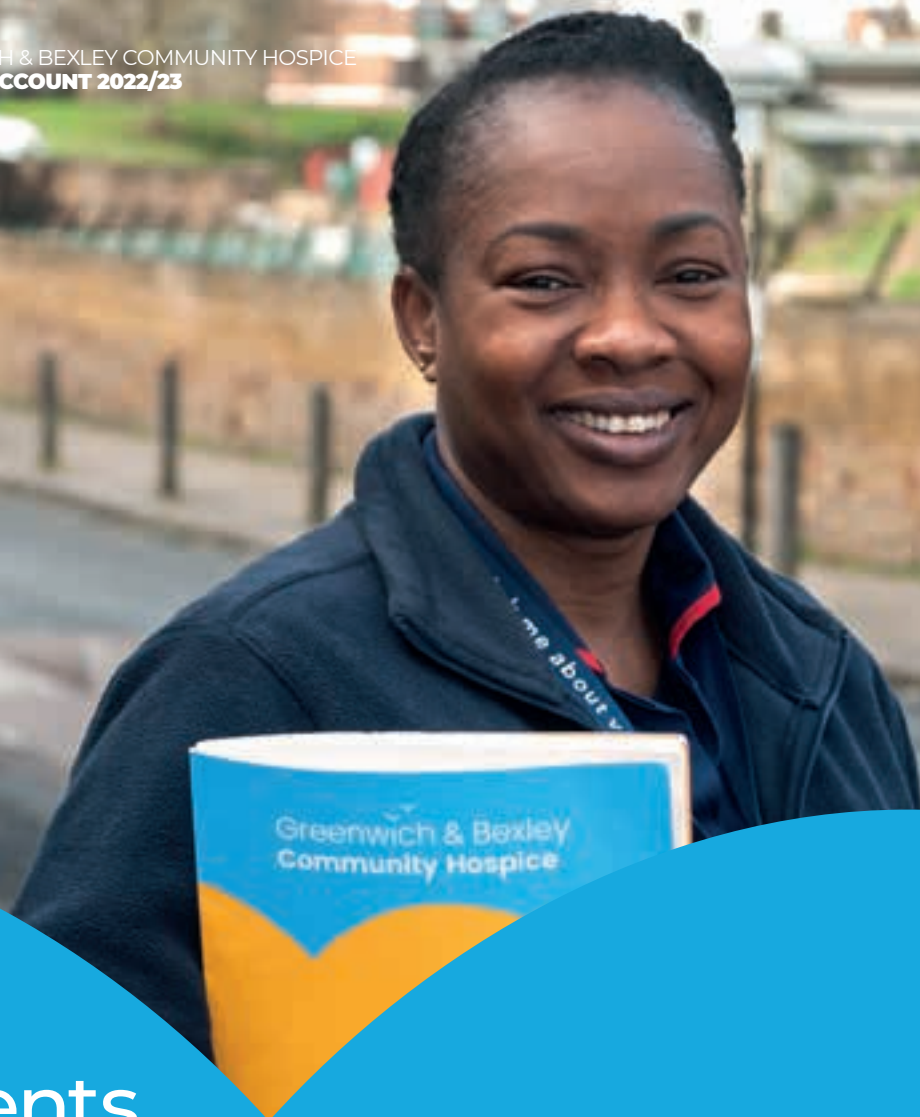


Greenwich & Bexley
Community Hospice



Quality Account 2022-23



Contents

Our Vision

Our Organisational Purpose

Quality Overview

Clinical Governance

Service Activity

Patient Diagnosis

Age/Sex

Ethnicity

Data by Service

Service Feedback and Benchmarking

Feedback from Stakeholders

Patient Feedback

Complaints

Partnership Working

Hospice UK Inpatient Benchmarking

Progress on Hospice Strategy and Priorities for Improvement during 2022/23

4	Priorities for Improvement 2022/23	26
5	Statement of Assurance from Board	27
5	Review of Services	28
5	Publications and External Presentations	29
5	Data Quality	30
8	Income Generated	30
9		
10	Digital Data Protection and Security	
11	Toolkit Attainment Levels	30
16	Clinical Coding Error Rate	30
16		
17	Quality Improvement and Innovation	
18	Goals agreed with Commissioners	30
19	Workforce, Education and Training	31
19		
	Challenges in 2022/23	37
22	Comments from Partners on these Quality Accounts	37

Welcome to our Quality Account



Looking back, 2022-2023 presented both lots for us to celebrate, as well as lots for us to strive for.

I was thrilled when earlier this year we were awarded a Certificate of Excellence by 'iWantGreatCare'. The award means so much to everyone at the hospice, particularly as it is based entirely on patient and family feedback, who are at the heart of everything we do. We were given an average of 5* in each of the four categories iWantGreatCare monitor: Dignity / Respect, Involvement, Information and Recommend, which is simply wonderful to hear.

We were also awarded 'Good' overall with 'Outstanding' within the 'Well-led' category by the Care Quality Commission (CQC) back in December. The rating is testament to the incredible commitment of everyone who makes up the hospice, and I hope assures confidence in our services for those we serve.

There is, of course, lots for us to work towards too. As we all move into a world in which Covid is something we simply must live with, the pandemic brought with it a shift in society's expectations and norms that we must continue to adjust to. We must ensure, for example, that we work to improve recruitment and retention at the hospice, and part of this means offering flexible working, wherever and whenever possible. As always, this must be balanced with the needs of those we support, and so as an organisation, we are always developing and learning.

We will continue to invest in technology to enhance our care. This year, we've laid the foundations to embark on a 'Virtual Ward' scheme. Soon, we will be piloting this, offering additional care and support to people at home, using technology to enable patients to measure their own signs and symptoms in the comfort of their own homes, which we know is where most people want to be, so that we can be more targeted and responsive in our support and in doing so reduce unnecessary hospital and hospice admissions.

We also need to do more to ensure people from across the London Boroughs of Greenwich and Bexley know that we are here for them. Whatever their background, ethnicity, religion, or status; we are their local hospice. We are working with local community groups and organisations to make sure that people know of us, and crucially to listen to what people need from us, and so improving and tailoring the quality of our care accordingly.

We care about all those facing end of life, regardless of whether they are under our care. We must therefore continue to do all we can to lead the way in improving palliative care more broadly across South East London. An example of this can be seen through our work through the Hospice Education Learning Partnership (HELP); partnering with St Christopher's Hospice, we continue to provide training for health and social care practitioners, across a wide range of sectors. It can also be seen through my role as Clinical Lead for Palliative and End of Life Care for South East London Integrated Care System, where I have had the opportunity to influence strategy and the overall direction of the system, building a commitment 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 document. However anyone chooses to support the hospice, I, and everyone here, am very grateful.

A handwritten signature in black ink that reads "Kate Heaps".

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)

Our Quality and Safety Committee acts as a forum to provide strategic oversight and assurance of our risks, mitigation and operational activities, ensuring robust governance.

The QSC is a sub-committee 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 is Komal Whittaker-Axon; Trustee and the Senior Leadership Team member responsible for this committee is our Director of Care and Service Transformation, Graham Turner.

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

The risk register supports the team to manage operational risks, monitoring challenges and outlining the mitigation/resolution to manage or eliminate the risk. 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 and Patient Experience

The CQG reviews quantitative and qualitative activity and patient experience data and this is then shared as a dashboard with QSC. This includes themes from complaints and responses to patient surveys. All complaints are fully investigated using root cause analysis and lessons learned are shared in CQG.

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 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 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

Our Board Safeguarding Champion, Estelle Kerridge meets with our Director of Care and Service Transformation meet regularly to review safeguarding practice, policy and incidents. This has led to a strengthening of relationships with statutory safeguarding teams in our catchment and an increased awareness of safeguarding across all of our governance structures.

