Royal Trinity Hospice
Quality Account
2017-18

The Quality Account is an important way for Royal Trinity Hospice to demonstrate to our local communities the quality of our service and our commitment to continually improve what we do.

PART 1: CHIEF EXECUTIVE'S STATEMENT

This is my fifth year as Chief Executive of Royal Trinity Hospice and I am proud that quality continues to be at the heart of everything that Trinity does.

Understanding our patients' experience of our care is vitally important to improving our services. Our Patient Liaison Group meets monthly and feeds back to senior managers what is good and what needs to be improved at Trinity. In the last year, we have also set up a Family and Friends Involvement Group, to provide us with the perspective of those close to our patients. They have already helped us improve some of the information we give to our patients and their families and we look forward to continuing to receive feedback on our services.

We continue to champion innovation in the way we deliver our care. In the last year we have launched a smartphone app for community patients, which provides information about common end of life symptoms and enables patients to start the process of advance care planning. We have also pioneered the use of virtual reality with our patients, leading a research project to discover whether VR can improve wellbeing and reduce distressing symptoms.

I am proud that while we continue to provide care for everyone in our communities, we maintain our focus on supporting the most vulnerable at the end of life. We continue to develop our specialist dementia community nursing team, and have a dedicated support group for patients with dementia and their carers. We have also worked in partnership with specialist homeless organisations, such as St Mungo's and the Westminster Homeless Health Coordination Project to ensure homeless people are able to access specialist end of life care services. We will be working together to develop training materials and support to hostel staff and Trinity's own staff will provide direct support to people living in hostels and other temporary accommodation who need end of life care.

We continue to focus on developing our staff to provide outstanding care and to reflect the organisation's values in everything we do. I remain very proud of the commitment of all staff and volunteers at Trinity in providing the best possible care to patients and their families.

This Quality Account sets out our priorities for quality improvement for next year and reviews our performance last year. Our team of senior managers has been closely involved in this review and in developing the measures, which have been endorsed by our Trustees. It is to the best of my knowledge an accurate description of quality at Royal Trinity Hospice

Dallas Pounds
Chief Executive

PART 2: PRIORITIES FOR IMPROVEMENT

2.1. What we achieved in 2017-2018

A. Areas for Improvement Identified in our last Quality Account

	We said:	We did:
Vulnerable patients	We wanted to ensure our assessment of patients' risk of going missing and our action if any become missing accorded with national emergency service practice.	We now have clear guidelines and our clinical documentation prompts agreed practice. We have used the new way of working with patients who are at risk of going missing and the guidance supported effective action on the rare occasions a vulnerable patient left the Hospice without telling us.
Homeless People	We wanted to help homeless people in our area receive effective and timely end of life care, as we recognised that they often do not receive specialist end of life services.	During the year we attended multi agency workshops on how to better support homeless people at the end of life. We agreed to work with the Westminster Homeless Health Coordination Project and St Mungo's Homeless Charity to develop training materials to support staff in hostels to give end of life care. We are planning to continue our work with them to directly support homeless people at the end of life.
Clinical Effectiveness	We wanted to help professionals, working at the Hospice and in our local health and social care community to improve their ability to help patients plan their future care	We ran masterclasses for experienced clinicians, both those working at the Hospice and those in the wider community, to help them better prepare people for their future care needs at the end of life. The classes covered the psychological complexities in this area, as well as issues such as mental capacity and choice. The sessions were well evaluated and we intend to run them regularly next year
Patient Experience	We wanted to reduce the inequality people with dementia can experience at the end of their lives. Overall, 17% of our patient population had a dementia diagnosis and we anticipate a growing need for our dementia services.	During the year we supported 393 people with dementia. This support was given by our Dementia Clinical Nurse Specialists, a 'Monday Club" (a social support group for patients and their carers with a lunch) and respite given in our modified inpatient bay "Home from Home". The service was well received by those who used it.
Family & Friends	We wanted to establish a Family & Friends Involvement Group to complement the one we have for patients, to increase the opportunity for those using our services to help us develop them.	We established a Family & Friends Involvement Group, which has now met several times. Already the group has helped us improve some of the leaflets we give to patients and is beginning to help us think about how we can develop specific services

