

Quality account

2022-23



Account

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1 Introduction to the account

Welcome to our Quality Account

Thank you for taking the time to read our Quality Account – my first as Chief Executive of St Christopher's. I was proud to join the team in June 2022 and am committed to ensuring our services are always of a high standard and that we, as a team, are consistently striving to improve. Our partners, funders, donors and the people we support are important to us and we want to assure you of our attention to the quality of our services. We hope you enjoy reading this report as part of that endeavour.

The year as a whole

As in previous years, demand for our services remains high with St Christopher's providing care and support for over 7,500 patients, families and carers over the past year. As ever, we supported the majority of people in their own homes completing 13,813 home visits throughout the year.

Providing quality care and support remained a key focus for us – as you'll see from reading through this report and hearing about our progress and future ambitions in this area. We were delighted to introduce Quality Champions across three different teams this year. These three clinical staff work closely with the Director of Quality and Innovation on a number of areas including driving forward quality improvement projects, completing audits, investigating complaints, feedback received and more besides. This commitment to quality across the organisation is heartening to see.

We also introduced call recording in December 2022 which has been instrumental in supporting the investigation of complaints and supporting care provision. The recordings of calls are also used in training and to improve practice.

Progress on projects promised

Last year we promised you some key advances in our clinical care alongside a greater appreciation and response of what the local population might require of us. You can read more about our progress across these areas from page 9 onwards and I have included a few highlights for you below.

We continue to deliver on our commitment to support carers and, over the past year, have worked with carers

to better understand what support would be helpful and is most needed. This feedback has helped us shape our future carers' strategy and offer which you can read more about on pages 14-15.

We've also worked hard to support the community so they are better prepared and more knowledgeable about end of life, death and loss. We've done this through providing community learning and peer-based offers which you can read more about on pages 15-16.

Individualised care continues to be central to everything we do. Over the past year, a multi-disciplinary group of staff came together to review our performance in this area and develop an action plan to drive improvement where needed. Through hosting quality days, launching a new model of holistic rehabilitative care which considers the whole person and shifting our focus on what matters most to the person we are supporting we've made great strides in this area.

Looking forward

Since joining the organisation, I have spent time speaking to our teams, partners and analysing population data (both our own and that of the wider community and healthcare system). This has helped us to better understand the gaps in care provision whilst utilising census 2021 data has provided us with a better understanding of our communities and what we could be doing better. Together with my Executive Team colleagues and the Board of Trustees I am excited to shortly launch our new organisational strategy focussed on breaking down and addressing inequalities in end of life care. Our core ambition for this strategy is to ensure everyone receives the support they need when they need it irrespective of their diagnosis, ethnicity, religion or age, as well as understand what a hospice is and what it can provide. We want to ensure that everyone has access to high-quality care and support when they need it most. I look forward to sharing our progress against our new strategy with you in next year's report.

Thank you again for your continued support and taking the time to read our Quality Account. As ever, please do get in touch if you have any further queries arising from the report or suggestions for improvement.

Helen Simmons
Chief Executive

Statement of assurance from the Board of Trustees

On behalf of the Board of Trustees of St Christopher's Hospice, I am pleased to confirm that this report represents an accurate record of the work undertaken to continuously improve the quality of our services during the past year.

As the report demonstrates, it was a year of significant success and progress in driving forward our approach to quality, and in supporting even more people in our local communities, working in collaboration with partner organisations and our many stakeholders.

Our revised governance structure, introduced in 2021-22 including a dedicated Quality and Impact Committee, was fully embedded during the year. With significantly increased trustee involvement this has provided greater assurance to the Board as well as giving trustees an opportunity to connect meaningfully with our continuous ambition to improve our services and ensure they meet the changing needs of our communities. Members of the Board, including myself, also completed a series of immersion visits last year. Spending time with staff teams and talking with patients and families helped us to appreciate just how

big a difference and how vital the care and support our teams provide is.

The last year was also a momentous one for St Christopher's as we marked a change in leadership – welcoming new Chief Executive, Helen Simmons, and saying goodbye to our previous Joint Chief Executives, Shaun O'Leary and Heather Richardson. I am delighted to say that Heather remains with St Christopher's heading up our important work in education, research and end of life care policy. Helen joined St Christopher's with significant experience in the healthcare sector having led Nightingale Hammerson Care Homes for over eight years and with a commitment and drive to ensure our care and support is freely available to everyone who needs it in the communities we serve. Helen and her team have already made great strides in this area and our soon to be launched three-year strategy focuses on just that – tackling the inequalities that still exist within end of life care.

We hope you enjoy reading this report and seeing the many ways in which we are tackling these inequalities. As always, thank you for your interest and we very much welcome your feedback.

Neil Goulden

Chair of Trustees and Chair of Quality and Impact Committee

We welcome your feedback

Your views about St Christopher's are very important to us.

If you would like to pass on a message to individual staff or any of our teams then please complete the online feedback form at www.stchristophers.org.uk/feedback and we will pass it on to the people concerned.

If you wish to suggest any ways we could improve our service we'd also like to hear those. You can also use the online feedback form if you wish to make a complaint about any of the services you've received from the hospice, including our shops. A leaflet on making a complaint can be found on the same page.

All feedback can be anonymous if you wish, although if you would like us to contact you to further discuss your comments then you will need to share your contact details.

If you would prefer to speak to someone over the telephone please telephone on **020 8768 4500** and ask to speak to Jan Noble, Director of Quality & Innovation.



2 Introduction to the organisation

St Christopher's Hospice provides palliative and end of life care services to people living in the boroughs of Bromley, Croydon, Lewisham and the southern areas of Lambeth and Southwark.

The services include inpatients, outpatients, community and bereavement support. In addition, patients, their carers and families are supported by others in their community, via our community action programme.

Our vision, values and strategic ambitions

In 2020 The Board of Trustees and Executive Team set out our strategic ambitions and key supporting themes for the next three years. These **strategic ambitions**, shown below, set our priorities for development, guide our investments, shape our accountability and are the benchmarks against which we review our progress. They describe the impact we seek to achieve at local, national and global levels.

-  **Pioneering and bold**
-  **Of and for the community**
-  **Expert**
-  **Empowering and compassionate**
-  **One team working together**
-  **Stronger through partnerships**

Central to these ambitions is our overall **vision** of a world in which all dying people and those close to them have access to care and support when and wherever they need it, which informs every decision we make. Similarly, our **values**, shown above, guide the work and behaviour of all staff and volunteers at St Christopher's.

Adapt our care services to meet people's changing needs



...to improve people's experience of end of life locally

Invest in hospice-led innovation related to death, dying and loss



...to strengthen hospices' contribution nationally

Increase public and professional confidence and knowledge about end of life



...to transform end of life care globally

Governance of the organisation

The Board has ultimate responsibility for the proper and effective management of St Christopher's Hospice. The Board is responsible for all major strategic decisions, monitoring the organisation's performance, and to ensure that it complies with its Articles of Association and applicable laws and regulations.

