



**Started by the Community
Serving the Community
Sustained by the Community**

2021 – 2022 Quality Account



“My wife's time at Garden House Hospice Care gave her the dignity, level of care and comfort that was second to none. Our family were also treated with compassion and were kept well informed and comforted. We thank all those at Garden House Hospice Care from the bottom of our hearts and I will do all I can to support in the future.”

Part 1: A statement on quality from the Chief Executive

On behalf of the Board of Trustees and the Senior Leadership Team, it gives me great pleasure to present the 2021 – 2022 Quality Account for Garden House Hospice Care (GHHC). This Quality Account is an opportunity to reflect on and highlight the work of the organisation and the progress we have made over the last year.

This Quality Account provides a summary of our performance against our quality measures for 2021 – 2022 and our initiatives and priorities for quality improvement for 2022 – 2023. It has been produced to inform service users (current and prospective), their families, our staff, our supporters, commissioners and the public.

Transformation has continued to be key over the last year, when our staff and volunteers have shown their ability to continue to adapt to new ways of working. We are grateful for the hard work and commitment of them all.

As we have moved on from the enormous challenges of the Covid-19 pandemic, we have ensured the delivery of high-quality care to the local community, with almost 2,000 people benefiting from our services. We have cared for people in the comfort of their homes, in our Inpatient Unit (IPU), our Hawthorne Centre, in nursing and residential homes and through our Family Support Services team.

We have worked in partnership, providing additional clinical support, training, and education to East and North Herts NHS Trust, Isabel Hospice, Herts Community Trust, local GPs in primary care and care homes in North Herts. This collaboration has been essential to ensure people with palliative and end-of-life needs were cared for in a compassionate and timely manner in their preferred place of care.

Continuous improvements also extend to the Board of Trustees as they continue to provide a level of scrutiny and guidance to GHHC. Trustees continue to reflect on best practice from a governance perspective. They have received regular updates on our responsibilities relating to safeguarding and data protection. We are grateful in particular to the Trustees on the Clinical Governance Committee.

Despite the impact of the Covid-19 pandemic on clinical services, we remain confident in the quality of care we provide to the local community. This is reinforced by the positive feedback we receive from patients and families.

We have just completed the final year of our three-year strategy 2019 – 2022, which was centred on four key themes to help our staff and volunteers deliver their priorities: Everybody, Excellence, Empower and Educate.

I am pleased to see the progress that has been made with our priorities for improvement this year. It demonstrates our commitment to the ongoing development and delivery of quality services.

We continue to value the work of our 200+ staff and 700+ volunteers. We are proud to stand alongside them as one team, with a shared vision of ensuring the Hospice remains at the heart of the community.

We are in the process of agreeing our 2022 – 2025 Strategic Objectives with the Board of Trustees with four key themes: Caring Services, People and Culture, Community Engagement and Sustainable Funding. Our key outcomes for 2022 – 2023 have been matched against these objectives in this report.

I am proud of the way Garden House Hospice Care has responded during the Covid-19 pandemic. We have been able to respond and adapt with speed and we will continue to do this in the coming year. Equally, we are grateful for the support of our local community, who have continued to support us.

Thank you for your interest in Garden House Hospice Care.

A handwritten signature in black ink, appearing to read "S Plummer".

Sue Plummer
Chief Executive Officer, Garden House Hospice Care
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About Garden House Hospice Care

Mission statement

"Across the communities of North Hertfordshire, Stevenage and surrounding towns and villages of Bedfordshire and Cambridgeshire, Garden House Hospice Care supports personalised and compassionate palliative and end-of-life care for those in need following a life-limiting illness."

Core values

"Our vision is for everyone in our community with a life-limiting illness to have equal access to excellent specialist palliative care."

Despite the ongoing challenges of working alongside the Covid-19 pandemic and government guideline-led restrictions to access, GHHC has responded to and adapted our services to ensure that we have been able to provide safe access for our patients, their families and carers, adapting to changing needs and keeping our community updated.

We opened our new Ernest Gardiner Treatment Centre for community and outpatient access, including hosting community volunteer-led Hubs. We have recommenced our volunteer service roles across our clinical services including in our Inpatient Unit (IPU) and maintained:

- A range of palliative and rehabilitative day services - face-to-face and virtually at the Hawthorne Centre and Ernest Gardiner Treatment Centre at GHHC
- Our Family Support Services support patients, families and carers with pre- and post-bereavement, face-to-face and virtually
- Children and Young People's service, supporting pre- and post-bereavement, face-to-face and remotely. We also restarted our work in schools
- Palliative Care 24/7 Advice Line via our IPU, seeing an increase in use
- Supported our Collaborative Care Home Education end-of-life programmes
- Recruitment and training of Compassionate Neighbours
- Dementia support through our dedicated Clinical Nurse Specialist (CNS)
- Collaborative cover with Herts Community Trust (HCT) for North Herts Palliative Referral Centre (NPCRC)
- Medical supervision and guidance to the HCT Specialist Palliative Care CNS team
- Provision of Frailty Clinical Nurse Specialist (CNS) in North Herts nursing and residential homes
- Inpatient Unit (IPU)
- Hospice at Home service (H@H)
- Domiciliary and outpatient medical reviews, using a blend of face-to-face and virtual support
- Continuing Health Care (CHC) Fast Track 10 bed capacity community service

Regulation and inspection

Garden House Hospice Care is regulated by the Care Quality Commission and was last inspected in March 2016. Following a comprehensive evaluation of our services, Garden House Hospice Care was rated as 'Good' for all five key lines of enquiry:

- Are we safe?
- Are we effective?
- Are we responsive?
- Are we caring?
- Are we well-led?

Our Values

The trustees, staff and volunteers of Garden House Hospice Care developed and sign up to these values, ensuring they are evident in all they do.

- We are one team, with a shared vision
- We place the patient at the heart of everything we do
- We respect everyone
- We strive to continually learn and improve
- We take pride in delivering a high-quality service
- We take inspiration from our community



Our strategic objectives 2019 – 2022

Objective	Key outcomes
EVERYBODY	<ul style="list-style-type: none"> • Equity of access to care • Care coordination • Giving everyone a voice in the shaping of GHHC
EXCELLENCE	<ul style="list-style-type: none"> • Safe, effective, caring, responsive and well-led services • Effective, efficient and innovative use of resources • High standards of governance reflected in good strategic and operational decision making
EMPOWER	<ul style="list-style-type: none"> • Reach and support patients and their families / carers earlier • Enable people to live fully • A community that is supported and prepared to care
EDUCATE	<ul style="list-style-type: none"> • Deliver the Training and Development strategy • Equal access to training and development opportunities • Staff and volunteers prepared to care

The strategic objectives have been written with reference to ‘Ambitions for Palliative and End-of-life Care: A national framework for local action 2015 – 2020’, The National Palliative and End-of-life Care partnership 2016 and the NHS 10-Year Plan.

Six ambitions

“Principles for how care for those nearing death should be delivered at local level”

1. Each person is seen as an individual
2. Each person gets fair access to care
3. Maximising comfort and wellbeing
4. Care is coordinated
5. All staff are prepared to care
6. Each community is prepared to help

The National Palliative and End-of-life Care partnership

Our strategic objectives 2021 – 2022

Garden House Hospice Care's strategic objectives for 2021 – 2022:

Achieved objectives	How we can demonstrate achievement
<p>Everybody</p> <ul style="list-style-type: none"> • Equity of access to care • Care coordination • Giving everyone a voice in the shaping of GHHCC 	<ul style="list-style-type: none"> • Remained responsive to the needs of patients, considering the needs brought through the Covid-19 pandemic, adapting services for patients and carers to ensure access to services • We have raised awareness of our Compassionate Neighbours service, receiving 254 referrals, including over 30% as self-referrals • In line with Covid-19 GOV.UK guidance, GHHCC continued remote and virtual support to patients and carers when needed • We have continued to work in partnership with Herts Community Trust (HCT) and Clinical Commissioning Group (CCG) to provide the North Herts Palliative Referral Centre (NPCRC) and to support the development of the Single Point of Access (SPA) • Delivered Hospice at Home in line with the agreed service model • Medical Specialist Palliative Care support to community patients, working collaboratively with HCT SPC CNS team and the East & North Herts NHS Trust • Continued professional Palliative Care Consultant support to Isabel Hospice through weekly inpatient ward round and remote support to medical team • Provision of Frailty Clinical Nurse Specialist (CNS) support to our nursing and residential homes in North Hertfordshire • Dementia CNS service • Increased support to our communities through our Compassionate Neighbours project at our five weekly Community Wellbeing Hubs taking place across our locality in Royston, Stevenage (2), Hitchin and Letchworth • We successfully launched a new website and intranet site resulting in improved communications internally and externally. This has resulted in increased self-referrals to our clinical services and better communication internally and externally • We have received 302 referrals to our Family Support Services team - an increase of 21% in 2021 – 2022 • Herts Bereavement Support. We have completed new work alongside Herts County Council to deliver emotional and practical support to those directly affected by a Covid-19 death • Enabled more clients to be supported with available resources - staff and volunteer counsellors delivering sessions via telephone or remotely • Continuation of support, face-to-face sessions for counselling in the Hospice, prioritised for patients on IPU and community patients who cannot access services remotely

