



Quality Account 2022-2023

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Looking back at organisational performance during 2022-2023 and outlining our priorities for 2023-2024.

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Part 1

A message from the Chief Executive

On behalf of the Board of Trustees, I am very pleased to present the Quality Account for Peace Hospice Care, covering 2022-2023.

This Quality Account is our annual report detailing the quality of the palliative and end of life care services we offer to patients facing a progressive life limiting illness and those who care for them.



As we moved away from the restrictions imposed by the COVID-19 pandemic during recent years, we entered this year with an ambitious plan to merge with Rennie Grove Hospice Care. This will therefore be the final Quality Account for Peace Hospice Care and in future we will report as Rennie Grove Peace Hospice Care.

The aim of our merger is to reach more people in our community who are living with a progressive life-limiting illness, serve a significant catchment area with a GP population of over 1 million with excellent palliative and end of life care services, and strengthen our voice on the national stage.

The past year has seen a tremendous amount of work from every single member of both organisations to progress our merger integration.

Although the merger meant a departure from our planned organisational priorities, each and every department has worked above and beyond to combine two highly regarded providers of hospice care in the local area, while still delivering services to a GP population of almost 1 million people.

A full merger takes a huge amount of combined resource and we have made great strides towards this over the past year.

We have planned the last 12 months meticulously, with both executive colleagues and the Board of Trustees working together to deliver a master schedule of work, and resolving any challenges faced along the way.

I am delighted to share our achievements in delivering this schedule of work. They include structural changes such as completing the legal merger and personnel advances including combining staffing structures and integrating clinical workforces as well as reviewing employment terms and conditions followed by transferring all employees into one organisation. We have also prepared CQC registrations for the new organisation.

Infrastructure changes are notoriously difficult when combining organisations of our scale and I'm pleased to report that we have successfully integrated our patient records, HR and incident reporting systems, as well as reviewing our relationship management, fundraising and volunteering databases.



From speaking to colleagues at other hospices, it has become clear that even when two organisations are as well aligned as ours, mergers are never easy.

I have been buoyed by the sense of tenacity and determination that has been shown by everybody in the organisation to make this merger a success, for the benefit of the patients we serve.

I'd like to thank the Board of Trustees for their leadership and guidance during such a significant year.

I have observed that the unwavering focus on the needs of patients has remained at the heart of all decision-making and is a guiding light for each person in the combined organisation. This can be seen in the increase in the proportion of patients we have supported to die at home, when that is their wish – with an increase to 94% in 2022-2023 from 79% in 2021-2022.

In the coming year I look forward to completing the merger and seeing the combined organisation go from strength to strength in its ambitions to serve even more patients in our area with quality, personalised end of life care.

To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of health care services we provide.



Jackie Tritton
Chief Executive, Peace Hospice Care



Our Mission

Peace Hospice Care provides free specialist palliative care across South West Hertfordshire, and the wider area, for patients and their families facing a life-limiting illness.

We help them manage their conditions and provide support at the end of life. The needs of patients, families and the local community we serve are changing all the time and we recognise that we need to change too to meet those needs.

Peace Inpatient Services

The team on our 12 bedded Inpatient Unit provide both end of life care and short-term interventions to support patients requiring symptom management.

Peace Outpatient Services

We provide holistic assessment, care and support for people living with life-limiting illness in South West Hertfordshire. The service includes a very wide range of rehabilitation interventions and support, wellbeing and creative arts interventions and a growing bereavement and counselling service.

Peace Community Services

Our Rapid Personalised Care Service provides personal care for up to 12 weeks to patients at home receiving end of life care whilst our Palliative Response Team is a skilled nurse and medical team supporting patients, their families and carers at home in line with their wishes to receive, and remain, at home for their care.

Peace Engagement Services

Through engagement activities we raise awareness of Peace Hospice Care, promote equality, diversity & inclusion, increase our profile in the community we serve and target under-represented groups. Services include our Compassionate Neighbours project which connects people who are bereaved and/or living with a life-limiting illness with a Compassionate Neighbour who provides sustained support via in-person visits and phone calls.

Peace Education Services

As well as providing internal training to staff and volunteers, we work externally with Care Home staff to raise awareness of the needs of patients with palliative care needs.



Peace Hospice Care is merging with Rennie Grove Hospice Care

During 2022, Hertfordshire and Buckinghamshire hospice charities, Peace Hospice Care and Rennie Grove Hospice Care began the process of merging to become Rennie Grove Peace Hospice Care. The driving force behind the merger is our goal to increase both the reach and scope of services. This includes high-quality care for those facing life-limiting illness, support for those who care for them, and Bereavement & Counselling services for anyone affected by grief.



Our Vision

We will support people of all ages who are affected by a progressive life-limiting illness, and those who care for them, to live as well as possible by providing choice and ease of access to a wide range of palliative care and bereavement services across West Hertfordshire and Buckinghamshire.



For 2022, for the purposes of CQC registration and the delivery of care, Peace Hospice Care remained a separate organisation and therefore this report covers the services and activity at Peace Hospice Care.

Our Purpose

Making a difference to those in our community who need us because we believe every person matters, every day counts..

Our Vision

Until the day that all palliative care needs in our community are met, we will strive to extend our reach to support more people, whenever and wherever they need us.

Our Values

- **Integrity** – we are open, honest and forthright.
- **Quality** – we are committed to achieving the highest possible standards, across our organisation, to benefit patients, families, carers, Volunteers, staff and the wider community.
- **Collaboration** – we know that working together makes us stronger and we seek to work in partnership to maximise resources, skills, expertise and knowledge, as well as efficiencies.
- **Compassion** – the physical, mental and emotional wellbeing of others is at the heart of what we do.

