St. Joseph's Hospice
Quality Account 2012/2013
St Joseph’s Hospice

Quality Account 2011-2012

Part 1: Chief Executive’s Statement

I am pleased to provide our second Quality Account for the work of St Joseph’s Hospice. We are a charity, separate from the NHS, but we have prepared the report in recognition of the financial support we have from the NHS and the contribution we make to local NHS services.

The governance structure of the Hospice has recently changed. Until 31 March 2012, the Hospice was a foundation of the Religious Sisters of Charity Charitable Trust. From 1 April 2012 the Hospice is now incorporated separately within a charitable company limited by Guarantee, with its own Board of Trustees. The new charity remains under the care of the Religious Sisters of Charity who are the members of the new charity.

St Joseph’s Hospice delivers specialist palliative care, end of life care, and respite care for people with a progressive and life-threatening illness, their families and carers. Our priority is to look after people with complex or multiple needs and to provide specialist support and expertise in end of life care to generalist services in hospitals and the community. In addition we provide expert advice and support to other professionals on specialist palliative and end of life care, offer specialised education and training and undertake targeted research in aspects of this care. Underpinning all our work, as part of our founding mission, is a particular responsibility to support the poor – whatever the form of their poverty – health, economic, social, emotional, spiritual etc.

We are committed to providing our services in partnership with other like-minded organisations.

Our Mission is central to the quality of everything we do at St Joseph’s and in 2011/12 we achieved many quality improvements. These include:

• Improved physical spaces at the Hospice, including starting a rolling programme of installation of air conditioning for all our inpatient wards
• Establishing a 3 year End of Life Facilitation service in Newham which supports health and social care professionals to provide care for people at the end of life. We are also finalising plans for a new bereavement service in Newham
• Expanding our Welfare Benefits advice service for our patients, their relatives and carers
• The introduction of monthly multidisciplinary Schwartz rounds (see glossary) supporting our staff in their emotional and demanding work with patients and families. The rounds were piloted in the NHS 2009-2010 and they received a very positive evaluation. St Joseph’s is the first Hospice in the UK to start these rounds
• Continued engagement with ethnic minority communities
• Continued expansion of provision of community based care, thereby improving extended quality of care
• New out-patient services provided by a full-time clinical nurse specialist
• Continued joint working with Richard House, our local children’s Hospice, on supporting young adults making the transition between children’s and adult hospice services.
• Strengthening the borough based working arrangements of our multi professional care teams to work across community and inpatient care. Our clinical leaders and teams are dedicated to serving one East London Borough each i.e. one each serving Newham, Tower Hamlets and City and Hackney
• Stakeholder involvement at the People’s Platform End of Life Care Event for North East London in September 2011.
• Continued joint work with our Macmillan-funded Information officer to develop our Finding Space service
• Continued joint clinics with local NHS providers which support patients with life-limiting conditions other than cancer
• New training initiatives for staff, and especially for Heads of Department

Our services are available free to the people who need them. Nearly 60% of the Hospice costs are met by local Primary Care Trusts. The remainder of our funding comes from legacies, donations and other fundraising. This charitable funding represents an additional input of over £5 million each year into local palliative care services.

Delivery of consistent, high quality services continues to be at the heart of everything we do, and our goal is to achieve the best quality of life for our patients and their families all the time. We do this by providing an active, high quality holistic approach to managing any distressing problems patients may encounter as a result of their illness. This may involve management of pain and other symptoms, and the provision of psychological, social and spiritual support are paramount – based on detailed assessment of the needs of the patient and discussion regarding their preferences by a multi professional team.

We aim to work in active collaboration with our patients, their families and carers and are keen to enable patients and their families to be actively involved in the development of plans for care of their loved one if this is what they wish. These plans, in which quality is embedded, are reviewed on a regular basis – both formally and informally by staff involved in their implementation. Formal review is undertaken by a multi disciplinary team. In addition we seek to communicate regularly with other healthcare professionals involved in our patients’ care to ensure seamless support wherever possible.

St Joseph’s Hospice is set within an ethnically diverse area. We aim to meet the varying needs and expectations of all our patients, their families and carers, whatever their cultural, spiritual or ethnic background. We offer culturally sensitive diets and other services; we are supported by a comprehensive bilingual and advocacy service; we actively reach out to different communities so that they are aware of our existence and so that we can learn more about their particular needs.
The standards of high quality care to which we aspire could not be achieved without the commitment and dedication of our staff and our volunteers all of whom contribute so actively to help us achieve our mission to serve the people of East London.