An overview of our patients Between April 2022/23



We received referrals for

2,907

people in 2022/23,

an increase of

+7%

on the previous
year

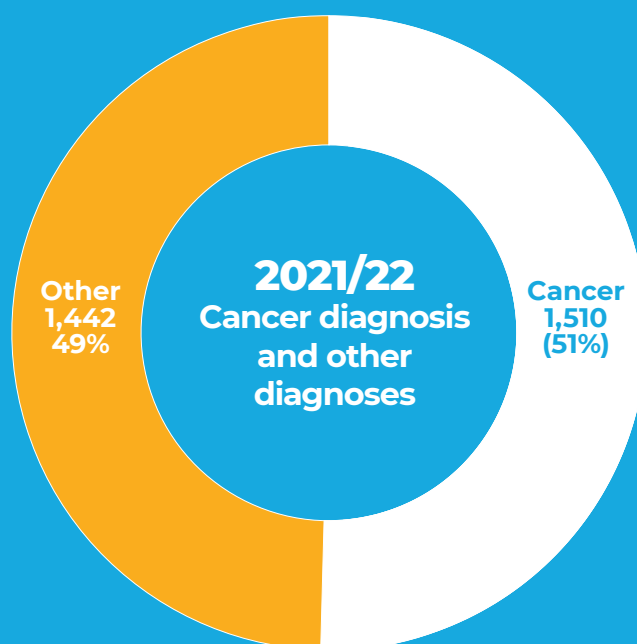
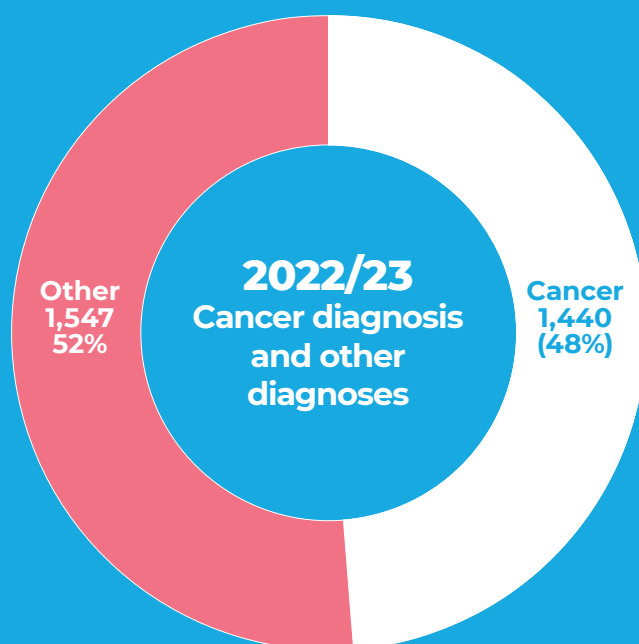
This includes 690 'ongoing' patients who were already receiving our care before the start of this reporting period. People are often supported by more than one hospice service, so the number of individual referrals is greater than the number of unique people we cared for.

Patient Diagnosis

Our patients often have more than one significant diagnosis and so we have reported on all diagnoses recorded.

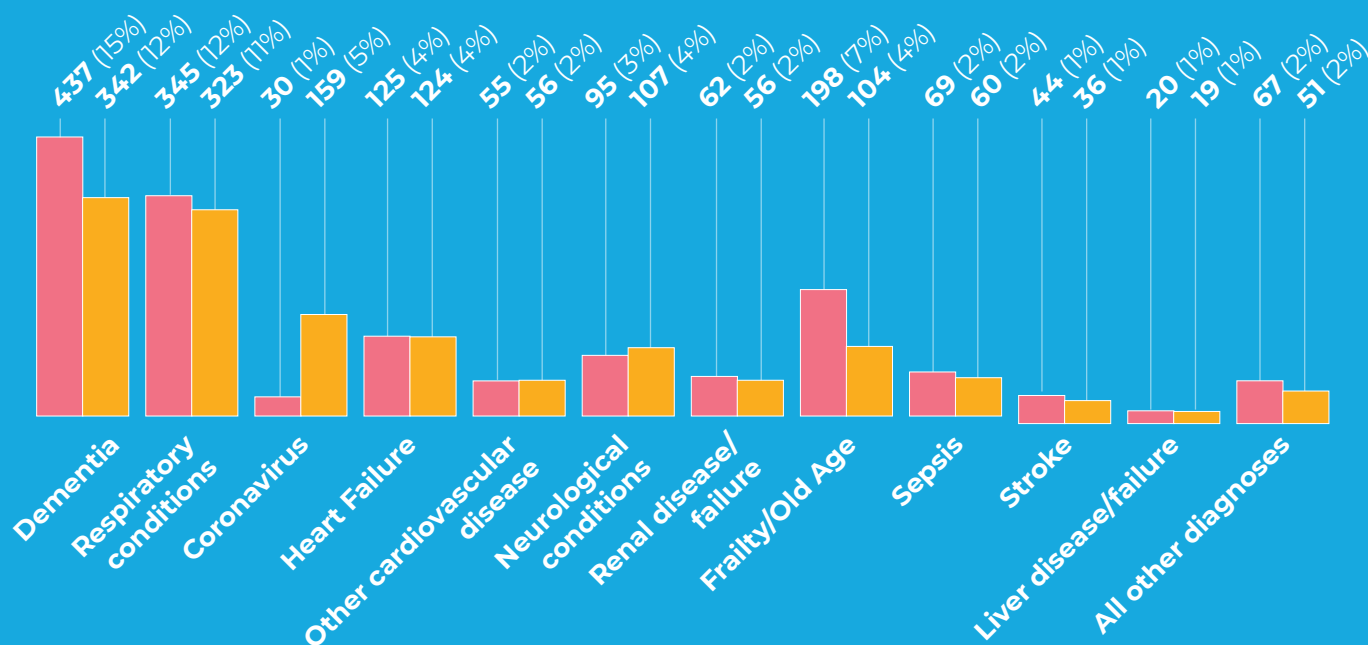


2022/23 2021/22



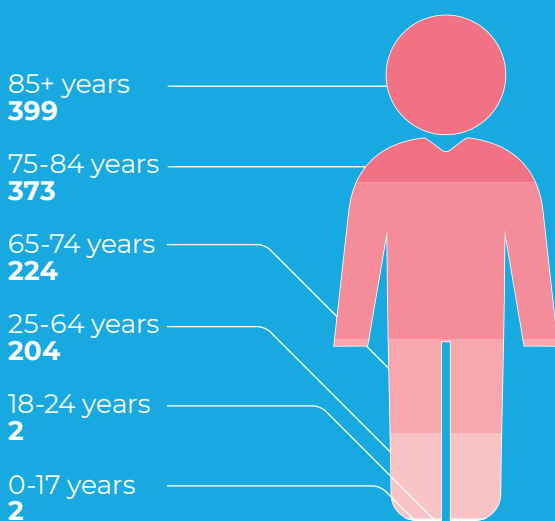
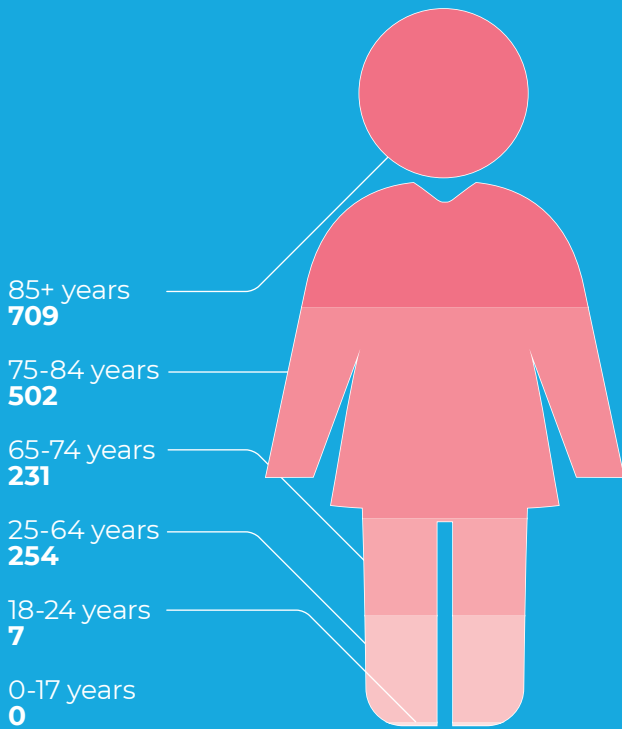
Other diagnosis

Number / Proportion of all patients (where diagnosis is recorded)



