



KEMP Hospice

Quality Account Report 2024 - 2025



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Welcome from Caroline (Chief Executive)



I am proud to present KEMP Hospice's Quality Account for 2024–2025, a reflection of our enduring commitment to delivering safe, compassionate, and person-centred care to individuals and families across the Wyre Forest.

Over the past year, we have continued to provide holistic palliative and end-of-life support through our day hospice, bereavement and family services, and therapeutic care, while laying important foundations for the launch of our Hospice at Home service. This new service, due to begin in 2025-26, will allow more people to receive high-quality care in the comfort and familiarity of their own homes - a key part of our strategic vision.

The Quality Account outlines how we've listened to our patients and families, responded to their feedback, and continuously improved the way we work. Whether through enhancements to our clinical audit programme, improved access pathways, or our focus on emotional and spiritual wellbeing, our goal remains the same: to provide outstanding, personalised support at life's most difficult times.

We are proud of the progress we have made in strengthening our systems for clinical effectiveness, safeguarding, supervision, and data quality. Our workforce continues to demonstrate professionalism, kindness, and resilience, and our compliance with training and governance standards remains consistently high.

None of this would be possible without our dedicated staff, volunteers, partners, and supporters, and I would like to extend my heartfelt thanks to each of them. I also want to thank our patients and families who place their trust in us and allow us to walk alongside them.

As we look ahead, our focus remains on collaboration, inclusivity, and innovation. We will continue to evolve our services to meet changing needs, embrace feedback, and champion dignity and choice for every person we support.

I confirm that, to the best of my knowledge, the information presented in this Quality Account is accurate and representative of the quality of care delivered at KEMP Hospice throughout the year.

Caroline

Highlights of 2024 - 2025

In 2024, KEMP Hospice celebrated its 55th anniversary, marking more than five decades of delivering free, compassionate palliative and bereavement support to the Wyre Forest community. This year saw significant growth and innovation across our services, reflecting both increasing need and our ongoing commitment to high-quality care.



- ✧ An 18% increase in Care Services referrals (Day Hospice) and a 41% rise in total service contacts were recorded, reflecting greater reach and impact.
- ✧ Referrals for both Adults and CYP Counselling have stayed broadly consistent between 2023–24 and 2024–25. The shift from virtual to face-to-face support is clear, especially in adults, with a 43.5% rise in in-person sessions. Total contacts increased by 28.5% for adults and 9.9% for CYP.
- ✧ We embedded the Quality & Safety and Safeguarding Sub-committees as a central part of our governance.
- ✧ Our innovative use of Minecraft in bereavement support for children and young people received national recognition, winning the Hospice UK poster competition and being published in BMJ Supportive & Palliative Care.



Governance & Management Structure



Board of Trustees:

Responsible for the strategic direction, governance, and overall accountability of the organisation. The board ensures compliance with statutory requirements and supports the delivery of the hospice’s mission and values.

Hospice Services Committee:

A sub-committee of the Board, this group provides focused oversight on clinical and service delivery matters. It receives and reviews reports from the following sub-committees:

Quality & Safety Group

Safeguarding Group

These groups ensure robust monitoring of care standards, risk management, and safeguarding practices across the organisation.

Senior Management Team:



Our Vision

Compassionate care and support with dignity.

Our Mission

To provide free holistic palliative care and support to people living with a progressive life-limiting illness.

Providing support to adults, children and young people affected by bereavement.

Our Values



We Care



We are Collaborative



We are Innovative



We are Inclusive



We have Integrity



We are Sustainable



How we developed our Quality Priorities

Our quality priorities are developed through insights gathered from service user experience surveys, complaints and compliments, and multidisciplinary team (MDT) reflections. Priorities are aligned with our strategic plan, governance reviews, and emerging healthcare needs.



Review of priorities for 2024 - 2025

Priority 1: Improve Specialist Provision

- Clinical Nurse Specialist (CNS) role embedded within the Care Services Team.
- EMIS fully implemented, enhancing evidence of care and quality, improving coordination and audit.
- Launched therapeutic Minecraft for children and young people (CYP), which was published and nationally recognised.
- Delivered new groups for men, carers, individuals with neurological conditions, and those experiencing fatigue.

Priority 2: Outreach and Training to Care Homes

- Delivered case-based guidance, although broader outreach was limited by staffing.
- A strategic review of this area is planned for 2025.

