Part 1: Chief Executive’s Statement

I am pleased to provide our Quality Account for the work of St Joseph’s Hospice, Hackney. We are a charity, not an NHS organisation, 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.

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 and spiritual, for example.

Our services are available free to the people who need them. 55% of the Hospice costs are met by local NHS commissioners. The remainder of our funding comes from charitable legacies, donations and other fundraising which is due to the generosity and goodwill of our local communities.

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 a 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. We are keen to enable patients and their families to be actively involved in the development of care plans 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.

The Hospice is also committed to providing our services in partnership with other like-minded organisations; we fully realise that we cannot meet our patients’ many needs by ourselves. We work closely with local NHS providers, CCGs and with Marie Curie, Richard House Children’s Hospice, Age UK East London, Macmillan Cancer Support, Social Action for Health, Hope for Homes and with many other voluntary sector care providers to deliver better integrated services. We want to develop closer links with social services and other relevant local authority services.

We have been an active participant of ‘One Hackney’, a CCG initiative to promote integrated working to ensure Hackney’s most frail and vulnerable people receive
integrated care to enable them to receive care in the community wherever possible. This has enabled us to expand the working hours of our Community Palliative Care Team who work with patients in their homes, meaning we can provide a service in the evenings and at weekends.

We have worked hard this year at improving access to our services. We have improved the signage around the hospice building to ensure those whose English or reading abilities are limited can find their way round the building with dignity. We have rebuilt our hospice website to make it easier to find information. We have set up an Equalities and Diversity Group drawn from staff across the organisation who are looking at ensuring our hospice meets the needs of staff, volunteers, patients, families and visitors. We have invested in our Live Well Information and Support Service with financial help from BIG Lottery and Macmillan Cancer Support to improve the numbers of people receiving information they need to make choices about their care and support. As a result, we have seen an increase in the numbers of people (unique users) using our website and an 30% increase in the numbers of people using our Information and Support Service since we relocated this service to our Community Hub in May 2014. We have also expanded the support we can offer to people with non-cancer diagnoses and hope to extend this further in the coming year.

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 and multi-faith chaplaincy services.

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. In particular in 2014-15, we have been able to expand our Compassionate Neighbours project which aims to train 100 volunteers from those communities who wouldn’t traditionally access hospice services to offer confident practical and emotional support to their neighbours who are facing serious illness, loss and death. This has been possible with the financial support from the Hackney CCG and the Cabinet Office and we have some 75 volunteers currently undergoing an 8 week training programme. We have also commenced a Namaste programme of care which aims to support people with advanced dementia in their homes with trained volunteers who offer comforting and meaningful touch and activities that are proven to calm and soothe patients. As some of our patients based in the borough of Newham find travelling to the hospice site on Mare Street in Hackney difficult, we have also developed a ‘satellite’ hospice service in Newham which delivers complementary therapies one day a week. Over the year, there have been 804 patient contacts in Newham who have benefited from the programme. Each of these programmes have been difficult to roll out equally across the three main London boroughs we serve due to funding constraints – some funding has been more available in some boroughs than others. This piecemeal funding approach can make it difficult to ensure there is equity and the hospice is looking seriously at how to address this.
Additionally, we are working hard to improve the lives of those with serious illness through rehabilitation to ensure that they can stay at home for as long as patients’ wish to and remain as independent as possible for as long as they can. In 2014-15, our Empowered Living Team began training 50 volunteers who are specialists in physiotherapy and physical rehabilitation. During the year they have visited 122 people in their own homes in the borough of Newham and have developed for each patient a tailored programme to work on building confidence, developing coping mechanisms and tools to improve breathlessness and risk of falls.

The Finding Space area at the hospice provides a welcoming and comfortable place for a growing number of user and community groups to meet and/or deliver care and support. During 2014/15, 9,477 people came through the doors of Finding Space to a group or activity held there. Our Education Centre is used by more groups for meetings and conferences, which enhances our presence and visibility within the health and care sector. We have also delivered sessions of education to health and social-care professionals and education sessions to training GPs.

We have, during 2014/15, asked a working group drawn from staff across the hospice to work on developing outcome measure tools; measuring outcomes in the palliative and end of life care sector is complex, but we have been working with King’s College London as a pilot project to test 4 different outcome measurement tools. The tools have been tested in both in-patient and community settings and we hope these tools will demonstrate the value of end of life and palliative care.

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.

We are regulated by the CQC - during 2014/15 we did not receive a CQC inspection. We are due a CQC inspection sometime in 2015/16. However, we do not rely solely on CQC reports to validate the quality of our services. We undertake quarterly unannounced internal inspections which are undertaken by the Director of Care (the Hospice Registered Manager) and the Clinical Governance Lead. The quality of care generally is overseen by the Hospice Senior Management Team. Regular reports on quality safety and service improvement are considered by our multi-professional Clinical Governance Committee which includes members from our Board of Trustees.

This report follows the standard format. We provide a comprehensive range of palliative care services for the people of City and Hackney, Newham and Tower Hamlets, as well as specific services in other areas. Although the report will be reviewed by the Hackney Scrutiny Committee, it picks up work from other areas where relevant.

I am responsible for the preparation of this report and its contents. It has been developed by the Director of Care and Clinical Governance Lead in conjunction with senior clinical and non-clinical staff before being distributed to local authority’s Scrutiny Committee and to the Clinical Commissioning Group. 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
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Part 2: Priorities for Improvement 2015-2016

St Joseph’s Hospice remains compliant with the fundamental standards of care set out by the Care Quality Commission (CQC). We did not receive a CQC inspection during 2014/15 but are due an inspection some time during 2015/16. Following the changes in the way in which the CQC regulates hospice services in adult social care and the fundamental standards of care, the hospice undertakes quarterly unannounced inspections using the CQC’s five key questions – is the hospice service safe, effective, caring, responsive to people’s needs and well-led? We also embed these five key questions in everyday practice, service development planning and reporting.

The work of the Hospice in recent years has been underpinned by our Strategic Priorities 2012 -2015 which was developed after consultation with local stakeholders. We have shared our proposals with external stakeholders (including the Hackney Cabinet Member for Health, Social Care and Culture). We are now building on progress made on these priorities in the last five years and developed an overall strategic plan for 2015 – 2018 which will take these forward in the future:

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**Our strategic priorities and how we will deliver them 2015 - 2018**

1. **Reach more people – and earlier in their illness**
   - Review and develop our day services based on what our community needs.
   - Build partnerships with other agencies to improve services, and to increase referrals and understanding of the care and support we provide.
   - Improve access for people with non-cancer conditions.
   - Develop support for carers.
   - Strengthen our use of technology to provide information, deliver services and share information with other care providers.

2. **Provide high quality 24/7 services that are equally available across the area we serve.**
   - Launch a 24/7 advice and support telephone line and expand our Out Of Hours services.
   - Strengthen the First Contact Team and community services through better resourcing and IT systems.
   - Continue to provide measurable, high quality inpatient care.
   - Expand the Information and Advice service, including health promotion support.
   - Review transport and access to our services to improve equity.
3. **Reinforce our position as a leader in palliative and end of life care services**

- Develop our external education and research capacity to promote the spread of knowledge and good practice within the area we serve and more generally.
- Develop innovative plans for care through engagement with health and social care partners at a strategic level.

