



2024/2025 Quality Account

“The staff have been so kind and so helpful, and I have been able to make great improvements each day. Having made progress I began to see that well, maybe there is some purpose to life in the end.”



A statement on quality from the Chief Executive Officer

Welcome to our Quality Account 2024/2025. We consider it to be an important publication as it is part of our accountability to the many individuals and groups within in the work of Garden House Hospice Care (GHHC).

The year as a whole

As we reflect on 2024/2025, I am proud to present this year's Quality Account - a testament to the compassion, dedication, and innovation that continue to define Garden House Hospice Care.

At the heart of everything we do is a deep commitment to the people we serve. Whether it's through our expanding network of Compassionate Neighbours, the growing number of Wellbeing Hubs, or the dedicated staff and volunteers who walk alongside patients and families every day, we are unwavering in our mission to provide care that is personal, inclusive, and excellent.

This year, we have made measurable strides across our strategic objectives. We have strengthened our clinical services - embedding the frailty and enhanced care home pathways as core to our offer - and expanded our reach into new communities. We have continued to grow our community-facing work, with over 900 active hospice volunteers and increasing engagement through our shops, fundraising events, and educational partnerships with local schools.

Our integrated governance work has also matured, ensuring we are safe, compliant, and forward-looking in how we operate. From launching a new digital governance platform to investing in leadership training and new clinical infrastructure, our organisation is building the resilience and capability needed for the future.

We know that quality care is not just about systems and outcomes - it's about people. I am deeply grateful to our incredible staff, volunteers, supporters, and partners. It is your kindness, energy and commitment that enable us to respond to the changing needs of our community with compassion and confidence.

Looking ahead, we remain focused on deepening our reach, broadening access, and continuing to innovate to ensure our care is available for all who need it. Thank you for being part of our journey.

With gratitude

Lisa Hunt

Chief Executive Officer
Garden House Hospice Care
lisa.hunt@ghhospicecare.org.uk



Our services at Garden House Hospice Care

Garden House Hospice Care (GHHC) is a registered charity providing a range of services to support the needs of our community. We need £8,000,000 each year to provide our services.

We receive only 34% income from our NHS funding stream. Therefore, our Fundraising and Trading teams work tirelessly to raise the 64% / £5.5 million pounds each year to ensure our essential services for our community are maintained.

Within our Inpatient Unit (IPU) - Palliative and reablement services

These services are provided by our multidisciplinary team who work together to ensure that each person, their families and carers have access to the support they require at the time they require it. The team work to ensure that care and support is individualised and that people, and those nominated by them, are always involved in the care plan and decision-making process where it is possible and practicable to do so.

Led by our Medical Director, the team includes:

- Medical team
- Nurses and Healthcare Assistants
- Physiotherapist
- Occupational Therapist
- Rehab and Wellbeing Assistant
- Pharmacist
- Family Support Team psychological support
- A multifaith and spiritual support chaplaincy team service.

We provide access to a Palliative Care 24-hour advice line via our Inpatient Unit.

Within patients' homes (Community team)

We provide care and support at home through a variety of service provisions:

- Nursing care and support at home is provided through our Hospice at Home service (H@H) and Continuing Health Care (CHC) Fast Track 10-bed capacity community service for those requiring palliative and care and support at end of life
- Community support at home for those in our community with frailty identified through our dedicated service.

The team includes:

- Nurses
- Healthcare Assistants
- Occupational Therapists
- Physiotherapists.

Dementia support

Those living with dementia at the end of life and their carers receive support to those at home and in care homes. This is provided by our dedicated Admiral Nurse Dementia Clinical Nurse Specialist (CNS).

Access to those living with dementia and their carers is provided through referral by a healthcare professional, access to our dementia café, attendance at training events and at carers support groups.

Medical assessment and review

This is delivered through a blend of domiciliary and outpatient medical reviews. These are provided face-to-face at home, within the Hospice or through telephone review and support.

For those who live in care homes

Those living in care homes are supported through our Enhanced Nursing Care Home (ENCH) team. The team work alongside the care home providers and GP teams to support the delivery of end-of-life care.

Until April 2025 our ENCH team comprised four Frailty Nurses. From April 2025 there was a significant change to our current service when Garden House Hospice Care successfully commenced delivery of the newly awarded Enhanced Nursing Care Homes (ENCH) contract across the East and North Herts patch.

This has significantly expanded our reach across approximately 450 square miles with an increase of support to over 3,900 nursing and residential care home beds. This growth was supported by the transfer of seven senior staff members joining our established team.

This expansion provides an important enhancement in collaboration with the 12 Primary Care Networks (PCNs) in the area and will improve continuity of care for all service users who require palliative and end of life care support.

Rehab and Wellbeing outpatient services

Our Rehab and Wellbeing team provide support to patients in our Inpatient Unit and within the community setting in their own homes. Rehab and Wellbeing forms part of the multidisciplinary team in the planning and provision of care needs. This includes supportive discharge assessment and advice when required.

The team also support outpatients through access to assessment, and the provision of both individual and group activities.

The team includes:

- Occupational Therapists
- Physiotherapists
- Rehab and Wellbeing Assistants.

In-reach Frailty Nursing team

People identified with frailty in acute settings at East and North Hertfordshire Trust are assessed and offered, when in line with criteria and their wishes, to access GHHC services on discharge through our Inpatient Unit and/or at home. This is a short-term service provision.

The team includes:

- Two senior nurses based within the Lister Hospital who provide a weekday service, working alongside the East and North Hertfordshire Trust teams.

Through our provision of psychological support

Our Family Support Services team works across our Inpatient and Community teams providing support to all patients admitted to our Inpatient Unit, families and carers.

The service offers pre- and post-bereavement support, face-to-face and virtually, individually or in a group environment.

The team includes:

- Senior counsellors and psychological therapists.

Within our Community Hubs and Compassionate Neighbours

Our voluntary services support our community through access to our Community Hubs and Compassionate Neighbours service.

Compassionate Neighbours support individuals at home and at our 15 Wellbeing Hubs situated in Letchworth Garden City, Hitchin, Stevenage, Royston, Ashwell and Weston, enabling an average weekly attendance of 711 people. Both services help promote wellbeing and reduce loneliness and isolation. This includes special events such as Christmas lunch provision.

We have an active caseload of 910 community members, which means they are either being visited by a Compassionate Neighbour every week or attending a Wellbeing Hub every week.

The team includes:

- Compassionate Neighbours Project Manager
- Volunteers.

Training provision at Garden House Hospice Care

GHHC is part a rotational training placement for GP trainees and two regional universities which access training placements for student nurses and allied health care professionals. Placements take place across our Inpatient and Community services.

Regulation and inspection

GHHC is regulated by the Care Quality Commission and was last inspected in May 2022, receiving a rating of 'Good' in all five key lines of enquiry.

