Greenwich & Bexley
Community Hospice

QUALITY ACCOUNT

2019/2020

Registered Charity No 1017406

Contents

In March 2020, due to the outbreak of COVID-19, Greenwich & Bexley Community Hospice had to make immediate changes to ensure that we continued to deliver care and support to as many people as possible. Since the beginning of the pandemic, our focus has remained on providing support to our patients and their families, which has in some instances involved changes to our normal practice. We have also had a renewed focus on supporting those staff and volunteers who have been so involved in our pandemic response. Whilst essential work has continued, our business continuity plan required us to put all non-essential activity on hold; this included the development of our new three year strategic plan, which in previous years has provided the priorities for improvement for our Quality Account. Instead a 12 to 15 month Recovery and Transformation Programme has been developed; more details of this can be found in 'Priorities for Improvement 2020-2021' section of this document.

Despite the significant challenges, we have continued to review our Quality Improvement Plan and operational and strategic risks frequently through our pandemic response framework, enabling the Board and Senior Management Team to make informed operational and strategic decisions on an ongoing basis.

Because of significant pressures on management capacity, the Hospice Quality Account for 2019/2020 is a simplified document which includes our achievements, patient activity data and the required assurances.

Chief Executive's Comments

This Quality Account provides an overview of the year 2019/20, which at time of writing this introduction feels like a hundred years ago. In March the Coronavirus pandemic struck and the Hospice invoked our business continuity management plan. I couldn't be more proud of how everyone at the Hospice responded; our staff stepped up, adapting to new ways of working to ensure patients and families still got the care and support they needed and to protect our patients, themselves, their families and colleagues. Those volunteers who were able also responded, taking on new roles to support our clinical team, delivering food parcels and much needed social support to isolated people. We will share the details of this exceptional year in next year's Quality Account, however our experiences have informed this document.

Coronavirus has changed many things, accelerating change that we had planned, as well as enforcing other changes that we might not have expected or wished for. As we look to our future priorities we will look at what we have learned, what we want to keep doing, stop doing or do differently in future. The pandemic has highlighted that we need to think carefully about staff wellbeing; equality, diversity and inclusion and continue to build our partnerships to ensure that we give the best care we can to our community. This work will be driven through a new Recovery and Transformation Programme (RTP), which is now in progress. Despite the significant challenges we have faced, our Board of Trustees, under our new Chair, conducted a governance review in 2020. The findings from this review are also in the process of being implemented and will strengthen our governance regime and support the roll out of the RTP.

The pandemic has required us to strengthen our partnerships with others working across Greenwich and Bexley, and further afield across South East London. By working collaboratively we have been able to place the Hospice firmly at the centre of the end of life care improvement journey that has been prioritised by the health and social care system as a result of this pandemic. I welcome this opportunity and will ensure that we continue to conduct this role with professionalism and compassion for those that we serve.

I would like to take this opportunity to thank ALL Hospice staff and volunteers as well as our supporters, patients and families and partners for making the Hospice the organisation that it is, without you, it wouldn't be possible and I wouldn't have the privilege of leading such an important community asset. We will continue to strive to do our best for our community, to deliver the best care, support and quality of life possible to local dying people and to lead the way by giving expert care, support and education to people with terminal illness, their families, friends and professional carers.

Kate Heaps
Chief Executive

"I would like to take this opportunity to thank ALL Hospice staff and volunteers as well as our supporters, patients and families and partners for making the Hospice the organisation that it is"

Quality Overview

Clinical Governance

The Hospice has a number of monitoring mechanisms to highlight priorities for clinical development and quality improvement as well as to monitor risk, incidents and identify necessary improvements. In February 2020 under our new Chair, we began a Hospice governance review and changes are in the process of being implemented to strengthen all aspects of governance at the hospice.

Quality & Safety Committee (QSC)

This committee is a sub-committee of the Board and meets monthly to review progress against objectives, service performance, compliance with statutory regulation and risk management. 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 regular report to the Hospice Board. The Quality & Safety Committee continues to take a robust approach to monitoring the quality and safety of Hospice services.

Clinical Quality Group (CQG)

This group 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**
  This plan includes any actions for improvement that have been identified through internal self-assessment mechanisms including management review, 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 timeline.

- **Operational Risk Register**
  This risk register supports the Senior Clinical Team and CQG to manage operational risks by helping to monitor challenges such as workforce issues, environmental risk etc. It outlines the mitigation/resolution which is planned to manage or eliminate the risk over time and where necessary risks are escalated to QSC. 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**
  The CQG receives activity data which aims to give an overview of service activity and we are currently reviewing the data that will be shared with QSC and the Board. Reports include quantitative and qualitative measures for each service area.

- **Patient Experience Dashboard**
  This report includes an overview of the various forms of feedback received including formal and informal complaints and compliments and responses from our patient survey tool, iWantGreatCare. All complaints are fully investigated using root cause analysis and included in patient feedback and incident reporting.

