Garden House Hospice Care

Started by the Community
Serving the Community
Sustained by the Community

2017 – 2018
Quality Account

"Everyone was extremely thoughtful and caring.
I have never been looked after better in my life.
Your staff work as a team like I've never seen before."

Comments from a patient

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 2017 – 2018 Quality Account for Garden House Hospice Care.

Our 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. Garden House Hospice Care takes a committed approach to the delivery of high quality services to our patients and their families. Our approach to reaching more people is such that we have continued to see increased activity across all service areas, which is reflective of the growing needs of our local community.

Garden House Hospice Care is over 28 years old and during that time we have continued to maintain an innovative approach to care and to adapt services to support local people affected by life limiting illnesses. Continuous improvement also extends to the Board of Trustees as they review their level of scrutiny and guidance to Garden House Hospice Care.

The Hospice continues to work closely and positively with our Commissioners with a shared vision and strategy for end of life care delivery and we welcome their support. Additionally, as we continue to push the boundaries we recognise that mutual benefit that can be achieved through meaningful and focussed collaboration with other healthcare providers for patient benefit, and to maximise limited health resources across the locality.

Each year we use our Quality Accounts as an opportunity to celebrate our key achievements in care and to show how we put our values into practice. As an organisation we continue to greatly value the work of our staff and volunteers who collectively reflect the ethos and mission of the organisation where patient and family care is at the heart of all we do.

A key part of our strategy is to expand our education offering to colleagues in care homes, and the community, as well as patients and carers. Further development in our rehabilitation and enablement work in our Hawthorne Centre this year has included a practical caring course, horticulture group, anxiety management and an increase in Physiotherapy & Occupational Therapy hours.

We have had a successful 2017/18 and it is a credit to all of our teams that we have achieved so much, while maintaining an excellent quality of care for our patients and their families.

2018/19 will be a busy and exciting year with many new services, plans and developments ahead of us. I am confident that we have the right teams and people in place to ensure we sustain the quality of services we offer, whilst also looking to the future.

Garden House Hospice Care will never compromise on the quality of care we provide, and I'm proud to be part of an organisation which has this value so embedded into its core.

Thank you for your interest in Garden House Hospice Care and if you have any questions or comments, please don't hesitate to email me using the address below.

Sue Plummer
Chief Executive Officer, Garden House Hospice Care
sue.plummer@ghhospicecare.org.uk

About Garden House Hospice Care

Mission Statement

"Garden House Hospice Care provides specialist palliative care for patients facing life limiting illnesses, their families and carers, to enable them to have the best possible quality of life by providing care and support in the setting of their choice, without discrimination."

Garden House Hospice Care continues to grow and develop its services, to meet the needs of the community, and in 2017 - 2018 provided:

- 12 bedded In-Patient Unit; reduced to eight beds for eight months of this year, to enable safe staffing levels to be maintained
- Hospice at Home; extended to 24/7 in late February 2018
- A Continuing Health Care service allied to Hospice at Home, one-year pilot project; from 5th March 2018
- A wide range of Palliative and Rehabilitative Day Services (The Hawthorne Centre)
- Family Support Services; supporting patients and carers pre and post bereavement
- A Children and Young Peoples' Bereavement Service; from December 2017
- Specialist Palliative Care 24/7 Advice Line
- NHS East of England ABC End of Life Education Programme for Care Homes
- A Compassionate Neighbours scheme; launched in February 2018

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 2016 – 2018

Garden House Hospice Care's Strategic Objectives for 2016 -2018:

Objective	How we will demonstrate that we are achieving
1. Reach More people by 2019 (increase in 9%)	• Complete a listening exercise with local stakeholders • Increase activity by 9% • Implement a 24/7 HAH model • Review children's services • Establish a Palliative Care Carers support programme • Increase the number of patient facing volunteers • Establish a Referrals Coordinator role (Trust funded) • Increase the length of time from referral to death for day care patients.
2. To provide caring, safe and efficient services that demonstrate continuous improvement	• Analyse data and translate into meaningful outcome evidence • Complete 6 monthly staffing capacity and demand reviews • Demonstrate well lead, safe, caring and effective services that meet national, CQC and local CCG requirements • Engage in local research projects • Implement outcome measures across clinical departments • Demonstrate improved satisfaction against 2015 patient and carer surveys • Maximise the time clinical staff spend on patient care.

Objective	How we will demonstrate that we are achieving
3. To be the preferred place of employment and volunteering for specialist palliative care in North Herts and Stevenage	• Demonstrate improved satisfaction against 2015 staff and volunteer survey • Demonstrate that staff and volunteers have the necessary skills and knowledge (Training needs analysis and appraisal) • Complete 95% staff annual appraisal cycle • Complete 80% volunteer review cycle • Achieve 96% mandatory training • Achieve clinical role based competencies.
4. To increase voluntary income to: Fundraising - £1.2million by 2018/19 Trading - £1.5 million by end of 2018/19	• Develop a Fundraising Strategy • Increase in income in Fundraising • Develop a Trading Strategy • Increase the trading income by: o Opening of 2 new shops o Development of eBay and the lottery.
5. To establish and promote robust governance.	• To implement the revised governance structure by end of March 2016 • To review the functioning of the revised structure by the end of December 2016.
6. To provide leadership to encourage collaborative working with other local statutory and voluntary organisations.	• Deploy SystmOne • Lead in the identify opportunities for local collaborative working • Provide leadership at Beds and Herts SPC Group • Provide leadership at East of England Palliative and End of Life Group • Ensure GHHC is showcased and represented at local and national meetings • Improve the communication with social care, community and hospice partners (base line satisfaction with professional survey 2016).

Our Strategic Objectives 2019 – 2022

The Garden House Hospice Care Team has begun defining the Strategic Objectives for the next three years.

The Strategic Objectives are set 'from the bottom up'. By the end of 2017 – 2018 the first three stages of the clinical objective setting process had been completed:

Stage One: Consultation with all staff around what they would like to see achieved in the next three years.

This stage was undertaken within each Hospice Service, facilitated by the Team Leader.

Stage Two: Team Leader 'away days' were held to pool the results from Stage One. Common themes were identified, potential Strategic Objectives identified and headline details defined.

Stage Three: The Senior Leadership Team met to further discuss the potential Strategic Objectives and agree priority areas.

Stage Four: Early work by the Trustees and Senior Leadership Team to agree Draft Strategic Objectives to present to the full Board of Trustees in the Autumn.

Part 2: Priorities for Improvement and Statements of Assurance from the Hospice Senior Leadership Team

Looking Back: Priorities for Improvement 2017 – 2018

Safety

Priority: All Garden House Hospice Care patient records will be held on SystmOne. Continuity of patient care will be improved both within the Hospice and with other healthcare providers who the patient is accessing.

What has been achieved?

