Greenwich & Bexley
Community Hospice

Quality Account

2018/19

Contents

PART 1

Introduction

1.1 Chief Executive's Comments

As we celebrate our 25th Anniversary of providing compassionate and expert care to dying people in the boroughs of Bexley and Royal Greenwich, I have the privilege to present our Quality Account for 2018/19. The report provides an overview of the Hospice's achievements this year, which are only possible thanks to the dedication and skill of our staff and volunteers as well as the continued support of our partner organisations and friends in the community who help us to raise the much needed funds to support our work.

This year, we are making an even greater effort to thank all the local heroes who have supported our work over the years as well as those who have more recently come on board, but will be there supporting us for the next 25 years. To ensure we are sustainable for the future we are investing in our staff, our volunteers and in fundraising and retail as well as continuing to build vital partnerships with local organisations to truly embed the special care we provide throughout the community we serve.

In 2018/19 the Hospice cared for 2,072 people and their families. For each of these people we aimed to provide flexible, responsive and holistic care, focused on each individual's needs and priorities, as well as supporting their family throughout the illness and into bereavement. This was a reduction in overall patient numbers compared to the previous year, brought about by the completion of the transfer of our Bexley lymphoedema service to Oxleas NHS Trust. This strategic change is enabling us to focus on our primary charitable objective to provide expert care for people facing end of life and enables people with lymphoedema to get seamless access to all of the services they need in order to address their long term needs.

This year we continued to focus on developing and promoting our services to enable us to support people who have not always been able to access our specialist care. We continue working with local black, Asian and minority ethnic community groups and developing our services for the 'older old' which has enabled us to significantly increase the proportion of people who describe their ethnicity as from a category that is not White British, as well as further increasing the proportion of people we see who are over 75 years of age. New developments in the year included a new project focusing on the needs of people with heart failure, another focussing on improvements for people with learning disabilities and the launch of our

Compassionate Neighbours programme. Despite the transfer of patients from our lymphoedema service (a group where a diagnosis that is not cancer is relatively high) we continued to increase our reach to people with non- cancer.

We saw a 5% increase in the number of patients who died under our care in 2018/19 with a 58% out of hospital death rate; this figure was slightly lower than last year with a lower number of referrals in the hospital, lower home death rate and lower number of deaths in the hospice. This reflects the increasing pressure on community services as there was an increase in referrals in this area and fewer being suitable for our less intensive telephone support service; this service also delivered 4,000 more patient contacts than last year, a reflection of the level of complexity our patients face; read more about an example of a complex case on page 12-13. Our Inpatient Unit saw more admissions and succeeded in increasing our overall occupancy rate to 80%, the proportion of people whose stay ended in discharge to another care setting also increased as a result of our new discharge support worker. Within our outpatient services, we focused on increasing capacity by basing more services within the Hospice building which enabled us to increase the number of patients in our rehabilitation service (9%) and our social work caseload (29%).

In this report you will see the significant progress we have been able to make against our strategic objectives as well as continuing to monitor and improve quality through our strengthened Board oversight and governance. The Hospice is registered with the Care Quality Commission with an overall rating of 'good', and an 'outstanding' rating for our responsiveness. You will also read about the recognition we have received for our continued efforts to make environmental improvements for patients, staff and our visitors.

It costs around £9 million per year to operate the Hospice, and we receive approximately one third of our funding from the NHS. The Hospice is extremely grateful for the support we receive from our community, without whom what we do would not be possible; whether this is by providing direct funding, in kind support or volunteering time and skills. All the support we receive is incredibly valuable and much appreciated.

The financial climate remains challenging for the Hospice, despite this we maintained control over our expenditure in all areas which the management team should be commended for. In line with our strategy, we are continuing to invest in income generation to build a more sustainable financial base for the future as well as working in partnership with our neighbouring hospice, St Christopher's, to negotiate for a more realistic statutory funding settlement. Our many partnerships with other organisations continued and we are now exploring a strategic alliance

with several other key voluntary sector organisations in Bexley to influence commissioners and to ensure that people in Bexley get seamless and responsive services from organisations which work together to meet individual needs.

I hope you enjoy reading more about our successes and challenges in the report. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by the Hospice.

Kate Heaps - Chief Executive

Quality Overview

1.2 Clinical Governance

The Hospice has a number of monitoring mechanisms to highlight priorities for clinical development and quality improvement as well as to monitor risks, incidents and identify necessary improvements:

Quality & Safety Committee (QSC)
This committee is a sub-committee of the Board and meets monthly to review progress against objectives, service performance, compliance to statutory regulation and manage risk. As part of the agenda, a number of items are regularly presented on a rolling programme, some of which are outlined below. The Chair of the committee presents a monthly report to the Hospice Board.

The Quality & Safety Committee continues to take a robust approach to monitoring the quality and safety of Hospice services. It is supported by a number of topic/project based advisory/steering groups e.g. medicines, EPR, education, research and audit.

Quality Improvement Plan
This plan includes any actions for improvement that have been identified through internal self-assessment mechanisms including Management Review, Trustee Assurance and staff, volunteer and patient feedback. Each item on the plan is categorised against the CQC's key lines of enquiry and has an identified lead and timescale. The plan is reviewed monthly by the Chief Executive, Registered Manager and the Quality and Contracts Team.

Operational Risk Register
This risk register supports the Senior Clinical Team and QSC to manage operational risks by helping to monitor challenges such as workforce issues, and environmental risk etc. It outlines the mitigation/ resolution which is planned to manage or eliminate the risk over time. The operational risk register is also 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 Dashboard
A regular report is presented to QSC which shows clinical activity and workforce over time. Dashboards for Hospital Services, Community Services (including Community Specialist Palliative Care Team, Greenwich Care Partnership and Social Work) and Hospice Services (Inpatients, Day Hospice and Rehabilitation) are

presented every quarter, reporting both quantitative and qualitative measures for each service area.

Patient Experience Dashboard

This quarterly report includes an overview of the various forms of feedback received including formal and informal complaints and compliments, Friends and Family Test and VOICES[1] responses. All complaints are fully investigated using root cause analysis and included in patient feedback and incident reporting.

Incidents and Accidents Dashboard

This quarterly report includes accidents and any incidents across the whole Hospice including medicines incidents, falls, pressure ulcers and safeguarding. It provides an opportunity to review any themes and identify improvements to be made including environmental improvements and staff training. As part of this report, the Hospice also reviews our benchmark against other similar services.

Mandatory Training Dashboard

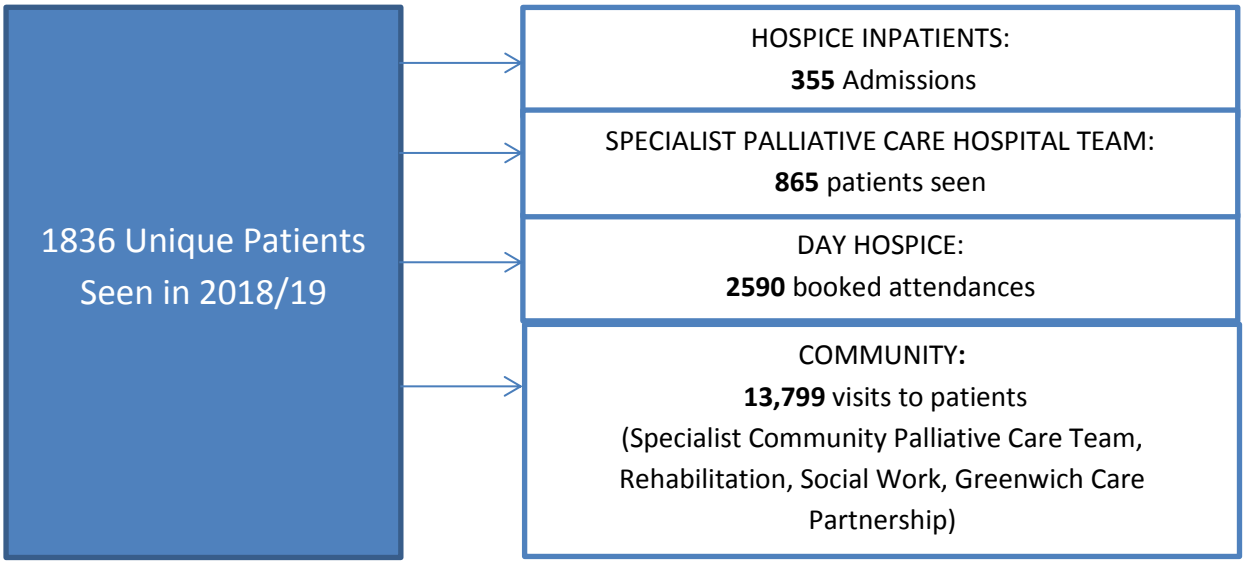
This reports on compliance with the Hospice's mandatory training programme for staff involved in regulated activity (clinical staff/volunteers) and non-regulated activity (all other staff/volunteers), against a target of 80% achievement. It also forecasts performance one month ahead so potential problems with compliance can be anticipated and appropriate action taken.