- **Incidents and Accidents Dashboard**
  This report includes accidents and any incidents across the whole Hospice including medicine related incidents, falls, pressure ulcers and safeguarding issues. It provides an opportunity to review any themes and to identify improvements to be made including environmental improvements and staff training. As part of this report, the Hospice also benchmarks our performance against other similar services.

- **Mandatory Training Dashboard**
  This dashboard 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. It also forecasts performance one month ahead so potential problems with compliance can be anticipated and appropriate action taken.

Our clinical governance reporting continues to evolve as we implement the recommendations from the governance review and as part of the Recovery and Transformation Programme.

Service Activity

Overview

In May 2019 the Hospice Electronic Patient Record System (EPR) was changed to SystmOne. This has resulted in improved data quality in many areas and a more joined up approach to clinical activity recording. We are now able to record activity in all areas of service in one electronic patient record.

Whilst significant improvements have been made, our ability to create reports in SystmOne is still in development. We have seen improvements in the recording of diagnoses compared to last year (<1% of patients did not have a diagnosis recorded where applicable, compared to 5% last year). Some demographic information however, is still not as good as we would like and so this is regularly audited, and we now have processes in place to improve recording, particularly of ethnicity and religion.

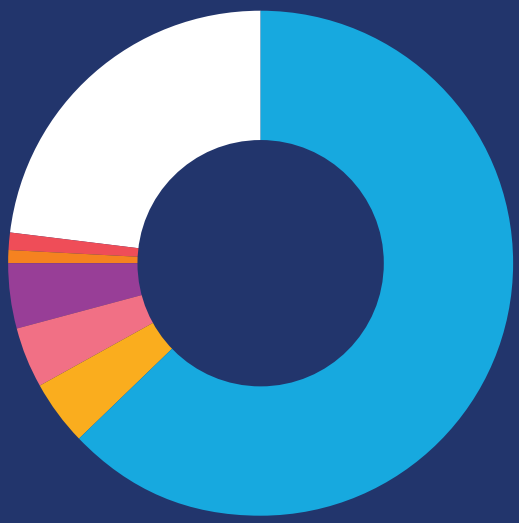
Appendix 1 gives more detail on patient activity.

Ethnicity:

Of the people referred who had their ethnicity recorded, 14% recorded an ethnicity of Non-White British. 24% of people did not have an ethnicity recorded. This is an area that requires further improvement for the future. .

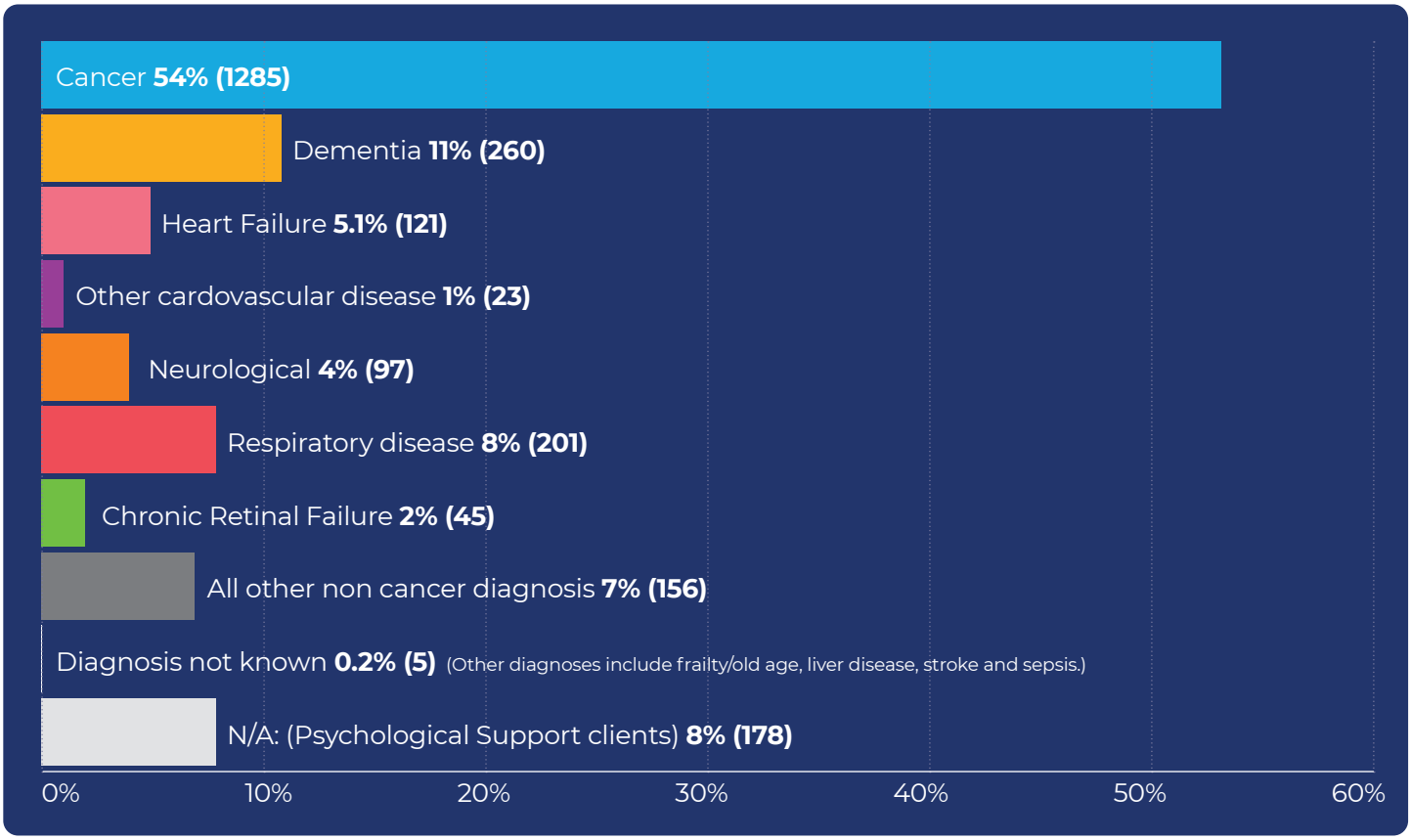
Ethnicity:

