St Joseph's Hospice
Serving East London and the City

Quality Account 2022/2023

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Part 1: Chief Executive's Statement

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This is the fifth Quality Account I have been involved with but my first as Joint CEO, with Jane Naismith joining me as Joint CEO in November 2022. We are delighted to confirm that we have continued to make progress against our strategic plan, Vision 2024, despite the challenges the year has thrown at us.

This year's Quality Account reflects our progress as we have emerged from the restrictions caused by the pandemic. However it is important to be mindful that for our patient group, who are extremely vulnerable, the pandemic and the current cost of living crisis still has a significant impact - similarly for staff and our communities at large.

We have continued to deliver our plans and strategies for continuous progressive improvement in our services, and you will see detailed in these reports real, everyday examples of this, in terms of reduction in incidents of avoidable harm and developments in many other areas.

As you will be aware, underpinning all of our work is our Mission, which evolved from the words of Religious Sisters of Charity founder Mary Aikenhead, "to give to the poor what the rich can buy 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, 118 years ago.

I am pleased to report here that St Joseph's Hospice Hackney continues to deliver and develop the highest quality specialist palliative and end of life care for people with progressive and life-threatening illnesses, as well as supporting their families and carers on an ongoing basis. We do this in both our inpatient and community services, across our day hospice, and the wide range of family support services we provide.

We have also managed to continue to provide specialist advice and support to other professionals in palliative and end of life care, despite the direct and indirect impact of the pandemic over the past three years. Our benefits team continue to support families and have successfully enabled claims up to a staggering £651,232 in unclaimed benefits to ease hardship within those families supporting loved ones with life limiting illness or recently bereaved. This has been more important since we entered the cost of living crisis as the impact of this added to the loss or impending loss of a loved one can be catastrophic.

We recently upgraded facilities in our education centre to be able to provide more remote training opportunities by the introduction of smart technology into our meeting and training rooms to facilitate a mixed economy of in-person and remote training

opportunities or a blend of the two when most appropriate. This has proven to be a real benefit to our users both internally and externally.

We have continued to look at ways to improve our communications across all of our diverse groups and you will see this in our continuing priorities for the coming year where we aim to gain the FREDIE award (Fairness, Respect, Equality, Diversity, Inclusion and Engagement) and we will seek Level 2 Disability Confident accreditation. This will reinforce systems to enable us to be as inclusive to our staff and the communities we serve, as we can be.

We have also continued to explore different care pathways that are responsive to the changing needs of our population, either from the longer term impacts of the pandemic or the changes in needs of society more widely. These changes will seek to build upon or be complementary to our award-winning Compassionate Neighbours, Empowered Living Team and Namaste services.

We could not have done any of this work without the continued dedication and commitment of our workforce including our dedicated volunteers who give 47,000 hours of time - from our reception team who greeted visitors and checked compliance with our current restrictions, through to housekeeping and facilities, to our therapists, administrators, counsellors, and of course our doctors and nurses. They have continued to work tirelessly to support our patients, their families and their colleagues.

I would also like to highlight the continued support we have had from our local communities and donors who have enabled us to maintain the services we provide and without whose support we could not deliver the range and scope of services we do. This support continues in times of financial pressure for us all so is all the more impressive of late.

This year has been another financially challenging period for many across the hospice sector, but for St Joseph's our continued financial stability has allowed us to once again navigate the year successfully. Our established Senior Management Team have again delivered our change agenda and ensured our standards of care and the governance that underpins our practice remains robust. This continues to give assurance to our Board of Trustees and us as Joint CEOs and Accountable Officers.

It would be remiss of us not to once again highlight to those reading this report that a little over half of our funding comes from our NHS block contract for the three principal boroughs we serve - City & Hackney, Newham and Tower Hamlets, which collectively cover a population of approximately 1.2 million. In addition, we deliver services to Waltham Forest, Islington and Haringey, as well as specific services for residents of some of the surrounding London boroughs. 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 and our corporate partners. We recognise that we cannot do this without the support of many partner organisations. We work closely with local NHS providers, primary care colleagues and with many voluntary sector care providers to deliver better integrated services and care models across our pathway of care.

2022/23 has been the fifth year of change, and we have continued to deliver improvements without detriment to the delivery of care to our patient services.

Some of our key achievements have been:

- Continued investment to futureproof the site as well as make it more sustainable in order to improve our green credentials. We have done this through adding solar

panels to the roof spaces and installation of more efficient and greener boiler systems across our estate.
- Improved fundraising for the services and the planned redevelopment of St Michael's ward to match the improvements we achieved for Lourdes ward in 2019, delayed as a consequence of the pandemic but now to be commenced and completed in 2023/24 fiscal year.
- To continue to have offered additional bed capacity to our Commissioners by keeping open our third ward - St Anne's - and adding capacity to our existing wards should it have been needed.
- To once again implement a budget plan that has ensured we achieve a balanced budget in the 2023/24 fiscal year so that income and expenditure are in balance. This is despite the impact of a cost of living crisis with increased costs almost across the board and resulting impact on the way our services are provided.
- Continued success in improving our ability to generate income from our enterprise initiatives in order to offset the reductions in fundraising due to the cost of living crisis and increasing costs for utilities and to lessen our dependence on legacy income.

I hope in reading this report you too will be reassured by the continued progress that has been made, despite the prevailing uncertain climate in the healthcare sector due to the current economic disruption, which is further complicated by conflict in other parts of the world.

To the best of our 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
Joint Chief Executive

Jane Naismith
Joint 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. She may be contacted by telephone on 020 8525 3007, or by email at 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.

A translator is available on request via our Advocacy and Interpreter services.

Organisational Context

In 2019 we launched Vision 2024 – our plan that sets out the direction for St Joseph's Hospice for the next five years and which reflects the 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 have established an Enterprise pillar that augments existing revenue channels to generate a predictable income flow.

3. Estates strategy: Our focus is on development of the main Hospice site, and includes plans for the acquisition of retail and clinic facilities in the boroughs we serve.

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 give our workforce 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.

Throughout our five-year strategy, 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 will 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 their homes or in the wider community.

We will continue to 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, or no faith, and background.

We 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 include in-patient, outpatient, day care, respite care, advice and support in the home or care home, and bereavement support. Much of this is available 24/7.

Staff are 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's services by generating income through legacies, fundraising from Trusts and personal donations, and commissioning from the NHS, supplemented by enterprise initiatives that will bring a sustained income to the Hospice.

We continue 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 that 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 2023-24

Priority 1– Easy read Project

At St Joseph's Hospice we have always had very good links with our colleagues in health and social care who support people with learning disabilities. We have always provided direct support to individuals either in the own home or in our inpatient unit working in collaboration with the individuals usual care team and family to ensure our care and support is tailored to meet the preferences of the individuals and support those they live with. To support this we have 'Learning disabilities friends' in the inpatient and day hospice. Our learning disabilities friends are staff members who have had additional training and often lived experience of supporting a family member with a learning disability and they act as support to other team members.

However the COVID pandemic significantly changed the way we delivered care to this group. Rather than being able to provide face-to-face support and advice, families and group care settings began shielding, and no longer wanted face-to-face contact. We were able to adapt and use technology such as video calls and MDT discussion with their primary care team as our main means of discussion.