- Garden House Hospice Care (GHHC) continued working with the Hertfordshire Clinical Commissioning Group (CCG) and Hertfordshire Bedfordshire & Luton ICT Services (HBLICT) to design templates and configure SystmOne for use across the Hospice Clinical Services.
- Nine Train the Trainers were identified from across the Clinical Services;
    - Four from the In-Patient Unit
    - Two from Hospice at Home
    - Two from the Hawthorne Centre – including the Family Support Service
    - One from Education.
- In October 2017, the Train the Trainers undertook two weeks intensive training, provided by HBLICT, on all aspects of SystmOne. By the end of the two weeks the Train the Trainers had worked in groups to devise training plans specifically tailored to each Clinical Service.
- A SystmOne User's Manual was written, detailing the processes and templates used at GHHC, for Clinical Team Members to refer to during their training and once the system was in use.
- The Train the Trainers spent two week delivering training to the wider team. Clinical Team Members received one days training relevant to the Clinical Service they work in.
- At the start of November 2017, records were created on SystmOne for all patients currently accessing Clinical Services at GHHC.
- Monday 13th November 2017 GHHC went 'live'; moving from paper record keeping to using SystmOne to record all patient contact.
- For the first two weeks two Train the Trainers were available each day, between 07:30 and 21:00 to assist Clinical Team Members with getting used to SystmOne. The Train the Trainers were supernumerary during this time meaning they were not expected to carry out their normal duties but were available solely to facilitate the transition to computerised record keeping.
- GHHC is now able to safely share digital care records with Hertfordshire Community Trust, district nurses and many of the local GPs; this has improved communication between clinicians and enhanced patient centred care planning and delivery by providing each of these services with the most relevant and up-to-date clinical records.

Effectiveness

Priority: To be robustly research active; evidencing safe and effective care.

Being research active will ensure Garden House Hospice Care continues to provide the highest standards of care for patients and families by enhancing the knowledge and understanding of care.

hospiceUK

RESEARCH ACTIVE

Staff and hospice is a critical consumer of research

(visible evidenced based care)

- Being a research active hospice is a strategic objective and reported upon.
- Evidenced based practice is visible in hospice policies, procedures, guidance, guidelines and is reviewed regularly in internal clinical and governance processes.
- There is a culture and process for carrying out, reporting and acting upon internal clinical audit, service evaluation and patient experience. This may include a quality improvement programme.
- There is access to electronic data bases to support evidenced based care e.g. internet access, library, Athens accounts etc.
- There is a planned, monitored and measurable internal and external programme of discussion forums e.g. journal clubs, Multi Disciplinary Team meetings, reflective practice, Continuous Professional Development, education etc.

In January 2017, Hospice UK circulated a Research Ready and Active Hospices Work Plan and model, listing the following characteristics of a research active hospice.

What has been achieved?

- Research is a standing agenda item at the Hospice Care and Clinical Governance Committee, a sub-committee of the Board of Trustees.
- Research evidence is used in all clinical governance processes, including when formulating policies, clinical standard and clinical guidelines.
- GHHC has a culture and processes for carrying out, reporting and acting upon internal clinical audit, service evaluation and patient experience. Audit results are displayed around the Hospice to inform patients and families.
- GHHC has a Resource Room with books, journals and internet access.
- The Education Department is planning training for staff on how to search electronic databases, use libraries and read clinical journals to support evidence based care.

- A regular Journal Club runs where one or two team members bring articles for a wider group to discuss. The articles can be from any source, (e.g. a newspaper report or professional journal); this helps the Journal Club to be more inclusive.
- Relevant and appropriate research findings are referred to during Multi Disciplinary Team (MDT) meetings. This informs individual patient care.
- Support has been provided by the Education Department, Hospice Medical Director & Consultant and a Trustee (the identified Research leader and champions) for any Hospice Team Member interested in initiating research.
- GHHC acknowledges that it is valuable to publish research in a variety different formats including case reports, poster presentations and research papers. In the last year, five posters were submitted to and accepted for the Hospice UK 2017 conference.
- Wherever possible the Hospice gives patients and service users the opportunity to be appropriately involved in research and makes available to patients and service users the outcome of audits.
- During 2017 – 2018 GHHC was engaged in research generated by others, including:

Engaging in the Herts, Beds and West Essex Palliative Medicine Network Site Specific Group Research Group

Self-Management and Exercise in Palliative Care
The Hawthorne Centre (Day Services) Manager participated in research entitled: 'A feasibility randomised controlled trial of a self-management education and exercise intervention for individuals referred to palliative care'.

This research is currently with the National Institute for Health Research's (NIHR) Research for Patient Benefit (RfPB) Panel and will hopefully be published in the near future.

Discharging Hospice Patients to Care Homes
GHHC was one of five hospices to participate in Dr Tabitha Thomas' research. The abstract from an article subsequently published in the journal Palliative Medicine is below.

PALLIATIVE MEDICINE

The difficulties of discharging hospice patients to care homes at the end of life: A focus group study

Tabitha Thomas, Gemma Clarke and Stephen Barclay

Background: Discharge from inpatient palliative care units to long-term care can be challenging. In the United Kingdom, hospice inpatients move to a care home if they no longer require specialist palliative care and cannot be discharged home. There is evidence to suggest that patients and families find the prospect of such a move distressing.

Aim: To investigate the issues that arise when patients are transferred from hospice to care home at the end of life, from the perspective of the hospice multidisciplinary team.

Design: A qualitative study, using thematic analysis to formulate themes from focus group discussions with hospice staff. Setting/participants: Five focus groups were conducted with staff at five UK hospices. Participants included multidisciplinary team members involved in discharge decisions. All groups had representation from a senior nurse and doctor at the hospice, with group size between three and eight participants. All but one group included physiotherapists, occupational therapists and family support workers.

Results: A major focus of group discussions concerned dilemmas around discharge. These included (1) ethical concerns (dilemmas around the decision, lack of patient autonomy and allocation of resources); (2) communication challenges; and (3) discrepancies between the ideals and realities of hospice palliative care.

Conclusion: Hospice palliative care unit staff find discharging patients to care homes necessary, but often unsatisfactory for themselves and distressing for patients and relatives. Further research is needed to understand patients' experiences concerning moving to care homes for end of life care, in order that interventions can be implemented to mitigate this distress.

Experience

Priority: Garden House Hospice Care will continue to develop a Hospice wide rehabilitative palliative care service.

Rehabilitative palliative care is centered on patients' personal goals and provides a culture of enablement, through which the multidisciplinary hospice team support patients to achieve their priorities. It optimises choice, independence, autonomy and dignity.

Rehabilitative palliative care enables people with life-limiting and terminal conditions to live as independently and fully as possible, it has the potential to reduce disability and dependence. There is growing evidence that rehabilitation does not just delay or prevent deterioration in function but in some patients actively improves physical function, irrespective of advanced disease.

In December 2015, Hospice UK published a checklist for providers to benchmark how rehabilitative their services are (How rehabilitative is your hospice? A benchmark for best practice). The checklist enables you to score eight components of rehabilitative palliative care (total score out of 111):

- Person-centred goal setting (score out of 10)
- Focus on function (score out of 18)
- Enablement (score out of 25)
- Supportive self-management (score out of 20)
- Strategic direction (score out of 6)
- AHP (Allied Health Professional) expertise and leadership (score out of 12)
- Education (score out of 14)
- Recruitment and workforce planning (score out of 6).

Garden House Hospice Care is using the Hospice UK checklist to measure "How rehabilitative" the hospice and its practices are.

What has been achieved?

In May 2017, GHHC undertook benchmarking, for the first time, to establish a baseline. The score at that time was 22/111. The priority at that juncture was to develop a robust operational plan.

In the past year:

- The GHHC Rehabilitation Strategy has been developed.
- There has been successful recruitment to the vacancy of an Allied Health Professional (AHP) Lead to the clinical management team.
- Occupational Therapy provision has increased from 0.6 whole time equivalent (WTE) to 0.8 WTE.
- An additional Physiotherapist 0.8 WTE has been recruited.