Our Aims

Our five-year Strategic Plan was developed in 2020 to cover the time period 2020-2025. The Purpose, Vision, Values and Strategic Ambitions as per the plan are set out below – we are aware that some of the terminology used may have changed since we wrote the plan.

For the year 2022-2023 the patient services team have set out a workplan which supports the Peace Hospice Care strategic plan and goals set out in our clinical strategy. A workplan for the new merged organisation is being created for the time period 2023-2024.

Peace Hospice Care Strategic Ambitions

1. We will reach more people and their families in our community living with a life-limiting illness.
2. We will recognise, engage and actively respond to opportunities for working, sharing and learning from each other.
3. We will manage our charity efficiently and effectively.



Peace Hospice Care Clinical Service Goals

1. We will reach more people and their families in our community living with a life-limiting illness:

- We will deliver multi-disciplinary palliative and end of life care and support, of the highest standard, to more people each year
- We will expand our care delivered at home, community services, community beds, advice and other services through partnerships to offer 24/7 care and support to those who need it
- We will increase our knowledge of the palliative care needs of those seldom heard and under-represented communities in our area and adapt care, support, services and information to support them
- We will embrace and introduce smart technology to support and communicate with our staff, Volunteers and patients

2. We will recognise, engage and actively respond to opportunities for working, sharing and learning from each other:

- We will innovate in how we design our services and in the partnerships we form, ensuring we meet the needs of our community
- We will ensure accessible, appropriate and quality education is delivered
- We will engage with local and national research and strive to be a Centre of Excellence and an organisation of choice with partners

3. We will manage our charity effectively and efficiently:

- We will continue to provide our staff, Volunteers and Trustees with enjoyable and rewarding experiences to be the best they can
- We will invest in skills, expertise and equipment so we can communicate effectively
- We will implement and deliver on our income generation plans to ensure our resources match our ambitions
- We will transform our Hospice through investment, growth and development



Part 2

Looking back: Priorities for improvement 2022-23

1. We aimed to extend our existing community Palliative Response Team (PRT) service to ensure it can be offered 24 hours a day, seven days a week.

How was this identified?

We had identified that whilst our existing Palliative Response Team operates 8am to 10pm, seven days a week a key element of meeting the Peace Hospice Care Strategy. The Ambitions for Palliative and End of Life Care and NICE Guideline was to develop 24/7 access to our palliative community service.

How did we plan to do this?

We planned to seek additional resources in order to expand our current community care service model to include the hours of 10pm-8am and provide responsive palliative nursing and care as part of the wider health system.

Progress made

The budget to extend the service was identified, however due to wider recruitment issues across the system difficulty in recruiting to our nursing team we could not proceed. As from March, the community team has been fully recruited to. We will be carrying this objective forward into this year. Please see more detail in the first priority in the looking forward section.

2. We planned to implement electronic prescribing in our patient record system (SystemOne).

How was this identified?

We had identified that by enabling our medical staff to prescribe electronically, our nurses and pharmacist will be able to administer medication and control stock. We anticipated that this would save time and improve patient safety as it should reduce prescribing errors.

Progress made

We explored functionality with other hospices already using ePMA and a business case for the implementation was approved. A large proportion of the configuration needed was set up in a test system.

Due to the merger with Rennie Grove Hospice Care announced in October 2022, it was decided that the project to move the whole organisation onto SystemOne should take priority over this one.

Implementation of ePMA remains a priority and the timing for this is now anticipated to be in Q2 23-24.



3. We will develop a robust bereavement pathway with equal access for all service users.

How was this identified?

It had been identified at a national and local level that bereavement care needs to be accessible and consistent for all who need it. Whilst we had a bereavement pathway in place, we wanted to look to make this more robust and ensure equitable access for all including children and young people.

How did we plan to do this?

We planned to use the feedback we had gained from a service evaluation and clinicians to improve the pathway. We also wanted to align the pathway against best practice recommendations.

Progress made

A bereavement pathway is in place for Peace Hospice Care and this will be reviewed as part of the larger, merged organisation. An audit has been conducted against the pathway and recommendations from this audit will form an action plan which will be carried out during 2023-2024.

Looking forward: Priorities for improvement 2023-24

Clinical effectiveness – Patient safety – Patient experience

1. Delivering improved, equitable access to our Community services.

We aim to improve access to our services by the developing a single point of access (RGP co-ordination centre) that operates 24/7 ensuring patients and those that care across for them in South and North West Hertfordshire and Buckinghamshire will receive the right care at the right time delivered by the right person.

How was this identified?

Extending and developing 24/7 access to our palliative community service is a key element to meeting the aims set out in The Ambitions for Palliative and End of Life Care and NICE Guidelines. These state that the needs of people at the end of life, and their families and carers, cannot be met in a standard 9–5 model of service delivery.

How do we plan to do this?

Whilst Bucks and NW Herts localities have a 24/7 service; SW Herts currently service runs between the hours of 8am-10pm through the Palliative Response Team. As part of the expanded organisation, we will look to use existing staff and where necessary will seek additional resources in order to expand our current community care service model across all localities to provide responsive palliative nursing and care as part of the wider health system.



How will progress be monitored and reported?

We will report and monitor the development and performance of the service at our regular clinical governance committee meeting and our development, operations and performance meeting.

2. Improved data and outcome reporting.

How was this identified?

We recognise the need to improve the data we are reporting to ensure we are more easily able to identify any risks, themes and trends and to enable us to clearly report on outcomes for our patients and the impact of our services. This reporting will also allow us to identify areas for potential improvement in order that we can incorporate these into plans to improve our services.

How do we plan to do this?