During this time we identified that obtaining and retaining information for this group of people was a challenge and that there was a huge gap in easy read information on death and dying. To fill this gap, we collaborated with our colleagues from the learning disability team at East London Foundation trust and we produced our first easy read leaflet 'In the last few days of life'.

Reflecting on this experience and reviewing the other information the Hospice provides we are aware that one leaflet is just the start. Therefore, we have launched our 'easy read project' which aims to create a suite of accessible information for people with learning disabilities. To achieve this we will be co-creating the materials with support from Empowering Voices based at the Creative Hub in Tower Hamlets.

In 22/23 we completed the 15 step challenge. Overall the results were very positive, however the team completing the review highlighted that some of our signage was unclear or confusing particularly to those with learning difficulties or cognitive impairments. Therefore we also plan to have a working group to review and replace the signage throughout the hospice.

Priority 2 – Increase access and community support individuals with non –cancer diagnosis

At St Joseph's Hospice we work hard to try to widen access to palliative care services and we are pleased that our non-cancer referrals have been increasing year on year. For many members of the public and some health and social care professionals, the words hospice and cancer go synonymously together with little thought being given to the positive impact that a palliative care approach can give to a range of progressive long-term conditions such as end stage heart failure or Lung disease.

The preconception that hospices are for cancer patient means that, when a patient with a non-malignant diagnosis is referred, the patient will often decline the referrals, particularly when they are referred earlier in their disease pathway.

We are aware that for the majority of these patients breathlessness will be the symptom that will have the greatest impact on their quality of life and is the symptom that they are most likely to call an ambulance for or to seek support from a hospital.

To support improved access and take up of palliative care services we propose to commence a specific breathlessness support service. This service aims to provide a 'Toolkit' that patients can use to manage their breathlessness. This toolkit will be tailored to each patient but will include information for them and their family around beneficial interventions, and practical tools they can

use such as specific breathing techniques, hand held fans alongside face-to-face appointments. The service will also work on a consultative basis offering support, advice and education to other health and social care professionals.

We are also aware that health professionals can struggle to recognise how hospice care could benefit their patient and when would be the right time to refer them. To support identification of patients who may benefit from support from the hospice we hope to be able to join MDT with the interstitial lung respiratory and cardiac secondary care teams.

Priority 3. Improvement to the hospice environment

We have had to carry over our ward refurbishment project from last year.

We had hoped to start the build in 2022/23 but the Ukrainian crisis appeared to cause a shortage of building material leading to costs to rise by 30%. This coupled with the increase in fuel bills meant we had a funding gap off approximately four hundred thousand pounds, which meant we had to delay to raise more funds, we have now raised the majority of this funding and are committed to start mid-2023.

We have taken this time to carefully consider how we want our new ward to look now and anticipate any changes in our care pathways in the future. Our vision for the new ward is to have an area that promotes orientation, enablement and wellbeing. The design will focus on a calm, safe and welcoming environment whilst promoting meaningful interaction between our patients, staff and families.

Whilst the majority of our patient's on the inpatient ward we refurbished in 2018/2019 really appreciate our simple modern ward design, the uniformity of the design can make it difficult for individuals with dementia to orientate themselves to their environment. Therefore, we plan to create a more dementia friendly environment using colour and visual symbols to help support people navigate the environment

We have decided to decommission the 2 four bed bays and build bays which are flexible enough to accommodate one or two beds. We have also re-thought our patient communal areas, redesigning them so they can be used for dining, family meetings, or therapy and we will include an area when patients can make their own drinks and snacks.

As part of the ward refurbishment work we will also be running a seating project to review and improve patient and visitor seating on each ward and a project to improve ventilation throughout our inpatient areas.

We have also been considering how welcoming the rest of the hospice environment is as we have been aware that for many children who come to visit a loved one, the environment can seem very daunting and adult centric. We already have our 'elephant kits' which we give to our children and young people. These kits are tailored to include age appropriate activities for the child or young person and resources to support the parent to support the child. This year we will embark on a new project led by one of our child psychologists and our Matron. The projects aim will be to improve the environment in the hub and in our inpatient ward and to create a range of resources and activity boxes for the wards which will help to support the children and young people who visit the Hospice.

Priority 4 Implement the new NHS Patient Safety Incident Response Framework (PSIRF)

As you would expect as an organisation we are committed to continuous quality improvement and patient safety. Over the past few years we have introduced a number of initiatives to improve and make our clinical governance processes more robust. In 2021 we reviewed our clinical governance lead role, changing its focus from recording, counting and measuring the

impact of incidents, to a role that focused on patient experience and quality improvement. This change of emphasis has led to many changes in practice including the way we assess and manage patients who are at risk of falling, pressure ulcer management and the implementation of an electronic prescribing and medicines administration system.

While we would have always described the hospice as a learning organisation we have significantly strengthened our approach to this and have a bi-weekly key learning and safety huddle meeting on the wards and produce a '*Learning from..*' bulletin which highlights the human factors that contributed to incidents and clinical services wide shared learning events. We have published bulletins on *Learning from…* incidents, complaints, and medication incidents.

By September 23 in agreement with North East London Integrated Care Board (ICB) we will complete the transition to the new Patient safety Incident Response Framework (PSIRF) implementing the new framework across the hospice. The approach to patient safety that we have already developed aligns strongly with PSIRF. We welcome the emphasis the framework brings to address incident themes and clusters to ensure learning is acquired and improvement in patient safety is delivered. We hope using the framework will bring about a deepening of our approach, which has already been in action in recent years. The framework also facilitates more easily inter-organisational working on common patient safety themes, which will support the sharing of best practice.

We currently collate and interrogate our patient safety data on a monthly basis, but we will utilise the transition to PSIRF phase to review 24 months of patient safety incident data. This will enable us to quantify further and to allow us to survey for underlining themes or signals, which may have escaped our scrutiny at this point. We will share this learning with the wider team and look at what systems we can put in place to reduce incidents that cause harm.

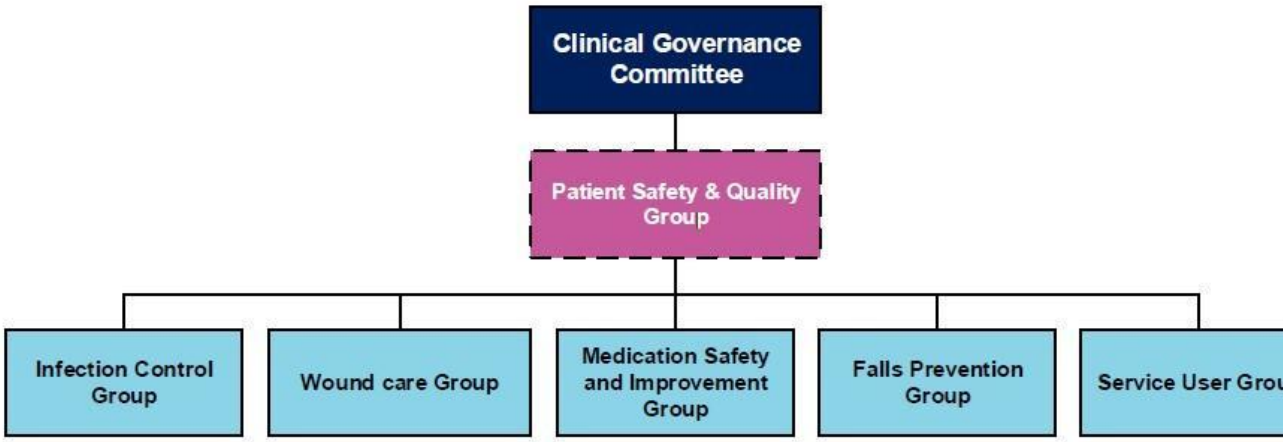
To successfully implement PSIRF we will ensure all clinical staff are trained about the requirements of this framework including the importance of a just culture. We already give consideration to how Human Factors may contribute to an incident but feel that for many staff understanding of Human Factors that contribute to incidents is a knowledge gap therefore we will focus on Human Factors training.