4. **Help build the capacity of our local communities to be well informed, to support each other, and to enable people to care for themselves and to remain independent for as long as possible**

- Strengthen our links with our local diverse communities through increased outreach and engagement activities and by promoting volunteering.
- Strengthen our self-care services and peer-support.
- Roll out plans for Compassionate Communities across the areas we serve.

5. **Strengthen our people, places and processes to support our vision.**

- Develop workforce plans to ensure we have the trained workforce needed for the future and strengthen our leadership and management programme.
- Upgrade our electronic patient records system to help us provide effective services, measure outcomes and demonstrate impact.
- Deliver a level of voluntary income that allows us to maintain and grow our services.
- Review the use of our own buildings and community locations to improve our services and communications.

We welcome your comments and ideas on this Quality Account which you can do via email, letter or telephone to Ruth Bradley, Director of Care Services. Ruth may be contacted by telephone on 020 8525 6000, or by email ([r.bradley@stjh.org.uk](mailto:r.bradley@stjh.org.uk)). The address to write to is Ruth Bradley, Director of Care Services, St Joseph’s Hospice, Mare Street, London E8 4SA.

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 that the quality improvement priorities for 2015 to 2016 are:

Future Planning Priority 1:

Strengthen the quality of our existing service provision to meet the changing needs of local communities.

The Hospice continually strives to extend and improve its services to better meet the changing needs of our local population. The hospice Strategic Plan outlined above and local NHS plans have helped us to shape our priorities.

The quality of the services we provide will improve in the following ways in 2015/16;

The In Patient Wards: We have 42 beds that offer a range of end of life care services, palliative care and respite care. During 2015/16 we plan to update the décor and furniture to provide a more homely and modern patient environment. A working group of staff from across the three wards are developing some cost-effective ideas to deliver improvements which will be tested on patients and families.

Community Palliative Care Team: During 2014/15 we were able to extend the hours of the community nursing team to 7 days a week from 9am to 9pm with funding from One Hackney. In 2015/16 we will look into the capacity and funding needed to operate overnight visits from the nursing team so that we can offer advice, medication and visits to people in their own homes which we hope will reduce unnecessary emergency hospital admissions and enable people to remain in their own homes for longer, if that is what they wish. This is all possible with the funding from One Hackney.

St Joseph’s First Contact Team: this multi-professional referral and triage team is now part of the One Hackney framework which aims to improve co-ordination of services to Hackney residents which means we have been able to develop this service significantly. We have been able to expand the operating hours to 24 hours a day, 7 days a week, and the new telephone system has meant this service is more secure and stable. In 2015/16, we aim to refine the multi-professional model of the service further from the lessons we have learned during 2014/15.

Development programme for the clinical pharmacy service: We will invest in developing a dedicated in-house pharmacy facility which will ensure we use the most appropriate and cost-effective drugs and improve the quality of medicines management.

Extending care for non-cancer patients: We have identified some gaps in our provision for those people with non-cancer diagnoses and during 2015/16 will develop ways of meeting their needs with a range of outpatient clinics and services with specialist staff, respite provision and day service provision.
**Hospice services for day and outpatients:** We currently provide a day hospice service for a limited number of patients during the week and a limited outpatient service for those people still well enough to travel to the hospice. In 2015/16 we will review and significantly remodel the services we provide to people during the day at the hospice to offer a menu of groups, clinics, activities and therapies that meet the needs of as many people as possible.

**Additional support to carers:** Especially through respite provision and activities in Community Hub/Finding Space and our Compassionate Communities work.

The infrastructure which supports all of our hospice services, such as our buildings, facilities, systems and support services is critical to enabling us to deliver good quality care and treatment. We recognize it is essential to respond quickly to changing need and improvements identified through our user feedback. We plan to ensure continuous quality improvements to our infrastructure;

**Site Strategy**
A holistic approach for improvements to the St. Joseph’s Hospice estate and review of the existing facilities and space is already underway. We will build on the successful enhancement of the patient and visitors experience by the changes made by the development of the Community Hub in the Reception Area which has transformed the hospice’s relationship to Mare Street, with a more open and welcoming presence facing the community.

The next stage of the site strategy will include improving the patient ward areas to enhance the patient care environment and to improve the physical space to improve access for all service users. This particularly includes a focus on making the environment safe and welcoming for people with dementia. In 2015/16, we will begin to make use of a room dedicated to delivering Namaste care which is a programme of care for people with advanced dementia. We have applied for funding to train staff from each of the three wards in Namaste care so that they have the tools and the confidence to care for people with dementia.

**Transport access to services**
To improve access to hospice services we plan to review whether the current transport provision meets the service users’ needs. We currently have our own ambulance service which is suitable for reasonably well patients, but rely on the very stretched London Ambulance Service for the transportation of seriously ill patients. In 2015/16, we will review what changes to the services we and others provide in order to improve the care provided for our patients.

**Provision of Catering Services**
As part of our plans to ensure that patients’ nutritional needs are met following a catering review in 2014/15, we have prioritised for 2015/16 the re-tendering of the hospice catering service which provides food for patients, families, staff and volunteers. We will ensure through the tender process that the service is responsive in supporting people’s nutritional needs and that there is timely access to a balanced diet that promotes healthy eating.
Work will continue to improve patients’ experience of our catering service by regular surveys and participating in the annual patient-led assessments of the clinical environment (PLACE). This will ensure the service is maintained to a high standard at all times and that arrangements are in place for people to have access to dietary and nutritional specialists to help meet their assessed and dietary needs.

To support all of these quality improvement priorities, we continue to look at a wide variety of specific funding sources including statutory grants, community support, trusts and businesses to sustain the work.

**Future Planning Priority 2:**

**Continue to engage with our communities to share knowledge, build confidence and skills so that our communities have choice at the end of life and know where to find the help they need.**

**Reaching out to local communities:** During 2015/16 we plan to engage specifically with communities who don’t traditionally access hospice services. Through coordinated marketing, fundraising and volunteering projects supported by translation and interpreting services we will aim to increase awareness of the services people can access at the hospice.

**Sharing knowledge to offer choice:** A full range of patient and visitor information leaflets is now complete and in 2015/16 we will improve how we distribute the information we have about our services into the communities we serve through GP surgeries, community groups and via our Live Well Information Service outreach workers in the boroughs. Our main website is now rebuilt and it is much easier to find information about our services and projects. In 2015/16 we plan to refine the website further, ensuring it is regularly updated and then will work on developing our social media content to ensure that internet literate communities hear about our care services.

In 2014/15, we were successful in securing significant funding from the BIG Lottery Fund and Macmillan Cancer Support to expand our Live Well Information Service which offers information and support to those wanting to make informed decisions and choices about the range of services offered by St Joseph’s and other health and social care agencies. In 2015/16, the newly funded outreach and information officers working in the community will develop relationships with agencies, health and social care professionals and community groups in order to improve understanding of the range of services we can offer. The team will set up support groups, deliver information sessions and signpost to other services. This will be supported by development of an online information and support service called Care Compass which is aimed at people facing life-limiting conditions, their families and healthcare professionals providing care for such people.
Engaging with communities to build community capacity

During 2014/15 considerable work took place to set up volunteer-led services out in the community across the three main London boroughs we serve. This includes:

**The Compassionate Neighbours project:** This project is now spanning all three boroughs due to significant funding from the Hackney CCG and the Cabinet Office. It is currently being evaluated by the University of Lancaster and an internal staff member who is the hospice Research Fellow. This project is currently training 75 people to build the confidence and skills to provide practical and emotional help for people at the end of life and they are drawn specifically from hard to reach communities such as the Bangladeshi community in Tower Hamlets and the Turkish/Kurdish and Black Caribbean communities in Hackney, for example. In 2015/16 we will begin to see the results of this project and learn from the evaluation; it is a priority to secure sustainable funding for this work so that we can expand the project to support more people in need; we are aiming to train an additional 40-60 volunteers each year, matching each to at least one community member who needs support for a minimum of three months. We also aim to slightly re-shape the project so that Compassionate Neighbours themselves identify community need and develop the project themselves accordingly.

