Greenwich & Bexley
Community Hospice

Quality Account 2023-24

Contents

Welcome to our Quality Account

This year marks 30 years since our Community Hospice began providing care to the people of Greenwich and Bexley.

I hope that our founders Pat Jeavons and Don Sturrock would be proud of the organisation that we have become, one that has now supported more than 30,000 people through some of their most difficult times, helping them to build memories that live on with their loved ones.

We started as a small day hospice and inpatient unit, and now reach well beyond the building into the community. What remains the same from our early days until now is the individualised and compassionate care that our amazing team provide, supporting every person that we care for to live as well as they can for as long as they can.

As we drive forward with transforming our care, we inevitably face challenges as well as opportunities. All health services continue to be stretched due to changes in our population, the ongoing long-term impact of the COVID-19 pandemic and the economic climate. I'm proud of team members who are stepping up and embracing change, using fresh thinking and listening to the voices of our community and partners.

Staffing continues to be a challenge in many areas, and it has undoubtedly meant that at times our services have not been able to respond as quickly as we would like. We have therefore reviewed our recruitment processes and introduced new roles; this is beginning to show some signs of improvement in filling our vacancies.

Our 'Virtual Ward' is now offering more intensive support to people with the most unstable symptoms, or who are rapidly deteriorating at home, helping them to remain at home instead of being admitted to an inpatient setting, where this is their wish. We look forward to continuing to embed this approach into our 'business as usual' services as long-term funding for the project is secured.

Our wellbeing offer continues to grow, supporting people with a rehabilitative palliative care approach, most often those who are earlier in their journey. This has enabled us to discharge hundreds of patients from our community 'telephone support' service and enable Clinical Nurse Specialists to stay focused on supporting patients with complex symptoms, and those who are unable to visit the hospice easily.

The investment we made in our Social Work Team has also paid off, with the team seeing many more people, helping with the overwhelming paperwork, tough conversations and heart-wrenching decisions, including working with patients with children.

Our work to increase awareness of our services across ethnically marginalised groups has gained momentum this year, with positive partnerships being forged with the Nigerian and Nepalese communities and the development of a Hospice Society at the University of Greenwich. We have also held many engagement events across the whole of our community to help inform our new brand, which we look forward to launching in 2024/25.

Finally, we know that we will never reach everyone who is dying across our two boroughs, and therefore have a responsibility to lead change in other services through collaborating; sharing our ideas, skills, and time with partner organisations. This can be seen through my role as Clinical Lead for Palliative and End of Life Care for South East London Integrated Care System, who are committed to improving the quality, accessibility and sustainability of services for people approaching the end of life.

Thank you for taking the time to read this report. How ever anyone chooses to support the hospice, I, and everyone here, am very grateful.

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 & 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 sub-committee of the Board and meets bi-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 is Komal Whittaker-Axon; Trustee and the Senior Leadership Team responsibility for this committee is our Director of Care and Service Transformation, Graham Turner.

The CQG meets bi-monthly (on apposing months to QSC) 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 inspection framework 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.

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

Any accidents and incidents across the hospice including medicine related incidents, falls, pressure ulcers and safeguarding issues are reported to CQG. This provides the opportunity to review any themes and to identify improvements to be made, including environmental improvements and staff training. In 2023/24 we implemented a new electronic incident management system 'Vantage' which is already helping us produce timely and accurate reports and identify themes for quality improvement. 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. The Hospice is also committed to adopting the National Patient Safety Incident Response Framework (PSIRF) being rolled out across the NHS to improve insight and learning from incidents.

Mandatory Training

The hospice monitors compliance with the 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.

Safeguarding

We have a Trustee Safeguarding Champion, Estelle Kerridge. Estelle and Graham Turner meet once a month with the family support team, to review any safeguarding incidents as well as our organisational approach and responsibilities to safeguarding and feed this into other governance meetings. This has seen continued improvements in managing complex safeguarding cases within the organisation, as well as considerable strides forward in improved working relationships with statutory safeguarding teams in both boroughs.