Part 3: Review of Quality of Service in 2022/23

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

3:1 Quality Assurance

Reporting Structure

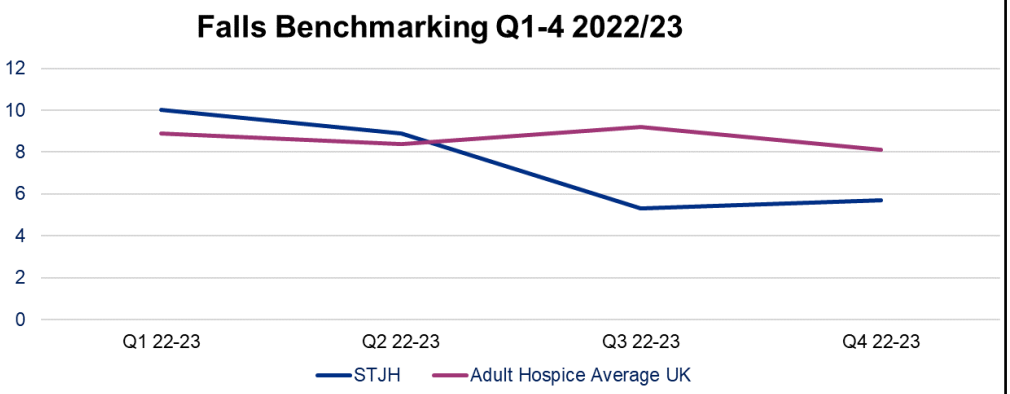


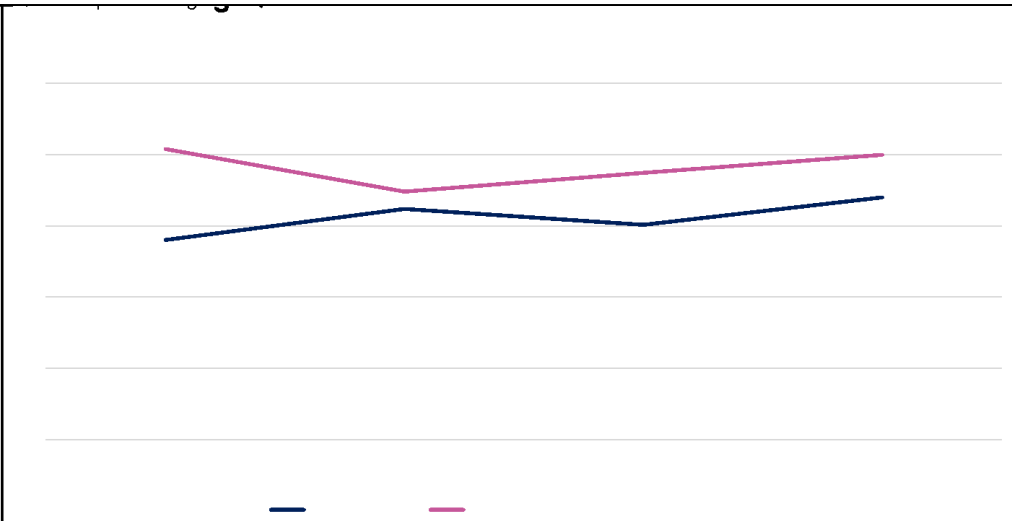
3:2 Quality Monitoring Visits

Due to the COVID-19 pandemic, we have not had any quality visits in the past year. We have however had regular engagement and monitoring calls with our CQC inspector as well as our CCG colleagues. This has given us an opportunity to discuss issues and provide assurance around our standards. During this period, they conducted a transitional monitoring assurance desktop review and were satisfied with our performance. We also continued to produce and disseminate our quarterly quality report.

3:3 National Quality Indicators

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

Indicator	Performance
Inpatient falls	 There were 35 falls on the inpatient wards affecting 29 patients. 27 falls resulted in no harm, 7 low harm, 1 fall resulted in moderate harm this patient fell and required sutures to a head wound which the patient attended A&E for and included an assessment of a head injury returned to STJH the same day. Six patients fell more than once. There has been a slight decrease in falls over the year 2022-2023 The falls on the inpatient wards represent an average of **7.3** per 1000 occupied bed days. Hospice UK's benchmark for similar sized inpatient units is **8.9** and for all hospices **8.9** per 1000 occupied bed days, so we remain below average. To manage and reduce the risks: ● The Falls Multidisciplinary Group meet monthly, all falls are reviewed individual case studies are presented by the teams to ensure any learning is identified ● Equipment has been reviewed over the year including low beds, alarmed mattresses/beds and seating to help to reduce falls risks ● Ongoing training, throughout the year with regular updates, workshops and reminders regarding post fall management. The documentation reveals robust post falls management is consistently undertaken ● We have trained staff in the use of our Hoverjack - a piece of equipment to safely move patients after a fall which reduces the risk of any further harm for both the patient and staff. This was identified as a requirement following the 2022 National Falls Audit

Pressure Ulcers	

The total number of new/hospice acquired pressure ulcers in the year was 31 affecting 24 patients. This number includes Moisture Associated Skin Damage (MASD) and damage from Medical Devices which are not reportable this then equates to a total number is 21 hospice acquired ulcers.

We continue to report all new hospice acquired pressure ulcers; categories from I-IV, Unstageable, Deep Tissue Injury (DTI), Moisture Associated Skin Damage (MASD) and those acquired from a medical device.

In this year, there were three Category I, nine Category II, seven Category III (these deteriorated from a Category II), two Deep Tissue Injuries. (There were eight MASD and two Medical Device Pressure Ulcers).

We record the patients' Phases of Illness and AKPS (performance status) for context. All ulcers were assessed as unavoidable.