Priority 3: Spiritual and Pastoral Care

- Following recruitment challenges, this Priority has been forwarded to 25-26.
- Spiritual and pastoral needs increasingly identified; an inclusive model is in development.

Priority 4: Befriending Service

- Pilot phase completed with positive outcomes.
- Service paused during 2024-25 to prioritise Hospice at Home planning, with plans to align befriending with the new service once operational.

Priority 5: Audit and Quality Processes

- Rolling audit programme embedded covering Infection Prevention & Control (IPC), EMIS, and ReSPECT documentation.
- Clinical governance strengthened, with more responsive, data-led service development.

Clinical Audit and Effectiveness

KEMP Hospice delivered a structured audit programme during 2024–25. Oversight was provided by the Quality & Safety Group.



Audit Topic	Frequency	Key Findings	Actions Taken
EMIS Record-Keeping	Quarterly	Inconsistent care plans completion	Training delivered; guidance updated
ReSPECT Documentation	Annually	Improved quality and frequency of documentation	Prompts embedded in EMIS to support best practice
Infection Prevention & Control (IPC)	Monthly + Annual	>95% compliance in all areas	Link nurse sustained; staff updated via posters, MDT meetings, and spot checks.
Safeguarding Incidents	Bi-monthly + Annual	Compliance with referral and documentation standards	Training and development of Safeguarding Team and Safeguarding group
Complaints Thematic Review	Annual	Communication was the most common concern	Learning shared; actions logged through governance

Outcome Measures:

- Further Implementation of the IPOS tool commenced, supporting holistic symptom and wellbeing tracking.

Learning and Improvement:

- Audit findings and complaints informed service planning and MDT discussions.
- Learning is shared across teams through structured reflective practice.

Service Users Experience and Feedback

Annual Service Users Survey:

A total of 32 individuals responded, representing a broad range of those supported by KEMP Hospice, including patients receiving palliative and day hospice care, adults and children accessing counselling services, carers, and individuals receiving financial or welfare support.

- **94%** of respondents rated staff professionalism as 9 or 10 out of 10
- **91%** rated the overall quality of care as 9 or 10 out of 10

Annual Professional Referrers Feedback Survey:

- Respondents reported a high level of satisfaction, giving an average score of 4.75 out of 5.
- Perceived Benefit to Individuals Referred: Rated 5 out of 5, highlighting a strong positive impact on patients and families.
- Referrers praised the range and quality of support, with comments including:

"Lovely team. Very friendly and relaxed environment. Not very clinical which is important for patients."

"The young person said it was good to talk to someone about his uncle."

"I am always very happy once the referral has been accepted."

Care Services Feedback:

- **5/5** - 81 comments (97.6%)
- **4/5** - 2 comments (2.4%)

Feedback from Family Support & Bereavement Counselling Services:

115 forms were collected in total

- 88.7% scoring 10/10 for their experiences of one-to-one counselling
- Common themes of praise included compassionate care, responsiveness, and holistic support.
- Compliments were received for the Family Support and Clinical Teams, with over 120 logged in the year.

Complaints

Seven formal complaints were received; all investigated with resolution with service improvements implemented.

Themes identified through feedback and complaints included communication, referral processes, and service access. In response, we have taken steps to improve consistency, provided refresher training, clarified procedures, and reviewed service criteria. These actions support our ongoing commitment to delivering safe, effective, and person-centred care.



Workforce Development & Wellbeing

Sickness Absence: The average sickness absence rate for clinical and therapeutic staff in 2024–25 was 3.8%, favourable compared to the NHS average of approximately 5.6% (NHS Digital, 2023), reflecting strong staff engagement and effective wellbeing support measures.

Mandatory Training: At the close of 2024-2025, Hospice Services achieved 96% overall compliance with mandatory training, demonstrating the team's ongoing commitment to maintaining high standards of care and safety. All training courses were over 90% compliant, ensuring that staff are well-equipped to meet the required competencies for their roles.

Supervision: All clinical and therapeutic staff receive one-to-one support, and reflective supervision if required.

Wellbeing Support: Flexible working, increased supervision, and Employee Assistant Program including access to counselling available to staff.

