Quality Account 2018/19
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 114th 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 1st 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. Please contact her by telephone on 020 8525 3007, or by email (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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</tbody>
</table>
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 recently published long-term NHS strategy. Vision 2024 comprises five pillars that cover all aspects of St Joseph’s operations and services:

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 about 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 it 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 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 meeting 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.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient falls</td>
<td>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 &amp; E but only minor injury was seen). This represented 6.6 per 1000 Occupied Bed Days. Hospice UK's benchmark for similar</td>
</tr>
</tbody>
</table>
sized inpatient units is 10.3%. An increase in Quarter 4 was a result of 3 patients falling more than once.

To manage and reduce the risks:
- The Falls Group meets monthly to review all falls and actions taken
- Staff awareness is ongoing with a Falls Prevention and Management day planned for September
- 1:1/observation protocol includes 4 levels of the assessed observation required
- Safe staffing and escalation processes is in place
- Post Falls Protocol is being reviewed and updated
- A NICE Quality Standard audit is in progress

| Pressure Ulcers | 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 of which 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 two-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.

To reduce the incidence of pressure damage within the inpatient unit we take the following actions:
- Wound care group which meets monthly
- Monthly Matrons ward rounds
- 2 weekly panel to review all new Category III and above PU’s
- All patients are assessed on admission for risk of developing pressure damage using a validated tool and Route Cause Analysis for new PU’s
- Six wound care champions have cascaded RGNs
- All HCAs are being trained to use the React to Red tools over the next 6 months
- Equipment is reviewed and updated as required
- A NICE Quality Standard Audit will take place in the next 6 months

| Medication | 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 1000 bed days is 8.0%, which makes us slightly above average.

We have implemented the following action plan to reduce errors/incidents and improve our medication safety:
- Monthly medication, safety and pharmacy meetings
- Monthly bulletins highlighting trends and actions to be taken
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

Robust education, support and assessments have been implemented by the pharmacist

All RGNs attend a full morning Clinical Day and yearly assessment including calculations

Staff have been trained to understand documentation and how to double check balances for discrepancies

| Venous Thromboembolism | Our management in treating Venous Thromboembolism (VTE) risk was 100%.
|
| --- | --- |
|  | 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. |

| 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. The consultants review all deaths - there have been no cases due to suboptimal care.
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>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.</td>
</tr>
</tbody>
</table>

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

During the year, we have completed a number of audits in order to access 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.