Strategy

Within this year's Quality Account we have worked to achieve our objectives in line with our 2022/2025 strategy. The year 2024/2025 has been a period of review and preparation for the future as our current strategy ended.

To achieve this new strategy and vision for the future we have completed stakeholder engagement events with our internal teams and external partners through interactive face-to-face workshops and engagement events.

Following the stakeholder engagement events and feedback, as an organisation we are embracing development and change for the future and our new strategy launched in April 2025 reflects our new vision, mission and values that we aspire to achieve.

We are excited to announce our innovative new 10-year strategy.

Underpinning our new vision, mission and values of every person matters and our financial goal of every penny counts.

Garden House Hospice Care Strategic Objectives 2024 /2025



Vision

Our vision is to help provide the very highest care to the growing numbers of people that will need our services over the next 20 years.

Mission statement

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

How we demonstrate our achievements 2024/2025

Strategic objective 'Our community'
Sit at the heart of our community and local networks.
How we can demonstrate achievement 2024/2025
<p>Our fundraising events and activities continue to inspire and engage the local community, encouraging people to be part of our mission.</p> <p>This year's Sunset Starlight Walk brought together more than 300 participants for a powerful evening of memory and reflection, as we honoured loved ones who have been cared for through our services. Thanks to the generosity and spirit of those taking part in the seven-mile walk, the event raised over £40,000 to support our work.</p> <p>We've also grown our Wildflowers In-Memory and Lights of Life events, welcoming people into our Hospice garden to celebrate the lives of those no longer with us. These meaningful moments offer time for reflection and connection, with continued support from our compassionate teams.</p> <p>Our 12 shops across the local area not only generate essential funds but also offer valuable employment and volunteering opportunities. They help us stay visible and engaged with the community, maintaining a strong presence on the high street.</p> <p>We've also expanded our Connect Business Club, providing local businesses with the chance to support our cause while becoming part of a dynamic networking group. With over 20 regular members, the club fosters meaningful connections and helps members grow their networks across the region.</p> <p>We have 930 active Hospice volunteers with 444 new volunteers onboarded this year.</p> <p>We have recruited 76 new Compassionate Neighbours and received 450 Compassionate Neighbours referrals from 41 different local organisations.</p> <p>We have increased access to our Wellbeing Hubs situated in Letchworth Garden City, Hitchin, Stevenage, Royston, Ashwell and Weston, bringing our total to 15. These have an average weekly attendance of 711 people.</p> <p>We have an active caseload of 910 community members, which means they are either being visited by a Compassionate Neighbour every week or attending a Wellbeing Hub every week.</p>

We have active partnerships with 66 local schools engaging in a variety of projects including the Hawthorne Schools Project, Young Entrepreneurs and Christmas Tractor Rally, plus a range of sessions in school assemblies and lessons.

Strategic objective 'Our services'

Provide high quality services that meet the needs of the whole community.

How we can demonstrate achievement 2024/2025

The organisation has made notable progress in delivering against its key performance indicators and strategic objectives. One of our most significant achievements has been the successful over-delivery on our activity plan, particularly through maintaining the End of Life (EoL) and palliative care pathways while expanding the Frailty pathway.

This dual focus has allowed us to increase the proportion of non-cancer patients we support, thereby helping us address longstanding inequalities in access. Against our set target of 50% non-cancer patient engagement, we achieved 55% – a positive indicator of the breadth of our services. The average length of stay (LOS) has remained below our operational threshold of 14 days throughout the year.

In April 2025 our current Enhanced Nursing Care Home service (ENCH) successfully commenced the delivery of a newly awarded contract to include the service provision for the East and North Herts patch, significantly expanding our reach. The new service covers 450 square miles and increases the support provision to over 3,900 residential and nursing care home beds. This provides important collaboration with 12 Primary Care Networks (PCNs) in the provision of continuity of care across the care homes.

In our Inpatient Unit our occupancy rate has been managed effectively at an annualised 74.8%, below the maximum operational threshold of 85%. This residual capacity has proven essential in facilitating timely admissions, reducing wait times, and ensuring smooth patient flow through the organisation and across the system.

We have implemented a new acuity tool in our Inpatient Unit to ensure we have the correct establishment and skill mix for safe and effective care. This is monitored daily within our multidisciplinary daily capacity morning meeting identifying actions required in line with the agreed parameters.

Our Frailty in-reach service was secured in Q2 following a successful pilot. Over the year we have surpassed commissioned targets. We recorded a total activity of 431 against a target of 360, with 266 successful transfers from Emergency Departments compared to a target of 206.

Our Wellbeing Hubs have a 100% positive approval rating with an average score of 9.4 out of 10.

- 86% of attendees report a reduction in loneliness and social isolation
- 98% of attendees report feeling more informed about local services
- 100% of attendees report feeling involved in the activities and sessions.

Across our 1-1 matches, we have a reduced social isolation by an average of 19.6% and loneliness by an average of 19.3%. 89% say their match is either fantastic (48%) or good (41%).

We have made 798 trips with our community minibus service, supporting 150 community members with a team of 25 volunteers.

We have embedded a programme of Integrated Governance improvement. We proactively engaged two independent consultants to assess our compliance with Health and Safety standards and clinical services provision.

A Health and Safety specialist was engaged through a consultancy firm to review the health and safety culture, systems and processes. Five key observations were made within the report across the organisation including our trading company. These were implemented through an action plan. Following this, a second review was completed by the consultant firm. The results were highly positive.

As part of this improvement the Health and Safety Committee was re-established with new terms of reference, group membership and responsibilities, and new reporting templates and system implemented. Thirteen members of the committee completed the Institute of Occupational Safety and Health (IOSH) Managing Safely three-day course with written assessments completed.

We have developed and agreed a new integrated governance framework finalised at Trustee Board in April 2025. This will be implemented for 2025/2026. To support the integrated governance framework, we have reviewed our structure and expanded our management models of care and the Integrated Governance team. The new process aims to ensure we have the expertise required with robust support across the organisation to implement the safety and governance culture and any identified improvements.

In 2024 we commissioned a new Data Protection Officer (DPO) support role through an external expert consultancy. The service provides assurance and advice monthly as required ensuring we have skilled and up-to-date advice and support across the organisation.

We have continued to strengthen our safeguarding awareness and support through expansion of our safeguarding group, training and awareness. We have

nominated leads, champions, links and trustee for safeguarding with allied agreed role profiles. Safeguarding supervision is in place, and we have strong links in place between our safeguarding lead and nominated trustee lead.

Our trained two Freedom to Speak Up Guardians (FTSU) have provided support, and we have nominated a trustee lead for FTSU in place.

The national Guardians Speak up month in October 2024 theme was Listen Up. This focussed on the power of listening, and the important part which listening plays in encouraging people to speak up.