Virtual Reality	We wanted to study the use of virtual reality to improve the well-being of patients, for instance, by reducing distressing symptoms	We wanted to ensure that what we do really helps patients and decided to use a research framework for the project, which included securing ethical approval from our local acute hospital. The initial group of patients had a very positive experience and they helped us better understand how to use the technique. The project has received a lot of media attention and we have presented it at several conferences. We are aiming to complete the data gathering later this year.
Staff Development	We wanted to ensure staff in clinical leadership positions develop the knowledge and skills to lead effectively	Staff leading many of our services have nearly completed a Chartered Management Institute Diploma in Management and Leadership. Several of our senior nursing team have completed clinical leadership programmes. We also introduced management skills workshops for those new to the role.
Volunteers	We wanted to ensure all volunteers undertake the appropriate level of mandatory training to fulfil their roles.	The mandatory training grid is now implemented, outlining what training each hospice based role needs to undertake. Any offer of a volunteer placement is conditional to completing mandatory training and induction.

B. Further Improvements

We responded to changes in the wider health & social care environment, both nationally & locally, so that we are better able to meet the specialist palliative care needs of our local communities. This included:

	We wanted:	**We achieved:**
Patient Experience	We piloted a mobile phone app with bespoke content for patients and their families, including details about our services, advance care planning (for patients), bereavement (for carers), outpatient groups and contact details for key staff involved in their care. The planning group included staff and patients supported by our communication and IT teams.	The app received overwhelmingly positive feedback from patients and carers. Currently the app is only available for use on iPhones and we are considering extending availability to android phones.

2.2 Areas for Improvement During 2018 – 2019

We have identified areas for improvement in 2018-19. They reflect topics that will further improve the experience of patients and those who care for them, as well as ensuring we continue to comply with national best practice guidance.

A. Improving Patient Services

Using the NHS Domains of Quality[1] we plan to:

Quality Domains	Aim	How we will know we have achieved our aim
Patient Safety	Develop a system where members of our clinical team take responsibility for specific areas of practice to ensure we adhere to current best practice guidance. Develop champions to lead on fundamental areas of practice, such as pressure areas, nutrition and infection control. They will lead the delivery of safe practice and monitor our compliance with national standards. Develop experts in specific areas of clinical practice. They will have expert knowledge available to advise other members of the clinical team. The role will also involve teaching, audits and writing clinical guidelines.	We will have agreed the areas of clinical practice for both champions and experts. We will have developed individuals to fulfil the roles and have embedded them in our clinical services.
Clinical Effectiveness	Better demonstrate all the ways in which we make a difference to patients and the people important to them. This will involve integrating a suite of existing and new qualitative and quantitative measures, such as activity levels, incidents, audits, patient experience and satisfaction. We are participating in phase two of the national "Patient Experience of Care Project" so that we can benchmark our services against other organisations.	We will be able to clearly demonstrate to the public and those using our services, as well as staff and volunteers, a range of different measures that show how we make a difference to patients and the people important to them. We will benchmark ourselves with other services wherever possible.

[1] DH (2008) High Quality Care for All

Patient Experience	Adapt our services to accommodate the growing demand for specialist palliative care. One of the ways we hope to do this is through an innovation we've called Team Around the Patient (TAP). The project will involve a team of different professionals working together around a single patient. They will hold a single caseload and deliver a jointly agreed care plan. We hope this will mean more patients can be seen with the same resources, and patients and their families will have a simpler, more seamless experience of navigating care within Trinity.	We will pilot, in a small part of our catchment area, an integrated team approach in the delivery of community services. We will robustly evaluate the pilot to see if the approach improves the experience of care for patients and their families and if it allows us to see more patients. If the TAP pilot is successful we will plan how to roll out the approach across our whole catchment area.

B. Improving the Lives of Staff & Volunteers

We want to ensure we continue to improve the experience of our staff & volunteers, including:

	Aim	**How we will know we have achieved our aim**
Staff	We want to develop a competency framework for clinical staff that accords with national professional guidance for specialist palliative care. We want the framework to encompass all levels of clinical staff.	We will have a framework for all levels of our non-medical clinical workforce that clearly states the expected knowledge and competence that we will help staff to develop.
	We want to develop a local certificate in specialist palliative care for the different levels of staff at Trinity.	We will have defined the content of the certificate and by next year will be able to offer it to at least one level of staff
	We want to ensure that our nurses continue to feel valued and play a significant part in developing our services.	We will have surveyed all our nurses to assess their level of job satisfaction. We will run workshops to address any identified areas of improvement and provide more opportunities for them to be actively involved in improving the quality of care we provide to patients.
Volunteers	We want to achieve reaccreditation of the Investing in Volunteers Award. Renewal of the award will ensure we maintain best practice in all aspects of volunteer management.	We will have successfully renewed our Investing in Volunteers Award by the end of 2018.