1 VOICES is a validated questionnaire which is used to assess the views of bereaved informal carers about services received by their next of kin.

1.3 Service Activity

Overview

In summary there were 1836 unique patients[2] seen across all services, which included the following:



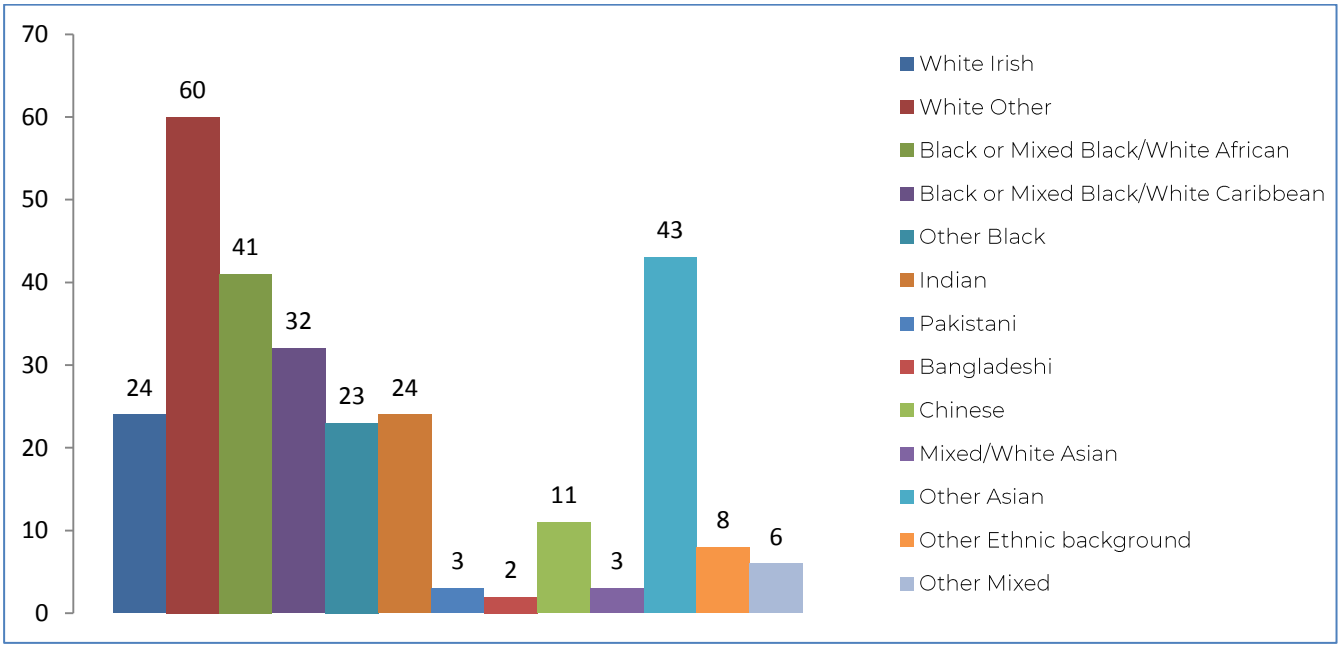
Please see appendix (8.1) for detailed data on patient activity.[3]

2 Unique patients = counting each patient once, regardless of whether they received care from more than one service or were referred back into a service after a previous discharge.

3 The Lymphoedema Service was transferred to another provider in September 2018. 236 patients were seen by this service in 2018/19 but these have not been counted in the demographic information

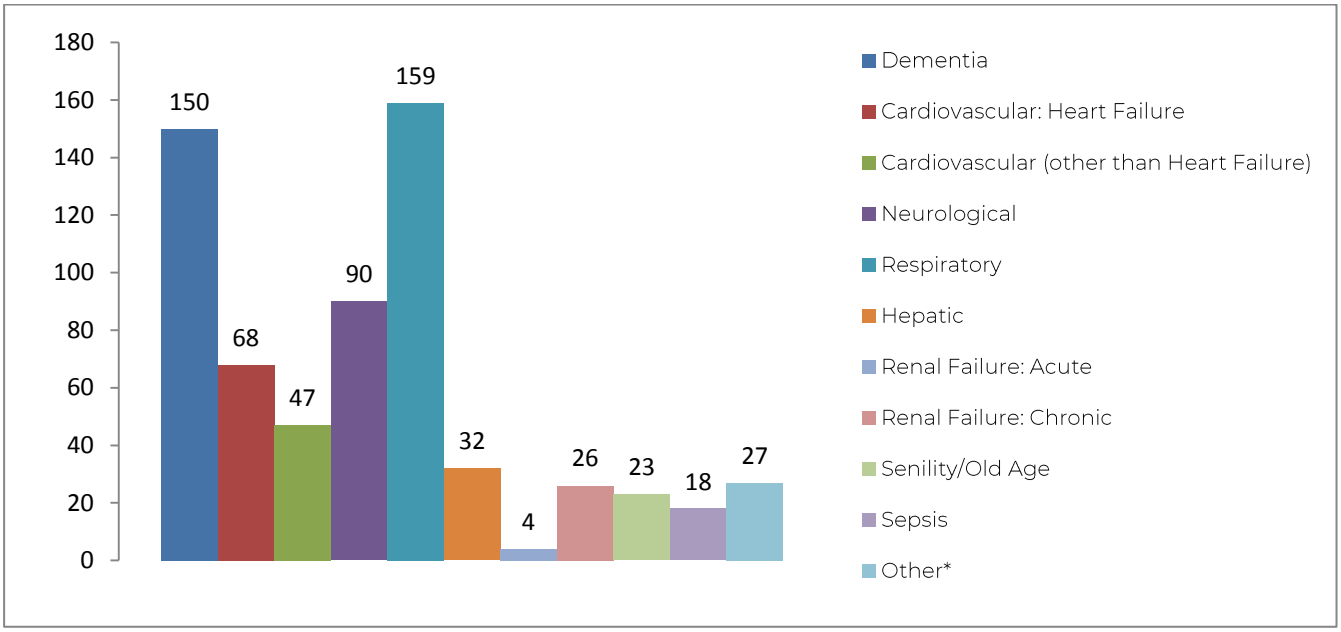
Patients seen with Non-White British ethnicity

16% Of the 1,836 patients seen in 2018/19 recorded their ethnicity as Non-White British this was broken down as follows: (where ethnicity is recorded):



Patients seen with a non-cancer diagnosis:

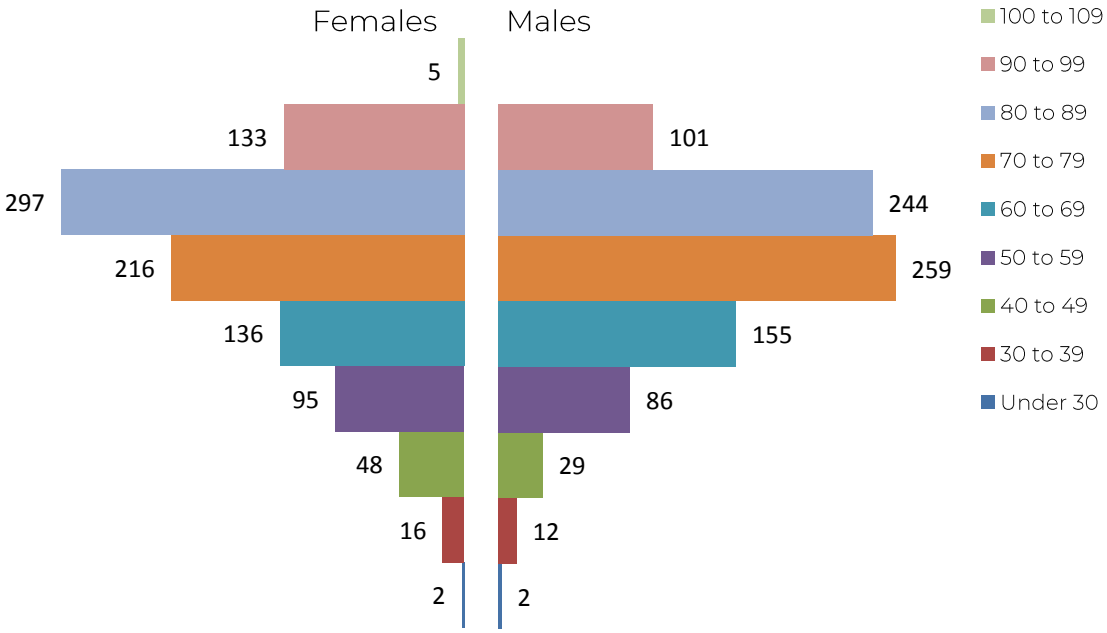
40% of the 1,836 patients seen in 2018/19 had a primary diagnosis that was not cancer, broken down as follows, (where a diagnosis was recorded):



*Other diagnoses include amyloidosis, disorders of the blood, bone and intestinal tract, hyperparathyroidism and benign neoplasms.