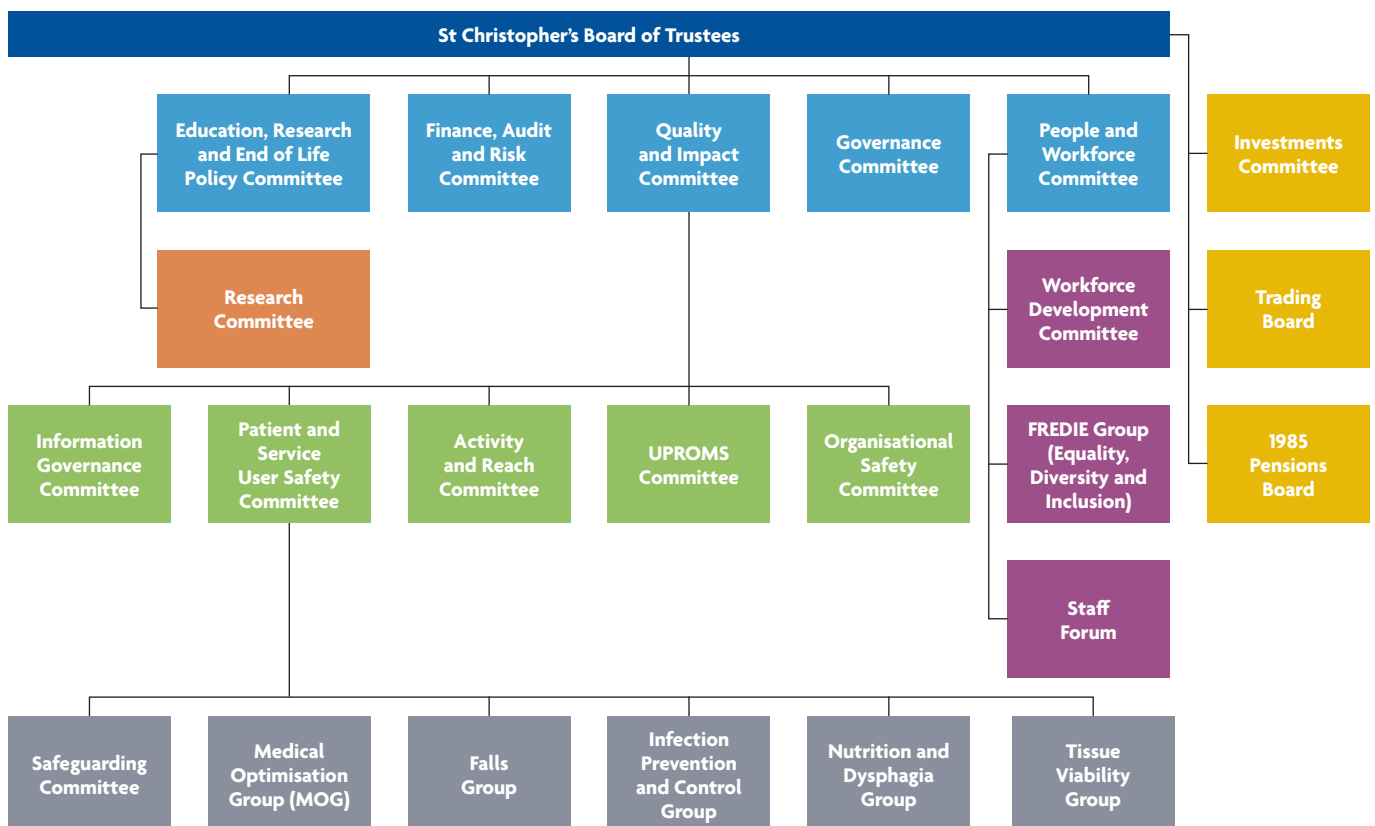
The Board delegates day-to-day management and decision making to the Executive Team.

In December 2022, the Board commissioned Bayes Business School to conduct an external governance review. Their report will be reviewed by the Board in May 2023 and an action plan will be produced.

Neil Goulden is Chair of Trustees and Eleanor Brown is Vice Chair.

Board subcommittee structure and approach

The Board subcommittee structure (below) is set up to provide assurance to the Board and opportunities for broad Trustee engagement. Trustees chair and sit on the five Board subcommittees (Governance, People & Workforce, Quality & Impact, Finance, Audit & Risk and Education, Research & End of Life Policy).





THE BEREAVEMENT HELP POINT

SUPPORT • ADVICE • COMMUNITY • INFORMATION



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3 Our review

of 2022-23

Overview of activity

Support for patients, families and carers

In 2022-23 we supported 5,785 patients with referrals for our Inpatient and Community services increasing by 4% compared to the previous year, and representing a 23% increase in referrals compared to four years ago, illustrating the growing demand for our care and support.

This year we also noticed an increase in the number of home visits and outpatient appointments compared to the previous year, representing an increase in face to face visits and appointments following pandemic restrictions in previous years.

In order to respond effectively to the continually increasing referrals and growing complexity of the people we support, we have increased investment into the community teams with the addition of at least five more nursing posts. We are seeing individuals referred later and consequently staying on our caseloads for shorter periods of time but needing significant care and support during that shortened time period. In addition to this, we've introduced individual caseloads for groups of St Christopher's nurses and clinical and associate paramedic specialists, aligned to the patient's primary healthcare team. This provides better continuity of care as the people we are supporting get to personally know the small team caring for them, providing additional reassurance and comfort.

Over the last year we have also expanded our Choose Home service across all five of the boroughs we serve. This service provides comprehensive care for people with a prognosis of two to three weeks left to live, who wish to remain in their own homes. We've seen a 31% increase in the number of patients who were able to access this service and this team is now supporting ward discharge with a 'day after discharge' visit from a nurse known to the patient, providing better continuity of care. This visit is in addition to any ongoing at-home care package arranged by St Christopher's and partner organisations upon discharge.

In addition to providing care and support for people at the end of their life we also supported 1,358 carers and family members.

Bereavement support

Recognising the continued change in bereavement needs and an increase in our own waiting list we reviewed and invested in our offer to all bereaved people. We recruited a Head of Adult & Child Bereavement Services to work with the lead of both our adult and child bereavement services. Over the last year we supported 445 children through bereavement – a 17% increase on the previous year. We also recruited two part-time bereavement needs assessors to our adult bereavement service enabling us to respond more quickly to initial enquiries. Now, people calling in to receive bereavement support can immediately book a triage appointment with a bereavement needs assessor at the time the initial call is made. 4,835 bereavement support sessions were provided either face to face or over the phone compared with 5,725 in the previous year. The decrease is due to a service started during the pandemic and funded by King's Hospital Charitable Trust coming to an end in October 2022.

Improving end of life care on a wider scale

As an organisation we remained committed to sharing learning and best practice to improve end of life care for people beyond our five boroughs. Throughout the year, staff from across the organisation gave 12 external presentations and contributed to 13 publications on a range of topics from advance care planning, frailty, assisted dying, rehabilitation, heart failure, exploring grief through art and music therapy and prescribing.

Our Centre for Awareness and Response to End of life, known as St Christopher's CARE, also continued to grow in reach and impact. In 2022-23 just over 10,000 learners engaged with CARE, compared with 4,366 in 2021-22 and 2,131 in 2020-21 illustrating its growing



13,813 home visits
(13,124 in the previous year)



5,256 outpatient appointments
(3,217 in the previous year)



445 children supported by Candle
(375 in the previous year)

success. We welcomed over 500 individuals to our in-person conferences focussing on a broad array of topics from homelessness to frailty to better understanding and evidencing our impact. We also connected with over 260 individuals via national and global webinars and virtual meetings focussed on issues related to inequalities at end of life and their redress as well as societal change related to death, dying and loss.

We continued to support care homes, recognising that they are vital players in the systems of care required by growing numbers of people who live into late old age. We hold partnerships with 75 care homes across our five boroughs to support their learning needs and 1,350 individuals have participated in the peer-led conversations provided through our dedicated communities of practice.

We worked in partnership with The Institute of Palliative Medicine in Kerala, Cicely Saunders Institute, Women in Partnership, Nightingale Trust and Worldwide Hospice and Palliative Care Alliance to address national and global inequalities in end of life. Together we provided learning opportunities for palliative care colleagues in over 56 countries including supporting 91 individuals to learn foundational skills in palliative care in low- and middle-income countries. We also shaped a new initiative designed to improve the experience of dying for slum dwellers in Dhaka, Bangladesh, through direct support and training of 53 professionals, curriculum development and opportunity to use learning products developed by CARE.

Following the publication of the Lancet Commission report on the value of death in early 2022, St Christopher's CARE helped to disseminate key messages via 38 national or international presentations, a dedicated webinar, a project to move the findings from concept to action and securing numerous pieces of media coverage, including on BBC World Service.

2022 also saw the launch of our first podcast, Dead Good, which forms part of our mission to transform the wider conversation around death and dying and in doing so elevate the standards of end of life care. The podcast was hosted by comedian, Sajeela Kersh, and features guests with public profile and lived experience of dying and grief. So far over 1,200 people from 33 countries have tuned in to listen. You can listen to it on all major podcast platforms including Apple podcasts, Acast and Spotify.



Just under 20% of learners who engaged with CARE came from hospices. Learners attended from over 73 hospices in the UK – around a third of the total number of hospices



100% of learners who attended and evaluated learning events in CARE ascribed four or five stars (from a total of five) to their learning experience



In collaboration with Greenwich & Bexley Community Hospice we provided 120 learning events to health and social care professionals working in south east London in the last year, and over 2,000 learners attended such events between April 2022 and March 2023



We connected with over 1,423 clinical nurse specialists in the UK delivering palliative care to support their professional learning as senior clinicians



We refined and shared a contemporary model of palliative nursing (the Lantern Model) with nurses across the UK and beyond – 175 nurses signed up to a 12-month related programme of peer-led learning and we provided keynote talks on the Lantern Model to nurses across the United Kingdom, and in Beirut, Canada, New Zealand and Switzerland



Over 850 people visited our oral history exhibition, 'Voices That Shaped Us: Modern Hospice in the Making', and the online exhibition attracted 3,000+ page views

Quality of care

Experience of patients and other users

It is of vital importance to us that we receive feedback from those who use our services and we draw on multiple sources to ensure a breadth of voice and perspective.