**Namaste Care:** During 2014/15 we started a volunteer-led project which provides support for people with advanced dementia in their own homes in the borough of Newham. With a detailed training course, volunteers are able to offer meaningful activities including hand massage, reading favourite books and playing preferred music which calms and soothes people with dementia. In 2015/16 we wish to continue this programme but will need to start searching for funding to replace existing funders. In 2015/16 we will also develop the Namaste programme of care in the hospice building so we can build the confidence and skills of hospice staff to better serve the needs of patients with dementia.

**St Joseph’s Hospice in Newham:** This project which aims to help bring hospice services to residents of Newham (many of whom find it difficult to travel across to Hackney because public transport does not easily permit this) has been operating for 12 months. A team of skilled and trained volunteers deliver a range of complementary therapies to residents of Newham. In 2015/16 we will be learning from the evaluation and refining the model further and identifying future funding will a priority in order to sustain the work.

**The Empowered Living Team, Newham:** The Empowered Living Team (ELT) has also been operating throughout 2014/15 and is again another volunteer-led project offering rehabilitation to people in their own homes in Newham. The volunteers are highly trained physios who develop an 8 week programme for each patient they see to build confidence of the patients, develop coping and prevention strategies for falls, breathlessness and nutrition. The project aims to develop resilience and independence in patients so that they are able to remain at home for longer. This has been a highly evaluated project. In 2015/16 we aim to roll out the service to other boroughs, but this is dependent upon the hospice securing
significant funding for the necessary supporting infrastructure which would monitor risk and co-ordinate and support the volunteer team.

However, these community-based projects are difficult to sustain with piecemeal funding from specific boroughs; different boroughs and CCGs have different priorities and commissioning expectations of our services. This can make it difficult for us to plan our services, maintain sustainable services and ensure we provide an equitable service to all the people we serve across boroughs. In 2015/16, we will look seriously at how we might find sustainable funding streams for such projects to ensure we can offer longer-term secure and stable services that benefit as many people as possible.

**Sharing knowledge to improve best practice**

We believe that it is essential to share best practice and share knowledge with others to ensure that many more people benefit from high quality end of life and palliative care provision. In 2015/16 we plan to set up a new Education department which will deliver education to both external health and social care professionals and internal staff. This will aim to improve confidence, skills and knowledge and improve overall the level of care provided to people needing end of life care.
Future Planning Priority 3:

Strengthen our information systems and processes to strengthen patient safety and clinical effectiveness through better measurement of quality and outcomes.

During 2014/15, we successfully implemented an integrated telephone system across the hospice which has improved both internal communication as well as ensuring more timely responses to external callers being directed to the appropriate services. In 2015/16 we will build on this infrastructure to achieve improved mobile communication to better support hospice teams working in the community.

Early 2015 saw the preparation and implementation of a more robust electronic patient records system and this will be developed further during 2015/16, both internally to the hospice but also ensuring that access to all relevant information is available to those teams working in the community setting. The new electronic patient records system means that we are now able to report on our care and services activity and outcomes in a more effective way, and that communication across the hospice clinicians is more integrated. This will improve patient care. In 2015/16 we will continue to build staff skills to use the system and work with other agencies to ensure effective shared communication around patient care.

We will continue to ensure that we meet all regulatory requirements and expectations in respect of information governance. This means ensuring the appropriate use of information and avoiding unnecessary data capture, processing, sharing and storage to promote integrity and accuracy of information.

Incident reporting is encouraged for all adverse events that occur or had the potential to occur. ‘Adverse events’ are defined as within the range from near misses to actual incidents where a patient may have been harmed. During 2014 - 2015 we had 23 information-related incidents/near misses, none resulting in service user harm. We ensure that we learn from adverse events and implement any changes where these have been identified to ensure continuous improvements. In order to enhance our current reporting system for incidents and near misses we plan to purchase an incident reporting database during 2015/16. This will provide a system for timely incident reporting that monitors and reports on changes made as a result of the lessons learned.

Two key requirements of any new system implemented at St Joseph’s Hospice will be to ensure that we are able to report accurately on all activity and on quality indicators for commissioners and to enable the hospice develop quality ‘dashboards’ incorporating measures of clinical outcome, patient experience and service effectiveness and efficiency. Whilst we have achieved a significant part of this work, it will continue to be a high priority for 2015/16.

We will also continue to participate in a national benchmarking project facilitated by Hospice UK of the ‘Inpatient Unit Patient Safety Metrics’. This commenced in April 2014. Data is submitted quarterly on patient falls, pressure ulcers and medication errors and will enable the hospice to compare results with similar sized...
hospices. We have been taking the lead on ensuring that we share best practice in relation to the findings of the project and will continue to build on this work during the next year.

**Future Planning Priority 4:**

**Continue to develop partnerships with health and social care agencies to improve service user care pathways.**

**Borough based working**

The hospice is an active member of the One Hackney initiative to bring providers together to meet the needs of the most vulnerable residents in the Borough.

We have established good links with City and Hackney Clinical Commissioning Group to work together on planning services and are members of a stakeholder group to review clinical ambitions for end of life care for City and Hackney. Michael Kerin our CEO continues as the voluntary sector representative on the Hackney Health and Wellbeing Board.

The internal Strategic Planning Group is now well established and brings together a wide range of senior hospice managers to exchange information and coordinate the strategic developments from all areas across the hospice. This provides a platform for reviewing the impact of projects and services in individual Boroughs in our area, and whether they can be rolled out in other areas as well as identifying progress in engaging with Bart’s Health NHS Trust and the relevant commissioners around services in Tower Hamlets, Newham and Waltham Forest.

**Working within our Community**

We will continue to seek new ways in which we can work with our partners in health and social care to support people who wish to die at home or who need additional support from our services in the community. The hospice will continue to seek opportunities to enable patients and carers to receive flexible, sensitive accessible and timely care services either in their home or in a location of their choice. To achieve this we have formed various partnerships to explore suitable models of care and support.

One example of this is our partnership with charity ‘Hope for Home’ in delivering the Namaste at Home service in Newham which is a volunteer-led project offering support to people with advanced dementia and their families. In 2015/16 we will try to expand this project further and search for sustainable funding beyond 2016. Another example is our Compassionate Neighbours project which is delivered in partnership with community development charity Social Action for Health. Using each organisation’s strengths and networks, we have been able to reach many more people in the communities we serve to deliver the project.
Part 3: Priorities for improvement 2014-15

This section reports on the progress on the priorities for improvement last year, and what was achieved over this period. The quality improvement priorities for 2014-2015 were as follows:

Improvement Priority 1:

Building on Community Engagement - to improve service user’s experience

During 2014/15 we worked to;

Engage with our community

We did this by identifying groups of people and patients whose needs are not currently met by the hospice and developing a range of new groups and awareness events held at the hospice. For example, we hosted the Annual Carers Conference and built a range of carer focused activities that were appealing and useful for those in unpaid carer roles through Carers Week. We hosted Death Cafes to engage the wider community to stimulate conversation about taboo issues during Dying Matters Awareness Week. We developed new social groups such as the Doodle Club with support from local people who are specialists in arts and craft with the aim of decreasing social isolation for older residents of the community.