White British	63%	(1503)
White other / White Irish	4%	(85)
Asian: All	4%	(104)
Black / Black British	1%	(85)
Mixed	1%	(31)
Other ethnic background	1%	(14)
Not stated / Unknown	23%	(549)



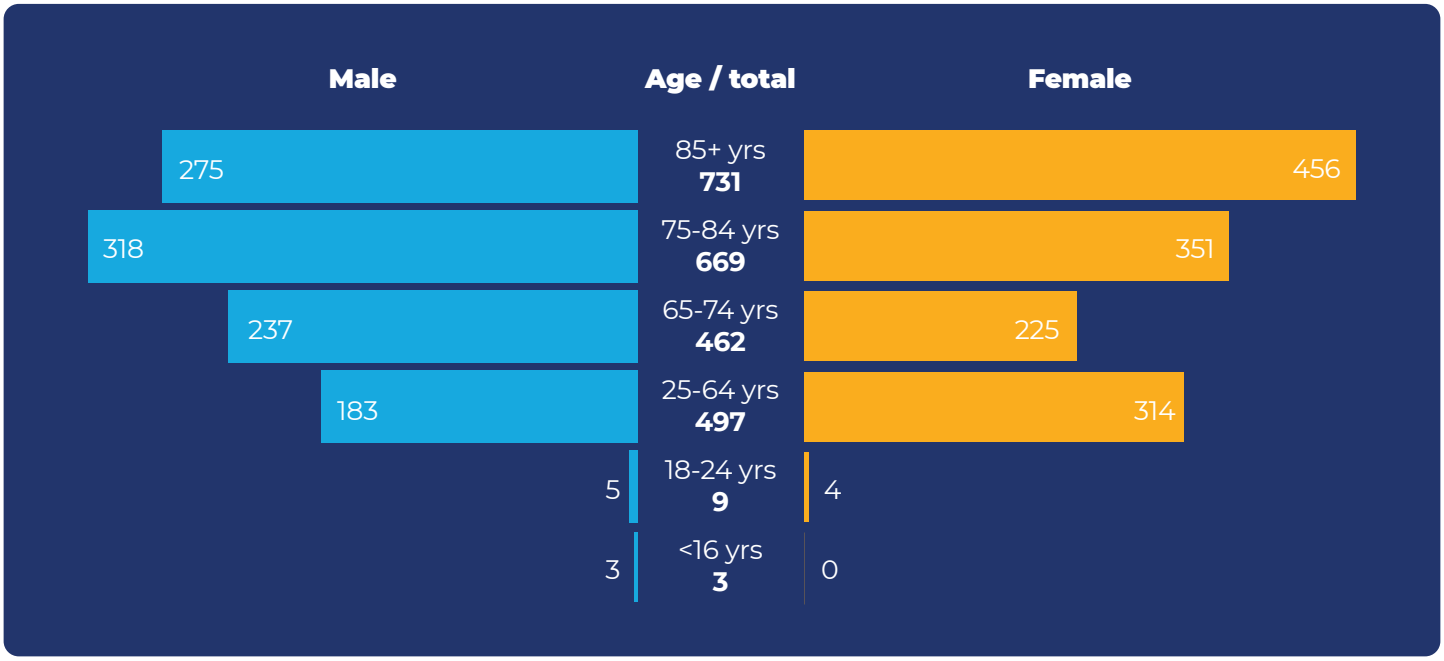
Patient Primary Diagnosis

The overall proportion of cancer activity was 54%, compared to 59% in 2018/19. It is notable that the proportion of patients with a primary diagnosis of dementia was 11%, compared to 8% in 18/19 and 6% in 16/17 suggesting that the impact of our dementia specialist nurse has been sustained.