### Statutory audits

| Infection Control: Compliance with hand washing | Good compliance overall with best practice & infection prevention guidance
| --- | --- |
|  | Hand Hygiene awareness day held December 2018
<p>| Improvement plan: | Will be following the ‘High impact interventions’ (1) |</p>
<table>
<thead>
<tr>
<th>Infection Control:</th>
<th>100% scored on last audit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharps – July 2018</td>
<td></td>
</tr>
<tr>
<td>Infection Control:</td>
<td>No infections noted, good documentation found in records.</td>
</tr>
<tr>
<td>Vascular Access</td>
<td>Improvement plan:</td>
</tr>
<tr>
<td></td>
<td>Will be following the ‘High impact interventions’ (1) initiative.</td>
</tr>
<tr>
<td>Infection Control:</td>
<td>Audits have indicated good compliance with local guidelines.</td>
</tr>
<tr>
<td>Catheter Care</td>
<td>There has been slight increase in E Coli over the last 2 years.</td>
</tr>
<tr>
<td></td>
<td>Improvement plan:</td>
</tr>
<tr>
<td></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>Will be following the ‘High impact interventions’ (1) initiative.</td>
</tr>
<tr>
<td>NHS Cleaning</td>
<td>Housekeeping staff carry out monthly audits. Matron meets</td>
</tr>
<tr>
<td>Standards</td>
<td>housekeeping supervisors monthly to review findings.</td>
</tr>
<tr>
<td></td>
<td>Compliance with national standards for cleanliness in healthcare organisations is being met in all clinical areas.</td>
</tr>
<tr>
<td></td>
<td>Improvement plan:</td>
</tr>
<tr>
<td></td>
<td>From May 2019, the ward manager will be included in the monthly cleanliness audits on the wards.</td>
</tr>
<tr>
<td></td>
<td>UV will be used for cleanliness audits (2)</td>
</tr>
<tr>
<td>Blood Transfusion</td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td>No major concerns when auditing practice. Staff follow procedure; it is just documentation that is occasionally lacking.</td>
</tr>
<tr>
<td>Medication:</td>
<td>Overall good compliance with standards across all wards</td>
</tr>
<tr>
<td>Quarterly</td>
<td>The way in which documentation errors were corrected in the CD register was noted to need improving.</td>
</tr>
<tr>
<td>Controlled Drugs</td>
<td>Improvement plan:</td>
</tr>
<tr>
<td></td>
<td>The pharmacist carried out training with staff during the nursing training day and on an individual basis.</td>
</tr>
<tr>
<td>Ad hoc audits</td>
<td>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.</td>
</tr>
<tr>
<td>End of Life</td>
<td>Improvement plan:</td>
</tr>
<tr>
<td>Documentation</td>
<td>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 carer leaflets to address some areas.</td>
</tr>
<tr>
<td>IPU Admission</td>
<td>The target set was for 90% of out of hours and weekend admissions to be ‘urgent’ admissions.</td>
</tr>
<tr>
<td>Times</td>
<td>The findings were that 82% were ‘urgent’ admissions.</td>
</tr>
<tr>
<td></td>
<td>The causes of non-urgent patients being admitted out of hours were described, e.g. transport delays.</td>
</tr>
<tr>
<td></td>
<td>Improvement plan:</td>
</tr>
<tr>
<td></td>
<td>Actions such as requesting transport earlier in the day will be followed up.</td>
</tr>
</tbody>
</table>
Falls NICE Quality Standard

Admission falls assessment and completion of falls care plans fell below pre-audit target of 100%. 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.

**Improvement plan:**
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.

**References**

**Quality Improvement (QI) Projects**
The following QI projects are underway in the Hospice.

<table>
<thead>
<tr>
<th>Quality Improvement Project</th>
<th>Start Date</th>
<th>Project Lead</th>
<th>Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>For therapies to receive all appropriate referrals from First Contact Team</td>
<td>Jan-19</td>
<td>Therapies Team</td>
<td>For patients to benefit from the full range of allied health professionals' skills.</td>
</tr>
<tr>
<td>To check the best method of administering medicines on the IPU.</td>
<td>Mar-19</td>
<td>Matron</td>
<td>For patients to consistently receive their medications on time.</td>
</tr>
<tr>
<td>For patients and families to have a greater understanding of physiological changes at the end of life.</td>
<td>Mar-19</td>
<td>Junior Doctors</td>
<td>For patients and families to have easy access to information about what to expect as the patient nears the end of life.</td>
</tr>
<tr>
<td>To run a pilot of children attending the Day Hospice</td>
<td>May-19</td>
<td>Day Hospice Manager</td>
<td>To see if children attending the Day Hospice enhances the patients’ experience.</td>
</tr>
<tr>
<td>For outcome measures to be used to benefit patients</td>
<td>In discussion</td>
<td>Advanced nurse practitioner and doctor</td>
<td>For the issues highlighted in patients’ IPOS* scores to be addressed in their care plans.</td>
</tr>
</tbody>
</table>

* Integrated Palliative Care Outcome Scale

**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

<table>
<thead>
<tr>
<th>Training Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional staff who undertook external clinical courses</td>
<td>80</td>
</tr>
<tr>
<td>Support staff undertaking nationally accredited vocational courses</td>
<td>5</td>
</tr>
<tr>
<td>Staff undertaking leadership and management training</td>
<td>49</td>
</tr>
<tr>
<td>Staff and volunteers who attended STJH workshops in different aspects of EOLC*</td>
<td>147</td>
</tr>
</tbody>
</table>
| **External staff**
  - Staff who undertook our workshops in different aspects of EOLC* | 126    |
| **Students supported on placements at St Joseph’s Hospice**
  - Nursing, including returning to practice | 28     |
  - (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 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**