An overview of our patients

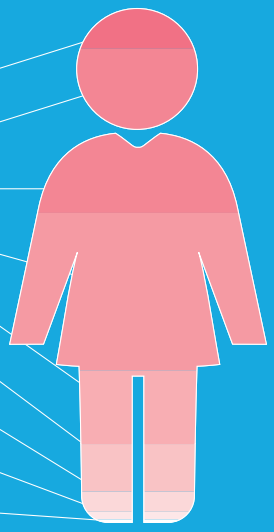
Patient Demographic Data:

The demographic data in previous Quality Accounts has been based on referrals received, including those who were discharged from the waiting list (died before seen or for another reason). The demographic data this year is based on all individual patients who received support from support from at least one service, between April 2023 and March 2024. In total, 2,337 unique patients were supported during this time period.

Age/Gender:

1,277 (55%) patients identified as female and **1,060 (45%) identified as male**. There were no records where gender was not recorded.

Female: 1,277 (55%)



- 95 and over **100**
- 85-94 years **407**
- 75-84 years **390**
- 65-74 years **183**
- 55-64 years **118**
- 45-54 years **50**
- 35-44 years **19**
- 25-34 years **7**
- 18-24 years **3**

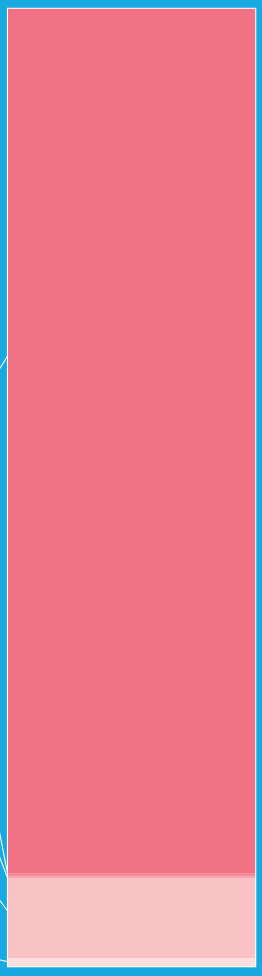
Male: 1,060 (45%)

- 95 and over **40**
- 85-94 years **282**
- 75-84 years **339**
- 65-74 years **207**
- 55-64 years **129**
- 45-54 years **44**
- 35-44 years **14**
- 25-34 years **4**
- 18-24 years **0**

Sexual Orientation:

We started recording sexual orientation at the end of 2022/23 and the number of people where this was recorded has increased; last year only 268 people had their sexual orientation recorded compared to 999 this year. However, we are aware that there is more work to do on this.

Total recorded: 999



- Heterosexual **901**
- Gay or Lesbian **3**
- Bisexual **2**
- Declined **84**
- Other **9**

Ethnicity:

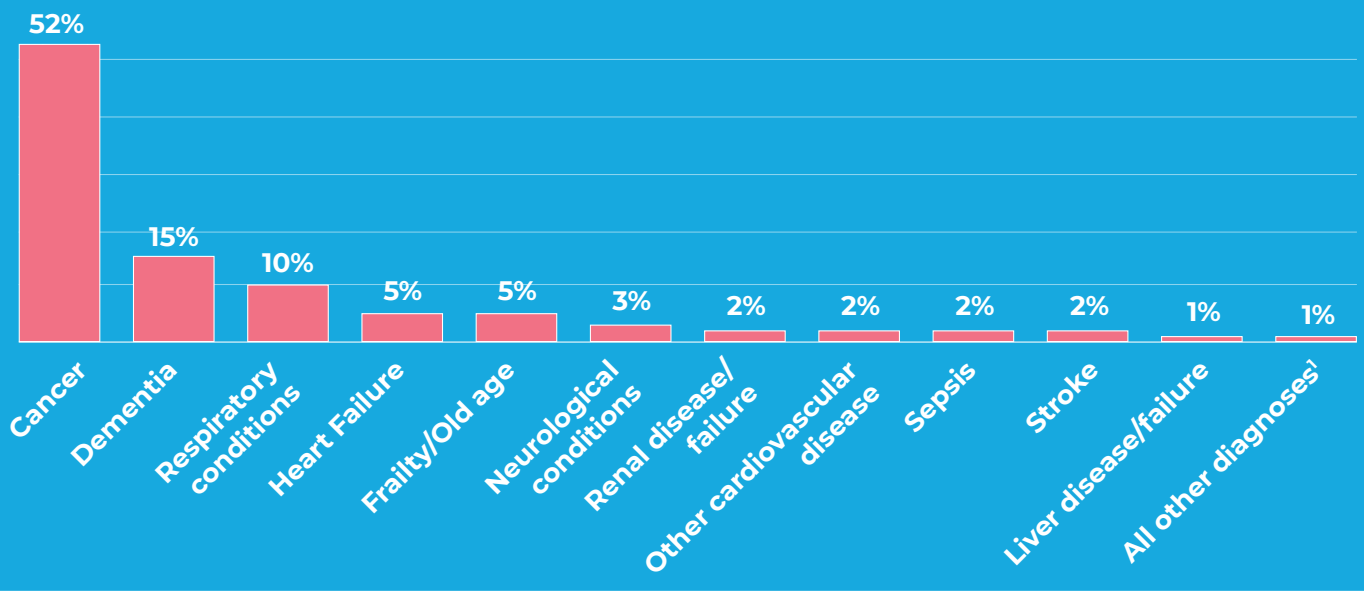
We continue to see improvements in the recording of ethnicity of patients, which is vital to understand our reach across the whole community and reflects our drive to reduce health inequalities. We have ethnicity recorded for 84% of patients, an increase from 77% last year (equalities target 90%).

