areas for improvement	
Governance	13	0	<div><div></div></div>
Obtaining & receiving	6	0	<div><div></div></div>
Storage & access	14	2	<div><div></div></div>
Prescribing	7	1	<div><div></div></div>
Dispensing & supply	0	0	<div><div></div></div>
Destruction	6	0	<div><div></div></div>
Transport	5	0	<div><div></div></div>
Stationery	7	0	<div><div></div></div>
Reporting & learning	7	0	<div><div></div></div>

2023

Summary			
Section	Good practice	Areas for improvement	
Governance	13	0	<div><div></div></div>
Obtaining & receiving	6	0	<div><div></div></div>
Storage & access	15	0	<div><div></div></div>
Prescribing	7	0	<div><div></div></div>
Dispensing & supply	0	0	<div><div></div></div>
Destruction	6	0	<div><div></div></div>
Transport	3	1	<div><div></div></div>
Stationery	7	0	<div><div></div></div>
Reporting & learning	8	0	<div><div></div></div>

These are our controlled drug audits. In 2022 we scored 100% in all areas apart from storage and access (85%). We had outgrown our pharmacy space and needed to upgrade our cupboards. We scored 85% on prescribing because we hadn't benchmarked with another similar-size organisation. We benchmarked our prescribing, replaced cupboards and agreed plans to create a new pharmacy. In 2023 we scored 100% in all areas apart from 'transport'. At the time of the audit the update training for some staff who give medication was not complete and DBS checks needed to be renewed for some volunteers and staff. Using Vantage means we can remind staff about the standards to ensure all the work can be done to time.

Infection control is overseen by our Director of Care. Different team members do daily checks and an external company formally inspects the Hospice every year. In 2022, the inspection score was 97%. Nine improvements were recommended. Four were about the physical environment: evidence of limescale on one of the hot water boiler nozzles, paint type on some walls, swan neck tap standards and concealing the brackets supporting some wall mounted wash basins. Three were about how we use the environment: one item of food was not labelled or stored in a sealed container.

In one treatment room the surface was found to be cluttered and in one storage area the inspector said too much equipment was being stored there. Our cleaning team scored highly, some dust was found in one area, one floor area didn't meet the standard.

We shared the results, acted on all the recommendations, and scrutinised the daily checks. The inspection score in 2023 was 99%.

MEET CLEANERS SARAH & PATRICK



SAFEGUARDING

Quality Improvements in 2023/24:

- Partnering with MIND, additional training and support for our staff and volunteers to build on and consolidate their skills. The Hospice of St Francis can provide level 3 counselling support for carers in addition to support for adult patients and children and young people.
- Collaboration with Essex Partnership University NHS Foundation Trust who provide a level 4 Clinical Psychology service for our patients.
- By dedicating more social work time to our community teams we can use an early intervention social care model to help families to reduce the risk of such pressures precipitating a crisis.

Compared to 2022/23 fewer concerns were raised because of very low mood and suicidal ideation (adults) and in mental health concerns for children and young people. For adults and children, mental health continues to be the highest area of concern. Our strong partnerships with local GP's, adult and childrens social work teams and multidisciplinary adult mental health and CAMHS team means coordinated support at home. The Hospice of St Francis provides practical and emotional support that works alongside these other services. The impact of living with an illness that could be or becomes terminal can result in social and domestic pressures, with more care happening at home, this is becoming an everyday risk routinely assessed in practice. Working with our Freedom to Speak Up Guardian we recruited new FTSU ambassadors and refreshed our training. Knowledge and awareness about safeguarding and FTSU scored 'very good' in our 2023 staff survey.

Safeguarding is everyone's responsibility.

Our staff and volunteers share a collective duty to safeguard and achieved 100% in safeguarding training compliance.

	21-22	22-23	23-24
Safeguarding concerns raised: Adults	79	59	50
Safeguarding concerns raised: Children	13	12	7
Deprivation of Liberty Safeguards Assessments	3	3	3

Our Safeguarding Focus 24/25

- CQC Single Assessment Preparedness
- Mental Health Support
- Review FTSU refresh completed in 2023/24
- Build on early intervention by integrating family support volunteers into our virtual ward and 'Rapid Personalised Care' Team

We continue to comply with the Safeguarding Governance requirements set by the Charity Commission

The Hospice of St Francis SAFEGUARDING TEAM

The welfare of adults or children in our care is of the utmost importance, and safeguarding them from harm is an integral aspect of this care and support.

If you have any safeguarding issues or concerns these must be brought to the attention of a member of our Safeguarding Team who will take the appropriate action.

As a Hospice we have a duty to support any adult who lacks capacity to act or make specific decisions for themselves. Please contact the Safeguarding Team if you would like any further information.

Your Safety Matters



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Director of Governance and Family Support
polly.traxler@stfrancis.org.uk
01442 869550



Fay Richardson
Director of Care
fay.richardson@stfrancis.org.uk
01442 869550



Jessica Hobson
Social Worker
jessica.hobson@stfrancis.org.uk
01442 869550



Suzy Oswick
Social Worker
suzy.oswick@stfrancis.org.uk
01442 869550

HEALTH & SAFETY

We are responsible for the safety of everyone accessing the Hospice. This includes ensuring our premises, equipment and treatments are safe and that we take measures to prevent the spread of infection.

