



## Quality Account 2018/19

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St Joseph's  
Hospice

Founded in 1905 under the care of the Religious Sisters of Charity. Charity No. 1113125

## Part 1: Chief Executive's Statement



### CEO Statement for 2018/19 Quality Account

This year's Quality Account illustrates the progress we have continued to make in striving to achieve outstanding care across our services. During this year, we celebrated our 114<sup>th</sup> anniversary of delivering services from our site in Hackney, we have again managed to achieve a great deal despite the prevailing financial climate.

It gives me great pleasure to introduce this report as the relatively new CEO of the Hospice, having taken on the role on the 1<sup>st</sup> November 2018. I hopefully bring to the organisation a great deal of experience and expertise having been in healthcare for 38 years and being a registered nurse and health visitor for most of that time as I still retain my registrations for my 3 professional qualifications. My experience as a CEO in the public, private and now not-for-profit sectors over the last 20 years are what brought me to St Joseph's as the Trustees believed that all of this experience, knowledge and skill will enable the Hospice to continue to evolve as an organisation.

St Joseph's Hospice continues to deliver specialist palliative care, end of life care, and respite care for people with progressive and life-threatening illnesses, as well as supporting their families and carers. We are very focused on looking after people with complex or multiple needs and providing specialist support and expertise at end of life.

In addition, we provide specialist advice and support to other professionals in palliative and end of life care, offering specialised education and training and undertaking targeted research. We also ensure that we continue to explore other ways of extending the care pathway for our patients through the continuous development of our community projects and services such as Compassionate Neighbours, Namaste, Islington Bereavement Service and many more, some of which are award-winning programmes.

Underpinning all our work is our mission statement, which evolved from the words of Religious Sisters of Charity founder, Mary Aikenhead, which is to ensure “the poor could be given, for love, what the rich could obtain with money”. “We have been caring for and supporting people affected by complex and terminal illness, as well as their families, ever since the five Sisters arrived in Hackney and established the Hospice in 1905.

This year has had its financial challenges in keeping with many others in our specialist sector, as well as changes in senior management. We have a substantive Director of Clinical Services and Registered Manager with extensive knowledge and expertise in the sector who has ensured that our standards of care and the governance that underpins this is robust and gives assurance to the Trustees and me as CEO.

Around half of our funding comes from our NHS Block contract for the three principle boroughs we serve; City and Hackney, Newham and Tower Hamlets, covering a population of approximately 2.2 million. In addition, we also deliver services to Islington, Waltham Forest, Haringey and specific services for residents of some of the surrounding London boroughs, which extends our population catchment to around 4 million. The remainder of our funding comes from charitable legacies, donations and other fundraising, which is due to the generosity and goodwill of our local communities. We also recognise that we cannot do this without the support of many partner organisations. We work closely with local NHS providers and with many other voluntary sector care providers to deliver better integrated services and care models across our pathway of care.

2018/19 has been a year of continued change and challenge, but we have managed this without detriment to the delivery of care to our patients across our services, as you will see within the body of the report.

Some key achievements have been:

- To set out a budget plan that ensures we achieve a balanced budget over the next two years so that predictable income and expenditure are in balance.
- Completion of the refurbishment of Lourdes ward to be able to provide a state of the art fit, for the care services we deliver now and in the future. We are raising funds to achieve these same improvements to our second ward and hope to start this work in 2019/20.
- We are improving our communication mechanisms to ensure that Board to Ward and Ward to Board messages are transmitted up and down the

organisation in ways that are meaningful and timely so good practice can be cascaded around the organisation.

- We have just launched Vision 2024 which sets out the strategy for the next 5 years in light of the NHS Long Term Plan, and the plans we have developed to stabilise our income and give longevity to some of our existing projects.
- We are continuing to invest in our volunteers and are taking steps to better acknowledge their value across all aspects of our care pathway and services.

Once you have digested the report, I trust you will be encouraged by the progress that has already been made, despite the prevailing financial climate in the sector.

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.

**Tony McLean,  
Chief Executive**

We welcome your comments and feedback on this Quality Account, which you can do via email, letter or telephone to Jane Naismith, Director of Clinical Services, may be contacted by telephone on 020 8525 3009, or by email ([j.naismith@stjh.org.uk](mailto:j.naismith@stjh.org.uk)). Please address correspondence to Ms J Naismith, Director of Clinical Services, St Joseph's Hospice, Mare Street, London E8 4SA.

If you know of someone who may need a translator, we can arrange this via our Advocacy and Interpreter services.

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## Organisational Context

In 2019 we launch Vision 2024 – our plan that sets out the direction for St Joseph’s Hospice for the next five years and which reflects the recently published long-term NHS strategy. Vision 2024 comprises five pillars that cover all aspects of St Joseph’s operations and services:

1. **Patients’ strategy:** We aim to improve services to all patients whether at home, in the Hospice, in the community, or by caring for others who give care.
2. **Enterprise strategy:** We are establishing a new Enterprise pillar that augments existing revenue channels to generate a predictable income flow.
3. **Estates strategy:** Our Estates strategy focuses on development of the main Hospice site, and includes plans for the acquisition of retail and clinic/day care facilities in the boroughs.
4. **Funding and fundraising strategy:** New fundraising initiatives will make up the continuing shortfall in funding from the NHS.
5. **Human resources strategy:** We aim to make St Joseph’s a place that gives staff – and volunteers – the opportunity, whatever their background, to fulfil our Mission, develop their careers and earn a reasonable income in an environment of mutual support and care.

