St. Joseph's Hospice

Quality Account 2013/2014
St Joseph’s Hospice

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Part 1: Chief Executive’s Statement

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

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

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

Our Mission is central to the quality of everything we do at St Joseph’s and in 2012/13 we achieved many quality improvements. These include:

- Improved physical spaces at the Hospice, including installation of air conditioning for all our inpatient wards
- Working with Marie Curie and clinicians across inner East London to develop proposals for better coordination of care and for rapid response mechanisms to support people who are dying in the community and their carers
- Taking forward our compassionate communities initiative – with pilot projects in Hackney to identify how the Hospice may best assist local communities to address issues of death and bereavement
- Establishing a 3 year End of Life Facilitation service in Newham which supports health and social care professionals to provide care for people at the end of life. Including a new volunteer bereavement befriending service in Newham
- The introduction of monthly multidisciplinary Schwartz rounds (see glossary) supporting our staff in their emotional and demanding work with patients and families. The rounds were piloted in the NHS 2009-2010 and they received a very positive evaluation. St Joseph’s is the first Hospice in the UK to start these rounds
- Continued engagement with ethnic minority communities
- Continued expansion of provision of community based care, thereby improving extended quality of care
- New out-patient services provided by a full-time clinical nurse specialist
Continued joint working with Richard House, our local children’s hospice, on supporting young adults making the transition between children’s and adult hospice services

Further capital investment at St Joseph’s, with a rolling programme of physical improvements to the Hospice environment. **We recently received a grant of £544,000 from the Department of Health to redevelop our reception and public areas to make a more welcoming and accessible public community hub.**

Continued joint clinics with local NHS providers which support patients with life-limiting conditions other than cancer – including the award winning Breathing Easy respiratory clinic with the Homerton Hospital Nurse Consultant.

Our services are available free to the people who need them. Just over 60% of the Hospice costs are met by local NHS commissioners. The remainder of our funding comes from legacies, donations and other fundraising. This charitable funding represents an additional input of some £8.6 million each year into local palliative care services.

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

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

The Hospice is also keen to work in partnership with other organisations; we fully realise that we cannot meet our patients’ many needs by ourselves. We work closely with local NHS providers, and with Marie Curie and Richard House (as noted above) and with 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. Our Finding Space area at the hospice provides a welcoming and comfortable place for a growing number of user groups to meet and/or deliver care and support. Our Education Centre is used by more groups for meetings and conferences, including the Hackney Carers’ conference in June and the local Healthwatch launch in July. I am a member of the Hackney Health and Social Care Steering Group and have been nominated by them to be the voluntary sector member of the Hackney Health and Wellbeing Board.
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.

The standards of high quality care to which we aspire could not be achieved without the commitment and dedication of our staff and our volunteers all of whom contribute so actively to help us achieve our mission to serve the people of East London.

St Joseph’s is answerable to several regulatory organisations in terms of our quality standards. For Care Quality Commission (CQC) registration and compliance purposes, I am the Responsible Individual and the Registered Manager is Ruth Bradley, Director of Care Services. We received a very positive report about our services from the CQC in January 2013. However, we do not rely on CQC reports to validate the quality of our services.

We undertake regular internal inspections. The quality of care generally is overseen by the Hospice Senior Management Team. Regular reports on quality matters are considered by our multi-professional Clinical Governance and Ethics Committee and by the Board of Trustees, to ensure we remain focused on service improvement. Our work continues to be recognised externally, and we have served as an example of providing high quality end of life care, for example, one of our consultants was presented with The International Journal of Palliative Nursing Award 2013 – Non-cancer Award, this was for work alongside the renal team at the Bar’s and the London NHS Trust. Developing guidelines to support patients with end stage renal failure to stay at home. The guidelines were developed for GPs and other Community Healthcare professionals about how to manage symptoms in this complex patient group.

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 and shared with the Chair of the Board of Trustees before being distributed to local scrutinisers of the Hackney Health and Wellbeing Board, and commissioning primary care trusts. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by our Hospice.

Michael Kerin
Chief Executive 25 June 2013
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Part 2: Priorities for Improvement 2013-2014

St Joseph’s Hospice remains compliant with the National Minimum Standards (2002) and has satisfied the Care Quality Commission that standards are being met through self-assessment and via a visit from CQC in January 2013. As such, the Board did not have any areas of regulatory shortfall to include in the priorities for improvement for 2013-2014.