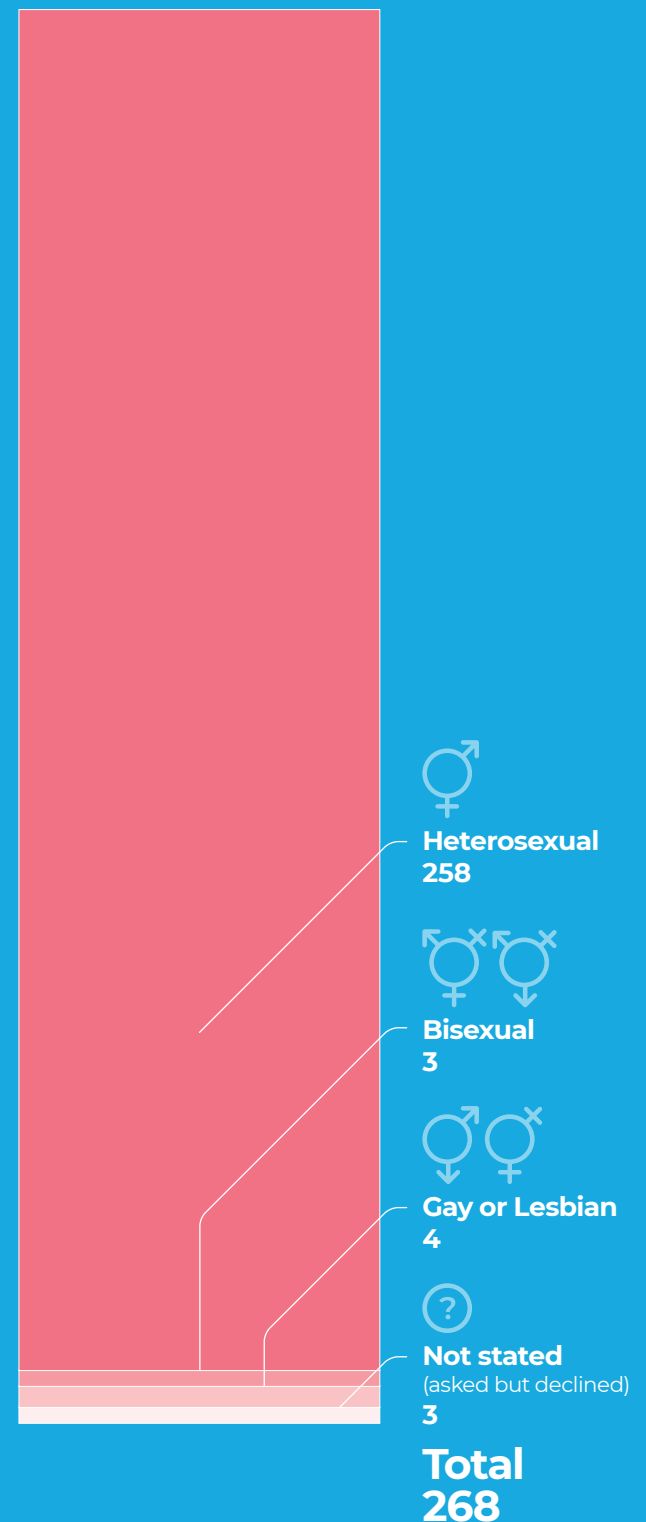
Age/Sex

2022/23 Age and Sex Breakdown

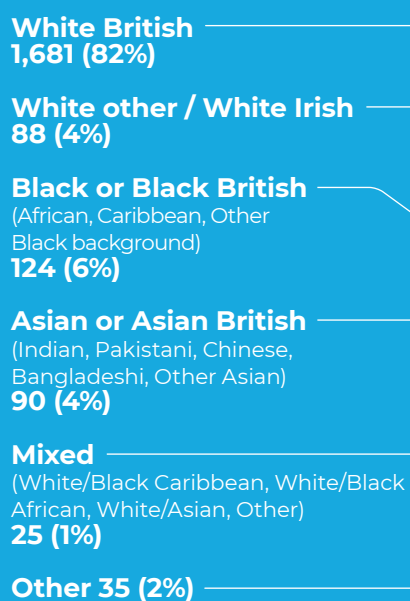
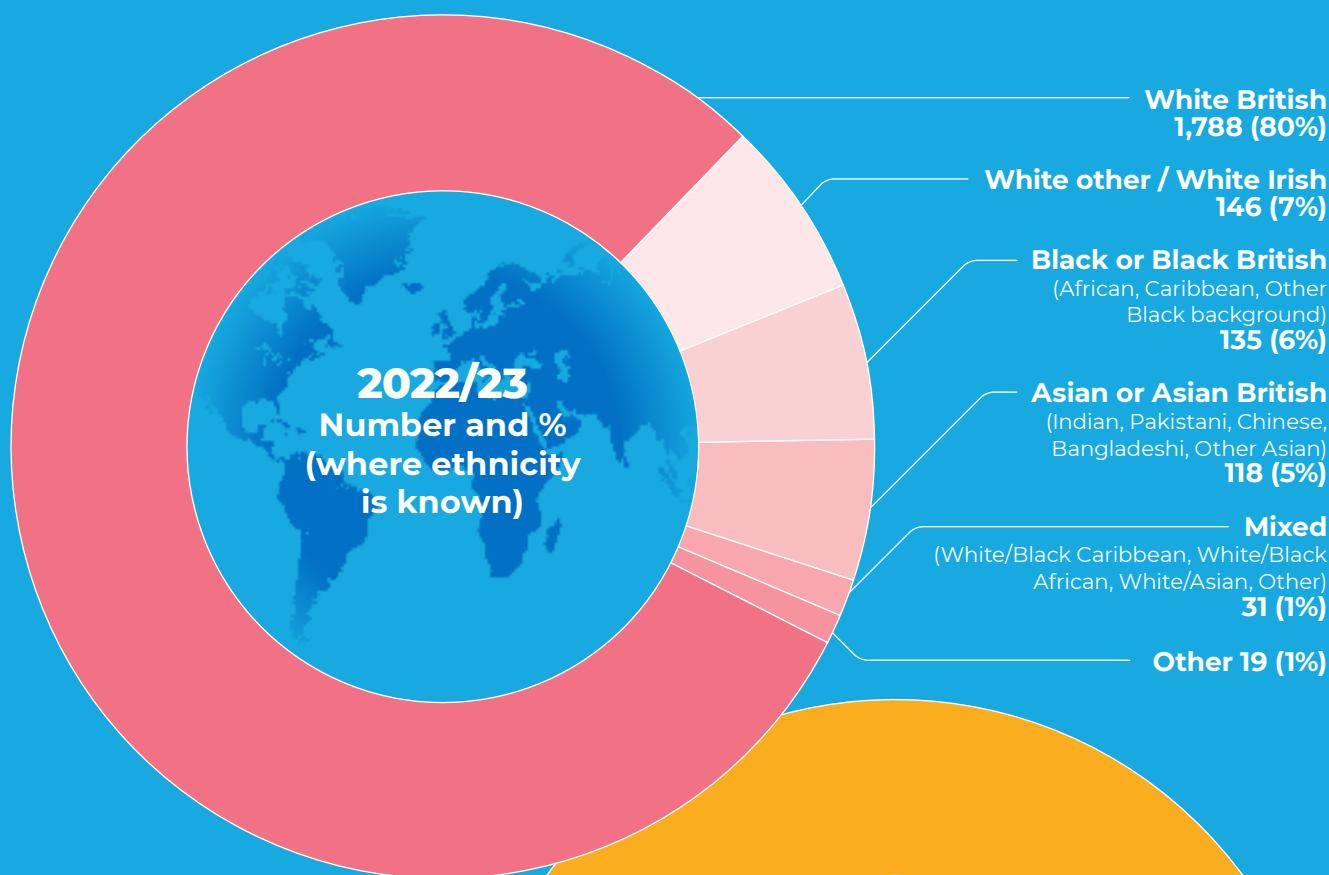


Please note: You'll see that we supported two patients under the age of 18. One of these was referred for counselling support, and the other was transitioning from paediatric care to adult care.