Over the next five years, staff, volunteers and members of our wider community will actively contribute to St Joseph’s unique identity. We will be at the forefront of delivering care tailored to individual needs and continue to develop and share best practice.

Our strategy will reinforce St Joseph’s role as a place where patients can expect care, compassion and specialist clinical support, whether in the tranquil surroundings of the Hospice, in people’s homes or in the wider community.

We will work closely with other institutions locally, and where necessary, nationally, so that together, we meet patients’ medical, social and spiritual needs. Care will be tailored to the individual irrespective of their faith, no faith and background.

We will continue to build our reputation as a centre of excellence for specialist palliative care, working closely with primary care and local hospitals.

St Joseph’s services will include in-patient, out-patient, day care, respite care, advice and support in the individual’s home or care home, and bereavement support. Much of this will be available 24/7.

Staff will be committed to caring for patients and their families. In turn, we will help staff meet their objectives for professional practice and personal development.

St Joseph’s will support the Hospice services through legacies, fundraising from trusts and personal donations, commissioning from the NHS and we will establish enterprise initiatives that will bring a sustained income to the Hospice.

We need to explore new sources of funding to augment the income we currently receive from the NHS and charitable donations, and look to increase income from different enterprises that are in keeping with our overall ethos.

As part of all of these developments, we will ensure we manage our information in ways that protect those we care for and their families, as well as use information on our services to influence those who commission our services.

## **Part 2: Priorities for Improvement 2019-20**

### **Priority 1- Care Closer to Home**

In line with the NHS plan and St Joseph's Hospice five year vision we are committed to bring care closer to the patient's locality be that their own home, care home or homeless hostel.

We are currently working collaboratively with Newham CCG to improve earlier recognition of people who may be coming towards the last months of life to ensure that appropriate care plans are in place. To achieve this, we are attending monthly multidisciplinary team meetings (MDT's) and our nurse specialists are building stronger links with the care home staff.

We are already working closely with St Mungo's homeless hostels in City and Hackney. Having provided education and holding regular cause for concern MDT's, this has led to an increase in referrals to the community palliative care team and more people from hostels dying in the Hospice if that is their preferred place of care. We are participating in an action research project with two hostels in Tower Hamlets and will transfer what we learn to support patients in Newham. We also accept referrals for patients with no recourse to public funds to our community and inpatient service.

Having reviewed our community service, we are aware that not all patients need to be seen in their own homes. The number of referrals to our community team has increased by 23 % in the past year. To meet this increased capacity we have set up nurse-led outpatient clinics. This enables us to see more patients in a timely manner and is less of an intrusion for the patient. However, we are aware that for some patients this means travelling some distance, therefore we plan to set up outpatient clinics in each of our core boroughs.

### **Priority 2 Expansion of Day Services**

Following our review of day services including Day Hospice last year, it is our intention to expand our day services offer from three to five days per week. We are aware our day services play an important part in supporting people to manage their symptoms be they physical or psychological to maximise their wellbeing and remain in their own homes.

Our day services also have an important role in reducing social isolation and loneliness, which are factors that increase the potential of hospital admission in people with long-term health conditions or life-limiting illness.

As part of this expansion, we are exploring having different sessions for specific disease groups or populations such as neurological conditions or younger people.

### **Priority 3- Increased User Involvement**

St Joseph's Hospice has always placed the recipients of its services at the heart of its work. As such, its commitment to continually improving services remains an organisational priority. The Hospice uses a variety of approaches to improve quality, and it is particularly interested in engaging service users to ensure that it always considers an outward, external perspective as it builds and develops into the future.

The Hospice has a long tradition of seeking the views of service users via specific surveys carried out throughout the year, through formal complaints and through letters offering compliments and praise. More recently it has started issuing "I Want Great Care" cards to service users and their relatives, giving them the opportunity to feedback their views about the care they, or their loved one, have received.

In January 2019, the Hospice set up a new service user group as part of its overall planned user engagement strategy. This new group focuses on helping the Hospice to understand what actual service users think of the services available, and it explores how these people would like to see services improved and developed in the future. It involves members of the group becoming actively engaged in on-going face-to-face dialogue over time. The process is two-way in the sense that it enables the Hospice to test its ideas for future plans and developments directly with actual service users, whilst at the same time allowing this same cohort to express its views about the issues that they consider to be important in relation to end of life care.

The aim and function of the user group is

- To engage service users in face-to-face discussions concerning issues around dying, death and bereavement, and specifically about their experience of using our services
- Extending knowledge regarding hospice and end of life care, death, dying and bereavement
- The group meets monthly, discussing a planned programme of topics throughout the year. Topics are partly determined by the group members themselves, and partly by the Senior Management Team at St Joseph's.