The work of the Hospice in recent years has been underpinned by our Strategic Plan (2007-12) which was developed after consultation with local stakeholders. Following consultation, we have identified strategic priorities for 2012-2015 which reaffirm and build upon these existing priorities. We have shared our proposals with external stakeholders (including the Hackney Cabinet Member for Health, Social Care and Culture).

These take forward our existing priorities, building on the progress we have made in the last five years.

1. A local leadership role in end of life care

2. Better coordination of care:
   a. Key partner in the establishment of an East London coordination centre
   b. Community developments.

3. Proactive partnerships with NHS and others:
   a. to avoid unnecessary admissions and provide 24/7 availability of key services
   b. to meet people’s choice in place of care and death

4. Promoting social justice:
   a. “compassionate communities” especially in communities which are disadvantaged
   b. working with other groups who share our goals, to advocate for the needs of poor and vulnerable.

5. Greater visibility of the hospice:
   a. As a provider of care, education and expertise
   b. At the “heart of the community” - encouraging other groups working for the common good to use hospice facilities where this does not detract from delivery of our core services.
   c. In delivering services in the community
   d. In the image we present on Mare Street through our site strategy.

6. Ensuring St Joseph’s Hospice’s sustainability:
   Remaining sustainable by ensuring the Hospice is financially responsible and maintains strong governance, management and organisational health.
The Hospice has considered how it could extend and improve its services to better meet the needs of our local population, in line with the six key priorities in the Strategic Plan and drawing on local NHS plans. We have continued to look at development opportunities for service improvement from a wide variety of specific funding sources including Government grants for Hospices in particular and for the third sector generally, as well as from and charitable trusts.

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

St Joseph’s Hospice confirms the top three quality improvement priorities for 2013 to 2014 to be:

**Future planning Priority 1: Building on Community Engagement**

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

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

- We continue to work closely with our established Bridge Building volunteers - volunteers drawn from our local communities who are subsequently trained about our work and about the services we offer. These volunteers become “Bridge Builders” between their local communities and St Joseph’s, teaching others about our services and about end of life care, and encouraging others to use our services when appropriate

- The commitment and input of volunteers will be vital in supporting us in terms of community engagement. The bereavement befriending service in Newham is an example of how we will build on the successes of the last year to actively engage representatives of the local community to enhance services available to the community

- We have recently appointed a new Director of Fundraising and Engagement who will be taking a lead in the continued development of Finding Space and its services to the community. Finding Space, a facility which opened in 2009, is a hub for activities focused on

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

- *Community participation* – through which individuals and communities are trained and supported to help provide aspects of end of life care to others in their families, communities or local area. Such care could include practical and social support for the patient, their family or carer.

- During 2013 and 2014 the hospice will start to develop a Hackney Compassionate Communities project. A project manager has been appointed to take this work forward and we are already working with local faith groups to identify what information and support they need to be better able to support members of their communities who are dying or recently bereaved

- We will build on our three year Community remodeling programme, to fulfill the strategic plan for strengthening and expanding community hospice services in the following aspects of care and service:

  - In the first six months St Joseph’s First Contact Team, a multi professional referrals and triage team was established and already demonstrates that the goal of improving access to the range of hospice services is being achieved. Early indications are that internal referrals within the organization have increased aswell as referrals from GPs, offering a wider range of hospice services to people.

  - The team aims to allow individuals to be seen at an earlier stage of their life limiting illness.

    To develop pathways when patients and clients and their families have been assessed and do not require Hospice services to signpost to a range of appropriate services in their local boroughs that will meet their needs

- The Hospice is now in now approaching the end of the first year of this three year contract in Newham to provide End of Life Care Facilitation across a multitude of care settings with multiple 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 service has promoted high visibility of hospice staff in leading improvement to outcomes of care for people at the end of life.

This service is led and managed by St Joseph’s in partnership with Newham Hospital and works closely with the St Joseph’s Community Palliative Care Team. The two Facilitators and part time Strategic Lead are based at Richard House Hospice, Newham.