St Joseph’s is answerable to several regulatory organisations in terms of our quality standards. For Care Quality Commission (CQC) registration and compliance purposes, I am the Responsible Individual and the Registered Manager is Ruth Bradley, Director of Care Services. We received a very positive report about our services from the CQC in January 2012.

The quality of care generally is overseen by the Senior Management Team. Regular reports on quality matters are considered by our multi-professional Clinical Governance and Ethics Committee and by the Board of Management, to ensure we remain focused on service improvement. Our work continues to be recognised externally, and we have served as an example of providing high quality end of life care, e.g. in March 2012 our Therapy Services Manager was awarded the Cicely Saunders Prize for Academic Excellence in Palliative Care for her Master’s dissertation (MSc Palliative Care, Kings College University). This prestigious award is the only award presented on the MSc in Palliative Care for outstanding performance and is awarded following external examination by the Editor in Chief of Palliative Medicine journal and a leading Palliative Care researcher. The dissertation was a piece of qualitative research, undertaken at St Joseph’s Hospice, exploring the meaning of pain for patients with advanced cancer and how this influences behaviour.

I am responsible for the preparation of this report and its contents. It has been developed by the Director of Care and our Community Engagement Lead in conjunction with senior clinical and non-clinical staff and shared with the Chair of the Board of Trustees before being distributed to local scrutinisers of the Hackney Health and Wellbeing Board, and commissioning primary care trusts. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by our Hospice.

Michael Kerin.

Chief Executive 29 June 2012
Part 2: Priorities for Improvement 2012-2013

St. Joseph’s Hospice remains compliant with the National Minimum Standards (2002) and has satisfied the Care Quality Commission that standards are being met through self assessment and via a visit from CQC in January 2012. As such, the Board did not have any areas of regulatory shortfall to include in the priorities for improvement for 2012-2013.

The work of the Hospice in recent years has been underpinned by our Strategic Plan (2007-12) which was developed after full consultation with local stakeholders. We have recently consulted further on updating the Plan, and we shared our proposals with a well-attended group of external stakeholders (including the Hackney Cabinet Member for Health, Social Care and Culture). These take forward our existing priorities, building on the progress we have made in the last five years, and are reflected in the Planning Priorities below.

The Hospice has considered how it could extend and improve its services to better meet the needs of our local population, in line with the six key priorities in the Strategic Plan and drawing on local NHS plans. We have continued to looked at development opportunities for service improvement from a wide variety of specific funding sources including Government grants for Hospices in particular and for the third sector generally, as well as from and charitable trusts.

We welcome your comments an ideas on this Quality Account which you can do via email, letter or telephone to Ruth Bradley, Director of Care Services. If you know of someone that may need a translation we will make arrangements for this to be provided via our Advocacy and Interpreter services.

St. Joseph’s Hospice confirms the top three quality improvement priorities for 2012 to 2013 to be:

**Future planning Priority 1: Increased Engagement with Service Users – to Inform Improvements to Patient Experience and Clinical Effectiveness**

St. Joseph’s Hospice values the views of all its service users. This is especially the case given the very culturally diverse and ever-changing nature of the population that we serve. Continuing to gather views, and acting upon them is a clear and permanent priority for the Hospice. The Hospice has taken an explicit decision to work proactively with local organisations to facilitate access to views of minority or hard to reach groups around aspects of our care, in order to help us achieve our objective of “engaging effectively with our local communities”. Our overall aim in this work has been to increase the sense that St. Joseph’s is there for all, and is “owned” by local people from all the different communities in East London.

Currently comment cards inviting comments, compliments and complaints, and which are addressed to the Chief Executive directly, are available and visible throughout the Hospice.

These cards invite comments from patients’ families and/or their carers regarding their views on all aspects of the care and services received. Cards are completed and are then posted into confidential boxes in the Hospice, and these boxes are emptied regularly. The comments received are collated and are shared with staff as a way of involving people directly in the improvement of services. Reports of these comments and of any subsequent action taken, or planned, are tabled at the Clinical Governance & Ethics Committee meetings and are discussed by our Senior Management Team.
A recent review of this system identified that these cards and boxes need to be more visible across the Hospice, and that a poster inviting comments placed next to each box would encourage feedback. Work will continue to develop this system further.

In 2011 the Hospice participated in an annual survey conducted by Help the Hospices and Centre for Health Services Studies (CHSS), University of Kent. 39 Hospices participated and the results were disseminated in October 2011. These enabled national benchmarking to be applied to the services we provide.