Patient Diagnosis

Our patients often have more than one significant diagnosis and so we have reported on both the recorded primary diagnosis and all other secondary diagnoses. Some patients have more than one secondary diagnosis. The data is comparable to last year's data, with a slight increase in the percentage of patients with cancer (48% last year). We need to do more work to ensure that all significant diagnoses are recorded and updated on electronic patient records.

	Primary Diagnosis		All Secondary Diagnoses
	Number	Percentage	
Cancer	1,210	52%	0
Dementia	348	15%	25
Respiratory conditions	240	10%	252
Coronavirus	0	0%	11
Heart Failure	117	5%	9
Other cardiovascular disease	38	2%	6
Neurological conditions	61	3%	14
Renal disease/failure	51	2%	18
Frailty/Old Age	126	5%	45
Sepsis	45	2%	19
Stroke	38	2%	8
Liver disease/failure	16	1%	7
All other diagnoses	47	2%	33

Primary diagnosis breakdown (percentage of recorded diagnoses):



[1]Other primary diagnoses include bipolar disorder, bowel perforation, hydrocephalus, caecal volvulus, caeliac disease, cerebral haemorrhage/infarct, cholecystitis, dermatomyositis, gastrointestinal bleed, encephalitis, ischaemia, gangrene, multiple organ failure, muscular dystrophy, myelofibrosis, syndromes, spinal cord injury. The majority of these were seen by our hospital team.

"My dad's needs were always met by the whole team. I was able to be my dad's daughter during his last few days rather than his carer. For that I am eternally grateful to everyone at the hospice."

Care Provided:

Inpatient Care

2023/24

297 admissions

21% ended in discharge
79% ended in death

Mean length of stay 11 days

2022/23

298 admissions

17% ended in discharge
83% ended in death

Mean length of stay 12 days

Hospital Specialist Palliative Care Team

2023/24

1,054 Patients (including re-referrals)

45% ended in discharge
55% ended in death

2022/23

1,112 Patients (including re-referrals)

61% ended in discharge
39% ended in death

Community Services

2023/24

1,001 SPC Community Team

170 Hospice @Home

100 Nursing home

222 Social work
107 people supported by Counsellors

231 Rehabilitation/ Wellbeing

2022/23

1,416 SPC Community Team

207 Hospice @Home

90 Nursing home

299 Social work
90 people supported by Counsellors

222 Rehabilitation/ Wellbeing

Patients are often supported by different teams depending on their clinical needs. For example, they may go from receiving support from the Community SPCT to also requiring support from Hospice@Home towards the end of their life.

Hospital Specialist Palliative Care Team Care

Our hospital Specialist Palliative Care Team continues to strive to provide a responsive seven-day service; however this has been difficult to maintain recently due to gaps in staffing. This has resulted in a slight decline in overall activity which we are working hard to resolve for 2024/25.

"The Hospital team visited him and helped the family to obtain the information they needed when doctors were not available, which was really helpful."

