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Part 1 - John Taylor Hospice statements

1.1. Chief Executive Officer statement

On behalf of the Membership Council and Board of Directors, I am delighted to present John Taylor Hospice’s 2016-2017 Quality Account. John Taylor Hospice was founded in 1910 and is the oldest non-denominational hospice in the UK. Following a period of management within the NHS, the company became an independent community interest company in 2011. In 2016, we were therefore delighted to celebrate our first five years as an independent hospice and remain an ambitious, positive, and dynamic organisation determined to make a difference to help people live well and die well across the populations we serve. During last year we provided palliative care and support to 1,348 people across North, East and West Birmingham as well as Sandwell and the surrounding areas, most of this within people’s own homes.

This account reflects on the work and achievements of the hospice for the last year and offers an insight into our commitment and objectives for the forthcoming year. We employ 130 staff and over 67 volunteers support the work we do in many different areas. This past year has been exciting for the hospice with changes to our Board of Directors including the recruitment of a new Chair of the company, a new Director of Clinical Services and new members to our Membership Council. Together we are very proud of our achievements during the year but also in 2017/18 we are taking the opportunity to re-establish our mission and vision for the organisation with the development of a new strategy that is focussed on reach, partnership and influence of our local stakeholders.

The hospice provides a wide range of expert services including a large community nursing team of specialist nursing staff, a multi-disciplinary team of physiotherapists, occupational therapists and pharmacists; a Hospice at Home service; a 16-bedded specialist In-Patient Unit; and a Well-Being service. We also have our Heart of the Hospice day centre that provides holistic support to our patients and their families linking in with our specialist clinics and complementary therapy service.

I am pleased to confirm the progress we have made in our priorities for last year, the detail of which is contained in the body of this Quality Account. Safety and quality are at the heart of our commitment to excellence in all the services we provide and we welcome the opportunity to share with you the further work we want to do and our priorities for the forthcoming year.

All services provided by John Taylor Hospice are free of charge due to the collaboration of funding between the NHS and income generation from the generosity of our local community. To conclude, I would like to acknowledge our dedicated staff and volunteers for their contribution to John Taylor Hospice’s success and thank them all for their continued commitment to providing excellent patient and family care for our local population.

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 John Taylor Hospice Community Interest Company.

Penny Venables
Chief Executive Officer
1.2. Board of Directors and owner statement
The Board of Directors of John Taylor Hospice have satisfied themselves that this Quality Account presents an accurate and realistic assessment of the hospice’s performance during 2016/17 via the Quality Governance Committee (QGC) and data collection conforms to specific data quality standards. QGC oversees the Clinical Governance Committee, Information Governance Committee and Health and Safety Forum which is shared and reviewed by the Membership Council. As a community interest company, John Taylor Hospice is a membership organisation and the owners are the people who work in the company. The company is overseen by a Membership Council made up from staff elected by their peers. The Articles of Association of our company set out specific duties for all Membership Councillors, these include those detailing the councillors’ responsibilities in participating in the governance of the company and holding the Board of Directors to account. These responsibilities have been fulfilled during 2016/17.
Part 2 - Our principles

2.1. Duty of Candour
Occasionally people in our care are involved in an incident, some of which have the potential to cause harm. Our Being Open and Duty of Candour policy ensures an open and honest approach to informing patients and their carers following any incident. Our incident reporting process ensures we understand what happened and what lessons we can learn, and the development of an action plan to reduce the risk of recurrence. We share our findings with the patient, their family or carers and share learning and service improvements implemented across the company.

2.2. Equality and diversity
We take our responsibilities in relation to equality and diversity extremely seriously and scrutinise ourselves on the basis of transactional and relational data. We are never complacent and we are unequivocal about dignity in life and death. We have a range of training, information, reflection, guidance and support to keep the risk of prejudice on the agenda. Equality and Diversity training is mandatory. Compliance rate is 100%.

John Taylor Hospice annual Workforce Race Equality Standard Form submitted to Birmingham Cross City CCG recorded 22.5% black and minority ethnic workforce.

Part 3 - Strategic aims
The company has just carried work to review its strategic goals. A new three year strategy plan is now being developed. One target is working in partnership with other providers to improve access to our services, expand services and understand barriers in accessing hospice care. We have already started to build effective partnerships with other professionals including other hospices.

Work is ongoing with the organisations strategic aims and values, we hope this will be approved and use during the 2017/18 period.

Part 4 - Our priorities for improvement

4.1. Priorities for 2016/17

4.1.1. SAFE
One of our key priorities for 2016/17 was the developments of a skills lab which would facilitate the exploration of the often difficult issues that can arise around communication and decision-making when a patient is dying.

Funding is still being sought for the development of the clinical skills lab, however this has not stopped John Taylor Hospice ensuring safe practice. During the year we have increased knowledge and skills and maintained clinical competencies through:

- Macmillan funded training courses (see also 4.1.3)
- All mandatory training 100% complete
- Speciality training provided to all new RGNs such as the Princess Alice Certificate in Palliative Care and Advanced Communication Certificate
- Diabetes in Palliative Care
- Care of the Dying Patient
- Outcome Assessment and Complexity Collaborative (OACC)
- Advance Care Planning
4.1.2. EFFECTIVE

On 401 occasions there was documented evidence relating to a patients preferred place of death (PPD) during the period 2016/17, this is a 66% improvement from the previous year (2015/16).

An increase in Advance Care Planning activity has resulted in the number of patients who indicate a PPD. Please see comparison table below:

<table>
<thead>
<tr>
<th>PPD</th>
<th>2015/16</th>
<th>2016/17</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home</td>
<td>62%</td>
<td>66% (94)</td>
<td>+4%</td>
</tr>
<tr>
<td>Nursing home</td>
<td>79%</td>
<td>63% (10)</td>
<td>-16%</td>
</tr>
<tr>
<td>Hospice</td>
<td>80%</td>
<td>75% (47)</td>
<td>-5%</td>
</tr>
<tr>
<td>Hospital</td>
<td>100%</td>
<td>50% (5 )</td>
<td>-50%</td>
</tr>
</tbody>
</table>

JTH realises that crises can occur within the home setting for patients who choose home as their preferred place of care at end of life. This can result in inappropriate hospital admission. JTH is working hard to provide education and information to patients and their loved ones to attempt to reduce this. One of JTH objectives for 2017/18 is to look at and improve all services.

Patient electronic data system improvements are ongoing to facilitate accurate recording of PPC/PPD data.