To that end we review compliments, complaints, informal feedback via staff, a 'Your views on our care' questionnaire, our reception visitors' sign in and out system and our twice-yearly patient and carer surveys. Feedback is reviewed by the Quality Team and themes identified are sent to the relevant teams, regular reports are shared with the Executive Team and presented at the Quality and Impact Committee and with local South East and South West London ICS commissioners.

During 2022-23 we held four focus groups, both online and in-person, which were attended by 17 people in total (7 patients and 10 carers). The themes that came from the discussions were: patients and carers were very appreciative of being able to call St Christopher's for support and advice any time day or night; the struggle for carers having some time for themselves; lack of trust in the quality of local authority care; finding the responsibility of caring for someone at home challenging; and having questions about what to expect as someone approaches the end of life.

Following this feedback we have promoted our community support groups, which include Create and Chat, creative writing and the neurological group as well as producing a new information book called 'Planning Ahead' which includes a section on recognising dying.

During the year 2022-23, there were 29 formal complaints received compared to 23 in 2021-22. Of the 29 complaints, 23 were clinical and 6 were non-clinical; 10 were fully substantiated, 12 were partly substantiated and 7 were not substantiated.

Overall, people were satisfied with the care and support received from St Christopher's with 94% of people sharing they are extremely likely or likely to recommend us ('Your views on our care' survey, sent out in Q3 2022-23).

Effectiveness

Research

Over the past year, the work of the Research, Audit and Clinical Excellence Committee has developed to enable each aspect of our research agenda to improve. We have in place an overarching Education, Research & End of Life Policy Committee, consisting of staff members, Trustees and invited external participants which meets quarterly. This group are responsible for the oversight of all our research activity and its governance. A strategy has been written to guide our ambitions for research activity into the future. Our aim is to generate internal research as well as guide our consideration of, and agreement to, external requests to conduct research.

We have developed three further committees: Audit, Service Evaluation/Quality Improvement and Research which each meet every three months. Our intention in giving dedicated attention to these three important aspects of our governance is to generate internal interest in each area of work, encourage those who are considering a project to come to the relevant group to present their idea and discuss it, and to receive feedback and report on completed work.

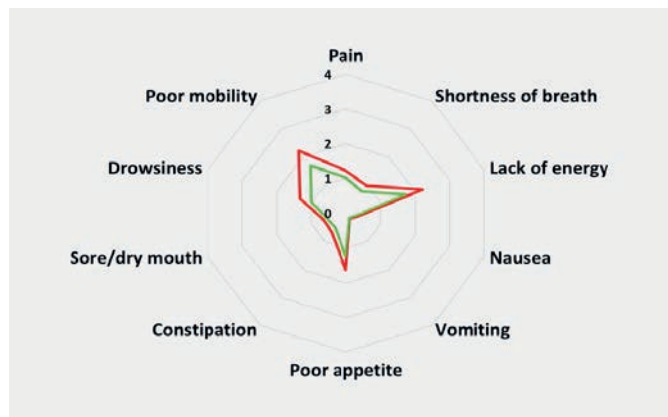
Patient outcomes

St Christopher's is committed to measuring and reporting on the impact we have to the health and wellbeing of people in our care, in addition to their experience. We have been investing in learning about and using patient and other user reported outcome measures over the last few years, working closely with the academic team at Hull and York Medical School and Hull University. We draw on a number of different measures to reflect different elements of someone's health status:

- IPOS – this is used nationally and internationally in different formats. There are versions for patients, carers and staff to assess the impact of interventions on symptom burden
- Phase of illness measure – this is used to describe need for clinical input, its review and its complexity.
- Australia-modified Karnofsky Performance Scale – this enables the understanding of how independent someone is.

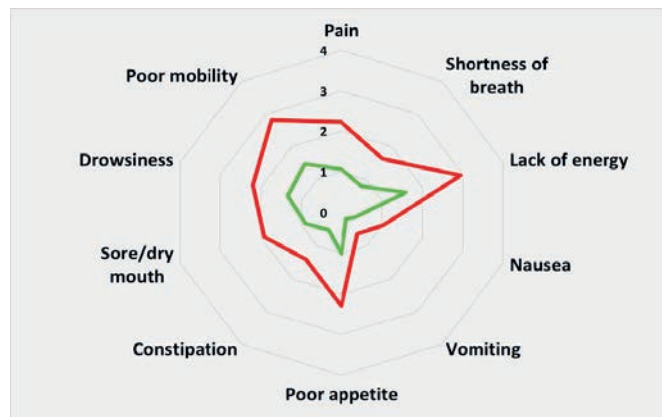
Change in IPOS by 1st Phase change
Community, Oct 2020 to Sept 2022

Episode start
1st Phase change



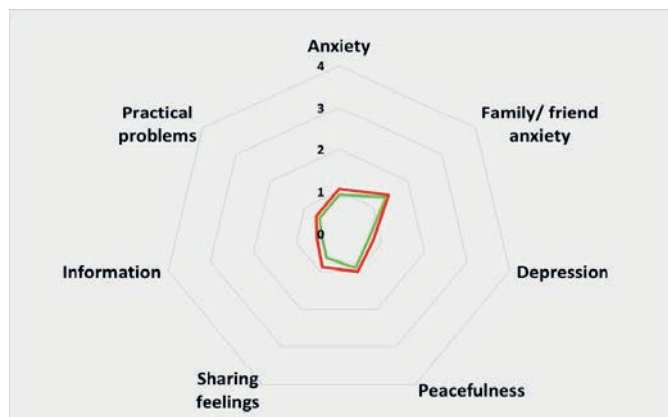
Change in IPOS over episode
IPU, Oct 2020 to Sept 2022

Episode start
1st Phase change



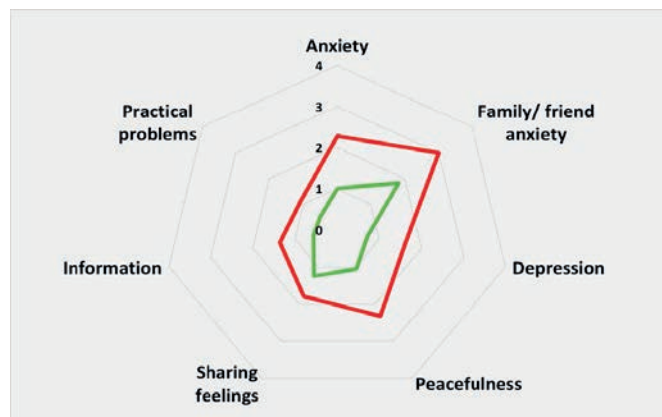
Change in IPOS by 1st Phase change
Community, Oct 2020 to Sept 2022

Episode start
1st Phase change



Change in IPOS over episode
IPU, Oct 2020 to Sept 2022

Episode start
1st Phase change



We have continued to collect outcome results for our patients and now have two years of data from October 2020 to September 2022. This analyses over 1,000 admissions and over 5,000 patients supported in the community setting. The data in this time period provides evidence of improvements in care spanning physical and psychological symptoms; many of the aggregated data also demonstrate some improvement despite deteriorating conditions on the part of many of the patients and confirm that we are using our services appropriately to respond to the different levels of complexity and severity of need such individuals present.

The diagrams above show a reduction in average symptom score for physical and psychological

concerns whilst patients were being supported by our teams.

During 2022/23 there have been two Quality Improvement projects looking at how we use patient reported outcomes. These are:

Early experiences of using IPOS DEM for people with dementia in the community

The number of people dying with dementia will quadruple by 2040. This project aimed to pilot the use of an adapted outcome measure, called IPOS DEM. Clinical champions were identified and the tool was used to assess people living with dementia in the community setting. Over a six-month period, 31

individuals were assessed either face to face or on the telephone. The tool identified a symptom burden which varied widely, and for some was very high. Problems included reduced oral intake, pain, weakness, communication difficulty, family anxiety and agitation. Clinicians said the tool aided carer conversations and focused assessment.

The significant symptom burden identified underlined the need for specialist palliative care in dementia. Behavioural and psychological domains scored highly, demonstrating the value of an adapted tool for dementia. IPOS DEM will now be added to hospice patient electronic records and its use will be extended to all clinicians in the community teams. The next phase will be the introduction of the tool on the inpatient unit.

Quality Improvement Project to ensure safe and timely follow up of patients in the community

A baseline review of clinical data demonstrated that for 1% of the community caseload (11 patients in July 2021) 44% of the total contacts with these patients were unplanned i.e. they were calling St Christopher's with a concern. Furthermore, we identified the need to review the Caseload Stratification Guidance which outlined the frequency of follow up based on the patient's phase of illness. Our aim for this project was to reduce the volume of unplanned contacts and improve support and experience for patients, relatives and carers.