At GHHC we embraced this theme. Through our safeguarding group and under the leadership of one of our FTSU guardians in collaboration with the marketing and communications team, there was information shared throughout the week with teams via our intranet. A drop-in coffee morning for all staff to raise awareness had the support and attendance of our nominated FTSU trustee and was well attended. The feedback was excellent and raised the profile and understanding of the role.

In response to the NHS implementation of Oliver McGowan training we have supported staff across the organisation to attend and experience the training according to their role. All clinical staff are attending tier two training.

We have implemented a new governance and safety intranet page to enable easy access to information and support for all staff in regard to:

- Risks and incident management
- Safeguarding
- Health and Safety
- GDPR
- Infection prevention
- PSIRF
- Audits and feedback.



We have embedded our new risk register. This has enabled all teams to have access and accountability to raise and review risks when identified. These risks are reviewed weekly and reported monthly to our Hospice Management Board with agreed escalation processes in place.

We have continued to develop our organisational weekly multidisciplinary incident review meeting to include a weekly review of incidents in progress, reported and closed within one week, plus risks and policies under review.

Our annual Infection Prevention Audit and training was completed by East & North Herts Trust in January 2025 with good results and feedback received. We appointed a new infection control link nurse, enabled attendance at accredited external training and have reintroduced infection control group meetings.

We welcomed our Herts & West Essex Integrated Care Board Governance team assurance visit in March 2025, receiving comprehensive and thorough written feedback. This positive feedback was shared through our internal reporting system with the Hospice Management Board and the Clinical Governance trustee committee.

A review of the Inpatient Unit multidisciplinary team meeting (MDT) has been undertaken to include - alongside the review of all palliative and end of life patients - specific review of our reablement patients admitted, with presentation led by the Rehab and Wellbeing team. A review of key topics is presented by each multidisciplinary team member to ensure the most relevant areas for patient safety, safeguarding and outcome are considered.

We have recognised the need for continuous improvement and investment in our clinical equipment and requirements for delivery of care. We invested in eight new Inpatient Unit beds, essential clinical equipment for symptom management as well as in environment and treatment room and medication storage facilities.

With funder support, we have been able to create and launch a new facility for families and carers to enable them to remain close and stay overnight onsite in a comfortable and supportive environment in our new dedicated ensuite bedroom.

We have increasingly recognised the importance of technology in shaping future service delivery. In this year, we have begun laying the foundations for greater digital maturity and will include this area more explicitly in our 2025/26 objectives.

Strategic objective 'Our people'

Grow a strong, capable, resilient, highly skilled and motivated organisation.

How we can demonstrate achievement 2024/2025

In recognition of our continuing drive for excellence across the organisation, and in response to feedback received, we have developed and launched a new code of positive behaviour for all staff. This was reviewed and agreed through our Staff Forum prior to launch.

We have reviewed and relaunched the Staff Forum with increased attendance to ensure representation from all areas and departments and a new digital feedback suggestion box.

Our most recent staff survey showed an engagement level of 80%.

Yearly roadshows for all staff and volunteers to attend continue and were held in May 2025. These are an opportunity for all to hear the reflection of the year, and also to look forward together and embrace the new annual plan for the coming financial year. It is also an opportunity for questions across the room. Attendance and participation were excellent with positive feedback received. Those unable to attend can keep involved and informed through the recordings shared via our intranet and through our open-door policy of all our executive team and team line managers.

We have completed an external review of all job roles and responsibilities to ensure that we have pay and responsibilities aligned to national expectations. We have reviewed the skill mix in clinical areas, resulting in our nursing banding and ratios being uplifted in response to responsibility and skills. Aligning clinical pay banding with NHS equivalents has enabled us to compete more effectively in the local workforce market. As a result, recruitment has improved, turnover is stabilising and staff engagement is rising.

Investment across all teams this year has been completed, enabling all areas to have the capacity to achieve delivery of care to patients and carers, aiming to enhance experiences and enable the best care and support possible. This includes our non-patient facing functions as we recognise the value and essential roles that are required to support our clinical service delivery across the organisation.

We have used training needs analysis to guide our clinical training programme through our Learning and Development team.

Key developments include the introduction of a competency-based framework, initiation of ILM management training for managers, and starting rollout of a devolved Business Unit Structure. These initiatives are supported by strengthened back-office functions, and an expanded Clinical Governance team.

We have reviewed and updated our appraisal process, ensuring that all staff access and have timely appraisal in completed.

In response to, and in line with, the recommendations in the updated Safeguarding Intercollegiate document, we have implemented and enabled increased training levels for all our registered health care professionals to level 3. We have also increased the number of team members completing safeguarding level 4 training to five providing additional access to support and advice across the organisation.

Weekly 'Lunch and Learn' meetings are run by the medical team with two topics relevant to our patient group being discussed at each meeting, which include occasional invited outside speakers.

Ongoing review of our GP trainee induction has been completed to ensure induction is relevant, effective, and addresses the key aspects of ensuring safe, quality patient care.

Following consistently positive feedback from GP trainees on training placements at GHHC, it has been confirmed that the number of full-time GP placements allocated will be increased by 25% in 2025.

Our volunteers receive robust training that is compliant and relevant to their role. 99% of Compassionate Neighbours say their induction has been good (29%) or excellent (70%).

We have improved our volunteer communications in response to their feedback provided via a volunteer survey which highlighted:

- 91% feel informed and receive sufficient communication from the Hospice
- 88% volunteers feel valued and empowered in their role
- 94% understand how their volunteering contributes to the Hospice mission.

Strategic objective 'Our funding'

Secure the future of the Hospice through sustainable funding

How we can demonstrate achievement 2024/2025

We are committed to making 'Every Penny Count' while exploring innovative revenue opportunities.

Our fundraising efforts continue to generate vital income for the organisation, with this year's support from the local community expected to raise over £2.7 million.

This incredible figure reflects donations from individual fundraisers, in-memory gifts, legacies and contributions from local groups, organisations and trusts. These funds have enabled us to expand and enhance the essential services we provide to people living in our community.

We have seen a notable increase in donations made in memory of loved ones, especially from friends and families who have experienced the care we offer. This deep connection to our work reinforces the importance of what we do.

Our Big Give Match Funding Appeal had its most successful year yet, raising over £100,000 to support individuals and families through the winter – an incredible milestone made possible by the generosity of our supporters.

In addition, we've continued to grow our legacy income and future pipeline, helping to secure the long-term sustainability of our organisation for generations to come.

We receive regular donations from our Wellbeing Hub attendees and community members involved in Compassionate Neighbours. We have received funding for both Wellbeing Hubs and Compassionate Neighbours.

Many of our partner schools have organised fundraising events and campaigns in support of the Hospice.