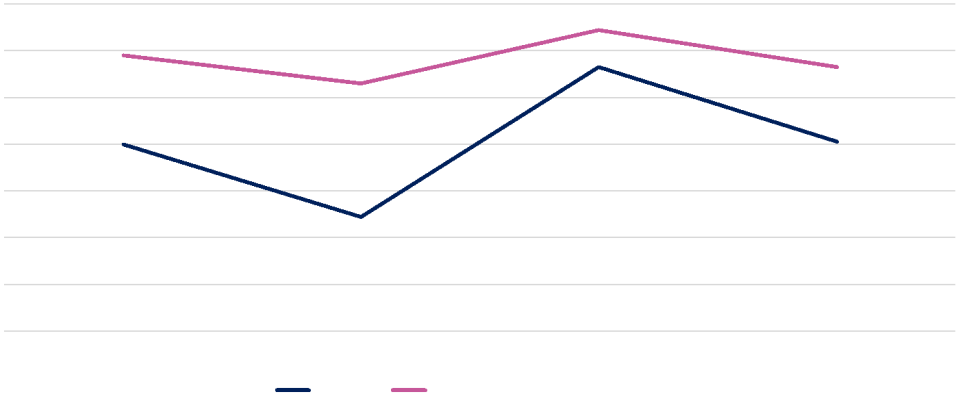
In respect of hospice acquired Pressure Ulcer benchmarking, this represented an average of **4.4** per 1000 occupied bed days. The Hospice UK average is **7.4** for a hospice of our size and **9.7** for all hospices per 1000 occupied bed days; we are below average compared to all other hospices.

The benchmarking for all pressure ulcers including those present on admission was on average **15.6** per 1000 occupied bed days, compared to all hospices of a similar size where the average was **18.6** per 1000 occupied bed days, making us below average.

60 patients were admitted with a total of 75 pressure ulcers excluding MASD and Medical Device damage which we capture and report but are not counted in the Hospice Benchmarking data. We have continued to monitor patients admitted from home during the ongoing pandemic due to reduced services in the community the safeguarding teams have been informed.

To reduce the incidence of pressure damage within the inpatient unit we take the following actions:

- Ongoing Education with workshops, drop ins and on the job teaching

	● Bi-weekly bitesize training and safety sessions which include PU management are held on the wards ● Monthly Wound Care Meeting with an MDT approach and any learning cascaded ● Champions on the wards who have access to HUH practitioner days ● A monthly Matron's ward rounds focus's on assessments & Care planning ● Bi-weekly panel to review all new Category III and above pressure ulcers ● All patients are assessed on admission for risk of developing pressure damage, using a validated tool ● Ongoing improvements in the use of documentation and reporting ● Equipment has been reviewed & purchased including profiling beds, mattresses, in-situ slings, four-way glide sheets and we now have two bariatric profiling beds, mattresses & reclining chairs which have full pressure relief.
Medication	 The total medication errors in the year amounted to 39. The level of harm for all errors were categorised Level 0 - no harm (incident prevented) Level 1 - no harm incident (not prevented) Level 2 Low Harm. There were 13 incidents with no harm (incident prevented) and 25 incidents were no harm (incident not prevented) and 1 low harm. We identified a small trend of overages and underage and a task and finish group worked to reduce the risk of anomalies. From this work a new measuring system and calculation of liquids was introduced to also include equipment. Incident occurrence represents on average **8.1** per 1000 occupied bed days. The Hospice UK benchmarking data average per 1000 bed days is **9.2 for a hospice of a similar size and 11.5 for all hospices**, which makes us below average for a hospice of a similar size. To manage and reduce the risk of incidents or errors we: ● Consistently monitor and review of all incidents by a team prior to Drugs and Pharmacy Meeting where all incidents are discussed and any learning revealed. ● Robust process following incidents errors where nurse are supported to learn from any mistakes and human factors investigated

	● The monthly *Learning from* …series is used to highlight learning from medication incidents ● Successful introduction of e works and electronic system which is now embedded and a continual update of a robust Standard Operating System Monthly Bulletins are produced following discussions with the teams following errors bulletins highlighting incident trends and actions to be taken ● All nurses have completed a yearly assessment, competency CD e learning and practical assessment which , includes drug calculations tests ● Bitesize sessions are facilitated to improve understanding and knowledge following any incidents highlighted as a learning opportunity ● A morning is dedicated on a Clinical Day for all nurses which includes input from the pharmacy teams ● Monthly Matron's ward round to observe practice, including auditing of controlled drug documentation e administration reports
Venous Thromboem-bolism	Our management in treating Venous Thromboembolism (VTE) risk was 100%. We follow VTE guidelines in accordance with national recommendations specifically NICE Guideline 89 (section 1.4.13). We consider pharmacological VTE prophylaxis, taking into account temporary increases in thrombotic risk factors, risk of bleeding, likely life expectancy and the views of the person and their family members or carers. When appropriate, we use Low Molecular Weight Heparin as a first-line treatment and monitor daily. We do not offer VTE prophylaxis to people in the last days of life.
Mortality	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. We have had a change of how we Learn from deaths. Prior to January 2023 we used the NHS 'Learning From Death' methodology. All deaths had a case review at our multi-disciplinary team meeting, and a second more in-depth review takes place if the patient's family has any concerns or questions. A sample of all deaths also have a second review using PRISM* for quality monitoring. Since January 2023 all our deaths have been reviewed by the medical examiner service at Homerton University Hospital Foundation Trust. In 2022/23, there were no episodes of suboptimal care that contributed to or hastened patients' deaths. *https://improvement.nhs.uk/documents/1423/PRISM_2_Manual_V2_Jan_14.pdf

Regular audits Title/Frequency	Findings
Infection Prevention and Control (IPC) - handwashing (Monthly) IPC – Bare Below Elbows (BBE) (Monthly) IPC – Catheters (Monthly) IPC - Invasive devices (Monthly)	**Findings** All audits showed excellent results, any anomalies are addressed at the time of audit – cross-ward auditing is taking place and the team at Homerton carry out twice-yearly audits in these areas. We have had very low levels of infections and no hospice acquired infections in the year MRSA 1, C.Difficile 1, (present on admission) Pseudomonas Aeruginosa 6 and Klebsiella 2across the year. There were 10 cases of e-coli spread evenly across the year. IPC – Bare Below Elbows audit normally shows some lack of compliance with the arrival of new doctors to the hospice but with early reminders at inductions and education this was not the case. The IPC Catheter audit has been improved in line with NICE standard, documentation of catheter being in-situ, the catheter size and date of change. now includes reason for catheter, date of bag change IPC - Invasive devices audit tests for the dressing being dated, and the date of change being documented. Across the year, the dressing date has rarely been missing. The use of invasive devices has decreased.
Sharps Annually in August	Carried out internally in August 2022 and repeated in January 2023 following some failures due to inappropriate use, gauze present and one bin not closed appropriately. Marked improvements in 01/2023 100%. External Auditor did not attend due to COVID. So we carried out cross ward auditing. Action plan devised, disseminated and implemented.
Cleanliness audits (Monthly)	**Findings** Compliance with National Standards of Healthcare Cleanliness are being met in all areas. The national Cleanliness Standard 2021 was introduced in 2022 and has been successfully embedded in all areas to include increased auditing, a star rating, and a commitment to the Cleanliness Charter. **Improvement plan** Matron meets housekeeping supervisors monthly to review findings ward staff and housekeepers are working alongside each other to carry out the audits twice a month. We hold a 5 star rating food hygiene rating.