Throughout the year we have updated both the Phase of Illness and Caseload Stratification Guidance, providing refresher training and introducing tools to better support staff. Additionally, the Phase of Illness is now included when new appointments are booked to improve the triage process. We will review baseline data in July and November 2023 to track our progress in this area.

Safety

Incidents

In 2022/23, we recorded 645 incidents (62.2% were classified as involving a patient), compared to 594 in 2021/22 (49.8% were classified as involving a patient). We believe the increase is due partly to improved internal recording processes.

Serious incident

We had one serious incident in 2022-23. A patient fell on the inpatient unit and sustained a fractured neck, he

was transferred to hospital and required surgery. The patient was then transferred back to St Christopher's and the patient's wife sent a thank-you letter to the ward staff thanking us for the care and support given to her and her husband. The incident was investigated and reported to the Serious Incident Group, learning was identified and an action plan produced. The action plan was reported internally through the Quality and Impact Committee and presented at the South East and South West London ICS Consortium meeting.

In 2023, the Patient Safety Incident Response Framework (PSIRF) will replace the Serious Incident Framework (SIRF). The PSIRF is a significant shift in the way the NHS responds to patient safety incidents; it is not an investigation framework but promotes a range of system-based approaches for learning from patient safety incidents. The NHS and contracted organisations are encouraged to use the national tools and guides available when responding to patient safety incidents. As an NHS-contracted organisation St Christopher's will aim to implement the PSIRF by September 2023.

Local clinical audits

Delirium recognition, assessment and management

An example of an audit conducted in 2022-23 was an audit of assessment practices for delirium at St Christopher's including the use of the 4AT (an assessment tool for delirium). The audit aim was to improve care for patients with delirium by embedding excellent practice for its recognition and assessment for patients staying with us on the inpatient unit (IPU). When completing the audit we considered and reported on the below outcomes:

Primary outcomes:

- Was a baseline 4AT completed within 24 hours of admission?
- Was a repeat 4AT completed for a change in cognitive status (eg more confused/agitated/muddled)?

Secondary outcomes:

- Was an acute change in cognitive status noted?
- Was there any change in cognition labelled as 'delirium'?

- Free text examination for what other terms were used (euphemisms such as ‘pleasantly confused’, ‘muddled’ etc).

Results showed there was a definite need for improvement of baseline and change in cognitive status and that there was a tendency to use euphemisms rather than labelling people with delirium. This told us we had to change our current practice to improve the care and support available for people experiencing delirium. To address this and embark on a programme of improvement we:

- Hosted an internal staff training and information session, to update all hospice staff and make them more aware of delirium and the use of 4AT and PINCH ME (assessment tools for delirium)
- Provided teaching for inpatient staff on the use of 4AT, PINCH ME and non-pharmacological techniques in the treatment of delirium
- Improved the 4AT form and document on delirium assessment and the management tool on SystemOne (S1) our electronic patient record database
- Created a poster to remind staff of the key steps for the assessment and management of delirium on the IPU
- Added delirium guidance and treatment onto S1 so it is available for staff to read and access as needed
- Added the NICE (National Institute for Health and Care Excellence) guidelines to S1 so they are available for staff to refer to and read.

Annual infection control audit

We have a yearly external audit, conducted by the Lewisham Hospital Infection Prevention team. Results show that the hospice is fully compliant with infection prevention standards. We undertake monthly internal auditing of hand hygiene, catheter care, aseptic technique and mattress cleanliness. We also undertake monthly auditing of cleanliness using the NHS Cleaning Standard. All patient-facing areas meet the five-star rating scoring of 85% and over.

National clinical audit

We submitted data to the first year of the National Care at End of Life Case Note review (NACEL), a pilot audit

for hospices which reviewed case notes of inpatient deaths. Until now this Healthcare Quality Improvement Partnership (HQIP) National Audit has focussed on hospital deaths, but Hospice UK worked in partnership to lead this pilot to test suitability of the tool for the independent hospice sector. Their report outlines the findings review of 620 deaths across 69 hospices in February 2023. It is hoped that, in future, ongoing participation will give us opportunity to benchmark individual units practice against the national data and also give valuable insight to improve our current practice. It was a great learning opportunity for our quality champions to undertake the audit.

Quality improvement initiatives and their achievement

Contemporary carers strategy

Why was this a priority?

Family and informal carers are an essential part of the network of care that someone receives, and their care and support is pivotal to the experience someone has at the end of life. Supporting carers with their health, knowledge and resilience will positively impact patients and those in our care and positively impact the health system. We knew we needed a current and innovative carers strategy and offer to be able to properly meet the needs of carers and fully understand what a carers pathway could look like.

How did we achieve this?

The carers strategy was developed through a series of cross-team meetings, workshops and focus groups with three specific groups of people who have direct caring experience. These included:

- Carers Working Group
- Ex-carers Focus Group
- Staff Who Care Group.

Working closely with carers and ex-carers we focussed on the type of outcome people with a caring experience would have found most helpful and would like us to achieve. We then worked with staff carers to draw on their experience of both caring and St Christopher’s teams and services to consult on

the outcomes, what they hoped the strategy would achieve as well as recommending the introduction of new forums or supportive mechanisms. Following this, the new strategy is being brought to life and enacted by a dedicated task and finish group of staff at St Christopher's.

As part of this, we also worked closely with the Carers Working Group – a group of people with current caring responsibilities – to review, feedback and develop suitable innovations or quality of offers. Based on their insights and feedback we have introduced a range of different options for carers to help better meet their needs. These include:

- Introduction of a new volunteer role known as a Carers Champion to address support access issues
- Established peer groups for carers which are delivered by community members or those with an experience of caring (this includes those aimed at a specific experience such as dementia or neurological conditions)
- Developed courses for carers focussing on issues such as what it means to be a carer or how to deal with anticipatory loss. These are delivered as part of our community learning by volunteers with an experience of caring
- Further developed our Coach4Care programme to improve support for carers by coaching and championing carers needs whilst always ensuring the programme is shaped by ex-carers with lived experience
- Introduced new forms of information exchange including a regular carers newsletter and establishment of a Discord community
- Development of Bereavement Buddies for carers which offers both pre- and post-death bereavement support and was developed with people who had experienced a bereavement (at least half of whom were carers).

How will we continue to monitor and report progress?

We have worked with specific groups of people with lived experience of caring to establish outcomes for the carers strategy. These outcomes focus on how carers want to feel and what types of experiences they want

to have as a result of this work. These findings are now in consultation with a staff group who are developing a way to make these outcomes SMART (Specific, Measurable, Achievable, Relevant and Time-Bound) and consider how best to respond. These outcomes will be reported on regularly to the Activity and Reach Committee as well as the Carers Working Group to keep us accountable.

Community support collective

Why was this a priority?

There is huge need for people in the community to be more knowledgeable about and prepared for end of life, death, dying and loss. This need has been exacerbated and made even more urgent by the pandemic. We recognised that we had a role to play in upskilling the community and increasing their knowledge about these issues.

How did we achieve this?

Over the last year we have worked hard to provide community learning and peer-based offers providing training for people in the community, online and through St Christopher's CARE, for people across all five boroughs we serve.

We have also reviewed all group offers and established specific criteria to ensure we are more effective and are focussed on meeting specific needs that are not catered for elsewhere. Our criteria includes:

- Can the group be run and delivered by community members?
- Are there already similar offers available elsewhere in the community?
- Does the group meet a need that is not being met elsewhere or address an inequality issue where someone might not otherwise get to attend a group?
- Is the group connected to an exploration of death, dying or loss?

Currently, groups which we have introduced or currently run include:

- Three different carers peer groups online and in person which happen twice a week

- Peer group for households living with neurological conditions
- Peer group for carers in households living with neurological conditions
- Bereavement Help Points held seven times a week in different locations across the boroughs we serve
- Carers Working Group
- Create and Chat
- Death Chat
- Book Group
- Creative Writing
- Compassionate Chat
- Spiritual Chat.

We have also recruited two Peer Learning Facilitators to support community learning and groups. These peer learning facilitators are members of staff who live in the community and also have experience of an area relating to death, dying and loss themselves. They work to support volunteers and participants in groups. Our aim is that all groups will be delivered by volunteers or participants. So far we have trained 10 volunteers as Peer Learning Supporters who deliver the courses and have also trained colleagues to deliver training and learning too. For volunteers on our projects we hold practice development meetings. These help volunteers learn and share developing practice and skills. They can support each other and work together to solve problems.

As well as this we have introduced a new role, 'Bereavement Community Groups Facilitator', which is a staff role specifically connected to community support for bereavement, grief and loss.