We will agree with the Clinical Governance and the Development, Operations and Performance Committees a set of clinical KPIs covering both activity, performance and safety data for the new organisation. We will also explore methods to automate reporting, allowing more time for the analysis of information and reporting of trends.

How will progress be monitored and reported?

We will continue to report the agreed KPIs to our Clinical Governance Committee and our Development, Operations and Performance Committee using existing methods whilst exploring the improved reporting functionality. We will also report on progress made at these meetings.

3. To implement SystemOne across the organisation for records of patient care.

How was this identified?

It was recognised that for the new merged organisation, use of the same patient record system was needed to better facilitate joined up care across all teams. The use of SystemOne will also allow us improved access to patient information from other care providers from sources such as the Summary Care Record and the NHS Health Information Exchange.

How did we plan to do this?

Funding to implement SystemOne for the new Rennie Grove Peace Hospice Care organisation has been agreed and the project has commenced. After the initial implementation planned for the end of March 2023, further enhancements will be made during the year to improve functionality for users.

Progress made

We will report progress of this project to our internal Clinical Governance meeting and our Clinical Governance Committee.



Mandatory Statements of Assurance from the Board

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers and therefore explanations of what these statements mean are also given where appropriate.

Peace Hospice Care is fully compliant with the Essential Standards of Quality and Safety as set out in Care Quality Commission (Registration) Regulations 2009 and the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Our new Governance structure was implemented as part of the merger with Rennie Grove Hospice Care in September 2022. The changes formed part of our new Governance framework approach as the merged organisation and more details on the new structure and responsibilities of these Committees and Advisory Groups can be found later in this report.

Of particular relevance for this report content, The Clinical Governance Committee meets four times per year and the Risk and Audit Committee meets twice a year. Through discussion, and the reports presented at that meeting, they review the quality of care provided by all clinical services.

The Committees have a standing agenda and review:

- The most serious accidents, incidents or near misses
- The most serious drug errors, pressure ulcers and patient falls
- Safeguarding referrals
- All clinical and non-clinical complaints or concerns
- The risks escalated by the Executive Team
- Recommendations/actions/risks/associated costs identified when carrying out audits
- Assurances about the policies that have been ratified by organisation
- Safe staffing, outcomes and experience

The Clinical Governance Committee and the Risk and Audit Committee, having received assurance about the quality of services, then provide assurance to the Board.

Review of services

Peace Hospice Care captures and analyses activity reports on all its services on a monthly basis. Peace Hospice Care has reviewed all the data available to it on the quality of care in all of these partially contracted NHS services.

Please note that although the organisation has announced a merger, for CQC and contractual purposes, Peace Hospice Care continue to operate as a separate entity – the services described below are therefore those delivered by Peace Hospice Care during April 2022-March 2023.



Our patient services include:

Peace Inpatient Services

Our Inpatient Unit (IPU) is a 12-bedded, short stay Unit providing high quality, specialist palliative care which includes symptom control, rehabilitation and end of life care for individuals whose symptoms cannot be controlled at home.

The team deliver holistic care for patients and their families including physical, emotional, spiritual and practical support for those living with a life-limiting illness. The Unit supports the values of Peace Hospice Care in its caring and relaxed environment, treating all patients and their loved ones with respect and dignity. The IPU has a highly effective, multi-disciplinary team ensuring all aspects of each patient's condition are addressed in a sensitive manner.

Palliative Response Team

Our Palliative Response Team (PRT) is a skilled Nurse and Medical team supporting patients, their families and carers at home in line with their wishes to receive, and remain, at home for their care. The service runs from 8am-10pm, seven days per week. Our team work collaboratively with internal and external service partners to provide the highest quality care in a community setting.

The PRT service runs using a 'Virtual Ward' model and aims to provide support to people who have urgent palliative needs and require support at home or on discharge from hospital or another hospice. We provide a holistic assessment of each patient's needs between 24 and 48 hours after referral. We support the facilitation of patient discharge and prevention of unwanted hospital admissions in line with patients' wishes. A plan of care is agreed with each individual, or family as needed, to ensure their comfort and care is maximised. Care is tailored for as often as needed, but always until a stable plan is in place and we aim for this to be within 14 days. Once this plan is in place, we will hand over the care to other service providers. Re-referrals and self-referrals are able to be made as needed.

Peace Outpatient Services

Peace Outpatient Services provide holistic assessment, care and support for people living with life-limiting illnesses in South West Hertfordshire. The team tailor services to meet the frequently changing needs of our individual patients at different points in time, ensuring that the patient and their family is at the heart of all decision making. This includes providing detailed holistic assessments and reviews via a nurse-led clinic, multi-disciplinary teams and consensus decision making which underpin our patient-centred approach. To achieve our aims, we offer three tiers of wellbeing and rehabilitation support (universal, targeted and specialised) which may change overtime to meet the specific needs of each patient. The service includes a very wide range of rehabilitation interventions and support, wellbeing and creative arts interventions, a flourishing and growing Compassionate Neighbours service and a growing Bereavement & Counselling service. We are keen to enhance the access to these services for those patients in seldom-heard communities who have not, until now, regularly accessed our services.



Medical team

The Peace Hospice Care Medical team works across our three main patient services – Inpatient services, Community services and Outpatient services. They provide specialist medical and pharmacy support to patients as well as advice, support and education to nursing staff and allied healthcare professionals within the Peace Hospice Care team. There is a doctor on call to provide medical cover out of hours.

Rapid Personalised Care Service (RPCS)

Our Rapid Personalised Care Service provides personal care for up to 12 weeks to patients at home receiving end of life care. Patients are referred by healthcare professionals through a single point of access and are supported by a team of specially trained carers, a care co-ordinator and service lead. Packages of care are provided within 48 hours of a referral and, in practice, frequently start on the same day as the referral is received. The service operates from 7am to 11pm, with care being provided up to four times a day by up to two carers to ensure the support and comfort of patients and their families at end of life.