In 2014/15 we additionally improved the information available to our community about our services. We rebuilt the hospice website which means that it is easier for people to find out information about services available to them, not just in the hospice, but locally, with support from the Care Compass website. We re-wrote and re-produced a suite of leaflets about our services and now display the leaflets and other information clearly in our new Live Well Information Service area which was re-sited in the Reception Area, making it more accessible to those coming through the hospice doors. We were successful in securing funding for our Live Well Information Service in 2014/15 which has meant we have been able to expand our information services. Offering a range of support groups both here in the hospice and out in the community, we have been able to provide more people with the information they need to make choices about their care. Investment in the Fundraising and Engagement Team in 2014 also meant that we additionally had an external-facing team focused on strengthening relationships with our communities, both to help generate funds and support, but also to help raise awareness of hospice services.

In 2014/15, significant work took place in implementing new projects based in the communities we serve, most of them undertaken by skilled and highly trained volunteers.

Compassionate Communities Programme:

In 2014/15, we worked on building capacity in our local communities through the development of our compassionate communities programme, working with local
people often from hard to reach groups to help them acquire skills and confidence to support to people in their community who are dying or who are carers.

During 2014 the hospice initiated a Compassionate Neighbours project in Hackney and an initial cohort of 13 people underwent a training programme delivered by Social Action for Health and the Hospice. The group was made up of members from the Turkish/Kurdish, older White and Black Caribbean communities. Later in the year we were fortunate to secure funding from Hackney CCG to expand the project further into Hackney, and from the Cabinet Office to roll out the project into Tower Hamlets and Newham. The first ‘matches’ between trained Compassionate Neighbour volunteers and the beneficiaries have happened now, and although small numbers at the moment, all report a great personal impact, with reported increased self-confidence from the volunteers and decreased social isolation from the beneficiaries.

We also set up the Namaste programme of care for people with advanced dementia from Newham in their own homes, we operated the Newham Bereavement service, an award-winning Sunflower Garden Group for bereaved people based at the West Ham Cemetery grounds, a range of support groups for bereaved people out in the community and the St Joseph’s at Newham range of complementary therapies. The funding for the Newham Bereavement Service and Sunflower Garden has unfortunately ended and subsequent funding has not been secured, so these projects have had to stop at the end of the financial year 2014/15. In addition, we ran the Empowered Living Team which has been highly evaluated.

**We have also worked hard to bring people into the hospice:**

Refurbished Community Hub area in the hospice reception area: We were able to remodel and refurbish our Community Hub area in 2013 with a government capital grant. Throughout 2014/15 we have been developing an attractive range of groups, exhibitions and activities which bring more of the general public into the building. A new café with a wide range of food and good value hot drinks, a piano which anyone can play that has attracted community choirs to use the space, a range of exhibitions from local artists and the ability to show films and host events has brought many more people through the doors of the hospice.

The new Live Well Information Service has been placed by the front doors opposite the reception desk so that people can easily find more information.

**User feedback**

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. The Hospice has sought the views and feedback of minority or hard to reach groups around aspects of our care by working proactively with local organisations to enable us to achieve this. 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.
User feedback information is received by St Joseph’s Hospice from a variety of different sources. For example, it may arrive via comment cards, via specific surveys carried out throughout the year, through formal complaints and through letters offering compliments and praise. This approach, whilst providing useful information, is generally focused on past events and only forms part of an overall, planned user engagement strategy.

During 2014/15 there was no formal planned face-to-face process, and it is this element, together with a more planned approach that will be further developed in 2015/16 in order to focus on helping the Hospice to understand what actual and potential new service users, their families, friends and carers, as well as the general public, think of the services available. The process will also explore how people would like to see services improved and developed in future. It would involve people becoming engaged in an on-going face-to-face dialogue over time.

The following service user experience is drawn from our feedback cards which ask a standard question: ‘How was your experience at St Joseph’s today?’ inviting individuals to choose one of three options, using a smiling face, plain and sad face.

The following is the data below for the feedback from July to December 2014. In the 6 months of this time period 204 cards were received, these came from the following areas:

- Community Hub/Reception area
- Inpatient Wards
- Day Hospice
- St Joseph’s Hospice at Newham service.

![Bar chart showing feedback from July to December 2014]
Negative responses are fed back to the appropriate managers and actions taken. For example any feedback about food is discussed at the hospice Nutritional Group meeting which meet monthly.
Overall feedback is positive:
“Kind and considerate staff”
“Beautiful gardens, clean and quiet, great patient menu”
“Reasonable prices for guest restaurant, guest parking.”
“All the little things that you don’t need the hassle of when your loved one is ill are taken care of here.”

One neutral comment suggested: “A small suggestion I would make is they would make their first name i.e. Christian name more prominent with a large plastic name badge”. The wards and other departments are taking this suggestion forward.

There are various examples of user questionnaires being used across the Hospice services. The Nutritional group completed a survey in November 2014 on the food and nutrition service, the findings and actions are being taken through the group.

We acknowledge there has been a lack of user feedback from those patients cared for in the community and so the Clinical Nurse Specialists from the Community Team sent out a questionnaire to all their services users early in 2015. Initial feedback from responses was very positive and the Nurse Consultant for Community Palliative Care Team is taking the findings forward with the team.

Work has also progressed in 2014-2015 with the outcome measures group and an outcome measurement tool has been implemented which gives individual feedback from patients on the care and support they have received. This work is being considered alongside other surveys and user feedback methods in order not to over-burden services users with too many questionnaires or feedback surveys so a more coordinated approach is being planned.

In addition we to the feedback cards and surveys, we received many thank you cards in this period, all with positive comments about the hospice, including:

“To everyone at St Michael’s Ward, just wanted to say thank you so much for looking after our brother/son in his final days and keeping him comfortable.”

“I want to express our deepest thanks for your beautiful care and compassion looking after our father. Although the end of his life was filled with suffering, your support enabled him to pass away with dignity and love.”

“Thank you all so much. In such times, your unconditional help provided much solace.”

“Please can you thank everyone for looking after Alex so well....It’s nice to know he settles after we drop him off... We really enjoyed the break although we felt guilty that we were still at home and not looking after him. I don’t think we’ll ever get used to it.”
“To all at St Joseph’s Bereavement Service, thank you so much for all your hard work. The (children’s) lantern service was beautiful.”

Patient-Led Assessment of the Care Environment (PLACE) assessments
The hospice participated in new PLACE assessments during April 2014 and results were published in September 2014. The assessment involved using service users to assess how the environment supports patient’s privacy and dignity, food, cleanliness and general building maintenance.