In addition to our groups, we also run and provide training and learning opportunities for people living with death, dying and loss, for example carers or those who are bereaved, and on specific areas such as anticipatory loss. As well as supporting those directly affected we provide free training to the charity and voluntary sector supporting them to set up their own groups or focus on an area of knowledge or skills generation connected to death, dying and loss.

Volunteers have also worked with us to take part in co-production workshops about what could be offered and have developed new projects, for example 'Bereavement Buddies' which has been funded from April 2022 to April 2024.

Lastly, we continue to work on improving our online offer ensuring the website is easy to navigate and appealing and bringing together all groups in an online timetable known as our Community Support Hub.

How will we continue to monitor and report progress?

We continue to regularly review all groups to ensure they are in line with our newly established criteria, are meeting people's needs and are effective. We regularly seek feedback from group members to ensure we are continually improving our offer as well as monitoring attendance numbers (including the number of new or repeat visitors) to assess our reach and impact. Based on this criteria and our findings nine of our groups continue to run on an ongoing basis with others pausing or stopping entirely to make place for new, more in demand offers. We also continue to evaluate all learning and training sessions to assess their impact and aid continual improvement.

Individualised rehabilitative palliative care

Why was this a priority?

The National Institute for Health and Care Excellence (NICE) guidance and the NHS Long Term Plan both state individualised, person-centred care as a priority, with one of the quality statements reading: 'People using adult services experience care and treatment that is tailored to their needs and preferences'.

At St Christopher's, we wanted to ensure that each person who is cared for on the inpatient unit is offered a tailored, individualised approach that values their identity and personhood in order to maximise their quality of life. Enabling achievement of a person's own goals and wishes at the end of life (rather than those of the professionals) is paramount. This starts before admission and goes on beyond discharge and is core to our original founding belief that 'you matter because you are you and you matter until the last moment of your life'.

We also know, as evidenced through Health Improvement Scotland's report *How is person-centred care understood and implemented in practice?*

A literature review, that the 'primary barrier to implementing person-centred care is managers and practitioners believing they are already doing it.' This became the basis for how we decided to improve our approach.

How did we achieve this?

A multi-disciplinary group worked together to identify areas where care and support wasn't as individualised as it could be. Together, they then worked with staff, volunteers and the people we are supporting to find and implement solutions and create lasting culture change. These solutions included:

- A shift from focussing on the patient to the person which meant working with people to better understand what matters most to them as well as their values and needs in the wider context of their lives and not just their illness. This denoted a shift from 'doing to' to 'doing with' and actively working together to centre care and support around decisions and activities that matter most to them
- Launching a new contemporary model of holistic rehabilitative care which considers the whole person focussing on: physical, social, spiritual, environmental, financial, occupational, emotional, intellectual and cultural needs and how these interrelated aspects have been disrupted by illness or suffering. This has been launched with wider healthcare professionals through conferences and a series of webinars hosted through St Christopher's Centre for Awareness and Response to End of life (CARE)
- Hosting a series of quality days with staff to generate ideas around how we can better know, empower, give choices and involve people in decisions around their care and wellbeing.

How will we continue to monitor and report progress?

Care Strategy and Collaboration meetings, held fortnightly, provided a forum for ongoing discussion and identification of areas of work with senior clinicians across the organisation who helped to embed the changes needed. Key areas of focus included:

- Securing of senior management buy-in and leadership
- A focus on multi-disciplinary meetings and board rounds to embed new approaches across all levels of the workforce
- Provision of ongoing training and support for staff
- Establishment of an individualised care working group to promote change from grass roots up (this group continues to meet regularly and embed change)
- Plans to launch a 'What matters to you?' movement at St Christopher's (see 'Our plans for 2023-24' for more information).

Trading online with social media presence

Why was this a priority?

The shift towards online shopping continued to accelerate during the pandemic and, with this, the need for us to maximise income generating opportunities and move with spending trends accelerated the need for us to grow our ecommerce offers and sales.

Social media is also expected to have a greater impact on retail behaviour throughout 2023 with a huge 87% of online shoppers using social media while making shopping decisions. This change in consumer behaviour has prompted us to increase our retail presence on social media, notably Instagram and Facebook, and explore new ways of generating sales online.

Sustainability is also increasingly important to shoppers with two-thirds of consumers being happy to choose sustainable products such as the pre-loved donations that we sell in our stores. In the few months of 2023, sales in pre-loved shops has grown by 27%, with Gen Z influencers leading this trend online. It has never been more important to analyse and rethink everyone's impact on our planet and this is a huge opportunity for both our high street shops and online offer to maximise on sales.

How did we achieve this?

Over the last 12 months, we've grown our online sales to over £129,000 (an increase of almost £30,000 on the previous year) whilst continuing to grow income through

our high street shops too. We've done this by actively selling on popular marketplaces such as eBay, Depop and Discogs as well as promoting our shops and items available for sale online through social media to drive awareness and sales. We've recruited an Online Sales & Social Media Manager to drive forward this work growing our online audiences and maximising online sales opportunities.

We have connected and continue to engage with social media influencers to grow our followers and reach through social media campaigns, consistently sharing visual merchandising content, reels from our stores celebrating the teams, corporate volunteering events, local partnerships, weekly top picks or how to style pre-loved fashion. We are now being shared and tagged by local influencers and the Charity Retail Association which will make us even more visible this year. Our reach through Instagram increased by 64% and we also saw a 40% rise in engagement with our posts in the last three months. We have developed a structured social media marketing calendar to raise further awareness about our shops network, top online listings as well as the promotion and recruitment of retail staff and volunteers.

We continued to explore new platforms to increase sales online. Discogs and Depop are working well for us, particularly for niche items such as vinyl records and vintage fashion. We have also trained two pilot stores to list directly on eBay from their shop floor due to the areas great stock potential and staff willingness to be part of the online movement.

Recruitment for eCommerce listers continues to strengthen the Ecommerce Team and grow the number of listings across all platforms – increasing our online sales and helping us to reach our ambitious growth targets.

How will we continue to monitor and report progress?

The Ecommerce Team delivers weekly, monthly and quarterly sales reports as well as regular social media reports showcasing feedback, overview, reach and engagement metrics. We analyse the online average selling price, prioritising quality and sellable stock as well as regularly reviewing digital trends and data, anticipating what sells best on each marketplace to pair the online customer's needs with our targets. Data and

progress against KPIs are also periodically shared with the Trading Board.

Other developments

Neurological Group

The Neurological Group accepts referrals internally and from external organisations, for people with a degenerative neurological condition. Set up in 2021, initially online but now in person, the group is run over five Thursdays and enables those that attend to bring along anyone who is important to them. Sessions include: art therapy; cognitive behavioural therapy; speech and language therapy; dietitian advice; physiotherapy; occupational therapy; moving and handling; and death chat. As well as this, each week patients benefit from massages from the Complementary Therapy Team and friends and relatives receive support by being part of a Carers Group. After the group's conclusion, attendees are offered the opportunity to attend a monthly drop-in group facilitated by the Community Action Team. The course provides those referred with the opportunity to come together, support each other and receive advice from professionals in reflecting on the changes and the positive steps that they can take to improve their quality of life. In the past year we have supported ten groups of patients (averaging five patients per group) and their carers who joined us for the duration of the programme. Feedback received has been very positive. Going forward, we aim to engage with more patients and their carers, focussing specifically on reaching people who would not traditionally be receiving hospice support.

Associate Nurse Consultant Programme

During 2022, St Christopher's CARE worked closely with the Care Director to develop and promote the Aspiring Nurse Consultant Programme. The programme is innovative in the UK and has been designed to upskill senior palliative care nurses, supporting them to secure senior roles with the aim of improving palliative care for people using services locally and nationally.

A comprehensive programme and capabilities were developed based on the five pillars of consultancy with the programme aligning to credentialing to hopefully

gain Higher Education Institution (HEI) accreditation moving forward.

The programme was promoted significantly via National Consultant Groups, via the Hospice UK conference (where a poster presentation was accepted) and also via the Hospice UK Clinical Network.

The programme of study started in January 2023 with nine participants and is already being positively evaluated.

Quality study days for inpatient unit (IPU) staff

The second IPU annual quality days took place in June/July over four days. 81 members of staff attended, including ward nurses, administrators, doctors and members of the rehabilitation and psychosocial teams. The theme was 'Enriching our care – enriching ourselves.'

The days included the following sessions:

- A review of the last year from a quality perspective
- Looking at feedback from people who have used our services
- User and patient reported outcome measures (UPROMS) data
- Learning from complaints and identified areas where good progress has been made and new initiatives introduced
- Hospitality, which included an interview with the Director of Four Seasons Hotels in Mexico talking

"I did not know what to expect of the day but I have been very pleasantly surprised and have really enjoyed it. Stimulating and encouraged reflection and thinking about how I might change my professional and personal life for the better"

"Very good day - enjoyed spending time with colleagues. Looking at more individualised care whilst being mindful of having time to self-care"

about opportunities to continuously improve services

- Individualised person-centred care
- Working from our presence, helping staff to develop strategies when a situation is challenging
- How we develop and improve person-centred care for the carers and families we support and for our colleagues
- Staff wellbeing and resilience.