. Water Testing	**Findings** The results indicate the system is working satisfactorily.
Infection Prevention & Control Audit	Using the Infection Prevention Society Quality Improvement Tool covered wards, corridors and Laundry, environment, Hand Hygiene, PPE, Isolation, Equipment, ward kitchen, waster linen & sharps management. **Findings** June 22 – All areas were assessed as compliant in respect of cleanliness. There was a requirement for an increase in Single Use items, disposable BP cuffs ordered at time, fixtures and fittings which failed will be addressed in the refurbishment on STM, some waste bins needed replacing and some education was required around linen management and organisation of flow of dirty to clean in the laundry. November 2022 we revisited all previous areas and added the mortuary and viewing room. Each area was compliant with minor adjustments to storage and an increase in dispensers for aprons and gel.
Controlled drugs audits (May/Aug/Nov/Feb)	Audits carried out in the Main Pharmacy and on both wards. **Findings** ● Main Pharmacy – Full compliance. ● Lourdes Ward – Full compliance. Improvement opportunity taken: to add Methadone sugar-free and with sugar to the CD Stock list separately ● St Michael's Ward – Improvement opportunity taken: to add Methadone sugar-free and with sugar to the CD Stock list separately. ● St Michael's ward - Area requiring improvement: Standard '*Each CD has only one page per drug in use and that page is clearly titled, with the drug name form and strength, and all entries are legible.'* *Finding compared to standard:* Page 38, 44, 46 in the CD Record Book - the name of the medication was not written fully, no form of the drug written, and only drug name mentioned respectively. **Improvement plan** Dissemination of findings. Refresh staff actions required. Monitor closely.
Blood transfusion – annual site inspection (Annually)	Blood transfusion inspection by external provider Homerton University Hospital (under an SLA) took place in October 2021. No report has been provided at this time. Report has been requested on numerous occasions.
Blood transfusion – mock recall audit (Annually in January)	Mock recall audit is an audit initiated by HUH (under SLA) and STJH respond. No initiation of audit has occurred in 2022/23.

3:4 Clinical Audits completed between April 2022 and March 2023

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

These audits are monitored through the Clinical Governance Committee that reports to the Board for assurance at the highest level in the organisation.

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

Ad hoc audits **Title**	**Results/Improvement plan**
Audit of STJH Inpatient Unit care against NICE guidelines for End of Life Care 'Care of dying adults in last days of life' (December Guidelines 2015).	● Patients (n=22) covered a wide age range and fairly equal spread of both In-Patient wards ● 100% patients in the audit had advanced care planning discussions, DNACPR order in place and DNACPR discussion with the family. ● 100% had subcutaneous medications prescribed in anticipation of potential need and with individualized and appropriate doses. ● 95% had individualised EOLCP commenced before death ● 86% had documented assessment of cultural / religious /social/spiritual needs ● Improvement of PPD recording from 69% in 21/23 to 90% in 22/23. ● There was inconstant recording of discussions around hydration and side effects of medication **Improvement plan for hydration discussions and documentation:** Medical Director led a discussion with the team, the medical team felt that in most cases introducing the topic when fluids would not be indicated caused more distress for a patient and family. It has then become a primary focus for the family causing high levels of anxiety at times and potentially a point of tension between the family and the medical team. The team feel very competent and confident to have the discussions and respond well when patients and families initiate the discussion. The medical team experience is that where it is on a family's agenda, those conversations go well and tend to do no harm. There are leaflets available on each ward, which discuss changing needs at the end of life including hydration. The multidisciplinary approach is always to check in with patients and families regularly to ask if they have any questions.

Steroid & Antibiotic prescribing & use	This was a re audit which examined whether there was consistent antimicrobial prescribing practice ensuring our prescribing is in accordance local/national guidelines. The results were compared with the previous audit. 100% of prescriptions were **signed, dated** and 12.5% had an **indication** documented (this was 100% in 2021). 25% (n=4) prescriptions had a documented duration or review date (58% in 2021). The switch to an electronic prescription and medicine administration system (e-Works) has contributed significantly to these reductions in compliance to the standard. The mandatory 'Indication' box on e-Works is only operational in the PRN (as required) context so inclusion of indication is not required in regular antimicrobial prescriptions. The same is true for the review dates. Therefore compliance to the standard depends on human memory, embedding into normal practice and handover mechanisms. These are all liable to lapse in compliance to the practice standard. A benefit of the electronic prescription and medicine administration system is that the 'signing' and 'dating' which in former years (pre-2021) were less than 100% will now always be 100% as the e-Works application requires them. **Improvement plan:** A specific poster close to the prescribing stations for all doctors regarding the need to include indication for use, duration of days and review date to be written into the Additional Notes section of the prescription.
Speech and Language Therapy Audit: Audit the knowledge of frontline staff in recognising a swallowing or communication issue that requires a SALT referral.	This audit aimed to collect data on recognition of the need for referrals to Hospice SLT services for both communication & swallowing difficulties. The data was analysed to look for areas requiring interventions to improve the service. Baseline measure of staff's knowledge and confidence in referring to SLT was collected via a short questionnaire. The audit showed that staff confidence in referral was not consistent for all diagnosis or conditions and the results suggest that people with mild speech and language difficulties were not referred until their difficulties had progressed. A training was delivered to improve understanding and knowledge. The confidence and knowledge questionnaire was repeated. The results showed improvement in confidence around who to refer.

These audits are monitored through the Clinical Governance Committee, which reports to the Board for assurance at the highest level in the organisation.

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

Quality Improvement (QI) Projects

The following QI projects were completed during 2022/23 or are still in progress in the Hospice.

Aim/Reason for QUIP	Baseline Measurement	Interventions/Outcomes	
To ensure patients who are medically suitable have the opportunity to consider corneal tissue donation after death.	0% of patients had agreed to donate corneal tissue in the previous year. Two measures are being used to assess change which is an improvement: 1) Staff confidence and competence in this area. (Questionnaire) 2) Number of patients with an indication of 'Yes to' / 'No to' / 'Considering' donation. (via search of Electronic Patient Record)	The key interventions were: Adjusting our Electronic Patient Record (EPR) system to support capture, discussion around donation and decision. Provide education to our clinical staff to increase confidence and competence: ● To identify patients who would be medically suitable ● Conversations around donation This project has been successfully implemented but it is a continuous project. The half year figures of donations explored by the NHSBT Tissue and Eye Services was 12 resulting in 10 donations of eyes.	**Completed**
Increase the number of discussions and the resultant documentation of the side effects of EOLC medications with patients and/or families (in line with NICE guidelines for End of Life Care 'Care of dying adults in last days of life' (December Guidelines 2015).	9% of patients (n=22) had a documented discussion in the EPR. Measure being used to assess change which is an improvement: 100% of all patients on the EOLC plan on the Crosscare EPR will have a documented note about the discussion of EOLC medication side effects with the patient/family as appropriate.	**Interventions:** - Design a pop-up prompt in Crosscare to 'nudge' the medical team to discuss and document or document why no discussion was possible or appropriate. **Results in Q1 2023:** 7 of 12 EOLC care plans had the EOLC medication side effects documented. This is a substantial improvement. The Audit will be repeated in December 2023	**In progress**