Community Palliative Care Team

The Community Specialist Palliative Care Team has seen fewer patients this year in comparison to the year before. This is partially due to staffing as well as the addition of new services (Virtual Ward) and the expansion of others (Social Work and Wellbeing Teams) we continue to work to ensure we always provide the right care at the right time and via the right team.

"I don't know how I would have coped without the advice and support of the palliative nurse. It was a relief to know I could phone them when I needed to."

Hospice@Home

The hospice manages all NHS continuing care 'fast-track' referrals for care at home and nursing home placements for Greenwich residents. The Hospice@Home team provide skilled and compassionate care for people at home in both our boroughs.

Rehabilitation and Wellbeing

The number of patients supported by the Rehabilitation and Wellbeing Team continues to grow. This is as a result of the expansion of the team and introduction of new group activities, including a showering service and 'Tea and Talk'. We hope to see this increase continue over the coming year with the introduction of Occupational Therapy in the hospice building and the community.

'From the first visit I was made to feel the most important person.'

'[The Living Well with Dementia Group] gets me out of the bungalow and meeting people. I enjoyed the activities. They were all fabulous.'

OneBexley

As part of our OneBexley Consortium, the hospice has employed a Trusted Assessor since December 2022. This fully funded activity includes supporting people with adult social care needs who do not necessarily have end of life or specialist palliative care needs.

Virtual Ward

The hospice opened its 'Virtual Ward' in June 2023. The aim of the service is to provide targeted short-term intensive intervention to support people in their own homes and avoid admission to an inpatient bed, where this is appropriate and their choice.

In the initial phase we started with small numbers of patients and have now increased the capacity to a maximum of 14 'beds'. Consultations with patients take place virtually where possible and where not, face-to-face in the patient's home. We have implemented additional technology to support patient reported outcome measures, including IPOS (Integrated Palliative Outcome Scale).

2023/24

Since day 1
95 Virtual Ward patient admissions

Interventions

The team are coding the support offered by the Virtual Ward –

- Symptom Control (pain, breathlessness, nausea/vomiting)
- Support at Home (equipment; emotional support; liaison with community services)
- End of life care
- Fast Track to nursing home or home packages;
- Medication; Universal Care Plan support.

10 days Average Length Of Stay

1893 Total days of care

The average patient required **2.6 types of intervention.**

57 patients required symptom control support for pain

57 patients required end of life care support

72 patients received emotional / psychological / family support

38 patients were appropriately referred for additional care at home or in a care home

Outcome at end of Virtual Ward Admission

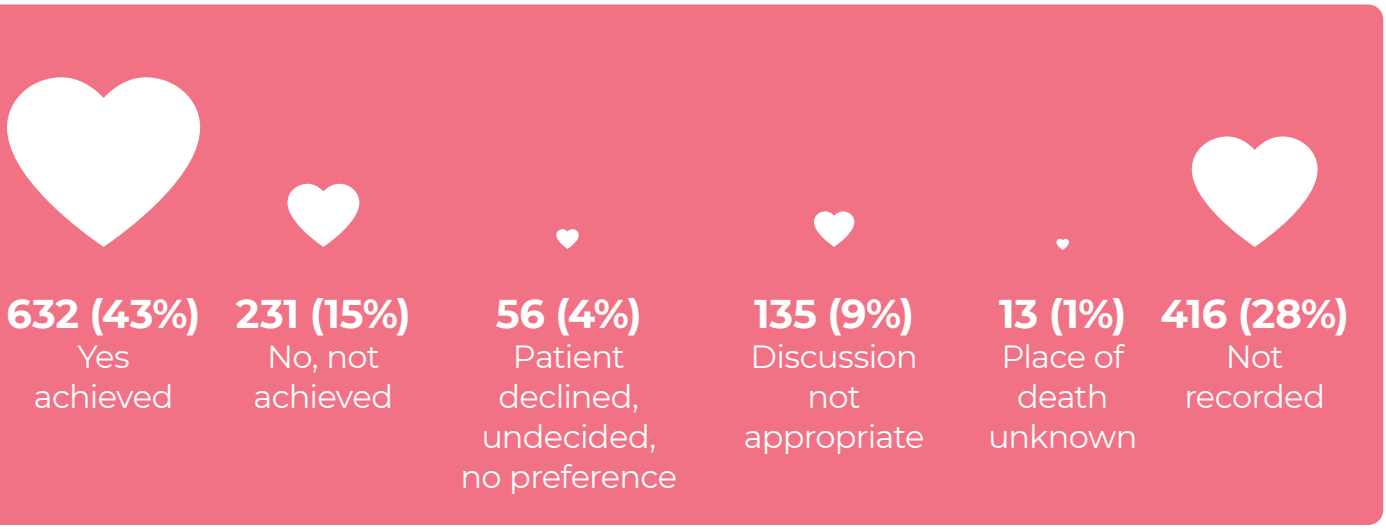
Treatment complete	15
Died at home	42
Hospice Inpatient Admission	15
Hospital admission	12
Total	**84**