Specific areas for service improvements for St Joseph’s, and which were similar for Hospices across the UK, included

- Engaging all care services staff with improvements in discussions on advanced care planning
- Improving aspects of patient user information
- Ensuring more hand washing is more visible and obvious; the Hospice already audits this practice regularly.
- Ensuring choice and variety of food offerings are available to patients

The Hospice gave specific feedback for the future surveys to include questions regarding meeting psychological and social needs, including those clients who were looked after in the community.

We will undertake an annual survey again, planned for later in 2012. Other specific service surveys have been undertaken throughout the year.

We have done more work related to improving clinical effectiveness and quality in the past year as well, as noted in our previous quality account. This new work included running a series of focus groups with our Heart Failure group (August 2011) and with a group who attended a new Living With Cancer programme (May 2012). In addition we are in the process of interviewing patients of Breathing Space (an out-patient clinic for people with respiratory problems) to gain their perspectives on our work and on the clinic in particular, with a focus on quality improvement.

More focus groups have been arranged over the summer this year seeking the views of carers of people who have used our new respite care services. All this work is centred on finding out how we can continue to improve the quality and clinical effectiveness of our services, including trying to capture the different preferences in the ways that people wish to communicate their needs and experiences of care with us.

Our other public engagement and community participation work in Finding Space, our information and community engagement hub, is routinely evaluated by participants, including our public outreach work that occurs outside the Hospice itself. The results are distributed to our Senior Management team, and are used to inform our future work with local communities, building in quality at every level.

Measures:

- Focus groups and other evaluations are carried out with service users, family members and local providers of Health and Social care by the end of 2012
• Patients, families, carers and friends coming forward to represent their views and to discuss possible service developments and improvements
• Continued programme of evaluation of our community engagement work in Finding Space
• Conduct an annual survey with people have used our hospice services, later in 2012
• The results of this work to inform our Strategy from 2013
• This group to contribute to Annual Report 2012/13

Future planning Priority 2: Introduction of New Patient and Care Information Packs - to enhance patient experience.

Last year the Hospice identified through audit that the current information booklets for patients and carers needed to be revised. A review group was then established and the group began the process of revising information for patients and their families and carers across the organisation.

This User Literature Review group had as its overall objective to review what literature exists, and how this could be better co-ordinated, with a view to devising a corporate approach to the future development of user literature.

The group have already implemented new visitor information, and are currently updating the ward literature and are producing a generic introduction to the Hospice which gives an overview of the services that are provided.

Work will continue during 2012/2013 examining the diverse number of patient information leaflets and other information with the aim of ensuring that these meet user needs.

Measures:

• The User Literature Review group to finalise and introduce these new ward packs in 2013
• The group will audit these packs, involving our well established stakeholder group
• Revisions will be made as necessary

Future Planning Priority 3: Developing Better Information to Measure Quality - To Strengthen Clinical Effectiveness and Patient Safety

We have reviewed the current systems for collating data with a view to ensure that the information informs practice and improves services.

Patient incidents, complaints and feedback or comments are all recorded and investigated and any trends such as a rise or fall in the number of incidents are identified.

Currently the data is used to inform activity and quality reports which are regularly reviewed by our Senior Management Team and by our Board. However the plan for 2012 – 2013 is to take a more integrated approach in ensuring that all teams have access to information that ensure that they can inform practices and make recommendation for changes.

For example, patients who are at risk of falling during their stay on the in-patient unit are identified by staff, who have been trained to identify the patients who are more likely to fall.
In these cases a risk assessment is made to help to reduce the risk and action is taken such as the use of lower beds or moving the patient to a different area of the inpatient unit to enable them to be monitored more closely.

Regular monitoring of any patient who has a pressure ulcer and data is collated and discussed at the regular Wound Care Group which is led by one of the Senior nurses. Work on a more detailed database to collate additional data has been agreed and will be implemented by the end of 2012. This will enable the group to direct their efforts on those areas found to be where patients are most at risk.

**Measures:**

- The Hospice to develop more new quality measurement tools to be used across all services, including those linked to the community
- These tools to be piloted in 2012-13
- Tools to be revised as necessary and to become routinely embedded in the reporting systems for the Senior Management Team and the Board

Progress on each priority for 2012/13 will be monitored regularly by the Board-level Clinical Governance Committee who will liaise with the senior management team. The Clinical Governance Lead will have responsibility for monitoring and reporting progress. There is a specific working group tasked with delivering on each priority, led by a Senior Manager who each have a responsibility to ensure the development of quality services. These priorities have been developed as a result of monitoring the quality of our services by various methods – engaging staff as part of our internal unannounced inspections, clinical data reported at various committees eg Clinical Governance, Audit and Risk Management.