Patients seen by Age/Gender

The gender/age breakdown of patients was as follows:



"These few words cannot really express how truly thankful we are that my husband spent his last weeks in your care. The kindness, the care, the expertise were faultless. Ice-cream on demand and the joy of experiencing a Jacuzzi bath were only two of the highlights. He felt safe and happy at the hospice and his pain was expertly managed, this is all we could have wished for him".

Relative of Inpatient

1.4 Patient Feedback/Case Studies

As part of our three year strategy, we reviewed how we gather and share patient and family feedback on our services. From 2019/20 we will use **"iWantGreatCare"** to improve our collection of patient feedback. Not only will this be simpler and provide more timely feedback but it will also allow more Hospice users to give comments on more of our services, including those that we did not previously capture, such as the Hospice at Home Service and the Hospice's Specialist Palliative Care Team based at Queen Elizabeth Hospital. In the meantime in 2018/19 we continued to gather feedback through existing mechanisms:

Friends and Family Test (FFT)

In September 2018, the Friends and Family Test questionnaires were sent to a random selection of patients who had received two or more visits from at least one service. In answer to the question "*How likely are you to recommend the service to friends and family if they needed similar care or treatment"* responses were as follows, giving an overall score of 87%.

	Extremely Likely	Likely	Neither Likely nor Unlikely	Unlikely	Extremely Unlikely	Don't Know
Day Care	6	1	0	0	0	0
Rehabilitation	1	0	0	0	0	0
SPC Community Team	14	1	1	0	0	0
Total	21	2	1	0	0	0

In addition, all patients who were discharged from the Inpatient Unit were given the option to complete a form if they wished. Between April and September, the following responses were received, with an overall FFT score of 71%:

	Extremely Likely	Likely	Neither Likely nor Unlikely	Unlikely	Extremely Unlikely	Don't Know
Total	16	4	0	1	0	0

Although the questionnaires are anonymous, the form of the respondent who selected "unlikely" was shared with the Modern Matron on the Inpatient Unit who was already aware of their concerns and dealt with these during the admission.

Reflections of Clinical Staff

Social Work:

The Hospice's Social Worker received a referral to support a family in February 2018 for a lady with terminal lung disease. Her youngest child at that time was seven years old and she had three children of adult age. She was a single parent, had financial issues and was at risk of losing her home. On the first visit it became clear that there were lots of issues that were concerning the patient, including her family relationships and provision for care of her youngest child when she died. She also disclosed that she had suffered domestic violence and that there had been issues with substance abuse in the family.

Several admissions to the Hospice's Inpatient Unit were arranged for symptom management and respite which allowed both the patient and her family to get some support to deal with these complex problems and to become familiar with staff. She died on her last admission and when the time came, all of the patient's issues and wishes had been addressed with added support from the Local Authority Housing Team and Children's Services Team, a guardian was in place for her younger child and the house was transferred to the guardian to allow the family to continue living there.

The patient's death affected everyone involved in the care of her and her family and is someone who will always be remembered. We have since had contact with the family who are adapting to life without Mum and the youngest child is doing very well at school.

Glynis Berry, Social Worker

Inpatient Care

When patients are discharged from the Hospice Inpatient Unit, planning can involve several services from the Hospice as well as other health and social care professionals from external agencies. Discharge planning often starts soon after admission. One patient who was admitted had complex emotional and social issues as well as physical symptoms. Prior to admission she had been receiving support from the Hospice's Social Worker. We both continued to work with her during her stay, and had open conversations, discussing wills, benefits, and funeral plans. She expressed that her main concern was housing tenancy and Guardianship of her youngest son when she died. I had several meetings with her, and we put an Advance Care Plan in place, spoke about her wishes and it was clear she wanted to be at home for as long as possible.

"We are very thankful to Hattie and the team for all the support during our difficult times".

Client who saw our Social Work Team

During admission she became more open to the wider team and began to benefit from being in the Hospice and felt less stressed. This was a vast contrast to the woman who was first admitted and had previously found it hard to trust professionals along the way; she was now opening up and had confidence in the team. She was referred to the rehabilitation team for physiotherapy and was very determined to use the gym which she did throughout her admission, giving her focus and more confidence. A mobile scooter was arranged and Hospice Counselling was also offered to her and her family.

Prior to discharge, a Family Meeting was arranged which helped all members of the family to be open and discuss things honestly in a controlled environment. She managed to get home, where support continued with the Hospice's community palliative care team and Hospice at Home carers who not only supported her physical needs but also gave her someone to chat to about normal things. She felt comfortable to come back to the Hospice for both respite and symptom control admissions, and felt safe at the Hospice. She was familiar with all of our staff and in the end the Hospice was her preferred place of care in her last days. Her family expressed their gratitude to all the staff who were involved in her care for the support they received.

Radha Warrington, Inpatient Unit Discharge Co-ordinator

<u>Community Support for People with Heart Failure</u>

Mr P was a gentleman who was referred to me from the Cardiology Team at the Queen Elizabeth Hospital in Woolwich. All treatments available from the Cardiology team were becoming ineffective and he had entered the end stages of his disease.

Mr P was becoming increasingly frail and symptomatic. It was agreed that he would be supported jointly by the Hospice and Oxleas Community Heart Failure Team. This meant that he we would be cared for by me as the Hospice's Heart Failure Specialist Palliative Care Nurse in collaboration with the Heart Failure Team as well as having the support of all other Hospice Services should he need them. Our joint aim was to support Mr P at home and prevent any further distressing and unnecessary hospital admissions.

I visited Mr P at home on a number of occasions, on my own and with members of the Heart Failure Team. We were able to intervene as required to reduce his symptoms, as well as having conversations about his future wishes and plans.

Mr P also accessed the rehab team at the Hospice, visiting the gym and had a short admission in the Hospice's Inpatient Unit for symptom control. Whilst at home he always had 24 hour telephone support available to him. His details were shared

with other agencies and updated electronically so they could be accessed by out of hours GPs and the ambulance service if there was an emergency, so that they were all aware of his plan of care.

Mr P deteriorated further over the time I cared for him and was ultimately admitted again to the Hospice Inpatient Unit where he died peacefully. This had always been his wish, so we could support him and his family in his last days.
Rebecca Chapanga, Heart Failure Clinical Nurse Specialist

1.5 Complaints

The Hospice has a robust complaints procedure. All complaints are fully investigated, whether they are informal complaints such as direct 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.

Complaints Received	2017/18	2018/19
Verbal Care Complaints	10	5
Written Care Complaints	12	9
Verbal Non-Care Complaints	5	6
Written Non-Care Complaints	9	4
Total	36	24

In addition, six complaints were received via PALS at Queen Elizabeth Hospital which referenced Palliative Care on the Queen Elizabeth Hospital site. These were responded to by the Trust with input from the Hospice in line with Lewisham and Greenwich NHS Trust procedure.

<u>An example of learning from a complaint:</u>

After receiving a phone call from a relative regarding the experience for her and her mother and father in the days before her mother's death, an investigation was completed and concluded.

The complaint raised concerns around communication between services, lack of satisfactory and timely response, capacity out of hours and deficits in the handover and the referral route into other services.

As a result of the issues relating to her mother's care, the patient had died in distressing circumstances following a failed and unwanted resuscitation attempt by the ambulance service. The daughter stated she was not seeking an apology, but wanted us to hear that this conduct was unacceptable and that we would endeavour to avoid another family suffering in this way.