An additional 114 patients were supported for Rapid Response Urgent Visits

"I wanted to thank you for your compassion, empathy and professionalism throughout the period you attended mum in her virtual hospice. It is so heart-warming there are medical professionals that really do care, offering not only quality nursing but kindness to the family."

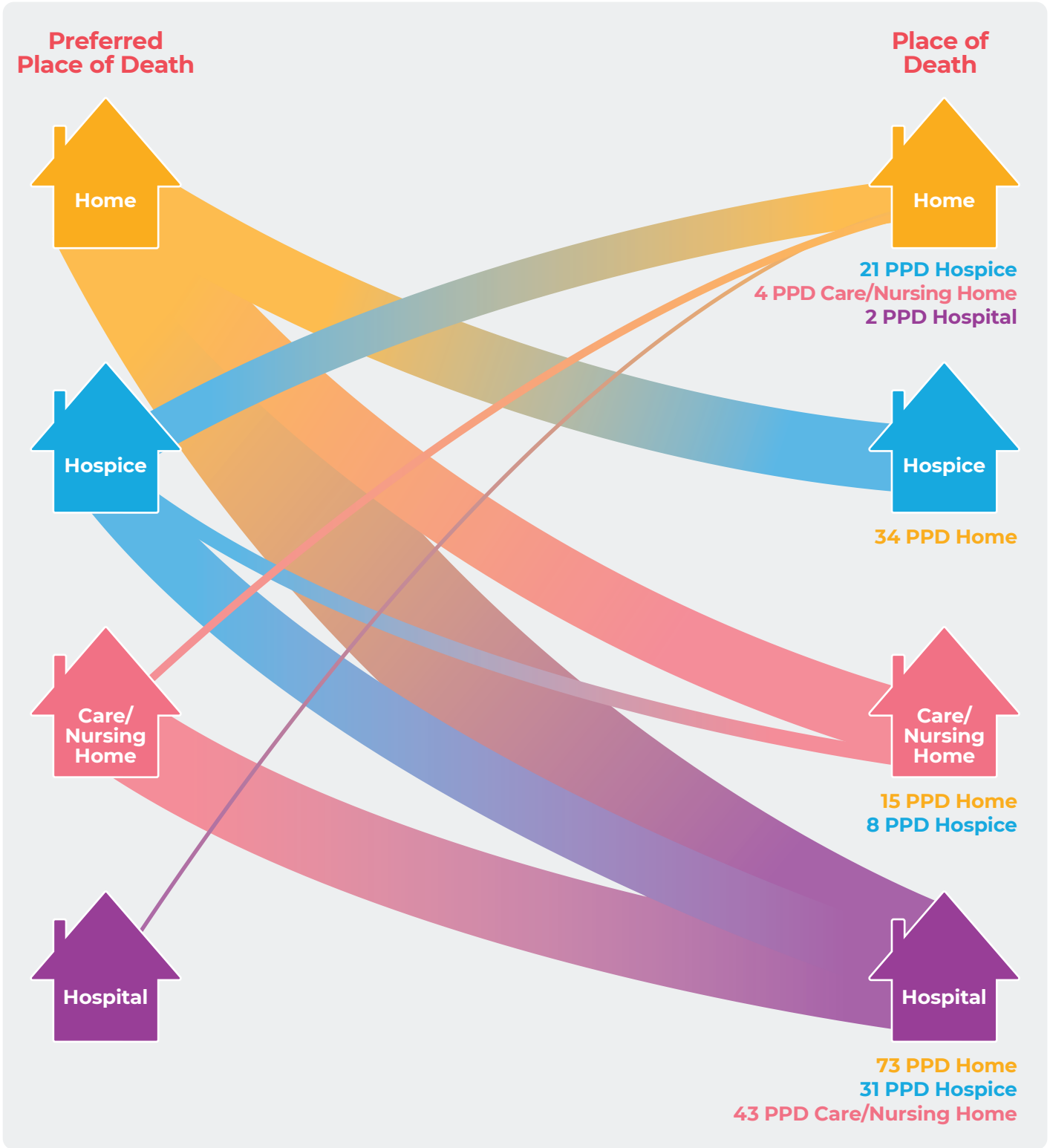
Recording of Preferred Place of Death (2023/24)