#### **Priority 4- Increased utilisation of Quality Improvement Methodology**

The Hospice has always strived to maintain and improve the quality of the care delivered. To support our efforts, in October 2018 we reviewed our current governance structure and created a Quality improvement (QI) and Clinical Governance post. The aim of this post is not only to ensure our clinical governance systems work effectively, but also to educate staff and promote the application of Quality Improvement (QI) methodology to any projects or service reviews or improvements across the Hospice.

We intend also look at all patient incidents, complaints and concerns through a QI lens, ensuring that learning is identified and shared not only with the relevant care team but also across the organisation as a whole.

In 2019/20 we plan to:

- Train 60% of all clinical staff in QI methodology
- Create QI champions in each clinical area
- Hold bi-annual shared learning events.

#### **Priority 5 – To become a Dementia-Friendly Community**

Building on our very successful Namaste programme, in 2018/19 we introduced Namaste volunteers to our wards. They visit the wards daily and use the principles of Namaste therapy to all patients in our in-patient areas. This has been scored highly in our I Want Great Care feedback.

We are aware that there are an increasing number of individuals in the communities we serve living with dementia, and our aim is to become a dementia-friendly community,

Dementia Friendly Community: Alzheimer's Society's Dementia Friends programme is a national initiative to change people's perceptions of dementia. It aims to transform the way the nation thinks, acts and talks about the condition. St Joseph's is working towards recognition as a 'Dementia Friendly Community' by meeting the DFC Foundation criteria. This includes having dementia-friendly staff, champions, services and environments. Our ward environments and toilets in public areas meet dementia-friendly standards, and we are working towards ensuring the remainder of our patient environment meets these standards. All our healthcare support workers have had dementia training and we will be introducing dementia champions on our ward areas. We recently made 'Dementia Friends' training mandatory for all staff and are aiming to achieve >95% compliance by September 2019. The current compliance rate is 62%. We are also member of City and Hackney Dementia Alliance.

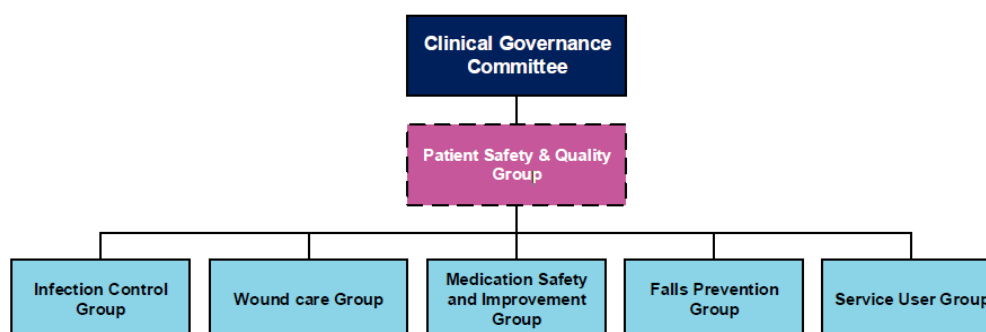


## Part 3: Review of Quality of Service in 2018/19

We regularly measure our performance against national, local and internal performance standards, as well as benchmarking ourselves against other UK hospices. We also welcome quality-monitoring visits from external organisations. These objective measurements demonstrate that we meet both external and internal standards, and demonstrate that St Joseph's Hospice continues to provide safe and effective specialist palliative care.

### 3:1 Quality Assurance

#### Reporting Structure



### 3:2 Quality Monitoring Visits

We have not had any quality-monitoring visits in 2018/19. However, we do have quarterly contract and quality assurance monitoring meetings with our commissioners at which we review all our incidents, complaints and concerns.

### 3:3 National Quality Indicators

NHS trusts are required to report performance against core indicator using nationally held data. Hospices do not submit this data, but we have measured our performance against the indicators that apply to the healthcare we provide. Hospice UK benchmarks performance data which enables St Joseph's Hospice to compare its quality to other hospices.

Indicator	Performance
<b>Inpatient falls</b>	Total number of falls were 59, affecting a total of 49 patients. 42 resulted in No Harm, 15 Low Harm, and 2 falls resulted in Moderate Harm (both patients attended A & E but only minor injury was seen). This represented 6.6 per 1000 Occupied Bed Days. Hospice UK's benchmark for similar sized inpatient units is 10.3 %. An increase in Quarter 4 was a result of 3 patients falling more than once.