Advanced Care Planning (ACP) has increased following training. This has facilitated difficult conversations, empowering patients to make advanced decisions.

JTH In-Patient Unit has implemented SystmOne electronic patient records system. This enables all staff within each department of JTH to update patient records in a timely manner.
4.1.3. CARING
Our third 2016/17 priority was to ensure all of our clinical staff deliver safe, high quality care to the community we serve. We have met the current published government mandate to Health Education England relating to delivering high quality, effective, compassionate care by developing the right people with the right skills and the right values that support improvement initiatives at John Taylor Hospice.

Several staff roles are Macmillan adopted. This enables staff to access training resources, courses, seminars and conferences to remain updated. Examples of courses attended include: Cognitive behavioural therapy in Palliative Care, Consequences of Cancer Treatment, Macmillan Value Based Standards, Cancer & Dementia, Leadership Skills, Emotional Wellbeing.

4.1.4. RESPONSIVE
Our fourth 2016/17 priority was to be responsive to our patients’ needs. We are now prepared to implement the use of mobile technology as a key enabler for improved quality and more efficient working practices.

Important research has enabled the launch of telemedicine. Documentation and guidance for both staff and patients is completed. Secure applications with end-to-end encryption is in place to guarantee patient confidentiality.

Telemedicine will be fully implemented once staff training is completed

4.1.5. WELL-LED
Re-launching Quality Circles (working groups) was our fifth 2016/17 priority. These focus on improving work-related obstacles and communication across the organisation.

Members of the organisation ran several Quality Circles which discussed a diverse range of topics including:

- Membership - Ownership
- Fundraising
- Communications
- Staff Car Parking

JTH will continue to encourage Quality Circles to enhance staff experience.

4.2. Performance against 2016/17 CQUIN target

4.2.1. OACC
Outcome Assessment and Complexity Collaborative (OACC) is an outcome measure which captures change in health statuses as a consequence of health care or interventions. The term ‘health status’ is used here in its broadest sense and it relates to both patient and family (in keeping with the patient and family perspective of palliative care). Health status may not improve but it may be maintained rather than allowed to decline. For example, quality of life may be maintained at a level for weeks or days longer than without palliative care interventions, pain may be controlled better or families may be more supported and less burdened.

John Taylor Hospice is required to demonstrate that we meet the needs of individual patients and their families in an effective and efficient way.

OACC has assisted us over the past 12 months to capture and demonstrate this through improvements to team working, quality improvement, delivering evidence on the impact of services, informing commissioning and, most importantly, achieve better results for patients and families. The following table and information will inform how the CQUIN has been accomplished:

Table below demonstrates: total numbers of patients scored against OACC per quarter and by service.
### 4.2.2. Advance Care Planning

This CQUIN scheme aimed to identify and address barriers to Advance Care Plans (ACP).

During the 2016/17 period sessions were offered to all GP practices and district nursing teams served by John Taylor Hospice. Sessions lasted two hours and included some formal teaching and time for reflection about patients. A case study at the end of the session proved beneficial and the participants enjoyed this part of the workshop.

The feedback of the sessions was positive and included the following comments:
‘I feel more confident to discuss the subject of ACP’

‘It was good to be offered an update on this subject and new documentation was discussed’

ACP is about more than a written document and is a complex exchange between patients, carers and health professionals.

During the period April 2016 to February 2017, 524 patients and carers engaged in discussions about Advance Care Planning. At the end of this period 12 patients had a formal advanced care plan (written document) in place and 22 declined this process completely. 301 patients had complex discussions with staff documented within their medical notes. These included priorities of care and decisions about place of death, treatment escalation plans and pro-active planning in regard to support services/provision of end of life drugs in the community setting.

354 deaths were reported during this time and 46% achieved their preferred place of death. 11% sadly did not.

Advance Care Planning is now well imbedded within the organisation and is included within the local induction process for all clinical staff.

4.3 What we aim to achieve in 2017/18

John Taylor Hospice has an exciting year ahead with new projects and service improvements that will ensure that patients in the community receive the best care when it is needed. We have highlighted five projects we hope to achieve in the coming year and linked them to the CQC Key Lines of enquiry (KLOE).

4.3.1. Tough Books in Community

John Taylor Hospice will re-launch mobile working with an in-house managed system, fully compliant with technical requirements of NHS Digital. Mobile working will increase the number of patient contacts as documentation can be completed safely within the patient home, minimising the need to return to base.

John Taylor Hospice is transforming existing IT infrastructure to accommodate this new service whilst minimising disruption from day to day work.
The quality indicators that must be met ensure:

- No offshore connections
- All mobile devices can be remote wiped
- All files are encrypted regardless of location
- Satisfy a penetration test
- Meet the criteria of the annual IG Toolkit
- Patient confidentiality at all time

We envisage that trials can hopefully start in the summer. Barriers to this project will include factors such as a Virgin Media site survey which is key to delivering the new mobile working service.

4.3.2. Being open and Duty of Candour

John Taylor Hospice is committed to the provision of high quality healthcare. As part of this objective, the hospice has a duty to limit the potential impact of clinical and non-clinical risks and put in place robust and transparent systems to make sure that all incidents are recorded, investigated and rectified through action planning.

To make sure we are open and listen to concerns about our services we must:

- Make sure JTH acts in an open and transparent way with relevant persons in relation to care and treatment provided to people who use services in carrying on a regulated activity.
- Tell the relevant person in person as soon as reasonably practicable after becoming aware that a notifiable safety incident has occurred and provide support to them in relation to the incident, including when giving notification.
- Provide an account of the incident which, to the best of the provider’s knowledge, is true of all the facts the body knows about the incident as at the date of the notification.
- Advise the relevant person what further enquiries the provider believes are appropriate.
- Offer an apology.
- Follow up the apology by giving the same information in writing and providing an update on the enquiries.
- Keep a written record of all communication with the relevant person.

4.3.3. Service Improvements

Service improvements for 2017-18 are planned for the Heart of the Hospice (Day Hospice) and Hospice at Home services as outlined below.

4.3.3.1. Heart of the Hospice (Day Hospice)

A therapeutic 12 week multi-disciplinary approach programme of care that focuses on living well with a terminal illness, addressing symptom control and supporting emotional, social and spiritual needs will be launched.

Our aim is to provide...