- The Hawthorne Centre (Day Services) have made significant progress with moving from a purely Day Hospice model to an out-patient based Rehabilitative Palliative Care model;
    - Assessments are holistic and patients are routinely asked a global question to explicitly identify their goals and priorities (What is important to you……?).
    - Action plans are co-produced with patients (carers) to decide on further assessment and treatments.
    - Functional assessments are routinely offered to all patients requiring them and documented.
    - An enablement and positive approach to risk taking is utilised with patients encouraged to maintain their routines and self-manage.
    - Patients are actively discharged or moved to low level supportive palliative care after higher level episodes of rehabilitative palliative care.
    - Patients attending Day Hospice have identified goals/needs which are actively addressed and reviewed regularly.
- The 'enabling environment' has been improved across the hospice, with;
    - The purchase of new chairs, for beside the beds on the In-Patient Unit, to maintain patients routines/function
    - Special attention being paid to caring for bariatric patients, with the purchase of a specialist bed and moving & handing equipment.

In April 2018, the benchmarking exercise was repeated. The score is currently 45/111.

Of particular note:

- 'Strategic direction' has moved from 0/6 to 5/6.
- This demonstrates GHHC's commitment to Rehabilitative Palliative care amongst its Trustees, the Senior Leadership Team and Clinical Team Leaders with some targeted resourcing of AHP posts and enabling equipment to support the strategy.
- 'Focus on Function' and 'Enablement' have doubled.
- This suggests that Rehabilitation as a model is increasingly being thought about across the Hospice.
- The benchmarking requires unilateral scoring across all services of the hospice and therefore the considerable developments and progress made within the Hawthorne Centre is somewhat hidden.

The deployment of a Hospice wide rehabilitative palliative care service remains a priority for Garden House Hospice Care for 2018-2019, see pages 15 and 16.

Looking Forward: Priorities for Improvement 2018 - 2019

Safety

Priority: All patients' own medication will be ordered in a secure way, which protects the individuals' confidential information.

Background

Garden House Hospice Care (GHHC) has a contract with a local community pharmacy to supply patients' own and stock medications.

Prescriptions and medication requests are currently faxed to the local community pharmacy.

Although measures, such as preprograming the fax machine, have been put in place to reduce the risks associated with faxing confidential information, faxing continues to provide a risk to patient confidentiality.

Plan

GHHC will work with the contracted community pharmacy to introduce a more secure way of ordering patients' own medication.

The GHHC preferred method is for prescriptions and medication requests to be transmitted and received by NHS email; for NHS email to be secure the email must be sent from and received by a '.nhs.net' email address.

Discussion are already under way with the contracted community pharmacy and they have been requested to apply for an NHS email.

The Standing Operating Procedure for ordering medication from the contracted community pharmacy will need to be updated.

All Registered Nurses, on the GHHC In-Patient Unit (IPU), will need to:

- Apply for an NHS email account
- Be trained in scanning prescriptions and medication requests to the designated 'Clinical Secure' scanning folder on the GHHC server
- Read and sign off the updated Standing Operating Procedure.

Once the new system is in operation, the fax machine will be removed from the IPU Doctors' Office. This will further increase patient confidentiality as non-clinical team members will no longer have a reason to enter the IPU Doctors' Office (although this is already discouraged / procedures are in place which should make this unnecessary).

Effectiveness

Priority: To introduce Schwartz Rounds into the Garden House Hospice Care staff support framework.

What are Schwartz Rounds?

Schwartz Rounds provide a structured, confidential monthly one-hour forum for staff from all disciplines to discuss difficult emotional and social issues that arise in caring for patients.

The purpose of the Rounds is not to solve problems, but to explore the human and emotional aspects of the experience of delivering care and the challenges that staff face from day to day.

Rounds can help staff feel more supported in their jobs, to give them the time and space to reflect on their roles which they might not otherwise have in their everyday routines. They are also an opportunity for staff from every department to recognise and share the emotional impact of working in the hospice on us, as human beings as well as professionals.

Two evaluations of Schwartz Rounds have so far been undertaken. Findings show that staff involved in Schwartz Rounds have reported an improved ability to deal with stress, better team-working and a greater focus on delivering patient-centred care. Importantly Schwartz Rounds appear to give staff more confidence in their ability to attend to the psychosocial and emotional aspects of care and to strengthen their beliefs about the importance of empathy.

Evidence suggests that when staff feel supported and positive about the care they are offering, this is beneficial for them, the patients, and the organisation as a whole. Schwartz Rounds have been shown to reduce stress and improve staff well-being.

Format of Schwartz Rounds

The basic format of Schwartz Rounds is that a panel, made up of two or three staff members (the 'storytellers') from different disciplines, present a case that relates to a particular topic – for example, giving bad news or being caught between the patient and their family.

Panellists take about 5 minutes each to describe their involvement in the case, particularly focussing on how it made them feel and what emotional or social issues it may have raised for them.

A facilitator then leads the discussion as the dialogue is opened to the floor. Attendees ask questions of the 'storytellers', share experiences and reflect on the challenges of delivering care both in this and analogous situations.

Near the end of the hour, the facilitator may prompt the panellists for some final thoughts or try to summarise some of the key themes that have come out of the discussion. Attendees are reminded that details of the case and comments made during discussion are to be kept confidential.

Schwartz Rounds at Garden House Hospice Care

- The In-Patient Unit Consultant and Family Support Services Manager are leading on setting up and running the Schwartz Rounds at GHHC.
- All departments will be contacted and consulted before an informal steering group meeting is held to choose the time and theme for the first meeting.
- The plan is for Schwartz Rounds to be held:
  - o Quarterly
  - o At Lunchtime
  - o From May 2018 onwards.

How will the Impact of Schwartz Rounds be Measured?

Attendance will be a key measure, particularly ongoing attendance; research shows that the impact of Schwartz Rounds increases with the number of Rounds participants attend.

Willing to take part as a 'storyteller' will be another key measure.

Initially informal feedback will be collected and reviewed.

It may be possible to undertake more formal evaluation on improved well-being once the Schwartz Rounds have become established.

Experience

Priority 1: Garden House Hospice Care will continue to develop a Hospice wide rehabilitative palliative care service. (See pages 10 and 11 for what has already been achieved in 2017 – 2018).

"Rehabilitation is a key component of multi-professional palliative care. The provision of rehabilitation across hospice services falls outside national audit and is under-researched and therefore poorly understood. Achieving a good standard of Rehabilitative Palliative Care for most hospices requires a significant culture change and step-by-step implementation"

(Lucy Fettes, Research Assistant at the Cicely Saunders Institute speaking at Hospice UK Conference Nov 2017)

The Key Priority in order to further develop Rehabilitative Palliative Care at GHHC for 2018 – 2019 is twofold:

- To establish 'Person Centred Goal Setting' across all clinical services with joint working between Allied Health Professionals (AHPs) and nursing teams to share knowledge and skills
- To increase the understanding of and expectation to deliver Rehabilitative Palliative Care by including enablement within job descriptions, mandatory training, patient/ carer information and education to all staff.

This twofold approach has been chosen to reflect the GHHC values, specifically

"We place the patient at the heart of everything we do".

Targeting direct patient care delivery, how it is approached and the way it is offered has already been successful within the Hawthorne Centre. This needs to be generalised throughout the hospice. As individual staff and teams take 'ownership' of this way of working it leads to cultural change and innovation. Enablement is the foundation stone for Rehabilitation and it needs to be embedded within all aspects of the hospice.