Age/Gender

The gender/age breakdown of referrals was as follows. This includes 3 under 16's referred to the Social Work or Family and Carer Caseload.



Service Feedback and Benchmarking

Patient Feedback

As part of our three-year strategy, we reviewed how we gather and share patient and family feedback on our services. We started using '**iWantGreatCare**' in 2018/19 to improve our collection of patient feedback, with targeted mailshots to certain service users.

We also started our **Patient Forum** in 2019/2020. Two meetings were held before the start of the Coronavirus pandemic, and we plan to restart the Forum when it is safe to do so. In the meantime we have been exploring other ways to seek feedback and involve patients and carers in service development.

Our patients and families continue to send feedback:

"The care at the Day Centre is just great. I was reluctant to go initially but after the first session the carers and staff made me so welcome, I was very comfortable returning week on week "
From patient attending Day Hospice

"The palliative care team do a fantastic job. I was always grateful in the knowledge that they would be there for us if we needed them"
From patient who is supported by our specialist palliative care community team

"Easy instructions to follow. Felt comfortable with physiotherapist. They explained everything thoroughly. They are compassionate and listen to my needs"
From a patient who has regular support from our rehabilitation team in our gym

"I received counselling. She always arrived on time and I have received the support I needed. I felt very comfortable with her and built up a very good relationship"
From a Counselling client

"To all the wonderful people that make this hospice so special, I thank you from the bottom of my heart for looking after my mum so well in the most compassionate, gentle way. Although the circumstances were emotional and difficult, all of you helped to make this part of the journey as dignified and painless as possible. To know that mum was free of pain and fear was so important to me as well as everyone else that loved her, so we all are so grateful to you"
From a relative of a patient cared for on our inpatient unit

"I just need you all to know how much we love you all for taking such good care of our dad during his last few months of life. The fun and laughter that you brought into our home and the love that you showed to mum and dad will never be forgotten. Thank you from the bottom of our hearts"
From the relative of a patient who received support from the Hospice at Home Team

Feedback from Stakeholders

"The Greenwich & Bexley Community Hospice has taken a proactive lead role during the COVID-19 pandemic in collaborating with local stakeholders/ providers such as MIND and CRUSE to set up the Bereavement Help Point. The Hospice has also been organising regular Bereavement and EOLC virtual meetings with the NHS South East London CCG to help community stakeholders/ providers to respond to the anticipated rise in need for EOLC support in the community and the care homes. The mutual support and sharing of intelligence has been most invaluable, especially at this challenging time of the pandemic."
Dr Winnie Kwan: South East London Cancer Alliance GP Clinical Lead
Clinical Lead for Cancer, EOLC, Prevention/ Wellbeing
NHS South East London Clinical Commissioning Group, Macmillan GP

Complaints

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

A root cause analysis is carried out for all complaints and where possible and appropriate, the complainant is invited to meet with members of the senior team. Where other organisations are involved, we work together to understand and resolve the concerns raised.

Complaints Received	2018/19	2019/2020
Verbal Care Complaints	5	3
Written Care Complaints	9	11
Verbal Non-Care Complaints	6	2
Written Non-Care Complaints	4	7
Total	**24**	**23**

In addition, we were asked for feedback on 3 complaints from Queen Elizabeth Hospital (where feedback is requested by the Patient Advice and Liaison Service for patients under the care of Queen Elizabeth Hospital, where the complainant sited the palliative care team in their complaint).

Hospice UK Inpatient Benchmarking

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

Results from 2019/20 Benchmarking: Patient Falls

		% BED OCC	Outcome of Fall											
			No Harm		Low		Moderate		Severe		Death		Total Falls	
			OCC.	%	No	%	No	%	No	%	No	%	No	Per 1000 OBDs
2019/2020	GBCH	**88**	**49**	**78**	**14**	**22**	**0**	**0**	**0**	**0**	**0**	**0**	**63**	**15.2**
	Category Average	76	6	59	4	39	0.2	2.0	0	0.5	0	0	10.6	10.8
2018/2019	GBCH	**80**	**43**	**73**	**16**	**24**	**0**	**0**	**2**	**3**	**0**	**0**	**66**	**13**
	Category Average	79	8	54	5	43	0.2	2	0	0.5	0	0	11	10

In comparison to other hospices we have a higher incidence of falls, however our reporting culture encourages all issues to be reported, however minor. We have a robust process of reporting all slips, trips and falls including near misses and 78% of falls resulted in no harm to the patient, compared to a category average of 59%..

Results from 2019/20 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			
			No	%	No	%	No	%	No	%	No	%	No	%	No	Per 1000 OBDs
2019/2020	GBCH	**88**	**84**	**63**	**38**	**24**	**11**	**8**	**1**	**0.7**	**0**	**0**	**0**	**0**	**134**	**32**
	Category Average	76	4	33	7	55	1	11	0.2	1.3	0	0.1	0	0	12.5	12.7
2018/2019	GBCH	**80**	**97**	**70**	**31**	**23**	**10**	**7**	**0**	**0**	**0**	**0**	**0**	**0**	**138**	**28**
	Category Average	79	5	36	7	54	1	9	0.2	1	0	0.2	0	0	13	13

The Hospice incident reporting policy is extremely robust and all medication related incidents, however minor, are recorded. Only one incident was reported at level 3. 63% of incidents resulted in an error being prevented and 28% at level 1 where the patient came to no harm.

