

Quality Account 2018-19



Contents

Part 1

Chief Executive's statement on quality	3
Our vision, purpose, values and strategic priorities	4

Part 2

Priorities for improvement and statements of assurance	5
2.1 Priorities for improvement 2019-20	5
2.1.1 Reporting and Benchmarking of Outcome Assessment and Complexity Collaborative (OACC) to inform practice	5
2.1.2 Grow and develop the Living Well programme, incorporating clinical access for patients and carers	5
2.1.3 Provide a range of clinical interventions for inpatients and outpatients	5
2.1.4 Audit, Research and Education	6
2.1.5 Embed a Culture Framework for all colleagues and volunteers	6
2.1.6 Pilot a Compassionate Neighbours project to support more people in our community	6
2.2 Achievement of priorities for improvement 2018-19	7
2.2.1 Implementation of Outcome Assessment and Complexity Collaborative (OACC) measures and changes to the caseload management	7
2.2.2 Establish a programme of outpatient sessions and appointments, increase care in our community	7
2.2.3 Provide a range of clinical interventions for inpatients and outpatients	7
2.2.4 Audit, Research and Education	7-8
2.3 Statements of assurance	8
2.3.1 Review of services	8
2.3.2 Participation in national clinical audits	8
2.3.3 Participation in local audits	8
2.3.4 Research	8
2.3.5 Quality improvement and innovation goals agreed with commissioners	9
2.3.6 What our regulators say about the Hospice	9
2.3.7 Data quality	10

Part 3

Review of quality performance	10
3.1 Clinical Governance structure	10
3.2 Board of Trustees commitment to quality	10
3.3 Comparison of Heart of Kent Hospice over a four-year period from 2015-19	11-12
3.4 Feedback from patients and their relatives	12-14
3.5 Clinical complaints	15
3.6 What colleagues say about the Hospice	15

Part 1

Chief Executive's statement on quality

I am delighted to introduce our Quality Account for 2018-19.

Heart of Kent Hospice provides specialist and individualised palliative care to the population of Maidstone, Aylesford, Tonbridge and Malling and surrounding villages. Our care is provided free of charge and in 2018-19 we supported 1,587 patients and their families in their homes, in the community and in the Hospice. As an independent charity, we are not part of the NHS but we work in collaboration with local NHS services. We receive a grant from the NHS which in 2018-19 contributed to 19% of our annual costs.

Rated Outstanding by the Care Quality Commission, Heart of Kent Hospice is committed to delivering a high quality and cost-effective service to patients and their families. This report highlights the actions we have taken to improve our services in the last year and our key priorities for the coming year.

In 2018 we launched a new strategic direction for the Hospice, with a key clinical focus on ensuring patients and families are seen by the right person, in the right place, at the right time. Over the last year, we have introduced the Outcome Assessment and Complexity Collaborative measures to inform best practice; we have developed our Living Well programme to offer more flexible outpatient sessions for patients and their carers; trained our team so that they can provide a range of clinical interventions for inpatients and outpatients and continued to develop our audit programme.

Together with our Board of Trustees, I would like to thank our team of colleagues and volunteers for their care, teamwork and drive to continuously learn and improve so that we can provide the very best care for our patients and their families.

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



Sarah Pugh
Chief Executive
July 2019



Our vision, purpose, values and strategic priorities

Our vision

Everyone living with a terminal illness in our community will achieve the best quality of life

Our purpose

To enable people with a terminal illness in our community to live in comfort, with independence and dignity to the end of their lives, and to support those closest to them

Our values

Compassion

Integrity

Respect

Teamwork

Our strategic priorities

1. Local care:

Establish a model of Hospice support within our communities

2. Flexible, person-centred care:

Develop our services so they can meet a wide range of patient and family needs

3. Specialist care:

Provide specialised care to every patient and maintain our reputation as a centre of excellence