Bereavement & Counselling service

Our Bereavement & Counselling service is delivered by one of three different teams – our Student Bereavement Counsellors, our British Association for Counselling & Psychotherapy (BACP) Volunteer Bereavement Counsellors and our Improving Access to Psychological Therapies (IAPT) accredited Counsellors. All sessions give people a weekly space to reflect on their experiences in a safe and confidential environment. Our IAPT accredited Counsellors deliver eight sessions of 1:1 or group counselling across eight weeks to clients aged 16+ with anxiety and/or depression. People are referred to the service and assessed by their Hertfordshire GP. Our Student Bereavement Counsellors and BACP Registered Volunteer Counsellors, deliver eight sessions of 1:1 counselling across eight weeks to bereaved clients aged 18+, both pre-bereavement and post-bereavement. People can self-refer to this service and once our Bereavement & Counselling Co-ordinator/Counselling Clinical Lead carries out an assessment, they will then match clients with appropriate Counsellors. Our Bereavement team also provides various self-referral bereavement groups and workshops throughout the year specific groups for children and young people to explore their feelings of loss through creative activities in a play-based environment, alongside their carer.

Compassionate Neighbours

Our Compassionate Neighbours project unlocks people's compassion and purpose, building a stronger, connected community for all people touched by death, dying or loss. We achieve this by growing a network of people across Watford, Three Rivers and Hertsmere who are bereaved and/or living with a life-limiting illness and who receive sustained support from a Compassionate Neighbour via in-person visits and phone calls. We also train and coordinate a group of specially trained Compassionate Companions for those people being cared for at home in the very last days of life who are isolated and/or in need of extra emotional support. In the future we plan to establish community-led hubs, co-created by the Compassionate Neighbours.



Supporting our services

Peace Hospice Care is committed to delivering the highest care, charity and best practice standards, ensuring our intended outcomes reflect the needs of our local population and we operate in an effective, efficient and ethical manner. The following teams help support the Hospice in achieving this.

The Education & Learning team provides mandatory and other training to staff identified through the appraisal process and to volunteers. The team carries out a Training Needs Analysis for all staff so that they can develop professionally. Training includes competency and additional specialist training to ensure we have a confident and competent workforce. Other work includes external education for care home staff and educating others on palliative care. The team are currently working collaboratively with Rennie Grove Hospice Care to support both hospices with this service.

Patient Service Administrators are based within the 'Admin Hub' which is the first point of contact for patients, their families, health professionals and counsellors. Their focus is primarily based around new and existing patients by ensuring they receive the best support and care required.

Referrals are received via the Single Point of Access (SPA) and received to the Admin Hub for distribution to the relevant Peace Hospice Care service(s). In addition, they administer referrals to our Bereavement & Counselling service. The Admin Hub is available Monday to Friday, 9am-5pm and 9am-3pm on weekends.

The Development Operations & Performance Directorate is led by the Director of Development & Operations, supported by the Executive & Board Support Manager. This directorate is responsible for supporting the whole organisation to meet its Vision and overall Strategic Ambition Standards. The team ensures the charity adheres to regulatory requirements, monitors performance, proactively manages risk, provides quality assurance and demonstrates improved outcomes across all services.

Participation in clinical audits

As a provider of specialist palliative care, Peace Hospice Care is not eligible to participate in any of the national clinical audits or national confidential enquiries. This is because none of the 2022-2023 audits or enquiries related to specialist palliative care. The Hospice will also not be eligible to take part in any national audit or confidential enquiry in 2023-2024 for the same reason.

Peace Hospice Care continued to actively participate in the Hospice UK clinical benchmarking scheme which compares data relating to the number of falls, medication errors, bed occupancy and throughput of patients in the Inpatient Unit.



Additionally, the Hospice participated in the national Famcare Audit – a Service Evaluation of bereaved relatives and families satisfaction with End of Life care and the National Audit of Care at the End of Life (NACEL) audit (case note review). This audit has historically been completed in acute hospitals, community hospitals and mental health inpatient units. Hospice UK recently piloted the audit within hospice inpatient units to capture national data.

Peace Hospice Care also participated in the national self-assessment of the care environment that all hospitals and some other hospices take part in – this is known as PLACE, the Patient-Led Assessment of the Care Environment.

Local clinical audits

Clinical audits took place within Peace Hospice Care throughout the year and formed part of the annual audit cycle programme within the overall Audit Plan. Priorities for audit are identified from incidents, policy changes and national guidance and in accordance with the requirements of our regulators. A number of the audits are carried out using national audit tools developed specifically for hospices which have been peer-reviewed and quality assessed.

The clinical audit cycle includes audits relating to safety areas such as infection prevention and control, cleaning, controlled drugs accountable officer checks, care plans, nutrition & hydration, tissue viability and compliance to identified policies. During the year, some audits were postponed due to resource constraints.

There was an increase in auditing and checks around Infection Prevention & Control (IPC) and we have revisited and regularly updated the NHSE (National Health Service England) Infection Prevention & Control Board Assurance Framework. Clinical audit findings are reported to the Internal Clinical Governance Group and any issues of concern are reported to the Executive team, the Clinical Governance and Risk & Audit Committees and, where necessary, would be escalated to Board of Trustees.

Some examples:

An annual Infection Prevention & Control audit undertaken by the external company providing Infection Control resources to us. This identified a small number of areas where improvements could be made and an action plan is in place to address these.