How will this be introduced and implemented?

- With the support of clinical team leads and AHP staff, MDT meetings will explicitly identify the patient's goals (What is important to the patient?). These, patient goals, will be documented.
- AHP staff will be present at morning handover on the In-Patient Unit (IPU) and assessments of function will be done jointly with IPU staff, to share skills and knowledge.
- Job descriptions to be updated to include Enablement as an expectation of patient-facing job roles.
- Mandatory Training and education will be provided on Enablement.
- Patient and carer information will be reviewed in line with the rehabilitative approach.
- Submitting bids for external funding to employ an additional Rehabilitation Assistant to work on the In-Patient Unit.

How will we measure success?

- Audit of;
    - Patient records for documented patient goals and functional assessments
    - Job Descriptions
    - Meeting Minutes
    - Training records
- Repeat Benchmarking and have increased scores in April 2019.

Experience

Priority 2: Garden House Hospice Care will develop an Always Event.

What is an Always Event?

The Always Events Toolkit was first published by the Institute for Healthcare Improvement for NHS England in December 2016.

Always Events refer to aspects of the patient experience that are so important to patients and families that health care providers must perform them consistently for every patient, every time.

Always Events are co-designed by health care providers, in partnership with patients, care partners, and service users, to identify, develop, and achieve reliability in person- and family-centred care delivery processes.

Always Events help teams to develop clear, action-oriented, and pervasive practices or set of behaviours that:

- Provide a foundation for partnering with patients, their care partners, and service users
- Ensure optimal patient experience and improved outcomes
- Serve as a unifying force for all that demonstrates an ongoing commitment to person- and family-centred care
- Add meaning to the work of the care team.

Always Events® are...	Always Events® are not...
Reliable processes or behaviours that ensure optimal patient, care partner, and service user experiences of care	Evidence-based practices (e.g. handwashing) or professional standards of practice (e.g. patients are treated with dignity and respect) that should "always" occur to ensure safe, high-quality care
Co-designed with patients, care partners, and service users (done "with")	Improvement in processes that are done "for" patients and family members
Integrated into overall person-centred care strategies	An isolated organisational QI initiative or local improvement ("flavour of the month")

An Always Events must meet four criteria:

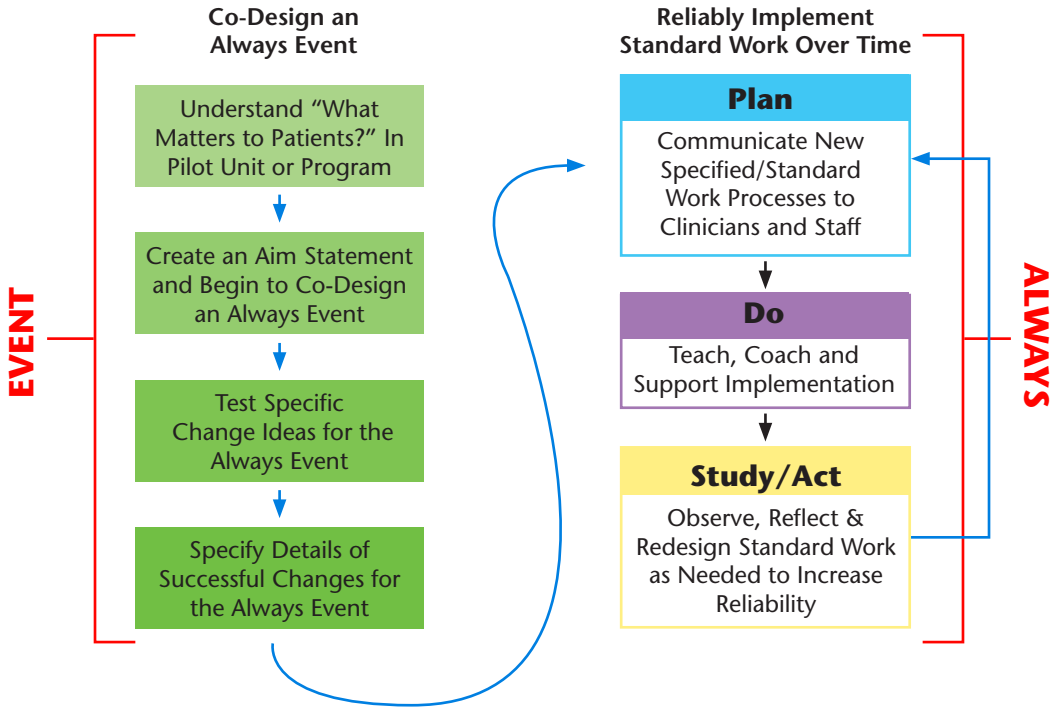
1. **Important:** Patients, their family members or other care partners, and service users have identified the event as fundamental to improving their experience of care, and they predict that the event will have a meaningful impact when successfully implemented.
2. **Evidence-based:** The event is known to contribute to the optimal care of and respect for patients, care partners, and service users (either through research or quality improvement measurement over time).
3. **Measurable:** The event is specific enough that it is possible to determine whether or not the process or behaviours occur reliably. This requirement is necessary to ensure that Always Events are not merely aspirational, but also quantifiable.
4. **Affordable and Sustainable:** The event should be achievable and sustainable without substantial renovations, capital expenditures, or the purchase of new equipment or technology. This specification encourages organisations to focus on leveraging opportunities to improve the care experience through improvements in relationship-based care and in care processes.

How will an Always Event be Introduced at Garden House Hospice Care

An initial scoping exercise will be undertaken with patients and families to gain an understanding of what is important to them. The scoping will be carried out using a combination of focus groups and questionnaires.

One or more Always Events will be identified from the scoping exercise.

The Always Events process (below) will be followed to co-design, implement, test and embed the chosen Always Event(s).



Mandatory Statements of Assurance from the Hospice 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; explanation of these statements and why they do not apply to Garden House Hospice Care has been included, in italics, where appropriate.

Review of Services

During 2017 - 2018 Garden House Hospice Care received some NHS funding for its services.

The income generated from the NHS in 2017 - 2018 represents 31% of the overall running costs of Garden House Hospice Care.

The remaining 69% of overall running costs is sourced through voluntary income generation; donations, fundraising, charity shops, lottery activity and income from investments.

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 2017 - 2018 audits or confidential enquires related to specialist palliative care.

Local Clinical Audits

Garden House Hospice Care has a programme of clinical audits throughout the year, including; infection prevention & control, falls, pressure ulcers, controlled drug accountability and compliance to identified policies.

A summary of audit results and action plans are reported to the Board of Trustees via the Hospice Care and Clinical Governance Group, 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 2017 - 2018 that were recruited 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 2017 - 2018 it has fully supported any patients who were participating in research for other providers during this period.

Use of the CQUIN Payment Framework

A proportion of Garden House Hospice Care's income in 2017 - 2018 was conditional on achieving quality improvement and innovation goals, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

CQUINs Between Garden House Hospice Care & NHS Hertfordshire 2017 – 2018 & 2018 -2019

Garden House Hospice Care was not subject to CQUIN payments in 2017 – 2018.

Garden House Hospice Care will not be subject to CQUIN payments in 2018 – 2019.