	<p>To manage and reduce the risks :-</p> <ul style="list-style-type: none"> <li>• The Falls Group meets monthly to review all falls and actions taken</li> <li>• Staff awareness is ongoing with a Falls Prevention and Management day planned for September</li> <li>• 1:1/observation protocol includes 4 levels of the assessed observation required</li> <li>• Safe staffing and escalation processes is in place</li> <li>• Post Falls Protocol is being reviewed and updated</li> <li>• A NICE Quality Standard audit is in progress</li> </ul>
<b>Pressure Ulcers</b>	<p>Total number of new/ hospice acquired pressure ulcers in the year was 44 affecting 35 patients. We continue to report all new hospice acquired pressure ulcers; six categories from I to Unstageable. In this year, there were 7 Category I, 27 Category II, 6 Category II deteriorated to III at End of Life, 2 Deep Tissue Injuries and 2 Unstageable ulcers. We record the patients' phases of illness and AKPS. All ulcers were assessed as unavoidable. This represented 4.9 per 1000 occupied bed days. Hospice UK reintroduced this benchmark after a 2 year break, following work carried out by NHS Improvement (June 2018) The Hospice UK average is 17.3%. Hospice UK also included revised definitions and measurements. For example since April 2019, we now include moisture lesions, medical device damage and removal of the category of unavoidable.</p> <p>To reduce the incidence of pressure damage within the inpatient unit we take the following actions:-</p> <ul style="list-style-type: none"> <li>• Wound care group which meets monthly</li> <li>• Monthly Matrons ward rounds</li> <li>• 2 weekly panel to review all new Category III and above PU's</li> <li>• All patients are assessed on admission for risk of developing pressure damage using a validated tool and Route Cause Analysis for new PU's</li> <li>• Six wound care champions have cascaded RGNs</li> <li>• All HCAs are being trained to use the React to Red tools over the next 6 months</li> <li>• Equipment is reviewed and updated as required</li> <li>• A NICE Quality Standard Audit will take place in the next 6 months</li> </ul>
<b>Medication</b>	<p>Total medication errors in the year were 78. All the errors were graded as No or Low Harm. This represents 8.8 per 1000 Occupied Bed Days. The Hospice UK benchmarking data average per 100 bed days is 8.0 %, which makes us slightly above average.</p> <p>We have implemented the following action plan to reduce errors/incidents and improve our medication safety:</p> <ul style="list-style-type: none"> <li>• Monthly medication, safety and pharmacy meetings</li> <li>• Monthly bulletins highlighting trends and actions to be taken</li> <li>• An identified increase in prescribing errors in Quarter 4, has been followed up by the medical team and staff have been encouraged to challenge poor prescribing practices</li> </ul>

	<ul style="list-style-type: none"> <li>• Robust education, support and assessments have been implemented by the pharmacist</li> <li>• All RGNs attend a full morning Clinical Day and yearly assessment including calculations</li> <li>• Staff have been trained to understand documentation and how to double check balances for discrepancies</li> <li>• Deep dives initiated when themes are identified to get to the root cause of the issues</li> </ul>
<b>Venous Thromboembolism</b>	<p>Our management in treating Venous Thromboembolism (VTE) risk was 100%.</p> <p>We have developed VTE guidelines in accordance with national recommendations. All medical staff are aware of the revised guidelines, which are now incorporated into everyday practice.</p>
<b>Mortality</b>	<p>A hospice will have a higher mortality rate than other care settings with many individuals choosing a hospice as their preferred place of care and death. The consultants review all deaths - there have been no cases due to suboptimal care. We have begun MDT 'Learning from Deaths' meetings where we focus on more complex deaths where there have been identified unmet physical, psychosocial or spiritual symptoms, despite maximum intervention. This has allowed staff to examine the circumstances surrounding the complexities of death, express their feelings and identify any learning points or suggested changes to practice.</p>

### 3:4 Clinical Audits Completed since April 2018

During the year, we have completed a number of audits in order to assess our compliance and effectiveness in relation to national, local and good practice guidance.

These audits are monitored through our Patient Quality & Safety group and shared with the Clinical Governance Committee who report to the Board.

An annual plan is scheduled at the beginning of each year and additional audits are included as identified from our monitoring and review processes linked to patients' quality and safety.

<b>Statutory audits</b>	
Infection Control: Compliance with hand washing	<p>Good compliance overall with best practice &amp; infection prevention guidance</p> <p>Hand Hygiene awareness day held December 2018</p> <p><b>Improvement plan:</b></p> <p>Will be following the 'High impact interventions' (1)</p>
Infection Control: Sharps – July 2018	100% scored on last audit

Infection Control: Vascular Access	No infections noted, good documentation found in records. <b>Improvement plan:</b> Will be following the 'High impact interventions' (1) initiative.
Infection Control: Catheter Care	Audits have indicated good compliance with local guidelines. There has been slight increase in E Coli over the last 2 years. <b>Improvement plan:</b> To address this, the Hospice will be carrying out a more robust audit, working with the education department to disseminate training in personal hygiene and catheter care. Will be following the 'High impact interventions' (1) initiative.
NHS Cleaning Standards	Housekeeping staff carry out monthly audits. Matron meets housekeeping supervisors monthly to review findings. Compliance with national standards for cleanliness in healthcare organisations is being met in all clinical areas. <b>Improvement plan:</b> From May 2019, the ward manager will be included in the monthly cleanliness audits on the wards. UV will be used for cleanliness audits (2)
Blood Transfusion	Audits have shown documentation of some parts of the process can be missed by both doctors and nurses, e.g. last cold chain and transfusion process audit showed consent section of prescription chart not completed or end time of transfusion not recorded in prescription chart. No major concerns when auditing practice. Staff follow procedure, it is just documentation that is occasionally lacking.
Medication: Quarterly Controlled Drugs	Overall good compliance with standards across all wards The way in which documentation errors were corrected in the CD register was noted to need improving. <b>Improvement plan:</b> The pharmacist carried out training with staff during the nursing training day and on an individual basis.