Progress on our achievements related to these priorities will be reported via our next quality account, through our regular CQC reports, and to our Commissioners throughout the coming year.

**Priorities for improvement 2011-12**

St Joseph’s Hospice is compliant with the National Minimum Standards (2002). As such, the Board did not have any areas of shortfall to include in the priorities for Improvement for 2011-12. All plans for improvement below take into consideration sustainability due to the current economic constraints and have been identified through direct patient involvement.

The quality improvement priorities for 2010-2011 were as follows:

**Improvement Priority 1: Supporting Young Adults in Transition - Partnership Working with Adult and Paediatric Providers**

In 2009 St Joseph’s and Richard House, the local Children’s Hospice, started to work together to address the needs of young adults as they move, on attaining the age of 18, from paediatric Hospice care to care delivered by a Hospice for adults only. This initial work has matured into a structured and successful programme of joint working between the two organisations to the benefit of the young adults concerned and their families.
This is a very large and complex project, which is ongoing, and which involves close, structured working at a very senior and specialist clinical level, as well involving jointly recruiting, training and supporting volunteers from both Hospices to work directly with the young adults as they move from Richard House to St Joseph’s.

In terms of delivery, the work started with a party held for young adults from Richard House at St Joseph’s in September 2009. This was followed by a Summer Camp held in August 2010 at St Joseph’s for this same patient group. These events allowed St Joseph’s to introduce our services to the young adults in the context of a series of social events, whilst at the same time the young adults began to get to know the staff and volunteers at St Joseph’s.

In January 2011 a transition pathway was developed for this group (Figure 1), and St Joseph’s received its first young adult admission in March 2011. In the interim we have received more respite care admissions from this group as well as admissions for symptom control.
Figure 1.

Young Adult inpatient admission and discharge process for St Joseph’s Hospice

Care professional decides to refer young person to IP/community/DH/respite/OP team at St Joseph’s hospice

Referral form completed and phone call to triage

Triage decide urgency

ELECTIVE ADMISSION

Richard House Transitional Lead to handover to St Joseph’s Multi-Disciplinary Team 7 days or less BEFORE admission

ADMISSION to St Joseph’s hospice

Discharge planning begins on admission

Transition lead scheduled visits per week: 1 x ward round 1 x consultant round

St Joseph’s deliver ongoing patient care as required

Richard House Transition Lead provide telephone support

Discharge patient

Richard House Transition Lead and St Joseph’s Nurse Consultant/MDT conduct clinical and emotional debrief
The predicted numbers of young adults moving into transition i.e. the numbers attaining the age of 18 and requiring our care is likely to continue to rise steeply over time.

We believe that this service will lead to a better quality of life both for the young adults who use the service and for their families and carers. There is a process of continuous evaluation of the service, and the Senior Management Teams and the Boards of both organisations receive regular reports of these evaluation results.

This transition service addresses the domains of patient and carer experience, safety, and clinical effectiveness.

**Improvement Priority 2: Better Patient and Family Facilities**

2011/12 saw the results of further capital investment at St Joseph’s, with a rolling programme of physical improvements to the Hospice environment.

At the time of writing this programme is continuing, and one its main work areas is to provide air conditioning for all our ward areas. This is a complex and challenging project, as we seek to undertake this major work with minimum disruption to patient care whilst meeting high standards of infection control.

Overall, these improvements are designed to offer in-patients and their visitors a high quality patient experience.

Our gardens repeatedly win awards for their presentation, and they are very much valued by everyone who comes to St Joseph’s. Because we recognise their importance we continue to ensure that our gardens remain an environment that people will enjoy, and our improvement programme has included work here as well. We have recently undertaken some major tree work which we believe has made the gardens even more enjoyable as a haven of peace and tranquility.

All work in our public areas has been developed in close consultation with representatives from our local communities.

This priority addresses the domains of patient and carer experience.

**Improvement Priority 3: Better Systems for Quality Assurance**

In 2011/12 we have developed better systems for data collection; our new processes and procedures inform both our clinical and management decisions, promoting greater clinical effectiveness, and use of data has become more embedded across the organisation as a whole. We continue to record more data, undertake more sophisticated analyses, and to capture data with ever greater accuracy.