The outcome from the assessments was very positive and gave a user perspective of the environment – areas for improvement such as signposting will be a focus for the next year, following the building developments on site. The results were as follows:

- Cleanliness 98%
- Food 94%
- Privacy, Dignity & Wellbeing 94%
- Condition, Appearance & Maintenance 94%

Improvement Priority 2:

Improving Choices at the End of Life – to enhance experience
Increased Engagement with Service Users – to inform Improvements to Patients Experiences and Clinical Effectiveness

In addition to the activities listed in the previous section a range of complementary therapy support groups modelled on the success of the Neurological Support Group, currently meeting fortnightly at the hospice, offer social and therapeutic support to people with neurological conditions such as Motor Neurone Disease, Multiple Sclerosis, Parkinson’s Disease, and their carers. These groups provide a stepping stone for other hospice services to join in due course expanding the provision of hospice services beyond the hospice walls. During the year we also provided carers assessments with the Hackney CCG in conjunction with the Carers’ Centre in Hackney to assess the needs of residents in Hackney who are unpaid carers for people at the end of life.

In 2014/15, we worked with the Marie Curie Befriending Service (which is based at the hospice) to explore joint working opportunities with their volunteer cohort in massage training and regular case study supervision. This is to include the training of volunteers in simple and effective hand and foot massage techniques which can be used widely with clients, when judged appropriate, in the home setting.
Improvement Priority 3:

**Strengthening Information Governance – to strengthen patient safety and clinical effectiveness**

In 2014/15 we implemented a new telephone system across the hospice – which has improved both internal communication as well as ensuring more timely responses to external callers being directed to the appropriate services. This has additional capacity to build on the infrastructure of the system for improved communication for teams working within the community and enable easier access to enable more effective and efficient ways of working.

We replaced our electronic patient records system to ensure that is ‘fit for purpose’ and meets the complex and changing needs of the Hospice. The project was well managed and there continues to be adjustments made to ensure that the system meets our changing needs, including investment in staff training so that staff are confident and equipped to use the system effectively. We have focused on ensuring that our IT system is robust to support the new system and that the infrastructure supports effective controls and efficient access to information.

One of the key requirements of the new electronic patient records system will be to ensure that we are able to report accurately on all activity and on all quality indicators for commissioners and to enable the hospice to review performance measures for individual services by developing quality dashboards incorporating measures of clinical outcome, patient experience and service effectiveness and efficiency.

We have also implemented a new HR system which will enable us to capture data on mandatory training, appraisal and sickness & absence which will also be available in a dashboard format. This information will also enable us to benchmark internally across service areas and also is readily available to compare across other similar organisations.

We have actively improved our overall compliance with the information security regulations and review progress through the hospice Information Governance Committee on a monthly basis. Policies and procedures are in place with on-going audits and reviews using a structured framework. All hospice staff receives mandatory training relating to information security. It is expected that all information being used efficiently, effectively and in accordance with all legal and ethical requirements. We have now achieved full connection to the NHS N3 network, which will enable easier transfer of patient information in a secure environment.

This will greatly improve the efficiency of our teams and enhance communication across the different disciplines who may be involved in and individuals care or treatment.
Improvement Priority 4:

Continue to Lead in embracing Partnership working with Health & Social care - to improve Service users experiences in End of Life care

Coordinate My Care (CMC)

CMC continues to be developed by NHS clinicians to improve coordination across acute and community providers 24/7, a key element of the End of Life Facilitator role within primary care has been to support the implementation of Coordinate my Care. The Facilitators included CMC training in the programme of workshops. Additional support was available for a 6 month period as a result of funding from a LETB project.

Community Palliative Care Team (CPCT) Clinical Nurse Specialists (CNS) will be providing on going support with CMC by attending the integrated care team meetings, which are aimed at improving the care of people with life limiting illnesses who are thought to be in the last years of life. These meetings enable community health teams to identify who these people are; assess their clinical and personal needs, plan care and review. Each borough operates their meetings differently, St Joseph’s CPCT commits to attending these meetings to improve patient care, collaborative working, and sharing knowledge and expertise.

The challenges to implementation of CMC within individual homes are likely to be variable, for example, access to IT resource, IT skills and confidence of care home staff, but the CPCT CNS’s continue to work closely with them to improve outcomes for their residents at the end of their life.

End of Life Care Facilitation Service

The Newham End of Life Care Facilitation service was completed in November 2014. The service involved engaging with stakeholders across primary, secondary, community and the third sector, including care homes, to improve choices and opportunities for people in Newham at the end of life. The project was very successful with key outcome measures being achieved and care professionals consistently valued the presence of the Facilitators over the whole duration of the contract.

Prior to completion of the project a longer term exit strategy for education and facilitation within East London was completed. Sustainability will largely be provided by the engagement of CPCT CNS’s and their attendance at the palliative care meetings. CNS’s are currently attending all palliative care meetings occurring regularly and are attending virtual ward meetings and GP meetings which provides an additional platform to support community nursing staff. They also attend ‘ad hoc’ meetings with those surgery’s who have fewer patients requiring specialist palliative care.

The Facilitators have developed a programme of workshops for community nurses which can be delivered as and when need arises covering topics such as symptom control, communication skills, advance care planning, Coordinate my Care, care in
the last days of life and syringe driver use. With continued education and support the confidence of care home staff will continue to increase and this will mean that there will be on-going reduction in unnecessary hospital admissions. This has been demonstrated by the facilitator achievements to date.

Outcome measures and key successes overview for the End of Life Facilitation Service.

<table>
<thead>
<tr>
<th>Activity Performance Indicators</th>
<th>Threshold</th>
<th>Achieved</th>
</tr>
</thead>
</table>
| Increased use of Gold Standards Framework in primary care           | Year 1: 25% of practices  
Year 2: 50% of practices  
Year 3: 75% of practices | 85% Year 3                                                               |
| Increased use of Gold Standards Framework in care homes            | Year 1: 50% of homes  
Year 2: 100% of homes                                                     | 100% (Palliative care register and monthly review meetings in Nursing Homes)  
83% (National GSF training 5/6 Nursing Homes plus 1 Residential Home) |
| Increased use of Advance Care Planning across all sectors          | Year 1: 33% increase  
Year 2: 66% increase  
Year 3: 90% increase                                                   | CMC now in operation 13 records across Borough  
(04/02/14)  
69 records (31/08/14)  
An increase of 36% on Yr. 3 Q1 and overall increase in excess of 100% |
| Proportion of workforce in all sectors who report increased confidence and competence as a result of education, training & support | Year 1: 40% increase  
Year 2: 80% increase  
Year 3: 90% increase                                                   | Nursing Homes 100% increase  
Domiciliary Care 100% increase  
Primary Care 100% of responses received  
Secondary care not recorded  
Y3 as focus for Facilitator has been on devising documentation which has not yet been approved by the Trust for use. Previously 100%. |

Supportive Care Services in Newham

From 2014, the Hospice social work team have formed a partnership with the London Borough of Newham team to enable a social worker from each team to be seconded across health and social care; this will enable the social worker to experience social care for people and their families with life limiting illness and end of life within another sector, provide professional development and form professional links

Age UK East London and St Joseph’s Hospice – Last Years of Life Service

Both organisations are working together to bring together personal care, emotional and practical support to people of Tower Hamlets in their Last Years of Life. Age UK East London previously provided this service over and are now including
Namaste Care a sensory therapy for people with cognitive impairment provided by St Joseph’s Hospice.

