Greenwich & Bexley
Community Hospice

QUALITY ACCOUNT

2021/2022

Registered Charity No 1017406

Contents

Chief Executive's Introduction

The last year has been full of challenges and triumphs; when we first entered the Coronavirus Pandemic, none of us expected it to last a year, let alone two; but unfortunately, it has been what has coloured much of our lives in 2021/22 as well as the previous year.

Across the hospice, colleagues have learned to adapt to ensure that whatever their role they are still able to deliver; whether that is in our income generation team, in our back offices and support functions or in our frontline clinical services. Our multi-professional team has adapted their practise, testing themselves regularly to keep our patients and their colleagues safe; becoming proficient at communication over video or behind a mask and adapting their knowledge and skills to respond to fresh challenges to ensure that we maintain the best service we can for everyone who needs our care.

The lives and wellbeing of everyone in society has in some way been impacted by this virus, and at the hospice we have not only had to respond to greater need in our community, but we've had to take even greater care of one another. Colleagues have themselves been impacted by the virus, many have lost loved ones themselves or been very sick and some impacted by the protracted effects of long-COVID. Nonetheless, those who were able have worked tirelessly to keep shifts covered and patients cared for.

As we look to the future, build on what we've learned and begin to put the last two years behind us with our new strategy, I couldn't be prouder of our very special hospice team. I'm grateful to everyone who has helped us to get through this last year: our staff, volunteers, patients, families, supporters and partners. Together we have achieved so much under tremendous adversity and this makes me incredibly hopeful for what we can achieve as we collaborate for our future hospice.

Kate Heaps - Chief Executive

Our Vision

We believe that every person facing death should have the best quality of life possible, experience dignity, peace and comfort and be supported to make the choices that are right for them.

Our Organisational Purpose

Our organisational purpose is to support and care for people facing death and those close to them; their families and professional carers, acting as a system and community leader and connector, supporting others and delivering expert care to achieve our vision. As we strengthen our relationships across the community and health and care system, we will be generous with our skill and expertise to increase the profile of end of life issues and hospice care, improving access and extending reach.

Our staff will work within our own services and in partnership with others to help patients maintain connections with their community and maximise their quality of life. We will continue to be creative in our approach to care, reimagining support at home and for families, all the time responding to diverse needs and the challenges our patients and communities face.

We will actively listen and respond to everyone who needs our care and at times this will require us to lobby those in power to ensure that the necessary resources are available and that we can address barriers/challenges.

We recognise that our people are our greatest asset; we will recruit, develop and retain the best people, creating opportunities and an environment for all of our staff so that they can be themselves and perform at their best.

Quality Overview

Clinical Governance

Quality and Safety Committee (QSC) and Clinical Quality Group (CQG)

We reviewed the Quality and Safety Committee in 2021/22 to ensure our senior leadership team provided the necessary assurance to Board members so that they had full oversight of our risks, mitigation and operational activities, ensuring robust governance.

The QSC is a subcommittee of the Board and meets monthly, reviewing progress against objectives, service performance, compliance with statutory regulation and risk management. As part of the agenda, we present a number of items on a rolling basis. We share the business of this committee with our hospice Board via minutes, bi-annual reporting and exception reporting. The Chair of this committee was handed over from Ruth Russell, hospice Chair to Komal Whittaker-Axon, Trustee. The Senior Leadership Team responsibility for this committee passed from Kate Heaps, Chief Executive to our new Director of Care and Service Transformation, Graham Turner in March 2022. We hope that the separation of roles will further strengthen our governance.

The CQG meets monthly and provides operational leads with an opportunity to interrogate our service outcomes and inform the QSC agenda. Through this meeting, risks and areas for improvement are identified and escalated where appropriate. This group routinely reviews the following:

Quality Improvement Plan
Actions for improvement identified through internal self-assessment mechanisms including audit, management review, staff, volunteer and patient feedback are included in this plan. Each item on the plan is categorised against the CQC's key lines of enquiry and has an identified lead and timeline.

Operational Risk Register
This risk register supports the Senior Clinical Team and CQG to manage operational risks by helping to monitor challenges such as workforce issues, environmental risk etc. It outlines the mitigation/resolution planned to manage or eliminate the risk over time and where necessary, risks are escalated to QSC. The operational risk register is complemented by an organisation-wide corporate risk management framework (RMF) with individual corporate risks being 'owned' by each Board subcommittee and the Board itself. This RMF is reviewed at least quarterly.

COVID-19 Risk Log
Since the beginning of the pandemic, we have kept a rolling risk log of emerging and developing risks and the mitigation and controls put in place to manage them. This included COVID-19 secure measures around the building, staff and environmental risk assessments, vaccination and testing protocol, availability and usage of PPE, changes to visiting regimes and outbreak management/ infection control. This distinct risk log was closed at the end of March 2022 and any remaining risks reintegrated within the operational risk register.

Service Activity
The CQG receives activity data which aims to give an overview of service activity. We continue to refine this report to help inform operational discussions and to give the necessary assurance for QSC and the Board. Reports include quantitative and qualitative measures for each service area.

Patient Experience
An overview of the various forms of feedback received including formal and informal complaints, compliments and responses from our patient survey tools, 'iWantGreatCare' and 'VOICES', is provided. All complaints are fully investigated using root cause analysis and included in patient feedback and incident reporting.

Incidents and Accidents
Accidents and any incidents across the whole hospice including medicine-related incidents, falls, pressure ulcers and safeguarding issues are reported to CQG, this provides an opportunity to review any themes and to identify improvements to be made, including environmental improvements and staff training. In monitoring this area of quality and safety, the hospice also participates in Hospice UK's national patient safety audit, which enables us to benchmark our performance against other similar services.

Mandatory Training
The hospice monitors compliance with our hospice's mandatory training programme for staff involved in regulated activity (clinical staff/volunteers) and non-regulated activity (all other staff/volunteers), against a target of 80% achievement. We use this dashboard to forecast performance one month ahead, so potential problems with compliance can be anticipated and appropriate action taken.

Our clinical governance reporting will continue to evolve as we implement the recommendations from our 2020 governance review and our new five-year strategy.

Safeguarding
In 2021/22 as a result of our governance review, we introduced a Trustee Safeguarding Champion, Estelle Kerridge. Estelle, Graham Turner and Glyn Berry (Team Lead Psychological and Social Care) now routinely meet once a month to review any safeguarding incidents as well as our organisational approach and responsibilities to safeguarding. This has already seen key reviews in mandatory training requirements in relation to safeguarding across the hospice, a review of policies in relation to safeguarding, as well as planned work to not only have a designated safeguarding lead accessible to all staff 24/7, but to have a renewed focus and understanding for everyone (in all settings) on their responsibilities in relation to safeguarding.

Service Activity

Overview

Between April 2021-2022

We cared for 2,718 people in 2021/22

2,043 being newly referred within the financial year and 675 'ongoing' patients having been referred prior to the start of the financial year. People usually receive support from more than one hospice service, so the number of individual referrals is greater than the number of people we supported.

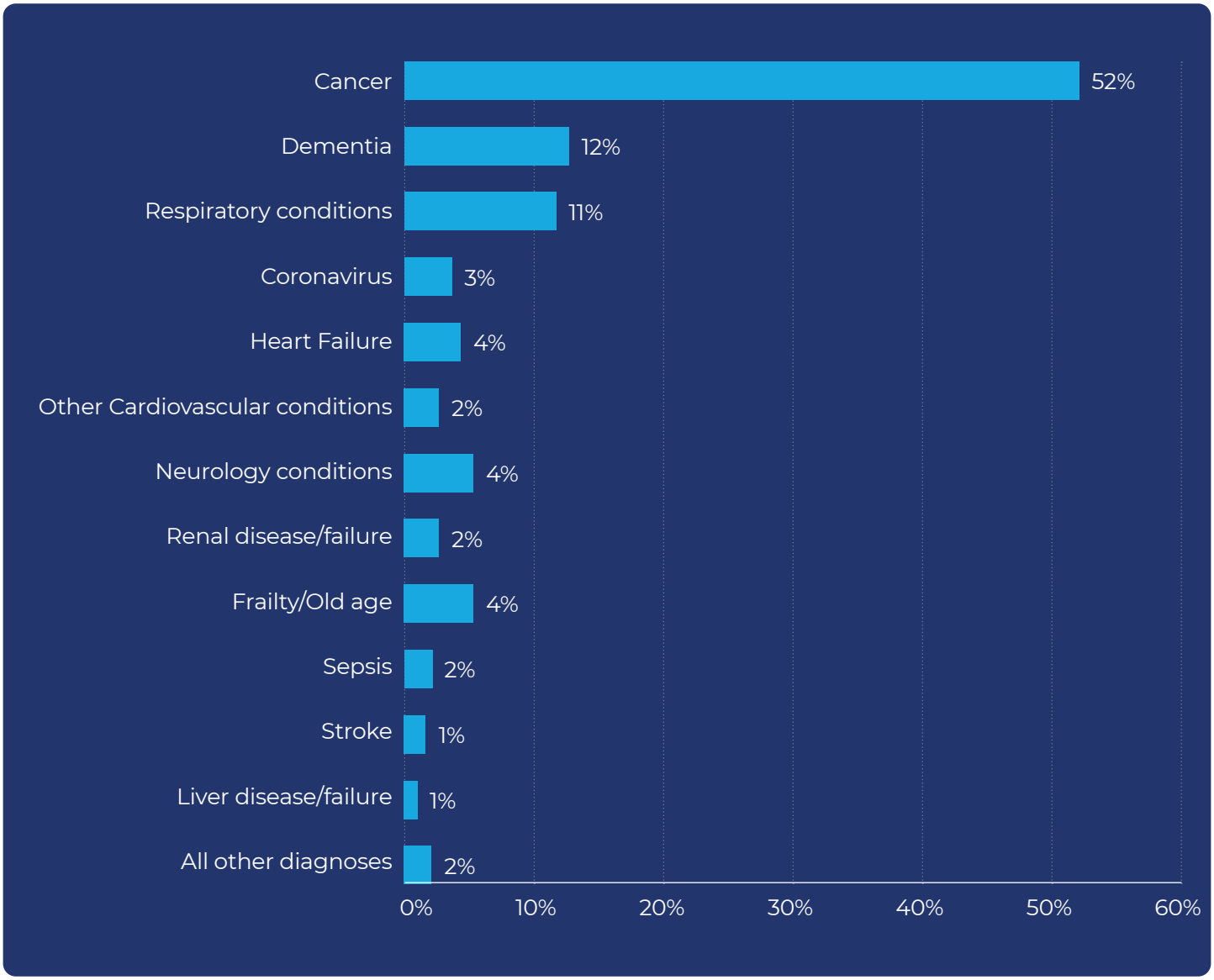
Patient Primary Diagnosis

From the 2,718 people who received care and support from the hospice we only record diagnosis for those classed as 'patients', not for those who are relatives/friends of patients and who are themselves referred to our counselling and social work services. In total there were 125 people where a diagnosis was not recorded, leaving a total of 2,593 people who had a recorded diagnosis. Our patients often have more than one significant diagnosis and we have reported on all diagnoses including where a patient has more than one cancer.