Progress on Hospice Strategy and Priorities for Improvement 2019/20

The Hospice continued to follow the priorities outlined in the Hospice Strategy for 2017 to 2020, focusing on the four themes identified in the strategy. .

Building Partnerships, Networking and Community

Compassionate Neighbours Project
We grew our relationship with Bexley's Community Connect throughout the year and made good links with volunteers at GP surgeries in areas within Bexley; in one practice in particular, we have several retired staff (including a GP) who are part of the project and we receive referrals regularly from a volunteer who supports the practice.

By the end of the year we had trained 132 people as Compassionate Neighbours and made 66 matches to Community Members who are lonely, at risk of social isolation or approaching the end of life as a result of old age and/or ill health.

Reaching Communities
We were successful in achieving 3-year grant funding from Big Lottery towards our community development work and appointed a Community Development Worker to the team in February 2020. This work is now underway, but we adjusted our priorities during the Coronavirus pandemic to focus on shielded patients across all of our services.

We completed the evaluation of our Heart Failure Project, which showed a near-doubling in referrals to community and Hospice based services for people with Heart Failure, suggesting that our links with other healthcare providers encouraged joined-up working that enabled patients to attend the Hospice. We estimate that at least 20 hospital admissions were avoided throughout the year because of this work.

We did not achieve our goal to train staff to better understand the needs of people with learning disabilities/ autism, but have now established links to enable this in 2020/21.

We evaluated the impact of our 'old age' project seeing an additional 53 patients over 80 years of age with a non-malignant disease. It also enabled greater understanding of the Hospice's services, especially what is available in the community, and has increased the end of life education and training available for hospital doctors and nurses. Linking two related but different disciplines (geriatric medicine and palliative care) usually carried out in different institutions (the Hospice and the Hospital) has gone some way to improve understanding of the difficulty in communication that exists between two separate care organisations. It has also helped us understand how, to some extent, we can offset this for this particular group of patients. It has also allowed knowledge sharing, which has improved the capability of the palliative care nurses to understand the many clinical problems that affect those slowly deteriorating with frailty. This project has highlighted the fact that access to palliative care expertise is needed in all settings – hospitals, Primary Care and care homes, and not only hospices; also that palliative care staff can benefit by taking on and caring for older people with frailty by working side-by-side with an expert in geriatric medicine.

We were successful in securing a grant to support the development of our work with people with respiratory disease and will start this work in 2020/21.

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Patient participation
In 2019/20 we commenced our patient participation group, which was attended by the Chair of the Quality and Safety Committee. We also started using our online patient feedback tool iWantGreatCare.

Partnership with St Christopher's Hospice
We established HELP (the Hospice Education and Learning Partnership) with St Christopher's Hospice and jointly delivered a wide range of training and education across South East London, including throughout the pandemic.

We began some joint work to help us influence the SE London plan, however this work was stalled due to COVID-19.

Work with other system partners
Our Chief Executive has been instrumental in making sure that the needs of people approaching end of life are appropriately considered in the system wide recovery plans and has been asked to lead a specific piece of work on End of Life Care for the Integrated Care System, 'Our Healthier South East London'.

We recruited a palliative medicine consultant to work jointly between the Hospice and Darent Valley Hospital, improving the communication and care pathway for many Bexley residents.

Sustainability, Efficiency and Innovation

We implemented SystmOne, our new electronic record system in May 2019 and introduced the use of mobile devices to our clinical workforce, which proved invaluable during the pandemic.

The increase in use of outcome measures that we had planned in 2019/20 was not possible due to pressure of work in all teams, compounded by the Coronavirus pandemic. We will revisit this as part of our service transformation priority in the RTP.

We trained a number of staff in Project ECHO in the year and will roll out its use in 2020/21, prioritising links with care homes.

We implemented CIPHR, our new electronic HR system in the year and have recently installed the recruitment module.

We reviewed the model of working in our psychological support service and integrated the management of the service with our Social Work department. Work was carried out to improve our Assessment and Coordination Team's processes and triage and we reviewed our medical staffing, which led to some investment in senior and middle grade roles.

We reviewed our Day Hospice model and began to make changes to provide greater flexibility and choice for patients and carers.

We recruited additional staff to the Hospital team and had achieved a 6 day operation by October 2019. We moved to 7 day working in September 2020.

"We continued to develop our clinical staff, evidenced through courses completed and internal promotions and development."