To ensure relevant patients with a neurological diagnosis are screened for neurogenic bowel and are supported with a bowel management regime.	0% of patients have identification of neurogenic bowel. Measure being used to assess change which is an improvement: For 100% patients with Parkinson's, motor neurone disease, cauda equine, spinal cord compression to have an assessment of their bowel function and have the support of a bowel regime where appropriate. For staff to report increase in knowledge and confidence re neurogenic bowel.	Six months of patient data was reviewed. 15 patients had neurological diagnosis. Neurogenic bowel was not mentioned. Average constipation score IPOS 2.5. Bowels opened on average: every 2.3 days. Interventions: - Training session - Adaptation of national Guideline to palliative care context (in progress). Pre and post teaching questionnaire used to obtain a measure of knowledge Pre-training knowledge of and confidence 16% Post training knowledge and confidence 66% Next steps: - Finalise guideline - Consider a template bowel regime care plan	**In progress**

3:5 Education in End of Life Care

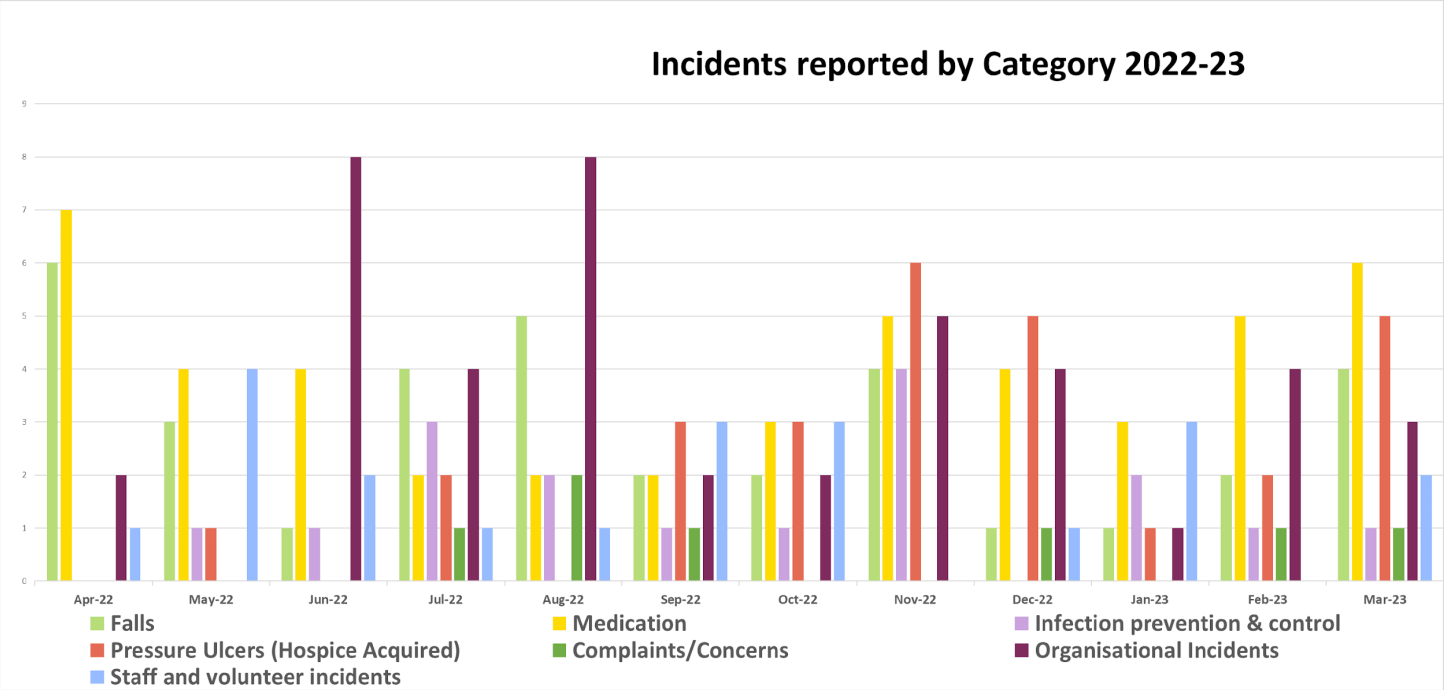
Creating a skilled and competent workforce is essential to deliver high quality care. As a specialist palliative care provider, educating the wider workforce is a key priority.

Training completed 2022/23

Professional staff who undertook external clinical courses	35
Support staff undertaking nationally accredited vocational courses	25
Staff undertaking leadership and management training	53
Staff and volunteers who attended STJH workshops in different aspects of End of Life Care (EOLC)	137
External staff Staff who undertook our workshops in different aspects of EOLC	555
Students supported on placements at St Joseph's Hospice Nursing, including returning to practice	26
Nursing, including returning to practice (Plus others attending for a day or less)	6
Medical (placements varied from part day to several weeks)	14

3:6 Incidents

The incidents are reviewed monthly by the groups that feed into our Patient Safety and Quality Group. The table below shows the incidents reported in 2022/23. Other than the Falls identified previously with moderate harm, all other incidents below were of now or 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 the past year, four complaints and two verbal concerns have been raised. While we strive to get things right at all times, when things don't go as expected we welcome complaints or concerns, seeing them as opportunities to learn and grow. From a governance and investigation perspective we do not differentiate between complaints or concerns. We always strive to fully engage with the complaint offering the opportunity to have a face-to-face meeting. We have responded to all complaints and concerns within our standards. None of our complaints have raised further issues after receiving our response.

Complaints

1) Complaint for CNS about triage nurse First Contact Team – partially upheld

A Clinical Nurse specialist (CNS) from another borough complained they felt that we offered and then retracted the offer of a bed and also about the way they were engaged with. It appeared that there was miscommunication between the referring CNS and our triage CNS. The triage CNS confirmed we had beds but we would need more information and the admission would need to be discussed with the admitting consultant. The referring CNS heard that as "we will accept the patient and informed the family accordingly". The additional information subsequently resulted in the admission being inappropriate based on the medical needs of the patient. When the triage CNS called the referring CNS to inform that admission was not appropriate the referring CNS became heated and our triage CNS ended the call. This could have been managed better, the Triage nurse agreed it may have felt abrupt but she had warned the CNS she would end the call. The triage CNS member engaged positively in reflecting on their contributions to this encounter

and reason for the complaint. The learning was shared amongst the appropriate colleagues to enhance the service in similar scenarios in the future.

2) Complaint around time to complete a 1st assessment for a community patient – Not upheld

A family complained that their loved one had not received an assessment visit from us over the weekend after a referral to provide palliative care was received on Thursday. Our investigation found that the decision to delay the 1st assessment was based on a telephone call we had with the family on the Friday which indicated that the patient who had capacity did not want to be seen by a palliative care team, the family reported that the patient was mobilising and stable on that call. The family agreed to discuss further with their loved one over the weekend. The family were given our 24/7 telephone number and the plan was they would call us back on Monday with the outcome of their conversation with the patient, however the patient was readmitted to hospital over the weekend.