<b>Ad hoc audits</b>	
End of Life Documentation	Audit of IPU practice against NICE care of the dying adult in last days of life – a multi-centre pilot study involving St Joseph's, St Francis Hospice and The Margaret Centre. <b>Improvement plan:</b> The findings showed wide variability in the quality of documentation and this has been addressed with the medical team. Medics are working on producing patient and carers leaflets to address some areas.
IPU Admission Times	The target set was for 90% of out of hours and weekend admissions to be 'urgent' admissions. The findings were that 82% were 'urgent' admissions. The causes of non-urgent patients being admitted out of hours were described, e.g. transport delays. <b>Improvement plan:</b> Actions such as requesting transport earlier in the day will be followed up.

Falls NICE Quality Standard	<p>Admission falls assessment and completion of falls care plans fell below pre-audit target of 100%.</p> <p>In cases where a falls care plan was not completed, there was a higher rate of falls i.e. it appears that completion of a care plan reduces the risk of falls.</p> <p><b>Improvement plan:</b></p> <p>Medical team to write a hospice falls policy and to roll this out alongside education sessions to medical and nursing colleagues and then to re-audit.</p>
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## References

- (1) <https://www.nursingtimes.net/clinical-archive/infection-control/using-high-impact-interventions-to-reduce-infection-risk-by-standardising-good-practice/5004045.article>
- (2) <https://www.infectioncontroltoday.com/environmental-hygiene/hospitals-using-uv-light-check-efficacy-its-cleaning-efforts>

## Quality Improvement (QI) Projects

The following QI projects are underway in the Hospice.

Quality Improvement Project	Start date	Project Lead
For therapies to receive all appropriate referrals from First Contact Team	Jan-19	Therapies team
To check the best method of administering medicines on the IPU.	Mar-19	Debbie Pegram, Matron
For patients and families to have a greater understanding of physiological changes at the end of life.	Mar-19	Charlotte Bryan, Nesar Gilani, junior doctors
To see if children attending the Day Hospice enhances the patient experience	May -19	Amy Outingdyke, Day Hospice manager
For outcome measures to be used to benefit patients	In discussion	Gary Murphy/Kate Crossland, ANP and doctor

## 3:5 Education in End of Life Care

Creating a skilled and competent workforce is essential to deliver high quality care. As a Specialist palliative care provider, educating the wider workforce is a key priority.

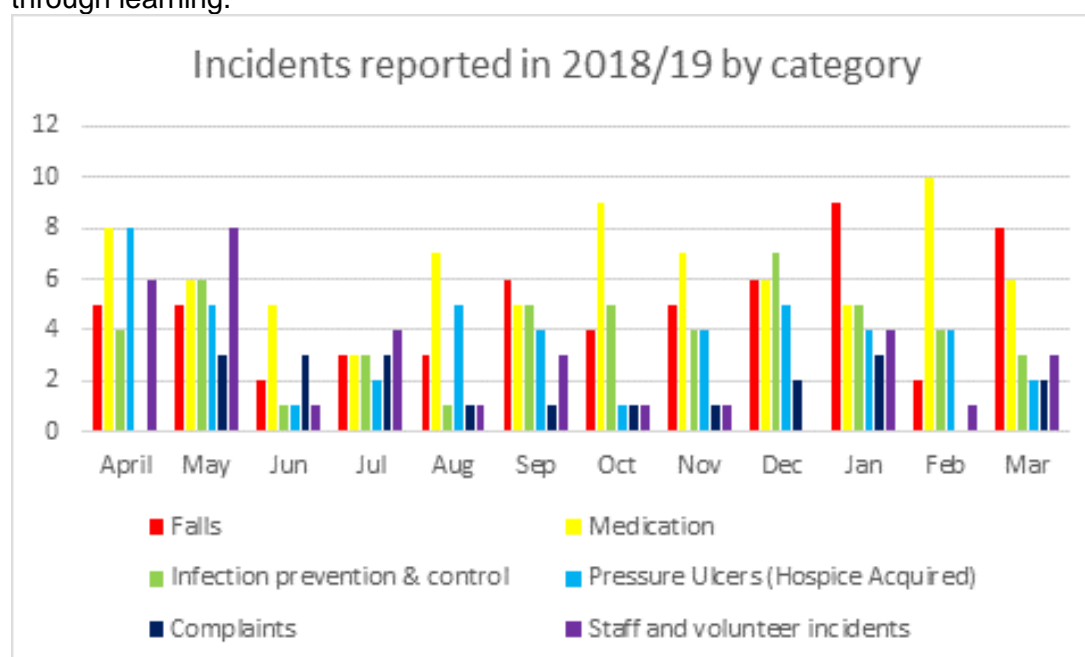
Training completed 2018/19

Professional staff who undertook external clinical courses	80
Support staff undertaking nationally accredited vocational courses	5
Staff undertaking leadership and management training	49

Staff and volunteers who attended STJH workshops in different aspects of EOLC*	147
<b>External staff</b> Staff who undertook our workshops in different aspects of EOLC*	126
<b>Students supported on placements at St Joseph's Hospice</b> Nursing, including returning to practice	28
Nursing, including returning to practice (Plus others attending for a day or less).	31
Medical (placements varied from part day to several weeks)	487

### 3:6 Incidents

Reviewed monthly by the groups that feed into our patient safety and quality group. The table below shows the incidents reported in 2018/19. None of the incidents resulted in serious harm and all incidents were of low harm. As an organisation that strives to improve, we use the reported incidents to improve our quality of care through learning.