Developing and Retaining our Workforce

Following the successful recruitment of a new Volunteers Manager, we achieved a great deal with regards volunteering. These achievements included:

- The launch and completion of our first young ward volunteers programme.
- Improved engagement with our volunteer workforce through biannual volunteer events, a new newsletter and regular thank-yous!
- Use of our new e-learning system for selected volunteers, and in-house training events twice a year for all other volunteers
- Sharing of volunteers across departments, with existing patient facing volunteers having access to Compassionate Neighbours training. The benefits of this training have been particularly helpful during COVID-19 pandemic.

We continued to closely monitor staffing levels through our Quality and Safety Committee and maintained our establishment within safe limits as well as staying within agreed expenditure limits. For another year we were able to keep our agency usage low by using flexible staffing via the Hospice bank.

We continued to develop our clinical staff, evidenced through courses completed and internal promotions and development. This included the successful completion of training for our first Nursing Associate and a number of inpatient staff moving to more senior Clinical Nurse Specialist roles.

We continued our work to develop our wellbeing strategy with the introduction of a Hospice singing group and a staff netball team. We also continue to work towards a higher accreditation on the Healthy Workplace Charter.

We reviewed our whistleblowing and speak up procedures and commissioned a portal "Work in Confidence", to enable staff to report concerns anonymously and the Hospice to conduct regular, bespoke staff surveys..

Generating Sufficient Income to Safely Meet Demand and Quality Requirements

Details of this priority for improvement are included in our statutory accounts.

Priorities for Improvement 2020/21

Having conducted a detailed exercise to plan for the next 3 years in 2019, we were about to finalise a new Hospice strategy and plan for a new governance structure. Due to the COVID-19 pandemic however, this work was put on hold as we made immediate changes to our operational procedures, in line with our Business Continuity Plan.

A **Recovery and Transformation Programme** has now been approved by the Board of Trustees. This will form the basis of our priorities for the next 12 to 15 months. The programme focuses on the following areas:

- ✔ **Service Transformation**
- ✔ **Refreshing Volunteering**
- ✔ **Staff Wellbeing and Development**
- ✔ **Diversity and Inclusion**
- ✔ **Retail and Commercial Development**
- ✔ **Fundraising Development**
- ✔ **Stakeholder Engagement**

Each work stream has a designated lead(s) and reports to a new Recovery and Transformation Board. As the work develops any activities which need to become 'business as usual' will either be slotted into existing governance structures or be part of the work of two new committees planned for 2021: A Workforce Committee and a Trading board.

More details of the actions and impact of this programme will be included in the Quality Account for 2021/22.

Statement of Assurance from Board

Review of Services

Between 1st April 2019 and 31st March 2020, the Hospice provided the following services:

Hospice Based Services:

- Inpatient Care
- Day Hospice
- Rehabilitation
- Psychological Care Service including Telephone Bereavement Service

Hospital based Services:

- Specialist Palliative Care Services in Queen Elizabeth Hospital

Community Care services:

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

Research, Audit and Service Development

Participation in National Clinical Audit

- The Hospice continues to participate in the Hospice UK Benchmarking Project; regular data was submitted on falls, pressure sores and medication incidents, and the benchmarked data was reviewed by the QSC.

- The 3rd round of the National Audit for Care at the End of Life (NACEL) results were available in 2019. This audit relates to activity in NHS hospitals including Queen Elizabeth Hospital where the hospice has an advisory team. The results of the Audit were discussed within the hospital trust with input from our palliative care team.

- Palliative care needs of the Homeless – team members completed a survey for this research led by the University of Cardiff.

- The hospice continued to gather feedback from national surveys including VOICES and 'IWantGreatCare'.

Bexley Personal Care Pilot

Between January and March 2020, the Hospice funded a pilot to provide domiciliary care to Bexley residents who were eligible for fast track funding, for an initial period of two weeks. During this time period the service looked after 16 patients. For 14 patients care was started within 24 hours. The average length of care was 10 days (range 3-18 days) with only 4 patients going over the prescribed 14 days. 4 patients were handed over to the continuing healthcare team for placement with an alternative provider with the remainder dying under hospice care. Of the 12 patients who died, 11 died at home and one in the hospice inpatient unit. The total cost of the pilot was £11,670. This pilot went on to inform our model of support to Bexley residents during the pandemic.

Participation in Local Audits

- The Clinical Audit Policy and the terms of reference for the committee were reviewed and agreed.

- During 2019/2020 the Hospice Research and Audit Group met twice to review the Hospice's activities against its Research and Audit agenda. Several planned re-audits are outstanding following the introduction and set up of reports on the new patient EPR System.

- Following a review of the Clinical Quality Group, we have now incorporated clinical audit into the core work of this group and the Research and Audit Committee has been disbanded.

Research

- 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.

- The Committee considered collaborating with a Virtual Reality study with Royal Trinity Hospice but decided against this.