2022/23 Sexual Orientation Breakdown



Ethnicity

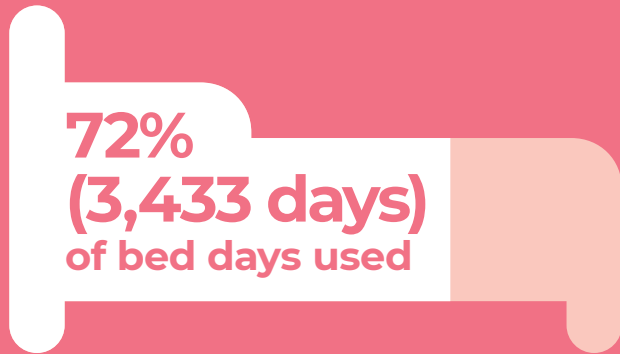


*A proportion of our patients don't have ethnicity data recorded. We have set one of our annual equalities targets to ensure that we achieve 90% completion rate.

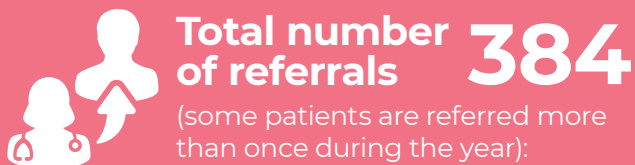
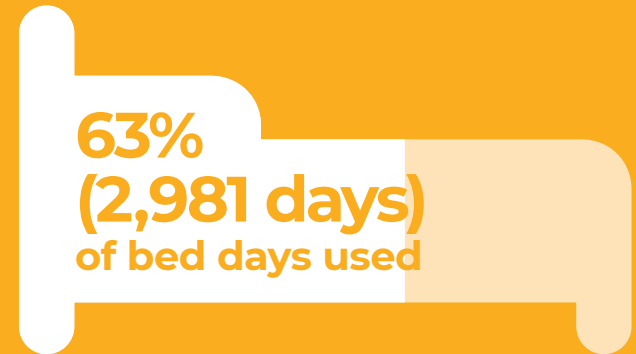
Admissions to our services

Inpatient Care

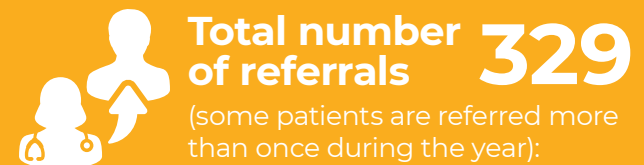
2022/23



2021/22



Total number of referrals not admitted	87
Died before admitted (in hospital)	35
Died before admitted (at home)	10
Patient not well enough to transfer	26
Patient declined admission	10
Referral not accepted/withdrawn by referrer	6



Total number of referrals not admitted	34
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297
ended inpatient stays