An audit of our practice regarding skin assessment and pressure ulcer prevention resulted in a recommendation that the purchase of upgraded mattresses for the inpatient unit beds should be considered.

An audit of equipment identified some changes in process would be beneficial, for example in loaning of equipment to staff members and recording of where an item has been disposed of. These identified improvements will inform the writing of policies and procedures for the new organisation.



Participation in clinical research

There were no patients receiving NHS services provided, or subcontracted, by Peace Hospice Care in 2022-2023 who were recruited to participate in research approved by a research ethics committee.

Rennie Grove Peace has been declared open as a research site for the national CHELsea II study (a randomised controlled clinical research project being run by the University of Surrey) and we hope to start recruiting patients on the Inpatient Unit over the next few weeks. The study is fully supported by the National Institute for Health Research and has full ethics approval. The study looks at the effect of artificial fluids on the development of delirium at the end of life. RGPHC are being asked to recruit 20 patients to participate over a two year period. Plans to roll out recruitment into this national research trial continue and we have been given the support of a research clinical nurse specialist from West Herts Hospital Trust to support the implementation of the work. Training for staff who will need to be involved is underway and this trial will involve patients within the inpatient unit and will run over a 24-month period.

The Rennie Grove Peace Nurse Consultant has responded to a questionnaire survey as part of a PhD research project hosted by the University of Liverpool considering the equity of access to hospice care in the United Kingdom.

The Inpatient Unit was also a site for a PhD research project given ethics approval by the University of Hull, titled, "Exploring 'the domestic' in contemporary hospice architecture: a critical examination of the architecture and design of inpatient palliative care facilities in England". This research is exploring the different types of architecture and interior design found in palliative care settings in England. This information will then be used as a basis to plan further research about how patients, staff and visitors experience these settings.

Use of the CQUIN (LQR) Payment Framework

None of Peace Hospice Care's income in 2022-2023 was conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework (CQUIN).

Data quality

Peace Hospice Care did not submit records during 2022-2023 to the Secondary Users Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The Hospice is not eligible to participate in this scheme.

Peace Hospice Care no longer submits data to the Minimum Data Set (MDS) for Specialist Palliative Care Services collected by the National Council of Palliative Care on a yearly basis, since the collection and analysis of this data has now ceased. We have, however, used some of the data activity we used to collect in Part 3 – Review of quality performance. However, we are



aware that we may be required to upload data to NHS Digital for the community services dataset and the IAPTs dataset in 2023-2024 and we are in the process of reviewing how this will be done.

Environmental strategy ESG/ESD

At Peace Hospice Care we acknowledge the urgency of the climate crisis, and will work to embed sustainability across our operations, and towards reducing our carbon emissions net zero carbon as swiftly as practical considerations and financing allow.

We will develop an environmental strategy to cover Rennie Grove Peace Hospice Care operations over the next 50 years and this will be informed by work over the next two years to:

- establish our baseline impact
- improve the data we hold about our operations so we can identify where the most significant environmental impacts are across the organisation.
- seek to reduce costs to the organisation and reduce the utility bills of our clients and tenants
- identify areas where we can act to reduce our impact now

Data security and protection (DSP) toolkit

Our Data Protection Officer has led on, and populated, the Data Security & Protection Toolkit and will update this annually. Our current toolkit self-assessment result is “2021-2022 Standards Exceeded”. We are in the process of updating this and will complete and publish an updated version of the toolkit by the end of June 2023.

Implementing the Duty of Candour

The Duty of Candour is the professional and statutory duty of an organisation or healthcare professional to be open and honest with people using our services, especially when things have gone wrong or had the potential to go wrong. At Peace Hospice Care we seek to nurture a culture of openness and honesty and to learn from our experience. We inform the patient and family (if the patient consents to this), of incidents. If the patient does not have capacity, we will discuss this through a best interest conversation/meeting with the family and through open and honest discussions about the patient’s conditions and treatment plans. We will also provide a written account of the incident if the incident results in moderate (or above) harm, whilst the patient is under our care, should the patient/carer wish to have it.

Freedom to Speak Up Guardian

The purpose of the Freedom to Speak Up Guardian role is to work alongside the leadership teams to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely. This means that in



addition to other identified ways to raise concerns, staff have access to an independent and impartial source of advice at any stage of raising a concern. Staff will be offered the necessary guidance and support and be kept updated regarding what is happening with their concern.

No concerns were recorded during the year 2022-2023.

Safeguarding

Peace Hospice Care considers safeguarding to be the responsibility of all clinical and non-clinical staff and volunteers. All staff have a duty of care to share concerns about a patient or member of staff if they believe they are suffering, or likely to suffer harm. Our safeguarding policies and procedures ensure that robust systems are in place and they set out the framework within which staff and volunteers are required to work to keep people safe.

We have a safeguarding lead in place, who can provide guidance and advice to staff when they raise concerns. We would report any concerns to the local safeguarding board and notify the CQC that we have done this. We discuss numbers of safeguarding referrals at our internal clinical governance meeting and at our Clinical Governance Committee meeting.

Medical Examiner

Peace Hospice Care began to take part in the national Medical Examiner system in England and Wales in February 2023.

The Medical Examiner system is a recent, national government program, which has been established in hospitals and is now also beginning to review deaths that occur outside of the hospital, at home, in care homes, hospices and other community settings.

Part of the Medical Examiner's role is to answer any questions the patient's relatives/carers have about the events surrounding a death and a means of raising any concerns they have about patient care and communication. In addition, the Medical Examiner's role is to scrutinise a patient's last episode of care and confirm an accurate cause of death. A sudden or unexpected death needs to be referred to the coroner. Whilst the Medical Examiner's Office is not directly involved in the coroner's investigations, they will help to answer questions and signpost a family through the steps and procedures involved should a referral to the coroner be necessary.