In recognition of our ongoing requirements and commitment to sustainable funding for the future we have formed a new Trading company. The company has a new management structure and new strategy in line with Garden House Hospice Care. It remains part of Garden House Hospice Care portfolio.

Summary of strategic objectives and priorities 2024/2025

Priority 1:

Expand our Compassionate Neighbours and increase Wellbeing Hubs aligned to pathways into and out of clinical services, becoming an integral partner in Integrated Neighbourhood Teams across PLACE.

We will increase and train our number of Compassionate Neighbour volunteers by 100, enabling increased provision for our community members and new referrals to our service in 2024/2025.

We will maintain attendance levels at current hubs and open six new Wellbeing Hubs, linked to Neighbourhood Team locations. This will increase the total number of hubs to widen our community's access to our services.

Looking back

Our Compassionate Neighbours programme has exceeded expectations. Against a target of 300 referrals, we received 450 and exceeded our plan with 15 Wellbeing Hubs now fully operational. Attendees report feeling more informed about local services.

We have continued to expand our Compassionate Neighbours services, with 450 new referrals received and an active caseload of 910 people.

We have trained 76 new Compassionate Neighbours and made 354 new matches of Community Members to either a Compassionate Neighbours or a Wellbeing Hub.

We have opened nine new Wellbeing Hubs, taking our weekly provision to 15 Wellbeing Hubs with a regular attendance of 721 people.

- 89% of community members would describe their match as good or excellent
- 100% of people enjoy the Wellbeing Hubs, with an approval rate of 9.4 out of 10
- 86% of community members report a reduction in loneliness and social isolation.

We have reduced feelings of loneliness and social isolation by an average of 19.5%.

Priority 2:

As part of our ongoing provision of care to those with frailty and those in need of palliative symptom control, we will commence ambulatory care services within our Inpatient Unit in partnership with our Community Trust.

We will undertake a scoping exercise to investigate and identify the difference and need of a Hospice ambulatory care service to support our local care provider and patient care. This will ensure equality in access to care and provide a care setting of patient choice that is appropriate to each individual.

We will complete a Quality Impact Assessment and Equality Impact Assessment to ensure high quality provision.

Within our implementation plan, we will equip our staff with the skills and training to expand and grow the service.

We will evaluate patient pathways, experience and impact of those referred to and accessing the service.

Looking back

We looked at the implementation plan for this. The decision in line with the outcome was that we would focus on the embedding of the frailty in-reach and enhanced care home provision as a key priority.

We have consolidated the Frailty service as a core element of our clinical offer and it is now fully embedded within our business-as-usual operations.

Although our ambition to develop services was not realised in 2024/2025, we remain committed to the implementation of this and have included this as our annual plan priorities for 2025/2026.

Priority 3:

In our ongoing annual improvement plan, we will invest in our staff in 2024/2025.

We will build resilience and expertise in our teams, investing in training programmes across all levels to enable us to deliver high quality services within our current and future key priorities.

We will value our teams, investing in them and empowering them to be involved in the decisions, direction and implementation of our transformation plans for 2024/2025 as we strive for improvement in our service delivery and staff, patient and carer satisfaction.

Looking back

We have made investments in all teams, enabling all areas to have the capacity to deliver our patients' and carers' experiences and enable the best care and support possible. This includes our non-patient facing functions as we recognise the value and essential roles that are required to support our clinical service delivery across the organisation.

We have completed our annual staff survey and a yearly review of the Staff Forum, refocusing the priorities and aims and effectiveness of the group.

We have used training needs analyses to guide our clinical training programme through our Learning and Development team.

We have reviewed and updated our appraisal process, ensuring that all staff access and have timely appraisal.

Introduction of a competency-based framework, initiation of International Leadership programme (ILS) management training for frontline managers has commenced.

We have started rollout of a devolved Business Unit Structure.

Priority 4:

We plan to investigate the development of a response team to provide telephone advice and urgent domiciliary support to palliative patients on the ambulance stack.

We will work with other providers within our Integrated Care Board in the support to development of palliative care support to the ambulance service to ensure equal access across the Herts and West Essex Integrated Care Board.

We will explore further opportunities for partnership working with other providers across the Integrated Care Board to support the avoidance of unwanted and unnecessary admissions to the acute trust. This will enable patients to remain in their own homes, if this is their wish, with the appropriate plan of care.

Looking back

While we were unable to achieve our objective of rolling out Integrated Neighbourhood Teams (INTs) due to system-wide delays, we remain committed to this ambition.

We have however made significant progress in establishing local relationships and pathways that will support our role in the first INT pilot across two Primary Care Networks in Q1 2025/26.

Looking forward 2025/2026

Our new strategy

Every person matters.

2025/2026 STRATEGY

Our vision is simple

Our mission is clear

Embracing, empowering and enriching lives every day.
Rebalancing and refocusing our services to enhance quality of life based on the needs of our communities.

Our values

Inclusiveness
Integrity
Innovation

Our reach

- We will develop an outcomes-based population health model for all people in their last phase of life, designing services to address local need.
- We will develop agile partnership models addressing inequality in access for everyone including Frailty, Mental Health and Dementia.
- We will focus on proactive care to ensure better outcomes.
- We will collaborate with health and social care partners for seamless, person-centred integrated care.
- We will grow our services to address the unmet need by doubling our provision over the next 10 years.

Our people

- We will focus on recruitment, retention and talent management at an individual and team level, working in partnership to secure our future workforce.
- We will invest in our health and wellbeing offering to ensure our colleagues are healthy, happy and that our workplace is safe.
- We will create an organisational culture that is welcoming, builds and celebrates inclusivity and diversity and provides a sense of belonging and trust.
- We will create agile workforce models, digital enablement and innovative roles that embrace new ways of working.
- We will work closely with system partners and education providers to optimise funding and training that enables workforce transformation.

Our foundations

- We will be commercially disciplined and enterprising.
- We will build a 70/30 diverse funding model.
- We will cultivate collaborations where we can access additional funding opportunities and expand our financial resources.
- We will extend our pipeline of commercial opportunities to include new businesses, acquisitions, franchises, partnerships and public sector contracts that fit with our vision, mission and values.
- We will ensure our digital infrastructure is designed to meet our ongoing needs and requirements, this will include the development of a digital transformation strategy to include use of AI.
- We will grow our fundraising, lottery and retail income through new and creative approaches.

Our impact

- We will remove the 'hospice' title from our name to help improve access by reducing the stigma and misconceptions associated with it.
- We will invest in research as a powerful tool for influencing change, providing evidence-based insights and data, driving improvements and innovations that enhance patient care and support.
- We will influence policy using research findings to advocate changes that support better palliative care services.
- We will become an innovation hub and learning academy providing education and training to inform healthcare professionals about the latest best practices and advancements in palliative care.
- We will share knowledge: Organise conferences, workshops, and seminars to share best practices.
- We will co-author papers and articles to publish in reputable journals, ensuring our research reaches a wide audience.
- We will build collaborative networks: Partner with other organisations and institutions to amplify our message and reach a broader audience.