### 3:7 Formal Complaints and Concerns

In 2018/19, we received 12 complaints and 3 concerns. Of these, 3 concerned the quality of communication between staff and service users, 2 were about staff attitude, 7 raised issues about the need for staff to be clear about the service offered so patients can be clear what they can expect, 1 was about noise on the ward and 2 were about breaches of confidentiality.

We see complaints as an opportunity to learn, develop and improve our services. Over the past year, we have made the following changes because of complaints we have received:

- We increased the coordination between FCT and CPCT so that patients with urgent needs were allocated an appointment immediately.
- We clarified our referral criteria to GPs to remove any delay caused by a referral being sent to us inappropriately.
- We set limits on the time after which children would not be allowed to be in the corridors on the wards.
- We offer training in handling difficult conversations, advanced communication skills and conflict management. Any staff/ volunteers who have concerns raised about their communication skills or attitude are registered on the relevant training and their performance is monitored via supervision.
- Each complaint or concern is followed up with a team reflection session, to learn from the complaint and prevent a recurrence.

### 3.8 Commissioning for Quality and Innovation

Service users offered the opportunity to participate in advance care planning conversation by the 3rd contact	Target 100% Achieved 98.25 %
Ethnicity recorded	Target 100% Achieved 89.75%

#### Referred patients ethnicity

White	BME	No stated
44%	52%	4%

#### Preferred place of death

	Achieved	Target
PPD achievement	74.25 %	70 %

#### Diagnosis at time of referral

Cancer Diagnosis	No Cancer Diagnosis	Non Cancer Target
62%	38%	35%

### 3:9 Information Governance Toolkit

NHS Data Security and Protection Toolkit: The DSPT is a published self-assessment which measures organisational compliance with the National Data Guardian's data security standards.

St Joseph's has completed and submitted the toolkit for 2019/20 and the standards are fully met (70/70 mandatory evidence items provided and 38/38 assertions confirmed). The toolkit content was reviewed by the St Joseph's Data Protection Officer prior to submission.

#### **4:1 Care Quality Commission (CQC)**

##### **Periodic reviews by the CQC**

St Joseph's Hospice was subject to an announced CQC inspection between July and August 2016. The inspection report was published in October 2016 and is available on the Hospice's website.

The CQC rated the quality of care provided by St Joseph's as "Good" overall. The table below is how the hospice was rated in each of the five questions the CQC asks during an inspection.

<b>CQC Question</b>	<b>Rating</b>
Is the service safe	Good
Is the service effective	Good
Is the service caring	Good
Is the service responsive	Good
Is the service well led	Requires Improvement
<b>Overall</b>	<b>Good</b>

We are an organisation that places great value on staff, and we are working to ensure staff feel safe and secure at work.

##### **Reviews and investigations by CQC**

St Joseph's Hospice did not participate in any special reviews or investigation by the CQC during 2018/19.



## **Part 4: Improvements in Progress**

**St Joseph's Hospice set out the following priorities or improvement in 2018/19. We have made the following progress.**

### **Priority 1: Implementation of a Care Strategy**

Many of our strategic priorities for 2015-2018 remain relevant to delivering hospice services and will continue to be part of our strategy going forward. We have created a Care Strategy which continues to focus on providing care closer to home, reaching hard to reach groups, developing our workforce, strengthening community engagement and a clearer referral and discharge criteria, with a focus on episodic care which will enable the Hospice to meet increased demand for its services.

In particular, we will continue to strive to improve equitable access to palliative and end of life care, providing education, training and support to partners, providing care to people at the end of life, and professionals requiring advice on managing complex symptoms.

We have also focused on the support we give to our carers and launched our carer's service last autumn as a community based project with trained volunteers offering emotional, practical and respite support to carers at home. This approach promotes the 'Compassionate Communities' model and encourages communities to support each other. The service has had 48 referral and 55 respite visits giving 120 hours of free care. We have also established satellite peer-support group in Newham.

The project has attracted £30,000 in funding from St James Place Foundation and has been accepting referrals since October 2018.

Our vision for 2019/20 will focus on sustainability, by building and strengthening our volunteer base. We are improving skills and development opportunities for our volunteers to attract more individuals to the service, while working collaboratively in community outreach with other projects at the Hospice, promoting our Compassionate Communities model.

### **Priority 2: Well-Led and Employee Engagement**

St Joseph's Hospice places a high value on our staff team; we recognise that they are critical to the continued high standard of care experiences by our patients in the community and in the inpatient wards. Employee engagement has continued to be a high profile activity for the Hospice.

We have continued to provide opportunities for reflective practice via the Schwartz Rounds, which are well attended. The next stage of development for this piece of work is to gain CPD accreditation for them. We have established a number of working groups to look at specific issues of importance in the Hospice. This year we have commenced consultative work to develop our values into a framework that can be used to inform how we set standards for knowledge, skills and behaviour in employment measured at key points during the employee life cycle, for example at recruitment and on boarding, during supervision at appraisal etc.