The aims of the service are to provide:

- Providing Strategic Leadership
- Work collaboratively to improve outcomes for patients at end of life
- Support and develop the use of the Gold Standard Framework for End of Life Care (GSF)
- Support and enable Advanced Care Planning (ACP) and use of the Liverpool Care Pathway (LCP)
- Be a visible presence in General Practice, focusing on a specific area of Newham each quarter to facilitate qualitative improvements and outcomes
- Be open to each practices individual needs
- Achieve Qualitative Outcomes and Indicators in contract performance data collection.

The Hospice has been awarded a DOH grant of £544k to develop a community hub on the ground floor of the Hospice. The plans will be to revamp our ground floor entrance area to form a "Communities Hub", which will include a new open plan reception area and other facilities such as a café and information area.

Work will commence in the autumn, the development will enable to enhance access and outreach services to the community.

We will be seeking feedback from all stakeholders as we start work on the site development and are planning various ways to obtain feedback from our staff, patients and their carers, and our volunteers.

**Future planning Priority 2: Choices at the end of Life**

We are keen to take more of our services into the local community. This is particularly true in relation to Newham, which is furtherest from the Hospice. For sometime it has been evident that people living in the Newham area have some difficulty in accessing our day hospice and outpatient services which are predominantly based at the Hospice, Mare Street site.

The London Borough of Newham is one of the poorest and most diverse populations in London and the UK. Population density was recorded as being highest in Stratford and New Town that many residents in Newham find it difficult accessing services at St Joseph’s. This is due to several well documented reasons.

- Many residents living in Newham have little or no awareness of the existence of St Joseph’s hospice or that it is an organization that was created to offer specialist care to people with life limiting conditions, their carers and family
- Many people are not aware of what a hospice is and how it might differ from a hospital. Some people who do have an understanding of the services offered by hospices believe that it is only a place where people go to die and thus avoid even thinking of the hospice as a place, that in line with its core values and mission, strives to offer quality, individualized, patient centered care focusing on quality of life
- When people are feeling very ill they are often loath to travel considerable distances to receive the diverse and varied services available both to inpatients and outpatients. People in wheelchairs find the prospect of a long and uncomfortable journey by ambulance particularly grueling.

We are in the process of developing a ‘Newham Satellite Hub’. There has already been a high level of engagement in this new work stream across all areas of the hospice.
It is acknowledged that the will be operational challenges of working at satellite bases and a project team has already been established to consider the issues and options. Priorities will include, access to information technology with an urgent review of systems that will enable easier access when working remotely and transportation across the borough of Newham.

The principles learnt from this initiative will be applied in the other areas of inner East London we serve in discussion with the local Clinical Commissioning Groups.

**Future Planning Priority 3: Strengthen Information Governance**

In order to support ongoing development across the wide range of services that the hospice offers and those that are planned, it is recognized that our current provision of information systems needs to be strengthened. The priority for 2013 to 2014 will be to improve the current information systems and ensure that we meet all expectations in respect of information governance.

This will mean further investment in our current communication systems ensuring that they are up to date and have increased resiliency as well as making sure that our network infrastructure is able to cope with increasing demands. We recently achieved full connection to the NHS N3 network, which will enable easier transfer of patient information in a secure environment.

Work will continue to build on the continued development and maintenance of policies, procedures and security/controls ensuring that we continue to comply with all regulatory requirements

E.g. Data Protection legislation, Caldicott, NHS and NHS mail requirements

We will ensure the appropriate use of information and avoid unnecessary capture, processing, sharing and storage and promote integrity and accuracy of information.

2013-14 will focus on ensuring our IT systems and infrastructure support effective controls and efficient access to information in order that new and innovative ways of working can be developed which overcome some of the key challenges with working from sites within the community.

**Future Planning Priority 4: Partnership working**

We have identified a need to support more responsiveness to meet the needs of people who wish to die at home and will continue to seek news 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 home care.

A pilot project between St Joseph’s Hospice and Beveridge Home Care Partnership service have developed a care model that aims to provide responsive, culturally sensitive high quality End of Life Care service in the home that meet the needs of the local communities. The service provides personal and emotional and spiritual care to identified individuals who are on the caseload of the St Joseph’s CNS within the palliative care team or patients
requiring rapid discharge home from a hospice or hospital at the end of life. The service has focused in Tower Hamlets, but we and Beveridge Home Care are able and willing to provide this service in the other local areas we serve.