All Diagnoses	2021/22		2020/21	
	Number	Proportion of all patients (where diagnosis is recorded)	Number	% (where diagnosis is recorded)
Cancer	1,510	52%	1,568	53%
Dementia	342	12%	345	12%
Respiratory conditions	323	11%	274	9%
Coronavirus	159	3%	226	8%
Heart Failure	124	4%	118	4%
Neurological conditions	107	4%	112	4%
Renal disease/failure	56	2%	61	2%
Other Cardiovascular conditions	56	2%	65	2%
Frailty/Old Age	109	4%	49	2%
Sepsis	60	2%	43	1%
Stroke	36	1%	37	1%
Liver disease/failure	19	1%	18	0%
All other diagnoses	51	2%	59	2%

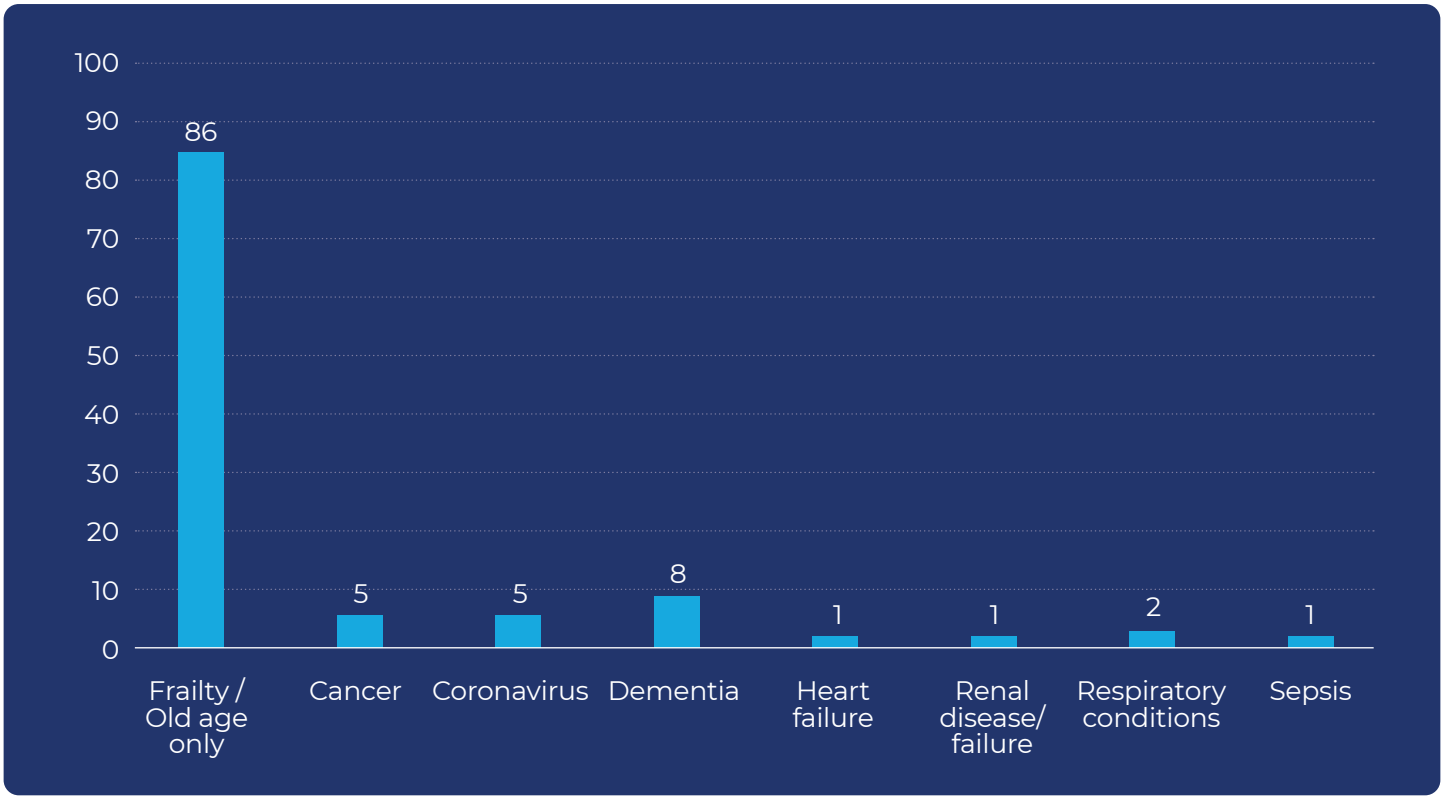
There were notable increases in patients with respiratory disease, mainly as a result of a joint project with Oxleas NHS Foundation Trust NHS Trust, where our physiotherapists supported the community respiratory (COPD) team. Further information about this project is available in the Hospice UK posters on page 34, entitled “Promoting Collaborative Working Between Hospice and Respiratory Teams to Improve Patient Outcome”.

Patient Diagnosis by Type



There was also a marked increase in patients who presented with ‘Old Age/Frailty’ as a result of the expansion of our dementia and care homes team. Of these patients, 23 had dual diagnoses recorded, as follows:

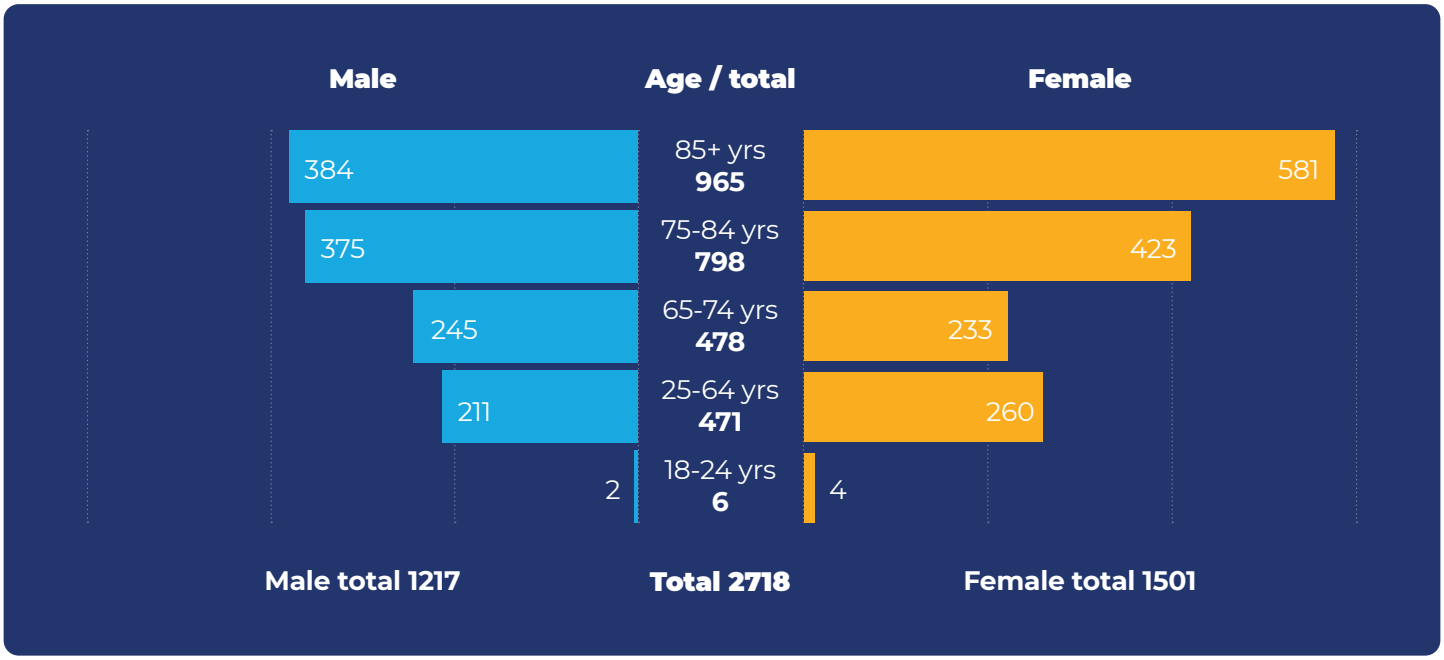
Patients with Frailty/Old Age and another significant diagnosis



Age/Gender

Age	2021/22		2020/21	
0-17	0	0	4	0.1%
18-24	6	0.2%	13	0.3%
25-64	471	17%	569	18%
65-74	478	18%	547	17%
75-84	798	29%	839	27%
85 +	965	36%	950	37%
Totals	**2718**		**2922**	

Age and Gender Breakdown

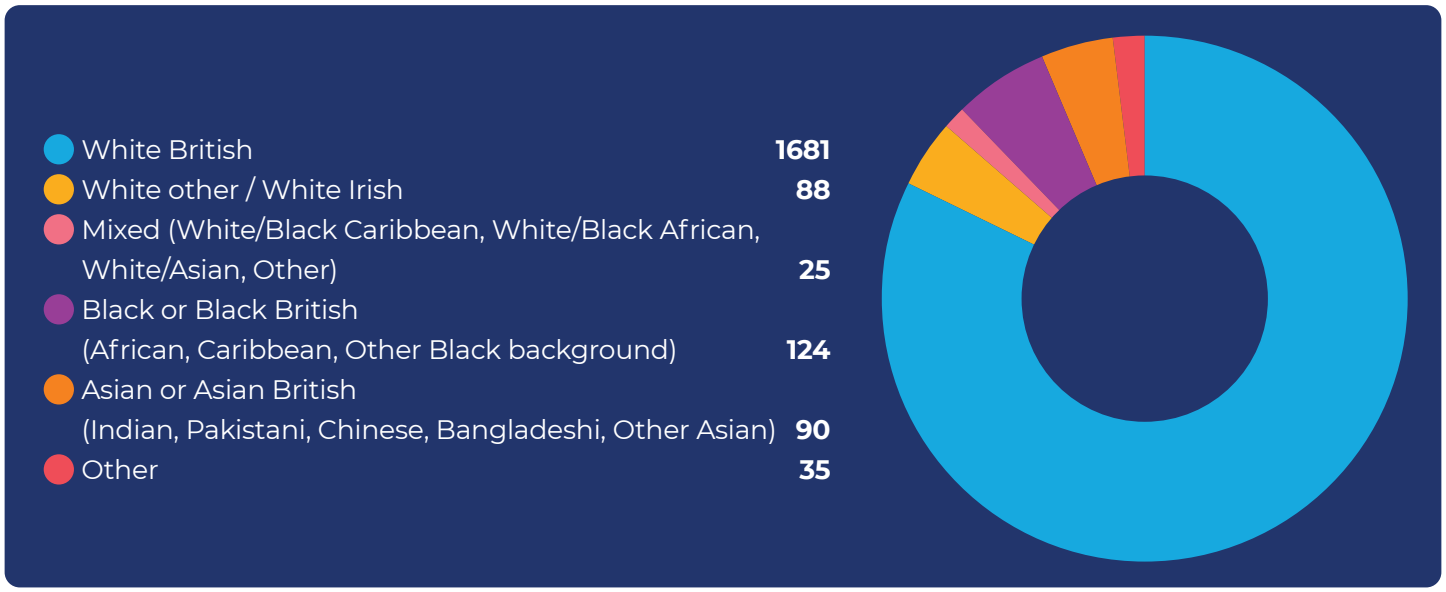


Ethnicity

Recording of ethnicity has been identified as an area for improvement for some time at the hospice. In 2021/22 we have continued our additional focus on this area of data completeness and are beginning to make some progress, in part because ethnicity data has been improved on the NHS spine as part of the Coronavirus vaccination programme.