3) Rudeness weekend receptionist – not upheld

The daughter of a patient complained that she felt she was communicated to in an abrupt and rude manner by a member of the reception team. The investigation could not resolve this issue satisfactorily as the receptionist could not recall the incident with any clarity and was confident that their manner is always friendly and approachable. Opportunity to revisit values and approach were nonetheless taken.

4) Concern about care of patient on the ward- partially upheld.

The wife of a patient complained about the use of particular continence-wear, which caused discomfort, she felt it was potentially not the correct size and may have led to a rash. The investigation revealed that a larger size of incontinence aid was used and the nurse also cut the elastic off the continence aid to increase comfort, however the choice of continence product did not fully take account of the patients changing needs and this aspect of their care should have been reassessed sooner. The medical team feel that the continence wear did not contribute to the rash. We have provided additional training to our ward staff around how to assess and select appropriate continence wear.

Concerns

1) Rudeness form reception – not upheld

A family member became distressed and heated when asked to repeat her loved ones name, the receptionist could not hear her as she was wearing a thick face covering. The receptionist asked if she could lower her mask and repeat the name, the person then became agitated and started to shout. The receptionist was able to deescalate the situation, however it transpired that the patient had not yet arrived.

2) Missed medication– not upheld

A patient's daughter complained that her mother had missed out on eye drop administration one morning was not upheld. The investigation established that the medication chart was signed and the relevant nurse assured it was carried out as per the medication chart.

3.8 Commissioning for Quality and Innovation

The target figures are Key performance indicators set by the Clinical Commissioning Group

Service users offered the opportunity to participate in advance care planning conversations by the 3rd contact	Achieved 95% (Target 100%)
Ethnicity recorded	Achieved 84.23% (Target 100%)

Referred patients' ethnicity

White	BME	Not stated
38.28%	54.92.56%	6.8%

Preferred place of death

	Achieved	Target
PPD achievement	78.79%	70 %

Diagnosis at time of referral

Cancer Diagnosis	Non Cancer Diagnosis	Non Cancer Target
51%	49%	35%

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 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.

CQC Question	Rating
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
Overall	**Good**

Reviews and investigations by CQC

St Joseph’s Hospice did not participate in any special reviews or investigations by the CQC during 2022/23. We actively participate with our relationship manager and direct monitoring assessments.

Part 4: Improvements in Progress

St Joseph's Hospice set out the following priorities or improvements in 2022/20223.

Our response to COVID-19 22/23

The focus remained on the continued safety of all and to ensure everyone felt supported, informed and reassured. National and local guidance was followed and adapted and Matron, who is also our Director of Infection Prevention and Control (DIPC), has continued to provide all staff with guidance and support. Senior members of the clinical and management team maintained a presence via attendance at ward handovers and team meetings. The Director of Clinical Services continued to have fortnightly meetings with the two Trustees responsible for clinical governance. This enabled us to rapidly review SOPs, risk registers and other documents.

All services that were operating virtually have now resumed face-to-face contact and we were the first hospice to re-open its day hospice, initially with restricted numbers. We have been able to steadily increase capacity throughout the year and it is now operating as it did pre-pandemic.

We have continued to admit patients who are Covid positive. To minimise the spread, our hot and cold ward have remained in place. Lourdes Ward was designated as the hot ward for patients with a suspected or confirmed diagnosis. All staff on this ward had been fit tested for FFP3 masks to enable us to care for those patients with COVID and requiring an Aerosol Generating Procedure. We are delighted to report that we have had no patient outbreaks in 2022/23.

Priority 1 Achieving FREDIE accreditation

St Joseph's Hospice, is a modern, inclusive organisation. The Hospice has a strong Catholic heritage; the mission, and core values 'Quality, Justice, Compassion, Advocacy and Respect' that the founding Sisters gave us is still at the heart of all we do and as relevant today as it was 118 years ago when we were first established.

We respect human dignity, seeing every individual as unique, supporting our patients to reach their full potential until they die. To achieve this, it is essential to be responsive to the needs of the community we serve both as a provider of services and as an employer of choice, where everyone, be they service user, employee or volunteer, feels valued and respected for who they are. We are fortunate to operate in the most diverse city in England and in the most diverse boroughs of that city. This means that we can draw upon a wide range of talent and experience.

While we have a well-established Equality and Diversity Committee, an equality and diversity strategy and Freedom to Speak Up guardians who are supported by a network of 14 champions who represent most departments in the Hospice, we are all aware that strategies do not always create and realise a sustainable cultural change.

This year we have undertaken a great deal of work to develop our approach to Equality Diversity and Inclusion (EDI) as we seek to gain accreditation as a FREDIE (Fairness, Respect, Equality, Diversity, Inclusion and Engagement) organisation. We have re-badged everything we do for EDI as FREDIE and we have strengthened the FREDIE committee and the Networks that support it. We enjoyed Speak up Month during which individuals and teams made a number of Pledges to support a culture of speaking up together with our popular word search competition and combined these themes with those of Black History month a well-established and popular celebration in the Hospice.

This year also saw the marking for the first time of a complete programme for LGBTQIA+ History Month. We welcomed a number of speakers who spoke into the experience of being LGBTQIA+ and spoke into patient care and some of the challenges still faced by LGBTQIA+ persons.
We also updated our Trans Equity Policy and received training around the specific issues facing Trans People and patients in particular.

Also in terms of the FREDIE work, the Hospice held a series of Action Learning Enquiry sessions on the subject of the Menopause in preparation for developing a policy suite and advice to managers in supporting their staff.

Ever mindful of the debt of gratitude owed by the Hospice to the Jewish community this year we were able to mark Holocaust Memorial Day in person. Led by our Rabbi, it was an opportunity to give thanks for the generosity of the Jewish community towards the Hospice as well as to mark the Shoah (Holocaust) taking the themes of ordinary people and Light the Darkness identified by the Holocaust Memorial Trust. We hope to gain our FREDIE accreditation by the end of 2023.

Priority 2 Implementation of electronic prescribing and administration system

As part of our continuous quality improvement journey we do not only review each incident, looking for learning to prevent recurrence, we also conduct systematic reviews of all incidents looking for themes as trends. We also submit our incident data to Hospice UK so we can be benchmarked against other hospices. Our incidents benchmark lower than the Hospice UK average. In 2021/22 we noted that all of our medication errors were attributed to human factors. We also noted that the majority relate to prescribing or administration of medicines. In an attempt to reduce our prescribing and administration incidents we made the implementation of an electronic prescribing and administration system (EPMA) system a priority for 2022/23.

Initially we looked at several different systems, However we decided to procure the system that was offered by our pharmacy providers, Ashtons. This had two main benefits; our pharmacy team are already familiar and trained on the system and could review and monitor each prescription without having to be on site. The fact the systems can be accessed remotely means that our on call doctors and consultants can see all the medication the patient has been taking before alerting or adding new prescriptions. This results in the patient receiving medication much quicker than if they had to wait for the on call doctor to attend site and then prescribe.

Since implementing the system in May 2022, 100% of all prescriptions have been reviewed by the pharmacy team. All prescriptions have been written correctly (start date, dose, times and duration). There has been a 96% reduction in administration errors and a 55% reduction in prescribing errors. Once familiar with the system, staff feel it saves time and supports handover as the system displays when the last dose of a PRN medication was given.