4. Skilled, compassionate care:

Be the organisation of choice for colleagues and volunteers

5. Care for our cause:

Enable our local community to regard the Hospice as *the* local cause to support

Part 2

Priorities for improvement and statements of assurance

2.1 Priorities for improvement 2019-20

2.1.1 Reporting and Benchmarking of Outcome Assessment and Complexity Collaborative (OACC) to inform practice

- Embed the use of outcome measures into practice across all clinical areas to inform best practice, Multi-Disciplinary Team (MDT) discussion, admission to the Inpatient Unit (IPU) and care in the community
- Join the Hospice UK ECHO community of practice for developing OACC
- Take the ECHO learning opportunities and translate into effective and accurate OACC reporting
- Share findings with hospices in the South East and nationally for benchmarking purposes
- Use tools from OACC to ensure that patients and carers are seen by the right person at the right time, in the right place
- Be able to offer direct ambulance admissions for patients known to the Hospice who have a clear care plan in place
- Work closely with commissioners and decision-makers to influence models of care being proposed through the new NHS structure
- Embed the use of OACC within the Dementia and Living Well Teams

2.1.2 Grow and develop the Living Well programme, incorporating clinical access for patients and carers

- Continue to embed the Living Well programme as a core service to help more patients to live independently and manage their symptoms
- Evaluate the Living Well sessions to inform the expansion of the service to meet patient and carer needs
- Pilot palliative care / end-of-life care clinics in GP practices
- Take Living Well sessions out into the community for easier access for patients and carers
- Integrate the Hospice Community Team into the Living Well model by facilitating a Clinical Drop-in session in the Hospice Outpatient Centre
- Our patient care volunteer scheme will expand to 20 volunteers, supporting patients in their own homes
- A needs assessment for all hard-to-reach groups in our community will be carried out so that we can identify areas of unmet need in our community
- Implement a Compassionate Neighbours project for hospice care in our local community
- Expand Anna Chaplaincy, working in partnership with local churches to support the spiritual needs of dementia patients

2.1.3 Provide a range of clinical interventions for inpatients and outpatients

- Facilitate training and competencies for doctors and nurses to support a range of clinical / medical interventions
- Use ultrasound scanning as an aid to symptom management
- Offer blood transfusions, bisphosphonate therapy and paracentesis for symptom relief on a regular basis either as an outpatient, day case or an admission to our Inpatient Unit (IPU)

2.1.4 Audit, Research and Education

- Involve all services actively in an Audit Programme above and beyond the core clinical audits
- Seek further opportunities to participate in portfolio research studies during 2019-20
- Continue to take opportunities to increase the Hospice's profile at local, national and international conferences, including Hospice UK and International Palliative Care Congress
- Arrange activities to raise awareness of end-of-life care through Dying Matters Week in May and Hospice Care Week in October including an annual Hospice conference
- Expand the Hospice Education team to meet the demand of training requests
- Deliver end-of-life Dementia Care accredited training in partnership with Christchurch Canterbury University and explore options for delivery of a second module
- Continue to train healthcare professionals in end-of-life care, improving their skills and understanding and influencing best practice
- Establish the Hospice as an ECHO hub enabling us to influence other healthcare professionals to provide more person centred care at end-of-life

2.1.5 Embed a Culture Framework for all colleagues and volunteers

- Embed our Culture Framework throughout all aspects of Hospice life. It is the key to how we work together and with others and should shine through in everything that our colleagues, volunteers, trustees and those that use our service do

2.1.6 Pilot a Compassionate Neighbours project to support more people in our community

- Pilot a compassionate community in our area, helping it to become a place where people are comfortable being around death and dying
- Recruit a manager to lead the project who has experience of community development and preferably has knowledge and understanding of our local community
- Identify localities within our catchment area in which to focus the programme initially, and especially seek the participation of communities which do not access or struggle to access our traditional Hospice services because of barriers of language, culture or lifestyle
- Connect with communities at grass roots level to build enthusiasm for the project, shape its early stages and understand how best to engage with residents and break down any barriers
- Train a network of volunteers who are naturally compassionate and give them the skills and confidence to offer companionship and emotional support to people who are struggling with loneliness because of serious illness or old age
- Act as a hub - matching Compassionate Neighbours with vulnerable and isolated people living nearby who have similar interests, so they can visit regularly for a chat or to help them do the things they like doing
- Invite Compassionate Neighbours to attend regular practice development meetings which would provide a safe environment for more formal support and to encourage reflection and growth of the programme

2.2 Achievement of priorities for improvement 2018-19

2.2.1 Implementation of Outcome Assessment and Complexity Collaborative (OACC) measures and changes to the caseload management