Ethnicity	2021/22		2020/21	
	Number	% (where ethnicity is known)	Number	% (where ethnicity is known)
White British	1,681	82%	1,685	81%
White Other (White Irish/White Other)	88	4%	125	6%
Black or Black British (African, Caribbean, Other Black Background)	124	6%	114	5%
Asian or Asian British (Indian, Pakistani, Chinese, Bangladeshi, Other Asian)	90	4%	103	5%
Mixed (White/Black Caribbean, White/Black African, White/Asian, Other)	25	1%	36	2%
Other	35	2%	21	1%
Total Recorded	**2,043**		**2,084**	
Unknown/Not Recorded	675	25%	838	29%
All patients	2,718		2,922	
Patients where their ethnicity was not White British (where recorded):	362	18%	287	18%

Ethnicity

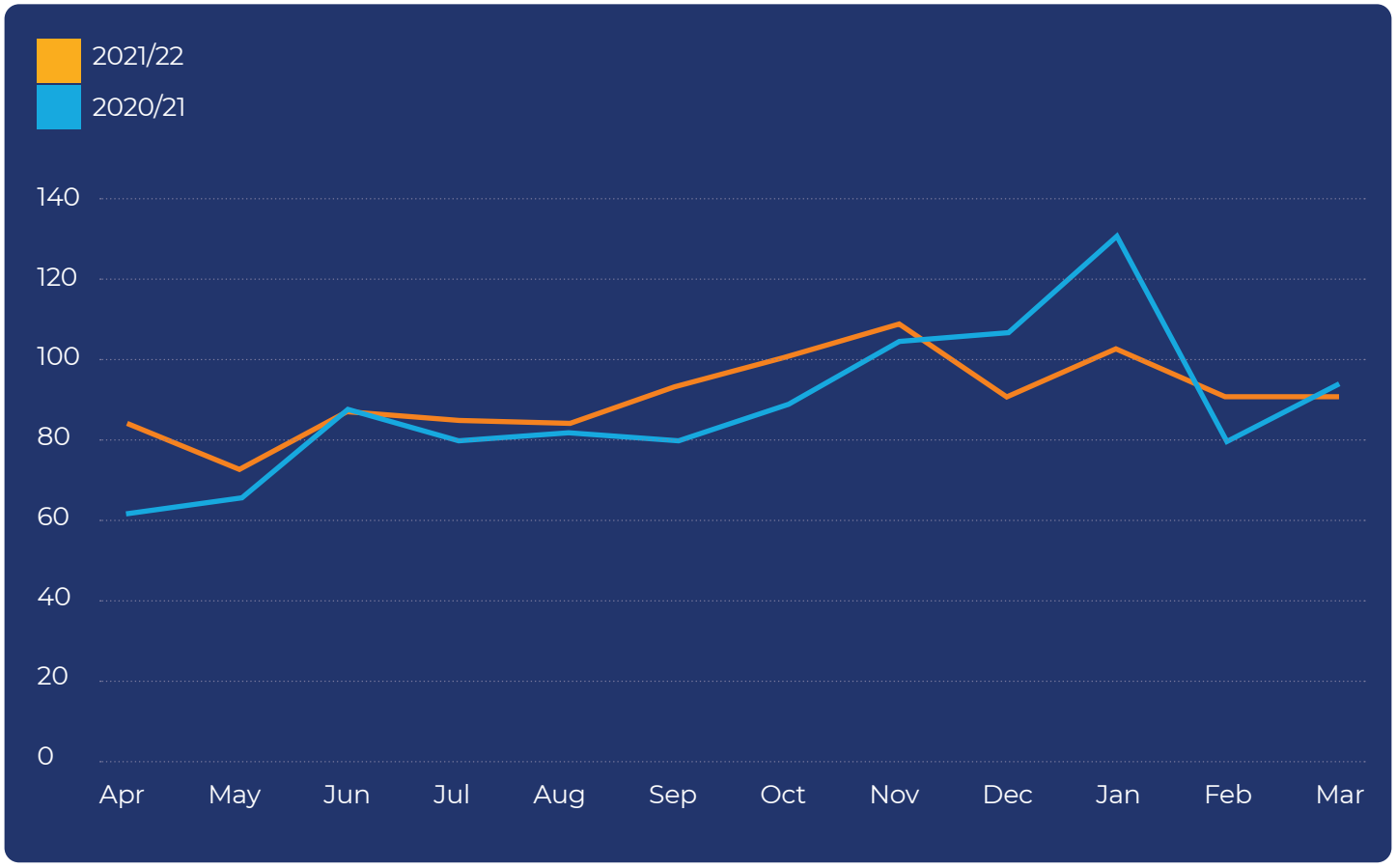


Data by Service

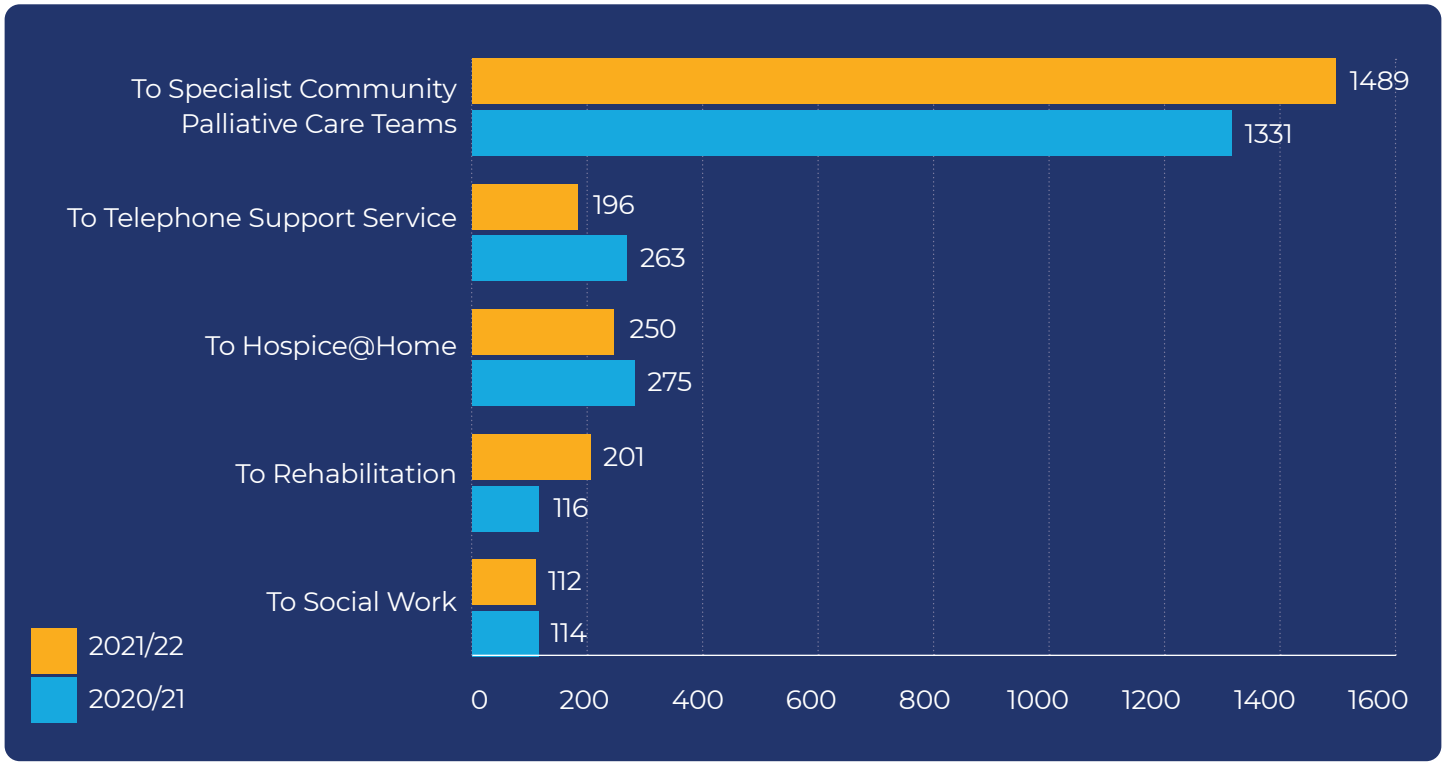
Inpatient Care:	2021/22	2020/21
Available capacity (number of bed days available)	4,741	4,708
Percentage of bed days occupied	63% (2,981 days)	63%
Total Number of Referrals	329	279
Total Number of Referrals not admitted	34	22
Total Number of new Admissions	295	257
Average waiting time in days (referral to admission)	1	1
Number of People whose stay ended in discharge	86 (28%)	59 (26%)
Number of People whose stay ended in death	213 (72%)	173 (74%)
Total number of completed episodes (patients discharged and died)	299	232
Average length of stay (mean) days	10	13

Hospital Specialist Palliative Care Team Care:	2021/22	2020/21
Total Number of referrals received	1,075 (941 patients)	1,062 (918 patients)
Total Number of Deaths of patients while under the care of our hospital team	390	456
Total Number of Discharges	664	581

Hospital Referrals by Month Comparison



Community Services Caseload: Number of new people allocated to a community caseload



Community Palliative Care Team (CPCT)
A 12% increase in referrals to the CPCT in 2021/22 can be attributed in part to patient preference to be at home and avoid hospitalisation during the pandemic. Patients wanted freedom to have family around them, as hospice and hospitals implemented restricted visiting conditions. Likewise, a fear of contracting COVID in hospital resulted in choosing care at home. A proportion of these patients also had very complex needs, requiring intensive support from nurses, doctors, social workers and chaplaincy. Additionally, we saw a greater number of referrals for people who were very late in their disease and who required short but intensive care and support to enable them to die at home. Late presentation and changes to access to primary care, diagnostic services and treatment facilities during the pandemic may have contributed to this.

Hospice@Home
Our Hospice@Home services cared for slightly less patients this year compared to 2020/21. This is likely to be because of a reluctance for people to let us come into people's homes and changes in living circumstances i.e., living in 'bubbles' compared to the previous year. We continued the trend to provide some packages of care for Bexley residents in the year, with the service providing care for 47 patients from Bexley Borough.

Rehabilitation
During 2020/21 at what was the start of the pandemic the difficult decision was made to redeploy the rehabilitation team into other services within the hospice team. This decision was made for a variety of reasons. Firstly, to facilitate the reduction of footfall into the hospice building, so that we could protect both the patients and the staff caring for them from COVID-19. We also recognised the anxiety that people in our patient group felt during this period, of the risk of catching COVID-19. Stopping this service did have an impact on the number of patients that were new to the rehabilitation service. It is important to also acknowledge there was also a staff vacancy during this time. The increase in new patient numbers seen during the period 2021/22, will be as a result of re-starting the rehabilitation service and the use of video conference technology as a means to work with patients virtually, the recruitment of a new Occupational Therapist to the team and the development and recruitment to a Wellbeing Support Worker post.

Impact of COVID-19

There were 159 people who were cared for across all of our services in 2021/22 who had a COVID-19 diagnosis recorded. The majority of these patients had one or more other significant diagnoses as outlined in the table below:

	Number of diagnoses recorded
COVID-19 diagnosis only	19
COVID-19 and Cancer	89
COVID-19 and Dementia	18
COVID-19 and cardiovascular disease	8
COVID and Respiratory disease	22
COVID-19 and other diagnoses	19

Outcome of Care

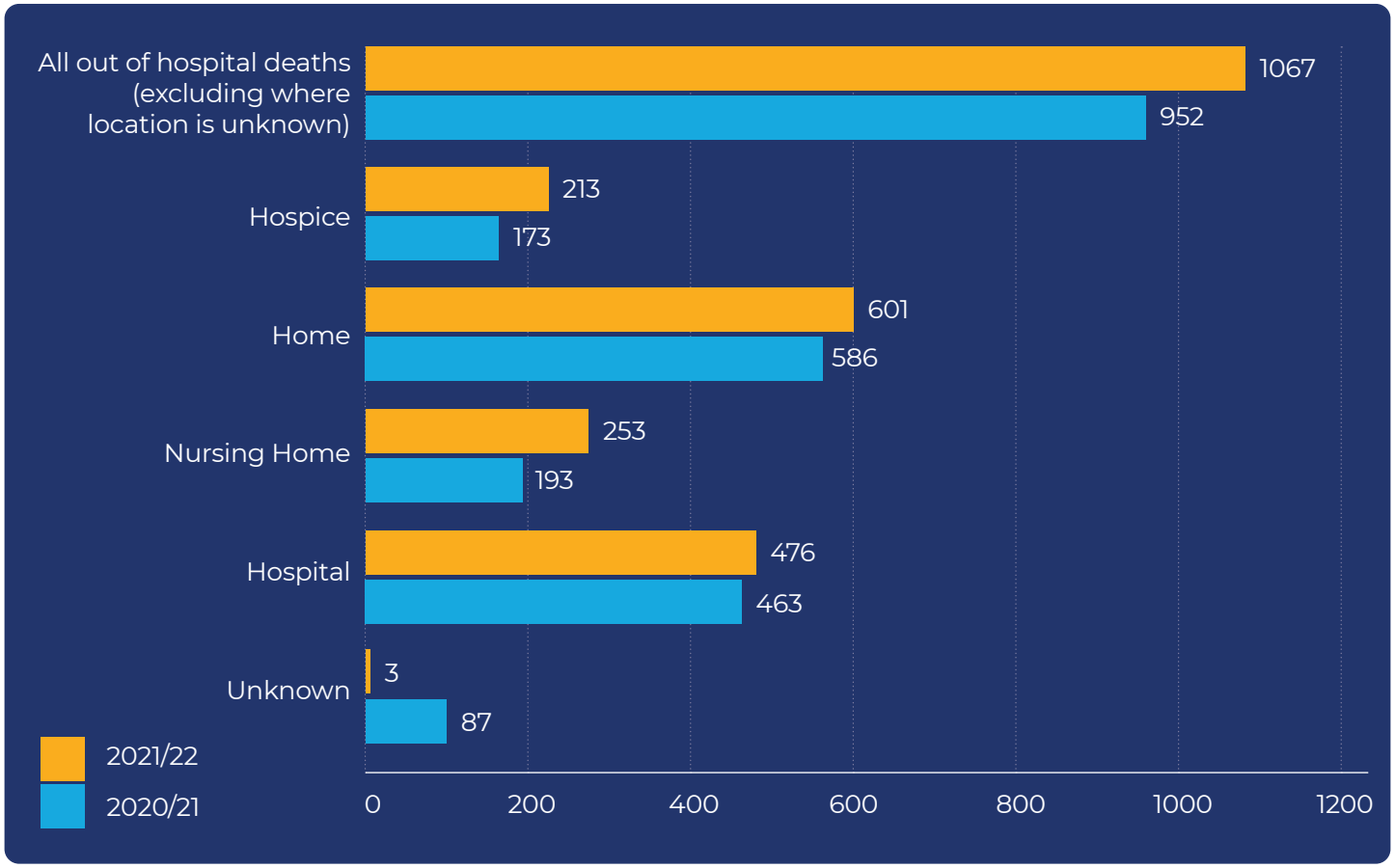
The majority of patients whose hospice care ended, died under the care of one or more of our teams, however a growing number of people were discharged from hospice support all together, aware that if they needed our help again, they would be able to get in touch.