We have also made progress in terms of improving our technology links with the NHS, including the recent establishment of an N3 connection, so that we can share and transmit data more effectively and safely. This change has led to more efficient working, to the benefit of patients and their families. In the coming year we plan to review our information technology system with a view to further refining our collection, analysis and application of data.

In terms of improvements related to clinical governance we actively engage multi disciplinary staff in developing policies and procedures that are based on best contemporary clinical evidence. Good
practice related to policy is reinforced by a targeted, ongoing training programme for all related groups of staff and volunteers. All training is evaluated routinely and result are reported to the Senior Management Team.

A group, chaired by one of our medical consultants, and involving our Data Manager, and all department leads, regularly scrutinises and reviews our data collection systems and processes, and reports results.

We continue to emphasise the importance of learning and development for all staff. Over the past few months we have reviewed the Statutory and Mandatory training for staff, and we have developed our own tailor-made workbook so that staff can do this training in a flexible way within their work setting.

In the coming year we aim to supplement this training with some skill development classroom briefings.

At the same time we are revising the management training for Heads of Department. In addition we are building the capacity of our on-the-job training for Nurses and Healthcare assistants. We are also developing a range of courses both in the classroom and on line for our staff across the full range of required skill and knowledge areas such as IT, Health and Safety, First Aid and communications and this will be supported by a Training Needs Analysis process to ensure all relevant needs are met.

In terms of Health and Safety Procedures we have revised our procedures for health and safety including the Fire Plan, First Aiders, Display Screen Equipment and Risk Assessment and are rolling out training in these areas.

This priority addresses the domains of patient and carer experience, safety, and clinical effectiveness.

**Improvement Priority 4: Ongoing Community Engagement**

As noted above, we continue to strive to seek the views of our service users and other members of the local communities that we serve about how we can improve our services in relation to their scale, scope and quality continually.

We see this work as a major priority to inform us better about how we meet patient need and expectation and we have used several approaches to help us achieve this aim:-

- We have continued to work closely with our established Bridge Building volunteers - volunteers drawn from our local communities who are subsequently trained about our work and about the services we offer. These volunteers become “Bridge Builders” between their local communities and St Joseph’s, teaching others about our services and about end of life care, and encouraging others to use our services when appropriate. These volunteers are now very experienced, and they help us in very many different ways now, including helping to lead and run the new “Finding Space Club” , a fortnightly social event for anyone with a connection to St Joseph’s, held in our community engagement area Finding Space. This initiative started in December 2011.

- Increased use of our volunteers. At the time of writing we have approximately 450 volunteers. Their commitment and input is vital in supporting us with the very wide variety of work that we undertake here. In terms of community engagement. Examples of volunteer
involvement in 2011/2012 to date include volunteers going out in the community and raising awareness of Hospice care during Dying Matters Week (May 2012), Carer’s Week (June 2011 and 2012) and Hospice Care Week (October 2011); volunteers befriending and engaging with patients and carers in a variety of groups in Finding Space – our Neurological Support group, a dementia café, and a Breathe Easy group, and our young adult group events. More recently our volunteers have been involved in helping us recruit new volunteers to be trained and to then help us run a new bereavement befriending service in Newham (May 2012)

- Continued development of Finding Space. Finding Space, a new facility opened in 2009, is a hub for activities focused on
  - **Community engagement** – through which local people find out more about Hospice and end of life care, and engage with St Joseph’s to work together to improve end of life provision in East London;
  - **Community empowerment** – through which individuals are empowered to change their experience of end of life care as individuals directly affected by a life threatening illness, as carers of someone with a serious condition or as family members facing loss. It is anticipated that their experience could be improved through increased knowledge of their choices and care available (via the information service) and through assistance to communicate their preferences and needs at the end of life. In addition they will be able to receive services and support in Finding Space that helps them live well despite the challenges of an advancing illness – for example welfare benefits advice, complementary therapies, stress management and similar. Carers will receive help and guidance to care effectively for others and themselves.
  - **Community participation** – through which individuals and communities are trained and supported to help provide aspects of end of life care to others in their families, communities or local area. Such care could include practical and social support for the patient, their family or carer.

The space itself provides some services – including access to information from our Macmillan Information Officer from January 2011, (a full-time post funded by Macmillan), meeting space for community groups and others, and some groups/clinics.

In 2011/12 over 50 groups outside St Joseph’s formally used this space, as well as groups, patients and visitors from the Hospice itself.