- Support from professional staff, volunteers and the shared experiences of other patients
- Symptom management
- Individualised care with access to and involvement with JTH Multi-Disciplinary Team
- Relaxation skills and participate in gentle exercise with physiotherapists and occupational therapists
- Activities for those who enjoy arts and crafts, painting, card and jewellery making
- Informal discussion groups looking at issues relevant to the patients, for example planning for the future, understanding and managing medicines
• Complimentary therapies and acupuncture in line with the Acupuncture Association of Chartered Physiotherapists guidance

4.3.3.1. Hospice at Home service
John Taylor Hospice aims to expand the Hospice at Home service.

The team currently provides specialist nursing care to patients Birmingham-wide in their own homes, supplementing district nurse services, during the final phase of illness. JTH’s objective is to expand the service to ensure Birmingham patients receive the best end of life care in the patients’ preferred place of care.

The team provides advice, support and meets personal hygiene needs. RGNs work alongside JTH’s Clinical Nurse Specialist Team and district nurse teams to provide specialist nursing care and management of symptoms as necessary.

4.3.5. Hospice Clinics
At John Taylor Hospice we recognise the growing demand for care across Birmingham and Sandwell. In response to this, we offer a range of services at the hospice, in people’s homes and in the local community - all of which give patients more choice and make hospice services more accessible for all.

Objectives for 2017/18 include new weekly outpatient clinics that will be held in our therapy room and Day Hospice. New weekly clinics will include:

**Intravenous (IV) Medication Administration Clinic**
To provide blood/platelet transfusion or bisphosphonate infusions to independently mobile and self-caring patients with a terminal illness.

**Tissue Viability (TV) Clinic**
To provide information and education on prevention of pressure damage in addition to holistic assessment, planning and implementation of wound care plans.
**Part 5 - Review of quality performance**

5.1. **Patient safety**
Patient safety is our highest priority. We have systems and processes in place to ensure our services are safe, caring and compassionate. We monitor quality using a number of metrics and processes.

5.1.1. **Safety metrics reviewed**
The company regularly reviews a range of safety metrics as part of its governance processes, both clinical and corporate. In terms of clinical safety measures, these include safe staffing levels, reviewed on a daily basis, complaints and compliments, Central Alert System (CAS alerts), patient feedback, staff training and appraisals including revalidation, safeguarding and all company risks. These are reviewed at our Clinical Governance Committee each month.

Corporate safety measures include:

- Housekeeping cleanliness audits to ensure a clean and safe environment is maintained.
- Training records to ensure that staff are kept up-to-date and qualified including mandatory training and specialist palliative care training.
- Internal and external audit programmes to monitor and maintain a safe environment for patients and staff.
- Robust Incident and Risk Management - system in place to ensure that incidents and risks are proactively managed at the correct management and Board level.
- PLACE audit – annual patient-led audit organised and managed to independently assess several areas within the organisation.

5.2. **Safeguarding**
Safeguarding vulnerable adults is a process that protects patients from abuse by another person who holds a position of trust. Everyone has a right to feel safe and to live without fear of abuse, neglect or exploitation.

The Deprivation of Liberty Safeguards are an amendment to the Mental Capacity Act 2005.

Over the last twelve months JTH’s Safeguarding Team has developed a robust process that has been streamlined to ensure safeguarding concerns or DoLS protection is fully monitored to high standards and reported to the Care Quality Commission within the required 24 hour period.

During the 2016/17 period, we have reported 11 safeguard concerns and 4 DoLS.

5.3. **Internal and external audit**
John Taylor Hospice has a comprehensive company-wide audit calendar. This informs designated staff from each directorate when an audit is due. Please see appendix 1 for our corporate audit calendar. For an example of an audit undertaken with lessons learnt, please see the PLACE audit result in 6.3.

5.4. **Control of Infection**
5.4.1. **Hand hygiene**
Please see below graph which illustrates our hand hygiene results and comparison from the previous year:
Hand hygiene is audited monthly to ensure compliance and patient safety. Where a member of staff does not meet the expected standard re-education and re-audit is undertaken. Our hand hygiene audit target is 95%, the tool we utilise consists of 11 questions covering a broad range of hand hygiene including the WHO five moments, hand washing technique and compliance with the uniform policy.

5.4.2. External Heart of England Foundation Trust Audit
John Taylor Hospice underwent an annual external infection control inspection by Heart of England Foundation Trust (HEFT) resulting in compliance of 98% being attained for the second year in succession.

5.4.3. Urinary tract infections (UTIs)
All staff are aware of the importance of meticulous infection control measures particularly hand hygiene and catheter care due to the increased risk of developing infection.

The In-Patient Unit recorded a total of 12 patients diagnosed with a UTI between April 2016 and March 2017, this is 4% of the overall patients admitted to the In-Patient Unit. Details of UTIs are submitted to NHS Digital Safety Thermometer on a monthly snapshot basis. This is a mandatory requirement.

- 1 of the 12 patients had a catheter in place on admission
- 8 of the 12 patients were admitted with a UTI
- 4 of the 12 patients developed UTIs while at JTH

Actions in place to reduce UTIs can be seen below.

- Personal hygiene needs met
- Increased fluids (if patient is able)
- Catheter care
- Hand hygiene
- Appropriate screening
- Antimicrobial stewardship

5.4.4. Rate of C-difficile infection
John Taylor Hospice reports zero incident of C-difficile during 2016-17. John Taylor Hospice can also report zero outbreaks occurring the reporting period.

5.5. Incident reporting

5.5.1. Serious incidents
NHS England, Serious Incident Framework (March 2015) defines a serious incident as:

Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:
• Unexpected or avoidable death of one or more people. This includes
  • suicide/self-inflicted death; and
  • homicide by a person in receipt of mental health care within the recent past;
• Unexpected or avoidable injury to one or more people that has resulted in serious harm;
• Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:
  • the death of the service user; or
  • serious harm;
• Actual or alleged abuse; sexual abuse, physical or psychological ill treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern day slavery where:
  • healthcare did not take appropriate action/intervention to safeguard against such abuse occurring; or
  • where abuse occurred during the provision of NHS-funded care.

This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally-led investigation where delivery of NHS-funded care caused/contributed towards the incident.

John Taylor Hospice recorded one serious incident in the 2016/17 period involving a patient that fell on the In-Patient Unit resulting in a fracture.

5.5.2. Non-serious incidents
John Taylor Hospice has a no-blame culture when reporting incidents. We investigate all incidents thoroughly, provide learning and education to staff and formulate an action plan to mitigate against similar incidents occurring in the future.

Between April 2016 and March 2017 there were a total of 162 incidents reported, 92% of which resulted in no harm or were insignificant.