	2021/22	2020/21
Total number of people who died under hospice care	1,546	1,502
Total number of people discharged from all services	744	815

Location of Patient Death:
Through our continued role in the Greenwich and Bexley systemwide collaborative group Resplendent, the hospice was pleased to participate in the 'Home First' partnership and also to benefit from additional winter funding. Because of this investment, we have been able to develop our workforce so that we are better able to meet the growing need for palliative care at home, which is where most people choose to live and die. COVID-19 has also had other unintentional impacts on our patient population, some have experienced delays in seeking medical advice and subsequent investigations, which in turn has led to late diagnosis and a noticeable increase in the complexity of people's needs. One thing we have done to enable us to better meet this change in need is that we have grown our social work team from one to three specialist social workers.

The chart below demonstrates a shift in the number of deaths outside of hospital as a result of all of our 'Home First' efforts.

Location of Death



For patients known to hospice services, the percentage of out of hospital deaths was 69% in 2021/22 compared to 67% in 2020/21. For overall deaths in Greenwich and Bexley it was 51% in 2020 and 50% in 2021.

Service Feedback and Benchmarking

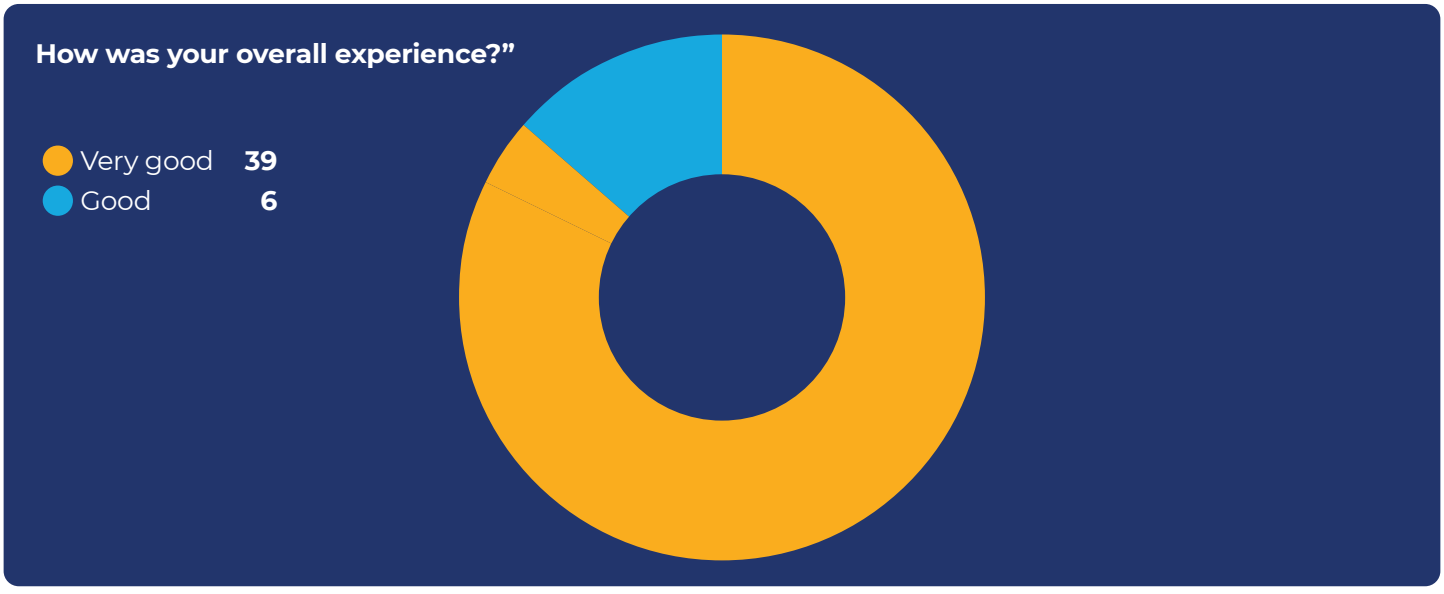
Patient Feedback

Patient Forum
Our patient forum was suspended during 2020/21, however we engaged with patients through spot surveys throughout the year. An example of this was a survey of the impact of remote working and digital technology, the findings of which gave us confidence to continue using this medium where patients were able.

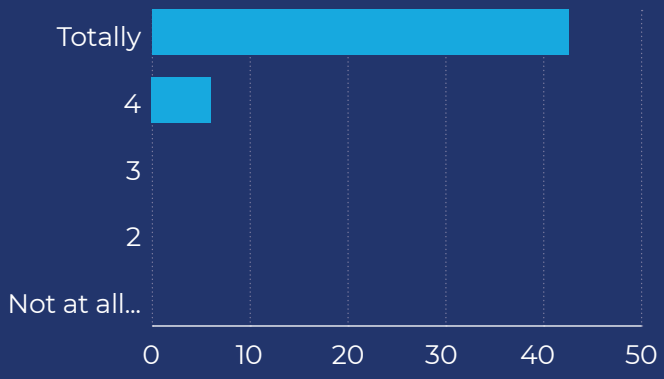
We plan to restart the forum when it is safe to do so. In the meantime we continue to use other ways to seek feedback and involve patients and carers in service development.

IWantGreatCare
Due to the pandemic we have not been able to prioritise proactive publicity of this to our service users. We have new plans to commence regular mailshots to ensure that all the people we care for will have the opportunity to give feedback through this and other routes.

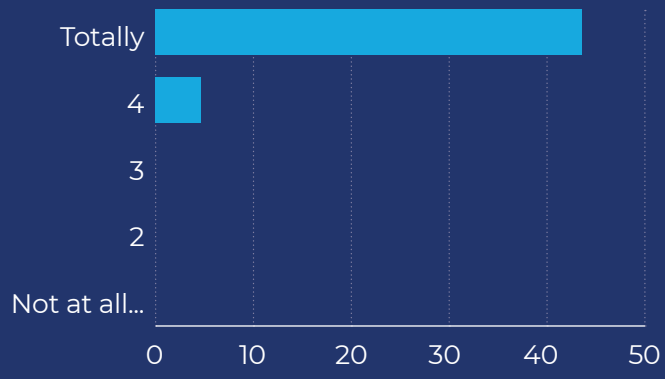
In 2020/21 we carried out a survey of hospice patients and carers to hear about their experience of virtual and remote hospice support. The survey was sent out to all patients and families for whom we held an email address, an adapted version was subsequently sent to patients who we had no email address. In total 122 responses were received, 83 from patients and 40 from family members. The feedback is shown below:



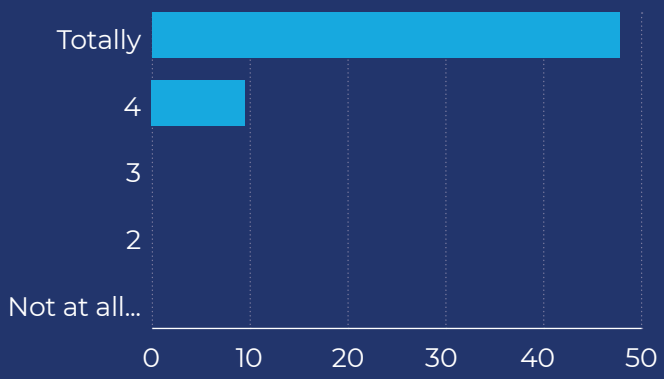
Were you satisfied with the support you received?



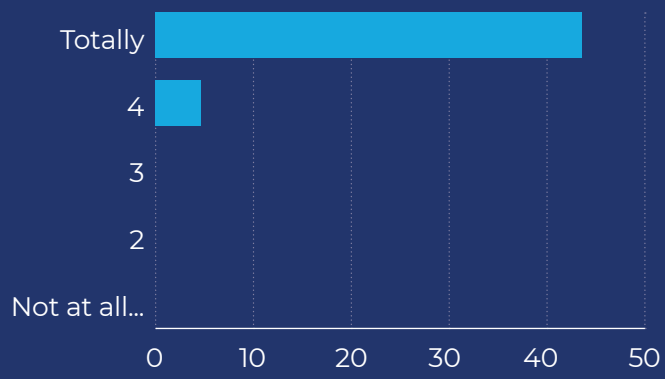
Did you have confidence and trust in the staff who cared for you?



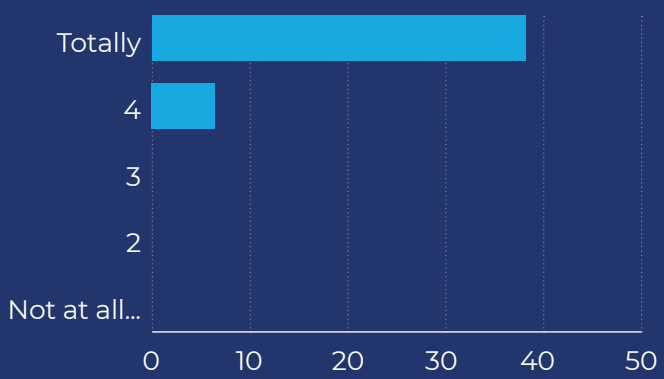
Did you receive enough information about your care and treatment?



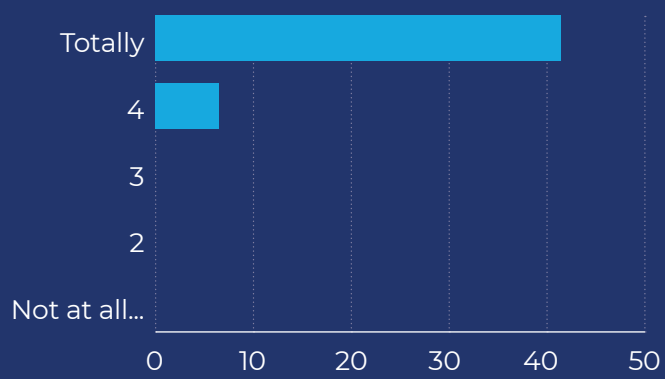
Were the staff kind and caring?



Did you feel involved enough in decisions made about you?



Were you treated with respect and dignity?