We aim to double the number of visitors to Finding Space in the calendar year 2012, and to continue to undertake qualitative evaluations of our work there with service users.
Statements of Assurance from the Board

The following are a series of statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers.

1.1 Review of services

During 2011/12 St. Joseph’s Hospice provided six services for the NHS.

The services were as follows:

- In-Patient
- Day Hospice
- Community Palliative Care Team Intervention
- Finding Space- community engagement and information service (the latter in partnership with Macmillan)
- Bereavement and Psychological Therapies
- Social work

St Joseph’s Hospice has reviewed all the data available to them on the quality of care in all its services.

1.2 Income Generated

The income generated by the NHS services reviewed in 2011/12 represents 100 per cent of the total income generated from the provision of NHS services by St. Joseph’s Hospice for 2011/12. The income generated from the NHS represents approximately 60% of the overall cost of running these services.

2 Participation in Clinical Audits

During 2011/12, we did not take part in any national clinical audits and national confidential enquiries covered NHS services relating to palliative care. St Joseph’s Hospice only provides palliative care.

2.1 Eligibility to Participate in National Confidential Enquiries

During that period St Joseph’s Hospice was not eligible to participate in any national confidential enquiries.

2.2/2.3/2.4/2.5 National Clinical Audits and National Confidential Enquiries.

The national clinical audits and national confidential enquiries that St. Joseph’s Hospice was eligible to participate in during 2011/12 are as follows:

None.

As St. Joseph’s Hospice was ineligible to participate in any national clinical audits and national confidential enquiries there is no list or number of cases submitted to any audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry.
2.6/2.7/2.8  Local Clinical Audits
The reports of 7 local clinical audits were reviewed by St. Joseph’s Hospice during 2010/11 and in addition we carried out infection control audits every month. See appendix 1

St. Joseph’s Hospice intends to take the following actions to as a result:

- Improve documentation around discharge planning.
- Monitor falls to ensure that all risks have been identified and minimised
- Monitor and evaluate the new patient documentation that was implemented in August 2011.

Resource folders have been compiled for the ward areas regarding discharge planning as a reference guide for staff and regular review on health records regarding discharge planning are undertaken.

The Falls Management group undertake quarterly audits on those patients that have fallen in order to ensure that risk have been identified and minimized.

Regular documentation audits are planned in the revised audit programme for 2012-2013 to ensure standards for record keeping are maintained and the Documentation Change Board which oversees any overall changes to documentation can be assured of quality in the documentation in place.

3. Research

The number of patients receiving NHS services provided or sub-contracted by St Joseph’s Hospice in 2011/12 that were recruited during that period to participate in research approved by a research ethics committee was 0. There were no appropriate national, ethically approved research studies in palliative care in which we could participate.

We are currently undertaking practice development work led by our senior nurses with the Foundation of Nursing Studies on Team Development related to our nurse-led service for respite care provision.

4/4.1/4.2  Quality Improvement and Innovation Goals Agreed with our Commissioners

St Joseph’s Hospice income in 2011/12 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

5/ 5.1  What Others Say About Us

St. Joseph’s Hospice is required to register with the Care Quality Commission and its current registration status is unconditional. The Care Quality Commission has not taken any enforcement action against St. Joseph’s Hospice during 2011/12.

Ongoing feedback is received and analysed regularly by the Clinical Governance Lead and the Hospice Director of Care Services.

Responses to this account have been received from the Chair of Health in Hackney Scrutiny Commission and the commissioning Primary Care Trust.
We have amended aspects of the report as appropriate in response to their comments.

**Statement from Health in Hackney Scrutiny Commission**

The Commission is pleased to note the good work of the hospice in palliative and end of life care. It is pleasing to note no areas for improvement or shortfalls in meeting the minimum standard for quality of care. We would encourage the hospice to have service user involvement and input into service design and developments.

Yours sincerely

Councillor Luke Akehurst, Chair of Health in Hackney Scrutiny Commission

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**Statement from NHS North East London and the City’s Chief Executive for East London Foundation Trust’s Quality Account**

NHS North East London and the City welcomes the opportunity to provide this statement on St Joseph’s Hospice Quality Account. We confirm that we have reviewed the information contained within the Account and checked this against data sources where this is available to us as part of existing contract/performance monitoring discussions and is accurate in relation to the services provided.

We have reviewed the content of the Account and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the Account represents a fair, representative and balanced overview of the quality of care at St Joseph’s Hospice. We have discussed the development of this Quality Account with St Joseph’s Hospice and have been able to contribute our views on consultation and content.