**Developments in Education**

Over the last year the training and education team have offered the QELCA (Quality End of Life Care for All) Programme to 15 care of the elderly wards and community teams from Barts Health. QELCA is an end of life care education programme, using the hospice setting as a learning base where nurses are offered a first-hand experience of observing hospice specialist nurses as they deliver expert care to patients and their families at the end of life. The 5-day programme combines classroom discussion and reflection facilitated by experienced specialist palliative care nurses. The programme then continues with six months facilitated Action Learning Sets (ALS) so their hospice experience, can be supported in practice and learning from the programme consolidated.

We have also delivered specialist end of life care communications workshops (Sage and Thyme). Our in-house workshops have been open to our partners and we have had attendees from a variety of professional backgrounds working in end of life care including social workers and district nurses. We have also run courses specifically for staff from Homerton and Barts.

The hospice undertook a comprehensive consultation with key stakeholders to establish learning needs around palliative and end of life care and models to best deliver these. The project included interviews with internal staff at St Joseph’s Hospice and external staff across health, social care, voluntary and academic sectors in our local boroughs. Findings have been used to inform our service review of education, learning and development at the hospice to enable us to widen our provision of quality external education in line with the hospice’s strategic goals.

The pace of progress is determined by the engagement of the CCG leads and how our proposals align with the emerging models of integrated care. There has been renewed interest by City and Hackney in care coordination and rapid response models of care as part of the ‘One Hackney’ initiative to strengthen integrated care and ensure more people are cared for in the community and reduce the number of avoidable acute hospital bed days.

**Engaging with other Hospices**

Richard House Children’s Hospice Inpatient unit was based at St Joseph’s Hospice from December 2013 until February 2015 whilst their hospice Inpatient unit was being redeveloped. We have excellent working relations with the team and continue to build on the joint transitional care programme. The two hospices are considering further opportunities for collaborative working. An alliance has been proposed between both organisations to explore our common focus and purpose in palliative care, and to review a number of areas where we could work more closely together.
Part 4: 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 2014/15 St Joseph’s Hospice provided six key service areas 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

We also provide services in the following:

- Newham Satellite
- Compassionate Neighbours (Hackney and Tower Hamlets)
- Education & training for health & social care professionals

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 from the NHS represents approximately 55% of the overall cost of running the hospice services. The rest comes from the generosity and goodwill of our local communities, businesses, trusts and foundations who support the hospice.

2 Participation in Clinical Audits

During 2014/15, 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 2014/15 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 12 local clinical audits were reviewed by St Joseph’s Hospice during 2014/15 and in addition we carry out environmental cleanliness audits every month.

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

- Review all SOP’s and bring in line with practice and GSTT orders & supply
- Implement education and training programme for staff that prepare and administer oral liquid medicines and use enteral feeding systems.
- Staff to improve the evidence that organisational procedures followed after the person has died.
- Review signage across site – explore use of maps internally around site with colour coding or shapes to assist signage
- Improve documentation, through regular documentation audit in annual programme for 2015-2016 to ensure standards for record keeping are maintained.
- Continue staff mandatory training in Information Governance for all staff
- Continued audit of Nursing Compliance with Monitoring of Blood Transfusions
- Encourage pro-active MDT discussion to identify patients who are nearing the end of life.
- Encourage early discussions regarding advanced care planning

3. Research

The number of patients receiving NHS services provided or sub-contracted by St Joseph’s Hospice in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee was 0.

There were 0 appropriate national research studies and 7 local ethically approved research studies in palliative care in which we have participated. These include:
Studies completed by external researchers

- Panagiotis Pentaris (Goldsmiths) – religious literacy of health care professionals in a hospice setting.
- Barbara Gale – the experiences of volunteers in patient facing roles in the community
- Niranjali Vijeratnam – psychological wellbeing of administrative staff in palliative care
- Phyllida Cheetham – evaluation of the Newham Bereavement Service
- Cathriona Sullivan - Experiences of Bengali interpreters

Studies completed this year – by internal staff

- Ryan Cabida – Exploring the impact of Schwartz rounds on hospice staff
- Jason Davidson – Preparing for organizational change; Exploring Leadership in social work

Current studies being undertaken by external researchers

- Ellie Reynolds/Professor Jill Maben (Kings) - National evaluation of Schwartz Rounds
- Jeremy Whelan (UCL) – Bright Light; end of life care for young adults.
- Richard Harding (Kings) – ACCESSCare: Advanced cancer care equality strategy for sexual minorities.
- Fliss Murtagh (Kings) – Validation of IPOS study.
- Peter Barry (Marsden) – Rapid medical donation programme (post mortem) in breast cancer.

Current studies being undertaken by internal researchers

- Dr Libby Sallnow - Evaluating the impact of compassionate communities

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

St Joseph’s Hospice income in 2014/15 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 2014/15.

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

The following feedback has been received for this quarterly report, from the Hackney Health and Scrutiny Committee and Tower Hamlets Clinical Commissioning Group:
DRAFT QUALITY ACCOUNT FOR 2014/15

Dear Mr Kerin

Thank you for inviting Health in Hackney Scrutiny Commission to submit comments on your DRAFT Quality Account for 2014/15.

We are pleased to note the continuing excellent work being done by St Joseph’s Hospice in palliative, end of life and respite care and that no specific areas for improvement or shortfalls in meeting the minimum standard for quality of care have been identified in any audit in the past year. We note that your current registration with the CQC has no conditions attached, that you continue to receive many commendations from patients and families and that in 2014/15 you only received three patient complaints.

We would be grateful if you could clarify the following:

a) On p.12 it states the ‘Compassionate Neighbours’ project is currently training 75 people but on p.17 it states that 13 people have completed the programme. Presumably the latter number refers only to people from Hackney and if so, what are the barriers you’ve faced in recruiting volunteers here?
b) On p.14 it states that there has been 23 “information related incidents/near misses” and while this number is small, what are the numbers in each category and what learning has there been from these incidents?
c) The list of Audits in Appendix 2 is very extensive but they all appear to be internal. We realise you are not subject to as many inspections (by the CQC for example), as a hospital would, but would ask how robust can internal inspections be?

In the past two years we have asked for more benchmarking data and trends to assist us in understanding how St Joseph’s performance compares to
organisations of similar size and function. We appreciate that much work is ongoing and we welcome for example the inclusion of the most recent National Minimum Dataset submission as Appendix 1.

Elsewhere in the report you refer on p. 4 to the ongoing work on developing outcome measure tools, you refer on p. 14 to installing a new incident reporting database and to developing new quality dashboards. We also note that you are participating in the national benchmarking project facilitated by Hospice UK. We appreciate that all this work has begun but would like an indication of what the initial learning has been and when we will be able to see the first quality dashboards arising from these exercises.

More broadly there were also a few issues prompted by your report which we aim to discuss further with you when you come to the Commission, such as:

a) Improving your links with social services and other relevant local authority services.
b) The problems of rolling out your services equally across the three boroughs you serve due to funding constraints, whereby some funding is more available in some boroughs than in others. We note that this piecemeal approach makes it difficult for you to ensure equity of provision.
c) How you can strengthen your links with some of our diverse local communities who do not traditionally access your services.
d) How you will address gaps in provision for patients with non-cancer diagnoses.
e) How incident reporting systems can be improved and what are the results from the first year of the ‘Inpatient Unit Patient Safety Metrics’ project.
f) How the Council and other stakeholders might be able to promote your volunteer-led projects to attract more volunteers from the local community.

You’ll recall we had a very constructive discussion at the Commission last year when you presented the 2013/4 Account and we look forward to doing the same when you attend again on 15 July.