PART 3: REVIEW OF QUALITY OF SERVICES IN 2017/18

We regularly measure our performance against national, local & internal performance standards. These objective measurements demonstrate that we met required external standards, as well as our internal ones. They demonstrate that Trinity Hospice continued to provide safe, effective and efficient specialist palliative care services.

3.1 National Quality Indicators

NHS trusts report performance against a core set of indicators using nationally held data. Hospices may not submit the data but we have measured our performance against the indicators that apply to the healthcare we provide:

A. Clinical Incidents

Indicator	Performance
Inpatient Falls	Total falls in the year was 145. This represented 19.3 per 1000 Occupied Bed Days. Hospice UK's benchmark of other similar sized inpatient units is 11.1 falls per 1000 OBD[2]. However, the majority of falls at Trinity were graded no harm (122 falls) or low harm (22 falls) with the remaining falls graded at moderate harm, a pattern that seems to be repeated nationally. We would like to reduce the level of falls. Monitoring by our Clinical Risk Management Group each month and our regular audits, demonstrate that none of the falls could have been avoided, adequate preventative measures had been put in place and that there was an effective balance between allowing patients independence and preventative measures. We now have a Falls Prevention Group exploring if we can do more to reduce the number of falls. Currently, the Group is redesigning parts of our clinical record to better prompt reviewing care following a patient fall.
Pressure Ulcers	Pressure ulcers acquired at Trinity in the year was 28 (currently not benchmarked by Hospice UK). The development of each grade 3 and 4 pressure ulcers are analysed using root cause analysis.
Medication	Total medication errors at Trinity in the year were 143, which is 19 per 1000 Occupied Bed Days. Hospice UK's benchmark of other similar sized inpatient units is 8.2 medication errors per 1000 OBD. All the errors were graded as minor: 19 errors level 0 and 124 errors level 1. Each incident is monitored by our Medicine's Review Group and any relevant changes in practice implemented.

[2] Hospice UK - Inpatient Safety Benchmarking 2017/18

National End of Life Care Audit

We compared the end of life care on our inpatient unit against the performance indicators in the national Royal College of Physicians (2016) "End of Life Audit: Dying in Hospital"

Performance Indicator	National	Trinity
1. Within the last episode of care it was recognised that the patient would probably die in the coming hours or days	83%	*92%*
2. Within the last episode of care health professional recognition that the patient would probably die in the coming hours or days (imminent death) had been discussed with a nominated person(s) important to the patient	79%	*92%*
3. The patient was given an opportunity to have concerns listened to.	84%	*100%**
4. The needs of the person(s) important to the patient were asked about.	56%	*53%*
5. In the last 24 hours of life of a holistic assessment of the patient's needs regarding an individual plan of care	66%	*81%*

*the denominator excluded unconscious patients previously unknown to RTH

3.2 Clinical Audits

During the year we undertook audits to help us systematically assess the effectiveness of our compliance with national, local and internal good practice guidelines. The audits are monitored by our Clinical Audit Group & the results shared with our clinical teams and Board. They all had an agreed action plan.

Highlights from our audits include:

All Clinical Areas	
Carers Support Assessment	The Carer Support Needs Assessment Tool is widely used to identify the needs of the family and friends and has been recently introduced at Trinity. <u>Good Practice</u> • The dementia team consistently offer and undertake CSNAT • Completed action plans were implemented. <u>Improvement</u> • A joint action plan with the carer is always agreed.
Clinical Records	Ensure practice accords with agree standards. <u>Good practice</u> • Written on the same day as the patient seen. • Language understandable by the patient. • Main carer's name and contact number always recorded. <u>Improvement:</u> • Sexual orientation recorded for all patients. • All carers have a recorded address.
Ceiling of Treatment Plans	Encouraging patients to discuss their preferences for future treatment is an important way to help patients receive the care they wish. <u>Good Practice</u> • Most patients had their ceiling of treatment discussed at their first assessment. <u>Improvement</u> • All patients have a plan or an explanation why this is not possible.