We will be working with our partners during 2013-14 to introduce Coordinate My Care (CMC) – which is an electronic record to enable health and social care professionals to access information relating to preferences at the end of life for patients with life limiting illnesses. This system has been developed following the 2008 End of Life Care Strategy which recommended ‘creation of locality wide registers for people approach end of life so that they can receive priority care.’ CMC has continued to be developed by NHS clinicians to improve coordination across acute and community providers 24/7.

CMC represents a new way of working, which will benefit patients by:

- empowering patient choice
- not needing to repeat information when seeing a new nurse/doctor
- enabling 24/7 access to live information which will improve communication and coordination of care across all sectors
- ensuring a more appropriate response to crisis calls with the potential to reduce inappropriate hospital admissions and LAS transfers

Development of Compassionate Communities – it is believed that growing community engagement will create an impetus for more information and support to local communities so that they can better deliver support to memebrs of their community. This will take the form of compassionate communities which have proved effective in various parts of the world including Kerala, southern India but also closer to home in Shropshire, Birmingham and parts of Scotland.

There is evidence from a recent survey of volunteers working at St Joseph’s Hospice that when asked “What did you hope to gain from volunteering when you first started?” The overwhelming majority felt they were making a valuable contribution to the community. This is encouraging for future recruitment alongside the fact that most prospective volunteers request to work closely with patients.

Rebecca Jennings, Therapist manager, plans to develop an “Empowered Living Team” with funding from the SEBBA Trust (TBC), supported by regular training and supervision. There is ongoing consultation with both the Newham Bereavement Service, and Marie Curie Helper Service 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.

2013-14 will focus on building on the good links with the East London Clinical Commissioning Groups and working together on planning services. For instance, we are members of a stakeholder group currently reviewing clinical ambitions for end of life care for City and Hackney.
Priorities for improvement 2012-13

The following show are priorities for improvement last year, and what was achieved over this period. St Joseph’s Hospice is compliant with the National Minimum Standards (2002). As such, the Board did not have any areas of shortfall to include in the priorities for Improvement for 2012-13. All plans for improvement below take into consideration sustainability due to the current economic constraints and have been identified through direct patient involvement.

The quality improvement priorities for 2012-2013 were as follows:

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

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

The following are examples of where we have sought user feedback in order to improve and engage users in our service delivery:

- Respite ward are using an outcome and impact of service on users. The SKIPP (St Christopher’s Index of Patient Priorities) is a validated outcome measure for use in hospice and palliative care settings. It has a short questionnaire repeated at different times throughout the patients stay to detect impact of services on the patient’s perception of quality of life, pain, depression, and other key problems.
- In-patient wards completed a survey regarding the provision of meals. The findings have been taken through the Nutritional group
- Day Hospice conducted a survey on the impact of artwork on individual’s wellbeing. Feedback was very positive: individuals stating that the activity:
  "it enabled me to relax"
  "it made me challenge myself – on my own I would have sat and done nothing"
  "it brings folk together and causes laughter”
  On being asked how they felt doing the artwork;
  “I feel happy and contented and look forward to doing something new”
  “Nervous at the start but a feeling of satisfaction at the end”
- Therapy services undertake focus groups following out-patient courses for ICon (in control of my breathing) and Re-energise (programme for people who suffer with fatigue symptoms) to discuss benefits and ways to improve the service offered
- Bereavement use feedback forms to capture user in respect of their service. A formal report produced and has helped inform the plans for development of the bereavement service.

77% client’s feedback as the service being excellent
17% as good
6% felt had to wait too long for their appointment
100% stated information was clear and helpful

- As part of the Community re-design project a survey was undertaken across all 3 communities on how the Hospice responds to patient their families and carers when they are referred.
- Funding was secured from, the Foundation of Nursing Studies (FoNS) to conduct a project which included evaluation of the nurse led facility from patients, carers, referrers and staff perspectives for respite services.
  With monies gained from the two focus groups reviewed the care received for carers of deceased patients who had accessed respite care and of carers of patients who have, and continue to, access respite care.
  Actions have been taken forward by the respite teams include: The implementation of a ‘My Diary’ document which is an individual diary, left in the patient’s room to be used as a method of communicating to relatives, carers and friends what activities or pursuits the patient has been involved with on a daily basis.
  The Information officer now attends the weekly MDT and visits patients to provide information (written and verbal) regarding Finding Space activities/events.