Please refer to section 5.5.4. for medication related incidents

Financial and information technology includes incidents relating to these functions. We use information about incidents, the cases, actions and processes involved, as part of our evidence-base so that our constant improvements in patient care and safety are based on rational understanding of the practices and systems that make up our services.

This chart shows breakdown of reports by directorate for each month.
Clinical and safeguarding includes all matters of safety and liberties.

Corporate incidents includes aspects such as equipment, security, health and safety.

5.5.3. Never Events
We record any Never Events through our incident reporting system.

Never Events are serious, largely preventable, patient safety incidents that should not occur if the correct preventative measures have been implemented. There are 25 explicit events considered as Never Events by the NHS such as wrong site surgery or wrong route administration of medication.

John Taylor Hospice recorded zero Never Events during the 2016/17 period.

5.5.4. Medication errors
From April 1st 2016 to March 31st 2017 there were a total of 30 incidents involving medicines reported to John Taylor Hospice, one of these is still open and being actively investigated.

10 of these were attributable to other organisations and have been reported onwards for investigation.

The open incident relates to a near miss around medication; appropriate action was taken and all incidents involving controlled drugs have been reported to the Controlled Drugs Local Intelligence Network via the quarterly Occurrence Report system.

Two incidents required external reporting to the National Patient Safety Association via the National Reporting and Learning System.

In April 2016 the hospice has enrolled on the Hospice UK benchmarking project where data on medication-related incidents that occur on In-patient Units is submitted by hospices across the country. Reports received from this enable comparison with other hospices in two ways:

- To those with a similar bed capacity
- To all adult hospices regardless of size

We are awaiting the first year of data from this.

A policy and procedure for the management of incidents involving medicines is being developed. This will include a method for categorising errors and actions to be taken. Once implemented this will ensure consistency of actions taken following any type of medication error, provide staff with a greater level of support and ensure that lessons learnt are communicated across all areas of the hospice.

In addition to the above, John Taylor Hospice undertake a monthly missed dose audit which shows 0.43% missed doses over the 2016/17 period.

5.6. Venous thromboembolisms (VTEs)
We have experienced speciality doctors who assess each patient for potential venous thromboembolism.

During the 2015/16 period one patient experienced a VTE and correct procedures were followed.

JTH reports this data to the NHS Safety Thermometer which contributes to analysis for surveying patient harm and analysing results, this is a 'snap shot' audit of one day each month.

Please see Safety Thermometer graph below.
‘Harm’ can be classed as one of the following:

- Pressure ulcer developed less than 72 hours of admission
- Pressure ulcer developed more than 72 hours of admission
- Fall (a fall that caused low harm or worse)
- Catheter (catheter not replaced to scheduled renewal date)
- VTE (a patient who has a new DVT, PE or other)

Above graph shows several months which are below 100% harm free, the total number of patients with a “harm” was 13. 12 of the 13 patients with a harm either arrived at the hospice with existing pressure damage or pressure damage was developed within 72 hours, meaning they were not attributable to the hospice.

One patient developed a grade 2 heel pressure damage during the Safety Thermometer audit. The patient was admitted to JTH IPU for one week of respite care. The patient was assessed as possibly not being aware of pressure in a particular area of the body and may therefore not reposition themselves to avoid discomfort.

Concordance with treatment is required by the patient. Education around the development of pressure damage was provided frequently. On this occasion the nursing team assessed the patient compliance/capacity but also identified potential reasons for noncompliance such as mood. Mood factors were considered to influence other risks such as mobility and nutritional status.

5.7. Patient feedback

5.7.1. Concerns and complaints

The development of a streamlined process where patient concerns or complaints initiate positive change at the hospice has been driven by certain key values.

- The need for a complaint handling process that is relevant and practical for the hospice as a whole.
- The need for a set of expectations in complaint management that make sense to the complainant and where the Complaint Team can be held to account.
• The need for a process that will ensure that patient expectations lie at the heart of our approach to complaint management.
• The need to define what the outcomes of good practice should look like.

JTH values all feedback and recognises complaints and concerns as an opportunity to improve service delivery and learn from lessons. During the reporting period, John Taylor Hospice has received 3 formal written complaints were received with a further 10 concerns raised informally.

5.7.2. Patient Opinion and Healthwatch Birmingham

John Taylor Hospice encourages patients and families to share feedback externally specifically on patient/family review websites. We have comment cards easily available on site at the hospice and staff also distribute them to patients and their families. External organisations we promote include:

• Patient Opinion https://www.patientopinion.org.uk
• Healthwatch Birmingham https://healthwatchbirmingham.co.uk/

Both are independent websites where people are invited to review and comment on health services.

Recent posts on Patient Opinion include:

“[We would like to say thank you to John Taylor Hospice for making our husband, dad and granddad and great granddad so comfortable during the last weeks and days of his wonderful life. The staff’s care, love, dedication and passion was overwhelming and they couldn’t do enough for us as a family. Our dad’s dignity remained intact throughout. We felt blessed by their care.”]

“I don’t know how I can begin to thank all the staff at John Taylor Hospice. For 12 months they were always there for my wife, visiting her and caring for her. She was made extremely comfortable and the care was second to none.”

On Healthwatch Birmingham we are currently rated at five stars based on seven reviews. Comments have included:

“We brought my nan home from hospital so she could have the end at home. I think people who do that job are very special caring amazing people.”

“Our family could visit whenever we liked and we were made to feel very welcome. Staff are friendly, helpful and kind.”

The hospice’s Brand and Media Team initially replies to each comment and shares any learning which may come from these comments. During the reporting period, we have received 100% positive comments on both Patient Opinion and Healthwatch. In previous years, negative comments would be reviewed with management and staff to look for improvements.

5.7.3. Facebook

John Taylor Hospice’s Facebook pages are very busy and elicit many comments and reviews from patients, families, supporters and staff. We currently have more than 10,000 followers, many of whom are actively engaged.

The reviews section rates JTH 5* with a points rating of 4.9 out of 5. Posts featuring staff or an activity at the hospice will generate much support.

In the past year we have received only three negative comments during our promotion of a Death Cafe which is a scheduled non-profit get-together for the purpose of talking about death over food and drink. The goal of this was to educate and help others become more familiar with the end of life.
The comments we receive are either positive (praising the staff or services) or neutral (asking a question or stating a willingness to attend an event). On average we receive 82 positive comments a month.

5.7.4. Every Story Matters

Every Story Matters is part of the Macmillan Values Based Standard project and is overseen by the Clinical Business Manager.

