What Key Elements will feature in the Ayrshire Hospice of the Future?

Shona Hynd and Kirsty Cornwall

Ayrshire Hospice
Making today matter

Introduction

It is acknowledged that our current accommodation will not adequately meet our needs and enhance the service we provide into the future. A review of the Ayrshire Hospice accommodation in Racecourse Road and Miller Road has commenced.

A person-centred approach has been adopted involving patients, families, paid and voluntary staff. The first stage of the Accommodation Needs Assessment is now complete and key elements for the Ayrshire Hospice of the future have been identified and reported. This report has been shared with Mott MacDonald, the appointed Project Managers, who will prepare a feasibility study of existing sites through the production of an option appraisal.

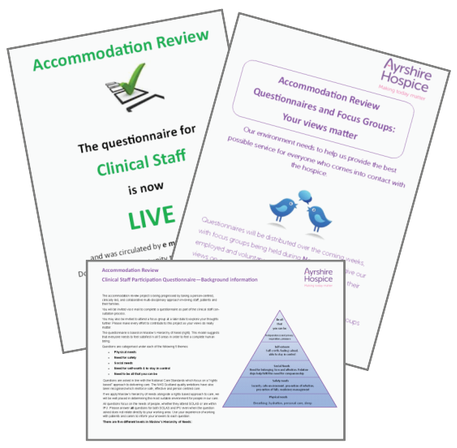
Scrutiny of demand for hospice services

It was necessary to establish a clear picture of the current demand for, and uptake of, our services, and to forecast the likely demand for services in future years.

- 1062 people were referred to services at the Ayrshire Hospice between April 2013 – March 2014 (an average of 89 people per month).
- Of these 1062 people, 254 (24%) were admitted to the in-patient unit.
- The remaining 76% were cared for in the community. This number is likely to rise in future years as more people choose to be cared for and die at home. Our Respite and Response service is evolving to support people to achieve this goal, working closely with our team of community Specialist Palliative Care Nurses.
- Day services caseload is growing (an increase of 6.4% over the last 12 month period), it is anticipated that this will continue to increase due to the growing flexibility of services offered.
- The shifting demographic profile means that people are living longer, with a range of complex needs and demands. The likelihood is that the balance of care will shift, with an increase in provision of services in local community settings. The need to increase the number of specialist palliative care beds in the in-patient unit is not forecast.

Scoping Methodology

The importance of correlating quantitative and qualitative data was recognised and a mixed methodology was adopted using questionnaires, face to face interviews and focus groups. Opinions were sought from in-patients, day services patients, community patients, family members, as well as paid and voluntary staff. All questionnaires were developed in line with the National Care Standards, and were piloted on small, representative groups to check readability prior to issuing to the wider groups. Posters were displayed in all areas of the hospice and circulated internally by e mail to raise awareness of the accommodation review and inform of the process and associated timescale.



- An electronic questionnaire was sent to 147 clinical staff members with a response rate of 63%. This questionnaire was developed using Maslow's 'hierarchy of need', with clinicians being asked to identify needs from a service user's perspective, using a person centred approach.

Maslow's Triangle

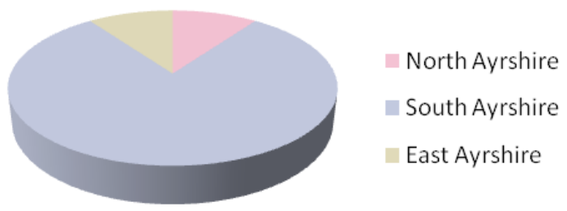
- A separate electronic questionnaire was issued to 96 non clinical staff, with a response rate of 72%. This also focused on need, but was adapted to concentrate on the physical environment and included questions on office space and an efficient working environment.
- 25 focus groups were facilitated; every member of paid and voluntary staff was invited to attend a group relevant to their role. Process mapping was used at each group to explore 'a day in the life of…', looking at the impact that the environment has on the effectiveness and efficiency of routine tasks performed. Issues relating to the current environment were identified and explored; solutions and recommendations for the future were then defined and recorded.
- 40 patients and carers were interviewed, with responses entered directly into a tablet, enabling real time data capture. This reduced any potential barrier for patients who were fatigued or felt unable to complete an electronic/ paper survey. Guidance was taken from nursing staff as to which patients were well enough to complete the questionnaire. Respondents were reassured of their anonymity and advised that they could stop the interview at any time.
- Community patients were also asked to provide their opinions via a link to an electronic survey. The response to this was disappointing, with only 3 people completing the survey.
- Benchmarking visits to other care environment sites were carried out and learning points from each visit were noted, including the following;
  - Importance of establishing a sound evidence base for re-build
  - Importance of the clinical lead liaising directly and continually with project planners
  - Paid and voluntary staff consultation essential
  - Real sense of community ownership of hospice
  - Attention to detail and the benefit of natural light within internal therapeutic spaces as well as easy access to private garden space.