We have continued to obtain feedback from our comment cards inviting comments, compliments and complaints, and which are addressed to the Chief Executive directly, are available and visible throughout the Hospice.

The comments received are collated and are shared with staff as a way of involving people directly in the improvement of services. Reports of these comments and of any subsequent action taken, or planned, are tabled at the Clinical Governance & Ethics Committee meetings and are discussed by our Senior Management Team.

We continue to participate in annual survey conducted by Help the Hospices and Centre for Health Services Studies (CHSS), University of Kent, which enable national benchmarking to be applied to the services we provide.

Actions completed from the 2012 results include:

- Improvements in discussions on advanced care planning
- Updating patient user information
- Continuation of ensuring that hand washing is high profile across all the teams and monthly audits of hand washing have now been implemented
- Ensuring choice and variety of food offerings are available to patients.

All this work is centred on finding out how we can continue to improve the quality and clinical effectiveness of our services, including trying to capture the different preferences in the ways that people wish to communicate their needs and experiences of care with us.

Our other public engagement and community participation work in Finding Space, our information and community engagement hub, is routinely evaluated by participants, including our public outreach work that occurs outside the Hospice itself. The results are distributed to our Senior Management team, and are used to inform our future work with local communities, building in quality at every level.
Improvement Priority 2: Introduction of New Patient and Care Information Packs - to enhance patient experience.

Work is on-going to update our information booklets for patients and carers. We have already introduced a new ‘generic’ information booklet and a specific leaflet for visitors. We continue to review our information for patients and their families and carers across the organisation using corporate approach to the future development of user literature. This work will also be available on the website in the near future.

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

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

We have reviewed our systems for collating data with a view to ensure that the information informs practice and improves services. The plan for 2012 – 2013 was to take a more integrated approach in ensuring that all teams have access to information that ensure that they can inform practices and make recommendation for changes.

One of the key recommendations included that commissioners should specify the quality standards to be achieved for individual services by developing quality dashboards incorporating measures of clinical outcome, patient experience and service effectiveness and efficiency.

The dashboards within the hospice have been developed in 3 phases: firstly Clinical Quality measures identified by clinicians and commissioners are now completed and include:

- Incidents, including:
  - Patient falls
  - Drug errors
  - Infection rates
  - Hospice acquired
- Complaints
- User feedback/satisfaction surveys
- Audits completed

Secondly, Quality Management data measures such as mandatory training, appraisal and sickness & absence are currently in the process of being devised in a dashboard format. This information is readily available and thirdly the Quality Dashboard will have graphical display with an activity/contact data.

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

The data is used to inform activity and quality reports which are regularly reviewed by our Senior Management Team and by our Board. Tools are to be revised as necessary and to become routinely embedded in the reporting systems to the Senior Management Team and the Board of Trustees.
To ensure patient safety, work completed in 2012-13 include actions from fall incident which include a Falls Prevention Awareness Day, the introduction of intentional rounds on the wards, update on the falls risk assessment and flow chart, the purchase of 10 mattresses with built in alarms and the introduction of Guidance/Resource folders produced for each area (NICE Guidelines, HSE).

A revised accident/incident procedure was introduced during 2012-13 to enhance and improve our internal and where required external (CQC) reporting systems, meaning that all accidents/incidents are received by the Director of Care Services Nursing within 48hrs. This ensures early investigation and necessary actions to prevent any re occurrences. Lessons are learnt and shared across the organisation.

Regular monitoring of any patient who has a pressure ulcer and data is collated and discussed at the regular Wound Care Group which is led by one of the senior nurses. The more detailed database has now been developed, which enables the group to direct their efforts on those areas found to be where patients are most at risk.

Progress on each priority for 2012/13 has been monitored by the Board-level Clinical Governance Committee who will liaise with the senior management team. A schedule for receiving formal reports is led by the Clinical Governance Lead who has responsibility for monitoring and reporting on progress.

There is a specific working group tasked with delivering on each priority, led by a Senior Manager who each have a responsibility to ensure the development of quality services. These priorities have been developed as a result of monitoring the quality of our services by various methods – engaging staff as part of our internal unannounced inspections, clinical data reported at various committees e.g. Clinical Governance Committee, Audit and Risk Management Committee.