- Outcome measures – Phase of Illness, Karnofsky Score and Integrated Palliative Outcome Score (IPOS) are used for all patients under Hospice care
- Outcome measures inform MDT discussion and admission decision making
- Successful recruitment of a Hospice Community Team with a mix of skills, including Clinical Nurse Specialists, Advanced Nurse Practitioners, Staff Nurses, Healthcare assistant and Paramedic
- Response times and face to face visits have increased over the last year
- Feedback confirms that patients and carers feel supported at the right time, by the right person, in the right place
- All the Hospice Community Team members have laptops and carry out remote working
- Joined the Hospice UK ECHO Community for OACC, which will support the reporting and benchmarking of outcomes, organisationally and nationally

2.2.2 Establish a programme of outpatient sessions and appointments, increase care in our community

- At the point of triage, patients are offered outpatient appointments if they are able to attend the Hospice
- Arrangements and funding is in place to pilot a project where a Clinical Nurse Specialist will carry out a monthly palliative care clinic at one GP practice
- The Living Well programme is on its second quarter of activities and unique user numbers are growing
- Arrangements and funding are in place to start Living Well sessions in the community (a local village hall)
- The Hospice Community Team host a Clinical Drop-in once a week for patients and carers to receive symptom control advice and support
- 12 Patient Care Volunteers are supporting patients in their own homes
- Anna Chaplaincy for dementia patients and carers launched in October 2018

2.2.3 Provide a range of clinical interventions for inpatients and outpatients

- Inpatient Unit nurses are trained to administer intravenous drugs / infusions
- The Lead Palliative Care Consultant uses ultrasound to support clinical interventions
- The Hospice actively offers blood transfusions, bisphosphonate therapy and paracentesis
- A blood storage fridge is in place, with all training and competencies complete

2.2.4 Audit, Research and Education

- Audit and research meetings take place every eight weeks
- The Hospice has participated in one portfolio study relating to Opioid Induced Constipation
- The Chief Executive and the Patient Services Director have presented at the National Hospice UK Conference in November 2018 and at a number of local conferences
- The Hospice hosted a conference during Hospice Care Week in October 2018 titled 'Looking Beyond Dementia to the Person Inside', and carried out activities to raise awareness during Dying Matters Week and Hospice Care Week
- The Hospice has become a Gold Standard Frameworks Regional Training Centre
- The Hospice is working in partnership with Christchurch Canterbury University to deliver an accredited Negotiated Learning module on Dementia Care at end-of-life

- We have trained 85 healthcare professionals in end-of-life care, improving their skills and understanding and influencing best practice
- Namaste Dementia Care training is being delivered to care homes and the evaluation of a pilot project showed significant improvement in patients' behaviour and physical condition
- The Patient Services Director participated in the Care Quality Commission (CQC) co-production group – preparing the guide for hospital inspectors inspecting hospices
- The Hospice provided an afternoon of training for six local CQC Inspectors

2.3 Statements of assurance

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

2.3.1 Review of services

During 2018-19 Heart of Kent Hospice supported the commissioning priorities for West Kent Clinical Commissioning Group (CCG) by providing the following services:

- | | |
|------------------------|--|
| • Inpatient care | • Physiotherapy |
| • Community care | • Complementary therapies |
| • Outpatient Centre | • Pre and post bereavement counselling |
| • Occupational therapy | • Chaplaincy support |

Funding provided by West Kent CCG represents 19% of our expenditure on charitable activities 2018-19. £4m income is generated to fund our services annually, this balance is raised through gifts in wills, fundraising activities, grants from trusts and foundations, Hospice shops and lottery.

2.3.2 Participation in national clinical audits

As a provider of specialist palliative care, Heart of Kent Hospice was not eligible to participate in any of the national clinical audits or national confidential enquiries during 2018-19.

2.3.3 Participation in local audits

Local clinical audits were carried out at Heart of Kent Hospice in 2018-19. Internal clinical audits included:

- | | |
|-----------------------------------|-------------------------------|
| • Infection Control Audit | • DNACPR Audit |
| • Controlled Drug Audit | • FP10 prescription Audit |
| • Drug Incident Audit | • iPOS Audit |
| • Medicines Management Audit | • Out of Hours Activity Audit |
| • Complaints Audit | • Steroid Prescribing Audit |
| • Pressure Ulcer Audit | • Prescribing Audit |
| • Mobility & Safety Audit (Falls) | • Continuing Healthcare Audit |

2.3.4 Research

22 patients under the care of Heart of Kent Hospice during 2018-19 have participated in research that required approval by a research ethics committee.