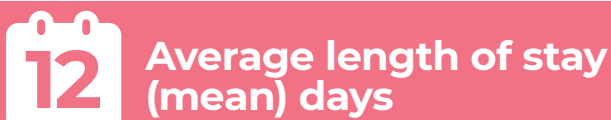


50 (17%) stay ended in discharge
247 (83%) stay ended in death

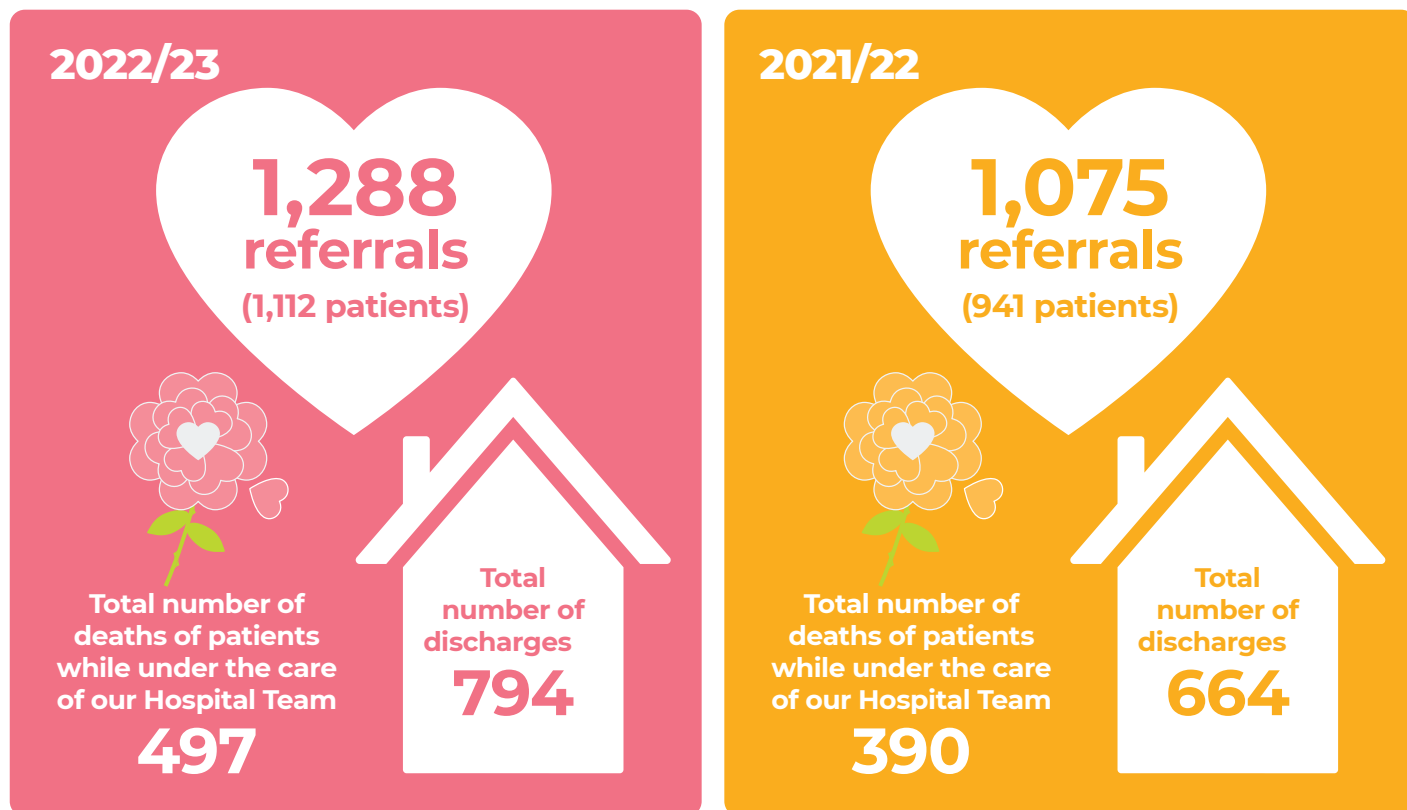
299
ended inpatient stays



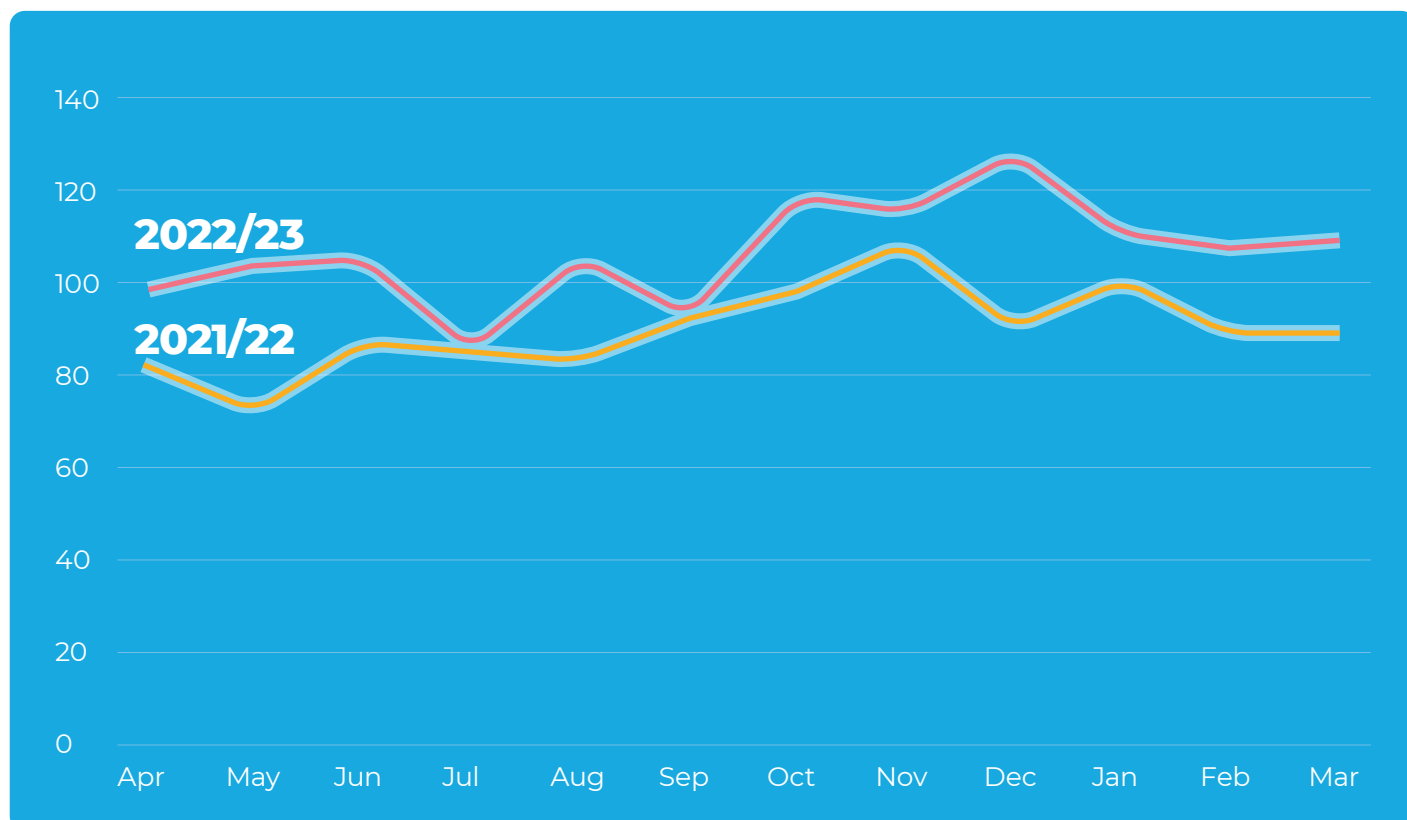
86 (28%) stay ended in discharge
213 (72%) stay ended in death



Hospital Specialist Palliative Care Team Care

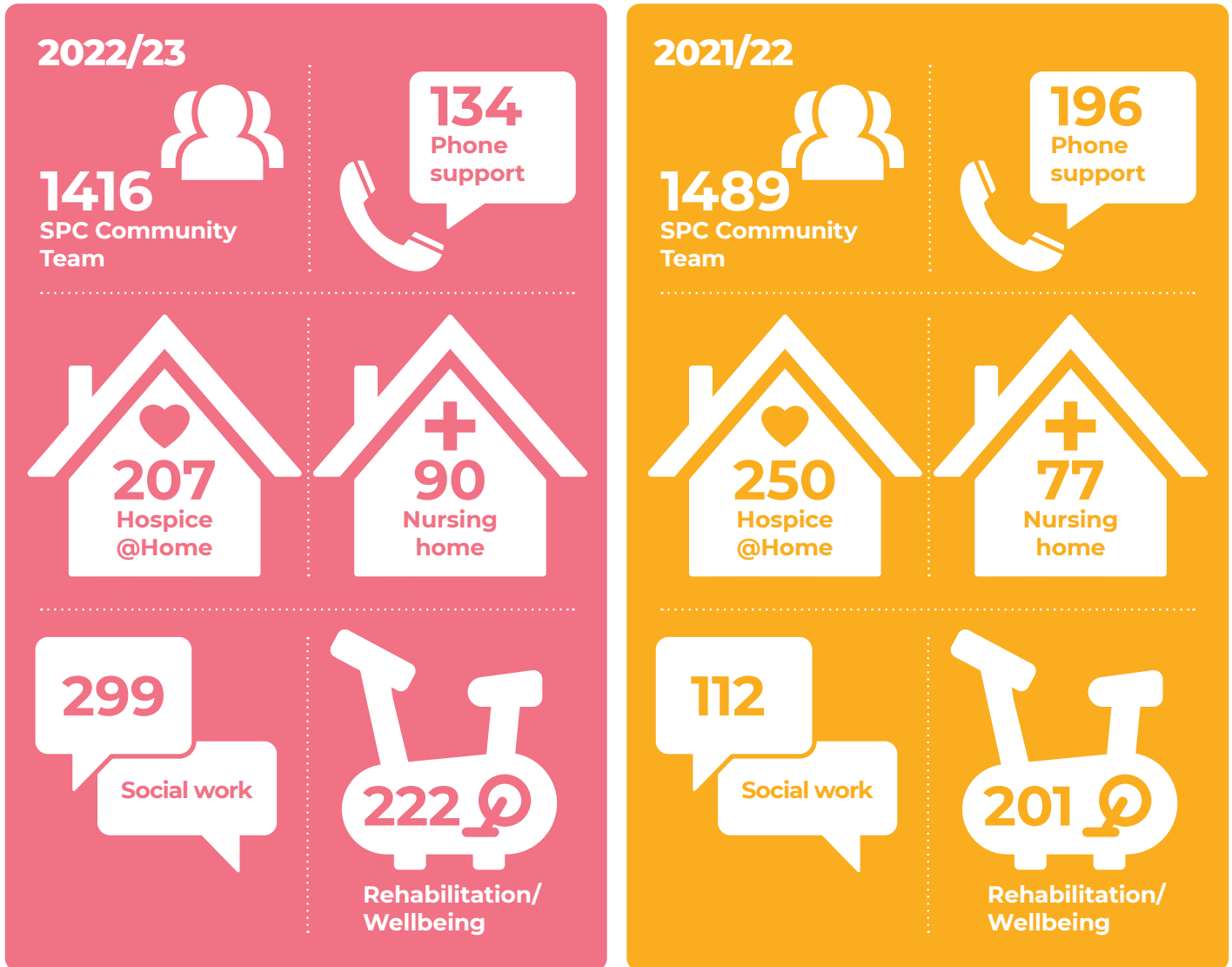


A monthly comparison of referrals received by our Hospital Team



Community Services:

Number of new patients who were supported by our Specialist Palliative Care (SPC) Community Team, Social Work and Rehabilitation/Wellbeing Teams:



Patients are often supported by different teams depending on their clinical needs. For example, they may go from receiving telephone support to Clinical Nurse Specialist support as their condition changes.

Community Palliative Care Team

The Community Palliative Care Team has seen slightly fewer patients this year in comparison to the year before, both in the community and via our telephone support service. This is partially due to our service transformation work, which aims to allocate referrals to the most appropriate clinician, as a result we've grown our social work and wellbeing teams, and in doing so, are working to ensure that we always provide the right care at the right time and via the right team.

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 and the slight decline in overall numbers is thought to be due to a decline in people with COVID-19 requiring their care and support at home.

Rehabilitation and Wellbeing

There has been a slight increase in the number of patients the Rehabilitation and Wellbeing Team supported this year. We hope to see this increase continue over the coming year and have a newly appointed Team Lead overseeing the development of what we have on offer, looking at new ways in which we can provide more services and reach more people.

OneBexley

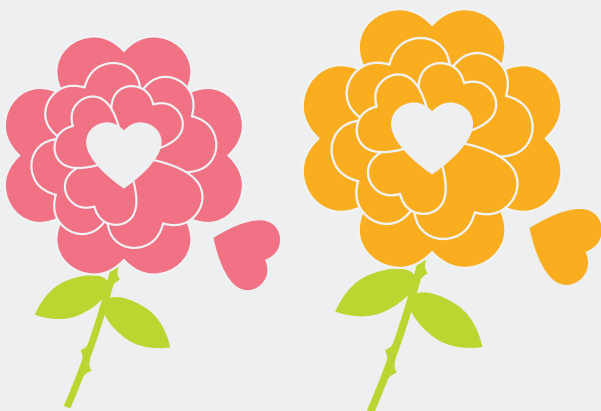
As part of our OneBexley Consortium (see page 19), the hospice has employed a Trusted Assessor since December 2022. This fully funded activity includes supporting people with adult social care needs who do not necessarily have end of life or specialist palliative care needs.

Outcome of care

The majority of patients whose hospice care ended, died under the care of one or more of our teams. However, a significant number of people were discharged from hospice support altogether, aware that if they needed our help again, they would be able to contact us.