<table>
<thead>
<tr>
<th>White</th>
<th>BME</th>
<th>No stated</th>
</tr>
</thead>
<tbody>
<tr>
<td>44%</td>
<td>52%</td>
<td>4%</td>
</tr>
</tbody>
</table>

**Preferred place of death**

<table>
<thead>
<tr>
<th>PPD achievement</th>
<th>Achieved</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>74.25 %</td>
<td>70 %</td>
<td></td>
</tr>
</tbody>
</table>

**Diagnosis at time of referral**

<table>
<thead>
<tr>
<th>Cancer Diagnosis</th>
<th>No Cancer Diagnosis</th>
<th>Non Cancer Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>62%</td>
<td>38%</td>
<td>35%</td>
</tr>
</tbody>
</table>
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 Josephs as “Good” overall. The table below is how the rated the hospice in each of the five questions the CQC asks during an inspection.

<table>
<thead>
<tr>
<th>CQC Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the service safe</td>
<td>Good</td>
</tr>
<tr>
<td>Is the service effective</td>
<td>Good</td>
</tr>
<tr>
<td>Is the service caring</td>
<td>Good</td>
</tr>
<tr>
<td>Is the service responsive</td>
<td>Good</td>
</tr>
<tr>
<td>Is the service well led</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Overall</td>
<td>Good</td>
</tr>
</tbody>
</table>

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 carers 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 ambition over the past few years is to increase the number of individuals from BAMER background. Our ambition over the past few years is to increase the number of individuals from BAMER background. In 2017 we commissioned some focused work looking at BAMER communities and their understanding and expectations of palliative care and the Hospice.

Since 2016/17 we have increased the number of BAMER individuals accessing hospice service by 13% more than 50% of individuals accessing our community palliative care team and day hospice identify themselves as having a BAMER ethnicity.

We are aware that many of our patients have children or grandchildren who are impacted by their illness. While our therapies and counselling teams offer support to families and children, we are aware that many children cope well when supported by the adults who are familiar to them however, research strongly indicates better outcomes for children who have been able to prepare for the death of a parent or family member. Feedback from our patients and families indicated they struggled to talk with their children about their diagnosis, treatment and preparation for end of life care.

In July 2018, we launched the Elephant Box. This is a pre-bereavement kit, specifically designed in collaboration with the Fruit Fly Collective, to support children where a family member or other significant person is receiving end-of-life care at the hospice.

The boxes include information, activities and resources, which enable patients and their families to engage with and speak to their children about their diagnosis, treatment and preparation for end of life at the hospice.
Over the six months, following the launch 21 bespoke, age-sensitive boxes have been provided to 34 children aged between 2 and 15 years old. The feedback received from children and their families on the design and usability of the boxes have been universally positive. Further evaluation of the use of the boxes in under way and a “first birthday party”, to promote them further, is being planned for the school holidays.

Our vision for 2019 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 do an 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.
The Staff survey was run over 10 calendar days and staff were encouraged to complete the online survey or a paper-based survey as met their best needs. The Survey was hosted externally and the hospice was not privy to the individual results. The completion rate at 51% was lower than hoped for but on par with the hospice’s previous returns. However, in a departure from previous surveys the Hospice was able to cut the data in numerous ways and produced workbooks for teams to complete in facilitated sessions with the HR Director.

There were results to celebrate: 93% of respondents are proud to say they work for St. Joseph’s hospice and 89% hope to be working for the hospice in a year’s time. Line managers are regarded as engaging in that they are helping to foster engagement amongst their staff:

- by making clear how their team supports the organisation’s goals and objectives,
- allowing their employees to make their own decisions as far as possible,
- building challenge / stretch into the roles of their employees and
- giving feedback that helps their employees to improve their performance.

Line managers at St Joseph’s also appear to excel at recognising efforts and achievements.

Changes to the Senior Management Team roles and incumbents do impact this survey with many respondents in workshops considering that the new team is a positive change for the hospice, however staff want to see the new team bed in and continue with their strategic plans.

Staff have welcomed a new staff handbook and associated policies and procedures. A new appraisal process is being launched which has been welcomed in feedback statements such as “thanks this is much better for me and my team” and “I think this a much better idea. It spaces it out throughout the year and then new starters it is easier to manage going forward in-line with their Anniversary date.” Training to support managers and their staff in conducting appraisals and getting the most out of their appraisal is being promoted.