What others say about Peace Hospice Care

The Care Quality Commission

Peace Hospice Care is required to register with the Care Quality Commission (CQC) and our current registration status is unconditional. Peace Hospice Care has no conditions on registration. The CQC has not taken enforcement action against Peace Hospice Care during 2022-2023.

Peace Hospice Care make CQC notifications via the online CQC portal. These notifications include death of users of the service, serious harm to patients under our care and referrals made to the local safeguarding board. The last CQC report on our service was published in July 2016 and we received an outstanding rating for the care we provide; our rating overall was good.

Our rating as shown on the CQC website follows.



Are services

Safe?	Good
Effective?	Good
Caring?	Outstanding
Responsive?	Good
Well led?	Good

In addition to the above, the CQC update the risk rating of the organisation and on 9 March the following information to the Peace Hospice Care page on the CQC portal was added.

During a monthly review of our data

We carried out a review of the data available to us about Peace Hospice Care on 04-05-2023. We have not found evidence that we need to carry out an inspection or reassess our rating at this stage.

This could change at any time if we receive new information. We will continue to monitor data about this service.



Part 3

Review of quality performance

Inpatient Unit

The Inpatient Unit was closed at the beginning of the year, only reopening at the end of June, and from then a reduced number of beds was available until December. In December, we received winter pressure funding from the commissioners which enabled us to open all 12 beds. As a result of the reduced number of available beds at the beginning of the financial year, the activity in IPU has decreased compared to prior years.

	2020-2021	2021-2022	2022-2023
Requests/referrals	256	176	167
Actual admissions	242	156	137
Deaths	157	126	93
Discharges	73	50	30
Average length of stay	11.1 days	11.8 days	11.4 days
Average bed occupancy	81%	80%	71%

Community services

Palliative Response Team

Similarly to other providers of NHS care, we have, at times, had some issues in ensuring our PRT service was fully recruited to. We have worked closely with other local providers to ensure this has not impacted on patient care, but it has meant we have not been able to deliver as many visits as prior years.

We have noted that there has been an increase in the proportion of patients we have supported to die at home, where that is their wish – with an increase to 94% in 2022-2023 from 79% in 2021-2022.

Compassionate Neighbours service

Our Compassionate Neighbours service (which is part of our Compassionate Communities service) has continued to support patients in their home both through visits in person and telephone calls. We have recruited new 19 volunteers between September and March to allow this service to continue and expand.



To supplement this service, we have also run Compassionate Cafés and a series of pop up cafés.

Rapid Personalised Care Service

The number of referrals to our Rapid Personalised Care Service team dropped this year and the number of visits also dropped correspondingly. We believe the most likely reason for the reduction in referrals (and subsequently visits) is related to patient flow and fewer discharges from hospital.

	2020-2021	2021-2022	2022-2023
<i>PRT</i>			
Requests/referrals	428	584	468
New to the service	268	362	295
Visits	1,531	1,966	1,275
Deaths	218	281	183
– of which at home	176 (81%)	223 (79%)	173 (94%)
<i>Compassionate Neighbours (was Herts Neighbours)</i>			
Visits – during COVID includes calls	1,264	1,841	1,706
<i>RPCS</i>			
Requests/referrals	425 (from April)	458	387
Visits	26,725 (from July)	42,214	33,439

Peace Outpatient Services

Referrals have increased since 2021-2022, with the number of patients attending clinic appointments higher than last year and the number of people attending counselling sessions has also increased. Other attendances to our wellbeing and rehabilitation workshops have remained relatively static.



	2020-2021	2021-2022	2022-2023
Requests/referrals	52	219	296
Total attendances (not including counselling or clinic)	458	1,622	1,586
– of which wellbeing	Not available – working differently	1,209	1,207
– of which rehabilitation workshops	Not available – working differently	413	379
Clinic appointments	287	196	468
Counselling 1-1 sessions	2,048	4,584	5,616

Patient safety incidents

Staff are actively encouraged to report safety incidents and we have a robust electronic incident reporting system. Whilst the number of incidents reported may appear high, they are almost all low level in terms of patient harm.

All incidents are reported to our service line managers and are reviewed at the Internal Clinical Governance Group. Any incident that results in serious patient harm would be notified to CQC following the process defined by them and will be reported to our Clinical Governance Committee and Risk & Audit Committee, who, in turn, would provide necessary assurance to the Board of Trustees. Below is a summary of our patient safety incidents this year (2022-2023) with a comparison to prior years. These include pressure ulcers, medication, slips, trips and falls.

	2020-2021	2021-2022	2022-2023
Total falls	24	30	16
• of which resulted in moderate or severe patient harm	0	0	0
Total pressure ulcers	97	82	73
• of which reported by our Inpatient Unit team	61	60	57
• of which reported by our PRT	35	22	16
• of which reported by our Outpatient team	1	0	0
- new ulcers	31 (32%)	29 (35%)	39 (53%)
- inherited ulcers (patient admitted/first seen with these)	65 (68%)	53 (65%)	34 (47%)
Total medicine incidents	35	31	52



Quality markers we have chosen to measure

We actively participate in the national hospice (Hospice UK) quality benchmarking reporting. This provides a comparison with other similarly-sized hospices on falls, medicine and pressure ulcer incidents with agreed common descriptors and we monitor and measure our performance against this benchmark.

Please note, this benchmarking exercise is only for Inpatient Unit incidents and Peace Hospice Care falls into 'Category Small' for these purposes. The numbers in the table below for falls, pressure ulcers and medicine incidents are all stated at occurrences per 1,000 occupied beds.