Yours sincerely

Councillor Ann Munn
Chair of Health in Hackney Scrutiny Commission

cc: Members of Health in Hackney Scrutiny Commission
Cliff Jonathan McGhane, Cabinet Member for Health, Social Care and Culture
Kim Wright, Corporate Director of Health and Community Services
Dr Penny Bavin, Director of Public Health, City and Hackney
Below is the response sent to Councillor Munn, addressing the points raised in the response to our Quality Account Report above:

Councillor Ann Munn  
Chair of Health in Hackney Scrutiny Commission  
Hackney Council  
HSC, Area K, 2nd Floor  
1 Hillman Street  
London, E8 1DY

1st July 2015

Dear Councillor Munn,

RE: Quality Account Report 2014/15

Thank you for your comments regarding our Quality Account report 2014/15. We were pleased to receive the positive feedback and your support regarding the work we do within East London and look forward to discuss in more detail at the Health in Hackney Scrutiny Committee meeting on the 15th July 2015.

In response to your comments we would like to provide some clarity around the points you highlighted, which are itemised below, in the order raised:

a) The Compassionate Neighbours Project has been active since 2013, with recruitment of 13 volunteers in the pilot phase of the project in 2014. The number of volunteers reflects the capacity of the project lead at that time; since then we have received additional funding from Hackney CCG and the Cabinet Office to increase reserves and consequently extend our reach. There were no issues recruiting volunteers specific to Hackney

b) The following table shows a breakdown of the categories of the information incidents and the learning from these:

<table>
<thead>
<tr>
<th>Category</th>
<th>No of incidents</th>
<th>Learning/action taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data integrity</td>
<td>7</td>
<td>Staff reminded about the importance of accurate information and were asked to check their work; a training plan was put in place for ward nurses.</td>
</tr>
<tr>
<td>Inputting error</td>
<td>5</td>
<td>All errors were investigated and staff asked to be vigilant with patient and relatives details.</td>
</tr>
<tr>
<td>Process</td>
<td>10</td>
<td>Issues were highlighted with individual staff members and their managers, the importance of following processes was raised. Where staff did not record notes/casework warnings were given by managers.</td>
</tr>
<tr>
<td>System failure</td>
<td>1</td>
<td>Server issue – required upgrading to cope with new telephone system</td>
</tr>
</tbody>
</table>

St Joseph’s Hospice, Mare Street, Hackney, London, E8 4SA.
t: 020 8923 6009   e: info@sjh.org.uk   www.sjh.org.uk

Founded in 1905 under the care of the Religious Sisters of Charity.
St Joseph’s Hospice Hackney A company limited by guarantee. Registered company number 5513914.
Registered charity no. 1113129.

Quality Accounts 2014/15 St Joseph’s Hospice, Hackney
c) The majority of our internal inspections are led by St Joseph’s Hospice staff who have specific knowledge related to the areas on which they lead. In addition, we do employ some staff who hold joint appointments external to the hospice and via Service Level Agreements, who support the audit/inspections to ensure the process is objective. This is most notable in our Clinical Pharmacy audit, which are carried out by the Specialist Oncology Pharmacist on their Palliative Care Rotation and supported by the Consultant Pharmacist in Palliative and End of Life Care, both from Guy’s and St Thomas NHS Hospital Trust. For Infection Control audits we are supported by the Infection Prevention and Control team at the Homerton University NHS Fountain Trust. One of our Speciality doctors also works as a GP in Hackney who supports a number of audits, such as the Deaths in Hospital Audit that we run annually.

We are one of several providers engaged in The Outcome Assessment and Complexity Collaborative (OACC) initiative, a research study led by Kings College, London. This is still in its pilot phase and therefore we are unable to provide findings from this at present. Data from the Hospice UK National Benchmarking Exercise show that we compare to similar size hospices in relation to incidents.

A copy of our recent Quality, Patient Safety and User Feedback Dashboard as presented to our Board of Trustees will be shared at the commissioning meeting on 15th July; we would appreciate your comments on this.

We welcome the opportunity to discuss the issues raised around our local networks, equitable access to services and strengthening incident reporting systems and how the council can promote volunteer led projects within the local community.

Yours sincerely

Michael Kerin
Chief Executive
6/6.1 Periodic reviews by the CQC

St Joseph’s Hospice is subject to inspection by the Care Quality Commission and the last formal review was a visit in October 2013 and March 2014 with a
subsequent written report. The CQC’s assessment of St Joseph’s Hospice was that the establishment met all the standards reviewed, which included:

<table>
<thead>
<tr>
<th>Standards</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consent to care and treatment</td>
<td>2</td>
</tr>
<tr>
<td>Care and welfare of people who use services</td>
<td>4</td>
</tr>
<tr>
<td>Cleanliness and infection control</td>
<td>8</td>
</tr>
<tr>
<td>Assessing and monitoring the quality of service provision</td>
<td>16</td>
</tr>
<tr>
<td>Complaints</td>
<td>17</td>
</tr>
<tr>
<td>Respecting and involving people who use our service</td>
<td>1*</td>
</tr>
<tr>
<td>Safety and suitability of premises</td>
<td>10*</td>
</tr>
<tr>
<td>Safety and suitability of equipment</td>
<td>11*</td>
</tr>
<tr>
<td>Supporting workers</td>
<td>14*</td>
</tr>
<tr>
<td>Records</td>
<td>21*</td>
</tr>
</tbody>
</table>

*East Ham Care Centre

We continue to undertake self-assessment on a regular basis.

7. Reviews and investigations by CQC

St Joseph’s Hospice has not participated in any special reviews or investigations by the CQC during 2014/2015.

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
- Continue to work to embed the culture of data capture, its use and application across the organization
- The hospice has shared records in accordance with the Data Protection Act.

9. NHS Number and General Medical Practice Code Validity

St Joseph’s Hospice did not submit records 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 in March 2015 as part of our organisation’s information governance arrangements for N3 connection to NHS information systems.
The hospice has undertaken a self-assessment and has compiled an improvement plan in line with the IT service developments that have taken place during 2014/15.

11. Clinical Coding Error Rate

St Joseph’s Hospice was not subject to payment by results clinical coding audit during 2014/2015 by the Audit Commission.
Part 5: Review of Quality Performance

In terms of quality of care for our patients, all referrals are directed through our First Contact team once the initial referral has been received. Following an initial assessment 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 on-going 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 only a very small number of complaints are received each year (three in 2014/15).

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 and any lessons learnt are shared across the teams.

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 2014/15. We recognise that we are not necessarily capturing all information regarding ethnicity of our services users and this is being addressed through our Equality and Diversity Group.
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.
Part 6: GLOSSARY

Care Quality Commission
The Care Quality Commission (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. 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 – MDS Data

The below data has been extracted from the St Joseph’s Hospice, Hackney National Minimum Dataset (MDS) submission to the National Council for Palliative Care (NCPC). This data is also shared with our three local CCGs (Newham, Tower Hamlets and City & Hackney) on a quarterly basis. The most recently published MDS dataset report from the NCPC was released in June 2014, for the period 1st April 2012 to 31st March 2013. This is the most recent data available so we have provided these national figures as a comparison to our data, along with our data for the previous year which is a direct comparison to the MDS national dataset.