This Account has been reviewed within NHS North East London and the City by colleagues in Commissioning, Quality and Clinical Governance and Clinical Commissioning Groups (CCGs).

Overall we welcome the vision described within the Quality Account, agree on the priority areas and will continue to work with St Joseph’s Hospice to continually improve the quality of services provided to patients.

Alwen Williams
Chief Operating Officer
NHS North East London and the City
6/6.1 Periodic reviews by the CQC

St. Joseph’s Hospice is subject to periodic reviews by the Care Quality Commission and the last formal review was a visit in January 2012 with a subsequent written report. The CQC’s assessment of St. Joseph’s Hospice was that the establishment was assessed as not needing an inspection and its report is very favourable.

7.1 Reviews and investigations by CQC

St. Joseph’s Hospice has not participated in any special reviews or investigations by the CQC during 2011/12.

8 Data Quality

St. Joseph’s Hospice will be taking the following actions to improve data quality:

- Continue to work to improve our technology links with the NHS
- Review our information technology system with a view to further refining our collection, analysis and application of data, moving our entire information platform to deliver at a higher level of complexity and sophistication
- Working to further embed the culture of data capture, its use and application across the organisation

9. NHS Number and General Medical Practice Code Validity

St. Joseph’s Hospice did not submit records during 2011/12 to the Secondary Uses service for inclusion in Hospital Episode Statistics which are included in the latest published data.

10. Information Governance Toolkit Attainment Levels

A self assessment was undertaken by Clinmed consulting, March 2012 as part of our organisation’s information governance arrangements for N3 connection to NHS information systems.

Our overall compliance was 91%

11. Clinical Coding Error Rate

St. Joseph’s Hospice was not subject to payment by results clinical coding audit during 2011/12 by the Audit Commission

Part 3: Review of Quality Performance

In terms of quality of care for our patients, once the initial referral has been received each individual receives a holistic assessment, comprising physical, psychological and spiritual dimensions from our multi-disciplinary team. Each assessment is carried out in accordance with each patient’s expressed needs wherever possible, and includes their family and carers.

Following this process, options are outlined to each patient and their family and explanations are given about which of the Hospice services best might meet the needs of the individual.
If the offer of care is accepted then ongoing review of patients by qualified clinicians takes place in all service areas. Care plans are agreed in conjunction with patients and their families and these are reviewed regularly and routinely, with active patient engagement wherever possible.

St Joseph’s receives many commendations from patients and families, and a very small number of complaints are received each year (seven in 2011/12).

Commendations are welcomed and celebrated at Senior Management and Board level, and with individual teams.

All complaints are taken extremely seriously. They are all thoroughly investigated, reported on at Senior Management level and to the Board and reported to the CQC annually. Immediate action is taken to rectify any shortfalls or concerns identified, and appropriate training is given out as necessary. Policies and procedures related to clinical governance may be altered as a result of complaints.

In March 2012 our Therapy Services Manager was awarded the Cicely Saunders Prize for Academic Excellence in Palliative Care for her Master’s dissertation (MSc Palliative Care, Kings College University). This prestigious award is the only award presented on the MSc in Palliative Care for outstanding performance and is awarded following external examination by the Editor in Chief of Palliative Medicine journal and a leading Palliative Care researcher.

The dissertation was a piece of qualitative research, undertaken at St Joseph’s Hospice, exploring the meaning of pain for patients with advanced cancer and how this influences behaviour. The findings revealed important themes relating to the high prevalence of preparatory grief experienced by patients, resulting from multiple losses experienced in connection with their pain. It also highlighted the strength of hope and range of coping mechanisms that patients employ to maintain quality in their lives despite living with severe pain. The research serves to increase our knowledge of the pain experience and identifies opportunities to promote constructive coping mechanisms in our interdisciplinary approach to the management of complex pain in palliative cancer populations.

Dissemination of the findings is under way through publication in palliative care journals and at palliative care conferences. This original research supports St Joseph’s Hospice’s commitment to research and evidence based practice and most importantly contributes knowledge to improve our management of complex pain for patients with advanced cancer.