Compliments from our Service Users

"Our sincere thanks to all the team for their wonderful care and support, so happy that our mum's wishes of dying at home surrounded by her family and beloved dogs was aided by such special care and love from the wonderful carers. We would not have been able to cope without your support". **Support received by our community palliative care team**

"My husband died peacefully in his favourite armchair with us all nearby. We would like to thank all the staff who were so kind and caring throughout by husband's illness".
Support received from Hospice@Home team

"Please accept this donation. We chose the hospice because in his final week Dad was receiving care at Queen Elizabeth Hospital which involves the hospice outreach. The care he received from everyone was astonishing and contributed greatly to his peaceful death".
Donation from relative, due to support given by our team in Queen Elizabeth Hospital

"I should like to thank you for your expert care of my husband while he was with you. I was finally able to let go of the burden of responsibility and see him almost pain free which was a blessing. We were thankful to be able to sit with him and were grateful for the whole family to be with him when he died. He died gently, as he lived, listening to the noblest of composers - Bach. We were grateful that his final days were blessed with his favourite music wafting in his room. We hope you too enjoyed some of it. Thank you for looking after him and us on our journey together".
Relative feedback on a patient who died in our hospice inpatient unit

"When your nurse came to assess the home situation, I requested some counselling for myself. That was on 21st July. I was able to see your counsellor on 27th July and again on 3rd August when my husband was admitted to the hospice. I found it very helpful and more able to cope".
Relative who received counselling support

Patient Forum

Having held a number of Patient Forum meetings in 2019/2020, we had to pause this programme during 2020/21 and 2021/2022 due to the uncertainties and visiting restrictions imposed by the pandemic. We will be resuming meetings with people who are supported by the hospice in 2022/23, via a combination of face-to-face and virtual meetings, to ensure that people who use are services are able to give us feedback and shape the implementation of our new strategy.

We are also working with partners in the wider local health & social care system to ensure that people's views on any aspect of end of life care are appropriately shared and fed back.

Complaints

The hospice has a robustly managed complaints procedure. All complaints are fully investigated whether they are informal complaints such as direct verbal feedback and comments received on patient and family feedback questionnaires or formal written complaints.

A root cause analysis is carried out for all complaints and where possible and appropriate, the complainant is invited to meet with members of the senior team. Where other organisations are involved, we work together to understand and resolve the concerns raised. Over this last year we have trialled using an 'After Action Review' (AAR) format where multiple organisations have been involved in the care that has raised a complaint. This AAR format come from an American military setting, designed specifically to set clear 'no blame' boundaries in conducting a review of what should have happened, what did happen and the variation between them (if any) and what learning can be taken from them, with a clear focus on ownership of those learning points and deadlines for them.

Whilst there has been continued learning and review taken on board from the complaints made, it is clear that the COVID-19 pandemic has equally taken its toll, contributing to the slight increase in both clinical and non-clinical complaints and people's overall frustrations.

Complaints Received/Outcome	2021/22	2020/21
Care Complaints: Verbal	8	8
Care Complaints: Written	9	7
	17	**15**
Non-Care Complaints: Verbal	5	5
Non-Care Complaints: Written	11	10
	16	**15**
Total	**33**	**30**

Nine of the 17 complaints were upheld, eight were not upheld with a number of other complaints received relating to service not provided by GBCH. In addition to the above, we responded to two complaints from PALS at Queen Elizabeth Hospital for complaints they received and where our hospital palliative care team had been involved in the care.

Partnership Working

The hospice has a strategic objective to work with partners across the system to ensure that everyone who needs end of life care gets the best care possible.

Message received from Rowena Lovell, Director of Strategy and Governance Hospice UK, regarding our work as a hub for PPE distribution during COVID-19:

"You and your team were the first ones to come forward to help when we put the call out and really don't know what we'd have done without you. You have been amazing. It's been challenging at times, especially in the early days but you've been so calm and supportive all the way through. It was only meant to be a few weeks so it's remarkable what we've achieved."

Feedback from Alison Rogers, Director of Integrated Commissioning, South East London CCG:

"Thank you for sharing the hospice's Quality Account. Greenwich & Bexley Community Hospice was a key partner in our local COVID response and remains alongside us as we continue to support our care homes and develop our local Home First schemes. Your Quality Account shows that you are a learning organisation continually holding yourselves to account and challenging yourselves to find new ways to support our residents and their families at the most sensitive time. Through your engagement in the system locally you challenge and support us all to do the same."

OneBexley

The hospice has been working with local voluntary sector organisations in the London Borough of Bexley (Bexley Voluntary Service Council, Age UK Bexley, Inspire Community Trust, Bexley Mencap, Mind in Bexley, Crossroads Care South East London and Carers' Support Bexley) as a consortium collectively known as OneBexley.

Starting in pilot form in October 2020, OneBexley has been undertaking statutory Care Act Assessments, reviews and Carers' Assessments on behalf of the London Borough of Bexley, with staff employed by consortium members as trusted partners who write support plans, using the Council's systems and being overseen by a senior social worker employed by the consortium.

The hospice's role has been to be the prime contractor, providing contract and project management support.

Through 2021/2022, the consortium undertook more than 580 assessments and reviewed more than 442 existing care plans, as well as providing ad hoc information, guidance and signposting. The hospice, to date, has not been involved in carrying out assessments or reviews, though there is emerging evidence of people who had not previously been referred to hospice services, or who had not previously been identified to referrers, being signposted to the hospice for support. This is an area we very much look to develop in 2022/23.

Hospice UK Inpatient Benchmarking

We have continued to participate in the Hospice UK Benchmarking Project. The hospice is categorised based on the number of beds as category "D" for comparison with other similar sized units.

Results from 2021/22 Benchmarking: Patient Falls

			Outcome of Fall											
			No harm		Low harm		Moderate harm		Severe harm		Death		Total falls incidents	
		% BED OCC	OCC.	%	No	%	No	%	No	%	No	%	No	Per 1000 OBDs
2021/2022	GBCH		**17.0**	**68.0**	**7.0**	**28.0**	**0.0**	**0.0**	**1.0**	**4.0**	**0.0**	**0.0**	**25**	**8.2**
	Category Average		4.8	54.9	3.6	41.9	0.2	2.7	0.0	0.5	0.0	0.1	8.7	9.9
2020/2021	GBCH	**62.3**	**30.0**	**83.3**	**5.0**	**13.8**	**0.0**	**0.0**	**1.0**	**2.9**	**0.0**	**0.0**	**36**	**16.4**
	Category Average	65.5	5.4	55.5	4	40.9	0.2	2.2	0.1	1.3	0.0	0.1	9.7	11.7

We have a robust reporting structure for all slips, trips or falls, including near misses and prevented falls. This is shown in a higher number of falls in the "no harm" category compared to the average. Our reporting at higher levels is comparable to other hospices. Unfortunately, in the year, we had one fall rated as severe harm; this related to a gentleman who had sustained a suspected hip fracture whilst trying to mobilise independently. He and his family decided that he did not wish to attend hospital for treatment, but to remain at the hospice for comfort care alone.

An internal inpatient falls audit has recently been carried out, which will be presented to our Clinical Quality Group in May and included in the Quality Account document next year.

Results from 2021/22: Inpatient Benchmarking: Medication Incidents

			Level of Medication Incident													
			Level 0		Level 1		Level 2		Level 3		Level 4		Level 5&6		Total Medication Incidents	
			Error Prevented		No adverse effects		Patient monitoring, no harm		Some change, no harm		Delayed discharge, additional treatment		Permanent Harm/ Death			
		% BED OCC	No	%	No	%	No	%	No	%	No	%	No	%	No	Per 1000 OBDs
2021/2022	GBCH		**25**	**44.6**	**21**	**37.5**	**10.0**	**17.9**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**0.0**	**56.0**	**18.3**
	Category Average		3	28.7	5.6	53.6	1.7	16.3	0.1	1.4	0.0	0.0	0.0	0.0	10.5	12.0
2020/2021	GBCH	**62.6**	**47.0**	**63.5**	**14.0**	**18.9**	**8.0**	**10.8**	**5.0**	**6.8**	**0.0**	**0.0**	**0.0**	**0.0**	**74.0**	**25.2**
	Category Average	65.5	3.4	34.5	5.2	52	1.2	11.8	0.2	1.7	0.0	0.0	0.0	0.0	9.9	12.0

Due to our robust reporting procedure, all incidents were identified early, which prevented patients coming to any harm, and only 18% of incidents resulted in patients requiring extra monitoring, with no ill effect. 45% of our incident reporting prevented an error (these include administration errors such as missing signature, dose not written in words and numbers); this compares to 29% by other hospices of a similar size.

We are progressing with using prescribing on SystmOne which we hope will reduce errors further, particularly administration errors.

Progress on Hospice Strategy and Priorities for Improvement during 2021/22

Despite the ongoing challenges presented by the Coronavirus Pandemic; our hospice maintained business continuity throughout as well as developing through our Recovery and Transformation Programme. Opportunities to learn from the pandemic and to improve our care were grasped and we began to shape our new strategy, which was approved by the Board in March 2022.

Business Continuity and Infection Prevention

Our business continuity plan remained in place and we continued to protect our 'mission critical' services, supporting almost 3,000 people in the year. Our hospice-wide pandemic planning group moved to a business-as-usual operational management group which now meets fortnightly, to provide a space to talk about new guidance, live challenges and issues. Our Board governance review continued and we established a new scheme of delegation for subcommittees. Operational managers continue to focus on maintaining our service and supporting staff and the Board continue to be given the assurance they need around our financial stability, workforce wellbeing and resilience, response to the pandemic, quality and safety of our services and to begin to look to the future through our emerging strategy.

We have continued to maximise protection of our patients by minimising face-to-face contact with people at home where appropriate; many patients continued to shield and were reluctant to have home visits, as we reintroduced in-hospice services, for example in rehabilitation, many chose to continue to receive virtual support.

Our Wellbeing Support Worker began to explore what partner services already exist outside of the hospice and link patients into these where appropriate, rather than duplicate our efforts. This development will continue as we shape our wider wellbeing and outpatient offer alongside other aspects of service transformation.

Our Registered Manager/Infection Prevention Lead continues to guide us in all aspects of infection risk management and completed her Masters in Biomedical Science. We were excited to be able to reintegrate our inpatient unit and staff back into the main hospice in Summer 2021 and to see more of our community staff able to come into the main building where peer support is more available. We remained diligent with barrier nursing for new admissions and patients with suspected COVID-19, and continued to test inpatients and staff in line with national guidance. The majority of our hospice-based staff stepped forward for vaccination in advance of the introduction of mandatory vaccination legislation, however we were relieved to retain those valued staff who chose not to access vaccination when the legislation was revoked. We continued to abide by national guidance around visitors to our inpatient unit during this time and have been glad to be able to further relax this at the end of 2021/22 so that we are closer to the hospice's ethos of providing a home from home.

We continue to carry out individual risk assessment for all staff and have supported those staff who were shielding, to work from home where possible. Having stepped up as a regional PPE distribution hub for London and Kent hospices in the summer of 2020, we handed this responsibility over to our neighbouring hospice, St Christopher's in September 2021. We are extremely grateful to the staff and volunteers who supported us with this additional responsibility throughout.

Partnership Working

We remain grateful to our own staff who have shown amazing flexibility, some being redeployed to other areas of the hospice and to Oxleas NHS Foundation Trust NHS Foundation Trust at times of peak demand/staffing difficulty. Through these secondments staff continue to learn from one another, gaining a better understanding of the patient pathway and where improvements can be made. The arrangement is continuing for now, so that our physiotherapists can support patients with chronic lung disease that can benefit from a more palliative approach. We hope this will lead to a longer-term arrangement and an ongoing integrated pathway of care for our patients.

Our partnership also continued throughout the year with at least twice weekly participation in the Greenwich and Bexley system-wide 'Resplendent' group. Through this group we have been able to participate in problem solving across organisations, get support for the hospice when needed from other partners and as a result of our involvement, we have also been able to access substantial additional NHS funding which has enabled us to invest in our services and ensure that the needs of people approaching the end of their lives are better met.

The Greenwich and Bexley End of Life partnership group has continued throughout 2021/22 and is now chaired by the hospice's Director of Care and Service Transformation. Our Chief Executive is now responsible for Chairing the South East London Palliative and End of Life Care Network Group, which will be integrated into the community-based care workstream of the emerging Integrated Care Board. This role is important in ensuring that the needs and wishes of people facing end of life and their families are fully integrated into future commissioning intentions, system-wide service improvement and workforce development.