Patient Outcomes	Outcome measures help better understand the patient's experience of their illness and help establish what is important to them. Good Practice • Most patients had a completed measure with an implemented action plan. • Previously unknown concerns were identified for many patients. Improvement • Measure repeated at agreed intervals.
Patients Receive Copy of Correspondence	Important for inclusive and transparent care for the patient, if they wish, to receive copies of letters sent about them to external organisations. Improvement • Patients are all asked if they would like to receive copies of correspondence a copy of correspondence if they requested it. • Patients, if they wish receive copies of correspondence.
Safeguarding Concerns	Regular audit to assess compliance with agreed standards. Good Practice • Most staff aware of safeguarding procedures. Improvement • Safeguarding concerns always recorded accurately.
Welfare and Benefits	Annual Audit to assess compliance with agreed practice. Good Practice • Many patients have a financial need assessment. Improvement • All patients have an assessment of financial need, unless declined. • Increase referral rates to Welfare Benefits Advisor.
Community Service	
Clinical Records	Regular audit of recording of equality and demographic information; risk and patient preferences. Good Practice • Nearly all patients had their ethnicity recorded. • Most patients had their religion recorded. • Most patients had their resuscitation status recorded Improvement: • Record full next of kin details • Always complete lone worker risk assessment if patient visited at home.
Spiritual Care	Audit to ensure compliance with agreed practice. Good Practice • Most patients were asked if they were religious or spiritual Improvement • Wider exploration of spiritual needs.
Inpatient Service	
Antimicrobials Prescribing & Administration	Annual audit to ensure compliance with agreed guidelines. Good Practice • Most prescriptions adhered to guidelines. Improvement • Clinical records always indicate reason for antimicrobial and goal of treatment.
Controlled Drugs: High Dose Morphine	Annual audit to ensure practice accords with national guidance[3] Good Practice • Full compliance with requirements.
Controlled Drugs: storage and use	Quarterly audit to ensure practice complies with national guidance[3] Good Practice

	• Full compliance with requirements. Improvement • Staff always signs the authorised signature list in the CD Register.
Controlled Drugs: Transit	Regular audit to ensure compliance with legal requirements Good practice • Fully compliant with requirements.
Discharge correspondence	Accurate and timely discharge summaries important in ensuring patient safety when moving across care settings. Audited against agreed standards Good Practice • All letters stated patient problem and treatment. • Nearly all letters stated allergy status Improvement • Record of date discharge letter sent. • Agreed information in all letters.
End of Life Care	Annual audit to ensure the physical, emotional, social and spiritual need of patients and their families at the end of life and immediately after death complies with national guidelines[3] Good Practice • All aspects of care accurately recorded. • Identification of dying. • Discussion with family Improvement • Family's reaction to death always recorded. • Always notifying external agencies of patient's death.
Infection Control: Hand Hygiene	Annual audit to ensure compliance with agreed standards Good Practice • Most staff and volunteers complied with standards Improvement • Training to include a practical demonstration and assessment of effective hand hygiene.
Infection Control: Vascular Access Devices	Annual audit to ensure compliance with agreed standards. Good Practice • No adverse events associated with VADs • No VADs in place for longer than allowed Improvement • All patients with device have a regular Visual Infusion Phlebitis assessment
Insulin: Prescribing & Administration	Annual audit to ensure practice accords with national guidance[4] Good Practice • Policies and training in place for all staff who prescribe, prepare or administer insulin. Improvement • Prescriptions to record the maximum frequency that can be administered.
Liquid Medicines & Feed: Administration	Yearly audit against national standards[3] Good Practice • Fully compliant with requirements Improvement • Link nurse to lead on nutritional issues.

[3] EOLC Royal College of Physicians (2016) "End of Life Audit: Dying in Hospital

[4] National Patient Safety Agency (NPSA)

Medications Given When Needed	New audit to ascertain if the effectiveness of "as needed" (PRN) medication is always documented: important practice to help the optimal management of patient's symptoms. Good Practice • Nurses regularly assess symptoms such as pain and record when PRN medication is not required. • Handover's often include the reason for PRN use. Improvement • Consistent documentation of the effectiveness of PRN medication.
Mental Capacity Assessment and Best Interest Decision Making	Practice assessed against compliance with national standards [5] Good Practice • A full formal capacity assessment was documented in significantly more patients after training and the introduction of the Mental Capacity Window. • Capacity assessment was always decision specific Improvement • Documentation of patients previously-expressed wishes and their friends'/families' views • Capacity assessments only done in relation to advance care planning or place of care and not in regards to current treatments.
Nutrition	Regular audit to ensure documented practice adheres to national guidance[6]. Good Practice • Most patients had a nutritional assessment • Most patients had a record of difficulties with eating and drinking. Improvement • All patients have a nutritional review at least every 7 days. • All patients have their risk of aspiration assessed.
Omitted Medication	Annual audit against agreed standards of practice. Good Practice • Reason for any omission recorded on most prescription charts. Improvement • All charts document the reason drugs omitted.
Pressure area care	Regular audit to ensure compliance with agreed standards. Good Practice • All patients nursed on appropriate pressure relieving aids unless refused and this was documented. • Nearly all patients had their risk of developing a pressure ulcer assessed. • No patient with a high risk developed an ulcer. Improvement • All patients to have their risk reviews at least every 7 days. • No mobile patients develop pressure ulcers.
Resuscitation	Annual audit to ensure compliance with national guidelines[7]

[5] Mental Capacity Act framework.