<table>
<thead>
<tr>
<th>In Patient Unit - IPU</th>
<th>STJH 14/15</th>
<th>STJH 13/14</th>
<th>MDS – National Mean (12/13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% New patients</td>
<td>87%</td>
<td>93%</td>
<td>82%</td>
</tr>
<tr>
<td>% Occupancy</td>
<td>73%</td>
<td>80%</td>
<td>75% (London 76%)</td>
</tr>
<tr>
<td>% Diagnosis – non cancer</td>
<td>25%</td>
<td>22%</td>
<td>13%</td>
</tr>
<tr>
<td>% Ethnicity – non-white</td>
<td>35%</td>
<td>33%*</td>
<td>23%</td>
</tr>
<tr>
<td>% Patients returning home from an IP stay</td>
<td>48%</td>
<td>48%</td>
<td>37.8%</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>19.8</td>
<td>16.3 days</td>
<td>14.4 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Community Palliative care team - CPCT</th>
<th>STJH 14/15</th>
<th>STJH 13/14</th>
<th>MDS – National Mean (12/13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% New patients</td>
<td>71%</td>
<td>71%</td>
<td>69%</td>
</tr>
<tr>
<td>% Non-cancer patients</td>
<td>27%</td>
<td>22%</td>
<td>16%</td>
</tr>
<tr>
<td>% Ethnicity – non white</td>
<td>45%</td>
<td>42%</td>
<td>28%</td>
</tr>
<tr>
<td>% Homecare patients who died at home/hospice</td>
<td>70%</td>
<td>69%</td>
<td>67%</td>
</tr>
<tr>
<td>Average length of care</td>
<td>175.2 days</td>
<td>134 days</td>
<td>111 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Day Hospice</th>
<th>STJH 14/15</th>
<th>STJH 13/14</th>
<th>MDS – National Mean (12/13)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% New patients</td>
<td>61%</td>
<td>64%</td>
<td>61%</td>
</tr>
<tr>
<td>% Diagnosis – non cancer</td>
<td>25%</td>
<td>25%</td>
<td>23%</td>
</tr>
<tr>
<td>% Ethnicity - non-white</td>
<td>49%</td>
<td>38%</td>
<td>21%</td>
</tr>
<tr>
<td>Caseload</td>
<td>30.50</td>
<td>40.68</td>
<td>54.80</td>
</tr>
</tbody>
</table>
## Appendix 2 - Completed Audits since April 2014 with actions completed

<table>
<thead>
<tr>
<th>Title</th>
<th>Aims</th>
<th>Aspect of service delivery</th>
<th>Action completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with Hand Washing</td>
<td>Compliance with best practice &amp; infection prevention guidance</td>
<td>Are we Safe</td>
<td>Hand gels installed on wards/in entrances. Monthly improvements seen</td>
</tr>
<tr>
<td>NHS Cleaning Standards -2007 Monthly audits</td>
<td>Compliance with national standards for cleanliness in healthcare organisations</td>
<td>Are we Safe</td>
<td>Update training for housekeepers Plan to set targets for forthcoming year</td>
</tr>
<tr>
<td>Quarterly Controlled Drug Audit</td>
<td>Compliance with Medicines Act 1968 and Misuse of Drugs (Safe Custody) Regulations 1973 Department of Health Safer Management of Controlled Drugs – A guide to good practice in secondary care (England) October 2007 NMC standards for medicines management</td>
<td>Are we Safe</td>
<td>Pharmacy to run Medication Alerts and Training. Medication safety and improvement group in place and used to feedback to staff – report to D &amp; P group Actions taken to Medication Safety &amp; Improvement group – held on Monthly basis Review all SOP’s and bring in line with practice and GSTT orders &amp; supply</td>
</tr>
<tr>
<td>Blood transfusion</td>
<td>To ensure all aspects of blood transfusion are managed effectively and safely within St Joseph's. Overall management via SLA is Homerton Hospital</td>
<td>Are we Safe</td>
<td>Overall compliance good Audit of the transport process completed – 100% compliant Remind staff at the monthly training - that the obs are performed hourly after the initial 15mins and then at the end of the transfusion Annual audit in place</td>
</tr>
<tr>
<td>Information governance re-audit completed in April 14</td>
<td>Improved overall compliance</td>
<td>Are we Effective</td>
<td>Move noticeboards, where these are visible from doors/windows Apply frosting to glass door panels Promote the use of safe emails – safe to only use secure emails (nhs.net) Anonymised names of patients displayed on boards (ie use initials)</td>
</tr>
<tr>
<td>ISMS</td>
<td>Assessment to ensure that all elements of the NHS IG</td>
<td>Are we well Led</td>
<td>Benchmark compliance against ISMS requirements Action plan agreed &amp;</td>
</tr>
<tr>
<td>NPSA patient safety alert 19: Promoting safer measurement and administration of liquid medicines via oral and other enteral routes</td>
<td>Promoting safer measurement and administration of liquid medicines via oral and other enteral routes</td>
<td>Are we Safe</td>
<td>No Education and training programme in place for staff that prepare and administer oral liquid medicines and use enteral feeding systems. Actions taken to Medication Safety &amp; Improvement group – held on Monthly basis Education programme in place Nutrition Policy and Enteral feeding procedures updated</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>End of Life documentation audit</td>
<td>To evaluate the use of the new forms in End of Life Care, which will inform the end of life care group of necessary changes to be made to the current (interim) documentation</td>
<td>Are we Responsive to needs</td>
<td>Staff to improve the evidence that organisational procedures followed after the person has died. Presented at Wednesday seminar. Training to continue. Group reviewing practice will review in light of CQC &amp; await NICE guidance All C/O deceased procedures revised</td>
</tr>
<tr>
<td>Pressure Ulcer - best practice compliance</td>
<td>Compliance with the recommendations from RCN &amp; NICE relating to pressure ulcer prevention &amp; management</td>
<td>Are we Safe</td>
<td>Results highlighted at Ward Mangers meeting for dissemination to ward teams Ongoing review via weekly monitoring</td>
</tr>
<tr>
<td>Standards for Antibiotics</td>
<td>Recent increases in the use of IV antibiotics have prompted multi-professional questions regarding their role within the hospice. Following discussions at Clinical Forum, an audit of current practice was suggested</td>
<td>Are we Effective</td>
<td>Still pending completion</td>
</tr>
<tr>
<td>Patient Led Assessment environment PLACE</td>
<td>Ensure environment meets service users expectations – using national NHS audit tool</td>
<td>Are we Responsive to needs</td>
<td>Excellent compliance: Cleanliness 98% Food /Hydration 94% Privacy /Dignity / Wellbeing 93%</td>
</tr>
<tr>
<td>re-Audit of Deaths after admission to Hospital</td>
<td>Are patients being admitted to appropriate place of care?</td>
<td>Are we Responsive to needs</td>
<td>Most patients were transferred to hospital because of an acute deterioration in their condition. For many, the deterioration was a pre-terminal event. Explore opportunity for STJH input to facilitate transfer home or to Hospice.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Audit of Advance Care Planning (ACP) in hospice patients with progressive neurological disease</td>
<td>Is an Advanced care Plan clearly documented?</td>
<td>Are we Responsive to needs</td>
<td>Devise a systematic method of recording if patient has CMC record on Crosscare – completed. Ensure information available regarding if crisis occurs. Encourage early referrals so as to discuss ACP at early stage.</td>
</tr>
</tbody>
</table>