	Quarter 1*		Quarter 2		Quarter 3		Quarter 4	
	PHC Avg	Small Cat Avg	PHC Avg	Small Cat Avg	PHC Avg	Small Cat Avg	PHC Avg	Small Cat Avg
Occupancy (%)	n/a	n/a	94.3%	74.8%	89.8%	75.4%	85.1\5	78.0%
Falls	n/a	n/a	5.8	9.2	4.5	8.9	10.4	7.9
Pressure ulcers – new	n/a	n/a	18.7	9.2	16.6	6.6	6.9	8.4
Medicine incidents	n/a	n/a	11.5	11.8	18.2	15.4	4.6	12.7

* Our Inpatient Unit was closed for the majority of Quarter 1, therefore the first Quarter is blank in the table above

Explanation

Falls

We noted that the number of falls incidents were below average in Quarters 2 and 3 and higher than average in Quarter 4. None of the reported falls resulted in moderate or serious harm to a patient.

All patients are assumed to be at risk of falls on admission to the Inpatient Unit and we have continued to use a Falls Risk Assessment based tool as one of our five core risk assessment tools. This tool is based on the Sustainability and Transformation Partnership falls risk assessment tool. Unfortunately, some patients, due to the nature of their condition, do suffer falls and may fall on a number of occasions despite a number of preventative measures being in place. We review all falls incidents individually and put into place any possible measures to prevent more falls. Our falls incidents are reviewed for trends and are presented at the Internal Clinical Governance Group. In addition, we participate in opportunities to compare numbers of incidents across all patient safety categories (falls, pressure ulcers and medicine incidents) with other local hospices either via Hospice UK or at our regional Executive Clinical Leads in Hospice and Palliative Care meeting (ECLiHP), where we can share best practice, learnings and remedial actions.



Medicine related incidents (patient safety related)

We noted that medicine incidents were in line with average in Quarter 2, above average in Quarter three and below average in Quarter 4. No incidents resulted in moderate or serious harm to a patient, however two incidents happened during the year where there was potential for serious harm to a patient. We notified our Trustees and the CQC about these two incidents and put into place an action plan to prevent future occurrences.

All medicines management incidents are investigated and learnings are identified and shared – we will continue to do this. We will also monitor incidents for trends at our Medicine Management Clinical Group where discussions are held regarding whether further action is needed. Medicine Management incidents are also reported at our Internal Clinical Governance Meeting and our Clinical Governance Committee meeting.

Pressure ulcers (new)

We noted that we were above average in both Quarters 1 and 3 of the year and below average in Quarter 4 regarding pressure ulcers developing whilst the patient was under our care in our Inpatient Unit.

We had internally noted an increase in the number of new pressure ulcers developing in our Inpatient Unit (before we received the results from the quarterly benchmarking exercise) and a deep dive was carried out to look at the new pressure ulcers in Quarters 2 and 3. This review concluded that the correct processes had been followed including carrying out the agreed risk assessments and creation of care plans. The report emphasised the fact that patients are at times finding the mattresses we use uncomfortable and we are therefore exploring whether funding would be available to replace at least some of these.

On admission, all patients have their pressure areas checked and their risk of developing a pressure ulcer is determined through a risk assessment tool. Patients nearing the end of their life are at high risk of developing pressure ulcers and preventative care plans are put into place to minimise the risk of this happening. These preventative care plans include the use of appropriate pressure-relieving equipment, along with written and verbal information being given to the patient. We aspire to the number of acquired/new pressure ulcers being zero, but this is not always possible. Unfortunately, despite putting all measures into place, some pressure ulcers do still develop. We have close links with the Tissue Viability Nurse in the community and would ask them for advice if we had concerns or questions about how to manage the wounds of any patient.

All pressure ulcer incidents are reviewed individually by the appropriate service manager to ensure appropriate actions are put into place and numbers of incidents and learnings are presented at the Internal Clinical Governance Group.



Other quality initiatives and service developments

Governance framework

A new governance structure was introduced within Peace Hospice Care in September 2022 in readiness for the merger – this replaced the previous Governance framework.

The following paragraphs describe the responsibilities and purpose of each of the Committees which are particularly pertinent to the clinical governance of the organisation.

Board of Trustees

The organisation continues to be governed by a Board of Trustees. They are accountable for ensuring the Charity functions within the law in accordance with the Charity Commission rules and complies with the agreed Articles of Association. They also ensure that the organisation delivers care in line with the regulations and fundamental standards set out by the Care Quality Commission, plus other relevant independent regulators i.e. The Fundraising Regulator, The Charity Commission, The Health and Safety Executive and the Information Commissioner's Office.

The purpose of the Board is to:

- set the overall vision and strategic direction for the organisation
- regularly monitor and scrutinise performance against agreed plans
- provide effective financial stewardship through value for money, financial control and financial planning
- satisfy all relevant legislation and regulatory requirements
- ensure that the organisation provides high quality, effective services and promotes good communications with the people we serve.

The Clinical Governance Committee

The purpose of the Committee is to advise the Board in relation to the charity's development of the Clinical strategy and delivery of the underpinning annual Patient services work plan and agreed Key Performance Indicators (KPIs). To achieve this the Committee will need to consider and escalate to the board any strategic clinical quality assurance and performance risks that could impact on the charity's ability to achieve its strategic clinical priorities.

The Development Operations and Performance (DOP) Committee

The purpose of the Committee is to provide assurance to the Board on the development, operations and performance of the charity's strategic ambitions and annual operational plan, highlighting new operational risks which may arise out of the development of the strategic plans for each of the directorates.

The Risk & Audit Committee

The purpose of the Committee is to provide assurance to the Board that the charity's responsibilities are met with regard to financial legislation and regulations, external regulation and standards, overall risk management assessment, controls and mitigations processes and continuous quality improvement.