<p>Everybody</p> <ul style="list-style-type: none"> • Equity of access to care • Care coordination • Giving everyone a voice in the shaping of GHHCC 	<ul style="list-style-type: none"> • We have provided spiritual care, supportive calls or formal counselling sessions as required • In 2021 – 2022 the GHHCC Dementia CNS received, accepted and registered 36 referrals and provided telephone support and advice to 76 non-registered individuals who have made contact • Complementary Therapy and support for staff has been implemented alongside the service for patients, families and carers • Photographs from a community photograph competition, led by the Dementia CNS, are displayed around the Hospice providing a welcoming, comfortable and reassuring environment for our patients, their families, our visitors and our staff • Familiar and friendly photographs now help create a positive and comforting environment and provide distraction and relief of anxiety during difficult times for our patients and relatives visiting the Hospice, particularly for those living with dementia • Worked with Haven First to provide palliative care support to those who identify as homeless
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Achieved objectives	How we can demonstrate achievement
<p>Excellence</p> <ul style="list-style-type: none"> • Safe, effective, caring, responsive and well led services • Effective, efficient and innovative use of resources • High standards of governance reflected in good strategic and operational decision-making 	<ul style="list-style-type: none"> • We have continued to respond and adapt services to ensure that our patients and their families are at the heart of everything we do • Systems are in place to manage and monitor the prevention and control of infection (IP&C) in line with Covid-19 GOV.UK guidance. East and North Herts Trust IP&C audit conducted March 2022 • Staff have been updated in the use of personal protective equipment via training and written updates • Regular reviews and updates to visitor guidance enable safe visiting for patients on the IPU, to our Hawthorne services and to the Garden House Hospice Care site • Embedded our weekly incident management review meetings to review and agree actions from all reported incidents ensuring feedback is given to teams • Active positive recruitment of staff across all clinical services resulting in key posts being successfully filled • Maintained Covid-19 staff testing programme in line with GOV.UK guidelines • Sustained compliance of staff and volunteers attending mandatory training • Continued to utilise the NICE endorsed Establishment Genie tool to support review of staffing • Engagement with 12 external research programmes during 2021 – 2022 and presentation of four posters at Hospice UK Annual Conference, as part of being a Hospice UK defined Research Engaged and Generating Hospice • Our Trading team opened new shops and concepts on the high street including a second shop in Letchworth Garden City and development of our Upcycling Department • Our Trading team exceeded their income budget and brought income from sales of more than £2.1m • We have provided and facilitated training for 228 Compassionate Neighbours supporting the Hospice work, an increase on last year • Access to seated exercise and social activities at our Hubs supported by our Day Hospice team, taking place in Royston, Stevenage (2), Hitchin and Letchworth - regularly attended by 141 people • Our Family Support Services team have completed a total of 2,532 interventions • We have enabled our spiritual care volunteers to return to the IPU in line with GOV.UK guidelines as soon as allowed • We have provided spiritual care support when identified for patients discharged from our IPU

<p>Excellence</p> <ul style="list-style-type: none"> • Safe, effective, caring, responsive and well led services • Effective, efficient and innovative use of resources • High standards of governance reflected in good strategic and operational decision making 	<ul style="list-style-type: none"> • Undertaken audits identified in the audit calendar with evidence of quality improvement and learning • Policies reviewed and updates communicated to all staff through our internal intranet news page • Representation at local, regional and national meetings has been maintained • We have reviewed the end of our three-year strategy and developed our new three-year strategy with our clinical senior team and Board of Trustees prior to launch • Continued regular 1:1 support for staff and appraisal completion programme in place • Continued to actively promote confidential access to the employee assistance programme available to all staff • Our Income Generation team developed new innovative events and campaigns, engaging with new audiences and communities and successfully exceeded their income budget by raising £2.2m • The Trading Company was successful in ensuring we continued to trade online and our Online Sales team grew income profit by 44% • Ensured compliance with all relevant legislation, including VAT, Gift Aid and Charity Commission • A new accounts system (Sage 200) has been implemented to improve reporting information and timescales. This reduces the use of spreadsheets and thus the chances of human error • The use of resources is limited by the funds available • The use of funds is monitored by the Finance department. Management and reporting on income and expenditure is shared with the Board of Trustees on a quarterly basis. This ensures available resources are used effectively, efficiently and innovatively • Professional auditors complete independent checking of the use of funds annually. This provides additional reassurance regarding the expected standards of governance • Robust budgeting and forecasting process • Appointed a new People Director role to lead and support the HR team and the restructured Learning and Development team
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Achieved objectives	How we can demonstrate achievement
<p>Empower</p> <ul style="list-style-type: none"> • Reach and support patients and their families / carers earlier • Enable people to live fully • A community who is supported and prepared to care 	<ul style="list-style-type: none"> • Our Community Engagement team and Fundraising team have carried out joint and bespoke events to ensure that we are able to engage with hard-to-reach audiences including ethnically diverse individuals (EDI) and lesbian, gay, bisexual, and transgender (LGBT) individuals • We have successfully set up a stakeholder engagement group including a number of people from across the community who will be involved in driving our Community Engagement strategy forward • Promoted awareness and access to our Family Support Services through introduction of contact information cards internally and externally • Provided ongoing telephone support for parents and children, through our Family Support Services team working in a variety of ways • Re-introduced face-to-face work and visits by our Children and Young People's service in schools as soon as Covid-19 restrictions allowed • Carers' practical care course/support provided virtually and planned to recommence in 2022 face-to-face • Joined virtual GSF GIP practice meetings, highlighting the breadth of our services, encouraging referrals especially from hard-to-reach groups and patients with non-malignant diseases, as well as those earlier in their disease trajectory • We received an increased number of referrals for our Compassionate Neighbours project with an active caseload of 330 community members • Supported and implemented individualised plan of care through advanced care planning discussions for all new residents in our allocated care homes • Received an increase in our self-referrals to our Day Services team via our new website • Strengthened support to staff through review of HR posts and skills, plus recruitment into posts

Achieved objectives	How we can demonstrate achievement
<p>Educate</p> <ul style="list-style-type: none"> • Deliver the Training and Development Strategy • Equal access to training and development opportunities • Staff and volunteers prepared to care 	<ul style="list-style-type: none"> • Delivered, through collaboration with Isabel Hospice, a shared education/training service across both hospices • Ensured access to, and attendance at, induction, mandatory training and in-service training/competency programmes • Provided access to clinical supervision and reflective case studies • Provided spiritual care support with training internally, and externally with health and social care staff and schools, including grief and bereavement, resilience and working with children • Supported staff to extend their role and skills through access to internal and external training • Delivered education to medical students both through clinical placements and in the classroom setting, as a Cambridge University-ratified Training Hospice • Participated in a Hospice collaborative management development programme • Provided clinical support and training to care home staff on end-of-life care and Covid-19 Infection Prevention and Control • Delivered the competency-based programme to inform and upskill staff in all areas of palliative and end-of-life education • Developed and delivered training and support for carers and professionals in dementia care • We have continued to provide a blend of training opportunities including remote and virtual training to external providers • Introduced a new electronic mandatory training system and programme for all staff • Invested in a new Learning and Development Manager and restructured to ensure training provision is planned for all clinical and non-clinical staff • Development of a new curriculum of training to be implemented in 2022 – 2023

Part 2: Priorities for improvement and statements of assurance from the Hospice Senior Leadership Team

Looking back: Priorities for improvement 2021 – 2022

Safety

Priority 1: Use of the Critical Information Form (CIF) together with National Early Warning Score (NEWS2) assessment as a ceiling of care and clinical management tool for patients on the Inpatient Unit (IPU).