Our pharmacy provider has several years' experience working in mental health with hospices being a relatively new area for them. Their EPMA system was primarily developed for general and mental health settings and we have been able to work in partnership with them to develop additional functionality to suit specialist palliative care settings such as patch checks and oxygen prescribing.

Priority 3 Refurbishment of ward area

We had intended to start the build in 2022/23, however the Ukrainian crisis appeared to cause a shortage of building material leading to costs to rise by 30 %. This coupled with the increase in fuel bills meant we had a funding gap off approximately four hundred thousand pounds. We are carrying this over to 23/24 as a priority.

However we have reviewed our care environment by undertaking the '15 Step Challenge' this is a suite of toolkits looking at Welcoming, Safe, Caring & Involving and Well Organised & Calm. The toolkits help to explore patient experience and are a way of involving patients, carers and families in quality assurance processes. The '15 Step Challenge' was developed in 2012 by the NHS Institute of Innovation and Improvement & refreshed in 2021 by NHS England. The purpose is to help staff, service users and others to work together to identify improvements that can be made to enhance the patient experience, it provides a way of understanding first impressions more clearly and how this impacts on initial experiences of care.

In late 2022 a group of non-clinicians including our User Group began with meetings to explore the process and on the allocated day spent an unannounced morning on both wards. There were areas highlighted where improvements could be made around signage, posters and gaining entry to the ward. There was also a focus on the environment on STM, areas were highlighted as looking in need of updating - this will be addressed in the refurbishment. The experience was very positive for all, with in particular excellent feedback around information provided, cleanliness, the welcome, communication and the care provided.

Priority 4 - Care Closer to Home

In collaboration with our partners East London Foundation Trust, NEL CCG's Tower Hamlets, Newham, City & Hackney and Waltham Forest areas we had hoped to progress a bid to the End of life integrator team (social finance) to extend the reach of our award-winning volunteer delivered services (Carer support, Benefits advice, Empowered Living Team, Namaste Care and Compassionate Neighbours). However due to the way our volunteer delivered services work in collaboration with service users and other care providers, it was impossible to attribute direct cost saving across the health economy to our services. As a result our partners at the ICB were unable to meet the finance agreement required by the end of life integrator team and therefore we were unable to progress our bid.

Despite this setback our volunteer delivered services have continued to grow. Our welfare benefits team supported people to claim £651,232 in benefits, they also supported individuals to make successful applications for white goods, bedding, school uniform etc. to other grant giving charities. Our Compassionate Neighbours service continues to focus on our harder to reach communities through engaging with faith leaders and community groups. This year they have been involved in a project working with women from Somalian communities in Tower Hamlets around death, dying, grief and loss. We have used our learning from this to tailor and adjust our training to hold informal sessions with groups of women in community settings in east London.

Supporting individuals to receive care and die in their place of choice is a key priority for all specialist palliative care providers. Over the past 3 years we have listened to the needs of our population, adapting our community services to provide all our care closer to home. We have increased the number of out-patient services we offer and our advanced nurse practitioners and therapists now offer joint clinics here at the Hospice and at our satellite clinic in Newham. This year we plan to expand our services at our Newham satellite clinic adding the provision of benefits advice.

We continue to support people in their own homes and have a dedicated palliative care consultant and specialist doctor who support our community teams offering domiciliary and outpatient consultation and advice and support to GP's and other health care professionals.

As you will see from this report, we have been able to support the majority of the people we care for to die in their preferred location. In conjunction with our partners in NHS north East

London we plan to work up a business case for a ‘hospice at home service’ which will support an equitable palliative care offer across East London.

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 2022/23 we had 4504 referrals and 3130 were accepted. Acceptance rate of 71.7%. 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 2022/23 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

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 block contract 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, 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 numbers 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 on the capacity for linking with academic institutions.

Due to the pandemic, we suspended our research activities, and hope to be able to resume them in 2023/24.

2.0 Quality Improvement and Innovation Goals agreed with our Commissioners

In 2022/23 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 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 practicing accurate data capture, with good understanding of its use and application across the organisation

4.0 Governance Toolkit Attainment Levels

St Joseph's has highly robust information governance oversight and procedures. The Hospice has completed and submitted the NHS Data Security and Protection Toolkit for 2023/24 and all standards are fully met (43/43 mandatory evidence items met and 36/36 assertions affirmed). The Toolkit content was reviewed by St Joseph's external Data Protection Officer prior to submission to cross-check compliance. Copy of certificate attached.

Information Governance is overseen by the Information Governance Committee, which meets monthly and oversees all data security matters including Subject Access Requests, Freedom of Information, DPA and GDPR compliance and data and cyber security training. At the end Q4 2022/23, staff compliance with mandatory data security training was 97%. St Joseph's has been issued with its Tier 1 ICO certificate for 2023/24.

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

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 (CCG's) 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 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.

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 CCG's (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

	22/23	21/22	20/21
% Bed Occupancy	52%	48%	53%
% Diagnosis – non cancer	26.8%	24%	25%
% Ethnicity – BAME	51%	45%	42%
% Patients returning home from an IP stay	29.3%	31%	33%
Average length of stay (days)	13.3	14	14.1

Community Palliative Care Team – CPCT

	22/23	21/22	20/21
% Non-cancer patients	35%	31%	31%
% Ethnicity – BAME	64%	55%	67%
% Homecare patients who died at home/hospice	67%	73%	75%
Average length of care (days)	70.8	55.5	72

Day Hospice

	22/23	21/22	20/21
% Diagnosis non cancer	37.5	31%	33%
% Ethnicity – BAME	49.3	48%	39%

Appendix 2 – Audit Schedule for 2022/23

Title	Aims	Aspect of service delivery
Regular audits		
Infection Prevention and Control(IPC) - handwashing	To check compliance with infection prevention guidance and best practice	Are we safe?
IPC – Bare Below Elbows (BBE)		
IPC - catheters		
IPC - invasive devices		
Sharps	Ensure sharps are safely managed within the organisation	Are we safe?
Cleanliness audits	To check compliance with national standards for cleanliness in healthcare organisations	Are we safe?
Water testing	To check compliance with national water safety and hygiene standards	Are we safe?
Controlled Drugs audits	To check compliance with; - Medicines Act 1968 - 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?
Prescription & Administration of medication compliance audit.	To measure accuracy of medication prescriptions. To measure administration of medication against the prescription with regard to timeliness, occurrence of omissions and rational for variance stated.	Are we safe?
Audit of STJH care against the NICE Quality Standard - End of Life Care for Adults (QS13 published 2011, updated 2021).	To measure practice against the 5 Quality Statements of QS13. To devise an action plan to close the gap between the standard and actual practice.	Are we safe?
Blood transfusion - annual site inspection	To check compliance with blood transfusion guidelines and procedures.	Are we safe?

Blood transfusion – mock recall audit		
Medical gases audit	To check compliance with; - Medicines Act (1968) - H&S at Work Act (1974), - Misuse of Drugs Regulations (2001) - The Health Act (2006)	Are we safe?

END