There was one appropriate national, ethically approved research study in palliative care, which patients under the care of Heart of Kent Hospice were asked to participate in during 2018-19.

2.3.5 Quality improvement and innovation goals agreed with commissioners

The Hospice's income from West Kent CCG in 2018-19 was not conditional on achieving quality improvement and innovation goals through the commissioning for quality and innovation payment framework because it was received in the form of a grant. The Hospice was required to submit quarterly data to the CCG including:

- Number of referrals and source of referrals
- Ethnicity, gender and age
- Percentage of cancer and non-cancer patients referred
- Number of community contacts, new, follow up and telephone
- Inpatient Unit bed availability and occupancy
- Deaths: total on Inpatient Unit, at home, and number of preferred place of care who stated a preferred place of care
- Number of continuing care patients
- Number of bereavement contacts
- Number of incidents including drug incidents
- Number of day therapy places, attendance and complexity
- Number of complaints and comments
- Number of individual services referrals and contacts

2.3.6 What our regulators say about the Hospice

Heart of Kent Hospice is registered with the Care Quality Commission (CQC) and its current registration status is unconditional.

An unannounced routine inspection took place in February 2017. Heart of Kent Hospice is proud of its excellent reputation for providing palliative care to people across Maidstone, Aylesford, Tonbridge, Malling and the surrounding villages.

We are delighted that at this inspection the Hospice achieved an overall rating of Outstanding.

Since April 2018, hospices have come under the Hospital Inspection team for inspections. Heart of Kent Hospice has been part of a CQC Co-production Group contributing to the guidance for inspectors.



Caring: They said *"The service was outstandingly caring. People's feedback about the caring approach of the staff was overwhelmingly positive and emphatic terms such as "exceptional", "remarkable", "amazing" and "outstanding" were used to describe them. People were fully involved in the planning and review of their care, treatment and support while in the Inpatient Unit (IPU) and while receiving support in the community. Staff delivered care and support to people according to their individual plans."*

Effective: They said *"Staff knew each person well and understood how people may feel when they were unwell or approached the end of their life. They responded to people's individual communication needs and treated them with genuine kindness and respect."*

Safe: They said *"A new robust quality assurance system was implemented and embedded in practice. A range of audits and checks were carried out throughout the service to identify how the service could improve and action was planned and taken as a result. All staff received one to one supervision to be supported in their role. All care staff were subject to competency checks to ensure they were competent to carry out their role."*

Responsive: They said *"Specialist dementia care was provided by the service as an innovative response to the increase of dementia in the community. The service sought feedback from people and their representatives about the overall quality of the service. People's views were listened to, valued and acted on. People and relatives' comments were overwhelmingly positive about how staff responded to their needs."*

Well-led: They said *"The service was well-led. The service demonstrated considerable improvement. New systems and projects had been implemented and embedded in practice. The staff told us they had confidence in the current management team and were complimentary about the managers, the registered manager and the CEO's leadership style. There was a culture that focused on people and people were placed at the heart of the service."*

The full report can be found at
<https://www.cqc.org.uk/location/1-116961648>

2.3.7 Data quality

Heart of Kent Hospice, as a specialist palliative care provider, does not submit data information to the Hospital Episodes Statistics because we are not eligible to participate in this scheme.

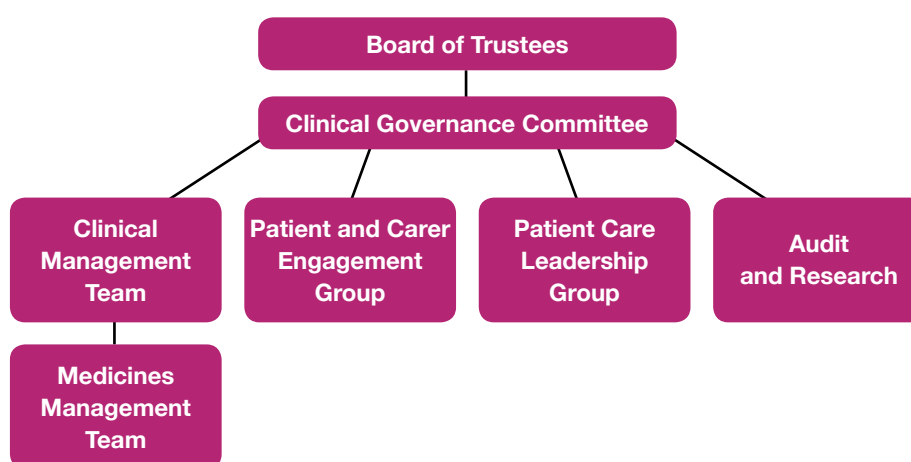
Heart of Kent Hospice has a dedicated Head of Information and Quality/ Data Protection Officer and continues to monitor its data through its monthly Clinical Management Meetings and Clinical Governance structure.