We have adopted a different approach to staff surveys working with a company called Survey Initiative, and have surveyed all our staff. We received the top line results and

are aware that more needs to be done to demonstrate leadership in the organisation and also to co-create the action plan arising from the survey results to dig deeper into the employee experience. We selected the Survey Initiative because of the data slicing and benchmarking service that they offer as standard which means we will be able to action plan on a pan hospice and service specific level which is not a facility we have previously had. The success of the action plan will be measured in the next staff survey and so on into the future.

We also plan to re-vamp our representative staff forum this year to give it a new focus and new work plan.

Finally, we have introduced a “staff love” programme that enables us to celebrate specific special events in the calendar such as St. Valentine’s Day, Easter and Christmas. St Joseph’s Day is a day of celebration that includes the presentation of the long service awards and we have been delighted to present a 40-year service award to one of our nurses. We have long service awards planned for our Volunteers in the summer.

### **Priority 3: Day Services Review**

Our Day Hospice is a weekday service offering activities, therapy and support for up to 20 patients each day. Patients are at the Hospice as outpatients from 10:30am to 3pm on Tuesdays, Wednesdays or Thursdays, for monitoring and treatment of their physical, emotional, spiritual and social needs. Patients now attend for a 12 week placement. At the beginning of the placement they set goals and aims which support them to maximise the resources they have around them and live as independently as possible.

We have completed a review of our Day Hospice and have seen the number of attendances rise in the past few months. We continue to recognise the value of offering alternative care settings for patients receiving palliative care treatment in the community and to achieve this we have expanded Physiotherapy, nurse outpatients, and have a new dietetic/ speech and language clinic

### **Priority 4: User Feedback**

Service user feedback is essential in our quality improvement journey as it is vital to be able to monitor what we do well and what we need to do differently. We now use I Want Great Care.

‘I Want Great Care’ is now being used across the Hospice and the feedback remains consistently positive. The teams are being encouraged to collect sufficient forms for the data to be statistically significant. The process of recruiting a volunteer to support patients to complete the surveys on the wards is underway.

The surveys are completed independently by patients, or with assistance from family or staff, or, in some cases, by administrative staff during follow up phone conversations with patients and they are collected monthly by the Clinical Governance Lead. Feedback is disseminated to teams. Any member of staff who is specifically mentioned is sent the compliment via an email, copied to their line manager.

The results will be circulated as part of the monthly Dashboard Reports, with clear actions around improving the areas we are not doing so well in, and celebrating those where we are.

In addition to this, Matron now does a monthly ward round seeking information from patients and their families or friends about their care and how if they have been treated with dignity and respect throughout their stay.

We continue to carry out in-depth questionnaires quarterly on specific issues such as food and ward cleanliness and staff attitudes.

#### **Priority 5: Information, Systems and Processes**

In 2017/18, we continued to improve our information systems which we bring through to 2018/19 by strengthening the infrastructure. We have rolled out Microsoft 365, which will ensure that we have greater email security, and will facilitate easier remote access for all staff. We have improved our network, also bringing on line new servers and storing more data in the cloud. We have sourced funding which has enabled us to equip our community nurse specialist team with laptops which means they will can now access our clinical information system and the Health Information Exchange in real-time when with patients in their homes. This will lead to safer more efficient care.

We are still seeking a solution which will enable our clinical systems to talk to other clinical systems, and are working with Homerton NHS Trust to identify a solution.

## **Part 5: 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.

### **Referrals**

In 2018/19, we had 2469 referrals and accepted 2136. The reasons for service users not being accepted are; service user declined service, service user not eligible for service, service user offered services from another hospice, and service user too unwell to transfer.

#### **1.1 Review of services**

During 2018/19 St Joseph's Hospice provided six key service areas for the NHS. These were as follows:

- Inpatient
- Day Hospice
- Community Palliative Care
- Bereavement and Psychological Therapies
- Social work
- Physical Therapies including speech, language and dietetics

We also provide the following services:

- Compassionate Neighbours
- Empowered Living
- Namaste Care (for people with advanced dementia)
- Education and training for health and social care professionals
- The Macmillan Information, Support and Advice Service. (This service will end on the 30<sup>th</sup> of August 2019.)

We have reviewed all the data available to us on the quality of care in all of our services.

#### **1.2 Income Generated**

The income generated from the NHS represents approximately half of the overall cost of running the Hospice services. The rest comes from the generosity and goodwill of our local communities, businesses, Individuals, trusts and foundations who support us.

#### **1.3 Eligibility to Participate in National Confidential Enquiries**

During this period, we were not eligible to participate in any national confidential enquiries.

As we were 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.

## **1.4 Research**

We are a research active hospice, including developing and undertaking hospice-initiated research and building in the capacity for linking with academic institutions.

- Homelessness Intervention (UCL)

This is an action research project involving two Clinical Nurse Specialists and two hostels in Tower Hamlets. The nurses have received 2 days bespoke training around recognising and supporting people at end of life in a hostel setting training. They will now spend 2 days per month in this partner hostel providing formal, informal education and support. The impact of this intervention and its ability to improve the care people with end of life care receive will be evaluated by the research team.