The days were well evaluated and staff appreciated time together to review the year and take part in workshop-style sessions. Some quotes are shown below.

Quality study days for Community Team

The second Community Team annual quality days took place in September/October over four days. These days were delivered for all members of the multi-disciplinary team including nurses, administrators, doctors and members of the rehabilitation and psychosocial teams.

This year's theme for the quality days was empowerment – both empowering the people we care for to live well and die well and empowering staff to do their jobs well, have control and autonomy over their work and to strive for continuous improvement.

The days focused on the following sessions:

- A review of quality over the year
- Preparing for the Care Quality Commission (CQC)

"I enjoyed the opportunity to revisit what changes have happened in the last year and the benefits they have brought e.g. the huddle, the debrief sessions, trying to see the perspective from the carers position"

- Supporting people with decision making and being risk confident – this session was bought to life through the use of case studies, a focus on person-centered care and a staff wellbeing session led by the Community Artist.

The day was well evaluated with 78 staff completing an evaluation form.

Quality Improvement

Quality Improvement training

In 2022/23 we held two Quality Improvement (QI) training courses which were attended by members of the multi-professional clinical teams.

19 members of the multi-disciplinary team from the Community, Inpatient and Single Point of Contact (SPoC) teams completed the courses. Staff enjoyed the opportunity to receive training in QI methodology and the opportunity to implement a project. Time constraints were the biggest challenge for staff who took part who continue to work on their QI projects; attendees produced posters showcasing their work at the Community and SPoC quality days in the autumn.

Across both groups there were 18 QI projects completed, including a review of the use of a Nutrition Screening Tool, our safeguarding process from notification to closure, reviewing our bereavement follow-up process, reviewing the process of contacting patients for their first phone assessment, increasing the variety of support offered by Choose Home and making initial assessments more person-centred.

Hospice UK (HUK) Conference

In November 2022, 13 members of staff attended the HUK conference to share learnings and collaborate with colleagues across the sector.

Members of our Professional Learning Team raised awareness of our new Centre for Awareness and Response to End of Life (CARE) and our innovative programme through securing a promotional stand in the exhibition area. Whilst one of our nurse consultants and lead palliative care consultant led a panel discussion on frailty. Ten other team members shared key learnings through exhibiting posters on a wide range of topics from embedding a rehabilitative approach in care homes to developing consultant nurses of the future to

improving provision of timely anticipatory medications at end of life in the community and more besides.

Supporting ongoing staff development

In March 2023, we launched a new online learning platform for staff known as MyLearning to offer an improved experience for staff when completing mandatory training as well as providing a much broader offer of development opportunities. This is available for our 504 members of staff and, in its first month, 2,626 logins occurred and 1,020 e-learning sessions were completed. We've received much positive feedback including one staff member sharing: "I just wanted to write to say that the new MyLearning platform is really great! Congratulations to all involved in getting it set up – it's so helpful and clear".

We also continued to offer our enhanced training programme for people managers known as Elevate. Over 70% of St Christopher's managers have now completed the programme since its launch in 2017. The programme is rated highly by staff with 100% of participants and their managers sharing that the programme met their expectation and improved leadership knowledge and expertise. One participant commented: "The sessions were varied, interactive and relevant to my role. I was hoping to gain skills in leadership and managing others and found the course very helpful in this regard. Foundational to this was the opportunity to reflect on my 'self' – to acknowledge and value my abilities, qualities and leadership style to identify areas for growth and development."

Regulatory compliance

Care Quality Commission (CQC)

St Christopher's is required to register with the CQC and is registered for: the treatment of disease, disorder or injury; caring for adults under 65 years; and caring for adults over 65 years.

Jan Noble, Director of Quality & Innovation, is the Registered Manager. In June 2022, Helen Simmons, Chief Executive, took over as Nominated Individual from Heather Richardson, former Chief Executive.

In 2022, the Registered Manager met with our local CQC relationship manager to review our compliance with

the CQC Key Lines of Enquiry (KLOE) which are: Safe, Effective, Caring, Responsive and Well-Led. In December 2022, the Registered Manager met with a CQC Inspector virtually for our first-ever Direct Monitoring Activity review, as part of the enhanced monitoring process pilot. The inspector asked questions around changes, innovations and improvements that had been made since last CQC inspection in 2019 as well as focusing on a number of KLOEs and requesting evidence and specific examples, which were given. The subsequent report confirmed an onsite inspection was not required at that time.

Our last full inspection took place in December 2019. The report was published in March 2020 and the ratings are below:

Overall rating for this location	Outstanding	★
Are services safe?	Good	●
Are services effective?	Outstanding	★
Are services caring?	Good	●
Are services responsive?	Outstanding	★
Are services well led?	Outstanding	★

The CQC report confirmed that St Christopher's was meeting the required standards. The full report can be found on our website at www.stchristophers.org.uk.

The CQC reviewed our data remotely in January and June 2022 and found no evidence that they need to carry out an inspection or reassess our rating at that time. The CQC advised that they would continue to monitor the data about our service, and should they receive new information an inspection or reassessment of our rating may become necessary.

Data security and protection toolkit

- As a registered charity/hospice we are obliged to meet the Standards of the Data Security and Protection Toolkit. We completed last year's Data Security and Protection Toolkit return by 30 June 2022. We are also on track to meet our mandatory obligations for the Data Security and Protection Toolkit return this year (30 June 2023)

- In order to meet the National Data Opt-Out requirements we check our data against the Message Exchange for Social Care and Health (MESH) system to ensure compliance. Our electronic patient record system provider will be automating this in future so that reports extracted directly from our electronic patient record system, SystemOne, will be compliant
- Our Information Governance Committee (IGC) is committed to reviewing existing and current operational practices, activities and incidents against the national Data Security Standards to ensure we are consistently meeting national requirements
- To help the IGC achieve their objectives and to provide greater assurance around information handling and data protection practices, an in-house full-time Data Protection & Information Governance Manager will be appointed
- On 22 November 2022, we had a data breach that we promptly reported to the Information Commissioners Office (ICO). We maintained transparency throughout the investigation by keeping all affected parties fully informed about the incident and the actions we took to address it. We have implemented all recommended actions, and on 25 January 2023 the ICO confirmed that no further action was necessary.

Working with commissioners

We continue to meet quarterly with our local ICS commissioners. We provide them with quality assurance data and report on service developments over the previous quarter and plans for the next.

In 2022, the Commissioning for Quality and Innovation (CQUIN) programme was reintroduced. The CQUIN we agreed with the commissioners was Nutrition Screening for Hospice Inpatients. We have included an update on this CQUIN below.

Nutrition screening for hospice inpatients

As per St Christopher's Nutrition Strategy, all patients, unless they are imminently dying, should be nutritionally screened within 24 hours of admission. Once completed referrals to the dietitian should be made as indicated. A re-audit of this occurred in December 2022 and the results highlighted a couple of issues:

- 89% of patients had a screen completed within the timeframe stated in the nutrition strategy and as per the requirements of the CQC. This is a drop of 4% since the last audit was carried out in January 2022 highlighting a possible training need and the importance of promoting the nutrition screening to the staff on the IPU. This result was discussed with the Nutrition and Dysphagia group in January 2023 and a plan has been put in place to address the situation
- The results also raised additional questions at the Nutrition and Dysphagia Group around whether the current tool was adequate for the patient population and the referral process to the dietitian. Advice has been sought regarding the automatic generation of referrals from our electronic patient record system, SystemOne, to the dietitian if the score indicates the patient needs to be referred.

In addition to the above audit, a further piece of work was completed which compared Integrated Palliative Outcome Scale (IPOS) scores and nutrition screening results. The results prompted further discussion and planning. As part of our standard practice we ask every patient what matters to them and, on occasion, patients are indicating that there are areas of the physical or psychological management where dietetic advice would have a positive impact for them regardless of the nutrition score. Where this is the case we recognised that these patients should have been referred to the dietitian for advice and support.

Following the audit work completed in Q3, the nutrition screening tool available for staff on the IPU is being reviewed and ongoing training provided. In addition to this, a piece of collaborative work has commenced with Royal Trinity Hospice reviewing the options for screening tools for palliative care patients. Our shared aim is to design and pilot a nutrition screening tool across our caseloads which is better suited to our patient population and better meets their needs as well as incorporating both IPOS and 'What matters to you?'