What has been achieved?

- A detailed MDT review and update of the Critical Information Form has been completed to ensure it is fit for purpose and safe. Four escalation levels have been agreed based around the patient's medical condition:
 1. For cardiopulmonary resuscitation (CPR) and full active treatment including hospital transfer
 - 2a. Not for CPR but may be appropriate for full active treatment including hospital transfer
 - 2b. Not for CPR; for Hospice-based active treatment
 3. Not for CPR; for symptom control management only
- Patients in categories 1 or 2 will have regular observations and use of the NEWS2 scoring system. Medical assessment of the patient will be requested if the patient's NEWS2 scores are above a threshold level, are increasing significantly in any area or the patient newly requires oxygen.
- In exceptional circumstances, if a patient has an immediate life threatening situation arising from either an iatrogenic cause or unforeseen circumstance, a presumption of maximal medical therapy in hospital and temporary suspension of DNACPR will be made, unless there is clear evidence to the contrary.
- The use of the CIF and NEWS2 assessment tool has been included in our strategy for 2022 – 2025 as part of which an audit cycle to assess effectiveness will be implemented.

Effectiveness

Priority 1: Use of blood testing results and a palliative care appropriate anaemia management flowchart to address patients with symptomatic anaemia who are on the Inpatient Unit (IPU) and/or attending medical outpatient clinics and reduce requirement for red cell transfusions.

What has been achieved?

Progression with this project has been impacted by a number of factors including staffing levels, especially around nurses able to administer IV iron and the resignation of the dedicated Hospice pharmacist. There have also been ongoing problems with access to ICE pathology results for blood tests. Despite these challenges, the following progress has been made:

- Completion of widespread education of the nursing and medical teams in this new advance in palliative medicine, including education of all new Hospice clinical team members.
- Nursing champions for this area of work have been identified from new members of the nursing team with acute trust experience of administering IV iron.
- Following the recruitment of a new senior Hospice pharmacist, an MDT Hospice group is revising the East and North Herts NHS Trust policy for administration of IV iron so that it is suitable for use in the Hospice setting.
- Significant progress made in enabling ICE access to pathology blood results has been made, with the expectation that this will be fully enabled in the near future.

Experience

Priority 1: Single Nurse Administration of Controlled Drugs (SNACD). Releasing time to care, ensuring medication is given without delay.

What has been achieved?

Although some training was completed this was not implemented or achieved. This was due to a high number of new qualified staff joining the team who were not able to complete the training and competency required. We continue to train and utilise the skills of the trained and competent Healthcare Assistant team to support the checking of controlled drugs. With the support of a new pharmacist to the team this will be given consideration again in the coming year.

Priority 2: Introducing Goal Attainment Scales (GAS) on the Inpatient Unit (IPU) and Community Nursing service for patients that have rehabilitation potential.

What has been achieved?

This has been reviewed and forms part of our 2022 – 2025 strategy for full implementation. Due to the restrictions of the Covid -19 pandemic, the effect on staffing and changes to our rehabilitation and IPU teams, this has been challenging to fully embed. However, this was trialled by the Therapy team across clinical services as a pilot and plans for this to be rolled out are within the strategy.

Priority 3: Developing a survey to explore patients' experience of virtual support methods.

What has been achieved?

- During the pandemic, the Hospice has organised clinical support virtually including:
 - Zoom group sessions and telephone support through the Hawthorne Centre
 - AccuRx video consultations for medical outpatients
 - Telephone counselling sessions through the Family Support Services team
- A feedback survey was completed in February 2022 with 91% of respondents rating the support as 'Very Good'.
- Moving forwards, we are adopting a blended approach with a significant move back to face-to-face assessments, combined with some group and individual sessions conducted virtually as per patient preference. This will enable the widest accessibility for patients and service users, enabling support to be provided to people in their own homes as well as on site at the Hospice.

Looking forward: Priorities for improvement 2022 – 2023

Experience

Priority 1: Broaden our access and support to carers through collaboration and innovation

Background

We know that carer support is a key element of our holistic approach to care and that has been difficult to fully support during the Covid-19 pandemic. We are keen to rekindle our pre-Covid-19 connections and work towards collaborative innovations in the future.

How will this be introduced and implemented?

We will provide regular access through reintroduction of carers support courses face-to-face by our Day Services team.

We will embed our access to Complementary Therapy for patients and carers.

The GHHC Admiral Nurse and Hawthorne Centre team provide and review access to our new Advanced Care Planning clinics to allow those living with terminal illnesses - including dementia - and their families to discuss their needs and plan for the future.

How will success be measured?

Through our service activity reporting, we will be recording any feedback through surveys, written individual feedback and capturing of verbal feedback.

Effectiveness

Priority 1: As part of our digital transformation work and our commitment to release time to care, we will consider the introduction of laptops for our Community teams to enable remote working.

Background

It has been acknowledged that our Community teams travel between visits without electronic access to patient records. We feel that the introduction of laptops to provide remote access to patient notes will enhance patient care, safety and improve the effectiveness of the team in planning scheduled visits and completing timely patient notes.

How will this be introduced and implemented?

We will work with our Community and Operations teams to identify the number of units required. We will consider the cost implications, working with our Finance and Income Generation teams to achieve this goal.

In addition, we will consider any training needs that may be required prior to introduction of these changes and communicate this plan to the team.

How will success be measured?

We will review the travel time pre- and post-introduction of the equipment to identify any time saved and additional time released for care.

Priority 2: We will increase our awareness, promotion and involvement in research.

Background

Through our renewed Clinical Services Strategy, which will be implemented during 2022 – 2025, we have agreed the benefit of appointing a Research Nurse.

How will this be introduced and implemented?

Development of a new job description will be completed to enable recruitment into the post. The Research Nurse will work collaboratively with existing palliative medicine research networks. It is recognised that this process may not be fully in place and operational until 2023.

How will success be measured?

Evidence of participation in, and generation of, research will be demonstrated through agreed KPI and data collection. This will be shared with our Clinical Governance Committee and trustees through annual reporting.

Safety

Priority 1: Introduction of an electronic rostering system.

Background

As part of our commitment to safe staffing and releasing time to care at the bedside for our patients and increased time with our families, we plan to introduce an electronic rota system across our services.

How will this be introduced and implemented?

We will explore possible options for the most suitable electronic rota system, considering functionality and use alongside our current HR system with the goal of linking with our annual leave, study leave and sickness recording system.

Cost implications will be considered, working with our Finance and Income Generation teams.

How will success be measured?

Accurate and timely completion of rotas will be in place. Staff will be fully aware of the confirmed and accurate rotas. Any alterations required due to unforeseen absence or adjustments due to other factors will be able to be tracked and noted electronically. Staff will be able to request rota days. Ultimately this will release time to care.

Mandatory statements of assurance from the Senior Leadership Team

The following are statements that all providers must include in their Quality Accounts. Many of these statements are not directly applicable to specialist palliative care providers. An explanation of these statements and why they do not apply to Garden House Hospice Care has been included, where appropriate.

Review of services

During 2021 – 2022 Garden House Hospice Care received some NHS funding for its services. The income received from the NHS in 2021 – 2022 represents 32% of the overall running costs of Garden House Hospice Care.

The remainder of running costs are funded through voluntary income generation, donations, legacies, lottery activity, investment income, shop trading and government Covid-19 grants. Legacies amounted to 14% of total income and shop profit equalled 10% of income.

Garden House Hospice Care has reviewed all the data available to them on the quality of the care in all of these NHS services.

Participation in clinical audit

As a provider of specialist palliative care, Garden House Hospice Care was not eligible to participate in any national clinical audits or national confidential enquiries. This is because none of the 2021 – 2022 audits or confidential enquires related to specialist palliative care.

Local clinical audits

Garden House Hospice Care has an annual programme of clinical audits, including infection prevention and control, pressure ulcers, controlled drug accountability, safeguarding and compliance to identified policies.

A summary of audit results and action plans are reported to the Board of Trustees via the Clinical Governance Committee, a sub-committee of the Board of Trustees.

Research

The number of patients receiving NHS services provided or sub-contracted by Garden House Hospice Care in 2021 – 2022 who were recruited by the Hospice during the period to participate in research approved by a research ethics committee was NIL.