Every Story Matters sessions are held two to three times a year (since 2014) and are led by a Clinical Nurse Specialist with the support of an administrator. A patient relative/loved one is invited to talk about their experience of care from JTH to an invited audience of staff most of whom were involved in the care delivery.

The sessions have been successful in identifying issues raised by patients and/or their loved ones resulting in changes to practice/environment.

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<thead>
<tr>
<th>Every Story Matters – Example</th>
<th>Benefit</th>
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<tbody>
<tr>
<td><strong>BM story 24/02/2016</strong></td>
<td>Parts of the story successfully used with family permission on the website and in the local newspaper. Raised awareness in the local community of the hospice. Staff were fully engaged and supported the wedding event. BM appreciated opportunity to tell story and found it emotionally beneficial. Staff moved by story and more aware of the impact their support had made to the family. Actions identified.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Actions identified</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Importance of key workers getting to know the patient and the family and working with individual choices made.</td>
<td>All standards met and teams to continue working with Macmillan Values Based Standard project. Teams to continue to highlight standards of care within team meetings reflections.</td>
</tr>
<tr>
<td>Importance of rapid access to other professionals when appropriate.</td>
<td>Standard met well by staff involved in care. Timed correctly. Teams to work cohesively to fill gaps in service provision.</td>
</tr>
<tr>
<td>Introductions from other agencies should be more detailed than just the word “support”. Greater education of hospice services.</td>
<td>Highlighted as an area the hospice can work towards improving. <em>Plans in place</em> Hospice to attend road shows regarding end of life care. Staff to take every opportunity to explain hospice services. Student training sessions six weekly to inform potential secondary care workforce of our services. Waterfall effect information is knowledge which can be passed on. Use of written hospice information already in place. Plans for open days at the hospice.</td>
</tr>
<tr>
<td>Promoting our services to secondary care teams in the community e.g. district nurses.</td>
<td>JTH to explore opportunities to meet with District Nurse Team managers.</td>
</tr>
<tr>
<td>Need to find an alternative to Bridges organization.</td>
<td>Already in place. Discussions as Bridges support withdrawn from Sandwell and West Birmingham. This has been replaced with Crossroads in this area. Bridges continues in BCHC.</td>
</tr>
</tbody>
</table>
Every Story Matters – Example

| Awareness of patient’s faith and spiritual issues. | Staff to promote access to JTH Well-Being Team as required. |

5.7.5. Patient satisfaction surveys

Patients’ views on the service we provide is extremely important to us. Our patient feedback process has been reviewed and all new patients now receive a patient satisfaction survey upon initial contact, collected or returned anonymously after the third contact.

Patients are asked to rate for example: how much information they received, if they were listened to, and if they were involved in decisions relating to their care delivery.

Feedback from these surveys will enable us to obtain a view of in-patient and out-patient experience across JTH, right down to individual specialist teams. The survey data results will feature in our Quality Account each year and this report will include details of the quality improvements that will be made due to the survey results and set the direction we intend to take to improve patient experience.

One positive outcome from the patient satisfaction surveys has been the need to enhance our complaints systems, as patients were unaware of who to go to should they feel the need to complain. This is also linked into our objectives reported previously.

5.8. Research

Research work we have been involved in during 2016-2017 at JTH includes:

- Prostate cancer outreach to high risk communities.
- Mental health and barriers to quality palliative care services.
- Acupuncture for sweating in patients with breast cancer.

The above research was published and presented at palliative care conferences.

The Clinical Team Research Group engaged with the West Midlands Research Network and has had success in gaining support from the NIHR (National Institute of Health Research). The team is now considering a dedicated clinician to lead with research.

5.9. Workforce

5.9.1. Revalidation at JTH

5.9.1.1. Nurse revalidation

Revalidation is the process that allows our trained nursing staff to maintain their registration with the Nursing and Midwifery Council. Revalidation demonstrates that our trained nursing staff have continued ability to practise safely and effectively.

Revalidation is a continuous process that trained nursing staff will engage with throughout their career. During the last twelve months the hospice has put together a revalidation programme that provides our staff will full support and leadership.

Our staff have full access to revalidation templates to evidence their continued professional development, along with two named nurses who complete the reflective practice evidence and two confirmers who check and sign of the completed revalidation folders.

During the reporting period five RGNs have revalidated.

5.9.1.2. Medical revalidation

The NHS England Medical Appraisal Policy describes the framework for appraisal of licensed medical practitioners who have a prescribed connection to NHS England.

Currently there are two doctors with prescribing connections to John Taylor Hospice, both are up to date with their revalidation.
Furthermore all other doctors who work for the hospice (two doctors who form part of the out of hour’s rota) and have prescribing connections with other organisations have been revalidated by their organisations and this has been verified by the GMC website.

Dr Bhomra (Responsible Medical Officer) has been appraised by the Midlands and East Deanery.

5.9.2. Workforce engagement
The next staff survey will begin in June and this year we have engaged external company Birdsong to conduct the survey. Results will be available in August. Areas surveyed include staff morale and staff engagement, and will enable benchmarking with other hospices in the UK.

2017 will see the first year of the staff awards called Above and Beyond Awards (ABAs). Staff will nominate colleagues and a panel will nominate awards across six key categories linked to our new company values:

- Care for all
- See the person
- Be right first time
- Simplify the complex

These values will also link into PDPs. The CEO has engaged the entire workforce in the values re-launch along with informing staff of the company strategy (May 2017).

Some other engagements with staff include:

- CEO Brief which happens every two months and informs staff of the key messages from Board.
- Update of all workforce policies which will roll out to all staff in May 2017. This has simplified key subject areas applicable to all employees.
- Review of CIC terms and conditions with a view to ensuring equality for all. A small working party is currently involved along with membership representation. It is anticipated that any amendments to terms and conditions will be completed by Oct 2017, following a consultation period.
- Quality Circles continue to be a voice for staff to discuss key areas such as fundraising, communications and terms and conditions.
- Members of the Membership Council now attend all key governance meetings which adhere to IG guidelines. The Membership Councillors have ongoing training and development to support them in their roles and are a key part of the hospice.
- A corporate induction has been developed and runs on a monthly basis, open to all new staff. Local inductions are then completed by the respective teams.
Part 6 - External scrutiny

6.1. External data reporting
John Taylor Hospice provides data to NHS Digital, Unify2 and HospiceUK. Please see the varied list below which can be explained in more detail within the glossary:

- Monthly Delayed Transfers of Care
- Complaints
- Hospice Benchmarking Data
- Safety Thermometer
- Information Governance Toolkit
- PLACE
- Central Alert System (CAS)
  - John Taylor Hospice reviews all CAS alerts and responds to them in a timely manner. We have a range of clinical professionals who respond and act on all alerts received by the hospice. Alerts usually involve pharmaceuticals/clinical equipment/estates.