[6] NICE End of Life Care Nutritional Guidance (2017)

[7] UK Resuscitation Council Guidelines (2015) and GMC (2010) Treatment & Care Towards the End of Life.

Status Documentation	Good Practice • All discharge summaries included patient's resuscitation status. • Nearly all records stated patient's resuscitation status. • Most records documented discussion with the family. Improvement • Always document discussion with patient or reason not possible.
Satisfaction Surveys	
What you say matters	We asked the bereaved carers of Trinity patients, who have recently died, their views of the quality of care delivered in the last few months of life. The survey is based on the national VOICES (Views of Informal Carers Evaluation of Service). We surveyed 197 carers and 24 responded (a disappointing 12% return rate). Good Practice • 100% carers said we always treated the patient with dignity (National 87%), their needs had always been addressed and decisions about them were what they wanted. • 95% carers said we always provided relief from symptoms (National 86%) • 94% carers said the care received at Trinity was excellent (National Benchmark 79%) • 100% carers felt there had been sufficient choice about the place of death and they had the right level of bereavement support Improvement: • Art therapy is better known about
How is your care?	We asked patients with experience of our services to complete a short questionnaire. Good practice**:** • 100% patients said they were always treated with respect & dignity. • 97% patients stated they were always given the opportunity to ask questions • 94% patients said staff explained their role. Improvement**:** • Better explanation to patients about how we use their information.
Volunteer Befriending Service	We asked those using our popular Befriending service to complete a short questionnaire. Good Practice • All patients looked forward to seeing their volunteer and said the visits helped with depression, anxiety and social isolation • The carers told us the visits lowered their stress and gave them a welcome break. • Volunteers said they were happy in their role and with the support they received. Improvement • Volunteers feel better informed about Hospice news.

3.3 Education in End of Life Care

We want patients to receive care from staff who are regularly updated in delivering effective end of life care, both at Trinity and in our wider health and social care community.

This following is in addition to the extensive informal and mandatory teaching we provide

Trinity Staff	
Professional staff who completed external clinical courses	16
Support staff undertook nationally accredited vocational courses	12
Staff undertook leadership and management training	10
Staff and volunteers attendance at workshops on different aspects of EOLC*	199
External staff in our local health and social care community	
External staff attendance at our workshops in different aspects of EOLC*	318
Students supported on placements at Trinity	
Nursing, including returning to practice who came for 4 or 6 weeks	30 students spent 600 days at Trinity
Medical (placements varied from part days to two weeks).	545 students spent 100 days at Trinity
Paramedic, physiotherapy, occupational therapy, art therapy and counselling students	13 students spent 191 days at Trinity

*We run a variety of workshops in different aspects of End of Life Care that are available to those working or volunteering at Trinity and in the wider health and social care community.

We also have many others professionals in training, who come to Trinity for a day or two

3.4 Incidents

Reviewed monthly by our Clinical Risk and Health & Safety Groups, who ensure significant incidents or trends are investigated appropriately. The incidents are also reviewed quarterly by our Trustees at the Board led Patient Services Committee.

	Red	***Amber***	***Green***
Clinical Incidents	0	9	479
Health & Safety Incidents	0	0	15
RIDDOR [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations] reports	None		

3.5 Formal Complaints

- 4 formal complaints were received: (compared with 7 in 16-17)
- Of these: 0 upheld; 3 partially upheld; 1 not upheld

3.6 Commissioning for Quality and Innovation (CQUIN)

CQUINs are a national framework enabling Clinical Commissioning Groups to recognise the achievement of local quality improvement goals. The goals Trinity agreed with our Commissioners were:

Carer Support Needs Assessment Tool (CSNAT)	By the end of 2017/18 all carers of patients new to the Hospice service, both inpatients and those seen by the community nursing team, will be offered an assessment of their needs using CSNAT*; and all those who want an assessment will have one completed* Target: **100% offered** Achieved: **80%** Contractual compliance: **80%** target delivered
Ceiling of treatment plan	95% patients, seen in the IPU or by the community nursing team, have a ceiling of treatment plan or a reason why the patient is not able to discuss one. Target: **95%** Achieved: **95%** Contractual compliance: **100%** target delivered

3.7 Patient Preferred Place of Death

This is an important way for us to know we have responded to patient choice

	Patients seen in the IPU or by community nursing team
PPD considered	86%
PPD Achieved	69%

3.8 Information Governance Toolkit

We completed the NHS Information Governance toolkit for 2017-18 as a registered Voluntary Sector Organisation. We were pleased to achieve a self-certification level of 100% (94% 16-17) in compliance with national IG standards.

From April 2018, the IG Toolkit will be replaced by the Data Security and Protection (DSP) Toolkit as the standard for cyber and data security for healthcare organisations, we will aim to achieve a similar level of compliance. In addition, we are well placed to meet the requirements for the new General Data Protection Regulation (GDPR) through the work completed by our GDPR committee looking at our legal reason for processing and privacy policy (www.royaltrinityhospice.london/privacy).

Our Information Governance Group ensures we consistently meet national requirements and oversees the implementation of new policies and training.

3.9 Care Quality Commission (CQC)

Trinity is registered with the CQC to provide treatment of disease, disorder or injury. We are subject to periodic reviews and have consistently been compliant with their health & social care standards.

The CQC last made an unannounced inspection visit to Trinity Hospice in August 2014 to check we met our legal obligations under the Health and Social Care Act (2008) and to examine the quality of our service.

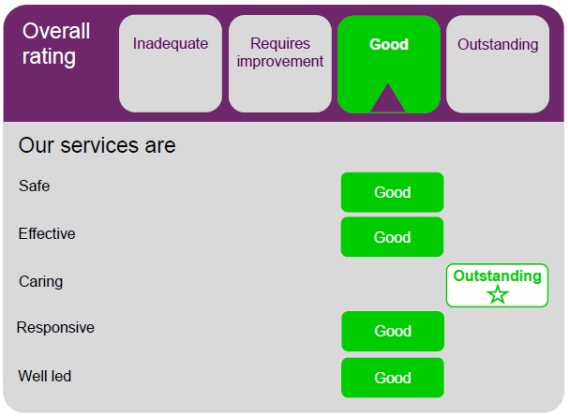
Prior to the inspection we informed CQC about areas of good practice and areas for improvement. Our patients, staff and professionals from other organisations were asked to comment on the quality of the care we provide. During the inspection patients and staff were spoken to, care was observed and records and reports read.

CQC highlighted that we ensure people using our service are safe, by, for instance, adjusting staff numbers according to patients' needs; regularly reviewing patients' physical, social, psychological, cultural and spiritual needs and involving them in decisions about their care; ensuring privacy and dignity and enabling a dignified and pain free death. Also, we manage medicines safely; ensure patients are protected from infections; and follow clear procedures if we suspect abuse.

CQC stated that our staff feel supported and have the skills and knowledge to care for those using our services; training needs are regularly reviewed and staff assessed as competent before undertaking any tasks unsupervised.

Also that we have systems for obtaining the views of people using our service; we regularly review our performance and where further improvements are identified, take appropriate actions; and we have processes in place to respond to and investigate any complaints. Our service follows best practice guidance and we work with other health care providers to share and develop good practice.

The CQC gave us this overall rating to reflect the quality of service we provide to patients and their families:



The Board of Trustees Statement

The Board of Trustees is fully committed to the provision of a high quality service at Royal Trinity Hospice.

The Hospice has a robust clinical and corporate governance structure, with members of the Board playing an active part in ensuring that Royal Trinity Hospice fulfils its mission, according to its charitable intentions and in ensuring that the organisation remains responsible and compliant in all areas of CQC registration, health and safety, employment law and other relevant legislation.

Signed

Dr Geraldine Walters

Trustee & Chair Patient Services Committee

Date: 13 June 2018

Lead Commissioner Statement

The Commissioners have reviewed Royal Trinity Hospice's Quality Account for 2017/18 and acknowledge the high standard of care provided. They welcome the specific priorities for 2018/19 as appropriate areas for continued improvement that link with clinical commissioning priorities.

Signed

Richard Croydon

Commissioning Manager& Continuing Healthcare Lead

NHS Lambeth CCG

Date: 13 June 2018