While Garden House Hospice Care has not recruited any patients to participate in research in 2021 – 2022, it has been involved in 11 external research projects such as involvement in national audits of patient management, surveys about palliative patient care and questionnaires on healthcare professionals' response to the pandemic.

Use of the CQUIN payment framework

A proportion of an organisation's income can be conditional on achieving quality improvement and innovation goals, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

In 2021 – 2022, Garden House Hospice Care has not been subject to payments under the CQUIN payment framework from NHS Hertfordshire or NHS Bedfordshire.

Garden House Hospice Care will not be subject to CQUIN payments in 2022 – 2023.

Statement from the Care Quality Commission

Garden House Hospice Care is required to register with the Care Quality Commission and its current registration status is unconditional. North Herts Hospice Care Association has no conditions on registration.

The Care Quality Commission has not taken enforcement action against North Herts Hospice Care Association in 2021 – 2022.

Garden House Hospice Care has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Data quality

Garden House Hospice Care did not submit records during 2021 – 2022 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This is because the Hospice is not eligible to participate in this scheme.

Data Security and Protection Toolkit attainment levels

Garden House Hospice Care has the status 'Standards Exceeded' for the Data Security and Protection Toolkit.

Clinical coding error rate

Garden House Hospice Care was not subject to the Payment by Results clinical coding audit during 2021 – 2022 by the Audit Commission.

Learning from deaths

From the June 2019 Quality Account, providers are expected to report their progress in using learning from deaths to inform their quality improvement plans as part of the Quality Improvement toolkit. Garden House Hospice Care is not subject to the Quality Improvement toolkit.

Part 3: Review of quality performance

Hospice UK Benchmarking Project

Garden House Hospice Care participates in the national hospice (Hospice UK) quality benchmark reporting. In 2021 – 2022 this provided a comparison with other hospices of similar size for falls, medicine incidences and pressure ulcers, against common descriptors. In the table below GHHC is Garden House Hospice Care and AVG is the average for hospices of a similar size.

	Q1		Q2		Q3		Q4	
	GHHC	AVG	GHHC	AVG	GHHC	AVG	GHHC	AVG
Occupancy	82.1%	75.9%	72.1%	73.9%	84.6%	76.7%	84.4%	73.7%
Falls Incidents per 1000 occupied bed days	11.2	9.4	7.5	11.0	8.6	9.5	6.6	7.5
No Harm %	60.0	64.2	66.7	62.8	25.0	59.8	33.3	52.1
Medication Incidents per 1000 occupied bed days	46.9	12.8	7.5	10.8	17.1	13.0	21.9	12.3
No Harm %	95.2	86.9	100.0	83.9	87.5	90.6	100.0	85.6
Pressure Ulcer Incidents per 1000 occupied bed days	64.7	28.7	85.4	26.6	89.9	30.4	35.1	30.5
On Admission %	69.0	67.9	50.0	63.9	61.9	66.8	62.5	66.4
New During Stay %	31.0	32.1	50.0	36.1	38.1	33.2	37.5	33.6

Hospice UK Definitions

Falls: Includes all slips, trips and falls e.g., if a patient is found on the floor, lowered themselves on to the floor, slipped from a chair, rolled out of bed.

No Harm: Any patient safety incident that had potential to cause harm but was prevented, resulting in no harm to people receiving care OR that ran to completion, but no harm occurred.

Pressure Ulcer: Localised damage to the skin and/or underlying tissue, usually over a bony prominence (or related to a medical or other device), resulting from sustained pressure (including pressure associated with shear).

Garden House Hospice Care explanation

During 2021 – 2022 we have strengthened our approach to the reporting and investigation of patient safety incidents. We have reviewed and updated the incident reporting and investigation electronic templates to improve the quality of investigations and ensure that opportunities for learning are not missed.

We have completed weekly incident review meetings and incident response actions plans have been implemented for all clinical incidents reported. This meeting is completed with a Multidisciplinary Team (MDT) approach across all of the clinical teams including the Quality and Compliance team. Going forward into 2022 – 2023, this will be strengthened with the attendance of our pharmacist.

We have looked to identify any themes within our incident reports and to standardise our expectations in regard to written accounts from staff as required.

In 2021 – 2022 Garden House Hospice Care patients identified with pressure damage on admission were assessed and these were reported in line with our incident reporting process. The need to make a safeguarding referral was considered. Consideration included discussion with patient and family as appropriate, review of patient history notes and contacting patients' previous care provider for additional information and awareness.

In 2021 – 2022 we noted a reduction in pressure damage developed during care at GHHC. However, we remain vigilant to this reporting and investigation of each individual reported case. As part of our actions, we will be reviewing our current equipment and care plans with our Tissue Viability Champion. All pressure ulcers were discussed at the Tissue Viability sub-group meetings.

We have strengthened our team knowledge of our Duty of Candour policy and procedures through training and awareness to ensure this is always followed and we have audited compliance.

We noted a higher number of reported medicine management incidents during Q1. These were reviewed and discussed at our weekly incident review meeting and at our Hospice Care and Clinical Governance Group meetings. We identified the errors were for several reasons and these were addressed to provide support and training to all relevant staff. This led to a noted drop in errors being identified and reported during the remainder of the year.

Garden House Hospice Care activity data

The figures below provide one measure of Garden House Hospice Care's activity during the period 2021 – 2022 (2020 – 2021 figures are provided for comparison).

	2021 - 2022	2020 - 2021
Total number of patients, carers and community members cared for across all GHHC services	1,989	1,760
Inpatient Unit		
Number of admissions	157	224
Average length of stay (days)	8.9 days	8.7 days
% of patients discharged to home / care home / hospital	31%	43%
Number of advice line calls	572	531
Hospice at Home		
Number of referrals	125	124
Number of visits to patients	915	558
Continuing Health Care Service		
Number of referrals	110	116
Number of visits to patients	8,287	7,852
Day Services		
Number of patient / carer referrals	211	153
Number of unique patients / carers supported	418	383
Number of activities	3,816	5,300
Frailty team		
Number of patients reviewed & support calls	2,789	1,327
Dementia Clinical Nurse Specialist		
Number of referrals	36	-
Number of interventions	468	-

	2021 - 2022	2020 - 2021
Outpatients		
Number of unique patients attending	35	37
Number of medical appointments	141	101
Family Support Services		
Number of patient / carer referrals	302	249
Pre- & post-bereavement individual counselling sessions	958	689
Number of interventions	2,532	2,190
Children and young persons supported	79	42
Compassionate Neighbours		
Number of referrals	254	102
Active caseload	330	231

We continue to work closely with providers in North Herts, Stevenage and Bedfordshire to ensure that all patients who require the services of Garden House Hospice Care are referred to the appropriate Hospice service as early as possible in their disease trajectory.

Patient Accidents, Incidents and Near Misses

All patient incidents are investigated and, when appropriate, lessons are learnt.

Within Garden House Hospice Care, incidents are reviewed:

- Weekly by Clinical Team Leaders of services where incidents have been reported and the Director of Patient Services, Medical Director and Quality & Compliance Manager
- Monthly by Clinical Team Leaders
- Bi-monthly by the Hospice Care and Clinical Governance Committee
- Quarterly by the Health and Safety Committee.

Garden House Hospice Care reports incidents quarterly to the East and North Herts Clinical Commissioning Group, BLMK Clinical Commissioning Group and the Care Quality Commission when required.

Serious Incidents Requiring Investigation

In 2021 – 2022 there was one Serious Incident Requiring Investigation (SIRI) which Garden House Hospice Care was required to report to the Care Quality Commission and East and North Herts Clinical Commissioning Group. (2020 – 2021 no SIRI).

One patient fell and following an assessment and subsequent X-ray a fracture was identified. A Root Cause Analysis was completed for this SIRI and Garden House Hospice Care sought to identify learning from this incident. The Duty of Candour process was followed, in line with our policy and procedures.

Duty of Candour

Candour is defined in the Francis Report (2013) as:

“The volunteering of all relevant information to persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.”

Garden House Hospice Care is committed to the Duty of Candour and expects every healthcare professional to be open and honest with all patients and service users and their family and carers. During 2021 – 2022 there have been no Duty of Candour breaches at Garden House Hospice Care. (2020 – 2021 no breaches).

Safeguarding, Mental Capacity and Deprivation of Liberty Safeguards (DoLS)

All Clinical and non-clinical patient-facing staff and volunteers receive annual mandatory training on safeguarding, mental capacity and deprivation of liberty safeguards.