Our partners

- We will work in collaboration with our strategic partners and develop collaborative care models where our strategic goals align.
- We will form partnerships with corporate partners, trusts, foundations and other organisations that share our vision, mission and values to support our growth.
- We will co-produce our future models with those who use our services.
- We will work as an equal partner within the health and social care landscape with equal responsibility to deliver seamless, cost-effective, excellent care.

Our planet

- We will responsibly reduce our environmental impact.
- We will ensure sustainable standards are in place for our estates.
- We will raise awareness, train and empower our staff to drive the change that is needed.

Garden House Hospice Care

Our priorities

In 2025/2026 we will continue to build on our quality improvement journey which will focus on the three healthcare Pillars of Quality:

- Patient safety
- Clinical effectiveness
- Patient experience.

We will use these Pillars of Quality to lead our priorities:

Priority 1: Patient safety

We will continue to grow and develop our safety culture through our ongoing development of an effective Governance team and process reviews.

We will embed our risk identification and management systems to ensure we are both proactive and responsive to support the safe delivery of care across the organisation.

We will underpin our patient safety through our new clinical audit programme, recognising the needs to flex and add to this as needs may arise.

Priority 2: Clinical effectiveness

We will ensure our new integrated governance framework and reporting structure is implemented. Through review of our current patient acuity/safe staffing tool, we will develop and implement a tool for our community teams.

We will look to improve our clinical effectiveness through a review of our communication methods, handovers, MDTs, meetings and documentation to ensure we are accurately reporting, maximizing and releasing time to effectively to support our patients' outcomes.

Priority 3: Patient experience

Building on information from our effective communications, we will work to review and identify any improvements in our communications with our patients and communities.

This will include a review of patient and carer satisfaction feedback methods and development of agreed systems to receive patient and carer feedback and monitor patient information provision

We will involve service users through the setting up of a new patient carer user forum. Through this identified group we will be able to share and receive feedback on service reviews and developments - for example, to review our current patient, carer and public information.

We will ensure our new complaints policy and procedure is embedded across the organisation and use feedback to gain learning to develop when identified.

Mandatory statements of assurance

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

Review of services

During 2024/2025, Garden House Hospice Care received some NHS funding for its services. The income received from the NHS in 2024/2025 represents 34% of the overall running costs of Garden House Hospice Care.

The remainder of running costs are funded through voluntary income generation, donations, legacies, lottery activity, investment income and shop trading.

Participation in clinical audit

As a provider of specialist palliative care, Garden House Hospice Care was not eligible to participate in any national clinical audits or national confidential enquiries.

Local clinical audits

Garden House Hospice Care has an annual programme of clinical audits. A summary of audit results and action plans are reported to the Board of Trustees via the Clinical Governance Committee, a sub-committee of the Board of Trustees.

We have reviewed our clinical audit plan for 2025 /2026 in line with our annual plan.

National audit

FAMCARE

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

Garden House Hospice Care took part in the national FAMCARE audit for the first time in 2018 for both the Inpatient Unit (IPU) and Hospice at Home (H@H)/ Continuing Health Care (CHC) Services. GHHC took part again in 2024. Nationally, specialist palliative care team participation in 2024 was as follows:

Location	No. of Teams Participating	No. of Questionnaires Returned
Hospice Inpatient Units	22	380
Home Care Teams	21	637
Hospital Support Teams	0	0

The service evaluation questionnaire was sent to the next of kin of patients who died between 1st June and 30th August 2024, with a prepaid envelope for completed forms to be returned directly to the APM.

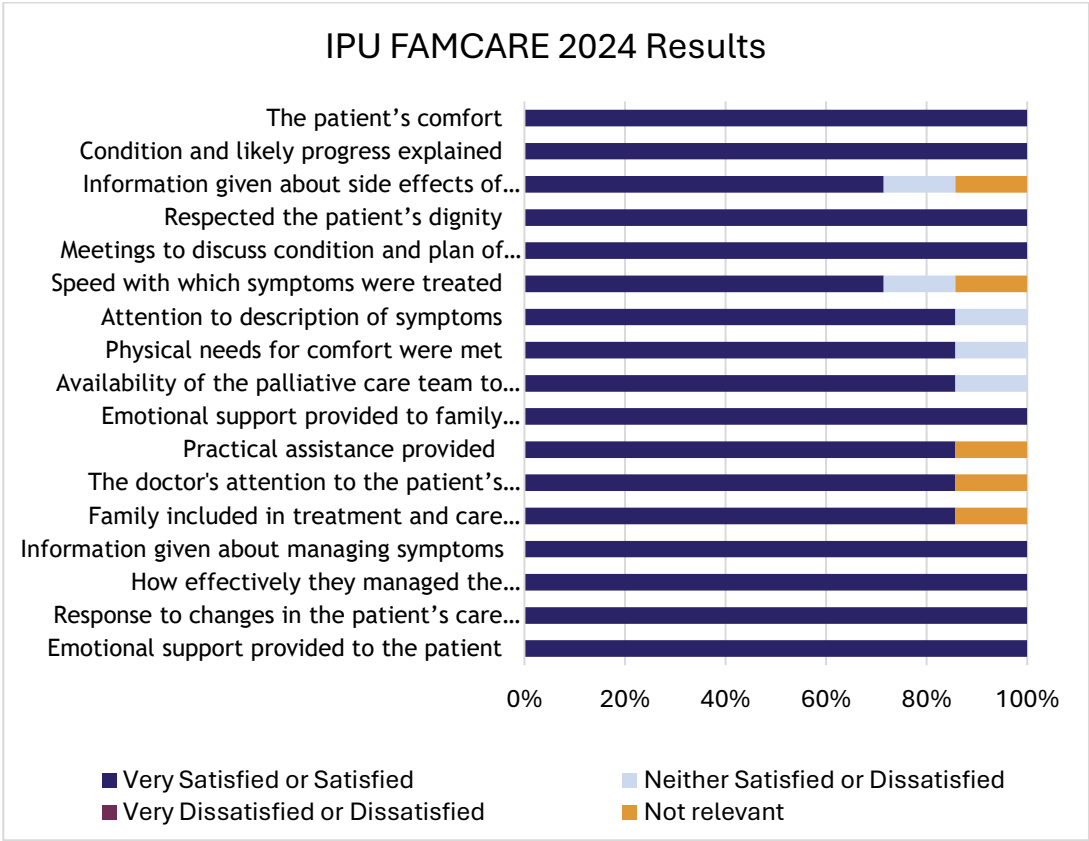
Garden House Hospice Care sent out 42 questionnaires; 7 IPU surveys and 7 H@H/CHC surveys were returned. There was a 33% return rate.