4 Our plans

for 2023-24

Quality improvement priorities

Bromley Hospital at Home/Virtual Wards

Why is this a priority?

We know that the majority of people want to remain at home, where they are most comfortable and in familiar surroundings, rather than be admitted to a hospital or hospice. The NHS is under increased pressure and actively looking to reduce hospital admissions, where possible, so the right people are getting the right support when and where they need it most.

A new initiative, known as Virtual Wards, is currently being trialled which aims to provide intensive, hospital-level care for people with conditions that would normally require a hospital bed or regular visits to a hospital, in their own home. One of the four pathways of care identified for hospital at home is end of life care and a major focus in developing this new service is to ensure that it meets people's needs and the care is holistic and person-centred – which is wholly aligned to our aspirations as an organisation.

How will we achieve this?

There has been additional investment from the NHS across the country to support people at the place they call home, including care homes. We are heavily involved in the Virtual Ward implementation in Bromley where we have received additional funding for two more nursing staff and some consultant time.

The St Christopher's Community Teams have started work in our boroughs within the emerging Virtual Wards, enabling patients to get the care they need at home safely and conveniently, rather than being in hospital. If this pilot in Bromley is successful, it will be a service we look to develop and offer across all five boroughs we serve in the future.

How will we monitor and report progress?

A Bromley Hospital at Home Board, with representation from St Christopher's, Bromley GP Alliance, King's College Hospital NHS Foundation Trust and Bromley Healthcare (who are all partners in delivering this initiative) retain oversight for the performance of the pilot. At St Christopher's we will also continue to report

on our impact and progress against this initiative to our Board of Trustees.

Improving provision of end of life care for homeless people in Bromley

Why is this a priority?

Homeless people frequently 'fall through the cracks', don't access GPs and aren't able to access the end of life care support they need at hostels or shelters, often because staff are not clinically trained, do not have access to medical records, and don't have the experience or confidence to make the most appropriate decision for their residents.

Many deaths in the homeless population are sudden; however, this does not mean that they are unexpected. Deaths can occur in hostels or temporary accommodation where staff are unable to provide adequate support and care. This can also be traumatic for staff and other residents if they don't feel confident or are unprepared for these unfortunate realities. This project will address a huge inequity in healthcare provision, ensuring more people experiencing homelessness and ill health will receive compassionate and dignified care. They will have choice and control over their health needs and be able to die according to their wishes and preferences by means of advance care planning.

How will we achieve this?

St Christopher's was successful in securing external funding to build on previous work undertaken in Croydon to introduce a sustainable model for embedding multi-disciplinary, person-centred care for homeless people who have end of life or palliative care needs. We will do this by identifying and then training St Christopher's staff to become Bromley Homelessness Champions (BHCs). These champions will then liaise with hostels and other organisations across Bromley and provide their staff with training and support around recognition of how to support homeless people dying and to improve their experience of end of life. This will improve their knowledge of how to identify palliative care needs, improving access and health outcomes for the homeless people they work with. Our BHCs will work to integrate multi-disciplinary teams into hostels,

consisting of St Christopher's staff, hostel staff, social workers, general practitioners, health practitioners and local authority housing workers.

How will we monitor and report progress?

We will measure this project and its impact through monthly reports assessing key metrics (such as the number of ambulance call-outs and hospital visits as well as the number of residents supported by other healthcare professionals). We will also ask champions and hostel workers to provide monthly updates on their progress and experience.

This data will be discussed at multi-disciplinary meetings so we can continually adapt our work based on our findings.

Residents with a palliative care need will be monitored using the Integrated Palliative care Outcome Scale (IPOS) so that we can measure their symptoms and physical and psychological needs. We will also conduct interviews with residents to discuss their needs, draw up advanced care plans and also collect valuable feedback that will help us to constantly improve.

Heart Failure Project funded by the Burdett Trust

Why is this a priority?

This nurse-led project aims to create and test an integrated model of community support for people living with, and dying from, advanced heart failure in Bromley and Croydon. It will improve these people's quality of life, reach patients who may currently struggle to access the support they need, reduce hospital admissions, and we hope it will be an innovative model of care to enhance our existing provision and support patients with advanced heart failure that is both scalable and replicable.

How will we achieve this?

Practically, this project will introduce hospice-based day case interventions to avoid hospital attendance where appropriate (for example, by administering SC Furosemide and/or Iron to control symptoms). We will integrate clinical interventions with other support, such as complementary therapies, to improve patients' quality of life. We will also incorporate expertise from hospital-based experts in cardiology and heart failure via regular multi-disciplinary meetings. In support of

increased care at home, and opportunities for self-care we will also test basic remote-monitoring equipment that is suitable for people living with advanced heart failure.

Throughout we will identify and contribute to community-based peer support networks to augment professional support, help demystify end of life issues and encourage engagement between the hospice with patients, families and carers to shape future services. Furthermore, we will utilise our community action programme to identify opportunities for increased participation in care and support for families and carers.

Finally, we aim to develop a community of practice and additional learning opportunities for nurses and others who share our ambition to keep more people with advanced heart failure out of hospital and at home, where this is clinically appropriate and consistent with the patients' wishes.

This project will build on the learnings from an early pilot we undertook in 2017. This 13-month pilot in Bromley confirmed the value of palliative care input for people with advanced heart failure. We want to develop this further, broadening the contribution of palliative care and testing it in a more diverse population and over a larger area, covering the boroughs of Bromley and Croydon. We feel that if this project is successful it has potential for replication and upscaling.

Towards the end of the project we will draw together learning for dissemination in order to encourage further upscaling across south east London and beyond. In so doing, we aim to reduce inequities in the provision of care for people with advanced heart failure, and increase support for individuals for whom the current models (hospital based or hospice led) are inappropriate for their needs.

How will we monitor and report progress?

We have developed seven key areas of focus, with set objectives, which we will report against regularly throughout the project. These include the number of patients and carers reached, the number of people who benefit from remote monitoring technology and symptom burden tracking, among others.

Learning disability

Why is this a priority?

People with a learning disability often have additional needs in palliative and end of life care. Considering and having these needs understood helps to ensure they get the person-centred care they need.

Palliative care staff need to have an increased awareness of the people with learning disabilities and learning disability services also need to have an increased awareness of palliative care. Research has shown that on average, people with a learning disability die earlier than the general public, and do not receive the same quality of care as people without a learning disability (LeDeR).

How will we achieve this?

We have an extensive plan in place to improve support for people with a learning disability including everything from staff training, the development of easy read information materials for the people we support and developing better links with our learning disability services across the community, acute and learning disability service providers in order to increase referrals and improve joint working, and many more areas of focus besides, so that the service experience for a person with a learning disability is improved.

How will we monitor and report progress?

- Recording quantitative data on the number of people with a learning disability receiving care and support from St Christopher's which will be benchmarked against the population of people with learning disabilities in each borough. This will help us to see who we are/are not reaching
- Recording data for family members who have a learning disability to identify additional support that is needed
- Recording the number of deaths reported to Learning Disabilities Mortality Review (LeDeR) under the care of St Christopher's
- Learning from the SE London LeDeR Steering Group. A newly appointed learning disability nurse attends the SE London LeDeR steering group. The aim of this is to improve care, reduce health inequalities

and prevent premature mortality of people with a learning disability. The purpose of the local steering group is to bring together local partner agencies to review local deaths and to build relationships across Bromley of those who work or have an involvement with learning disability populations.

What matters to you?

Why is this a priority?

Few things in healthcare spread like wildfire. The 'What matters to you?' (WMTY) movement is one. In 2014, the Institute for Healthcare Improvement (IHI) challenged the medical community to shift healthcare from 'What's the matter?' to 'What matters to you?' sparking an international WMTY movement that has now spread to over 49 countries worldwide.

WMTY is a simple question that can have a profound impact on a person's engagement, overall experience and moves the culture away from starting with a diagnosis or solution to a symptom, to doing what matters most to the individual.

Healthcare staff can be reluctant to ask WMTY because they're concerned, in some cases, the response will not be actionable, but this holistic and person-centred approach has been proven to improve outcomes for patients and those closest to them.

Following our work on a contemporary model of holistic rehabilitative palliative care at St Christopher's, we wanted to be part of the movement by making WMTY central to all our conversations.

How will we achieve this?

It's early days, but we've already seen incredible examples of where this question has supported a better overall outcome for people and we've appointed WMTY Ambassadors across the organisation to support staff to continue to make WMTY an essential part of each and every initial conversation. We've held sessions at the Wednesday Learning Forum (an organisation-wide training session), provided WMTY badges for staff to act as a conversational prompt to both them and the people they're supporting and plan to profile this

important initiative further during the awareness week later this year.