CQUIN Agreed Between Garden House Hospice Care & NHS Bedfordshire 2017 - 2018

To increase the number of referrals from GP Practices in Bedfordshire to Garden House Hospice Care: Fully Met for Quaters1 – 3.

Partially met Quarter 4; Part of CQUIN was for the number of referrals in quarter 4 to show a percentage increase from Q1. There were 13 referrals in Q1 and 12 in Q4, however, there were more In-Patient admissions, Hospice at Home visits and Hawthorne Centre attendances in Q4.

CQUIN Between Garden House Hospice Care & NHS Bedfordshire 2018 - 2019

Garden House Hospice Care will not be subject to CQUIN payments in 2018 – 2019.

Statement from the Care Quality Commission

North Herts Hospice Care Association 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 2017 – 2018.

North Herts Hospice Care Association 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 2017 - 2018 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.

Information Governance Toolkit Attainment Levels

Garden House Hospice Care's Information Governance Assessment Report score overall score for 2017 – 2018 was 66% and was graded green, satisfactory; Level 2 or above evidenced for all requirements.

Clinical Coding Error Rate

Garden House Hospice Care was not subject to the Payment by Results clinical coding audit during 2017 - 2018 by the Audit Commission.

Learning from Deaths

From the June 2018 Quality Account, providers are expected 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 2017 – 2018 this provided a comparison with other hospices, of similar size, for falls and medicine incidences, 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	80.3%	77.6%	83.6%	78.3%	87.4%	75.7%	91.3%	79.4%
Falls per 1000 occupied bed days ('No Harm')	26.5 (14.6)	10.2 (5.7)	5.8 (5.8)	9.9 (5.7)	6.2 (6.2)	8.9 (4.9)	13.7 (10.7)	10.0 (6)
Medication Incidents per 1000 occupied beds	7.9	11.3	5.8	11.8	3.1	12.1	1.5	10.8

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.

Garden House Hospice Care Explanation

The majority of slips, trips and falls relate to deteriorating patients trying to maintain their independence. It is recognised that the number of falls is likely to increase with the increased complexity of care and the wish for patients to maintain their independence. Every patient has both a Falls and Moving & Handling Risk Assessment on admission and these are reviewed, at least, daily, and additional measures are taken as necessary.

After each patient fall, the team consider possible reasons for the fall and additional safety measures that may prevent a further fall without removing the patient's independence. Additional safety measures may include; low level bed, crash mats, regular toileting and reviewing medication.

Following medicines related incidents, where appropriate, the clinician involved is asked to reflect on the incident and produce a report. Registered Nurses may be required to retake their medication competencies, before being allowed to administer further medication.

Medication Training is provided on a rolling basis; every Registered Nurse is required to attend annually.

Garden House Hospice Care Activity Data

The figures below provide one measure of Garden House Hospice Care's activity during the period 2017 – 2018 (2016 – 2017 figures are provided for comparison).

Moving from event recording on iCare to computerised record keeping on SystmOne means that the full range of comparable data is not available this year. This is due both to Hospice Team Members learning how to record on the new system and differences in how data can be extracted from it.

	2017-2018	2016-2017
Patient Referrals Received	703	643
In-Patient Unit *(The IPU operated on a reduced bed capacity of eight beds, instead of twelve, for eight months of 2017 – 2018)*		
Total number of admissions	230	242
Number of out of hours admissions	30	35
% Occupancy	85%	78%
Average length of stay	12.15 days	12.14 days
Day Services		
Total number of patients	316	273
Number of attendances	3413	2306
Hospice at Home		
Total number of patients	286	230
Total face to face contacts (single or joint GHHC led visits, includes Palliative Care Doctor Assessments in the Community)	2683	2034
Continuing Health Care Service *(This pilot project commenced on 5th March 2018, with a maximum capacity of five patients)*		
Total number of patients	9	~
Total face to face contacts	91	~
Outpatients *(GHHC was one Consultant down until December 2017)*		
Palliative Care Doctor Appointments	97	161
Family Support Service		
Pre-Bereavement individual counselling sessions	870	969
Post Bereavement individual counselling sessions	600	550
Children and Young Persons Service sessions (service commenced December 2017)	32	~

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:

- Monthly by the Clinical Team Leaders
- Two monthly by the Hospice Care and Clinical Governance Committee
- Quarterly by the Health and Safety Committee.

Garden House Hospice Care also reports incidents, quarterly, to the East and North Herts Clinical Commissioning Group.

Serious Incidents Requiring Investigation

In 2017 – 2018 there were no Serious Incidents 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. (2016 – 2017 three SIRI).

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 2017 – 2018 there have been no Duty of Candour breeches at Garden House Hospice Care. (2016 – 2017 no breeches).

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

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

SAFEGUARDING LEAD: **Director of Patient Services**

ADULT SAFEGUARDING CHAMPION: **Counselling Co-ordinator (to be undertaken by new Social Worker post)**

Safeguarding adults at risk of abuse or neglect is everybody's business, and 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 May 2017 and is due for review (at the latest) in December 2018.

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.

Safeguarding Adults Flowcharts are available 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.

In 2017 – 2018 the Chairman of Trustees became the nominated Safeguarding Trustee.

Four Adult Safeguarding concerns were raised with Herts County Council in 2017 – 2018.

(2016 -2017 seven concerns raised).

CHILD SAFEGUARDING CHAMPION: **Children & Young People Service Co-ordinator**

Garden House Hospice Care is committed to protecting and promoting the welfare of children who come into contact with our services at all times.

The Safeguarding Children Policy is to be read in conjunction with the Hertfordshire Children Safeguarding Board Manual. GHHC's Safeguarding Children Policy was last updated in December 2017 and is due for review (at the latest) in July 2018.

Safeguarding Children Flowcharts are available 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.

No Child Safeguarding concerns were raised with Herts County Council in 2017 – 2018.

(2016 -2017 no concerns raised).

MENTAL CAPACITY LEAD: **Director of Patient Services**

MENTAL CAPACITY CHAMPION: **Education and Practice Development Manager (to be undertaken by new Social Worker post)**

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 and Procedures underpin 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 care, treatment and support of people aged 16 years and over, in England and Wales, 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.

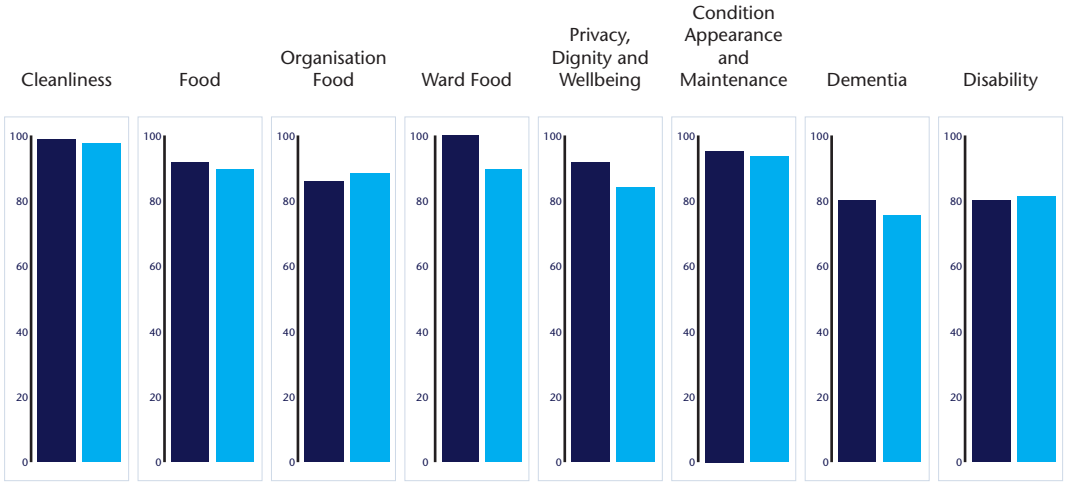
Seven Deprivation of Liberty Safeguards applications were made in 2017 – 2018.