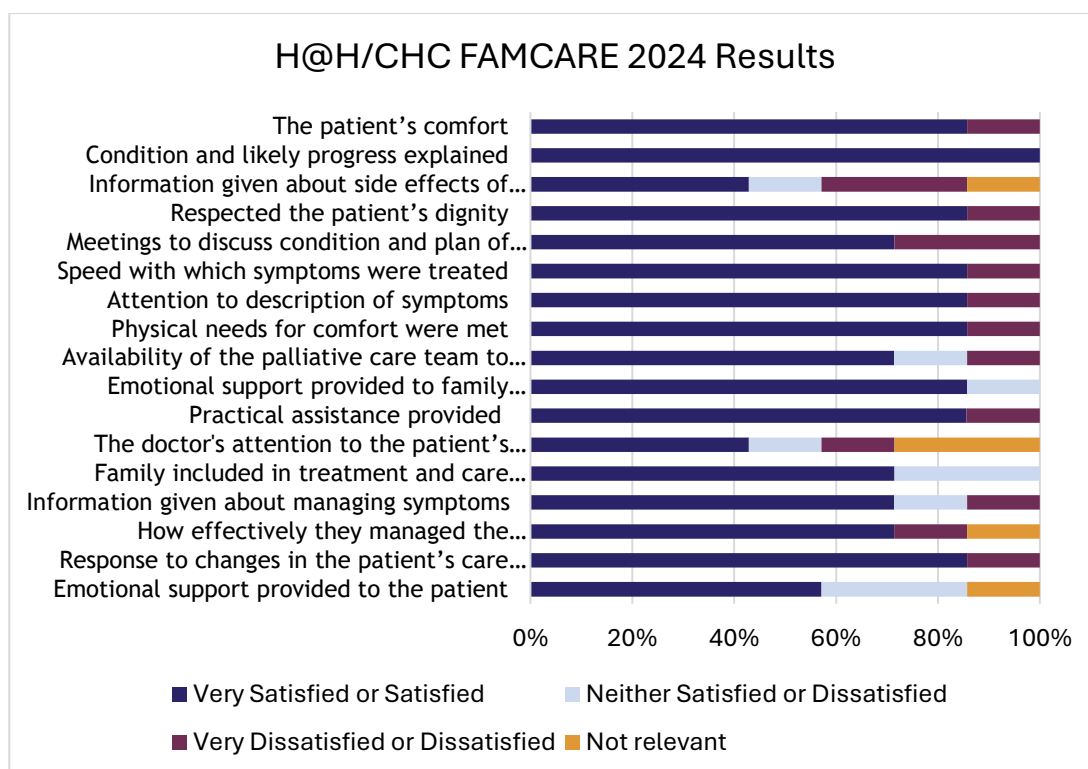
The APM collated the results and provided each participating specialist palliative care team with graphs comparing their results with the national results for equivalent services.

The national FAMCARE 2024 report states that responses to the surveys have been decreasing year on year, as have the number of participating centres. The APM are

going to be looking into alternative ways that relatives can participate, such as providing an option to take the survey online.

As part of our annual plan 2025/2026, we will be reviewing our internal feedback processes to include and promote user involvement in both our reviews of care and our service development through the development of a service user forum.





Hospice UK Audits

Controlled Drugs GHHC undertakes the Hospice UK Controlled Drugs audit biannually.

- In 2024/2025 compliance was 93% (93% in 2023 - 2024).

Medical Gases GHHC undertakes the Hospice UK Medical Gases audit annually.

- In 2024/2025 compliance was 98% (96% in 2023 - 2024).

Pressure Ulcers GHHC undertakes the Hospice UK Pressure Ulcers audit biannually.

- In 2024/2025 compliance was 100% (98% in 2023 - 2024).

General Medicines undertakes the Hospice UK General Medicines audit annually.

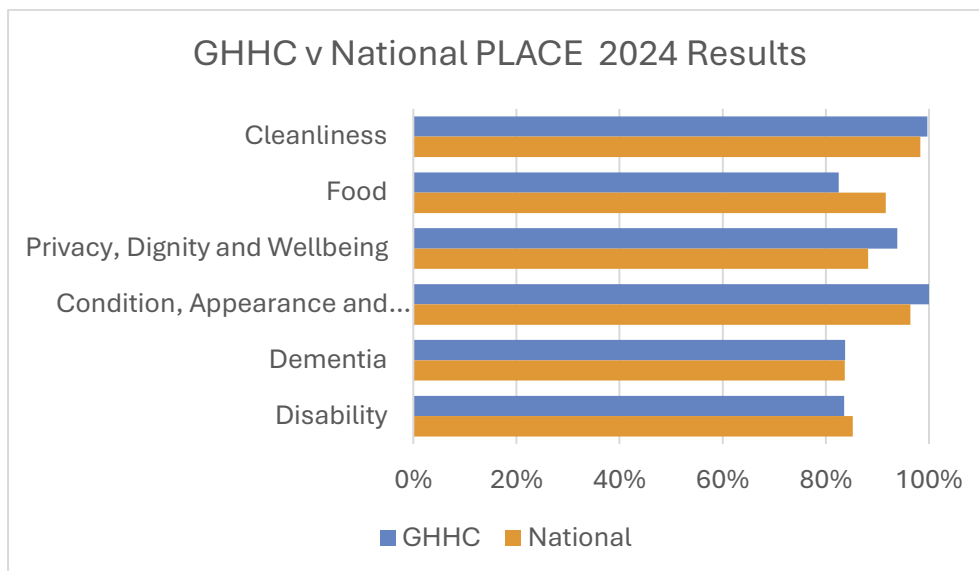
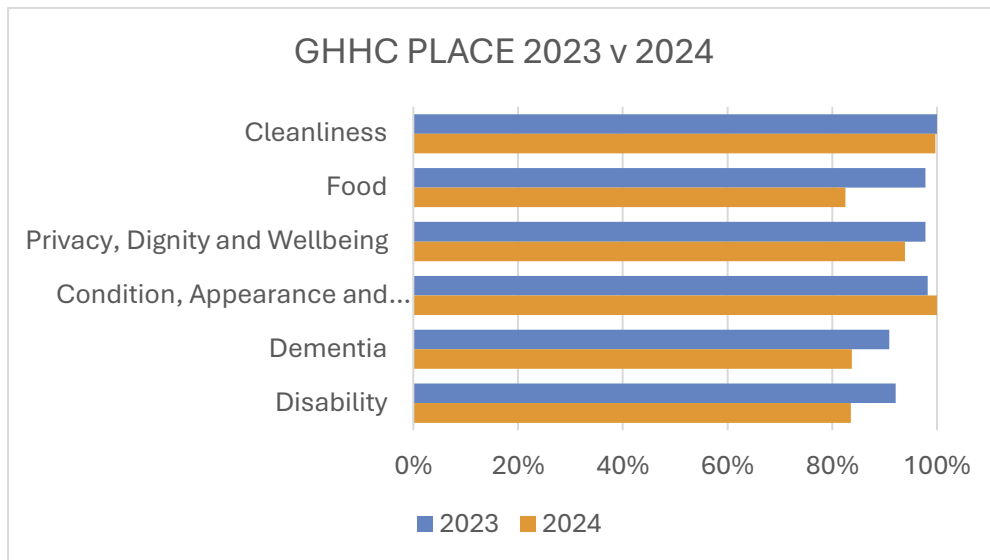
- In 2024/2025 compliance was 96% (97% in 2023 - 2024).