The complaint was investigated by the Modern Matron for Community Services and she and the Chief Executive invited the daughter in for a meeting to explore the issues in more detail and to provide an apology for the distress caused by the Hospice. As a result of this meeting, it was agreed that to avoid the daughter going through any further distress, the Chief Executive and Modern Matron would convene a meeting between services to do a root and branch review and to ensure

issues with other services were shared and processes put in place to stop a similar occurrence happening again.

The Chief Executive explained that the Hospice is working to address the inequalities people with heart failure face in accessing Hospice services and that we now have a dedicated Heart Failure nurse. A meeting was arranged with other services, including the GP, District Nurse Manager and the GP Out-of-hours Service to look at how we can work better together. Training needs were identified for Primary Care and this was followed up subsequently.

The daughter received a written response giving the findings from the investigation as well as an outline plan about the issues that would be addressed with other services, and once this meeting was complete, the daughter received a follow up telephone call to confirm it was complete. The complainant confirmed she was satisfied with the outcome and was given contact details for the Hospice bereavement support service.

1.6 Hospice UK 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 2018/1918 Benchmarking: Patient Falls

		Bed Occupancy			Actual Falls											
		AVAILABLE BED NIGHTS	OCCUPIED BED DAYS	% BED OCCUPANCY	No Harm		Low		Moderate		Severe		Death		Total Falls	
					No	%	No	%	No	%	No	%	No	%	No	Per 1000 OBDs
2018/ 2019	**GBCH**	**6,109**	**4,935**	**80**	**48**	**73**	**16**	**24**	**0**	**0**	**2**	**3**	**0**	**0**	**66**	**13**
	AV. CAT D	1,301	1,018	79	8	54	5	43	0.2	2	0	0.5	0	0	11	10
2017/ 2018	**GBCH**	**6,109**	**4,603**	**75**	**50**	**78**	**12**	**19**	**0**	**0**	**2**	**3**	**0**	**0**	**64**	**14**
	AV. CAT D	1,289	1,005	79	6	60	4	37	0.3	3	0.1	>1	0	0	10	10

The Hospice's procedure for reporting incidents requires all slips, trips and falls to be recorded and according to the Hospice UK Benchmarking data we have a higher incidence of reporting. However, it should be noted that in 2018/19 97% of falls we reported resulted in the patient not coming to any harm or low harm (requiring first aid treatment only).

In October 2018 an internal audit of 26 falls (20 patients) was carried out by the Physiotherapist and Modern Matron for Inpatients, with the aim of discovering how we were recording incidents of falls, any trends and whether there were areas for improvement.

The audit outlined some areas for improvement in practice, including:

- Consistency in updating moving and handling and falls risk assessments particularly when there is a change in mobility
- Adding smoking and alcohol intake to patient records
- Working with rehabilitation team and rehab champions on the ward to improve mobility, strength and balance

Since the completion of this audit we have purchased several alarm pads which are used when a patient is known to be at risk of falls. A repeat of this audit is planned and we hope to be able to work with another hospice to compare what falls are being reported by each unit and to look at any other areas for improvement.

Results from 2018/19 Benchmarking: Medication Incidents

	Bed Occupancy				Actual Medication Incidents													
		AVAILABLE BED NIGHTS	OCCUPIED BED DAYS	% BED OCCUPANCY	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			
					No	%	No	%	No	%	No	%	No	%	No	%	No	Per 1000 OBDs
2018/ 2019	GBCH	6,109	4,935	80	97	70	31	23	10	7	0	0	0	0	0	0	138	28
	Av. CAT D	1,301	1,018	79	5	36	7	54	1	9	0.2	1	0	0.2	0	0	13	13
2017/ 2018	GBCH	6,109	4,603	75	51	63	26	32	4	5	0	0	0	0	0	0	81	18
	Av. CAT D	1,289	1,005	79	4	33	6	57	0.8	8	0.2	2	0	>1	0	0	11	10

The Hospice has a robust incident reporting policy and all medication related incidents are recorded, including those that result in no harm such as administration errors. There were no incidents reported above Level 2 (increased monitoring of patient but no harm).

Pressure Ulcers

Pressure Ulcer recording was not collected by Hospice UK in 2017/8 and was recommenced in 2018/19, so there is no data from last year for comparison.

	Bed Occupancy				Pressure Ulcer Inherited	Pressure Ulcer Acquired at GBCH			
		AVAILABLE BED NIGHTS	*OCCUPIED BED DAYS*	*% BED OCCUPANCY*		New: Avoidable		New: Unavoidable	
					No	No	% of total	No	% of total
2018/ 2019	GBCH	6,109	4,935	80	23	3	7.7	8	20.5
	Av. CAT D	1,301	1,018	79	16.1	0.4	2.3	7	33.4

1.7 Actions Following Gosport Enquiry

The outcomes of the Gosport Enquiry were discussed at the Hospice's Medicines Management Meeting in February. The group acknowledged the Guidelines for Anticipatory Prescribing in End of Life Care which had been circulated. It was felt that locally, patients were not coming to any harm but it was notable that some GPs feel the need to have a dialogue with the Hospice team when they prescribe opiates, including Oramorph, and that there may be an issue in the future if GPs became more reluctant to prescribe as a result of the Gosport Enquiry, especially "as required" end of life medications.

The Hospice has highlighted the findings with commissioners and continues to include findings from the report in training which is delivered to external bodies e.g. GPs and junior doctors.

Mum attended the Day Centre on Mondays. For most of this last year she was housebound so looked forward to her weekly outing where she really enjoyed the activities and company, not to mention the lovely lunch. Thank you so much for bringing happiness to her".

Carer whose Mum attended Day Hospice

PART 2

Hospice Strategy and Priorities for Improvement 2018/19

2.1 Introduction

Following the publication of the Hospice Strategy for 2017 to 2020, the priorities for improvement in 2018/19 continue to be delivered in line with the four themes identified in the strategy. These themes are as follows:

2.2 Building Partnerships, Networking and Community

2.3 Sustainability, Efficiency and Innovation

2.4 Developing and Retaining our Workforce

2.5 Generating Sufficient Income to Safely Meet Demand and Quality Requirements

Entertainment for our staff and patients by Elegant Magic

2.2 Building Partnerships, Networking and Community

In 2018/19 we made good progress on this priority, largely enabled by investment in external communications, the launch of our Compassionate Neighbours programme and through an additional focus on community development.

- The Hospice invested in communications and marketing with a new role and in February we launched a year of 25 year anniversary celebrations. We are using this important anniversary to help raise awareness of the Hospice and the important work we do, to encourage more people to get involved and support our work and most importantly to thank everyone who has enabled us to operate over the last 25 years.
- We launched our Compassionate Neighbours project; part of a pan-London project funded by NESTA and at the end of March had around 40 trained volunteers. This project provides a network of Hospice ambassadors who will help to build our community connections to get our message out to a wider audience – we were also delighted to be awarded additional funding from the London Borough of Bexley to build on the plans for Compassionate Neighbours in Bexley Borough and we hope to bid for similar funds in Greenwich if an opportunity arises.
- At the beginning of the year we also recruited a new Volunteers Manager who is taking the opportunity to review our Volunteers Strategy which will aim to

develop more links in the community to recruit new volunteers. We also secured a grant to develop a young volunteers' scheme, with recruitment underway and now scheduled to start in September 2019.

- We have made a number of new appointments to our Board of volunteer Trustees and hope that this will help us expand our skills and build new connections as well as strengthening the governance of the organisation.
- We successfully delivered several workshops, including one for the London Borough of Bexley on asset based community development and another with health and social care professionals and community leaders to explore the specific issues that different Black, Asian and Minority Ethnic (BAME) groups have in accessing our care and have brought end of life care to the BAME forum at Greenwich Action for Voluntary Services. Particular progress has been made with the Nepali and Caribbean community but there is more to do and in future we are hoping to secure funds to support a community development worker to accelerate this work.
- We continue to strengthen partnerships with commissioners and care providers in Bexley through our membership of the Local Partnership Board and Voluntary Sector Consortium; this is likely to prove important in improving care for more people who will benefit from earlier Hospice support in the future. As part of this work we are working closely with the Clinical Commissioning Group and Oxleas NHS Foundation Trust to improve the pathway of care for people at end of life.
- As the two hospices for South East London Sustainability and Transformation Partnership, our collaboration with St Christopher's Hospice continues and we now have projects underway in the following areas:
    - IT - looking at GDPR compliance and EPR systems
    - Fundraising – with our first joint event successfully delivered in September
    - Retail – sharing intelligence and exploring potential for greater collaboration
    - Clinical - ad hoc support for medical on-call, clinical leadership and development for the rehabilitation team
    - Education – working together to develop a shared programme of training for care staff in South East London.
    - Commissioning – working together to agree our offer to commissioners at a South East London level to ensure the best model and quality of care is delivered within the resources available.