Emerging themes

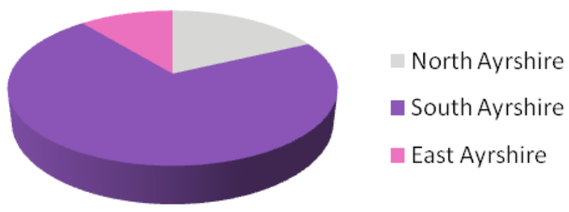
The most significant learning from this entire exercise was realising the enthusiastic input from patients, carers and staff. With the exception of the low response rate from community patients, the response rate from all other questionnaires exceeded all expectation. A real passion and commitment to serve the current population as well as an eagerness to make a difference to care in the future was evident at every focus group.

The majority of respondents had a preference for the hospice to remain in South Ayrshire, with Ayr being the most favoured town. There were only a few suggestions for relocation to Troon, Irvine or Kilmarnock.

Preferred Region in Ayrshire - Patients / Carers Views

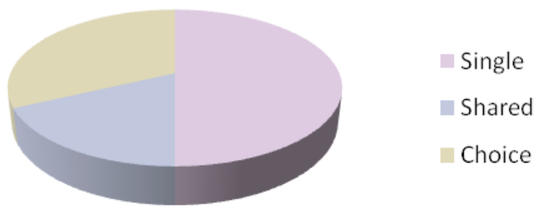


Preferred Region in Ayrshire - Staff Views

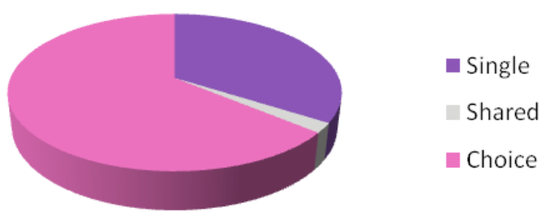


Large bedrooms incorporating family space with seating areas as well as en suite facilities were common themes. The importance of balancing the need for privacy alongside the need for socialising was highlighted. The resounding message from staff was that patient choice was crucial.

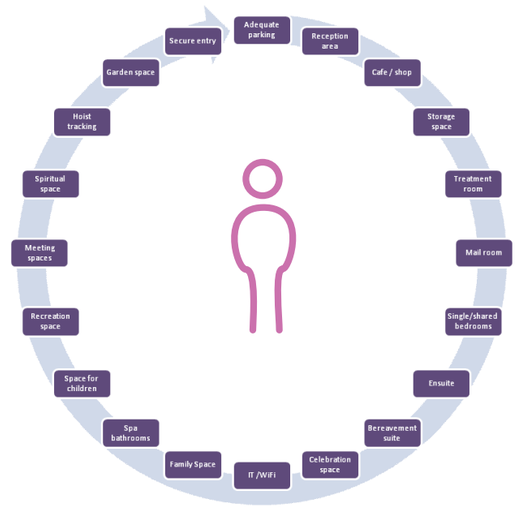
Single Rooms vs Shared Rooms - Patient / Carer Views



Single Rooms vs Shared Rooms - Staff Views



Person Centred Care was resonant in the vast majority of suggestions and recommendations received from staff around which key elements should feature in the Ayrshire Hospice of the future. The most commonly supported themes are represented below.



Themes which were common across both clinical and non-clinical teams:

- The desire for all teams to be based in one building
- The hospice building should feel warm and welcoming for patients, families and members of our community
- The building should feel secure for those staff working in it (pertaining particularly to staff working out of hours/ night staff).
- There should be sufficient parking facilities for staff, patients' families and people using the education centre
- Staff dining facilities could be improved
- Storage is insufficient for current needs
- IT resources require investment

Conclusions and Next Steps

The data collected from patients, carers, paid and voluntary staff reinforced the vision of a building that is easily accessible, iconic, welcoming, calming and uplifting. There was a resounding desire for enablement, choice and person centred care with patients controlling their own environment within a single or shared bed space.

The next step in this project involves Mott MacDonald, the appointed project management team, providing a full options appraisal during July 2015. The findings of this, together with the data already collated during the initital scoping stage, will inform the decision making process as to how the Ayrshire Hospice of the future will look and feel. This will be a rigorous process requiring a governance structure to ensure that decisions are made timeously whilst continuing to provide the highest standard of care.

For further information please contact:
Shona Hynd
shona.hynd@ayrshirehospice.org