## **2.0 Quality Improvement and Innovation Goals Agreed with our Commissioners**

In 2018/19 St Joseph's Hospice did not have set commissioning for Quality and Innovation and Quality (CQUIN) goals. However, the Commissioner requested that we improve on our recording of ethnicity to ensure that we are caring for all ethnic groups in our community.

## **3.0 Data Quality**

We continually strive to improve data quality through:

- Recording and monitoring data in line with information governance regulations
- Implementation of regular data audits
- Providing readily available support and training for all staff utilising our clinical records systems
- Regular work to maintain a culture practising accurate data capture, with good understanding of its use and application across the organisation
- Operation in accordance with the Data Protection Act

## **4.0 Governance Toolkit Attainment Levels**

NHS Data Security and Protection Toolkit: We have completed and submitted the toolkit for 2019/20 and the standards are fully met (70/70 mandatory evidence items provided and 38/38 assertions confirmed). The toolkit content was reviewed by St Joseph's Data Protection Officer prior to submission.

## **5.0 Clinical Coding Error Rate**

St Joseph's Hospice was not subject to a payment by results clinical coding audit by the Audit Commission during this period.

## Part 6: GLOSSARY

### Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and social care in England. It regulates health and adult social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations. Visit: [www.cqc.org.uk](http://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. Clinical Commissioning Groups (CCGs) 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.

### 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.

### Hospice UK

[Hospice UK](http://www.hospiceuk.org) is the national charity for hospice care, supporting over 200 hospices in the UK.

### Registration

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

### Regulations

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

### Schwartz Rounds

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

## Appendix 1 – MDS Data

This year, we were not required to send the National Minimum Dataset (MDS) to the National Council for Palliative Care (NCPC) due to changes in reporting requirements. We have, however, continued to collect the MDS data for internal purposes. This data is also shared with our three local CCGs (Newham, Tower Hamlets and City & Hackney) on a quarterly basis. We have provided these national figures as a comparison to our data over a 3-year period.

### In Patient Unit

	18/19	17/18	16/17
% Bed Occupancy	78.25%	78%	74%
% Diagnosis – non cancer	25%	25%	26%
% Ethnicity – BAME	43%	42%	36%
% Patients returning home from an IP stay	42%	42%	43%
Average length of stay	17 days	15.8 days	18.7 days

### Community Palliative Care Team – CPCT

	18/19	17/18	16/17
% Non-cancer patients	32%	36%	36%
% Ethnicity – BAME	54%	51%	40%
% Homecare patients who died at home/hospice	73%	81%	70%
Average length of care	103 days	129 days	107.6 days

### Day Hospice

	18/19	17/18	16/17
% Diagnosis non cancer	37%	41%	36%
% Ethnicity –	50%	36%	33%

## Appendix 2 – Audit Schedule for 2018/19

Title	Aims	Aspect of service delivery
Compliance with hand washing	Compliance with best practice & infection prevention guidance	Are we safe?
Sharps audit –	Ensure sharps are safely managed within the organisation	Are we safe?
NHS cleaning standards -2007 monthly audits	Compliance with national standards for cleanliness in healthcare organisations	Are we safe?
Quarterly controlled drug audit	Compliance with Medicines Act 1968 and Misuse of Drugs (Safe Custody) Regulations 1973 Department of Health Safer Management of Controlled Drugs – A guide to good practice in secondary care (England) October 2007 NMC standards for medicines management	Are we safe?
Re-audit of the core nutritional assessment on the inpatient unit	The aim of the re-audit is to review whether there has been any change in practice in this area, in particular in view of the recent move to an electronic record system.	Are we effective?
Patient led assessment environment PLACE	Ensure environment meets service users expectations – using national NHS audit tool	Are we responsive to needs?
Clinical handover from hospital teams	Re-audit of notes of patients who attended 25 hospital/day centre reviews	Are we effective?
End of life documentation audit	To evaluate the use of the new forms in end of life care, which will inform the end of life care group of necessary changes to be made to the current (interim) documentation	Are we responsive to needs?
Pressure ulcer - best practice compliance	Compliance with the recommendations from RCN & NICE relating to pressure ulcer prevention & management	Are we safe?
Are antibiotics prescribed in line with the antimicrobial stewardship guidance? Quarterly.	Compliance with hospice policy/guidelines ✓ Care Standards Commission NICE/ Department of Health & Public Health England Essence of Care / NSF International Patient/Carer instigated Professional concerns	Are we responsive?
Audit on omitted doses of medication	This audit aimed to capture baseline data for omitted medicine doses at St Joseph's Hospice, and to implement changes if necessary to improve medicines administration and documentation.	Are we safe?



Medical gases audit – using Hospice UK audit tool	Meet the requirements of the Medicines Act (1968), H&S at Work Act (1974), Misuse of Drugs Regulations (2001) and The Health Act (2006)	Are we well led?
Audit of resuscitation decisions and documentation in IPU	To assess if the patients' resuscitation status, and the discussions that took place are documented clearly	Are we safe?
Audit of care delivered compared to NICE Quality standard [QS144]	To assess if the care delivered met the NICE Quality Standard QS144. This standard This quality standard covers the clinical care of adults (aged 18 and over) who are dying, during the last 2 to 3 days of life.	Are we effective?

**END**