Knowing what matters to someone is also linked to happiness at work so we're making it part of our staff culture too and are including it in our new appraisal process.

How will we monitor and report progress?

- Collating feedback from WMTY Ambassadors, staff, patients and families on how this simple question has impacted on their experience
- Reviewing satisfaction levels from people being supported by St Christopher's to ascertain if the WMTY conversation has improved their experience
- Completion and engagement with the WMTY entry as part of our staff appraisal process.

Fairness, respect, equality, diversity, inclusion and engagement (FREDIE): the backbone of a truly inclusive culture

Why is this a priority?

Equality, diversity and inclusion (EDI) is more and more prominent in today's world. St Christopher's is a diverse and inclusive organisation and it is important that we showcase what we are doing and what we plan to do in the future to ensure we are both welcoming and accessible to everyone. EDI is a priority across all areas of St Christopher's – for both our workforce and the people we support. Potential employees, patients and families increasingly want to see and benefit from how we are addressing and improving in these important areas and how we will continue to respond to people's changing needs.

We want our workforce, our staff and volunteers alike, to bring their best self to St Christopher's and be able to deliver great results in whatever sphere they work in. As such we want our people to speak up about anything that may get in the way of them doing a good job. We are therefore implementing the NHS-led initiative, known as Freedom to Speak Up, to support and enable this.

How will we achieve this?

There are four key areas we will be focussing on in the coming year and beyond:

- Working towards the achievement of the Investors in Diversity accreditation awarded by the National Centre for Diversity. This is recognised as the national equality standard and it provides organisations with a bespoke approach for improving FREDIE practices in the workplace. We have created a comprehensive action plan to support us in achieving this goal
- Being a signatory to the Business in the Community Race at Work Charter. This is a public commitment to improving the experiences of Black and Minority Ethnic employees in the workplace through tackling ethnic disparities. The charter includes seven calls to action, such as appointing an Executive Sponsor for race, capturing ethnicity data and publicising progress, and committing at board level to zero tolerance of harassment and bullying. In 2021, the charter was expanded to include allyship and inclusive supply chain commitments. The charter is a practical framework that St Christopher's will follow to meet the seven calls to action
- Signing up to the Age Friendly Employer Pledge led by the Centre for Ageing Better. This is a nationwide programme for employers who recognise the importance and value of older workers. Employers commit to improving work for people in their 50s and 60s and taking the necessary action to help them flourish in a multi-generational workforce. With approximately 50% of our workforce aged over 50, this is of particular importance and relevance to St Christopher's
- Promoting the Freedom to Speak Up initiative through mandatory training and internal awareness campaigns ensuring everyone feels able to speak up and knows who to go to if they have a concern.

How will we monitor and report progress?

We are required to submit quarterly reports to the Freedom to Speak Up portal to meet organisation and CQC requirements in this area. We have also established a FREDIE Group made up of staff members from across the organisation who are committed to ensuring St Christopher's is, and remains, inclusive, welcoming and accessible for everyone. This group are responsible for driving forward our action plan and report regularly to the People and Workforce Committee who hold responsibility for overseeing progress.

Trading Quality Improvement: commercial opportunities, partnerships and sustainability in our communities

Why is this a priority?

People are more mindful of their effect on the planet, have an increased desire to reduce landfill and recycling is at an all time high. The movement for sustainability is blooming and this provides our Trading Team with a great opportunity to showcase the unique part our shops play in promoting sustainable living in our communities.

We remain committed to forming meaningful partnerships with individuals and businesses across the five boroughs we serve in south east London. As a local charity with a track record of successful partnership working, we are in a strong position to build meaningful partnerships for the benefit of both parties with the ultimate aims of improving our service, offer and income raised for the hospice.

Finally, we have a unique opportunity through St Christopher's CARE to develop and capitalise on new commercial opportunities. This is a priority for St Christopher's as one of our key aims for the newly opened centre is to provide a reliable revenue stream for the hospice so we can continue to be there for people in our communities when they need us most.

How will we achieve this?

We will continue to deliver on our sustainability agenda through actively promoting the need for quality donations to sell in our shops and online. By donating to St Christopher's items are saved from going to landfill – everything donated to St Christopher's will either be sold and reused or recycled if we are unable to sell the item. Shopping with St Christopher's marks a move away from 'fast fashion' with its negative impact on the environment and a mindful step towards a more sustainable way of living – a movement with increased support from Gen Z.

We will refocus our efforts on forming partnerships with individuals and businesses across our communities with the aim of driving meaningful engagement. We will look to build on the success of the Business Network Meetings held in St Christopher's CARE, work with businesses to secure quality donations and

actively develop new connections to maximise our reach (including the exploration of cross-promotion opportunities). We will continue to provide volunteering opportunities with St Christopher's for local businesses – both supporting them to fulfill their Corporate Social Responsibility (CSR) requirements whilst supporting the hospice at the same time.

We will also look to maximise on the commercial opportunities afforded to us through St Christopher's CARE. This includes effectively hiring the space to ensure it is established as a valuable community asset and drives revenue for the organisation as well as hosting income generating events which draw in the local community. One of these events will be our very first Wedding Fair which will be hosted in 2023.

How will we monitor and report progress?

We will collect feedback through our shops and online as well as regularly report on our social media activity. We will also actively monitor the number of new businesses supporting us, amount of donations, businesses and individuals volunteering with us and the number of hours they have gifted. Lastly, we will report on the number of events held in St Christopher's CARE and the bookings secured as well as the overall income generated.



5 Statement from stakeholder organisations

Healthwatch Bromley

Thank you for asking us to comment on your annual Quality Account and plans for 2023-24. Noting the large body of work undertaken in 2022-23 we would like to take this opportunity to commend and thank the staff and volunteers for their hard work and commitment to supporting local people and their families.

The development of a Carers Strategy, the appointment of Carers Champions and the enhanced support, information, peer support and outreach are particularly welcome. We look forward to seeing the resultant benefits being captured when the developing SMART outcomes are implemented, and this best practice helping shape the proposed Bromley Carers Charter.

Bereavement services are very important, and the changes made, and the increased support provided to children is particularly welcome. Noting the reduced funding regards bereavement support and having discussed this with St Christopher's we are pleased and assured that there is sufficient capacity to support Bromley residents moving forwards.

The continuing emphasis on educating and spreading best practice by the CARE learning network is noteworthy particularly the partnership with 75 care homes.

Reviewing the patient experience section, the high level of satisfaction reported in the Our Care survey is very pleasing and evidences the commitment and hard work of the staff.

The improvements evidenced in IPOS measures, the further development and adaptation of the tool, and the learning deployed are good evidence of consistent quality improvement. Similarly, the 4AT audit and ongoing improvements to the nutrition scores are further evidence of a robust quality improvement and learning culture.

Priorities for 2023-24

The focus on better support for the learning disability and homeless communities is very welcome. Noting the health inequality theme for this year we trust the heart failure project will include people from areas of known health inequality within Bromley.

Spreading the 'What matters to you?' initiative is very welcome. Among many benefits, this supports better

communication with patients and carers, an area consistently highlighted to us across the health and care system. We hope this initiative will also be included within partnership projects such as Hospital at Home.

We would welcome the opportunity for further joint work with St Christopher's Hospice, particularly in promoting Healthwatch and enabling our Patient Experience officer to visit the premises.

South East London Integrated Care Board

South East London Integrated Care Board (SEL ICB) was formed in July 2022 serving the populations of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

SEL ICB wishes to thank St Christopher's for sharing their 2022/2023 Quality Account with us and welcomes the opportunity to provide a commissioner statement. We are pleased that the working relationship between SEL ICB and the hospice continues to flourish particularly around quality and improvement. We confirm that we have reviewed the information contained within the Quality Account and, where possible, information has been cross referenced with data made available to commissioners during the year.

The ICB commends St Christopher's for their hard work and collaboration with external stakeholders as they strive towards improving the experience of those at end of life and their continuous efforts towards the delivery of quality healthcare.

The ICB acknowledges the progress made against their key priorities for 2022-23 and notes the achievements in responding to an increase in the number of patients requiring their services. The ICB commends the work undertaken to expand their 'Choose Home' service and their work in increasing the knowledge of those caring for patients with dementia.

The ICB congratulates St Christopher's on retaining their CQC outstanding rating and acknowledges the hospice's efforts to ensure their services remain within this rating.

The ICB would like to acknowledge the work St Christopher's has played in developing a south east London approach to quality through participation with system partners within SEL and looks forward to our continued partnership over the coming year.

If you would like this information in a different format, such as audio tape, braille or large print, or in another language, please speak to the Communications Team on **020 8768 4500** or email communications@stchristophers.org.uk.

StChristopher's More than just a hospice

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