SAFEGUARDING LEAD:	Director of Patient Services
SAFEGUARDING TRUSTEE:	Chair of Trustees
ADULT SAFEGUARDING CHAMPION:	Social Worker

Safeguarding adults at risk of abuse or neglect is everybody's business. Garden House Hospice Care's policy is in line with the Hertfordshire Safeguarding Adults Board's multi-agency policy and procedure for working with adults at risk of abuse or neglect. GHHC's Safeguarding of Adults at Risk policy was last updated in March 2022 and is due for review in March 2023.

The Care Act 2014 and supporting statutory guidance describes safeguarding as protecting an adult's right to live safely, free from abuse and neglect.

When abuse or neglect occurs, or is suspected, it needs to be responded to swiftly, effectively and proportionately to enable the adult in need of safeguarding to remain in control of their life as much as possible.

The Safeguarding Adults flowchart is displayed around the Hospice as a quick guide for Hospice team members. Safeguarding posters are displayed and leaflets are available for patients, family, friends and carers.

Seven Adult Safeguarding concerns were raised with Herts County Council in 2021 – 2022 (2020 – 2021 four concerns raised).

CHILD SAFEGUARDING CHAMPION:	Children & Young People's Service Coordinator
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Garden House Hospice Care is committed to protecting and promoting the welfare of children who may come into contact with our services at all times.

The Safeguarding Children policy is to be read in conjunction with the Hertfordshire Safeguarding Children Partnership (HSCP) Manual. Garden House Hospice Care's Safeguarding Children policy was last updated in March 2022 and is due for review March 2023.

The Safeguarding Children flowchart is displayed around the Hospice as a quick guide for Hospice team members. Safeguarding posters are displayed and leaflets are available for patients, family, friends and carers.

One Child Safeguarding concern was raised with Herts County Council in 2021 – 2022 (2020 – 2021 one concern raised).

MENTAL CAPACITY LEAD: Director of Patient Services

MENTAL CAPACITY CHAMPION: Education and Practice Development Lead

Garden House Hospice Care is committed to protecting and promoting the welfare of adults at risk who come into contact with our services at all times. The Mental Capacity Act and Deprivation of Liberty Safeguards Policy underpins Garden House Hospice Care's statutory requirements in terms of The Mental Capacity Act (2005) and should be read in conjunction with the Mental Capacity Act Code of Practice.

The Mental Capacity Act 2005 (MCA) applies to the care, treatment and support of people in England and Wales aged 16 years and over who are unable to make some or all decisions for themselves. Staff working with people who lack capacity must have regard to the Mental Capacity Act. The Act is accompanied by a statutory Code of Practice which explains how the MCA will work on a day-to-day basis and provides guidance to all those working with, or caring for, people who lack capacity. As the Code has statutory force, all staff who are employed in health and social care are legally required to 'have regard' to the MCA Code of Practice.

GHHC's Mental Capacity Act and Deprivation of Liberty Safeguards Policy was last updated in April 2020 and is due for review in June 2022.

- The Mental Capacity (Amendment) Bill received Royal Assent on 16 May 2019 and sets out the measures the government will take to replace the Deprivation of Liberty Safeguards (DoLS) scheme in the Mental Capacity Act 2005. This is a process that authorises deprivations of liberty for the care and treatment of those who lack capacity. The new system is called Liberty Protection Safeguards. The legislation provides for the repeal of the Deprivation of Liberty Safeguards (DoLS) contained in the Mental Capacity Act 2005 (MCA), and their replacement with a new scheme called the Liberty Protection Safeguards (LPS).
- The Liberty Protection Safeguards (LPS) was due to be implemented by April 2022 but has been delayed and is currently under consultation. The government is currently working on the LPS code of practice.

Six Deprivation of Liberty Safeguards applications were made in 2021 – 2022 (2020 – 2021 eight applications made)

National Audit

FAMCARE

FAMCARE is a service evaluation of bereaved relatives' satisfaction with palliative care services, carried out by the Association of Palliative Medicine of Great Britain and Ireland (APM).

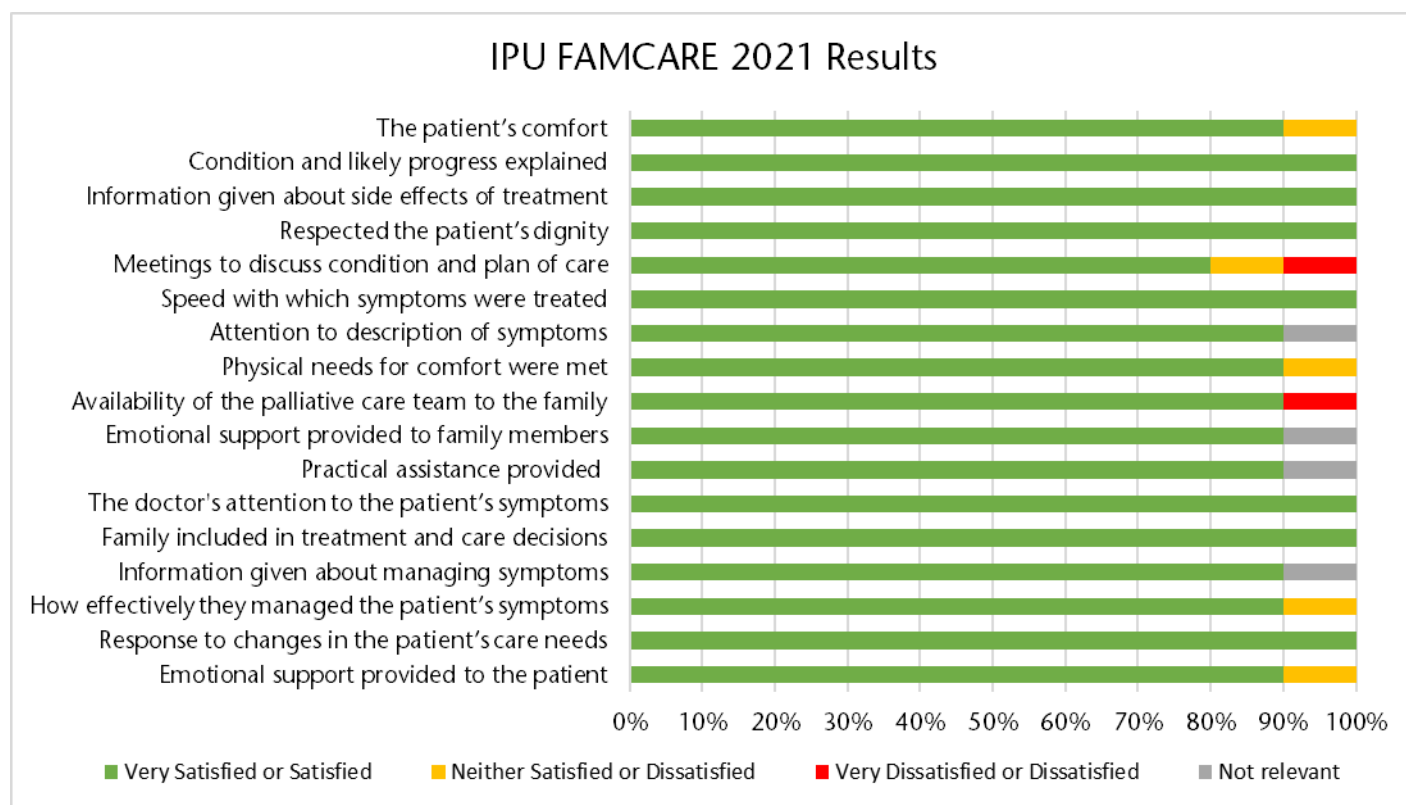
Garden House Hospice Care took part in the national FAMCARE audit for the first time in 2018 for both the Inpatient Unit (IPU) and Hospice at Home (HH) / Continuing Health Care (CHC) services. We took part again in 2021. Nationally, specialist palliative care team participation in 2021 was as follows:

Location	No. of Teams Participating	No. of Questionnaires Returned
Hospice Inpatient Units	30	494
Home Care Teams	28	782
Hospital Support Teams	5	87