Our partnership with St Christopher's Hospice continues, with a joint appointment for our Occupational Therapist; and continued support from Senior Medical colleagues for part of the year. We also continued to work together in providing end of life care education to colleagues working in partner organisations across South East London.

New Ways of Working

All staff continued to show flexibility in the way that they worked, adopting hybrid working to enable patient care to be maximised. When society began to open up, many patients continued to prefer virtual mechanisms for communication with their nurses and other clinicians rather than putting themselves at unnecessary risk through exposure with the wider public. Continuing to use virtual communication tools where appropriate had the added benefit of freeing up clinical time to enable staff to provide support to a larger number of patients.

Our hospital team built on their successes in 2020/21 and supported by a successful bid to the NHS charity, we were able to add a Palliative and End of Life Care Discharge Nurse to our team. This has helped us to support a growing number of people to get home from hospital and supported our aim to provide more care for people to die at home. Our care management service (the front door of the Greenwich Care Partnership service) also continued to operate at the weekends to support more people to access Hospice@Home care as quickly as possible. We continue to provide Hospice@Home support for residents of Bexley (funded on a spot purchase basis), and are hopeful that this option will continue on an ongoing basis.

With support from winter funding, we were able to continue our programme of Project ECHO sessions for Greenwich and Bexley Care Homes, routinely attracting around 30 attendees to the live sessions, with opportunity for playback for those unable to attend.

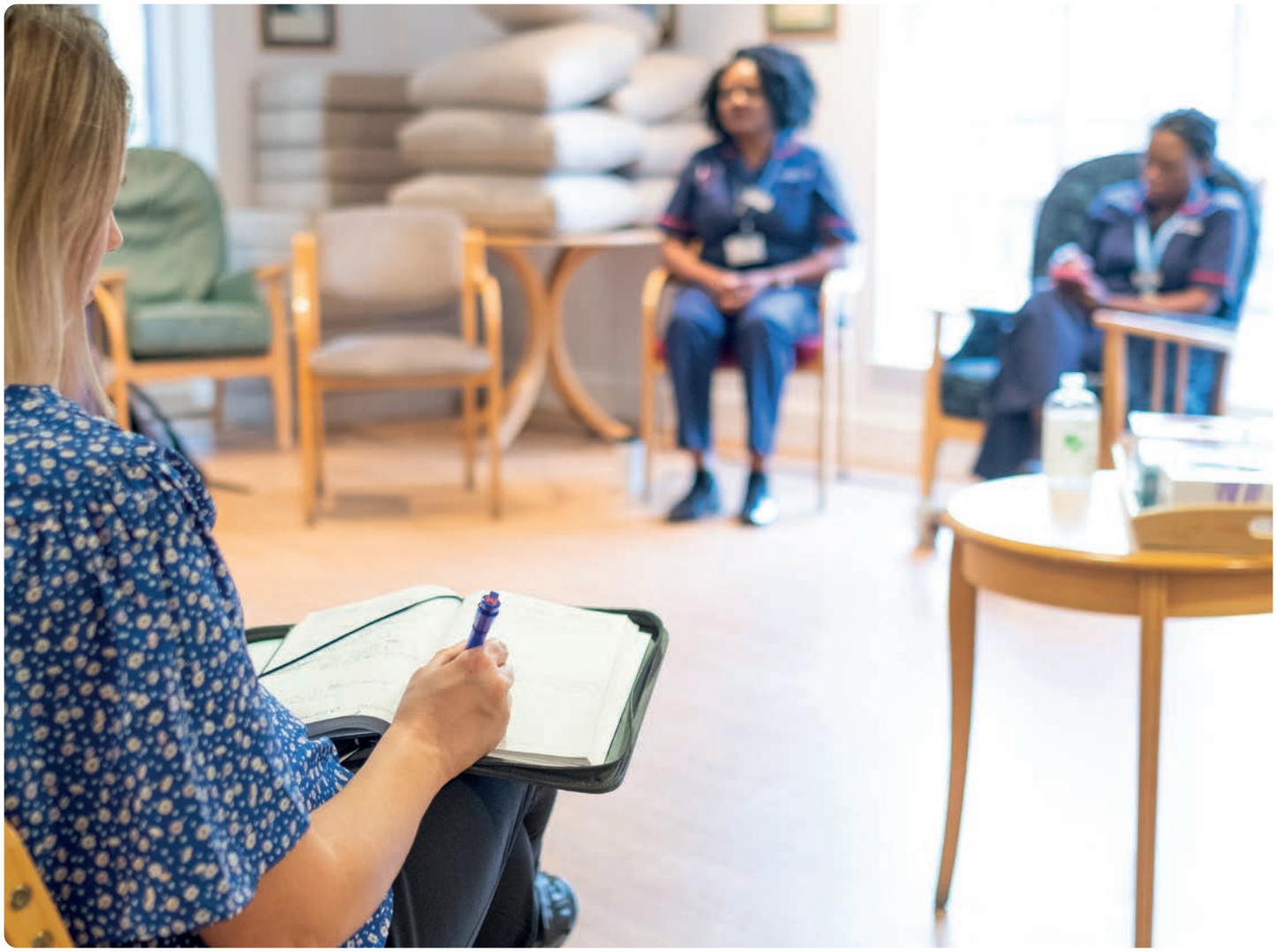
Staff Wellbeing

The continued pandemic has resulted in a huge amount of stress on our whole staff team. It became clear that this was indeed a marathon, not a sprint and that staff have gone to extraordinary lengths to meet the needs of our patients. This superhuman effort has not gone unnoticed, by the hospice leadership team and Board, by our partners and the community as a whole. We were grateful for the involvement in the emerging Keeping Well in South East London programme and for funding from the CCG to support our wellbeing month.

Our work on improving our approach to equity, diversity and inclusion (EDI) also continues, led by our HR Manager, Annie Klu. We have a challenging action plan in place and this will be overseen by our new Workforce Committee, supported by our new EDI Trustee champion, Manal Sadik.

Shaping the Future of Greenwich & Bexley Community Hospice

We worked with the People Powered Results team from Nesta using their 'Listen and Learn' methodology to gather insights from local people and their loved ones, system partners, staff and volunteers. The ambition was to use this feedback to help define our future strategy, informing the Senior Leadership Team and Board so as to help us make decisions about the organisation's future, based on what matters to people. This involved staff, patients and their families completing surveys, staff workshops and four in depth interviews with partners from different viewpoints. The large response rate was significant, demonstrating that GBCH has a strong and deep connection with its community.



Some of the feedback received:

"I've seen a change in perspective for the hospice, looking beyond service specifications and challenging the system on what's best for the patient. The flexibility on how staff and resources are used has really been a breath of fresh air and pushed us as organisations."
From a Commissioner

"They work very well with district nurses in Greenwich, we can call any time for advice about a person's treatment, there never seems to be delays."
From a colleague from Oxleas NHS Foundation Trust

"Very responsive service. Individual needs focused on always, however big/small/medical/social they are. Practice (end of life care) meetings are a very useful education and opportunity for team working in my (GP) experience."
From a local GP

"The hospice (community team) is always contactable and happy to give advice to community nursing staff. The team are supportive and work well alongside community nurses. Referrals are generally of a very high standard with a lot of clear and concise information."
From an Oxleas NHS Foundation Trust colleague

"I like the way that (the hospice) acknowledges that we cannot and should not attempt to deliver all of the care ourselves, but that we have an important role in supporting and educating families, friends and other healthcare professionals."
From a hospice volunteer

"There are so many people in need of these services, I would like to see the hospice network extended so that more people can benefit. I know this takes a lot of money and is one of the reasons I support the hospice".
From a patient's family member

"The staff are wonderful. Care is given not only to the patients but also their families. The atmosphere is calm and relaxing. Nothing is too much trouble. The wide range of services offered by the staff has been beneficial to all that use them. The fundraising ideas for everyone have been great too."
From a patient's family member

"After nine months of my husband being cared for by just the NHS, with frequent trips to A&E having to repeatedly explain what was wrong, the treatment he'd had and a lack of expertise in palliative pain relief, the support given (by the hospice) from day one to him and our family was second to none, it was like being wrapped in a hug. The surroundings the continuity of staff, the food choices, the magnificent bath all helped my husband feel truly cared for. Nothing seemed too much trouble. The outreach to community and events keeps the charity to the forefront."
From a patient's family member

"My father received Hospice@Home care which was fantastic for both dad and my mum who was his sole carer at the time. Mum was receiving cancer treatment at the same time and died 10 days after dad."
From a patient's family member

Priorities for Improvement 2021/22

We have now produced our new strategy for 2022-2027, which outlines our priorities for the next five years. We will continue to ensure that these priorities centre around our patients, their families and friends and the needs that they encounter through their journey from diagnosis through to death and into bereavement.

This strategy takes account of the accelerated change and adaptation we have seen through the challenges of 2020 and 2021 and seeks to build on what is positive about this change and leave behind that which is negative.

Our Strategic Priorities

Our priorities centre around utilising our resources as efficiently and effectively as possible so that care and support is available where and when needed, delivered by the most appropriate person or service. We also aim to ensure that we remain sustainable, so that we can continue to provide care and support long into the future. Our purpose will sometimes require us to take risks, to be courageous in advocating for those whom are most in need and sometimes to prioritise resources. We will need to continue to be innovative in our approach and focused on our priorities. This will give us the direction to ensure that we achieve our vision of the best quality of life possible for people facing death in our community. Our three strategic priorities, outlined below, will ensure that we continue to look forward to be the very best we can be.

1. Listening to all voices in our community, understanding their stories and challenging inequalities so that we develop support which is responsive, compassionate and flexible to meet differing and individual needs

We will achieve this by

- Developing our mechanisms to encourage feedback from everyone using our services and acting on this to make life better for patients
- Encouraging open discussions within the hospice team and with partners so that we learn from complaints, concerns and compliments
- Embedding opportunities in our local area for people to find out about the hospice and talk to us about what would help them continue to live well until they die
- Ensuring that this feedback is used to shape, develop and influence end of life care in Greenwich and Bexley

Key metrics

- All patients and families will be given the opportunity to feedback or comment about the care they receive
- We will hold at least two public events each year to listen to feedback and hear from local people to help shape our services and respond to their needs
- By 2027 at least a third of patients and families will take up the opportunity to provide feedback through Views on Care, iWantGreatCare and/or VOICES
- A sample of at least 20 patients or family members each year will be invited to participate in a face-to-face discussion with us, so that we can listen to their views and hear how we can improve their care

2. Growing and empowering our own staff, working to our strengths alongside system partners and developing others to give the best support they can to dying people and their families

We will achieve this by

- Living our values, making our service to the community our motivation to continually learn and grow
- Implementing our 'People Plan', which will help us to build our staffing capacity and support the resilience, recognition, health and wellbeing of all of our people and help us to attract, retain and fully utilise staff and volunteers' knowledge and skills across the whole charity
- Listening to colleagues through supervision, appraisal and developmental meetings and ensuring that this feedback is used to shape, develop and influence our 'People Plan'
- Expanding and developing our education offer for external professionals and the public
- Working effectively with our partners to deliver our shared 'Home First' vision, supported by strengthened and accessible hospice-provided inpatient and outpatient services
- Improving our support for family carers before and after death

Key metrics

- 20% improvement in completion of staff surveys by 2027
- Improvements in staff recruitment and retention
- Demonstrable change in the demographic profile of our volunteer workforce to match the community
- Annual publication of a report which captures the impact of our education for staff working in partner organisations
- Annual reporting and analysis of the number and proportion of people dying at home and in hospice, plus system-wide action planning to identify and address challenges which prevent this

3. Making the most of technology to assist us in delivering outstanding care, increasing reach, demonstrating impact and maximising income

We will achieve this by

- Implementing a digital strategy which focusses on long-term sustainability, development of accessible and responsive services and embeds effective governance
- Developing a strategy which enables us to improve our use of information to demonstrate our impact and reach and to help us to understand performance/inequalities
- Harness digital technology in our income generation and communications to help us achieve a sustainable future

Key metrics

- Number of unique patients seen
- Develop and achieve our annual equalities targets
- Proportion of people dying in Greenwich and Bexley who have been supported by the hospice
- Implementation of OACC and regular reporting to assess outcomes
- 20% Growth in voluntary income

Statement of Assurance from Board

Review of Services

Between 1st April 2021 and 31st March 2022, the hospice provided the following services:

Hospice-Based Services

- Inpatient Care
- Outpatient Care including Rehabilitation and an outreach project to Oxleas NHS Foundation Trust community respiratory team
- Psychological Care Service

Hospital-based Services

- Specialist Palliative Care Services in Queen Elizabeth Hospital

Community Care services

- Community Specialist Palliative Care in Royal Greenwich and Bexley Boroughs, including specialist nurses in dementia, care homes and heart failure.
- Hospice@Home services (as part of the Greenwich Care Partnership in Greenwich and as a spot-purchased service in Bexley)
- Spiritual Care
- Social Work
- Care Homes Support
- Education and Advancing Practice Team – working in collaboration with St Christopher's Hospice
- Compassionate Neighbours

Research and Audit

Participation in National Clinical Audit

- The Hospice continued to gather feedback from national surveys including VOICES and 'iWantGreatCare'.
- The Queen Elizabeth Hospital Palliative Care Team participated in the National Audit for Care at the End of Life (NACEL).