2.3 Sustainability, Efficiency and Innovation

This area remains challenging, as we become more and more efficient in the way we work and reach more people with complex needs it is difficult to find additional savings or capacity, however we have had a number of successes in the year.

- We continued to manage expenditure extremely well, working smarter in a number of areas, for example we continued to reduce agency spend and reduced the expenditure on sub-contracts by using resources smarter and more effectively.
- We have a much greater understanding of our clinical activity and gaps since we invested in our governance and clinical quality team and are better able to understand what our data is telling us about the care we provide. As we implement our new electronic record system, we will be able to build on these reports to access real time outcome data at a patient level and service activity data by department.
- Many more people are receiving support through our Telephone Support Service, perhaps where they do not have complex needs but need the security of the Hospice in the background. This is helping to manage the workload of community staff against a backdrop of increasing referrals.
- We launched our new Community Café and are promoting this as a way to for people to access support to increase understanding of all Hospice services within our patient/client group.
- We have developed more groups in our psychological support programme, as opposed to routinely providing one-to-one support; this releases time for staff to see more patients/ clients.
- We completed a pilot using tablet devices in the community and demonstrated a case for support which is now being taken forward with a complete roll out of remote working and implementation of a new clinical record system.
- We continued to roll out OACC outcome measures (Outcomes and Complexity Collaborative) and have linked to other NHS data systems through Connect Care and through access to our Electronic Patient Record system on the hospital site. This project will also further be strengthened with our new record system.
- We have introduced a number of innovative roles (at band 4) to support our registered nursing workforce and are involved in training nursing associates which will help ensure that their skills meet the needs of our patients and or services.

- We moved 3 multidisciplinary team (MDT) meetings to '1 MDT' to enable further integration of Hospice services, improving communication and freeing up clinical time to deliver care.
- We continued with the Advanced Dementia Specialist Nurse post and have recruited to a new Heart Failure Specialist Nurse post, we also commenced a project to improve access and care for people with learning difficulties.
- We completed the transfer of the Lymphoedema Service to another provider enabling these patients to get a more holistic service and the Hospice to use its specialist knowledge to better effect.
- We redeveloped our kitchen and courtyard to provide a better environment for staff and patients and received an award for both of these developments. We were awarded a prize from CRASH in recognition for the partnership which enabled the kitchen to be refurbished and we were also awarded the "Best External Environment" Award in the Building Better Healthcare Awards 2018 for our new sensory garden.
- We took the decision to outsource our catering service to an experienced Hospice catering contractor in 2018/19, reducing food costs and also freeing up significant clinical time to focus on our care activities.
- We transferred the majority of our mandatory training to an e-learning system in the year, enabling greater flexibility for staff to access training, increasing choice of additional modules and freeing up senior staff who previously taught on the programmes. We are excited that we will be able to plan the roll out of this to our volunteers in 2019/20 due to a deal we secured with Hospice Quality Partnership.

2.4 Developing and Retaining our Workforce

There were a number of successes in this area which have helped to address recruitment challenges and improve retention. This is an ongoing priority area for us as we begin planning for our next 3 year strategy.

- As referenced at 3.1 our Compassionate Neighbours programme is developing new volunteers with the skills and confidence to support the Hospice clinical workforce in the community and we have received funding for a new ward volunteer role, working with local schools and colleges to identify and train young people who are interesting in careers in caring.
- We have made impressive progress in reducing our sickness and performance in key areas and in reducing nursing agency spend by increasing our nursing bank. This improves our financial position but also improves the quality of care/ service and morale in the team.
- Our collaboration with St Christopher's Hospice education team will enable us to deliver more training to a wider group of people, using our expertise where it is best deployed and to benefit from experience at St Christopher's when this is more appropriate.
- In addition, by working with St Christopher's Hospice our more junior rehabilitation staff got expert supervision and development and benefitted from working with a larger group of rehabilitation professionals.
- In house, our staff developed their own skills with a significant number of interdepartmental promotions and provision of bank cover in other departments. Most notably this has provided development between the Inpatient Unit and community services and improved communication and understanding in these areas. The teamwork shown by departmental leads to enable this to happen was exemplary and we have been asked to present at National Conferences on this topic.
- We were very excited to host our first Student Social Worker in 2018, having supported our Social Worker to complete her practice development qualification.
- A New GP fellow post helped us understand the development needs of our primary care colleagues, and gave us an opportunity to challenge them to do more routine end of life care themselves, rather than being over reliant on Hospice staff.
- We recruited to a joint Medical Consultant post between ourselves and Darent Valley Hospital which will build links between services, improving care for patients in South Bexley. This post had been vacant at the Hospital site for a significant time prior to our involvement.
- At the end of the year we began a new Older People's project and are now joined by a local Geriatrician one day per week to help improve services for the older old/ frail adults.

- We trained members of our team in the use of Project ECHO, a facilitated education and development programme which is provided using videoconferencing technology. This will enable us to remodel the way we work with care homes, the prisons and community services and free up clinical time to do more/ extend our reach.
- Our first clinical conference took place on 3rd October; this enabled sharing of information across services and provided a forum for looking at future challenges and opportunities.
- We established a staff Social and Wellbeing Forum and received entry level accreditation towards the Healthy Workplace Charter. As a result of requests from staff, a Hospice choir and netball team were established as well as provision of social events, 'pamper days' and regular Pilates classes. We will be aiming for intermediate accreditation for the Health Workforce Charter in 2019/20.
- Using our apprenticeship levy we appointed a clinical admin apprentice and are looking to tap into unspent levy from neighbouring organisations to enable us to provide even more training opportunities to our staff.

2.5 Generating Sufficient Income to Safely Meet Demand and Quality Requirements

Historically we have not reported on this area in our quality account, providing an update in our statutory accounts, however we were pleased to complete negotiations with NHS Bexley and NHS Greenwich CCGs to see a 6.5% uplift on our contract sum for the future year as well as securing investment in our hospital team to enable us to work towards a 7 day service. This is against a trend of reduction in contract sums seen elsewhere in the Hospice sector. In addition to this:

- We invested in our retail and fundraising teams in 2018/19 to get us to a more positive position to start the year in 2019/20. Most notably we appointed a Director of Income Generation who will lead this side of the operation.
- We completed a retail refurbishment programme and in many areas this is helping to deliver "green shoots" of improvement in retail income. There is more work to do to increase our return on investment in retail, but we have invested in staffing in this area to help achieve our income targets for 2019/20.
- Both the kitchen and courtyard developments listed at 3.2 were fully funded through capital funding, including using crowdfunding successfully for the first time. We continue to explore new routes of funding for capital projects to improve the patient environment as much as possible.

"I personally want to thank you for your exceptional support, care and attention to my parents from day one. From the first visit on I knew both Mum and Dad felt they had the support and contact they needed and were not going to be left to manage alone"

Relative of service user who was cared for by the Hospice's Specialist Palliative Care Community Team

PART 3

Statement of Assurance from Board

3.1 Review of Services

Between 1st April 2018 and 31st March 2019, the Hospice provided the following services:

Hospice Based Services, which include

- Inpatient Care
- Day Hospice
- Rehabilitation
- Psychological Care Service including Telephone Bereavement Service
- Lymphoedema Treatment and Care in Bexley – transferred to another provider (Oxleas NHS Trust) October 2018

Community Care services which include

- Community Specialist Palliative Care in Royal Greenwich and Bexley Boroughs, including specialist nurses in dementia and heart failure.
- Older people's project commenced in partnership with Lewisham and Greenwich Trust
- Heart Failure Nurse
- Greenwich Care Partnership in Greenwich
- Spiritual Care
- Social Work
- Advancing Practice Team including Care Homes Support Team in Bexley
- Advance Care Planning Support
- Compassionate Neighbours

Specialist Palliative Care Services in Queen Elizabeth Hospital received funding to move to a seven day service and are currently recruiting and establishment was increased in January 2019.