New and more rigorous induction programme is in place and monitoring of statutory and mandatory training is carried out by the senior management team as is monitoring of the new training plan and training matrix. There is also a new human resources plan, which helps to identify areas of potential turn over and those for development for promotion.

Recruitment is being reviewed in all aspects and strategic planning is being undertaken, Turnover is slightly lower than benchmark at 24% and is down from 31% last year.

Equality and Diversity committee is being relaunched with a new vision. Sponsored by trustees, the committee will be considering equality and diversity both as an employer and as a provider of services in one of the most diverse areas of London.

We also plan to revamp 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.

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 3:00pm 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. 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 surveys are completed independently by patients, or with assistance from family or staff, or, in some cases, by administrative staff during follow-up telephone conversations with patients. They are collected monthly by the Clinical Governance Lead and 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 2018/19, we collected 400 feedback forms from patients and relatives. The overall score was 4.91 out of 5, with anything over 4.9 being deemed exceptional. In 2019/20, volunteers will assist patients to complete the forms. This will enable more patients to express their opinions and encourage them to be more open with their feedback.
A small example of our positive quotes:

**Namaste**
- ‘I was really impressed in the change over the sessions. Before Namaste she did not interact much but she became more interested and responded better to other people. A really wonderful service’.

**Complementary therapy**
- ‘Has taken my pain in the arm away. Wow! Very good. I can move my arm without pain. Thanks.’

**Physio/OT**
- ‘The care is fantastic and has made a real difference to my quality of life.’

**Lourdes ward**
- ‘The staff were attentive, informative and kind and showed my mum a lot of care. I felt safe leaving my mum here. I cannot fault anything’.

**St. Michael’s ward**
- ‘The receptionist was absolutely fantastic. The staff from Admin, HCA, nurses, doctors, cleaners were absolutely wonderful. They showed compassion – caring, kind. You are all doing a fantastic job!’

**CPCT, Tower Hamlets**
- ‘Very understanding very helpful. Explained everything very good. I don’t think there is anything to be improved. I was very happy with my first time nurse. She was very helpful.’

and less positive:

**Lourdes ward**
- ‘There should be mirrors in the bathrooms and bed rooms’

  Our response – when we refurbish Lourdes ward we made a decision not to put fixed mirrors in the patient rooms, many of our patients are distressed by their altered body image, portable mirrors are available. We have added information about this to our frequently asked questions booklet

**St. Michael’s ward**
- ‘It’s sad the TV can only get a few channels’

  Our response- we are aware that the televisions on ST Michael’s ward are becoming obsolete and need replaces we have been able to purchase 6 new televisions and will replace them all when this ward is refurbished.

  ‘There is no meal provision for families in the evening and weekends when the Restaurant is closed’

  Our response- There was not enough costumer to justify having the restaurant open in the evening or weekends, it was making a significant loss. We are fortunate that there is a wide range of restaurants and cafes directly across the road from the hospice, many of them will deliver and a supermarket less than 5 minute walk away, there is a microwave in the relatives’ kitchen so they can heat ready meals. We have added information about this to our frequently asked questions booklet.
In addition to this, Matron now does a monthly ward round on each ward. The purpose rounds is to focus is on safety and quality.

The areas examined include:

- Ward environment - bedrooms are observed for any hazards, evidence of any patient identifiable information apparent and general safety and security on the wards.
- Patient experience – matron speaks to a minimum of five patients and their families, seeking feedback on care, food, cleanliness, communication and if their information needs have been met.
- Quality and timeliness of patient assessments and care planning.
- Completion of the following infection prevention and control audits including hand hygiene, intravenous devices and urethral catheter management.

A monthly report is produced with an Action Plan this is shared with the ward managers and teams and followed up the next month.

Summary of findings

**Ward Environment**

The wards were, on each occasion, found to be hazard free, tidy, clean and uncluttered. Matron has fed back to the Housekeeping teams if there is an individual issue and this is dealt with immediately. A report is filed; the team is responsive.
**Documentation/Risk Assessments**
The documentation and risk assessments for 5 identified patients. For any patients who have acquired a new pressure ulcer in the hospice, care plans and assessments are reviewed and are discussed with the nurse caring for the patient on that day; any gaps are addressed at the time.