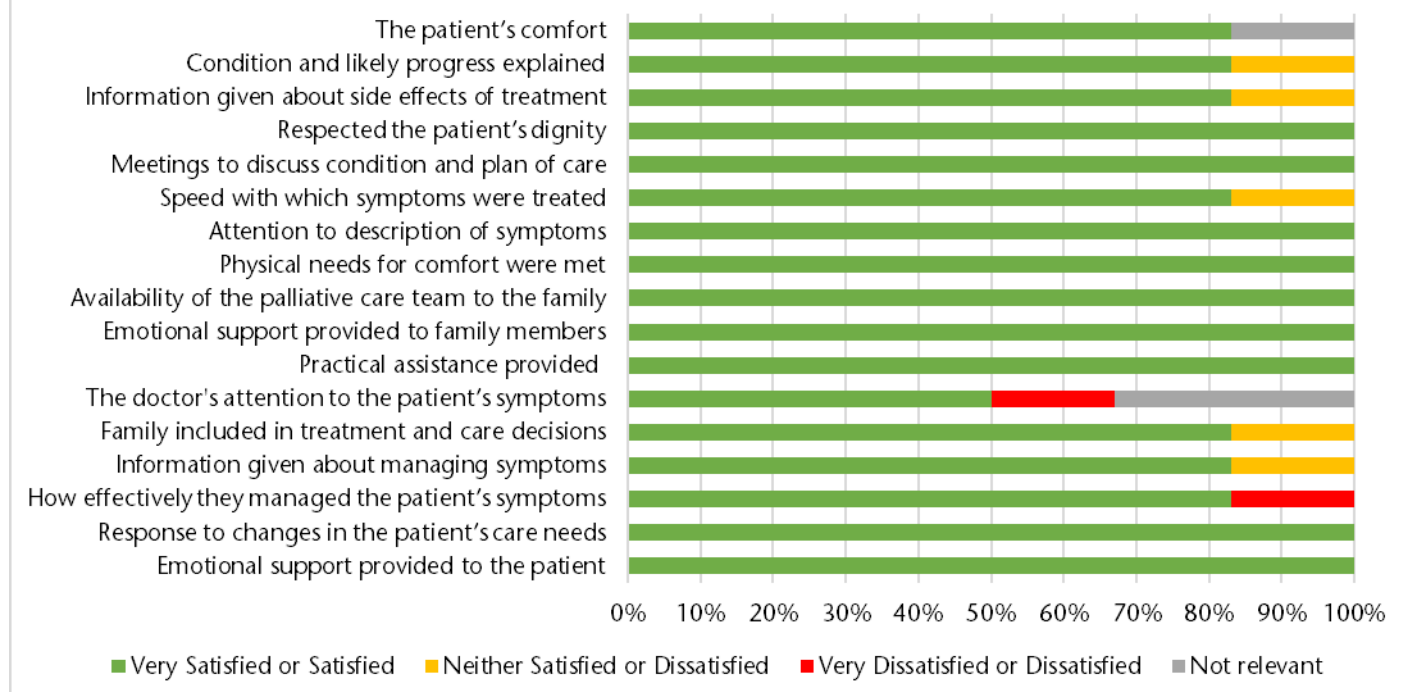
The service evaluation questionnaire was sent to the next-of-kin of patients who died between 1st June and 30th August 2021, with a prepaid envelope for completed forms to be returned directly to the APM.

Garden House Hospice Care sent out 33 questionnaires; 10 IPU surveys and six HH/CHC surveys were returned. There was a 48% response rate.

The APM collated the results and provided each participating specialist palliative care team with graphs comparing their results with the national results for equivalent services.



HH/CHC FAMCARE 2021 Results



NHS Protect Medicines Security Self-Assessment

This audit is undertaken twice a year, with both audits scoring 100% compliance in 2021 – 2022 (100% in 2020 – 2021).

Hospice UK Audits

Infection Control

GHHC undertakes Hospice UK Infection Control audits every month. The Infection Prevention and Control Champion ensures that each of the 16 modules are audited over the year. In 2021-2022 GHHC scored 97.3% compliance (99.7% in 2020 – 2021).

Controlled Drugs

GHHC undertakes the Hospice UK Controlled Drugs audit biannually. In 2021 – 2022 compliance was 100% (99.5% in 2020 – 2021).

Medical Gases

GHHC undertakes the Hospice UK Medical Gases audit annually. In 2021 – 2022 compliance was 88.2% (96.7% in 2020 – 2021).

Pressure Ulcers

GHHC undertakes the Hospice UK Pressure Ulcers audit biannually. In 2021 – 2022 compliance was 96.6% (95.0% in 2020 – 2021).

Examples of local audits undertaken

Hydration at the end of life

Hydration at the end of life is an important consideration and one that has been controversial and emotive since the media coverage of the Liverpool Care Pathway. Baillie et al 2018 identified that nutrition and hydration at the end-of-life “were of significant concern, particularly for carers”. NICE clinical guidance (2015) states that “it is uncertain if giving clinically assisted hydration will prolong life or extend the dying process; it is uncertain if not giving clinically assisted hydration will hasten death”.

There is a NICE clinical standard for Care of Dying Adults in Last Days of Life (2017) identifying hydration as a quality statement: “Adults in the last days of life have their hydration status assessed daily and have a discussion about the risks and benefits of hydration options”. It is against this standard that an audit of hydration at the end-of-life at Garden House Hospice Care was developed and undertaken.

	2021 Audit	2020 Audit
Hydration status assessed	100%	100%
Assessment done daily	100%	100%
Discussion about hydration	100%	97%
Documented in appropriate place	100%	100%
Daily checks for hydration problems	100%	100%
Frequent care of mouth and lips	100%	97%

The audit showed an improvement in documentation of discussions being held about hydration risks and mouth care, as well as recording of regular mouth care being offered.

Virtual Support Survey

Providing support to people in the community during the pandemic was an exciting challenge that the Hospice worked hard to address. We tried to balance keeping people safe by reducing face-to-face interactions, with the vital importance of continuing to be there for patients and users. During the pandemic, the Hospice organised virtual clinical support including:

- Zoom group sessions and telephone support through the Hawthorne Centre
- AccuRx video consultations for medical outpatients
- Telephone counselling sessions through the Family Support Services

It was essential that the Hospice reviewed the experiences of service users with these new ways of providing support. Therefore, a short survey was created to ask a sample of service users their thoughts and experiences on how the Hospice supported them virtually. This was repeated a year later to compare results. The results would be used to inform future service provision methods.

91% of responders rated their support as either ‘Very good’ or ‘Good’ compared with 100% previously. Two people rated the support as ‘Neither good nor poor’.

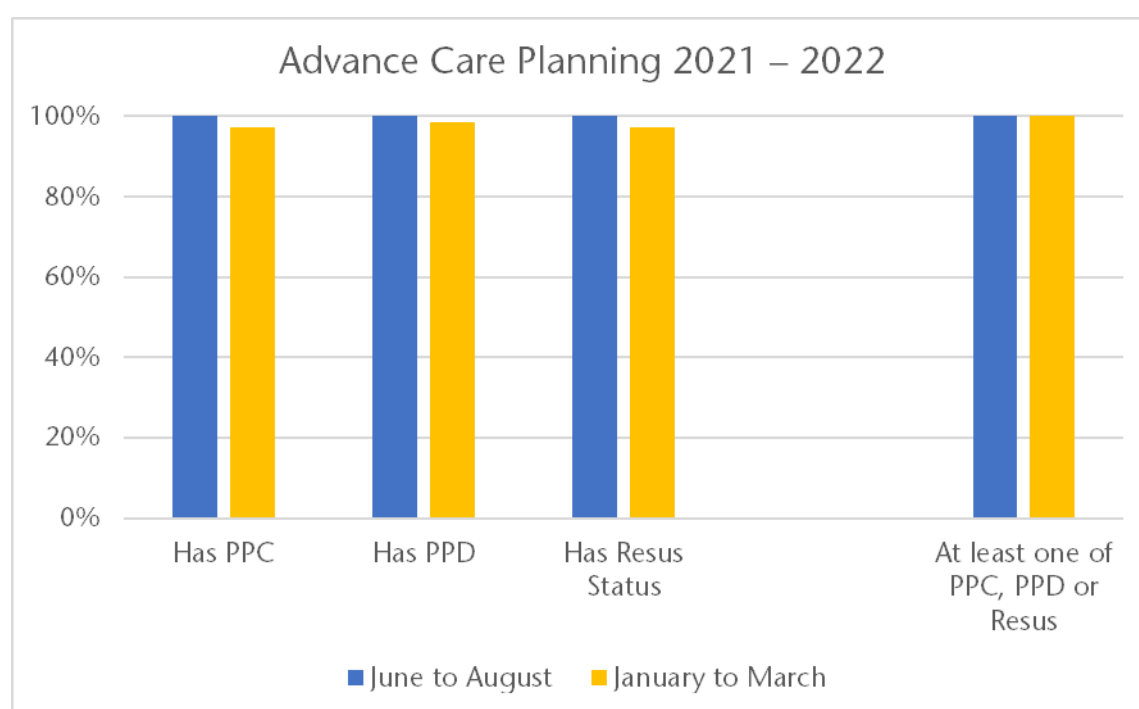
The qualitative results of the 2021 survey were very similar to the results of the 2020 survey. However, the written feedback received this time showed an increased wish for face-to-face interaction. In 2020, almost all the comments received mentioned that the virtual support they received was invaluable and welcomed, and no-one commented on a desire to have face-to-face sessions. In contrast, in 2021, 38% of those who commented expressed a wish to return to face-to-face sessions, which was particularly noted for those who were accessing Family Support Services for counselling.