3.2 Income Generated

All statutory income generated by the Hospice in 2018/19 was used to fund NHS commissioned care. The service also attracted a significant charitable subsidy as the NHS contribution is only approximately 1/3 of total costs of running the Hospice. *The above mandatory statement confirms that all of the NHS income received by the Hospice is used towards the cost of providing patient services.*

3.3 Research and Audit

3.3.1 Participation in National Clinical Audit

- The Hospice continues to participate in the Hospice UK Benchmarking Project.

3.3.2 Participation in Local Audits

- During 2018/19 the Hospice Research and Audit Group met regularly to review the Hospice's activities against its Research and Audit agenda. Several planned re-audits are waiting for the introduction of the new patient record, SystmOne, to be completed.

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.
Audit of referrals to hospital palliative care team	To examine referrals to the specialist palliative care team in QEH.	Results triggered a review of the referral process which included a redesign of the referral form and education programme across the whole hospital trust. Re-audit in process of being written up.
Medical discharge summary audit	To examine communication with external partners.	Flagged improvements needed in processes to ensure timely communication. Discharge summary template reviewed and updated on SystmOne. To be re-audited once SystmOne in place.
Audit of recording patient's religion.	To review record-keeping of patient's religion on Infoflex.	Audit highlighted differences in recording across services and recommended action plan to increase completion rate. To be re-audited once SystmOne in place.
FP10 audit	Ongoing data collection to monitor FP10 use across hospice service in conjunction with Greenwich and Bexley CCGs	Monitored at Medicines Management Group. Appropriate use of FP10s
Service evaluation of patients that die before being seen by CPCT	To review the scope of the problem and examine reasons why.	Final report awaited

Audit Subject	Purpose of audit	Follow up actions
Service evaluation of out-patient clinics	To describe the current scope and nature of the out-patient clinics.	Current service reviewed to inform development of future out-patient clinics.
Service evaluation of referrals to CPCT	To describe the nature of CPCT referrals to include the number of referral for frail patients and patients with multiple co-morbidities.	In development

3.3.3 Research

- The Hospice participated in a qualitative study led by the Institute of Integrated Care LoTECC which designed and evaluated an education intervention for staff involved in caring for people with long term conditions.
- The Hospice Chief Executive was a member of the steering group for HOLISTIC a research study carried out by Hospice UK looking at Hospice enabled interventions to reduce hospital admissions.

3.4 Quality Improvement and Innovation Goals agreed with Commissioners

There were no CQUINs identified in either contract we hold with local CCGs. We have many ideas about how we could improve services and are developing the commissioners' understanding of Hospice services, with the aim of negotiating some appropriate goals in the next round of contract negotiations.

Throughout 2018/19, our contract with Greenwich CCG operated with a 'collar' arrangement. This set a level of activity, agreed with the CCG, above which there was a commitment to either increase funding (to be able to meet the additional demand) or for the CCG to work with the Hospice to ensure that the factors influencing demand were managed. The collar allows the Hospice to work sustainably, as it ensures that other organisations are committed to working together with the Hospice to ensure that people are seen by the service that is most appropriate for them.

3.5 Trustee Assurance

At the end of 2017/18 the first year of the hospice's trustee assurance programme was reviewed, and the following important messages were agreed as the key learning points from year one. These were then used to shape and focus the plan for year two of the programme:

- The first year of the programme had successfully achieved its two principle objectives; to raise the profile of the trustees throughout all parts of the service, and to strengthen Board assurance and governance within the organisation by developing a programme of regular liaison between trustees, service users and those who provide their care, or enable that care to be provided. It was agreed that these objectives remained relevant and should continue to guide and focus the future of the programme.
- The number of volunteers and service users (including patients and their families and carers), spoken to by trustees during year one of the programme was insufficient to provide meaningful data that could be considered to be representative of either group as a whole.
- Trustees taking part in the programme should be given additional guidance on the interview process to ensure consistency of structure, style etc. and the effective use of the time allocated to the exercise.
- The year one programme was considered to have covered all service areas within the hospice comprehensively, and it was agreed that in line with the key objectives of the initiative, it would be neither necessary nor productive to repeat the same programme of visits each year, but rather that the focus of the programme should change in its second year to build upon and augment the findings of year one.

As a result of the review and its findings, the Board agreed that year two of the Trustee Assurance Programme should be divided between the volunteer workforce and service users, including patients, their families and carers. It was clear that neither of these groups had been adequately covered in year one, and both were considered to be very important, high priority groups that should be integral to any Board assurance initiative.

It was agreed that the two groups would be addressed separately, with the Hospice's volunteers being the focus of the programme for the first half of the year, and service users for the second half. The programme would be used to gather information about all aspects of volunteering at the Hospice, wherever and whenever these contributions took place.

Trustees would seek to understand important issues such as what motivates our volunteers to give their time to the organisation, what is the demographic makeup of our volunteer workforce, what prevents them from doing more for us and how well do we train and support them. The plan for the programme in relation to service users was less clear at the start of the year, as there was a need to ensure that this section of the programme was planned in line with the organisation's emerging Patient Experience Strategy.

Volunteer Workforce

It was agreed that conversations with volunteers would be managed and facilitated via focus groups held throughout September and October 2018. All Hospice volunteers received a personal invitation to attend any one of six meetings. Meetings took place on the Bostall Hill site, but also at two other venues; one in Greenwich and one in Bexley. They took place on different days of the week, including at weekends, and at different times of the day, all with the aim of optimising the number of volunteers who would be able to attend. A total of 40 volunteers attended one of the focus group meetings.

Seven trustees were involved in facilitating one or more of the focus groups, with at least two trustees attending all meetings. All volunteers were asked the same set of 10 questions. They were also given the opportunity to talk to trustees about any other topic they wanted to raise, including any worries or concerns they might have had.

The information gathered via these group meetings was presented in a comprehensive report, to the Quality and Safety Committee and subsequently to the Board in March 2019. The highlights of the report were as follows:

- 72.5% of those interviewed said that they were recognised for the support which they provided to the Hospice.
- 72.5% of all those questioned felt either that their skills were fully utilised and developed, or that they were doing as much as they wanted to do in an appropriate setting.
- 77.5% of those volunteers questioned felt that they were given enough autonomy in their roles at the Hospice.
- 95% of the volunteers questioned said that they would encourage others to join the volunteer workforce at the Hospice. They spoke very positively about their own experiences and the work of the organisation as a whole.
- 87.5% of the volunteers questioned described the Hospice with extremely positive comments, focused on the atmosphere, the high quality care and the staff.

Any concerns identified via the focus group meetings were also detailed in the report, with the only significant concerns being focused on the quality of communication between hospice management and the volunteer workforce, and their experience of and familiarity with the Senior Management Team (SMT) in general. All concerns, however small, were reviewed by the SMT, and remedial actions identified, which have since been included in the Hospice's Quality Improvement Plan, and progress is reviewed monthly by the Quality and Safety Committee. Trustees also attended two volunteer engagement events in June 2019 to feedback the findings, recommendations and remedial actions to the volunteers themselves, and the learning from this exercise will also be used to inform the development of the Hospice's Volunteer Strategy.

Service Users

Whilst this aspect of the 2018/19 programme was planned during last year, its implementation phase has crossed over into 2019/20 and it will be the major focus of the Trustee Assurance Programme during the coming year. Plans include the introduction of **"iWantGreatCare"** a new online tool for gathering patient experience data, pop-up trustee feedback sessions for service users in all clinical areas, the introduction of a new patient council, home visits and telephone conversations with patients and their families who access Hospice services in their own homes, and training for interested trustees to better equip them for this new aspect to their roles.

Ruth Russell, Trustee and Chair of the Quality and Safety Committee

3.6 Feedback from partners

"Our partnership working with the Hospice has been greatly enhanced with the new role of palliative heart failure nurse, namely Rebecca Chapanga. The result of this role is that heart failure patients have better co-ordinated care and symptom control towards the end of life, and many more achieve their preferred place of death. Rebecca's newly acquired heart failure experience makes her the Hospice specialist for cardiac patients generally, she is a new resource for the other palliative care CNS, and the heart failure team have greater confidence in managing some end of life care".

Caroline Mapstone, Heart Failure Specialist Nurse, Oxleas NHS Trust

Rebecca, Our Heart Failure Nurse

3.7 Data Quality

During 2018/19 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.

3.8 Information Governance Toolkit Attainment Levels

The information governance toolkit has been superseded by the NHS Digital Data Security and Protection (DSP) Toolkit. There are 100 mandatory requirements in the NHS Digital DSP toolkit and overall submission for 2018/19 was 'Standards met'.

3.9 Clinical Coding Error Rate

The Hospice was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission.