2022/23 2021/22

Total number of people who died under hospice care

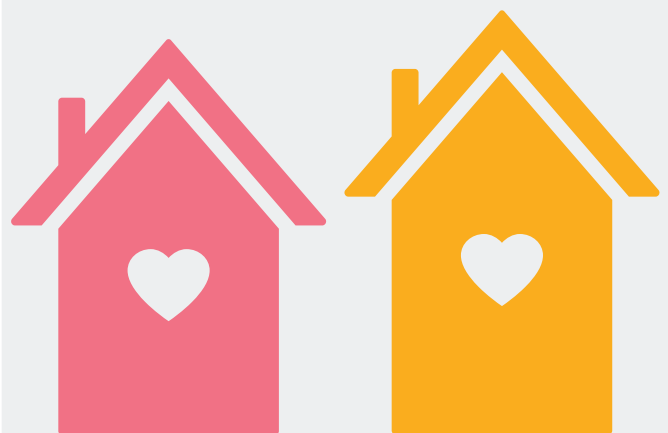


1,515

1,543

2022/23 2021/22

Total number of people discharged from all services

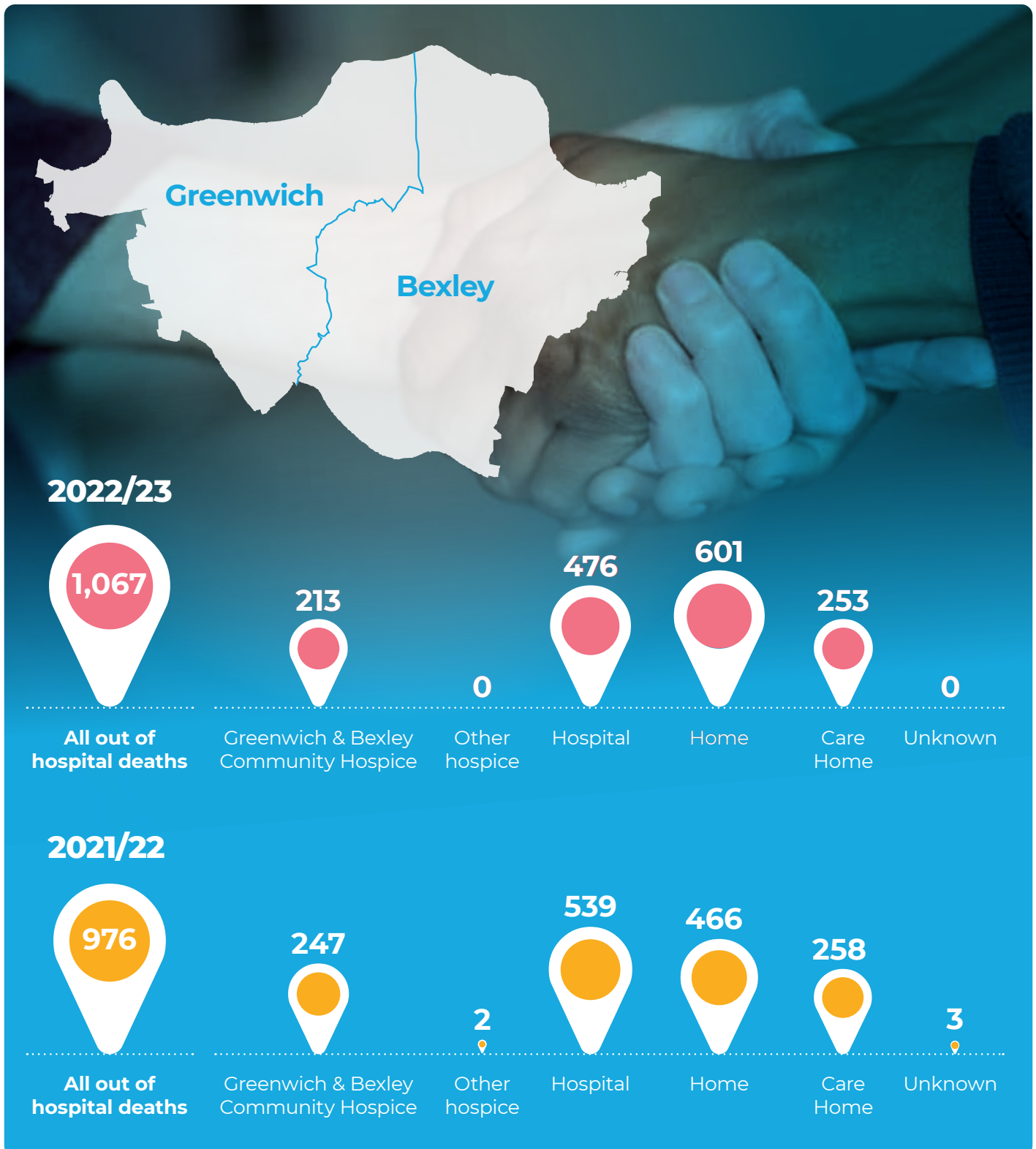


735

744

Location of Death:

Overall, our hospice supported 36% of the people who died in the boroughs of Greenwich and Bexley throughout FY22/23. There is a 6% difference between the dying population in Greenwich that we supported to that in Bexley, which is likely to be because of our presence in Queen Elizabeth Hospital. Although in FY 21/22 we reached less people than over the past year, we reached a greater proportion of those who died (39%).



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. When people are first assessed by our service, they are given information about the website and a paper form is provided for those who are unable to access the iWantGreatCare website.

In 2022/23 we received 157 reviews, with 96% of those reporting a positive experience.

We were delighted to receive a Certificate of Excellence from iWantGreatCare in recognition of our consistently outstanding feedback and being within the top 2% in the country for positive feedback.

What we've been told

'I am so grateful. You were just at the right time at the right place. I believe this is a service which is so difficult to measure but is huge and changes lives.'

Service User of our Rehabilitation/Wellbeing Team

'Thank you for looking after my husband and for looking after us as a family. Your doctors and nurses are amazing. Please pass on my special thanks to our community nurse for all her support and understanding. Another special thank you should go to the Social Worker; her support to my grandson has been particularly invaluable, he still talks about her! Thank you all so much.'

Relative of patient who received care in our inpatient unit, as well as from the Community Team and Social Work Team

'The Palliative Care Nurse visited me twice while I was in hospital. She sorted out new pain relief for me and increased it when I needed it. She has also contacted me at home. I found her very helpful.'

Patient supported by our Hospital Team

'I cannot fault the Carers that came to look after my aunt. They were excellent and made her smile until the end. If I could have thanked them all personally, I would have. You have a great team in your Carers for which I was grateful. They were there for my aunt, but they also helped me.'

Relative of a patient who was cared for by the Hospice@Home Team

'The hospice's care meant that she was comfortable and pain free for the first time in 18 months of illness and was not burdened with pain or illness. I knew she was being properly cared for with love and affection by the Nursing Team, which helped me immensely. I can never thank the team enough for looking after her so well during her last weeks of life.'

Relative of a patient cared for on our Inpatient Unit

'Thank you for the assessment you carried out for my mother. I didn't have the energy to go through the 'usual' process – you were able to handle everything for me to get care in place quickly.'

Daughter of a service user who was assessed through OneBexley

Community Engagement and Patient Voice

We held two events in 2022/23 to engage with the hospice community and learn from our patients.

In June 2022 we held a 'Listening Event' to which all patients received an invitation. The event took the format of an online group conversation, led by the hospice's Darzi Fellow, who has strong facilitation skills but had not been engaged directly with core hospice work. Four patients and carers were able to attend.

The key themes emerging from the conversation were:

- Our care makes a difference, though things do not always move as quickly or smoothly elsewhere in the health and social care system.
- We could be doing more to share information about our range of services and helping people to understand how we're able to support them.
- We should be sharing our messages more widely and more loudly – particularly in terms of highlighting that the majority of our services are delivered in the community and that they rely on charitable funding.
- The reduction in ambulatory care and outpatient services as a result of the pandemic is something which some patients feel has reduced opportunities for social contact with other people in a similar position.
- Our teams could be more diverse.