Concerns and complaints

We encourage service users to raise, with staff, any concerns they have and we ask all staff members to record and deal with concerns by being open and honest and admitting when things did not go as planned. This process is cross-hospice and also applies in our non-clinical areas, for example customers in shops and people taking part in our fundraising events are also encouraged to raise concerns.

We always investigate concerns and complaints, put into place action plans where necessary and look to identify learnings and areas where further improvements can be made. Where appropriate, we share learnings with other areas across the Hospice. All clinical concerns and complaints are logged and discussed at our Internal Clinical Governance Group and our Clinical Governance Committee and non-clinical concerns and complaints are reported to the Executive Board and the Board of Trustees.

In 2022-2023 we received 10 concerns and 9 complaints relating to our clinical services, compared to 5 concerns and 6 complaints in 2021-2022.

Below are some examples of the learnings and improvements to processes we made following the concerns and complaints we received:

Learnings

- All Outpatient referrals are now directed to the Outpatient clinic nurse for an appointment to ensure nursing holistic needs assessments are conducted for all patients.
- Ensured that if any series of counselling sessions are brought to any end before the usual end date, that the letter confirming this is sent from the office so that there is consistent communication about this.

Feedback from service users

Peace Hospice Care places great importance on feedback from people who use our services, as this helps us improve.

During 2022-2023 we continued to see low completion rates of our paper surveys and we supplemented this with an electronic version of the survey. The findings from the surveys we receive have been very positive, with 100% of people saying they would be likely, or extremely likely, to recommend our services to their family and friends.

One of the joint organisation's key priorities for 2023-2024 will be to propose and implement a new Patient & Public Engagement Strategy, one of the goals of which will be to increase patient/carer feedback.

Any feedback from patients/families and carers we receive continues to be monitored by the Internal Governance Group/Executive Board and relevant Committees.



Compliments and comments from patients and carers

As well as the concerns and complaints mentioned previously, we receive many compliments and comments about our care. Examples of these are below:

“The Peace Hospice provided amazing care and support until he passed away at home, which was his wish. Thank you for all you’ve done.”

“Without the superb care of the Peace Hospice community carers we would not have been able to care for her at home as she wished. Thank you so much.”

“Every single medical professional who came into the house was unfailingly polite, kind, respectful and committed to making mum more comfortable. I can’t begin to explain what a huge comfort it was to our family at such a traumatic time.”

“Thank you for making her last months comfortable and thank you for making her laugh. You all made the world of difference to her and to me. Very best wishes to you all.”

“All of the nurses. Thank you for your care you gave my mum at such a heartbreaking time. Thanks to all.”

“His father received compassion, kindness and care was given by each and every carer.”

Supporting statements

Statement from Central London Community Healthcare NHS Trust

2022-2023 has seen further challenges in terms of care being delivered by palliative services across South and West Hertfordshire, with more complex needs presenting in a variety of care settings. Peace Hospice Care has continued to deliver high quality care, often working collaboratively with other providers in the South and West Herts system to ensure timely care is achieved. Relationships between Peace and other providers remains positive, which has enabled open discussions about future development opportunities.

Through 2022-2023, Peace Hospice Care has continued to work closely with the Central London Community Healthcare (CLCH) Trust, enabling close working with the CLCH Community Nursing and Palliative Care services. Peace Hospice Care has consistently provided assurance around quality indicators and has, when required, shown a flexible approach to community, outpatient and inpatient care delivery. We look forward to continuing the development of palliative care services with Peace Hospice Care through 2023-2024.

John Harle

*Divisional Director of Nursing and Therapies (Herts Division)
Central London Community Healthcare NHS Trust*



Statement from NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB)



NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Peace Hospice Care for 2022/2023.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the Peace Hospice Care Quality Account for 2022/23. The ICB would like to thank the hospice for preparing this Quality Account, developing future quality assurance priorities and acknowledging the importance of quality at a time when Peace Hospice Care continues to deliver services during ongoing challenging periods. We recognise the dedication, commitment and resilience of staff and we would like to thank them for this.

Peace Hospice Care are one of the key partners of Hertfordshire and West Essex Integrated Care Board (ICB) providing integrated palliative and end of life care for the patients of West Hertfordshire. During the year 2022/23 Peace Hospice has worked collaboratively with the system partners to support patients, families, and communities. The ICB has worked closely with Peace Hospice Care as they delivered the Rapid Personalised Care Service (RPCS) with partners Rennie Grove Hospice and Hospice of St Francis. The ICB value the open and regular communication, transparent approach and above all the focus on improving patients' and their families' experience.

Workforce levels have been a national challenge in 2022/23 for all healthcare providers. Peace Hospice has been similarly impacted, however has continued to work responsively, and adapt where needed to ensure high quality care for the communities they support. During 2022/23 Peace Hospice has merged with Rennie Grove Hospice which will provide the opportunity to expand the reach and scope of services.

Hertfordshire and West Essex ICB supports the 2023/24 quality priorities outlined by Peace Hospice Care striving to provide equitable access, explore new models of working and learning with partners to deliver effective and safe care. The work of Peace Hospice Care continues to support the ICBs Palliative and End of Life Care Strategy through partnership working with our Adult Community Service, as part of the sub-contractual arrangements with Central London Community Health NHS Trust. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the Peace Hospice Care Quality Account has been reviewed and checked against data sources, where this is available, and confirm this to be accurate and fairly interpreted to the best of our knowledge.

Signed:

Date: 11 May 2023

Chris Harvey
Assistant Director of Nursing & Quality

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair



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Registered charity number: 1002878
Company number: 2604892



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