Participation in Local Audits

Audit Subject	Purpose of audit	Follow up actions
Accountable officer audit	Mandatory audit of controlled drugs and non-controlled audit. High level of compliance recorded.	Action plans drawn up for any areas of concern. Also discussed and actioned in the Medicines Management Committee.
Inpatient syringe pump management	Annual audit of best practice	Yearly audit, current audit did not raise any concerns
FP10 audit	Ongoing data collection to monitor FP10 use across hospice service in conjunction with CCGs	Monitored at Medicines Management Group. Appropriate use of FP10s
MAAR chart audit	Use of new Pan-London MAAR charts audited against accompanying guidelines	Good standards of completion. To be re-audited following the launch of version 4 of the MAAR chart.
Audit of Care of the Dying	Notes review from National Care of the Dying Audit completed on IPU	Areas of improvement in documentation identified, action plan in progress. For re-audit after an interval.
Mental Capacity Act re- audit	Audit of the documentation of the decision-making process and application of the MCA on discharge from IPU to nursing homes.	Re-audit showed a significant improvement in documentation. MCA Champions continue.
Falls Audit	Hospice UK audit	Completed, in March/April 2022
Notes Audit	To audit documentation in SystmOne, including ethnicity and religion	Project in development, proforma currently undergoing testing.
Audit of recording patient's religion.	To review record-keeping of patient's religion on SystmOne	Previous audit has highlighted differences in recording across services and recommended action plan to increase completion rate. This has been re-audited now SystmOne in place, with remaining shortcomings. This is being addressed as user's become more familiar with SystmOne.
Audit of patients with unknown ethnicity	To review recording of ethnicity on SystmOne	This audit highlighted differences in recording across services and an action plan was proposed to increase completion rate. To be re-audited
Service evaluation of GCP in Bexley during COVID	A description of the H@H service in Bexley during the pandemic including numbers of patients supported and their outcomes.	Preferred place of death achieved for vast majority of patients.

Note: Items 8, 9 and 10 will form part of a new ongoing clinical notes audit that is currently undergoing testing.

Publications

Hospice UK Conference 2021 Poster Presentations:

Compassionate Neighbours: sharing power & resources with communities to drive better end of life care

Kate Heaps / Jon Devlin

COMPASSIONATE NEIGHBOURS: SHARING POWER & RESOURCES WITH COMMUNITIES TO DRIVE BETTER END OF LIFE CARE

BACKGROUND

Hospices are experts in EoL, embedded in communities and ideally placed to share our expertise. This is the aim of Compassionate Neighbours (CN), a well-established programme, growing across London and the SE of England.

AIMS

The programme aims to:

- Redefine the relationship between hospices and people suffering from social isolation/disconnection
- Co-design and deliver support for people bereaved or coming to the end of their lives
- Develop authentic and reciprocal relationships which penetrate the whole community

METHOD

- Hospices invite people to train as CNs
- Trained CNs are connected with community members who seek a new relationship to help them cope with loneliness arising from serious illness/ eol challenges.
- CNs have access to regular support and advice from the hospice/ network of CNs.
- The programme was evaluated by independent researchers and studied as part of a completed PhD project.
- Evaluation findings and data on demography and reach will be shared, alongside case-studies to illustrate impact.

RESULTS

- Positive change in the wellbeing of participants, reducing loneliness, increasing connectivity and ascribing meaning and value to life.
- New social capital between the hospice and communities – with power differentials challenged, participants enjoy greater agency and citizens feel increased ownership of EOL issues and the hospice.
- Increases in recruiting and matching CNs during COVID-19. There are now over 1,800 CNs.

CONCLUSION

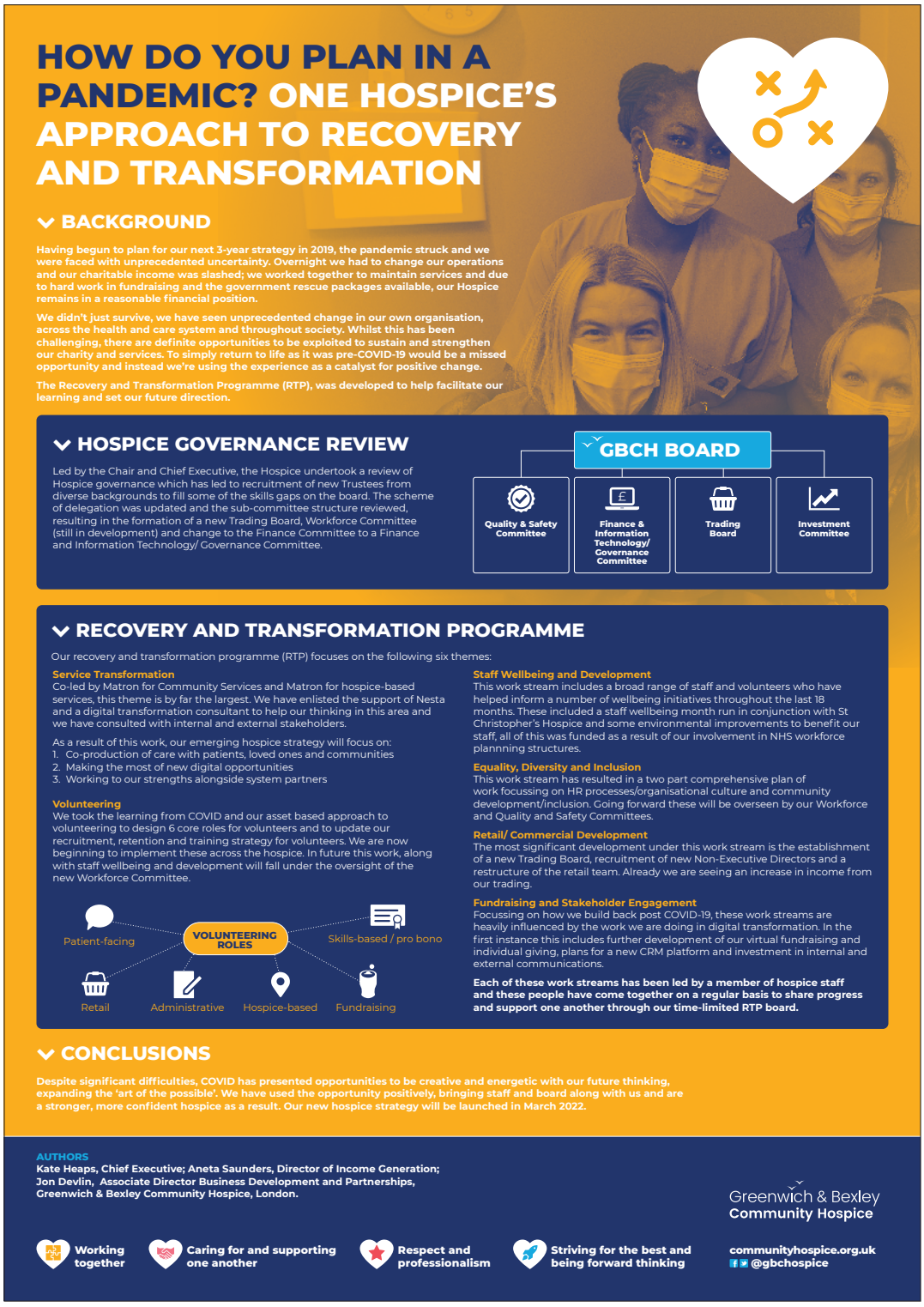
- **There is growing acknowledgement of morbidity and mortality related to loneliness and social isolation. CNs provide relationships and connectivity for isolated people. CNs increase their own networks, skills and death literacy. Community members are active players, adding value to the lives of their CN.**
- **By engaging citizens in the challenges and opportunities afforded by death, dying and loss, relinquishing control and sharing power, hospices introduce new actors into the EOL arena.**
- **There is evidence that it's scalable, flexible and adaptive.**

AUTHORS
Kate Heaps, Chief Executive; Jon Devlin, Associate Director Business Development and Partnerships, Greenwich & Bexley Community Hospice;
Nicki Shaw, Chief Executive, Princess Alice Hospice;
Heather Richardson, Joint Chief Executive, St Christopher's Hospice

Greenwich & Bexley Community Hospice · Princess Alice Hospice · StChristopher's More than just a hospice

How do you plan in a pandemic? One hospice's approach to recovery and transformation

Kate Heaps / Jon Devlin

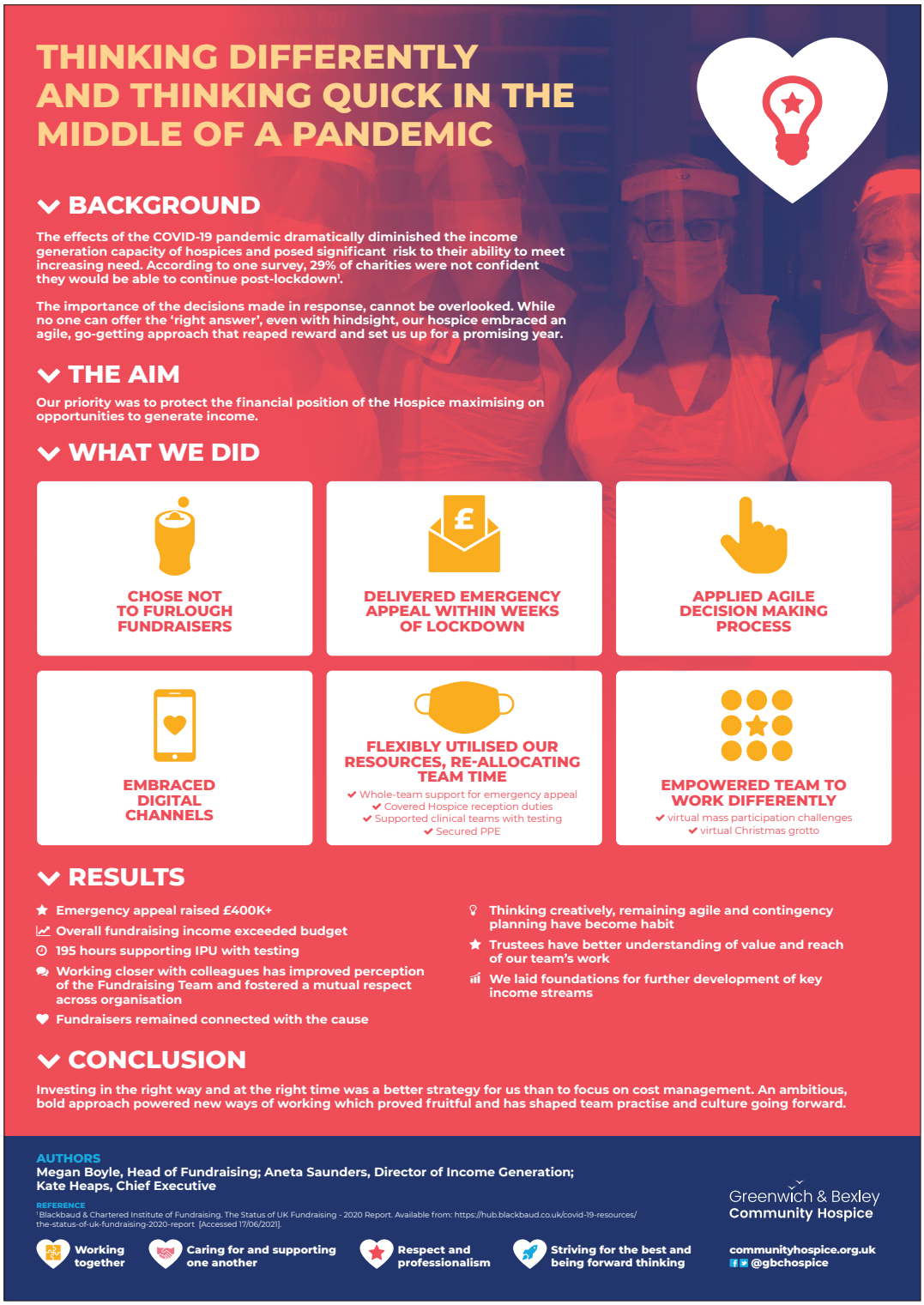


Resplendent: a system-wide model of coordinating a crisis response and transforming care