All our care activities are logged electronically on our secure patient record SystmOne. We report on a quarterly basis to the NHS commissioners and also monthly to our own Board on all activities delivered.

6.2. Birmingham Cross City Clinical Commissioning Group
Birmingham Cross City Clinical Commissioning Group visits John Taylor Hospice on a quarterly basis to review our clinical quality.

John Taylor Hospice delivered two CQUINS in 2016/17: OACC and ACP reported earlier.

For 2017/18 commissioners have developed a CQUIN called End of Life Care (EOLC) working together to strengthen the pathway.

This will be a two year CQUIN which will focus on a number of key areas:

- Strengthening acute trust and primary care frontline staff awareness, education and competencies in respect to end of life care.
- Promoting working relationships between hospices, acute care trusts, local mental health and learning disability trusts/organisations, community ambulance trusts, GPs and care homes with the goal of reducing avoidable acute hospital admissions for those in end of life care.

Identifying and addressing common reasons for avoidable acute hospital admissions for those in end of life care.

John Taylor Hospice will provide progress on this two year CQUIN in the 2017/18 Quality Account.

6.3. Sandwell and West Birmingham Hospitals
In April 2016 John Taylor Hospice successfully tendered for a Sandwell contract in conjunction with Sandwell and West Birmingham Hospitals. This involves two permanent ‘home from home’ beds located within JTH IPU. The aim of the service is to provide patients that are unable to remain at home with a supportive environment during the last days of their life, thus reducing the risk of an inappropriate admission to hospital.
### 6.3. PLACE audit

Annual PLACE audit was carried out in April 2016. The following results were recorded:

<table>
<thead>
<tr>
<th>Area</th>
<th>Result</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness</td>
<td>99.75%</td>
<td>98.06%</td>
</tr>
<tr>
<td>Food</td>
<td>92.43%</td>
<td>88.24%</td>
</tr>
<tr>
<td>Organisation Food</td>
<td>94.66%</td>
<td>87.01%</td>
</tr>
<tr>
<td>Ward Food</td>
<td>90.87%</td>
<td>88.96%</td>
</tr>
<tr>
<td>Privacy, Dignity and Wellbeing</td>
<td>95.56%</td>
<td>84.16%</td>
</tr>
</tbody>
</table>

John Taylor Hospice were below the national averages for the following 3 domains.

<table>
<thead>
<tr>
<th>Area</th>
<th>Result</th>
<th>National Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condition Appearance and Maintenance</td>
<td>92.33%</td>
<td>93.37%</td>
</tr>
<tr>
<td>Dementia</td>
<td>68.98%</td>
<td>75.28%</td>
</tr>
<tr>
<td>Disability</td>
<td>75.82%</td>
<td>78.84%</td>
</tr>
</tbody>
</table>

For 2016 an additional PLACE domain of disability was introduced. This is the first year that scores have been captured under this heading.

There is no separate assessment form for disability and scores are calculated from the answers to certain questions under the other assessments e.g. ward assessment, external areas, and communal areas.

A review of the assessment forms shows the following areas that did not meet the required standard for PLACE:

(Some of these have already received attention/been rectified and are marked with an *):

- The external areas around the building should be well maintained to provide a safe environment *
- Roads and walkways should be free from pot holes *
- Road markings should be clear *
- Disabled parking bays should be clearly marked *
- No handrails in corridors, unable to grasp handrails properly, handrails painted in contrasting colour to walls
- No hearing loop at reception counter
- Internal signage – inconsistent, lacking in some areas *
- Patient areas were made ready for the food service *
- Patients offered the chance to wash their hands prior to food service *
- Unnecessary activity ceased at meal times *

In previous years PLACE participants have had the option to opt out of dementia assessment under certain criteria. JTH did not opt out.

The assessment of dementia-friendly environment is made up from separate questions within each area’s assessment sheet.

Work to improve the dementia environment in the wards is ongoing and some funding has been received for this. Other work will be required in the future which will involve further capital expenditure, for example:

- Handrails (also see above) painted in contrasting colours to walls
- Doors painted in contrasting colours to designate staff only areas, toilets etc
- Flooring in bathrooms made dementia-friendly upon repair/replacement

The dementia PLACE score will improve as and when these improvements are completed.
An unannounced thorough inspection of John Taylor Hospice took place on the 25th of May 2016.

A four person inspection team from the CQC consisted of one inspector, a member of the CQC medicines team, a specialist adviser who had experience of working as a nurse within the field of palliative care and an expert by experience. Our overall rating was ‘Good’.

### Overall

<table>
<thead>
<tr>
<th>Findings</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td>Good</td>
</tr>
<tr>
<td>Effective</td>
<td>Good</td>
</tr>
<tr>
<td>Caring</td>
<td>Good</td>
</tr>
<tr>
<td>Responsive</td>
<td>Good</td>
</tr>
<tr>
<td>Well-led</td>
<td>Good</td>
</tr>
</tbody>
</table>

### KLOE Findings

**Safe**
- Staff knew how to respond to potential or actual abuse
- Staff were recruited safely
- Staff staffing levels were found
- Patients were supported both in the IPU and in the community setting

**Effective**
- Patients and families received support and care from staff trained to meet their needs
- Staff were appropriately supervised to develop their knowledge and skill base and to follow national practice and guidelines
## Findings

<table>
<thead>
<tr>
<th>KLOE</th>
<th>Findings</th>
</tr>
</thead>
</table>
| **Caring**| • Staff showed kindness and empathy  
• Staff communicated effectively and treated patients with kindness, compassion and respect  
• Staff protected patients’ dignity and privacy |
| **Responsive**| • Patients were involved in developing their plans of care  
• Patients were encouraged to be involved in activities and complementary therapies that were helpful and meaningful  
• The hospice met the needs of local people identifying gaps in provision and working in partnership to reduce these |
| **Well-Led**| • A positive, and inclusive management culture was found  
• People expressed confidence in the staff team  
• The hospice had a thorough and comprehensive system of quality assurance  
• Staff were found to be supported and included in decisions about how the service was run |

The full inspection can be found on the CQC's website: [http://www.cqc.org.uk/](http://www.cqc.org.uk/)
Part 7 - Statements from our stakeholders

7.1. Birmingham Clinical Commissioning Group

John Taylor Hospice
Quality Account 2016/17

Statement of Assurance from Birmingham CrossCity CCG May 2017

1.1 Birmingham CrossCity Clinical Commissioning Group (BCC CCG), as coordinating commissioner for John Taylor Hospice (JTH), welcomes the opportunity to provide this statement for inclusion in the Trusts 2016/17 Quality Account.