In March 2023 we invited local Faith Leaders to a Pentecostal Summit, inviting Pastors from local Pentecostal churches to a face-to-face session at a local church. This is the first in a series of targeted interactions with various prominent groups and communities in our local area, designed to listen and learn about how we can better integrate and truly understand the needs of the local population. The meeting sought to build relationships with them, as well as explore where synergies already exist between the hospice ethos and the churches' teachings.

The key themes emerging from the conversation were:

- Local Faith Leaders felt engaged and interested in the work of the hospice and were keen to learn more, so as to be able to support their parishioners who may be coming to the end of their lives.
- The need for education, both in terms of educating faith groups about the work of the hospice, as well as thinking about education needs for hospice staff to understand more about the local community.
- The importance of faith to individuals' lives who hold such beliefs.

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 learning can be taken from them. The process also ensures a clear focus on ownership of learning points and deadlines for addressing them.

Complaints / feedback received and outcome

	2022/23	2021/22
Feedback on service provision	8	8
Care Complaints	7	9
	15	17
Feedback on service provision	4	5
Non-Care Complaints	12	11
	16	16
Total	31	33

Two of the seven care complaints received were about the Marie Curie Service sub-contracted by the hospice to provide night-sitting and an overnight Rapid Response Service. We worked with Marie Curie to investigate these before feeding back to the complainant.

Our clinical complaints
and feedback equate to
less than 0.5%
of the total number of
patients we have cared
for in the past year.



Partnership Working

OneBexley

Greenwich & Bexley Community Hospice is part of OneBexley: a collaboration with seven other Bexley-based charities: Age UK Bexley, Bexley Mencap, Bexley Voluntary Service Council, Carers' Support Bexley, Crossroads Care South East London, Inspire Community Trust and Mind in Bexley. The hospice acts as the prime contractor for a contract with the London Borough of Bexley to deliver statutory Care Act Assessments, Carers' Assessments and reviews for Bexley residents.

15.5 whole time equivalent Trusted Assessors are employed across the consortium to undertake the assessments – one of whom is employed by the hospice. The team also comprises two Social Workers, a Data Manager and a Team Administrator, with the hospice providing programme leadership and contract management.

In 2022/23, the consortium delivered 748 assessments and 497 reviews, as well as signposting many to local support. The hospice-employed assessor, who was appointed in December 2022, delivered 20 assessments and 11 reviews.

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 2022/23 Benchmarking: Patient Falls

			Outcome of Fall											
			No harm		Low harm		Moderate harm		Severe harm		Death		Total falls incidents	
			OCC.	%	No	%	No	%	No	%	No	%	No	Per 1000 OBDs
2022/ 2023	Our hospice	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
2021/ 2022	Our hospice	62%	17	68	7	28	0	0	1	4	0	0	25	8.2
	Category Average	66%	4.8	54.9	3.6	41.9	0.2	2.7	0	0.5	0	0.1	8.7	9.9

Although we reported more falls than the category average, our policy is to report all slips, trips and falls including 'near misses'. This is evident in the data, with more falls reported at our hospice which resulted in the patient not suffering any harm with 70% of reported falls resulting in no harm, compared to an average of 55.1%. Similarly, we reported 25% of falls at low harm (requiring first aid treatment only), compared to an average of 42%. Only one patient fall was categorised as 'moderate harm'.

Results from 2022/23: Inpatient Benchmarking: Medication Incidents

		% BED OCC	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		Total Medication Incidents	
			No	%	No	%	No	%	No	%	No	%	No	%	No	Per 1000 OBDs
2022/2023	Our hospice	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
2021/2022	Our hospice	62%	25	44.6	21	37.5	10	17.9	0	0	0	0	0	0	56	18.3
	Category Average	66%	3	28.7	5.6	53.6	1.7	16.3	0.1	1.4	0	0	0	0	10.5	12

Although we reported more medicine incidents than other hospices, many of these errors were administrative. Our policy is to report all errors including, for example, a missing signature on drug charts, an incorrect reason for prescribing medication etc. Of all the reported incidents at the hospice, 90.7% were at level 0 (error prevented) or level 1 (no adverse effect to patient). This compares to a category average of 82.7%. We reported less incidents at higher levels compared to other hospices in our category (9.2% compared to 17.3%).





Progress on Hospice Strategy and Priorities for Improvement during 2022/23

Our Strategy for 2022-2027 outlines our priorities for the next five years. 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 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 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 on the next page, will ensure that we continue to look forward develop to be the 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. DIGITAL



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

Priorities for Improvement 2022/23

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



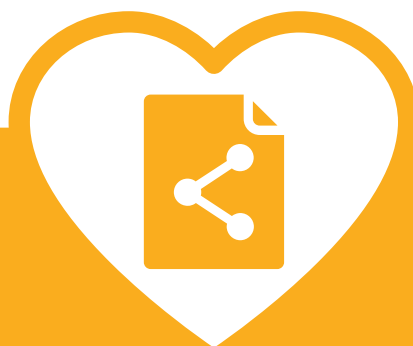
We will use existing external (Office of National Statistics) data to contextualise Greenwich & Bexley Community Hospice data in relation to reach and inequalities and a such implement change to improve care for people across both boroughs.



We will implement the objectives laid out in our People Plan for our clinical workforce, striving to build on retention, and improve the wellbeing and development of all our staff, alongside better meeting the individual needs of patients and their families.



We will provide support to staff in our partner organisations to ensure they have the skills and confidence to deliver good palliative care (As stated within the NHS Ambitions for palliative and end of life care Framework: 'All staff are prepared to care').



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 2022 and 31st March 2023, 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).
- Spiritual Care.
- Social Work.
- Care Homes Support.
- Education – working in collaboration with St Christopher's Hospice.
- Compassionate Neighbours.
- OneBexley (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 Committee
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 service in conjunction with local prescribing committees	Monitored at Medicines Management Group. Appropriate use of FP10s
4 MAAR chart version 4 audit	Use of updated Pan-London MAAR charts audited against accompanying guidelines	Data collection ongoing
5 Audit of Care of the Dying	Notes review from National Audit of Care at the End of Life completed on IPU	Results awaited to see impact of new EPR templates implemented since last audit
6 Falls Audit	Hospice UK audit	Completed
7 Notes Audit	To audit documentation in SystemOne, including ethnicity and religion	Project in development, proforma currently undergoing testing

Publications and External Presentations

Building Sustainability from the Bottom Up: the importance of strong system relationships; Heaps K, Devlin J, Greenwich & Bexley Community Hospice – Poster presentation, Hospice UK Conference 2022



Compassionate Neighbours: working across organisations for mutual support and innovation; Devlin J, Greenwich & Bexley Community Hospice and Naef E, Royal Trinity Hospice – Poster presentation, Hospice UK Conference 2022



Last Responders: paramedics in hospices; Turner G, Greenwich & Bexley Community Hospice – Poster presentation, Hospice UK Conference 2022



Learning Disability Nurses in Palliative Care: a narrative on diversifying the workforce and the caseload; Marsden S, Greenwich & Bexley Community Hospice – Poster presentation, Hospice UK Conference 2022



OneBexley: improving collaboration and access to end of life care by delivering Adult Social Care support; Devlin J, Greenwich & Bexley Community Hospice – Poster Presentation, Hospice UK Conference 2022



Strengthening and Diversifying our Hospice Board: actions and outcomes from our governance review; Heaps K, Russell R, Greenwich & Bexley Community Hospice – Poster presentation, Hospice UK Conference 2022



Hosting a Darzi Fellow – one Hospice and one Fellow's experience; Devlin J, Humby K, Greenwich & Bexley Community Hospice – Oral presentation, Hospice UK Conference 2022.

Data Quality

During 2022/23 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 will submit data to NHSE for the Community Services Dataset and Virtual Wards from April 2023.

Income generated

All statutory income generated by the hospice in 2022/23 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 2022/23 met the criteria for 'Standards met'.

We continued to improve our IT infrastructure and resilience in 2022/23 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 2022/23 by the Audit Commission.

Quality Improvement and Innovation Goals agreed with Commissioners

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

Workforce, Education and Training

Hospice Education and Learning Partnership (HELP)

Through our education collaboration with St Christopher's Hospice, we have continued to deliver palliative and end of life care training for professionals across South East London, including Community Nurses, Social Workers and Domiciliary Care Providers. This is in addition to a care homes ECHO programme led by Greenwich & Bexley Community Hospice's Care Homes Team.