To enable the hospice to provide individualised care to patients, we ask about preferences of place of care, as well as other future care needs that might be important to them. This is recorded on our electronic patient record as well as on the London-wide Universal Care Plan. We aim to offer 70% of patients help to complete a Universal Care Plan by the end of 2025.



1,483 people died while receiving hospice care in the reporting period. Of these, 85% were supported to achieve their preferred place of death. For the remaining 231 people who did not, their actual place of death is illustrated on the next page. Going forwards we plan to do a more detailed review of patients who do not achieve their preferred place of death to inform service improvements.

Where patients died when PPD was not achieved (231 people – 15% of all patients under our care that died – 2023/24)



Feedback and benchmarking our services

Patient Feedback

iWantGreatCare:

We have continued to encourage our service users to use iWantGreatCare to leave feedback about the care they've received. In 2023/24 we received 129 reviews, with 96.9% of those reporting a positive experience. We were once again awarded a Certificate of Excellence for these results.

129 reviews

96.9% positive feedback

Complaints

Although we receive relatively few complaints, we recognise that we do not always get it right for patients and families, and that it is important we listen and learn from our mistakes. All complaints are fully investigated whether they are informal, for example through direct verbal feedback or 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 using an 'After Action Review' (AAR) format. 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, the variation between them (if any) and what learnings can be taken from them. The process also ensures a clear focus on ownership of learning points and deadlines for addressing them.

Complaints Received about our Clinical Care	
Written Complaints about hospice clinical services	**8**
Upheld	2
Not Upheld	6
Complaints Received about Other Clinical Services	
Queen Elizabeth Hospital[2]	3
Marie Curie Service[3]	2
Other indirect complaints[4]	4
Total	**17**
Other informal feedback (good and critical) (comments on iWGC, VOICES questionnaires)	20

[2]Hospital complaints via Queen Elizabeth PALS were not directly about the hospice
[3]Marie Curie incidents are forwarded to managers at Marie Curie to investigate
[4]Two complaints received by the hospice were about other health care organisations and we have liaised with them

Partnership Working

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 we have as category "D" for comparison with other similar sized establishments.

Results from 2023/24 Benchmarking: Patient Falls

		% BED OCC	Outcome of Fall											
			No harm		Low harm		Moderate harm		Severe harm		Death		Total falls incidents	
			OCC.	%	No	%	No	%	No	%	No	%	No	Per 1000 OBDs
2023/2024	GBCH number/%	**67%**	**19**	**72.4**	**9**	**20.7**	**2**	**6.9**	**0**	**0**	**0**	**0**	**27**	**9.1**
	GBCH Yearly Average		5.3		1.5		0.5		0		0		7.3	
	Category Average	77%	5.1	56.8	3.6	39.9	0.3	2.9	0	0.4	0	0	9.1	9.7
2022/2023	GBCH	**72%**	**14**	**70**	**5**	**25**	**1**	**5**	**0**	**0**	**0**	**0**	**20**	**5.8**
	Category Average	76%	4.4	55.1	3.3	42	0.2	2.3	0	0.5	0	0.1	7.9	9

We reported 27 falls in total; 93% of these resulted in no or low harm. Two patients required extra observations following their fall so were categorised as "moderate harm".

The year-to-date average for our hospice is comparable to the category average for hospices of a similar size; we reported 7.3 av. compared to 9.1 av in the category.