1.2 A draft copy of the quality account was received by BCC CCG on the 17th May and the review has been undertaken in accordance with the Department of Health Guidance. This statement of assurance has been developed in consultation with neighbouring CCGs.

1.3 The quality account is presented in a reader friendly and accessible manner and clearly demonstrates commitment to provision of patient focused high quality care.

1.4 It was pleasing to read about the 66% improvement in documented evidence relating to preferred place of death and the increase in Advanced Care Planning as a result of staff training. The table and graph used to present the data would benefit from the inclusion of narrative to provide a clearer explanation of the results to the reader.

1.5 The Hospice has made some progress in the implementation of the use of mobile technology to enable improvements in quality and more efficient working practices. Telemedicine is to be fully implemented once all staff are trained; it would have useful to have indicated when the training will be completed.

1.6 It was good to read about the use of Quality Circles to provide staff with an opportunity to discuss work related obstacles and improve communication across the organisation. The quality account would have benefited from inclusion of any outcomes, changes or learning resulting from this quality priority.

1.7 The Hospice has set itself five key quality priorities for the forthcoming year; the CCG looks forward to hearing more about the impact that these projects make to improvements in care, in particular the Tough Books in Community which will maximise the time spent with patients and the Heart of the Hospice – programme of care.

1.8 The CCG has noted that in describing these key priorities the Hospice has provided insufficient detail on how the initiatives will be monitored, measured and reported; this lack of information will make it difficult to determine what progress is being made during the year and impede reporting in next year’s quality account.

1.9 The CCG is pleased with the performance around serious incidents, incidents and never events. The quality account could have been enhanced with provision of information on any learning from incidents and how this is disseminated to staff.
1.10 Patient and public opinion of the Hospice is clearly high as demonstrated by the comments included within the account, for which the organisation should be proud. It would have been appropriate to have included some analysis of the complaints/informal concerns received to identify if there were any trends or key themes.

1.11 The inclusion of details from an ‘Every Story Matters’ session demonstrates the Hospices’ strong commitment to learning and making changes to practice/environment.

1.12 We have made some specific comments to the Hospice directly in relation to the quality account which we hope will be considered as part of the final document. These include: further explanation of some acronyms used; outcomes from medication/prescribing audits; spelling errors and use of picture where staff member is not wearing PPE when administering acupuncture.

1.13 As commissioners we have worked closely with JTH over the course of 2016/17, meeting with the Hospice regularly to review the organisations’ progress in implementing its quality improvement initiatives. We are committed to engaging with the Hospice in an inclusive and innovative manner and are pleased with the level of engagement from the Hospice. We hope to continue to build on these relationships as we move forward into 2017/18

Barbara King
Accountable Officer
Birmingham CrossCity Clinical Commissioning Group
7.2. Healthwatch Birmingham

John Taylor Hospice have also sent the 2016/17 Quality Account to Healthwatch Birmingham for a statement.

We have since been informed that Healthwatch Birmingham will not be reviewing our quality account this year however it is something they will be looking into for the future.
Examples of audits undertaken at JTH:

- Statutory financial audit of the CIC and charity
- Patient bathrooms
- Patient areas
- Clinical rooms
- Company Hand Hygiene Audit
- Hand Hygiene Audit
- Sharps
- Protective clothing
- Catheter audit
- Appropriate use of pressure relieving equipment
- Pressure prevention
- Falls prevention
- Controlled drugs
- Self-administration of medicines
- Missed dose
- Use of PODS
- Non-Medical Prescribing Audit
- Pain assessment and analgesic effectiveness
- Nutrition Audit
- Medical gases
- Documentation Audit
- Information Governance Toolkit
- Discharge Information Audit
- Information governance spot checks
- COSHH
- Door security access system
- First aid box checks
- Front of house panic alarm
- Telephone stats
- External Kitchen Audits
- Internal kitchen fridge/freezer checks
- Kitchen procedures and record keeping
- Medical gases
- Waste Audit
- Waste Pre-Acceptance Audit
- Water flushing regime
- Water temperature checks
- Fire marshal zone check sheet
- PLACE
- Monitory Housekeeping Audit
- Building inspection
- CCTV Audit
- Environmental Audit
- Post on load generator test
Glossary

ACP
Advance Care Planning (ACP) is a voluntary process of discussion about future care between an individual and their care providers, irrespective of discipline. If the individual wishes, their family and friends may be included. It is recommended that with the individual's agreement this discussion is documented, regularly reviewed and communicated to key persons involved in their care.

ARAC
The Audit, Risk and Assurance Committee (ARAC) is our Board sub-committee which focuses on the overall quality of the organisation.

CCG
Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England.

Central Alert System
The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others including independent providers of health and social care.

Alerts available on the CAS website include safety alerts, drug alerts, Dear Doctor letters and Medical Device Alerts.

Community Interested Company
A CIC is a special type of limited company which exists to benefit the community rather than private shareholders. As such, it makes a legal promise stating that the company’s assets will only be used for its social objectives, setting limits to the money it can pay to shareholders.

Complaints
The NHS complaints procedure is the statutorily-based mechanism for dealing with complaints about NHS care and treatment and all NHS organisations in England are required to operate the procedure. This annual collection is a count of written complaints made by (or on behalf of) patients, received between 1 April 2013 and 31 March 2014 and also includes experimental information on upheld complaints.

CGC
Clinical Governance Committee (CGC) is a system through which NHS organisations are accountable for continually improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

COSHH
Control of Substances Hazardous to Health (COSHH) covers substances that are hazardous to health. Substances can take many forms and include:

- chemicals
- products containing chemicals
- fumes
- dusts
- vapours
- mists
- nanotechnology
- gases and asphyxiating gases
• biological agents (germs) - if the packaging has any of the hazard symbols then it is classed as a hazardous substance.
• germs that cause diseases such as leptospirosis or legionnaires’ disease and germs used in laboratories

CQC
Care Quality Commission, more can be seen in the KLOE section in the glossary below.