In 2018-19 we once again successfully met the Data Security and Protection Toolkit requirements. This enables us to use NHS Connecting for Health systems and service. This will enable the medical and clinical teams at the Hospice to share and access relevant patient information in a secure manner and improve the overall coordination of care.

Part 3

Review of quality performance

3.1 Clinical Governance structure



3.2 Board of Trustees commitment to quality

The Board of Trustees is fully committed to the quality agenda. The Hospice has a well-established clinical governance structure as outlined above with members of the Board of Trustees having an active role in ensuring the Hospice provides a high quality service in accordance with its Statement of Purpose.

The Board is confident that the treatment and care provided by the Hospice is of high quality and is cost effective.

3.3 Comparison of Heart of Kent Hospice over a four-year period from 2015-19

	2018-19	2017-18	2016-17	2015-16
Inpatient Unit				
% new patients	94	94	97	93
% bed occupancy	76	72	68	77
% patients discharged	25	22	32	30
Average LoS cancer patients	10.7	10	11.3	12.5
Average LoS non-cancer patients	8.6	7.9	7.7	8.1
Outpatient Centre				
% new patients	52	41	58	62
Number of sessions attended	578	46	61	68
Hospice Community Team				
% new patients	63	62	79	75
% new patients non-cancer	52	48	36	32
Telephone calls	14,229	18,970	24,341	18,912
Total number of visits	2,574	2,613	5,096	4,741

Overall during 2018-19 the Hospice cared for 1,587 patients (2017-18: 1,437). We cared for 702 patients who died in 2018-19 (2017-18: 705).

Inpatient Unit data has remained fairly static with bed occupancy slightly increased since last year.

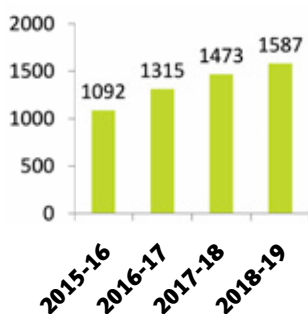
The Outpatient Centre has seen an increase in referrals in 2018-19 by 27% and with 578 sessions attended. As well as collecting this data we count daily “spaces” used by way of complexity i.e. 1 space = ambulant self-caring patient, 2 = requiring two to transfer and help with toileting, 3 = patients requiring hoisting and all care. This form of scoring informs staffing levels and attendance allocation.

The number of new referrals to the Hospice Community Team has increased by 14% and new non-cancer patients by 48%, this rise in referral numbers has largely been caused by the number of dementia patient referrals and the Hospice broadening its scope to care for all end-of-life patients irrespective of their disease or illness, including elderly frail patients.

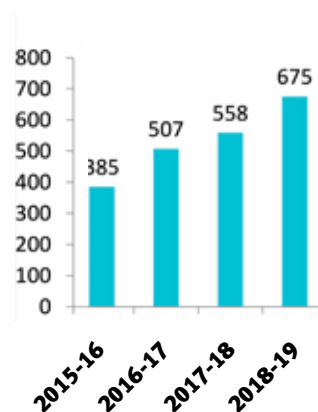
We have also chosen to measure our performance against the following metrics:

Indicator	2018-19	2017-18	2016-17	2015-16
Referrals to the service	1,009	887	862	801
IPU admissions	187	209	199	238
Number of complaints	3	5	2	1
Number of complaints upheld	0	0	0	0
Number of RIDDOR reportable incidents	0	2	0	0
Number of patient accidents (slips, trips, falls)	34	39	36	34
Number of patients admitted with MRSA	0	0	0	0
Number of patients contracted MRSA whilst on IPU	0	0	0	0
Number of patients admitted with Clostridium difficile	0	0	0	0
Number of patients contracted Clostridium difficile whilst on IPU	0	0	0	0

Total number of patients under Hospice care in one year



Average number of patients under Hospice care at one time



3.4 Feedback from patients and their relatives

Historically individual services carried out annual surveys; this process was reviewed to ensure the surveys were giving us meaningful information that could be action focused, used for improvement and that patients and carers were not bombarded with mail and survey requests.