The documentation is of a high standard and has improved with the wound champions. A ‘deep dive’ revealed that care plans, including the wound care plan, are closed at end of life, sometimes without all documentation being completed. A reminder has been added to the ‘care’ part of the EOL plan, to prompt staff to document wound care. The teams were reminded that all assessments must remain open and wound assessments be completed.

**GDPR**
All computers on the wards were checked to see if they had been logged off appropriately. If staff remained logged on they were spoken to at the time. During the rounds, no patient identifiable information was found on screens. Reminders to log off have been added to the computers and discussed at team, ward managers and charge nurse meetings. Doctors were found to leave MAR charts in the nurses’ station and these are now placed in a secure area.

**Quality of care and patient experience**
The quality of care and feedback from patients is consistently positive. Any issues that arise are fed back to individual teams, for example, one patient stated the food was cold at breakfast. Hot trollies are now in use at this time and there has been no further concerns. Noise on the wards early in the morning has been a concern. This has been monitored; staff reminded to try to be quiet. Door closures have been slowed down to stop doors banging. One patient was disturbed by small children visiting late at night and visiting arrangements have been reviewed and new arrangements put in place. The night managers have been asked to support the ward nurses in speaking to any visitors who may be disturbing patients.

One patient on STM ward stated “I can’t put into words the difference this has made to me and my family incredible”. Another on Lourdes Ward stated, “I cannot thank the teams for all they have done for A and our family. I am going to lose my daughter in a matter of hours and this is the darkest time of my life but everyone has been so kind and supportive. I have seen things a mother should never see but I will remember the kindness for always.”

The monthly round also enables Matron to work closer with the teams, act as a role model and coach, build relationships, support staff, be more aware of the issues on the ward and the complexities of the patients; in all, be a presence on the wards leading to enhanced quality of patient care.

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 can now access our clinical information system and the Health Information Exchange in real-time when they are in the patients’ homes. This will lead to safer and 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 30th 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, 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

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 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

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

Community Palliative Care Team – CPCT

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

Day Hospice

<table>
<thead>
<tr>
<th></th>
<th>18/19</th>
<th>17/18</th>
<th>16/17</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Diagnosis non cancer</td>
<td>37%</td>
<td>41%</td>
<td>36%</td>
</tr>
<tr>
<td>% Ethnicity –</td>
<td>50%</td>
<td>36%</td>
<td>33%</td>
</tr>
</tbody>
</table>
## Appendix 2 – Audit Schedule for 2018/19