Advance Care Planning

Advance Care Planning (ACP) is a voluntary process of discussion about future care between an individual and their care providers, irrespective of discipline. It is recommended that with the individual's agreement this discussion is documented, regularly reviewed, and communicated to key persons involved in their care. An ACP discussion might include:

- The individual's concerns and wishes
- Their important values or personal goals for care
- Their understanding about their illness and prognosis
- Their preferences and wishes for types of care or treatment.

This audit is undertaken every six months to provide assurance that ACPs are offered for patients using Garden House Hospice Care (GHHC) Hospice at Home, Continuing Health Care and Inpatient Unit services. For the purposes of this audit, an individual is considered to have undergone ACP discussions if they have any of the following three things documented on their patient record: preferred place of care, preferred place of death and/or resuscitation status.



Garden House Hospice Care continues to ensure as many patients as possible have discussions about advance care planning and that this is recorded appropriately.

Complaints

During the period, April 2021 – March 2022 (2020 – 2021):

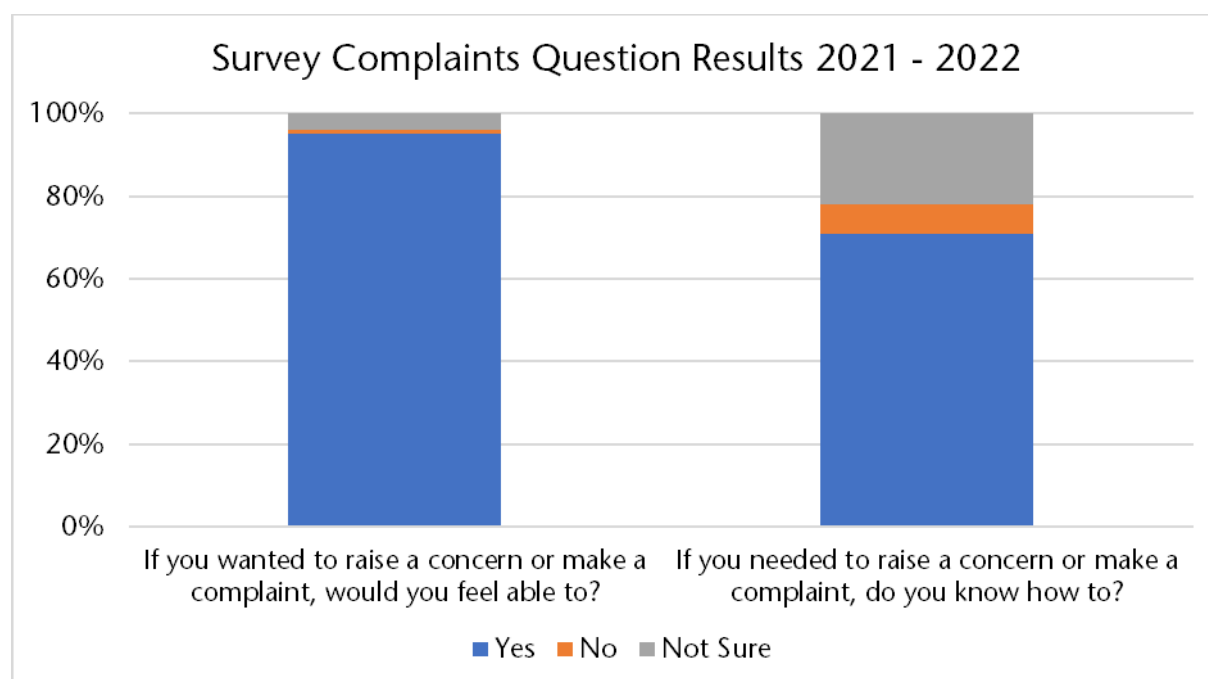
Total number of complaints	0	(4)
Total number of complaints upheld in full	0	(4)
Total number of complaints upheld in part	0	(0)
Total number of complaints not upheld	0	(0)

Concerns

During the period April 2021 – March 2022 no concerns were raised. (2020 – 2021 no concerns were raised)

Complaints questions on surveys

The real time surveys have two questions relating to complaints: 'If you wanted to raise a concern or make a complaint, would you feel able to?' and 'If you needed to raise a concern or make a complaint, do you know how to?'.



95% of survey responders felt able to raise a concern or make a complaint if needed. 71% of survey responders knew how to raise a concern or make a complaint if needed. GHHC provides information on raising concerns and making complaints through an information leaflet that is provided to all service users upon entering the service. These leaflets are included in patient admission packs and there is information regarding raising concerns and making complaints distributed throughout the Hospice. Garden House Hospice encourages feedback both negative and positive from our service users with the aim of improving the service we provide.

Feedback from patients and families on services

Patient and family feedback is very important to Garden House Hospice Care. Feedback is received via surveys, comment cards, emails, letters, cards and social media posts and is logged to enable teams to learn from service users' experiences.

Comment cards: What went well for you today?

- *Every day from when I wake everyone is so good and really looks after me. I will walk out of here with a smile and that means so much for me because when I came in, I was in so much pain. I can't thank the staff enough. Thank you all so much.*
- *All staff go way and beyond their duties, they are a blessing.*
- *Everything went well from waking up to leaving this wonderful Hospice. The care is second to none. The gratitude I have from the breakfast, the care, to have a shower and understanding of how you are feeling and the attentiveness to all your needs. This place has been overwhelming.*
- *The care and consideration of nurses. Their brightness and ability to deal with things. They are good listeners to the patient and partners. We are truly satisfied and would have loved to carry on with you all. Thank you so much.*
- *We both enjoyed our visit mainly due to the welcoming attitude of the staff. We found it easy to discuss matters relating to my wife's illness. Plus the fact of discussing how it affected myself and family. My wife is really looking forward to joining the Friday group after being welcomed by the helpers.*
- *I honestly cannot fault the care that my family member has had. Completely second to none.*

Comment cards: Today it would have been better if?

- *I had some idea of how the day would pan out, e.g., doctor chat at 2.30, physio due around 10.00.*
- *Companionship support with crafts at home.*
- *Our only concern was the wait to get dressed in the morning. The reasons given for this we fully accept.*
- *Perhaps come a bit later so not eating dinner, maybe after 6:30.*

Real-time patient surveys: What do you think has been of particular benefit to you?

- *The calming staff and environment, always willing to explain things so you are clear.*
- *I feel being in here, doctors and nurses are trying everything to get my pain sorted out so I can be as pain free as poss. I feel that we are getting there. I know the pain is not going to go away completely but I just need a bit more pain to go away and get a bit more quality of life back.*
- *The staff and atmosphere made me feel so relaxed and calm.*

- *Cannot fault anything. I was made comfortable and well cared for. All your team and staff deserve praise.*
- *Gym staff and volunteers always welcoming and cheerful. My exercise programme devised by the staff has improved my condition. If possible, I would like to continue my visits.*
- *The regular online seated exercise via Zoom have been a real lifesaver both physically and emotionally.*
- *The opportunities to interact with both staff and other patients helping to benefit both my physical AND mental health.*

Real-time patient surveys: What do you think Garden House Hospice Care can improve on?