Jon Devlin

Thinking differently and thinking quick in the middle of a pandemic

Megan Boyle / Kate Heaps



Strategic partnership between hospices - the opportunities and benefits of hospices working collaboratively

Kate Heaps

Promoting collaborative working between hospice and respiratory teams to improve patient outcomes

Fiona Pyrke and Amy Stoian, Physiotherapists

Awards

Our Chief Executive, and Chair received external recognition for their contribution and their impact, this year.

In August, Kate Heaps was named the year's 'Most Supportive Chief Executive' by the Retail Charity Association and in the same month, Chair of the Board of Trustees Ruth Russell was shortlisted for a Third Sector Award in the category 'Charity Chair of the Year'.

The hospice team were named London Regional Winner in the 'Excellence in Healthcare' category of the prestigious NHS Parliamentary Awards in 2020, and went on to be named finalists in the national awards. The awards celebrate those who go the extra mile to ensure that the people in their care receive the best possible experience.

Data Quality

During 2021/22 the hospice was not required to submit records to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics, which are included in the latest published data.

The National Minimum Dataset (MDS) is no longer collected by Hospice UK.

Income Generated

All statutory income generated by the hospice in 2021/22 was used to fund NHS commissioned care. We benefitted from significant additional funding from NHS England to help support our work during the COVID-19 pandemic. The service continued to raise a significant charitable subsidy towards our running costs. *The above mandatory statement confirms that all NHS income received by the hospice was used towards the cost of providing patient services.*

Digital Data Protection and Security Toolkit Attainment Levels

There are 100 mandatory requirements in the NHS Digital DSP toolkit and overall, the hospice submission for 2021/22 met the criteria for 'Standards met'.

In 2021/22 we upgraded most of our end user hardware and we will continue our work to improve our IT infrastructure in 2022/23 primarily by moving our servers into the 'cloud'.

Clinical Coding Error Rate

The hospice was not subject to the Payment by Results clinical coding audit during 2021/22 by the Audit Commission.

Quality Improvement and Innovation Goals agreed with Commissioners

There were no CQUINs identified in either contract we hold with local CCGs. The hospice participated in Resplendent, the system development group for Greenwich and Bexley and continues to support the development of the 'Home First' model.

Workforce, Education and Training

HELP

The hospice continued its collaboration over education delivery with St Christopher's Hospice. The Hospice Education and Learning Partnership, known as "HELP". Hospice staff participated in delivering sessions on courses for community nurses and care homes; 17 courses were delivered to external delegates via Zoom, in total 177 delegates attended. Participating staff were from Oxleas NHS Foundation Trust and Bromley Healthcare, care homes, hospitals, community service providers and staff from both Greenwich & Bexley Community and St Christopher's Hospices.

Courses that ran included:

- Study day for HCAs and SCAs
- Study day for RNs
- Principles and Practice of Palliative and End of Life Care for HCA's and SCAs, (2-day course)
- Principles and Practice of Palliative and End of Life Care for RNs, AHPs, NAs, (3-day course)
- One day Principles and Practice of Palliative and End of Life Care for HCA's and SCAs in Care Homes
- Our Care Homes team run a regular monthly ECHO session for care home staff in Greenwich and Bexley

Three members of staff undertook ECHO training earlier in the year to support the ongoing delivery of training to care homes staff.

Winter Funding

A welcome allocation of winter funding allowed us to offer training to staff at the Queen Elizabeth Hospital and create a cross-organisational Schwartz Round for the hospice and Oxleas NHS Foundation Trust staff.

- Sensitive Communication – this is a programme for medical and other staff in the QEH to develop greater confidence when breaking significant news or having difficult communications
- A session for 12 people will be held twice, in June and in July 2022
- A monthly Education Session on palliative and end of life care topics will be delivered for QE staff via Zoom

Training and Education undertaken by GBCH staff in 2021-22

- Palliative Care and Symptom Management
- Nurse Verification of Expected Death
- Applying psychosocial, cultural, ethical and spiritual issues to palliative and end of life care
- Motivational interviewing training for the cancer workforce - Day 1
- Holding on Letting Go
- Frailty and End of Life: time to act
- Non-Medical Prescribing
- Independent and Supplementary Prescribing
- Community Care Live - Legal workshops
- Palliative End of Life Care - Symptom Management L6
- Supporting bereaved children and young people
- Safeguarding Childrens Conference
- Improve your e-commerce operation
- Moving and Handling Train the Trainer
- Cybertill Training
- Beyond the Algorithm: social media for charities
- Help the Hospices - National Conference 2021
- Hospice Income Generation Network - National Conference
- Manage your time in 2022
- Learning Disability Awareness Training
- Palliative Discovery Taster Day
- Palliative Care and Symptom Management
- Advance Care Planning
- Research methods and statistics workshop

Clinical Education Programme

This is a monthly hour-long education session delivered by hospice staff or on occasion invited external speakers covering a range of clinical topics of current relevance or interest. It has been reinstated having lapsed during the pandemic years.

Medical Team CPD Sessions (weekly)

The Medical Team meets for an hour weekly, focused mostly on the learning needs of our junior doctors, but sessions are open to other clinical staff too.

Ad hoc training is set up when needed, for instance recently to prepare staff for changes in practice around the prescription and authorisation of subcutaneous medications in non-acute settings.

SystmOne Training

Three new basic trainers have been trained to address the needs of new staff joining the hospice to learn how to use the electronic patient record safely and effectively. There is now a team of six basic trainers.

Natalie, our Palliative Care Team Leader at Queen Elizabeth Hospital undertook the “non-medical prescribers” course. She said about the course:

“This was completed in eight months during the COVID-19 pandemic. It was an intense but great course that covered many aspects of pharmacology, influences on prescribing legatees’ and best practice of prescribing. I have learnt so much and I feel it is impacting my practice every day with patients and also in

the wider circle of my team, and other professionals within the hospital. It is benefitting our patients as I am more confident in prescribing and advising but more so at present I am able to work closely with our palliative care discharge nurse and complete MAAR charts for those patients that we are rapidly discharging so that they may have their symptoms managed or die at home. It is resulting in safe and appropriate MAAR charts that are also shared with the community palliative care team and district nurses."

Challenges in 2021/22

Inevitably, as the pandemic ran well into 2021/22, many of the challenges we experienced in 2020/21 continued into this year. Whilst we have learned to take many of the adaptations in our stride, our patients and team have become 'battle weary' and at times it has been hard to believe that we will ever come out on the other side.

That being said, we all continued to work incredibly hard, adapting and retaining our focus on delivering the best care we can, reaching as many people as need our care and working with our partners. Through this shared vision, there remains a real sense of teamwork and people pushing in one direction. Individuals have supported one another in the face of adversity, we've seen key staff leave our team and recruited new members who have learned new skills and ways of working, everyone has been flexible, adapted and collaborated with partners to 'keep the show on the road'. Just keeping going through some very difficult times has been an achievement in itself.

We've adapted systems and processes, supporting patients and visitors with COVID-19 testing and implementing new cleaning regimes to enable us to open up areas of the hospice that were closed in the first stage of the pandemic such as our gym.

We've invested in staffing, for example we've expanded our Social Work Team, had more hours of physiotherapy time and grown our Hospice@Home service. Where we've invested, it feels 'easier to manage now' and some staff report feeling enthused and more positive. We also continue to invest in workforce development and wellbeing of staff; we're grateful for the support from South East London CCG and their Keeping Well Programme and hope to be able to work with partners to build a Greenwich and Bexley based wellbeing programme for 2022/23.

We took the decision to appoint a Director of Care and Service Transformation in the autumn of 2021, and under his leadership we can now begin to build on the significant learning and change of the pandemic. We have reviewed our experiences, good and bad and included the positives in our new strategic plan, we will continue to build on these changes to transform our care for the ongoing benefit of patients, staff and the hospice as a whole.

"It feels like we're in a new phase of the pandemic. However, everyone is also very tired and some will still decide to step away from their caring roles. We need to continue to focus on wellbeing to support the staff we have and attract new recruits."

Sally Boles, Team Leader for Community SPC Team

Comments from Partners on these Quality Accounts

Healthwatch Bexley

Healthwatch Bexley welcomes the opportunity to comment on the GBCH Quality Account and we are pleased to see how the hospice adapted its services through the challenging and inevitable changes that the Covid-19 pandemic brought, and how the hospice is now adapting again as they progress into 2022-2023.

Areas of Success

- Patient experience feedback: Healthwatch Bexley was pleased to see that although only 48 questionnaires were received, the majority – 39 – rated their overall experience of the service as very good
- Healthwatch Bexley were delighted to read the positive comments from service users and their families
- We also note that GBCH is reviewing the timing of when the, 'iWantGreatCare' questionnaires are sent out in order to be appropriate for patients and families but also to facilitate the greatest number of possible responses
- Patient Forum: although the Patient Forum was understandably paused during 2019-20 and again during 2021-22, Healthwatch Bexley look forward to this being resumed and seeing how patient feedback regarding GBCH's new strategy is used to help shape and implement it
- Partnership working: Healthwatch Bexley applaud GBCH's approach to this, specifically acting as a hub for distribution of PPE during the Covid-19 pandemic. Secondly, the partnership 'OneBexley' is to be complimented and recognised as a model of best practice across the voluntary sector, and specifically in terms of GBCH's role as prime contract and project management support. Healthwatch Bexley also look forward to seeing how this develops in 2022-23
- Complaints: We note that all complaints are fully investigated using a 'root cause analysis' and though not familiar with the method, 'After Action Review', Healthwatch Bexley are pleased that continued learning and review from the complaints are implemented whilst acknowledging that the increase in complaints - both clinical and non-clinical - has been impacted by the Covid-19 pandemic
- Healthwatch Bexley acknowledge the huge role that all staff have made during the varied phases of the pandemic, and acknowledge their sacrifices, flexibility, stress and workload. We applaud the focus on supporting each other, staff wellbeing, and staff changes to Teams where appropriate and necessary

Areas for Improvement

- Healthwatch Bexley are pleased about GBCH's decision to appoint a Director of Care and Service Transformation and await the changes build upon the learnings from the pandemic to transform care for the ongoing benefit of patients, staff and the hospice as a whole

South East London Clinical Commisioning Group (CCG)

Greenwich & Bexley Community Hospice was a key partner in our local Covid response and remains alongside us as we continue to support our care homes and develop our local Home First schemes. Your Quality Account shows that you are a learning organisation continually holding yourselves to account and challenging yourselves to find new ways to support our residents and their families at the most sensitive time. Through your engagement in the system locally you challenge and support us all to do the same.

Greenwich & Bexley
Community Hospice

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