"You all dealt with mum with great care and compassion and showed concern for all of us too. We couldn't have wished for better people to care for our lovely mum in her last days".

Relative of a patient who received care from Greenwich Care Partnership.

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Workforce, Education and Training

The Hospice continues to support its own employees and other health care professionals in developing their skills.

The Hospice delivered the following training for external professionals, many of which were also available for our own staff:

- Leading an Empowered Organisation
- Continuing Healthcare (CHC) Workshop Decision Support Tool Training (DST)
- Greenwich Social Services Fostering Team – Bereavement and Loss Training
- Introduction to Dementia & Palliative Care
- Introduction to End of Life Care Course for Care Home Nurses (Brook House)
- Introduction to End of Life Care Course for RNS and AHPs working in Care Homes
- Introduction to End of Life Care Course for Trainee Nursing Associates
- Refresher Study Day for Oxleas NHS Trust District Nurses
- Introduction to End of Life Care Course for HCA and SCAs working in Oxleas NHS Trust
- Introduction to End of Life Care Course for RNs and AHPs working in Oxleas NHS Trust
- Oxleas Introduction to End of Life Care Course for RNs and AHPs
- Oxleas Introduction to End of Life Care Course for RNs and AHPs
- QELCA © (Quality End of Life Care for All)
- Verification of Death Training

External accredited courses undertaken by our staff included:

- The Principles of Palliative Care and End of Life Care
- Urinary Catheterisation
- Heart Failure and Palliative Care: Certain Uncertainty
- IV Additives
- Palliative Care and End of Life Care Symptom Management
- Palliative Care and End of Life Care Foundations

Community inclusion workshop in Woolwich: April 2018
The BAME community makes up approximately 48% of the residents in Greenwich but only 8% of those who receive Hospice care are from this group. The workshop was funded by Metro GAVS to give the nursing team an opportunity to share their experience in delivering end of life care in the community and for the Hospice to listen and learn what the barriers are that prevent people from accessing Hospice services.

Nepalese community: January 2019
The second engagement event followed a request from Nepalese community leaders who were keen to visit the Hospice and learn about the services we provide so that they can disseminate the information to their community who are largely elderly. Nine leaders visited and were shown around and heard from the different teams within the Hospice

Rotation Post
One of our Staff Nurses who worked on the Inpatient Unit completed a rotation course developed by the Hospice for the South East London Hospice Education Collaborative, and funded by Health Education England. As a result she now works in our specialist palliative care community team. She says:

"During my one year Rotational Course I had the opportunity to work with District Nurses for a period of four months. Working with the District Nurses Team was an excellent opportunity as it was my first time looking after patients in their own homes. I also completed a module with Royal Marsden School of Nursing on Symptom Management in Palliative Care and learned the differences in approach during a home consultation and the challenges that the community team is faced with; home risk assessment and lone worker policy were totally new to me at that time and it has made the adaptation to my new role as palliative community nurse specialist much easier. The module also broadened my clinical knowledge.

The Course Leader, Brigid Williams was very helpful, approachable and always there to support me through. I strongly believe that this should be continued in the future if possible as the benefits are huge to patients and other colleagues".
Maria Gireada, Palliative Care CNS

Publications and Presentations

The Hospice presented two posters at the Hospice UK Conference in 2018:

- Evaluating the quality, impact and sustainability of a higher apprenticeship programme across South London

- Evaluation of the rotational post – end of life care, cancer care and care of the elderly.

Kate Heaps, Chief Executive also participated in the GUIDE Care consultation group, a number of publications have resulted from this study published by Cicely Saunders Institute.

Compassionate Neighbours Training Session

Challenges

Like many other Hospices, charities and healthcare organisations, Greenwich & Bexley Community Hospice faced many challenges throughout 2018/19. Many of these were related to the external environment and past planning and robust management has helped us be prepared and respond to these. It is likely that the challenges of increasing demand for care, increased complexity of the support required and reduced statutory and voluntary funding and other resources (such as workforce) will continue into the future and we have continued to ensure that we invest in areas which will increase productivity and income as well as developing existing staff and volunteers so that we can be as prepared as possible to meet the needs of our community in the future.

Our investment in technology including our new electronic record system, cloud-based communication and a new HR and volunteers management system, whilst creating significant work in implementation, will be well worth it in future years, freeing up clinical staff time to care, as well as making our 'back office' more efficient and responsive.

Our continued and consistent negotiations with commissioners have begun to pay off, with an overall uplift on our contract of 6.5% in 2019/20 and investment into our hospital service to enable us to work towards a 7 day service in this team. This goes against the trend seen by many other hospices across the country and we are very grateful for the investment that our local commissioners have made to help sustain the precious resource of a local Hospice for Greenwich and Bexley.

Investment in our workforce, particularly in developing our nursing staff is really paying off and in the main, we are achieving good retention rates for senior and junior nursing roles in an environment where overall nursing vacancy rates remain high. We hope that this will continue and that we can replicate this in other hard to recruit to areas.

There is more work to do to recruit a diverse and younger group of volunteers to ensure that we can continue to build links with the whole community and add value to our core services. We have made significant headway with this in our Compassionate Neighbours Project and hope to use the learning from this in other areas such as retail.

The introduction of the new General Data Protection Regulations in 2018 have given us the opportunity to review the way that we manage and process data across the whole organisation, and we are pleased with the progress we have made in this area, despite the enormity of the task. There will be some more work to do in 2019

to complete this project however we are confident that all significant risks are well managed through our robust approach to data.

As a regulated care provider, registered charity and limited company, the Hospice is a relatively small, but extremely complex organisation which requires robust processes and good oversight/ governance. We are proud of all we are able to achieve in the increasingly complex regulatory frameworks in which we operate and are pleased that we have been able to make some additional appointments to our Board of Volunteer Trustees to strengthen the governance of the charity in 2018/19.

"My counsellor was a very kind person who made me feel at ease about opening up about my mum. If it was not for his attentive nature I would still be depressed".
Client who received support from our Psychological Support Team

PART 4

Appendices

5.1 Patient Data

Patient Demographic Data

		2017/2018	2018/2019
Ethnicity	White British	70%	68%
	White Other (White Irish/White Other)	3%	5%
	Black or Black British (African, Caribbean, Other Black Background)	5%	5%
	Asian or Asian British (Indian, Pakistani, Chinese, Bangladeshi, Other Asian background)	3%	5%
	Mixed (White/Black Caribbean, White/Black African, White/Asian, Other)	1%	0.3%
	Other	1%	0.7%
	Unknown/Not Recorded	17%	16%
	Percentage of patients where their ethnicity was not White British:	12%	16%
Primary Diagnosis	Cancer	60%	59%
	Cardiovascular	10%	10%
	Respiratory	7%	7%
	Neurological	5%	5%
	Dementia	9%	9%
	Renal Failure	1%	1%
	Other	7%	8%
	Unknown/Not Recorded	1%	1%
	Percentage of patients where their primary diagnosis was not cancer	39%	40%
Age	Under 25	0.4%	0.1%
	25 to 74	47%	44%
	75 to 84	26%	29%
	85 Plus	26%	27%
	Unknown/Not Recorded	0.6%	0%

		2017/2018	2018/2019
Deaths	Number of Patients who died whilst under the care of Hospice services (including Hospice hospital team)	1278	1339
	Place of Death for these patients: Home Nursing/Care Home Greenwich & Bexley Community Hospice Other hospice Hospital Other/Unknown	 31% 9% 19% 0.2% 40% 0.8%	 27%[4] 11% 17% 0.4% 42% 2.6%
	Percentage of deaths not in hospital	60%	58%
	Preferred place of death (PPD) achieved (of those patients who had PPD recorded)	72%	64%

Data by Service

Inpatients:	2017/2018	2018/2019
Total Number of Referrals	509	497
Total Number of Admissions	346	355
Average waiting time in days (from referral to admission, not counting patients booked for routine respite	5.3	2.6
Cancer diagnosis	78%	77%
Non-cancer diagnosis	22%	23%
Aged 85 years and over	18%	19%
Number of People whose stay ended in Discharges	117 (32%)	119 (36%)
Number of People who Died in IPU	246 (68%)	237 (64%)
Total number of completed episodes	363	356
Average length of stay (Mean)	12.4	12.6
Available capacity (number of bed days available)	6109	6110
Bed occupancy	75%	80%

[4] Longer waiting times for patients to be seen by or Specialist Palliative Care community team, due to staffing vacancies may have resulted in more patients dying in hospital rather than at home.