Patient-led assessment of the Care Environment (PLACE)

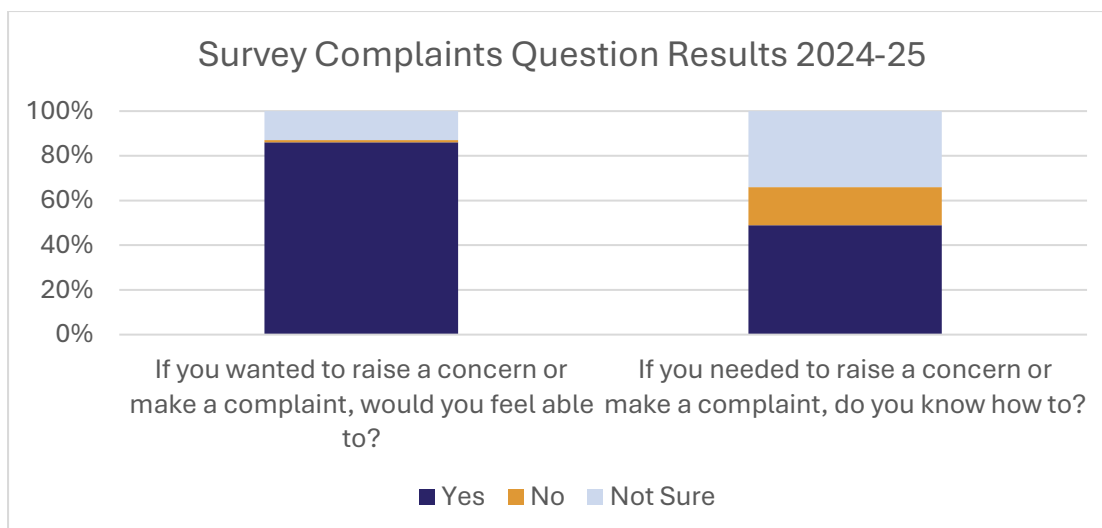
PLACE is an assessment programme run by NHS Digital on behalf of NHS England (NHSE) which should be completed within all qualifying inpatient premises on an annual basis.

It is about the non-clinical environment covering food, cleanliness, privacy, dignity and wellbeing, condition, appearance and maintenance and how well the organisation supports patients with dementia and disabilities.

Garden House Hospice Care took part in the national PLACE audit in autumn 2024 and patient auditors were recruited, trained and supported to carry out the audit.



The overall score for the PLACE audit is 91%. A plan has been developed in response to the results.



The survey identified 86% of survey responders felt able to raise a concern or make a complaint if needed. However, 49% of survey responders knew how to raise a concern or make a complaint if needed.

Garden House Hospice Care provides information on raising concerns and making complaints through an information leaflet that is provided to all service users on entering the service. These leaflets are included in patient admission packs and there is information regarding raising concerns and making complaints distributed throughout the Hospice.

GHHC encourages feedback both negative and positive from our service users with the aim of improving the service we provide.

During 2024/2025 we have reviewed our complaints policy and processes. This has included ensuring we are aligned to NHS standards, a new information leaflet and a direct access through our website to our governance team to support the outcome of the audit findings. This aims to enable the feedback/complaints process to be known and found easily.

Research

The number of patients receiving NHS services provided or sub-contracted by Garden House Hospice Care in 2024/2025 who were recruited by the Hospice during the period to participate in research approved by a research ethics committee was NIL.

Use of the CQUIN payment framework

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

In 2024/2025, Garden House Hospice Care has not been subject to payments under the CQUIN payment framework from NHS Hertfordshire or NHS Bedfordshire.

Garden House Hospice Care will not be subject to CQUIN payments in 2024/2025.

Hospice UK Benchmarking Project

Garden House Hospice Care did not participate in the national hospice (Hospice UK) quality benchmark reporting during 2024

Statement from the Care Quality Commission

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

The Care Quality Commission has not taken enforcement action against Garden House Hospice Care in 2024/2025.

Data quality

Garden House Hospice Care did not submit records during 2024/2025 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. This is because the Hospice is not eligible to participate in this scheme.

Data Security and Protection Toolkit attainment levels

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

Learning from deaths

Providers are expected to report their progress in using learning from deaths to inform their quality improvement plans as part of the Quality Improvement toolkit.

Garden House Hospice Care has not previously been subject to the Quality Improvement toolkit. However, from May 2025 HWE ICB have invited Hospices to be part of this work stream. GHHC has accepted and started engagement with this.

Review of quality performance

Garden House Hospice Care explanation

All clinical incidents at Garden House Hospice Care are managed in line with the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents through the Patient Safety Incident Response framework (PSIRF).

Garden House Hospice Care has a clear reporting, monitoring and investigation system in place. All reported incident, investigation and outcome data is held within our electronic reporting system.

Daily reviews are held by the Governance team. Weekly reviews are completed by the wider multidisciplinary team and monthly reports are received by the Hospice Management Board on all incidents. Risk per incident is also monitored and reported to the Hospice Management Board.

External reporting of incidents is completed in line with requirements: Garden House Hospice Care reports incidents quarterly to the Herts and West Essex integrated Care Board and the BLMK Integrated Care Board and to the Care Quality Commission when required.

Garden House Hospice Care activity data

The figures below provide one measure of Garden House Hospice Care's activity during the period 2024/2025:

	2024/2025
Total number of patients, carers and community members cared for across all GHHC services	3,718
Inpatient Unit	
Number of admissions	275
Average length of stay (days)	9.4 days
% of patients discharged to home / care home / hospital	52%
Number of advice line calls	164
Hospice at Home	
Number of referrals	219
Number of visits to patients	2,580
Continuing Health Care Service	
Number of referrals	98
Number of visits to patients	7,987
Rehab and Wellbeing	
Number of referrals	240
Number of activities	3,232
Frailty Service	
Number of patients	431
Care Home Frailty Team	
Number of referrals	428
Number of patients reviewed and support calls	3,763
Dementia Clinical Nurse Specialist	
Number of referrals	43
Number of interventions	1,089

Outpatients	

Number of unique patients attending	33
Number of medical appointments	95
Family Support Services	
Number of referrals	534
Bereavement individual counselling sessions	839
Number of interventions	2,693
Compassionate Neighbours	
Number of Community Members Supported	1,259

Feedback from patients and families on services

Patient and family feedback is very important to Garden House Hospice Care. Feedback is received via surveys, comment cards, emails, letters, cards and social media posts and logged to enable teams to learn from service users' experiences. Below are some examples of feedback received during 2024/2025.