- The Hospice became a participating unit for a study looking at guidelines and resources to support children and young people pre-bereavement, but were not able to recruit any appropriate participants

Audit Subject	Purpose of audit	Follow up actions
Accountable officer audit	Mandatory audit of controlled drugs and non-controlled audit. High level of compliance recorded.	Action plans drawn up for any areas of concern. Also discussed and actioned in the Medicines Management Committee.
Inpatient syringe pump management	Annual audit of best practice	Yearly audit, current audit did not raise any concerns
Audit of recording patient's religion.	To review record-keeping of patient's religion on SystmOne	Previous audit has highlighted differences in recording across services and recommended action plan to increase completion rate. This has been re-audited now SystmOne in place, with remaining shortcomings. This is being addressed as user's become more familiar with SystmOne.
FP10 audit	Ongoing data collection to monitor FP10 use across hospice service in conjunction with CCGs	Monitored at Medicines Management Group. Appropriate use of FP10s
Service evaluation of patients who die before being seen by CPCT	To review the scope of the problem and examine reasons why.	Final report discussed formally at Quality and safety committee
Service evaluation of referrals to CPCT	To describe the nature of CPCT referrals to include the number of referrals for frail patients and patients with multiple co-morbidities.	Data collected, to be formally analysed and presented

Statutory Reporting

Data Quality

During 2019/2020 the Hospice was not required to submit records to the Secondary Uses Service for inclusion in the Hospital Episodes Statistics, which are included in the latest published data.

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

Income Generated

All statutory income generated by the Hospice in 2019/2020 was used to fund NHS commissioned care. The service also attracted a significant charitable subsidy as the NHS contribution is only approximately 40% 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.*

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 2019/2020 met the criteria for 'Standards met'.

Clinical Coding Error Rate

The Hospice was not subject to the Payment by Results clinical coding audit during 2019/2020 by the Audit Commission.

Quality Improvement and Innovation Goals agreed with Commissioners

There were no CQUINs identified in either contract we hold with local CCGs.

Workforce, Education and Training

As well as our mandatory training programme, the Hospice continues to support its own staff and volunteers to develop in their roles and we are pleased to have seen a number of staff move into new/ more senior roles within the Hospice throughout the year. We continue to work in partnership with St Christopher's Hospice (the Hospice Education and Learning Partnership) to develop the skills of local professionals working with people at the end of life, these course are also provided to members of our team.

Through HELP, the Hospice delivered the following training for external professionals and Hospice staff:

- Introduction to End of Life Care Course for RNS, AHPs and HCAs
- Nurse Verification of Expected Death
- Compassionate Care with Namaste
- Advance Care Planning
- District Nursing EoLC Refresher Study Days for RNs and HCAs
- Challenging Conversations at end of life
- Award in Awareness of Dementia
- Introduction to Palliative Care for Care Homes
- Refreshing Future Care for Care Homes

In addition, our staff team attended a wide range of external courses and conferences including:

Communications Skills:
- I don't know what to say

Safeguarding:
- The National Future of Safeguarding in the Voluntary Sector

Annual Conferences
- Hospice UK National Conference x2
- NCVO Annual Conference
- Hospice UK Retail Conference 2019
- NAHF Annual Conference x3
- Corporate Fundraising Conference
- Motor Neurone Disease Annual Conference
- Pan London Palliative CNS conference
- Occupational Therapy Adaptations Conference

New Degree Programme enrolments
- BSc(Hons) in supportive and palliative care
- MsC in Palliative Care

Clinical skills
- Practical Guide to effective nurse prescribing in end of life
- Marwangui (Tai Chi) Workshop 2019
- Urinary Catheterisation x 6
- Cardiac Care Heart Failure Assessments and management - Advanced Assessment skills for non medical practitioners
- Oxford Advanced Pain and Symptom Management Study day x 2
- The principles of palliative care
- Palliative Care and End of Life Symptom Management
- Enhanced Care of the Dying
- Physical Assessment and Clinical Reasoning
- Manual Lymphatic Drainage
- Psychiatry and palliative care study day
- IV Additives x 3
- Advanced assessment in palliative care
- Dementia Care and Management at End of Life
- Principles of Lung Cancer Care
- Enhanced Health and Wellbeing in Care Homes x2
- Pain in Older People Workshop
- Masterclass: Understanding and Managing symptoms in Dementia
- Masterclass: Assessing and treating fatigue

Ethical, social and psychological issues
- Ethical and legal challenges
- 'what about the kids'
- Not hiding who I am
- Giving Voice to suffering
- CBT Foundation Course
- Psycho Social Impact of Cancer

Leadership/ Management
- Enhancing Clinical Leadership
- Preparation for Practice Supervisor
- Hospice Medical Directors Support day
- Outstanding Leadership Programme x2
- Working together across hospital/community divide at the end of life x2
- Urgent Care & Admission Avoidance in oncology & palliative care. ACPOPC Spring Study day & AGM
- Project Management
- Access Care Team - Broadening access
- Building a workforce for 2030 - Senior Nurses and practitioners in palliative care x2
- Aspiring Chief Executive Programme
- Asset Based Community Development
- Volunteer Law x2