Progress on our achievements related to these priorities will be reported via our next quality account, through our regular CQC reports, and to our Commissioners throughout the coming year.
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 2012/13 St Joseph’s Hospice provided seven 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
- End of life care facilitation

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

1.2 Income Generated

The income generated by the NHS services reviewed in 2012/13 represents 100 per cent of the total income generated from the provision of NHS services by St Joseph’s Hospice for 2012/13. The income generated from the NHS represents approximately 60% of the overall cost of running these services.

2 Participation in Clinical Audits

During 2012/13, 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 2012/13 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 9 local clinical audits were reviewed by St Joseph’s Hospice during 2012/13 and in addition we carried out infection control audits every month (See Appendix 1). St Joseph’s Hospice intends to take the following actions to as a result:

- Continue development of operational procedure to strengthen the work of multi-disciplinary first contact team to improving access to the range of hospice service.
- Improve documentation, through regular documentation audit in annual programme for 2012-2013 to ensure standards for record keeping are maintained.
- Documentation Change Board which oversees any overall changes to documentation can be assured of quality in the documentation in place.
- Continue staff training in interpreter and language line use /ward clerks to organise interpreter for non-English speaking patients routinely the day after admission to the unit.
- Continued audit of Nursing Compliance with Monitoring of Blood Transfusions
- Encourage pro-active MDT discussion to identify patients who might benefit from LCP.

3. Research

The number of patients receiving NHS services provided or sub-contracted by St Joseph’s Hospice in 2012/13 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 6 local ethically approved research studies in palliative care in which we have participated. These include:
  o Caring for hospice inpatients – aspects of decision making (Queen Mary, University of London) –
  o Carers perception of sedation at the end of life - (UCL)
  o Developing a measure of psychological resilience - (City University)
  o Assessment of accuracy of prognosis prediction by the Palliative Prognostic Index: a prospective multi centre trial - (Royal Marsden)
  o Volunteer management in palliative care – (Lancaster)
  o Employee engagement and self-determination in charity sector employees (City University)

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

St Joseph’s Hospice income in 2012/13 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 2012/13.

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

Commissioners Statement for St Joseph’s Hospice 2012/13 Quality Accounts

NHS Newham Clinical Commissioning Group are responsible for the commissioning of health services from the community specialist palliative care providers on behalf of the population of Newham, Tower Hamlets, City & Hackney, Waltham Forest.

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

We have taken particular account of the identified priorities for improvement for St Joseph’s Hospice and how this work will enable real focus on improving the quality and safety of health services for the population they serve.

We have reviewed the content of the Account and confirm that this complies with the prescribed information, form and content as set out by the Department of Health. We believe that the Account represents a fair, representative and balanced overview of the quality of care at St Joseph’s Hospice. We would welcome the opportunity to work closely with the St Joseph’s Hospice to review and support continual improvement in the quality of services.

This Account has been reviewed within NHS Newham Clinical Commissioning Group and by colleagues in NHS North and East London Commissioning Support Unit. Overall we welcome the vision described within the Quality Account, agree on the priority areas and will continue to work with St Josephs Hospice to continually improve the quality of services provided to patients.

Dr Zuhair Zarifa
Chair of NHS Newham Clinical Commissioning Group
Dear Mr Kerin,

Thank you for inviting Health in Hackney Scrutiny Commission to submit comments on your Quality Accounts for 2012/13 and for attending the meeting of the Commission on 8 July 2013 to answer Members’ questions.

At the meeting there were two action points:

1) St Joseph’s to provide background data to illustrate your Clinical Quality Measures, as summarised on page 14 of your report, and which cover: incidents, complaints, user feedback and audits completed. An indication of the trends for this data would also be helpful.

2) In future Quality Accounts Members’ requested that you give consideration to how benchmarked data, as well as trends, could be better illustrated in the document in order to give readers a clearer understanding of the progress being made.

The Commission is pleased to note the continuing excellent work being done by St Joseph’s Hospice in palliative and end of life care and is pleased to note no areas for improvement or shortfalls in meeting the minimum standard for quality of care.