Equality, Diversity and Inclusion (EDI)

We are committed to providing inclusive care and recognising the diverse needs of our community. EDI considerations are embedded in our holistic care plans, recruitment practices, and clinical assessments. Staff receive ongoing EDI training to enhance confidence and understanding. Our goal is to ensure that every patient and family feels respected, heard, and valued.

Risk and Safety Management

Clinical incidents, near misses, and safeguarding concerns are recorded and reviewed at the Quality & Safety Sub-Committee or relevant Committees which feed into Board.

No serious reportable incidents were reported in 2024–25.

At the close of 24-25 - there were no medication incidents and no reportable controlled drug (CD) incidents during the reporting period. The organisation remained compliant with all relevant medicines management procedures, and the Accountable Officer had no concerns or incidents to report to the Controlled Drugs Local Intelligence Network (CDLIN).

Risk assessments are completed for all service users; these inform care plans and are audited for quality.



Priorities for 2025 - 2026

Priority 1: Hospice at Home

- Work closely with partners in a phased launch of Hospice at Home, providing additional care support alongside existing teams to enable patients to remain at home at the end of life.

Priority 2: Life Story and Digital Legacy

- Launch *Recording Stories* to support patients in recording life narratives for posterity for family and loved ones.

Priority 3: Audit & Feedback Enhancement

- Embed and further develop robust reporting systems to demonstrate service quality, patient outcomes, and overall impact, supporting continuous improvement and patient-centred care.

Priority 4: Spiritual and Pastoral Development

- Develop inclusive pastoral and spiritual provision aligned with service users' needs, enhancing diversity and cultural competence.

Participation in Clinical Audits and National Confidential Enquiries

KEMP Hospice was not eligible to participate in any national clinical audits or national confidential enquiries in 2024–2025 as these are primarily directed at NHS acute and specialist trusts. However, we continue to deliver a robust local clinical audit programme to ensure quality improvement across our services, and we align our practices with national guidance and best practice where applicable.

Research

KEMP Hospice did not undertake any formal research projects during 2024–2025. While we are not a research-active organisation, we remain committed to evidence-based practice and welcome opportunities to engage in collaborative research that aligns with our mission and enhances palliative and end-of-life care.



Data Quality

KEMP Hospice is committed to maintaining high standards of data quality to support safe, effective, and responsive care. During 2024–2025, we undertook regular internal audits of data accuracy within clinical records and continued to embed structured documentation through our electronic records system, EMIS.

While we are not required to submit data to the Secondary Uses Service (SUS) or other central NHS datasets, we work to ensure data completeness and consistency in our internal reporting. Where NHS numbers are provided by referrers or available through coordination with NHS partners, these are recorded securely in line with information governance standards.



Information Governance and Clinical Coding

KEMP Hospice maintains full compliance with the NHS Data Security and Protection Toolkit, completing our annual self-assessment in 2024–2025. This confirms that we meet the necessary requirements for handling personal and sensitive data in accordance with national policy.

We ensure that all data recorded in our EMIS system, including diagnoses, care plans, and outcomes, follow recognised clinical terminology standards where appropriate to support continuity of care and audit processes.

Performance against NHS Priorities and Outcomes

While KEMP Hospice is not a statutory NHS organisation and does not report on national priority indicators, we remain aligned with NHS England and local commissioning expectations. We continue to monitor outcomes and service activity to demonstrate quality and value.

Our audit and governance processes enable continuous quality improvement and assurance for any NHS-commissioned services we provide.

Stakeholders

A copy of this Quality Account will be shared with our commissioning partners, including the local Integrated Care Board (ICB) and Healthwatch.

Publication

This Quality Account for 2024–2025 will be published in line with national requirements and will be made available to NHS England and the Care Quality Commission (CQC). It will also be published on our website and made available to members of the public upon request.

Regulatory Compliance

KEMP Hospice aligns its governance and quality processes with the Care Quality Commission (CQC) fundamental standards. There were no enforcement notices, or compliance breaches in 2024–25. Our processes are benchmarked against NHS partners and palliative care best practice.

Statement of Assurance

The Board of Trustees and Senior Leadership Team confirm that, to the best of their knowledge, the information presented in this Quality Account is accurate, balanced, and representative of the quality of services delivered.

Signed: 
Caroline Beech, Chief Executive Officer
KEMP Hospice

Date: 26/06/2025





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kemphospice.org.uk

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Company Number: 07846810



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