<table>
<thead>
<tr>
<th>Title</th>
<th>Aims</th>
<th>Aspect of service delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance with hand washing</td>
<td>Compliance with best practice &amp; infection prevention guidance</td>
<td>Are we safe?</td>
</tr>
<tr>
<td>Sharps audit – monthly audits</td>
<td>Ensure sharps are safely managed within the organisation</td>
<td>Are we safe?</td>
</tr>
<tr>
<td>NHS cleaning standards -2007 monthly audits</td>
<td>Compliance with national standards for cleanliness in healthcare organisations</td>
<td>Are we safe?</td>
</tr>
<tr>
<td>Quarterly controlled drug audit</td>
<td>Compliance with Medicines Act 1968 and Misuse of Drugs (Safe Custody) Regulations 1973 Department of Health Safer Management of Controlled Drugs – A guide to good practice in secondary care (England) October 2007 NMC standards for medicines management</td>
<td>Are we safe?</td>
</tr>
<tr>
<td>Re-audit of the core nutritional assessment on the inpatient unit</td>
<td>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.</td>
<td>Are we effective?</td>
</tr>
<tr>
<td>Patient led assessment environment PLACE</td>
<td>Ensure environment meets service users expectations – using national NHS audit tool</td>
<td>Are we responsive to needs?</td>
</tr>
<tr>
<td>Clinical handover from hospital teams</td>
<td>Re-audit of notes of patients who attended 25 hospital/day centre reviews</td>
<td>Are we effective?</td>
</tr>
<tr>
<td>End of life documentation audit</td>
<td>To evaluate the use of the new forms in end of life care, which will inform the end of life care group of necessary changes to be made to the current (interim) documentation</td>
<td>Are we responsive to needs?</td>
</tr>
<tr>
<td>Pressure ulcer - best practice compliance</td>
<td>Compliance with the recommendations from RCN &amp; NICE relating to pressure ulcer prevention &amp; management</td>
<td>Are we safe?</td>
</tr>
<tr>
<td>Are antibiotics prescribed in line with the antimicrobial stewardship guidance? Quarterly.</td>
<td>Compliance with hospice policy/guidelines √ Care Standards Commission NICE/ Department of Health &amp; Public Health England Essence of Care / NSF International Patient/Carer instigated Professional concerns</td>
<td>Are we responsive?</td>
</tr>
<tr>
<td>Audit on omitted doses of medication</td>
<td>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.</td>
<td>Are we safe?</td>
</tr>
<tr>
<td>Medical gases audit – using Hospice UK audit tool</td>
<td>Meet the requirements of the Medicines Act (1968), H&amp;S at Work Act (1974), Misuse of Drugs Regulations (2001) and The Health Act (2006)</td>
<td>Are we well led?</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Audit of resuscitation decisions and documentation in IPU</td>
<td>To assess if the patients’ resuscitation status, and the discussions that took place are documented clearly</td>
<td>Are we safe?</td>
</tr>
<tr>
<td>Audit of care delivered compared to NICE Quality standard [QS144]</td>
<td>To assess if the care delivered met the NICE Quality Standard QS144. 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.</td>
<td>Are we effective?</td>
</tr>
</tbody>
</table>
St Joseph’s Hospice

Commissioners’ Statement for 2018/19 Quality Accounts

NHS Newham Clinical Commissioning Group (CCG) is responsible for the commissioning of St Joseph’s Hospice (the Hospice) on behalf of the populations of North and East London (Newham, Tower Hamlets, City & Hackney and Waltham Forest). Having reviewed this Quality Account in conjunction with colleagues in North, Central, and East London CCGs, we welcome the opportunity to provide this statement on the Quality Account for the Hospice.

We confirm that we have reviewed the information contained within the Quality Account and checked this against data sources, where this is available to us, as part of existing quality and performance monitoring discussions and that it is accurate in relation to the services provided.

We congratulate the Hospice on the completion of the refurbishment of Lourdes ward and recognise the safe, high quality and supportive environment the Hospice can provide. We look forward to seeing the results of the second ward refurbishment in the future. We support the work undertaken by the Hospice to measure their performance against Hospice UK benchmarks.

We are encouraged to see the outcomes of the Hospice’s 2018/19 priorities including the development of the carers service and the ‘Elephant Box’ for children. We support the Hospice in their work to engage employees and use staff feedback to develop the service. We hope that the Hospice continues to take proactive steps to enhance the way it provides services and strives to achieve an ‘outstanding’ rating at the next CQC (Care Quality Commission) inspection.

We support the Hospice’s Vision 2024 which sets out the strategy for the next 5 years in light of the NHS Long Term Plan and particularly the quality priorities for 2019/20:

- Care closer to home
- Expansion of day services
- Increased user involvement
- Increased utilisation of Quality Improvement methodology
- To become a Dementia-Friendly Community

We recognise that the implementation of these priorities will positively improve the quality of life of the population they serve. We will therefore continue to work collaboratively with the Hospice and constructively challenge them as required to ensure the full delivery of these priorities. We welcome the open and transparent way the Hospice has worked with us and look forward to working in partnership with the Hospice throughout 2019-20.

An alliance of North East London Clinical Commissioning Groups
City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs
Chair: Dr Anwar Khan | Accountable officer: Jane Milligan
Jane Milligan
Accountable Officer

NHS North East London Commissioning Alliance
(City and Hackney, Newham, Tower Hamlets, Waltham Forest, Barking and Dagenham, Havering and Redbridge CCGs)
Senior Responsible Officer North East London Sustainability and Transformation Partnership