Results from 2023/24: 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
2023/2024	GBCH number/%	**67%**	**32**	**46.4**	**26**	**37.7**	**10**	**14.5**	**1**	**1.4**	**0**	**0**	**0**	**0**	**69**	**21.7**
	GBCH Yearly Average		8		6.5		2.5		0.3		0		0		17.3	
	Category Average	77%	3.5	30.5	6.2	53.8	1.6	14.1	0.2	1.5	0	0.1	0	0	11.5	12.3
2022/2023	GBCH	**72%**	**37**	**56.9**	**22**	**33.8**	**5**	**7.7**	**1**	**1.5**	**0**	**0**	**0**	**0**	**65**	**49**
	Category Average	76%	2.9	29.1	5.4	53.6	1.6	15.8	0.2	1.5	0	0	0	0	10	11.4

We reported 69 medication incidents in total. Comparing our average with the category average, we reported approximately six more. However, most of our incidents are at level 0 (error prevented) or level 1 (no adverse effects) (84.1%).

The number of incidents has decreased since we introduced prescribing on our patient database (SystmOne); there were 6 incidents in March and 4 in April 2024.

Progress on Hospice Strategy and Priorities for Improvement during 2023/24

Our Hospice Strategy for 2022-2027 outlines our over-arching priorities. We have continued to ensure that these priorities centre around our patients, their families and friends and the needs that they encounter through their journey from diagnosis to death and into bereavement.

In 2022 we also published our 3 year Service Transformation Strategy, which provides a more detailed framework of our plans to develop our clinical services to respond to the future needs of our community and the challenges we face.

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 focussed 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

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. EMPOWERING COLLEAGUES

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 systemwide 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 focuses 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

Challenges in 2023/24

During 2023/24, Greenwich & Bexley Community Hospice encountered several challenges, yet we remain steadfast in our commitment to delivering exceptional care and finding innovative solutions to the obstacles we face.

Staff recruitment and retention has been particularly challenging. Despite these hurdles, we are heartened by the unwavering commitment our staff have shown over the past year. Their dedication has been instrumental in maintaining the high standards of care we strive for, even as we work to evolve our workforce. To address these challenges, we have enhanced our recruitment strategies and focused on initiatives to improve staff retention, ensuring a more stable and supportive work environment.

Certain areas of the hospice have experienced unusually high levels of staff sickness, which has impacted our operations and strategic initiatives. This presents a significant challenge, but we have prioritised supporting the most needy patients as well as staff wellbeing and finding ways to mitigate the operational impacts. By implementing health and wellness programs, we aim to ensure the continuity of care for our patients while fostering a healthier workplace.

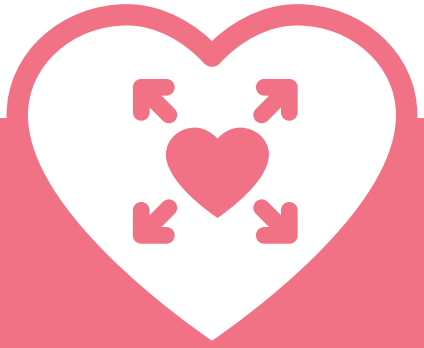
National economic pressures have also posed difficulties, with rising costs across all areas of spending and income increases not keeping pace with inflation. These economic conditions have complicated the development of our services and led to a particularly challenging budget-setting period for the coming year. However, these financial constraints have prompted creative thinking and thorough reviews of our practices and processes. By seeking efficiencies and exploring new ways of working, we are making strides towards a more sustainable operation. Our team have demonstrated remarkable resilience and innovation, identifying areas for cost-saving while maintaining the quality of our services.

Despite these challenges, the hospice continues to adapt and innovate, ensuring that we can meet the needs of our community now and in the future. Through dedication, creativity, and a commitment to excellence, we are confident that we will continue to provide exceptional care and support to those who rely on us.

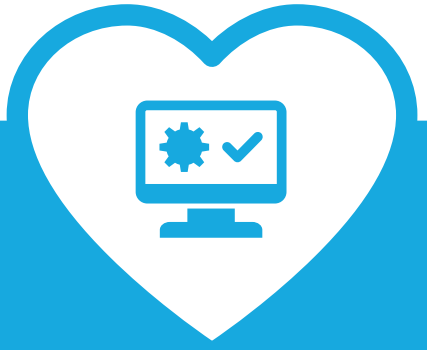
Priorities for Improvement 2024/25

Alongside our new Community Engagement Strategy, we will work to improve and increase the feedback we receive on our care and support.