Hospital Specialist Palliative Care Team:	2017/2018	2018/2019
Total Number of Admissions to the team	921	856
Average wait from Referral to Admission (Note this is a five day a week service only)	1.7	1.4
Total Number of Deaths	380	361
Total Number of Discharges from SPC: Home Nursing/Care Home Greenwich & Bexley Community Hospice Other hospice Continued as hospital patient	556 60% 12% 12% 0% 16%	482 57% 11% 13% 0.6% 18%

Community Palliative Care Services:	2017/2018	2018/2019
Total Number of Referrals	1358	1369
Total Number triaged to telephone support service	245	141
Total Number triaged to specialist palliative care	873	938
Total number of patients referred but not seen Died Referred to another service	240	290 173 117
New patients seen –		
Cancer diagnosis	74%	71%
Non-cancer diagnosis	26%	29%
Aged 85 years and over	21%	22%
Total number of contacts by specialist palliative care	24,032	27,967
Median Length of Stay	60 days	59 days

Greenwich Care Partnership: Number of Contacts: Multi-visit Personal Care:	2017/2018	2018/2019
Total Number of visits (each patient can receive between 1 to 3 visits per day)	7133	6748

Outpatient Services: Day Hospice	2017/2018	2018/2019
Total number of Referrals	117	124
Total Number of New Patients (including re-referrals)	58	53
Cancer diagnosis Non-cancer diagnosis Aged 85 years and over	55% 45% 24%	45% 55% 12%
Total number of contacts with patients (Actual attendances)	1,685	1,608

Outpatient Services: Rehabilitation	2017/2018	2018/2019
Total number of Referrals	412	453
Total Number of New Patients Seen (including re-referrals)	326	346
Cancer diagnosis	84%	79%
Non-cancer diagnosis	16%	21%
Aged 85 years and over	9%	14%
Total number of contacts with patients	1,940	1,914

Outpatient Services: Social Work	2017/2018	2018/2019
Total number of Referrals	130	182
Total Number of New Patients Seen (including re-referrals)	102	130
Total number of contacts with patients	973	1,203

Psychological Support:

In 2018/19 the psychological support team saw 120 new clients for counselling, of which

- 24 were patients
- 44 were relatives of a patient who had died under the care of the Hospice
- 16 were relatives of a patient who had not died
- 6 referrals from other external health care professionals.

There were 709 one-to-one counselling sessions and 168 group sessions (79 clients). In addition our Psychological Support team support patients on our Inpatient Unit as part of the multidisciplinary team.

We focused on developing a number of new groups in the year, to enable us to reach more people as well as giving people an opportunity to develop peer support.

Our spiritual care team also supported patients across all services of the Hospice, carrying out 200 visits in our Day Hospice, 100 visits to patients and families on our Inpatient Unit and providing home visits to 20 patients.

5.2 Response from Healthwatch Bexley

Healthwatch Bexley Response to Greenwich & Bexley Community Hospice 2018/19 Quality Account

Healthwatch Bexley welcome the opportunity to comment on the Hospice quality account and we are pleased to see how the Hospice is continuously improving and developing to meet the needs of the local population and extend its reach to a wider cohort.

We welcome the Hospice efforts in regards to continuing, developing and retaining its workforce and are pleased to read about the success of the Compassionate Neighbours Scheme, developing new volunteers with the skills and confidence to support the Hospice clinical workforce in the community.

Healthwatch would like to take the opportunity to congratulate the Hospice on their 25th Anniversary of providing compassionate and expert care to dying people within the boroughs of Bexley and Royal Greenwich.

Areas of success

- Healthwatch Bexley are pleased to see the Hospice are continuing to work with local black, Asian and minority ethnic community groups and developing their service for the 'older old'.

- We welcome the introduction of 3 new developments in the past year, focusing on the needs of people with heart failure, improvements for people with learning disabilities and the launch of Compassionate Neighbours.

- Healthwatch Bexley are pleased to see the introduction of 'IWantGreatCare' to improve the collection of patient feedback and give patients the opportunity to comment on more services offered by the Hospice.

- We are pleased to see that once again, all but one patient who responded to the Friends and Family questionnaire answered 'Extremely Likely' and 'Likely" to the question 'How likely are you to recommend the service to friends and family if they needed similar care or treatment'

- Healthwatch Bexley are aware the Hospice has a robust complaints procedure, and it is good to see that during 2018/19, the total number of complaints received has reduced by over a quarter.

- We were also pleased to read the case study from a complaint and how the Hospice managed the complaint and supported the family throughout this process.

Areas for improvement

- We note that in October 2018 an internal audit of 26 falls (20 patients) was undertaken and the audit outlined some areas of improvement in practice, in regards to 'consistency in updating moving and handling and falls risk assessments' and 'working with rehabilitation team and rehab champions on the ward'. We are aware that since this audit, several alarm pads have been purchased for patients known to be at risk of a fall and therefore look forward to seeing improved figures once the repeat audit has been completed.

5.3 Response from Healthwatch Greenwich

Healthwatch Greenwich Response to Greenwich and Bexley Community Hospice 2018/2019 Quality Account

Healthwatch Greenwich welcomes the opportunity to comment on the quality of service provided by Greenwich and Bexley Community Hospice as compiled in the 2018/19 Quality Account.

General Comments

Good progress has been made on the 'Building Partnerships, Networking and Community' priority. Launch of the Compassionate Neighbours project, the community café, and more volunteers to engage with communities is a welcome addition to outreach activities.

Healthwatch Greenwich is pleased to see an emphasis on inclusivity, greater understanding of the needs of BAME groups and their experience in accessing hospice services. The higher proportion of people from a range of communities and ethnic groups now using hospice services demonstrates the successful impact of this work. We look forward to hearing more about progress made with under-represented groups.

Joint working with St Christopher's Hospice offers good opportunities for shared learning and greater efficiency and we are pleased to see an expansion in collaboration.

Patient Safety

The number of falls remains above the average figure for similar sized units nationally. We are concerned that despite activity to reduce the number of falls, over a number of years, it still remains higher than expected when compared against similar sized units nationally.

Including a table in the quality account, showing the average figure for falls over a three-year period, would provide more clarity on the trends in this area.

The number of medication incidents remains above the average figure for similarly sized units nationally. While all reported medication incidents remain minimal in their level of harm, further work is required to reduce the number of medication incidents.

Healthwatch Greenwich is reassured that the outcomes of the Gosport Enquiry have been discussed at the Hospice's Medicines Management Meeting and that action has been taken to assess the impact for patients. Healthwatch is pleased that findings from the report are used in training to external bodies such as GPs and junior doctors.

Patient Feedback

The number of responses to the 'friends and family test' received from the random selection sent, and from those completing feedback from the inpatient unit, is low. Identifying ways of increasing the number of responses is an important step in ensuring all patients receive the high quality of care the hospice offers. The development and extension of methods to collect patient feedback in the coming year is reassuring and we look forward to greater insight into patients' experience.

Healthwatch Greenwich is pleased to see a reduction in the number of complaints in 2018/19 compared with 2017/18 and how learning from complains is used to improve services and patient experience.

Summary

Healthwatch Greenwich is pleased to see how the Hospice is continuously improving and developing to meet the needs of the local population and extend its reach to a wider cohort. We look forward to continuing to support and work with Greenwich and Bexley Community Hospice in the coming year.

5.4 Greenwich & Bexley Community Hospice's Response to Healthwatch

We thank Bexley Healthwatch and Greenwich Healthwatch for their feedback.

We are pleased that our work in reaching out to communities & broadening participation has been recognised and acknowledged.

We note that both organisations commented on the number of falls incidents reported. We believe that we will see a continued benefit from measures introduced during 2018/19 during the next reporting year: the introduction of a new Electronic Patient Record system to allow better recording of assessments of falls and moving and handling; the addition of alarm pads; and introducing "rehab champions" will continue to reduce number of incidents and the risk of harm. Our continued work with junior doctors in rotational posts regarding our processes of administrating medications will, we believe, have a positive impact.

We have a robust complement of committees and forums which meet regularly and are attended by a range of staff, including appropriately senior managers. We will feed the themes identified into this schedule so that we have assurance that we are maintaining progress.

We continue to work to improve the volume and quality of feedback received from patients, so that we can better demonstrate levels of patient satisfaction. We have invested in implementing an electronic solution, iWantGreatCare, and anticipate that this will give us richer data to demonstrate how people value our care and services. We are looking forward to reporting on this progress in next year's Quality Account.