- *Possible talking to other patients about how they feel and dealing with their illness.*
 - *Maybe some staff conversations at times could be quieter as they pass by patient doors.*
- Generally, exceptional services throughout.*
- *Bigger groups. A box where people can donate money if they want to.*
 - *More family gatherings.*

Family, Friends and Carers surveys: What do you think was of particular benefit to you and the patient?

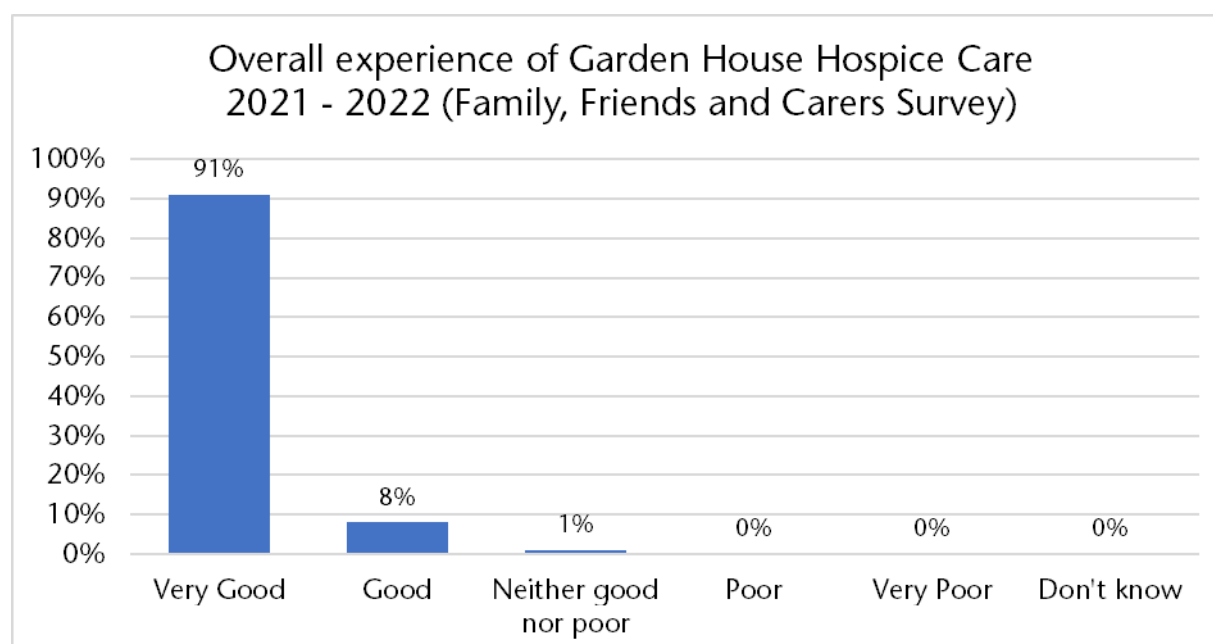
- *The ability for my mum's bed to be able to be taken to the balcony for one last lie in the sunshine whilst she looked at the beautiful, well-kept autumnal garden. She loved the outdoors.*
- *Support and care for both of us. Nothing was too much trouble - outstanding.*
- *It was very emotional for me, while my brother was so ill. Sometimes I didn't know what to do or say, but the nurses reassured me and supported my brother with care and kindness.*
- *The Hospice at Home carers and nurses accommodated us very well, especially as my husband didn't want them to call too late in the evening. They were professional, friendly and kind and always encouraged me to go out for a quick walk when they came in the morning - very helpful as I would otherwise spend that time sitting down.*
- *Every single carer that came into my home to care for my mum was always polite, compassionate, helpful, approachable and happy to help myself and my family provide the best care possible for the three weeks she spent with us until she passed away. I cannot express enough my gratitude and thanks to all that were involved in her care.*
- *All the staff had time for us. Doctors took time to explain changes to medication. He felt safe. I felt safe to leave him and could return to being his wife and not carer. Reassuring to know I could ring at any time.*
- *My wife's time at Garden House gave her the dignity, level of care and comfort that was second to none. Our family were also treated with compassion and were kept well informed and comforted. We thank all those at Garden House from the bottom of our hearts and I will do all I can to support in the future.*
- *I was overwhelmed by the kindness, care and attention to detail by all your nurses. Their professionalism, kindness and respect was absolutely brilliant. Neither my wife, nor myself,*

could have managed without them. I thank them all from the bottom of my heart and will be making a donation as soon as things settle down a bit. Thank you again.

Family, Friends and Carers surveys: What do you think Garden House Hospice Care can improve on?

- I think the Hospice care was very good indeed. The only improvement would be to have more carers/nurses - but I realise that money is not available without the contributions of the fundraisers. You will always have my gratitude and support.
- The only downfall was the limitation on visitors due to Covid, so not your fault as we understand you're doing the safest care possible. Thank you all so much. You made my mum's last five days safe and comfortable.
- The only issue we had which I feel could be improved was the liaison between the Hospice at Home team and the hospital! When mum was re-admitted during her palliative care, I basically 'lost' her for one evening, which was very distressing. If there was more compatibility between the two, I'm sure this wouldn't have happened.
- My only concern with home care was carers' time. Found 7.30pm to 9am a long time for bed bound patient.
- Have their own doctor to come out to certify death. We had to wait from 9.30pm to 5am for a GP to come out because 111 was so busy.

Overall experience of Garden House Hospice 2021 – 2022 (Family, Friends and Carers survey)



The NHS Friends and Family Test

In April 2020, NHS England changed the Friends and Family Test question. Garden House Hospice Care amended all surveys and comment cards to reflect this change. The following table is a collation of all surveys and comment cards received during 2021 – 2022 containing this question:

Thinking about Garden House Hospice Care, overall how was your experience of the service?

	2021 – 2022	2020 – 2021
Very good	91.3%	89.3%
Good	8.4%	8.8%
Neither good nor poor	0.3%	1.3%
Poor	0%	0.6%
Very poor	0%	0%
Don't know	0%	0%

2021 – 2022 percentages calculated from 251 responses to the Friends and Family Test question on real-time patient surveys, Family Support surveys, comment cards and the Family, Friends and Carers Questionnaire.



External statements

Healthwatch Hertfordshire



Healthwatch Hertfordshire values the relationship it has with Garden House Hospice Care and supports the quality priorities to improve services for patients outlined in this Quality Account.

 A handwritten signature in black ink, appearing to read "Steve Palmer".

Steve Palmer, Chair Healthwatch Hertfordshire, June 2022

East and North Herts Clinical Commissioning Group

East and North Herts Clinical Commissioning Group's Response to the Quality Account provided by Garden House Hospice, Hertfordshire

Thank you for sharing the Quality Account for 2021/22. The CCG values the work of the Hospice and is grateful for the commitment and hard work of all the staff and volunteers who provided high-quality care during the pandemic in challenging circumstances.

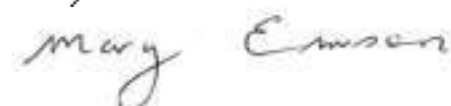
It is recognised that priorities were impacted by other issues, and the information provided within this account presents a balanced report of the quality of services that Hospice provided and is, to the best of our knowledge, accurate, easy to read and well interpreted. The progress that has been made with your key priorities demonstrates your commitment to delivery of high-quality services with notable use of CIF and MDT, education of staff in palliative medicine, recruitment of a pharmacist to drive this work and the support provided through zoom video consultations.

Ongoing partnership working with HCT (Hertfordshire Community Trust), North Herts Palliative Referral Centre and the CCG has continued throughout the pandemic. Support between the two local hospices to provide care during outbreaks of Covid-19 has been paramount to ensure the residents of East and North Hertfordshire continued to receive the care they required. We would like to see this collaborative working pursued with other multi agencies including Acute organisation.

The priorities set out for 2022/23 notably, broadening access and support to carers; rolling out digital technology to the community teams; improving access to information and implementing electronic rosters for efficiency and safety will release time to care. The digital transformation for staff working in the Community Support to have access to patient's records is welcomed with potential benefit for both patients and staff wellbeing. Promotion of research and creating a post to support this is valuable innovation that will bring further improvements in the delivery of care to our residents.

During 2022/23 the CCG/Hertfordshire West Essex Integrated Care Board looks forward to building on the positive relationships already developed with the Hospice to ensure open dialogue and continued quality improvement for the population of Hertfordshire.

Mary Emson



Assistant Director of Nursing and Quality
East and North Herts CCG
June 2022

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