As a result, we have created one patient/family survey which was mailed in March 2019 with our Hospice newsletter. Results and actions will be shared with patients via our October newsletter.

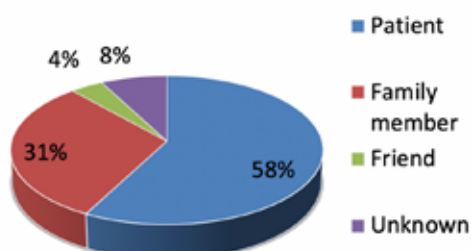
The Hospice also provides comments cards placed around the Hospice which visitors, patients, families and colleagues can complete. All comments are reviewed by the Chief Executive and Patient Services Director and actions logged as appropriate. Comments have been very positive about the Hospice.

March 2019 Hospice Survey Summary

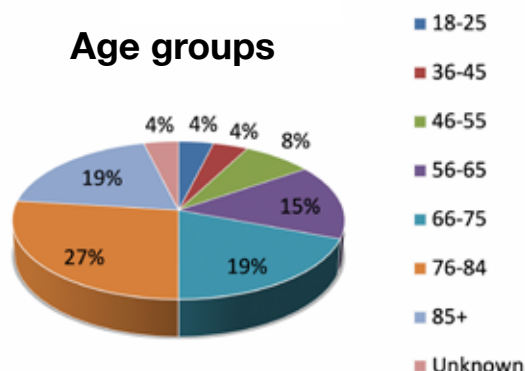
Background

Heart of Kent Hospice strives to achieve and maintain a high standard of care for patients and their families. In order to recognise the strengths and weaknesses of our current care and services, as well as to gain a better understanding of the expectations from our patients and their families, a Hospice survey was sent out to patients who were under the care of the Hospice at the time, alongside the March 2019 newsletter. Below is the feedback gathered in April and May 2019.

Respondents



Age groups



Perceptions of Hospice colleagues and environment

Respondents provided positive feedback about Hospice colleagues and environment. They found colleagues friendly, cheerful, accommodating and always had time to talk and explain. One of them particularly noted that the reception volunteers were always very welcoming. Overall, they felt the Hospice environment was comfortable, calming, clean and with great atmosphere.

Participating in decision making

Treatment option and future planning

Of those respondents who disclosed their experiences with treatment options and future planning discussions, 86% of them felt they were always listened to and that their preferences and wishes were respected.

Discharge planning

All respondents who have stayed on the Inpatient Unit said their families, friends or themselves were involved in discharge planning.

From referral to first assessment

More than half of the respondents (58%) indicated that their first assessment took place at home, followed by nearly a quarter (23%) which took place at the Hospice as an outpatient. Amongst those who responded the waiting time from referral to first assessment, the majority of them found it very acceptable

Hospice contact details

Most respondents who were seen at home responded that they were given Hospice contact details and were told that they could ring anytime for advice and support

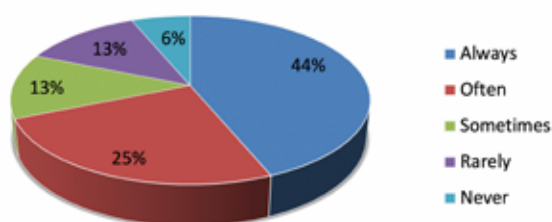
Comments, suggestions and complaints

Only half of the respondents (50%) confirmed that they were made aware how to make a comment, suggestion or complaint if they wished to do so.

Care

95% of these respondents who accessed any of our services rated the treatment, care and support acceptable or very acceptable.

Effectiveness of the received treatments



Respondents rated the effectiveness of the received treatments. Results were based on respondents who answered the question 'How effectively did the treatment, care or support from the Hospice team help improve your physical symptoms (pain, nausea, fatigue and others)?'