(2016 -2017 one application made).

National Audit

Patient Led assessment of the Care Environment (PLACE)

Garden House Hospice Care took part in the national PLACE audit for the second time in April 2017. Five patient auditors were recruited, trained and supported to carry out the audit.



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Site Score	99.02%	93.28%	86.91%	100%	92.57%	94.96%	81.35%	81.87%
National Average	98.38%	89.68%	88.80%	90.19%	83.68%	94.02%	76.71%	82.56%

The patient volunteers were disappointed that Garden House Hospice Care only scored 100% in one of the three 'food' sections. As the audit tool is used nationally by health care organisations of varying sizes, some of the 'food' questions are not applicable to a hospice but the only possible responses are yes and no; this makes it impossible for GHHC to score 100% in two of the three 'food' sections.

Areas for Improvement	Response
IPU and communal area chairs not made of wipeable / impervious material	Chairs in IPU and communal areas replaced
Dementia Friendliness	Dementia Champion and Committee continued to improve dementia awareness and accessibility in line with their Action Plan Signage on toilet doors changed. Now includes pictures and words. Working with Dementia UK to fund and recruit an Admiral Nurse Specialist

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 2016/2017, GHHC were 98.3% compliant with the Hospice UK Infection Control audits. The audits were repeated in 2017/2018 and GHHC scored 97.6% compliance; nine of the sixteen areas audited were 100% compliant.

Controlled Drugs

GHHC undertakes the Hospice UK Controlled Drugs audit every six months. In 2016 – 2017 average compliance was 93.2%. This increased during 2017 – 2018 to 98.6% compliance; June 2017 98% and January 2018 99.2%.

Examples of Local Audits Undertaken

Compliance with the Diabetes UK Guideline Audit

This audit measured GHHC's compliance with the Diabetes UK guidelines for care and management of diabetes mellitus care and management in patients with a palliative diagnosis and at end of life.

1. Monitoring for patients with known diabetes on admission

   For patients in whom it was clinically relevant, a target blood sugar and frequency of blood sugar monitoring was set on admission 100% of the time.

   Patients who required a change to their regime during their admission had the reason documented 100% of the time.

   Patients who were in-patients during end of life had their regimes appropriately reviewed as their condition deteriorated 100% of the time.

   Insulin prescriptions were written correctly 100% of the time.

2. Monitoring of blood sugar for patients admitted on or started on steroids

   Of the 8 patients started on steroids during admission, none of them had a random blood sugar checked prior to admission – 0%

   Of the 26 patients admitted on steroids, only 5 had their blood sugar checked on admission – 19%

   Recommendation arising from the audit:

   Reiterate the importance of monitoring blood sugar in patients prior to starting steroids and those admitted on steroids.

NHS Protect Medicines Security Self-Assessment

95.2% compliance.

Action to look at the Standing Operating Procedures with regards to changing the door code on the Clinical Preparation room regularly.

Views on Care Audit March 2018

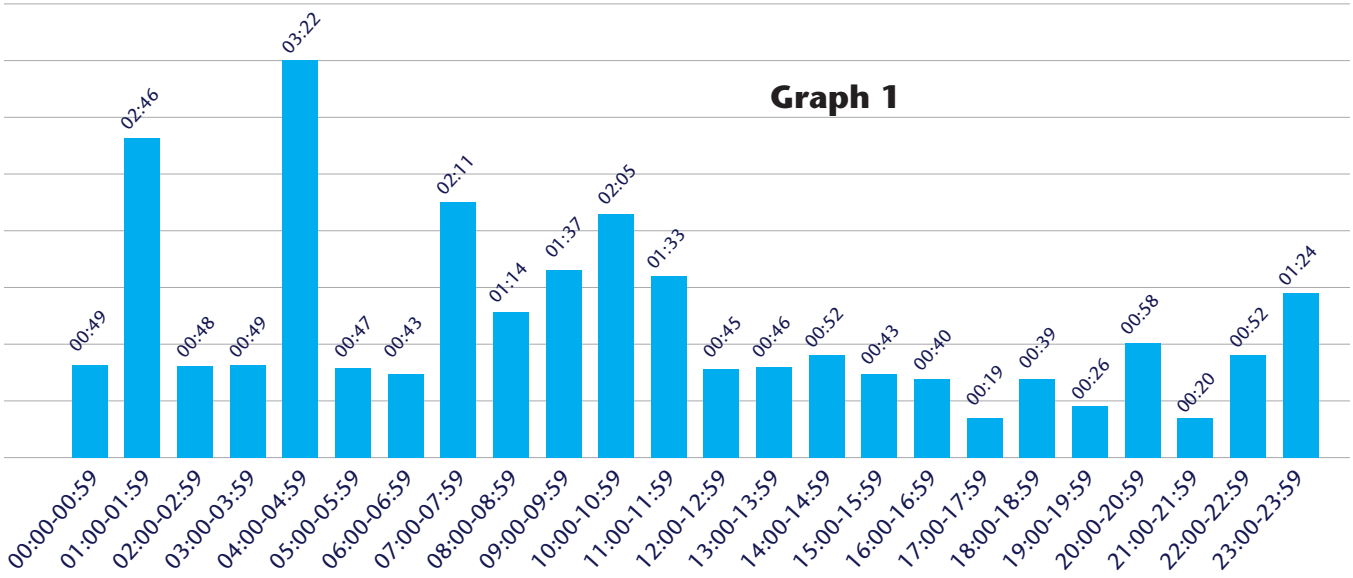
Twelve patients completed sixteen Views on Care questionnaires during January and February 2018. Nine patients were from IPU and three were from Hawthorne Centre.

The Views on Care questionnaires completed demonstrated some improvements in quality of life for patients. Most patients believe that the Hospice is making a difference for them.

Nurse Call Bell System

An audit of nurse call response times was carried out in May 2017. This was a repeat of an audit carried out in September 2016, following which the establishment was increased and shift patterns were altered.