Yours sincerely

Councillor Luke Akehurst
Chair of Health in Hackney Scrutiny Commission
6/6.1 Periodic reviews by the CQC

St Joseph’s Hospice is subject to periodic reviews by the Care Quality Commission and the last formal review was a visit in January 2013 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:

- **Outcome 1** - Respecting and involving people who use services
- **Outcome 4** - Care and welfare of people who use services
- **Outcome 7** - Safeguarding people who use services from abuse
- **Outcome 14** - Supporting workers
- **Outcome 16** - Assessing and monitoring the quality of service provision

7. Reviews and investigations by CQC

St Joseph’s Hospice has not participated in any special reviews or investigations by the CQC during 2012/2013.

8 Data Quality

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

- Continue to work to improve our technology links with the NHS
- Review our information technology system with a view to further refining our collection, analysis and application of data, moving our entire information platform to deliver at a higher level of complexity and sophistication
- Working to further embed the culture of data capture, its use and application across the 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 by Clinmed consulting, March 2012 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 2012/13

11. Clinical Coding Error Rate

St Joseph’s Hospice was not subject to payment by results clinical coding audit during 2012/2013 by the Audit Commission
Part 3: Review of Quality Performance

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

Following this process, options are outlined to each patient and their family and explanations are given about which of the Hospice services best might meet the needs of the individual.

If the offer of care is accepted then ongoing review of patients by qualified clinicians takes place in all service areas. Care plans are agreed in conjunction with patients and their families and these are reviewed regularly and routinely, with active patient engagement wherever possible.

St Joseph’s receives many commendations from patients and families, and only a very small number of complaints are received each year (seven in 2012/13).

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 2012/13 and that 37% of our patients were from BME communities.
The Hospice is committed to producing high quality and reliable information on which to base its decisions about service delivery and continuous service improvement. We have made significant progress in the last two years in terms of improved scope and quality of data. We continue to consider this as a priority for the coming year.
GLOSSARY

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

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

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

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

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

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

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

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

Completed Audits since April 2012 with actions completed

<table>
<thead>
<tr>
<th>Title</th>
<th>Staff conducting audit</th>
<th>Actions completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.08 Declined Admissions</td>
<td>Dr. A Mullick</td>
<td>First contact MDT Established Review through Community redesign project</td>
</tr>
<tr>
<td>12.10 Community Activity Notes Audit</td>
<td>Dr. A Mullick</td>
<td>Incorporated into Information Security &amp; Data Protection Policy Explore how admin staff could aid this process to minimise workload and duplication</td>
</tr>
<tr>
<td>11-05 Audit of Nursing Compliance with Monitoring of Blood Transfusions</td>
<td>Tina Morris, Advancing Practice Nurse</td>
<td>6 monthly audits scheduled into annual plan Mandatory Training in place</td>
</tr>
<tr>
<td>11-08 Audit of outcome from acupuncture use at STJH Survey of indications and outcomes from acupuncture</td>
<td>Dr Hassan Al Hashimi GPVTS</td>
<td>Shared results with staff to highlights benefit of service</td>
</tr>
<tr>
<td>11-11 Time taken for in patient discharge summaries to be written, signed &amp; posted to GPs.</td>
<td>Dr Hattie Roebuck Consultant Joyce Robertson, secretary</td>
<td>Re-audit to confirm continued compliance with standard Improvement in use of proforma (93% versus 33%)</td>
</tr>
<tr>
<td>Re audit Interpreter Use</td>
<td>Dr Niranjali Vijeratnam, NELCN SpR</td>
<td>Advocacy awareness week and access to online e-learning module Ward clerks to organise interpreter for non-English speaking patients routinely the day after admission to the unit</td>
</tr>
<tr>
<td>11-13 Are CNS’ communicating effectively with key community health professionals upon identification of a patient entering the dying or near dying phase of life?</td>
<td>Dr Katrina Humphries &amp; Carl Stanborough (CNS)</td>
<td>Re-audit to confirm continued improved compliance</td>
</tr>
<tr>
<td>11-15 Are emergency (same day) admissions appropriate</td>
<td>Dr Ellie Hitchman &amp; Dr Anjali Mullick</td>
<td>Being taken through Community Project group Majlish project in place</td>
</tr>
</tbody>
</table>
| Re-audit Ongoing | LCP version 12 audit | Dr Ellie Hitchman & Tina Morris – Advancing Practice Nurse | Re-audit to confirm continued improved compliance  
Encourage pro-active MDT discussion to identify patients who might benefit from LCP |