Living Well programme

Under half (46%) of the respondents were aware of the Living Well programme. And of those who were made aware of the programme, only 58% of them have attended one or more Living Well sessions in the last six months.

For those that have accessed the dementia services that were provided for our dementia patients and their carers, most of the respondents (78%) found the service very acceptable.

Famcare survey 2018

Famcare is a national bereavement service evaluation which ran from August to September 2018, targeting the relatives of patients who died between 1 June and 31 August 2018. 54 specialist palliative care services took part - 48 Hospices and six hospital Palliative Care teams.

Nationally most bereaved carers were satisfied with the end-of-life care provided. However, overall percentages of “dissatisfied / very dissatisfied” responses appears to have increased with the range now 1.2 – 5.1% (0.66 – 3.78% in 2017). The biggest change from 2017 was the number less satisfied with the hospital palliative care teams.

Our response rate for the Inpatient Unit was 60%. Our data for the Inpatient Unit showed 0 for dissatisfied / very dissatisfied across all of the questions.

Benchmarking demonstrated that on the Inpatient Unit we scored higher than in all settings for all of the 17 questions, including 100% for comfort, dignity and the palliative care team’s attention to the patients’ symptoms. 100% were either satisfied or very satisfied with the emotional support offered by the teams, and how the patients and their families were included in their treatment decisions.

10 out of the 15 Inpatient Unit responses included comments –

“The whole experience from the start to the end was nothing short of brilliant. My opinion is that the hospice is an oasis of kindness. We could not ask for anything above and beyond the treatment and care we received.”

Recommending Heart of Kent Hospice to friends and family

For those who have declared whether they would recommend Heart of Kent Hospice to a relative or family friend who required hospice care/support, 89% indicated they were very likely to do so.

Discussion

This very first integrated care Hospice survey is a reflective exercise that shows our shortfalls and accomplishments. We learn that we need to adopt various communication methods to engage with our patients and families, as well as with the care homes when and if our patients have been under their care. All in all, getting patients and family members to respond to the survey might have somewhat increased their awareness of the current activities and services provided at the Hospice. With the received feedback, we will continue to provide our care and address the needs with the implementation of Integrated Palliative Care Outcome Scale (IPOS) and other outcome measures.

3.5 Clinical complaints

Heart of Kent Hospice takes all complaints and adverse comments seriously. The Clinical Management Team oversees the management of complaints and reports to the Clinical Governance Committee and Corporate Governance and Risk Committee.

During 2018-19, the Hospice received three clinical complaints. One in May 2018 related to medication advice not given in a timely manner, and an apology was sent. Two separate complaints were from the relative of one patient, these were complex as they involved external agencies as well as the Hospice. Learnings were taken from the complaint and the case closed.

3.6 What colleagues say about the Hospice

Heart of Kent Hospice values the opinions of all its colleagues and volunteers and encourages a culture of open feedback. In 2018 the Hospice carried out a Colleague Survey:

- 97% of colleagues said they understand what the Hospice wants to achieve as an organisation
- 97% understood how working together contributes to the wider strategy of the Hospice
- 70% felt well informed about what is happening at the Hospice
- 97% of colleagues said they enjoyed the work they do
- 99% of colleagues enjoy working with the people in their team
- 92% felt they were making a difference
- 82% said they were satisfied with their job
- 92% said they were proud to work for the Hospice
- 86% said they were treated with fairness and respect
- 97% understood the ways they could raise concerns, if they had any
- 49% said their workload was reasonable
- 70% said they felt supported to develop their career
- 68% reported that they had confidence in the senior leadership team
- 42% felt that communication between teams was not always effective

An action plan was created from these findings and included: the introduction of lightweight summer uniforms for Inpatient Unit colleagues, the introduction of monthly Health and Wellbeing days (replacing an annual Health and Wellbeing Week), resilience training and a range of health and wellbeing initiatives.



Heart of Kent Hospice Quality Account feedback

If you would like to comment on the content or format of the **Heart of Kent Hospice Quality Account 2018-19** please submit your comments via our website at www.hokh.org, by email at enquiries@hokh.co.uk or to **Heart of Kent Hospice's Chief Executive** at this address:

Heart of Kent Hospice, Preston Hall, Aylesford, Kent ME20 7PU

www.hokh.org