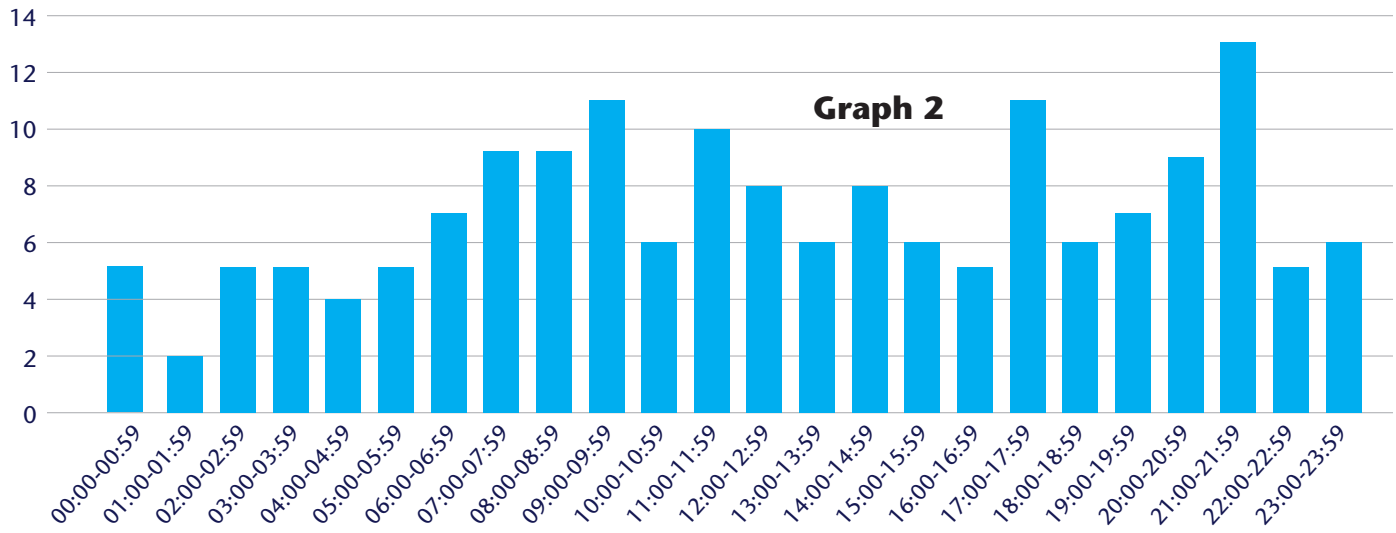
Graph 1. shows average (median) response times (minutes:seconds) by hour.



The longest waiting times occurred between 04:00 – 04:59 (last audit 20:00 – 20:59 and 22:00 – 22:59).

The average response time was 49 seconds (last audit 1 minute 19 seconds).

Graph 2. shows that the busiest times for calls were 09:00, 17:00 and 21:00.



The average response times at these busiest times were:

09:00	1 minute 37 seconds
17:00	19 seconds
21:00	20 seconds

SSKIN Chart Spot Check

SSKIN is the acronym for a, nationally used, five-step model for pressure ulcer prevention. A SSKIN chart is used, on the In-Patient Unit (IPU), to record appropriate interventions with the patient e.g. assisting them to change position or checking that they have not been incontinent. Recordings must be made at least every two hours.

The SSKIN Chart was audited in February 2017 with a 90% compliance. Amendments were made to the Chart and the IPU Team were reminded of the importance of completing it.

The revised SSKIN Chart was audited in June 2017:

- 100% of entries were completed within the minimum two-hour time period
- 100% of entries had all boxes completed appropriately
- 100% of entries were initialled by staff members

Complaints

In 2017 – 18 a gap analysis was undertaken against NHS England's Assurance of Good Complaints Handling for Acute and Community Care. The Garden House Hospice Care Complaints Policy was then reviewed and updated accordingly.

During the period, April 2017 – March 2018 (2016 – 2017):

Total Number of Complaints	5	(2)
Total Number of Complaints Upheld in Full	2	(0)
Total Number of Complaints Upheld in Part	0	(0)
Total Number of Complaints Not Upheld	3	(2^)

^ These complaints did not relate directly to Garden House Hospice Care but to care received elsewhere, by patients known to Garden House Hospice Care.

The two complaints upheld related to staff attitude and behaviour. Key learning objectives included:

- Improved communication with relatives
- Senior Sister / Nurse in Charge to walk the ward twice a day to ensure they are informed of the patients / relatives needs and to pick up any concerns in a timely manner
- Escalation of concerns / potential complaints in a timely manner, at the first opportunity.

The Three complaints not upheld:

- Relative complaint about not having calls returned and patient not receiving complementary therapy, but there was a record of the patient having a session the previous month.
- Garden House Hospice Care apologised for not returning her calls and referred the patient to the Compassionate Neighbours scheme.
- Relative complaint about processes and procedures when transferring patient from Garden House Hospice Care. Two nursing homes declined the patient before a third accepted them; this was beyond GHHC's control.
- Concerns regarding a donated oxygen concentrator not being used. Donor stated it was in full working order. The technicians who service Garden House Hospice Care's (East & North Herts NHS Trust, Lister Hospital) advised that it was not working and could not be used.

Concerns

During the period April 2017 – March 2018 no concerns were raised.

Feedback from Patients and Families on Services

'Yellow Card' / 'Cream Card' Comments: what went well for you today?

Yellow cards are available around GHHC for patients and carers to leave their comments. Cream cards are given out by Hospice at Home

- Son on collecting his father from Day Services, expressed what a difference the last three weeks has made. He really looks forward to coming. "Although dad can speak no English, he really enjoys just sitting and watching." "We have never been able to get him to go anywhere before."
- As I have said before, GHHC is a place of hope and giving all of us new life and enjoyment. Today is no exception. The Life Stories sessions are extremely good and full marks to the team for bringing us all together and creating a relaxing atmosphere.
- I was first introduced to the nursing staff over the phone before being admitted. In a day of extreme discomfort, the nurse I spoke to was wonderful. There was nothing she could have done to be anymore helpful. She was a gem and at that time a light in the dark that seemed to be my life. Since coming into the Hospice I have found that she is not alone. You have many, many more lights – I was scared coming in and anxious to go home and they all supported me in that goal with professionalism, calmness, love and understanding, but most importantly for me humour. I am amazed that a town I have lived in for 30 years has a little bit of serenity in an otherwise mad, mad world and it virtually goes unnoticed except by those lucky few like me. Thank you for bringing me back.
- Everyone here is very helpful and friendly, always asking after my welfare. Food and services are wonderful. Well done, keep up the good work.
- Individual care and attention is fantastic. Nothing is too much trouble for anyone.
- Everything has been excellent. The team has been caring, compassionate and gentle – to both the patient and us family. This has meant that we could keep mum at home, which is what she wanted.

'Yellow Card' Comments: today it would have been better if?

- The only thing is unfortunately where the Hospice is situated the parking is difficult at times.
- How you might improve is to PROVIDE a small QUIET ROOM to relax after therapy. It would be wonderful to be able to sit quietly after a massage, be it body, hand or reflexology to sit quietly (dreamy even!) and get your thoughts back for about half an hour or an hour….
- ALL staff are exceptional. This is doctors, volunteers, catering and cleaners.
- I cannot think of a single thing that could be improved that would have made my stay here any nicer, simpler and restful. I came in 10 days ago terrified by the whole experience and have been made better, stronger and relaxed by the atmosphere. Attitudes and calmness of the staff. Thank you.
- It can't be improved, it's perfect.

Real Time Patient Surveys: What do you think Garden House Hospice Care does particularly well?

- The Garden house is always welcoming by staff. They are very sensitive to encourage people to join in the support groups and complimentary therapy. You instantly feel at ease and all this helps me enormously with dealing with my problems. They have made a big part in my life now, being able to cope and feel stoneground. I would highly recommend the Garden House Hospice Care. Also they have an amazing cook.
- Support emotion, friendly and welcoming, understanding your needs. Help through bad times. Offer all facilities.
- Staff and volunteers made us all welcome. The information I received made things a little better. The classes were very informative and well worth the visit.
- Very approachable staff, caring and empathetic.
- Very good at one to one care and provided me with all the information needed.
- It accepts you with open arms and makes you feel at home. It then explains all that it does and how it can help you.
- Wish I had come sooner love the welcome and you are treated as an individual staff and volunteers are kind and caring.
- Everyone I have met was friendly and smiling. I was greeted warmly. I feel is it a serene and friendly place where I was able to be myself. Very supported from all aspects/ depts.
- Offers tremendous support to both patients and relatives, even after loved ones have passed. Having this support has been a lifeline for me personally and I am extremely thankful. A caring, professional and much needed place of support.
- Looks after very ill patients and gets them ready to face the world.
- It makes you feel safe and secure and cared for. From cleaners through to Drs everyone takes pride in their job and looking after the patients.