The Hospice is committed to reaching and engaging with the many diverse local communities that we serve. We collect, analyse and monitor our performance in this area to inform both practice and service development. The chart below shows the total proportion of patients from different ethnicities in 2011/12 and that 32% of our patients were from BME communities.
The Hospice is committed to producing high quality and reliable information on which to base its decisions about service delivery and continuous service improvement. We have made significant progress in the last two years in terms of improved scope and quality of data. We continue to consider this as a priority for the coming year.
GLOSSARY

Care Quality Commission
The Care Quality Commission (CQC) replaced the Healthcare Commission, Mental Health Act Commission and the Commission for Social Care Inspection in April 2009. The CQC is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: www.cqc.org.uk

Clinical audit
Clinical audit measures the quality of care and services against agreed standards and suggests or makes improvements where necessary.

Commissioners
Commissioners are responsible for ensuring adequate services are available for their local population by assessing needs and purchasing services. Primary care trusts are the key organisations responsible for commissioning healthcare services for their area. They commission services (including acute care, primary care and mental healthcare) for the whole of their population, with a view to improving their population’s health.

Local Involvement Networks
Local Involvement Networks (LINks) are made up of individuals and community groups which work together to improve local services. Their job is to find out what the public like and dislike about local health and social care. They will then work with the people who plan and run these services to improve them. This may involve talking directly to healthcare professionals about a service that is not being offered or suggesting ways in which an existing service could be made better. LINks also have powers to help with the tasks and to make sure changes happen.

Overview and scrutiny committees
Since January 2003, every local authority with responsibilities for social services (150 in all) have had the power to scrutinise local health services. Overview and scrutiny committees take on the role of scrutiny of the NHS – not just major changes but the ongoing operation and planning of services. They bring democratic accountability into healthcare decisions and make the NHS more publicly accountable and responsive to local communities.

Registration
From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission (CQC).

Regulations
Regulations are a type of secondary legislation made by an executive authority under powers given to them by primary legislation in order to implement and administer the requirements of that primary legislation

Schwartz rounds
Schwartz rounds offer healthcare providers a regularly scheduled time to openly and honestly discuss social and emotional issues that arise in caring for patients. In contrast to traditional medical rounds, the focus is on the human dimension of caring. Caregivers have an opportunity to share their experiences, thoughts and feelings on thought-provoking topics drawn from actual patient cases.
The premise is that caregivers are better able to make personal connections with patients and colleagues when they have greater insight into their own responses and feelings.
### Appendix 1

Completed Audits since April 2011 with actions completed

<table>
<thead>
<tr>
<th>Title</th>
<th>Staff conducting audit</th>
<th>Actions completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10-07</strong> Are referrals to the Hospice for Respite Care meeting the criteria for referral? Pre-respite ward</td>
<td>Diane Laverty, Nurse Consultant</td>
<td>a) in place for respite ward</td>
</tr>
<tr>
<td></td>
<td></td>
<td>b) re-audit utilisation of St. Anne’s respite service</td>
</tr>
<tr>
<td><strong>10-05</strong> To ascertain the level of awareness and understanding of the Mental Capacity Act (MCA) of the staff at St Joseph’s Hospice</td>
<td>Dr Jon Martin, Consultant Di Laverty, Nurse Consultant</td>
<td>Education programme commenced</td>
</tr>
<tr>
<td><strong>11-02</strong> Audit of oxygen use in the community setting for palliative patients</td>
<td>Dr Lauretta Hughes, SHO Dr Jon Martin, Consultant Dr Libby Sallnow, SpR</td>
<td>Re-audit</td>
</tr>
<tr>
<td><strong>11-03</strong> Audit of referrals made for ‘terminal care’ and whether this categorisation accurately reflects the patient’s needs &amp; condition.</td>
<td>Dr Tara Whitburn, SHO Dr Ruth Freedman, SHO Dr Lauretta Hughes, SHO Dr Abigail Wright, Consultant</td>
<td>No actions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Could re-audit for interest</td>
</tr>
<tr>
<td><strong>11-04 1</strong> Are patients and carers with mesothelioma receiving appropriate and timely advice and information?</td>
<td>Roy Nightingale, Social Worker</td>
<td>a &amp; b completed</td>
</tr>
<tr>
<td><strong>11-07</strong> Are gold standard end of life care tools being used at STJH for patients with a diagnosis of end stage heart failure by STJH staff?</td>
<td>Katie Longton, Heart Failure CNS</td>
<td>Re-audit looking at all 3 boroughs</td>
</tr>
<tr>
<td><strong>11-07</strong> Audit of HTH nutritional screening tool (taking forward 10-06 audit which wasn’t completed)</td>
<td>Lianne Gordon, Dietician, &amp; Rebecca Jennings, Head of Therapy Service</td>
<td>Improved pt outcomes</td>
</tr>
</tbody>
</table>