Following a successful bid for funds from the South East London Integrated Care System, HELP delivered a programme of learning primarily for community-based staff, reaching approximately 500 learners through a series of workshops, webinars and conferences delivered face-to-face, online or on demand, on the themes of frailty, urgent care and supporting basic nursing/care skills.

This was a valuable experience in delivering education and training at scale in collaboration with partners, and will help inform our future delivery model.

One of our course participants said:
'More sessions like this for healthcare workers'

Winter funding

The hospice received additional funding from South East London Integrated Care System (Greenwich and Bexley) to provide additional support over the winter period. This funded:

- ✓ Additional capacity to provide Continuing Healthcare Care Fast Track funded care packages of care in Bexley.
- ✓ Additional social work capacity.
- ✓ Delivery of Project ECHO to Greenwich and Bexley based care homes.
- ✓ Continuation of our discharge coordinator role at Queen Elizabeth Hospital.

Training and education undertaken by GBCH staff in 2022/23

In addition to mandatory training, this year additional ad-hoc training was provided for hospice staff on the following:

Training	Staff/Sessions
Sexual orientation and gender identity training	All patient facing staff, 4 x ½ days
Media training	Various management and senior clinical staff
First Aid at Work training for trainers	Refreshers for existing trainers and training of additional trainers (2 x 1 day)
Mental health Awareness for Line Managers	Members of Hospice Leadership Team

Some clinical staff attended courses run jointly by Greenwich & Bexley Community Hospice and St Christopher's Hospice through HELP or by St Christopher's alone including the following short/day courses and conferences:

Training topic	No. of staff attending course
Discover Hospice Care	1
Frailty and EOL	3
"I don't know what to say"	1
London Ambulance Service/Urgent care at EoL	2
Motor Neurone Disease: Power in Partnership	6
Palliative Discovery	2
Principles and Practice of Palliative and EOLC for Healthcare Assistants	2
Principles and Practice of Palliative and EOLC for Registered Nurses	1
Reaching the forgotten	3
Rehabilitation in Palliative Care	2
Sensitive Communications at EOL	2
Teach with CARE	7
The Future of Dying: Creating a Network for Change	1
Wound Care Skills	1
Advance Nurse Practitioner and Nurse Consultant Development Programme	1
Palliative and EOLC Foundations module at L6	1
Measuring the Effectiveness of Palliative care	3
Total attendances	39

Training and Courses attended by Hospice staff with other providers included:

Courses Attended	Provider
10th Guildford Advanced Pain and Symptom Management Course	Royal College of Physicians
Acupuncture Foundation Course	The British Medical Acupuncture Society
Aspiring Chief Executive Programme	BAYES Business School
Assertiveness and influencing skills	ISC Medical
Bereavement by suicide	Child Bereavement UK
Breast Cancer Course	Guy's and St Thomas Hospital NHS Trust
Budgeting	AAT
Business and Administration Level 2	The Skills Network
Caldicott Principles and information sharing in EOLC	Healthcare Conferences UK
Charities: The Role of the Secretary	UK Training
Charity Finance Group	Charity Finance Group
Chartered Manager Apprenticeship (Batchelors Degree in Business Management)	Anglian Ruskin University
Clinical Consultation: Assessment and Diagnosis (CCAD)	Medway School of Pharmacy
Collaborate SEL ICS System Leadership Programme	SEL ICS
Health & Social Care level 3 Diploma	London South East Colleges
Health and Safety Law - Annual Update	EBIS HSE
Introduction to Anti-racism in Charities	Civil Society Uk
Job Planning	LG NHS Trust
Kings Annual Conference	The Kings Fund
Law and Medical Ethics	University of Edinburgh School of Law
Living With and Beyond cancer	Royal Marsden/University of East Anglia
Mental Capacity Act in Practice - best interest assessor course	Bournemouth University
Mental Health Training for Managers	Inspired to change Ltd
Mental Illness and Palliative Care: Practical Approaches and Innovative Solutions	Royal Society of Medicine
No Barriers Here	SEL ICB Mary Stevens Hospice
Non Medical Prescribing in EOLC	Healthcare Conferences UK
Online Media Training x2 sessions	Inside Edge
Oxford Advanced Pain & Symptom Management	Sobell House Hospice

Palliative and EOLC symptom management	Kings College London
Palliative Care Masterclass 4	Neurology Academy
Palliative Discovery Programme	St Christophers
Pallmedpro Palliative Medicine SCE Revision Course	St Gemmas Hospice
Practical Management of Breathlessness	Cambridge Breathlessness Intervention Service
Practice Educator PQSW Short Course	University of East London
Preparation for Practice Assessor	University of Greenwich
Provider collaboration: building on what works and looking to the future	Kings Fund
Renal Masterclass	The Christie NHS Foundation Trust
Save Lives at Work	Emergency First Aid at Work
Sensitive Conversations	GBCH
Strategic Leadership Programme	Hospice UK
The evolving world of internal communications	Charity Comms
Together Migrant Children	Together Migrant Children
Understanding Governance Stage 1	Civil Society
Urgent care at End of Life	St Christopher's
Wellbeing Leads Information Sharing Day	Rowans Hospice
Western Medical Acupuncture Foundation	Acupuncture Association of Chartered Physiotherapists

Conferences Attended

Conference: Current Issues in Palliative Care	International Journal of Palliative Care
Conference: Hospice income Generation Network (Virtual)	Hospice Income Generation Network
Conference: Hospice Lotteries Association	Hospice Lotteries Association
Conference: Hospice UK National Conference	Hospice UK
Conference: Motor Neurone Disease: Annual Conference	St Christophers
Conference: Lewisham and Greenwich Non-medical Prescribers	Lewisham and Greenwich NHS Trust



Clinical Education Programme

This is an internal programme of hour-long multidisciplinary education sessions delivered by hospice staff, or on occasion invited external speakers, to cover clinical topics of current relevance or interest.

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.

SystemOne training

Three new basic trainers have been trained this year to address the needs of new staff joining the hospice to learn how to use the electronic patient record system safely and effectively. There are now six basic trainers to cover the following staff groups: Administrative, Medical, Inpatient Nursing and Community Teams. In addition, there are 'superusers' in every clinical team and clinical location to support staff day-to-day in using the electronic patient record system.



Challenges in 2022/23

Whilst the world has moved into a space of 'living with COVID-19' and the World Health Organisation (WHO) has recently declared that 'COVID-19 no longer represents a global health emergency', the hospice is still being impacted by the long-term effects of the global pandemic. Whilst our team has been crucial in the hospice being able to deliver all that we have during this challenging time, the impact on them both personally and professionally has been profound. We remain dedicated to supporting the whole team's wellbeing now and into the future.

We also recognise that we are not alone in managing significant challenges, and that our system partners are facing similar situations. This underlines how important it is that we continue to strive to continue to work in partnership to support our joint aims and objectives and to evolve our own services to support more efficient, accessible and high-quality care.

Recruitment and retention remain priorities for the ensuing year, with recognised local and national difficulties in recruiting across health and social care and many healthcare professionals re-evaluating their priorities following the pandemic. For many, this has led to relocations or leaving the sector for good in favour of other jobs or retirement. This is amplified somewhat when trying to recruit Doctors, Allied Healthcare Professionals and Nurses into an area of specialisation such as palliative care, and this inevitably impacts upon our strategic objectives. There is, however, positive progress on some aspects of clinical workforce recruitment, with a new locum Palliative Medicine Consultant and a Specialty Doctor joining our Medical Team, a Team Lead for Rehabilitation and Wellbeing (a Speech & Language Therapist) commencing in post at the beginning of the year, the successful appointment of a Head of Community Services and the appointment to a new role for us, our first Advanced Nurse Practitioner.

Comments from Partners on these Quality Accounts

Greenwich & Bexley Community Hospice continue to provide insight and leadership to the whole system in service of the delivery of excellent end of life care. Hospice colleagues consistently advocate for the needs of the local population and find innovative ways to connect with, understand and overcome drivers of inequality at a community and neighbourhood level within the borough. It is always a pleasure to work in partnership with the team and their contribution continues to drive us forward in new and positive ways.

Gemma O'Neil
Deputy Director, System Development
Bexley and Greenwich





Greenwich & Bexley **Community Hospice**



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