Real Time Patient Surveys: What do you think Garden House Hospice Care can improve on?

You Said:

Improve access to physiotherapy

We Did:

Successful bid to Macmillan to fund a second physiotherapy post

You Said:

There is not enough parking places for the patients to use, always struggle to park and get out

We Did:

Reserved parking spaces for patients close to the Hospice entrance.

Family, Friends and Carers Surveys: What do you think Garden House Hospice Care does particularly well?

- I was never left out, always asked how I was coping. They always found time to include me when they spoke to my husband.
- "I found my counsellor totally understanding, non-judgemental and very helpful.
- My counsellor really understood and listened and was incredibly helpful in gently encouraging my grief and loss.
- The care of the Hawthorne Centre is fantastic. The sessions were very informative and delivered in a friendly and helpful manner. My husband really enjoyed these times as he met and could talk to others with similar problems.
- Ultimately GHH provided an outstanding patient-focussed, caring and peaceful environment. Staff took genuine care to help, respond to requests and make patients comfortable and happy: from printing off poems as requested, to finding a scoop of mango sorbet. My mother loved it and was so happy to be in such a wonderful place during her final days. I must repeat again that all aspects of the care and staff were outstanding.
- You were not just a number. The Chaplain was fantastic. The carers listened through the tears.
- Each patient and their carers are treated with dignity and respect. I received strong support and understanding from everyone associated with the hospice care my father received. I took great comfort from knowing that he was in the best possible hands during the final 2 weeks of his life. Such wonderful staff who are always cheerful and professional no matter what the circumstances.
- Our experience where my partner was treated at home was excellent in all respects with your carer nurses being great ambassadors for your service.
- It helps to bring sunshine into what can be a very dark time.
- In my experience I found the home visit nurses wonderful. Every one of them. I can't think them enough for the care and attention they gave to my husband and all the family.
- Care without question. I have never had to justify my needs – the team has been there me regardless of how bad or good I'm feeling. Thank you all.

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

- Only buy a few more chairs possibly in the waiting area. Otherwise I would not find any fault.
- Food and refreshments in the vending machine were sometimes a bit limited. Parking was limited at times. The care given to my husband was excellent, always caring about his dignity when he kept uncovering himself and staff always so lovely.
- I think the profile on home care should be lifted. I work as a volunteer for GHH and was not aware of the full extent of the support given, especially at short notice.
- Everyone I have met was friendly and smiling. I was greeted warmly. I feel is it a serene and friendly place where I was able to be myself. Very supported from all aspects/ depts.
- Offers tremendous support to both patients and relatives, even after loved ones have passed. Having this support has been a lifeline for me personally and I am extremely thankful. A caring, professional and much needed place of support.

The NHS Friends and Family Test

How likely are you to recommend Garden House Hospice Care to friends and family if they needed similar care or treatment (2016 – 2017 figures)?

Extremely likely	**84%**	**(95%)**
Likely	**14%**	**(4%)**
Neither likely nor unlikely	**3%**	**(0.7%)**
Unlikely	**0%**	**(0.3%)**
Extremely unlikely	**0%**	**(0%)**

External Statements:

NHS Hertfordshire

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

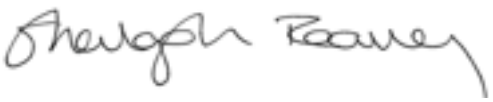
East and North Herts CCG (ENHCCG) has reviewed the information provided by Garden House Hospice Care (GHHC) and we believe this is a true reflection of performance during 2017/18 based on the information submitted during the year as part of the on-going quality monitoring process.

The Quality Priorities set for 2018/19 build on those of the previous year and will be important in continued improvement. This demonstrates a commitment to developing services further whilst maintaining a focus on improving quality of care as well as staff and patient experience.

The Quality Account sets out achievement for 2017/18 and demonstrates continued quality improvement with a number of improvements being made to ensure the safety of patients receiving care. The CCG recognises the significant work that has been involved in developing the Rehabilitative Palliative care model and the positive impact this will have, enabling people with life-limiting and terminal conditions to live an independent life as possible, this approach clearly provides choice for patients. The extension of the Hospice at Home service and developments in supporting families and carers also demonstrates a commitment to offering person centred care that promotes dignity, choice and independence.

The CCG also notes the progress Garden House Hospice Care has made with implementing electronic patient records in order to promote continuity of care and enhance care planning and improved communication across organisations and clinicians.

During 2018/19 the CCG 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 as well as supporting the continued sharing of good practice and innovation with partners involved in End of Life Care provision.



Sheilagh Reavey
Director of Nursing & Quality
East and North Hertfordshire CCG

May 2018

Healthwatch Hertfordshire

Healthwatch Hertfordshire's response to
Garden House Hospice Care (GHHC) Quality Account 2018

Healthwatch Hertfordshire is again very pleased to submit a response to Garden House Hospice Care's Quality Account. The Quality Account is well structured and informative with detailed evidence of achievement over the last year and clear objectives for 2018/19.

Throughout the report, GHHC demonstrates how it listens to and supports patients and staff to achieve good quality care. Patient feedback included in the Quality Account is rich and varied showing the impact of the different services offered at GHHC. We are also pleased to see that learning from complaints has improved and that processes have been updated.

Last year saw the introduction of SystmOne to improve continuity of patient care both within the hospice and with other healthcare providers. GHHC has now retired this priority to focus on the secure ordering of patient medication. This will benefit patient safety and confidence when complete.

It is good to see the progress already made on rehabilitative palliative care and that this priority is being carried forward to 2018/19 to maintain the focus on developing this important priority across the organisation.

Though there was disappointment in not obtaining 100% in all food areas in the PLACE (Patient Led Assessment of the Care Environment) audit, as it is not possible due to the way hospice organisations are scored, GHHC should be rightly proud of the 100% they did score for patient food. HwH was pleased to be invited to this year's PLACE audit and it was clear that this high standard would be maintained. Improvements in other areas identified last year such as dementia friendliness were also evident and Adult Safeguarding posters were observed in key areas.

This Quality Account demonstrates how GHHC encompasses both local and national objectives in the delivery of services, striving for a culture of continuous improvement and putting the patient at the 'heart of everything they do'.

We look forward to attending your patient information and experience group in October and exploring opportunities to work together.

Michael Downing
Chair (outgoing)
Healthwatch Hertfordshire
June 2018

We also approached **Hertfordshire Health Scrutiny Committee** and **Bedfordshire Clinical Commissioning Group** for responses to this report, though as of 27 June 2018 we did not have a response.

Garden House Hospice Care
Gillison Close
Letchworth Garden City
Herts
SG6 1QU

Telephone: 01462 679540
E-mail: enquiries@ghhospicecare.org.uk
Website: www.ghhospicecare.org.uk

North Herts Hospice Care Association Registered Charity Number 295257