What do you think has been of particular benefit to you?

"To know there is help [counselling] available. I don't have to struggle unsupported."

"Knowing I could get the support through the Hospice was very helpful. With the timeframe at the doctors these days, it was nice to get started sooner than later. I'm very thankful of the help and support I received."

"We had lots of questions as we have no experience of this and everyone was brutally honest (which we needed). Answered all our questions as best as possible. Sorted out all mum's problems with minimal fuss."

"Physiotherapy has been good and helped get me walking again."

"Without exception, all the home carers are cheerful and helpful and respectful."

"The help and information we have received has been excellent. We can only thank you so much."

What do you think Garden House Hospice Care can improve on?

More permanent staff for consistency.

Personally I think I would have benefitted by having the counselling much earlier.

Would have useful to understand timeframes better, but we appreciate everyone is different, so hard to say.

More time to sit and chat.

The NHS Friends and Family Test

2024/2025 percentages calculated from 145 responses to the Friends and Family Test question on real time patient and carer surveys, Family Support surveys and comment cards.

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

	2023/2024	2024/2025
Very Good	91.2%	86.2%
Good	8.8%	13.1%
Neither Good nor Poor	0%	0.7%
Poor	0%	0%
Very Poor	0%	0%
Don't know	0%	0%

Feedback from our Compassionate Neighbours service

"Oh my gosh, I absolutely love 'her' coming to see me every week, we have so much in common, she has set me up on the computer to do an online water colour painting class, I look forward to her coming every week, thank you so much."

Community member

"I just love my gentleman, he is so sweet and charming, we knew the very first week we here going to be best friends, it's a privilege to be part of this project and know that I am making a difference to someone."

Compassionate Neighbour

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) response to the Quality Account of Garden House Hospice Care for 2024/2025.

NHS Hertfordshire and West Essex Integrated Care Board (HWE ICB) welcomes the opportunity to provide this statement on the Garden House Hospice Care (GHHC) Quality Account for 2024/25. The ICB would like to thank GHHC for preparing this Quality Account, developing future quality priorities, and acknowledging the importance of quality at a time when they continue 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.


HWE ICB is responsible for the commissioning of health services from GHHC. During the year the ICB has been working closely with GHHC in gaining assurance on the quality of care provided to ensure it is safe, effective, and delivers a positive patient experience. In line with the NHS (Quality Accounts) Regulations 2011 and the Amended Regulations 2017, the information contained within the 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.

When reviewing the progress highlighted against priorities set for 2024/25 clear improvements are evident, notably the expanded access to Wellbeing Hubs and the successful recruitment of new Compassionate Neighbours. The commencement of delivery under the Enhanced Health in Care Homes (EHCH) contract is a positive step, strengthening collaboration with Primary Care Networks (PCNs) and enhancing continuity of care in care homes. The targeted focus on frailty is commendable, and reflects a broader commitment to integrated system working and strengthened partnership collaboration across East and North Hertfordshire (ENH).

The continued review and strengthening of governance processes is encouraging and demonstrates a commitment to continuous improvement. The emphasis on workplace culture and staff engagement is welcomed, acknowledging their vital role in delivering high-quality, sustainable services. GHHC remains committed to the rollout of Integrated Neighbourhood Teams, with strong progress made in developing local relationships and pathways that position them well for progressing this in 2025/26.

The ICB acknowledges GHHC for their dedication in implementing the Patient Safety Incident Response Framework (PSIRF), strengthening how the NHS learns from patient safety incidents to enhance care and outcomes. We will continue our joint working with GHHC and system partners as part of continued progression with PSIRF and the National Patient Safety Strategy and recognise that evidencing key principles such as compassionate engagement, proportionality, and system-wide approaches will be vital to ensure its ongoing success.

Looking forward to 2025/26, the ICB supports GHHC quality priorities and we look forward to a continued collaborative working relationship, including through building on existing successes and collectively taking forward needed improvements to deliver high-quality services for this year and thereafter.



Nadean Marsh
Assistant Director of Nursing & Quality Hertfordshire and West Essex ICB

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

Healthwatch Hertfordshire's response to the Garden House Hospice Care (GHHC) Quality Account 2024/2025

We thank GHHC for giving us the opportunity to comment on their Quality Account.

GHHC demonstrates in the Quality Account how it is moving forward to meet the needs of the population it serves. This includes the successful launch of the Enhanced Nursing Care Homes contract in East and North Herts providing continuity of care to service users by connecting with Primary Care Networks in East and North Hertfordshire, and the development of a new strategy for the next 10 years. We were pleased to attend the GHHC stakeholder event for the new strategy to hear about GHHC's plans and vision for the future.

It was good to read about how GHHC has engaged with the local community through for example their shops, Wellbeing Hubs, special events and Compassionate Neighbours scheme. In particular we note the partnerships with 66 local schools. Children and Young People is a focus area of our work programme this year and we will be happy to collaborate and share insights from our research with GHHC.

GHHC is rightly proud of the successful over-delivery on their activity plan, particularly through maintaining the End of Life (EoL) and Palliative care pathway while expanding the Frailty pathway. The Compassionate Neighbour Programme has also exceeded the initial target. This is to be commended, and we hope to hear more about these programmes in the future. We are also working with the ICB on a research project focusing on frailty and one on advance care planning this year.

Though there was a slight reduction in the performance of the Patient Led Assessment of the Care Environment (PLACE) scores compared to the previous year, GHHC still compares well nationally, and we note that a plan has been developed to maintain and improve performance in this important area.

We are pleased to see the continued commitment to improving service user feedback, information provision and complaints handling and also looking at how digital solutions may support this. We look forward to seeing the progress of these initiatives. We were pleased to be able to work with NHS East of England and Marie Curie to promote a survey on experience of palliative and end of life care in the East of England last year and welcomed the [findings](#) from this work, published recently.

We welcome the support for the wellbeing of staff and the Freedom to Speak Up guardians as well as the focus on training and support. Retaining and supporting staff and volunteers to provide high quality care is crucial to ensuring patient safety and a good patient experience.

We look forward to working with GHHC in the coming year and sharing the experiences and voices of the communities we hear from to help improve services and we support the quality priorities outlined in this report.

A handwritten signature in black ink that reads "Neil Tester". The signature is written in a cursive style with a horizontal line underneath the name.

Neil Tester, Chair Healthwatch Hertfordshire

June 2025