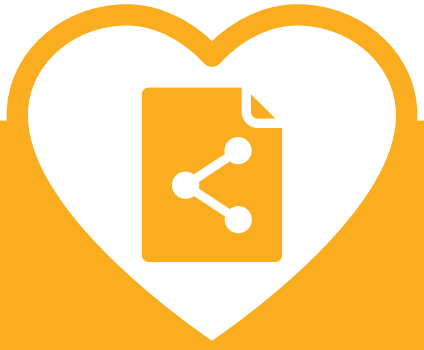
To work towards linking our clinical data with other internal data assets to assist in workforce and financial planning, staff development and performance improvement.



Personal care delivered at scale. Reframing all aspects of service delivery to ensure care is personalised, flexible and responsive.



Quality and impact. We embed meaningful metrics into our systems and processes so that we can assess our quality and impact and respond to issues in a timely fashion.



We will continue to promote and increase uptake in the pan-London Universal Care Plan to enable better shared access to pertinent medical records and improve patient care throughout the healthcare system as a result.

Statement of Assurance from The Board

Review of our services

Between 1st April 2023 and 31st March 2024, the hospice provided the following services:

Hospice based services:

- Inpatient Care
- Outpatient Care including Rehabilitation and Wellbeing Support
- Psychological Care

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, learning disability and heart failure
- Hospice@Home services (as part of the Greenwich Care Partnership in Greenwich and as a spot-purchased service in Bexley)
- Virtual Ward
- Spiritual Care
- Support to Prisons
- Social Work and Counselling
- Care Homes Support
- Education of health and care professionals – working in collaboration with St Christopher's Hospice
- Compassionate Neighbours
- OneBexley service (as part of a consortium of charities working together across the London Borough of Bexley to provide Adult Social Care Assessment and review)

Research and Audit

Participation in National Clinical Audit

National Audit of Care at the End of Life – Queen Elizabeth Hospital Palliative Care Team

Participation in Local Audits

Audit Subject	Purpose of audit	Follow up actions
1 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 meeting as well as CQG
2 Inpatient syringe pump management	Annual audit of best practice	Yearly audit, current audit did not raise any concerns
3 FP10 audit	Ongoing data collection to monitor FP10 use across Hospice services	Monitored at Medicines Management meeting - appropriate use of FP10s
4 MAAR chart audit	Use of updated Pan-London MAAR charts audited against accompanying guidelines	Results fed into review of MAAR Chart with new version now released
5 IPU Audit of Care at the End of Life	National Audit of Care at the End of Life criteria (notes review component) used to review End of Life care on IPU	Revised templates have helped as has re-introducing e-prescribing via our electronic patient records system, seeing a 67% reduction in reported medication incidents.
6 Notes Audit	To audit documentation in SystmOne, including ethnicity and religion	Project ongoing but have seen improvements in recording of ethnicity data, sexuality and religion.

Publications and External Presentations

1. Healthy Challenge and Check – Presented to London, Kent, Surrey Sussex Palliative Medical Trainee Group at Trinity Hospice London –
12th March 2024 – By Graham Turner – Director of Care & Service Transformation & Laura Symonds – Interim medical Team Lead.

2. Posters submitted to Hospice UK National Conference 2023.

Data Quality

During 2023/24 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.

The hospice has been submitting data to NHSE for the Community Services Dataset and Virtual Wards from April 2023.

We submitted data to Hospice UK's annual national Activity & Workforce Survey, which ensures our activity is part of Hospice UK's annual benchmarking and means that our contribution is captured as part of the national data.

Income generated

All statutory income generated by the hospice in 2023/24 was used to fund NHS commissioned care. 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 23/24 met the criteria for 'Standards met'.

Clinical Coding Error Rate

The hospice was not subject to the Payment by Results Clinical Coding Audit during 2023/24 by the Audit Commission.

Quality Improvement and Innovation Goals agreed with Commissioners

There were no CQUINs identified in either contract we hold with SELICS. The hospice participated in Resplendent, the system development group for Greenwich and Bexley, and continues to support the development of the 'Home First' model through membership of the Home First Boards for Greenwich and Bexley. The hospice plays an active role in Bexley Wellbeing Partnership and Healthier Greenwich Partnership.

Greenwich & Bexley
Community Hospice