CQUIN
Its full name is a Commissioning for Quality and Innovation payments framework and was set up by NHS England as a way of encouraging care providers to share and continually improve how care is delivered and to be open about overall improvement in healthcare. CQUINS take the form of agreements between care providers and their NHS commissioners for the care provider organisation to make changes that have a direct improvement on the quality of patient care for which the care providers receives payment when those changes are fully made.

DoLs
The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

Duty of Candour
This became a regulatory requirement in November 2015 to ensure that care providers are open and transparent with the ‘relevant people’ when certain incidents occur in relation to care and treatment. It is a direct response to the Francis Inquiry report into Mid Staffordshire NHS Foundation that defines the duty of candour as ensuring that:

...any patient harmed by the provision of a healthcare service is informed of the fact and an appropriate remedy offered, regardless of whether a complaint has been made or a question asked about it...

EoLC
End of life care (EoLC) is the care experienced by people who have an incurable illness and are approaching death. Good EoLC enables people to live in as much comfort as possible until they die and to make choices about their care.

GMC
The General Medical Council (GMC) is a public body that maintains the official register of medical practitioners within the United Kingdom. Its chief responsibility is ‘to protect, promote and maintain the health and safety of the public’ by controlling entry to the register and suspending or removing members when necessary. It also sets the standards for medical schools in the UK. It is a criminal offence to make a false claim of membership. The GMC is supported by fees paid by its members and it became a registered charity in 2001.

Information Governance Toolkit
The IG Toolkit is an online system which allows organisations to assess themselves or be assessed against Information Governance policies and standards. It also allows members of the public to view participating organisations’ IG Toolkit assessments. Read more

HEFT
Heart of England NHS Foundation Trust (HEFT) includes Birmingham Heartlands Hospital, Solihull Hospital and Community Services, Good Hope Hospital in Sutton Coldfield and the Birmingham Chest Clinic.

JTH
John Taylor Hospice

Key Lines of Enquiry (KLOEs)

The CQC has established a review process in which adult care services are inspected around five key questions which inspectors use to help establish whether a service is providing the high standard of care expected of them. The five key questions are as follows. Is a service:

- Safe?
- Effective?
- Caring?
- Responsive?
- Well-led?

Macmillan Values Based Standard – MVBS

In 2009 Macmillan Cancer Support commissioned work to research and develop a standard for cancer care services, expressing human rights principles as specific behaviours. The Macmillan Values Based Standard has been developed through an 18 month engagement process with over 300 healthcare staff and people living with and affected by cancer across the country. In Improving Outcomes: A Strategy for Cancer Care the government has confirmed its support for the Macmillan Values Based Standard, recognising that the application of human rights to the delivery of cancer care focuses on ‘what matters’ to patients and has the potential to create more equitable care outcomes by changing the nature of the relationship between patients and professionals.

NIHR (National Institute of Health Research)

National Institute for Health Research fund health and care research and translate discoveries into practical products, treatments, devices and procedures, involving patients and the public in all their work. NIHR ensure the NHS is able to support the research of other funders to encourage broader investment in, and economic growth from, health research. NIHR work with charities and the life sciences industry to help patients gain earlier access to breakthrough treatments and to train and develop researchers to keep the nation at the forefront of international research.

Never Events

Never Events are serious, largely preventable patient safety incidents that should not occur if the correct preventative measures have been implemented. There are 25 explicit events considered as Never Events by the NHS such as wrong site surgery or wrong route administration of medication. Incidents are considered to be Never Events if there is evidence that the event has occurred in the past and is a known source of risk or if there is guidance which if followed would prevent a Never Event. Not all Never Events necessarily result in severe harm or death.

Performance Indicators

These are measures of how efficiently a care provider is providing the services for which it is commissioned. They include basic quantitative indicators including the number of people who will be provided care each year and how frequently we see them, to more qualitative things like how quickly we respond to a patient being referred to us and how fully we understand and meet the needs of our patients. Performance Indicators are typically used in the business contracts between care organisations and commissioners so tend to have an emphasis on being measureable. Performance Indicators are different but closely related to Quality Indicators.

PLACE

Every patient should be cared for with compassion and dignity in a clean, safe environment and where standards fall short, they should be able to draw it to the attention and hold the service to account. April 2013 saw the introduction of PLACE which is the new system for assessing the
quality of the patient environment in hospitals, hospices and day treatment centres providing NHS funded care.

PODs
Patients’ owns drugs.

PPC
Preferred Priorities for Care.

PPD
Preferred Place of Death.

PSA
Prostate-specific antigen or PSA is a protein produced by cells of the prostate gland. The PSA test measures the level of PSA in a man's blood. For this test, a blood sample is sent to a laboratory for analysis. The results are usually reported as nanograms of PSA per milliliter (ng/mL) of blood.

QGC
Quality Governance Committee - QGC oversees the Clinical Governance Committee, Information Governance Committee and Health and Safety Forum which is shared and reviewed by the Membership Council.

RCN
The Royal College of Nursing represents nurses and nursing, promotes excellence in practice and shapes health policies.

RGN
Registered General Nurse is a nurse who has completed a three-year training course in all aspects of nursing care to enable the nurse to be registered with the Nursing and Midwifery Council (NMC).

Safety Thermometer
The NHS Safety Thermometer provides a quick and simple method for surveying patient harms and analysing results in order to measure and monitor local improvement and harm-free care over time.

From April 2015 data collected using the NHS Safety Thermometer is included in the NHS Standard Contract under Schedule 6B.

Serious Incidents
The NHS defines a serious incident as one which resulted in one or more of the following:

- The unexpected or avoidable death or severe harm of one or more patients, staff or members of the public.
- A Never Event – See ‘Never Event’.
- A situation that prevents an organisation’s ability to continue to deliver healthcare including data loss, property damage or incidents in programmes like screening and immunisation where harm potentially may extend to a large population.
- Allegations or incidents of physical abuse and sexual assault or abuse.
- A loss of confidence in the service, adverse media coverage or public concern about healthcare or an organisation.
Urinary Tract Infection

A urinary tract infection (UTI) is also known as acute cystitis or bladder infection. It is an infection that affects part of the urinary tract.

Venous Thromboembolism

Venous thromboembolism (VTE) is a condition that includes both deep vein thrombosis and pulmonary embolism. A deep vein thrombosis is the formation of a blood clot in a deep vein and the most serious complication is that the clot could dislodge and travel to the lungs, becoming a pulmonary embolism.