Fundraising/ Retail/ Marketing
- Start-ups for Good
- Introduction to Payroll Giving Workshop
- The Future of Voluntary Sector Marketing Communications and Fundraising

Health and Safety
- First Aid at Work x2
- Greenwich Socail Services Manual Handling (Train the Trainer)
- Mental Health First Aid x10
- Emergency Life Support and Defibrillator training

Challenges

In 2019/20 the Hospice continued to face a number of challenges relating to growing demand for services, including the increasing complexity of care needs and the lack of availability of some key staff groups. These are all against a backdrop of increasing competition for charitable income and tightening public finances. As we look back on the past year though, we can see many of our plans being turned into real action and ironically although the Coronavirus pandemic has brought a number of new and difficult challenges to solve, it has also accelerated change in a number of areas which we were already addressing.

Our new EPR system and other technological solutions have helped us to weather the pandemic and our fantastically committed staff and volunteer team have been able to work flexibly across services to meet the greatest need. Without the work that staff have put in over the years much of this might not have been possible.

The new challenges we face, which are likely to continue into 2021/22 will be met through our Recovery and Transformation Programme and our new governance arrangements. We will continue to monitor and manage risk and work with partners to ensure that people facing end of life who live in Greenwich and Bexley are supported to live well and die well.

Appendices

Patient Demographic Data

A new patient database was introduced in May 2019 (SystmOne). This database is still in development, particularly with reporting.

Total number of unique patients - 2371	2019/2020		2018/2019	
Ethnicity	**Number**	**%**	**Number**	**%**
White British	1503	63%	1251	68%
White Irish/White Other	85	4%	84	5%
Black or Black British (African, Caribbean, Other Black Background)	85	4%	90	5%
Asian or Asian British (Indian, Pakistani, Chinese, Bangladeshi, Other Asian background)	104	5%	83	4%
Mixed (White/Black Caribbean, White/Black African, White/Asian, Other)	31	1%	15	1%
Other	14	1%	8	1%
Unknown/Not Recorded[1]	549	24%	305	16%
Patients where their ethnicity was not White British (where recorded):	319	14%	280	16%

Primary Diagnosis	Number	%	Number	%
Cancer	1285	54%	1176	59%
Cardiovascular	144	6%	115	6%
Respiratory	201	9%	159	7%
Neurological	97	4%	90	5%
Dementia	260	11%	150	8%
Renal	45	2%	26	1%
Other	156	6%	104	8%
Not applicable (psychological support only)	178	8%		
Not Recorded	5	0.2%	16	5%
Patients where primary diagnosis was not cancer (where recorded)	903	38%	644	35%

Age	Number	%	Number	%
Under 25	12	0.5%	0	0%
25 to 74	959	40%	806	44%
75 to 84	669	29%	537	29%
85 Plus	731	31%	493	27%
Unknown/Not Recorded	0	0%	0	0%

Desths	2019/2020	2018/2019
Number of Patients who died whilst under the care of Hospice services (including Hospice hospital team)	1506 (64%)	1339 (73%)

Data by Service

Inpatient Caseload:	2019/2020	2018/2019
Available capacity (number of bed days available)[2]	4741	6110
Percentage of bed days occupied	88%	80%
Total Number of Referrals	390	497
Total Number of Admissions (see footnote)	246	355
Total Number of Referrals not admitted	78	142
Average waiting time in days (referral to admission)	2	2
Cancer diagnosis Non-cancer diagnosis Aged 85 years and over	81% 19% 18%	77% 23% 19%
Number of People whose stay ended in discharge	55 (22%)	119 (36%)
Number of People whose stay ended in death	196 (78%)	237 (64%)
Total number of completed episodes	251	356
Average length of stay (Mean) days	7	13

Hospital Specialist Palliative Care Team Caseload:	2019/2020	2018/2019
Total Number of Patients	912	856
Total Number of Deaths	364	361
Total Number of Discharges		
Total Number of Discharges	528	482
Home Nursing/Care Home Greenwich & Bexley Community Hospice Other Hospice Continued as hospital patient	62% 16% 16% 0% 6%	57% 11% 13% 0.6% 18%

Community and Outpatient Services Caseload: Number of referrals allocated[3]:	2019/2020	2018/2019
to Telephone Support Service	269 (12%)	141 (8%)
to Specialist Palliative Care Community	1101 (50%)	938 (50%)
to Hospice at Home	192 (9%)	185 (10%)
to Rehabilitation	362 (17%)	346 (19%)
to Social Work	142 (6%)	130 (7%)
to Day Hospice	126 (6%)	124 (7%)

[1]Where the non-recording of ethnicity is higher than we would like, it is thought this is due to a change in practice with our new EPRs; we have put measures in place to regularly review recording and improve data

[2]The number of available beds was reduced from 17 to 13 due to staffing costs, this was agreed with our commissioners.

[3]Some community patients may be referred to more than one service at the same time or sequentially

Greenwich & Bexley
Community Hospice

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