If you have any queries, please contact George Sears (01442 869550)

DUTY OF CANDOUR

We will always be open and transparent with patients and families in our care. If things go wrong we will apologise and provide truthful information and appropriate support.

If you have any queries, please contact Fay Richardson our Director of Care (contact details above).

FREEDOM TO SPEAK UP

We encourage staff to speak up if they have any concerns.

The Hospice's Freedom to Speak Up guardian is Trustee Jenny Jenkins who can be contacted in confidence - freedomtospeakupguardian@stfrancis.org.uk



Promote welfare. Proactive. Protect.

v5 January 24



The trustee with responsibility for safeguarding is Jenny Jenkins



The Hospice of St Francis



Registered Charity No. 280825

STATEMENT FROM THE SOUTHWEST HERTS ICB COMMISSIONING MANAGER PALLIATIVE & END OF LIFE CARE (PEOLC)

The Hospice of St Francis (HOSF) is an integral partner in the delivery of palliative and end of life services to the people of West Hertfordshire. The ICS PEoLC (Palliative and End of Life Care) strategy consolidates a partnership vision around achieving high quality Adult Palliative and End of Life Care across the Hertfordshire and West Essex Integrated Care System (ICS).

“All people will have fair access to personalised high-quality palliative and end of life care (PEoLC), which maximises comfort and well-being. This includes early identification, and proactive, coordinated management of all their PEoLC needs including physical, social, psychological, spiritual, and cultural. We will work collaboratively across health, social care, the independent and the voluntary sector to ensure services are, integrated, individualised, well planned, and well led. Staff should be accessible, well-informed, well trained, competent, and confident in PEoLC provision”.

There is already a strong, professional, and collaborative relationship between the Herts and West Essex Integrated Care Board (H&WE ICB), The Hospice of St Francis, Central London Community Healthcare NHS Trust (CLCH) and other end of life stakeholders. All the organisations are working collaboratively to deliver the ICB strategies on the reduction of non-elective admissions for over 65-year-old and the management of frailty patients.

Some of the collaborative work and engagement involving the HOSF include but not limited to:

- ReSPECT rollout in South and West Hertfordshire including Level 3 training for GPs.
- Access to Stack
- Review of the PEoL referral form.
- Rapid Personalised Care Service
- 24-hour advice line for palliative EoL patients.
- Hospice Virtual hospital
- Review of EOL information available to clinicians on the Health Information Exchange platform.

Hospice of St Francis has remained responsive and flexible to an ever-changing NHS agenda and continues to adapt their services to meet local requirements, such as recently offering virtual hospice at home model. The Hospice of St Francis developed the community virtual ward model to utilise a multidisciplinary team (MDT) approach to manage care delivery and on evaluation has been found to significantly reduce emergency and avoidable inpatient admissions.

HOSF always prioritises excellent care delivery whilst maintaining patients’ and families’ voice as part of their delivery model which includes providing patients with options to choose alternative place of treatment, introduction to Palliative and Hospice care at an earlier phase of their illness and access to Hospice services such as rehabilitation and wellbeing/psychological support, complementary therapy and the inpatient services when required.

H&WE ICB values the partnership and collaborative working and welcomes the contribution from Hospice of St Francis and other PEoL stakeholders. Due to the current financial challenges ICBs are facing and increased demand for NHS resources, H&WE ICB will be working closely with all the PEoL stakeholders including HOSF to ensure the continued use of Population Health Management (PHM) approach to understand drivers of health care needs, provide a better understanding of current and future provisions of PEoL care for the H&WE ICB population.

H&WE ICB is looking forward in the 2024/25 financial year to working collaboratively with Hospice of St Francis and other partner organisations to ensure an ICS wide approach for the delivery of the palliative and End of life care strategy which benefits the west Hertfordshire population and meets key national and local objectives

Uchenna Anumadu (Senior Commissioning Manager Herts & West Essex ICB)

WHAT OUR NHS COMMISSIONERS SAY

STATEMENT FROM BUCKINGHAMSHIRE, OXFORDSHIRE, AND BERKSHIRE WEST INTEGRATED CARE BOARD (BOB ICB)



**Buckinghamshire, Oxfordshire
and Berkshire West**
Integrated Care Board

The Buckinghamshire, Oxfordshire, and Berkshire West Integrated Care Board (BOB ICB) is pleased to announce the continued commissioning of specialist palliative care services through the Hospice of St Francis (HoSF) for the year 2024/2025.

We acknowledge the significant challenges faced by our Palliative and End of Life Care (PEoLC) Providers and are grateful for HoSF continued engagement and active participation in our monthly forums.

This collaborative effort is vital as we advance into the second year of our joint forward plan, striving to enhance access and the overall experience of palliative and end-of-life services.

Our continued priority is to ensure that individuals of all ages can experience a dignified and well-supported end of life.

The BOB ICB values the ongoing partnership with the HoSF and looks forward to their expertise in providing specialist palliative care inpatient beds for patients in Buckinghamshire throughout 2024/2025.

This continued cooperation is crucial in our mission to deliver high-quality, compassionate care for those in their final stages of life.



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Thank you so
much for looking
after daddy, the
Hospice of St Francis
extended his days
with the lovely
care they gave
him
love Lucy



The Hospice
of st francis

STFRANCIS.ORG.UK

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