Quality Account 2022-2023

St Luke's Hospice (Harrow and Brent) Limited
Charity No. 298555
Registered Company No: 02141770

CONTENTS

PART ONE: ACHIEVEMENTS IN QUALITY

1:1 Statement of quality by the Chief Executive

I joined St Luke's Hospice as their new Chief Executive in October 2022 and am pleased to be leading the next stage of building the hospice for the future in the aftermath of the pandemic and our CQC inspection in 2021.

In April 2022, under the leadership of an interim CEO with experience of CQC compliance, the Hospice was returned to a 'Good' grading by CQC. The CQC's Head of Hospital Inspection said, "*I was pleased to see the levels of improvement at St Luke's Hospice, which is good news for everyone being cared for there. The service listened to CQC's concerns and has worked hard to rectify the issues raised. I congratulate staff and managers at the hospice for all their hard work to deliver safer care for people."*

Since joining the organisation I have focused on strengthening the leadership of the organisation to ensure we deliver our vision of a world where people experience the best possible last phase of life. The importance of continuing to development our corporate and clinical governance is demonstrated in our patient safety priority this year to implement an incident management database to improve our reporting and learning from incidents.

Income from fundraising was slow to return to normal levels during 2022, as a result of the pandemic and the economic situation. However, St Luke's successfully sourced the COVID funding available from the government and local authority which helped bridge the gap in our fundraising income.

Recruitment of qualified and experienced staff, particularly nurses, was a consistent challenge during 2022 and into 2023, reflected across the hospice sector. St Luke's has addressed this through innovative working across teams and utilising our existing staff skills to continue to deliver a quality service to our patients and families. Our priority to embed a competency framework for our nurses within our community team will ensure the consistent provision of high quality care to our patients.

Investment in our clinical services has seen us opening our doors again for patients and their carers to access support through the Woodgrange Centre and we build on this work with our Priority for Improvement for 2023-24 focusing on the needs of carers supporting patients known to St Luke's.

This report sets out St Luke's achievements over the last year and our quality priorities for the year ahead.

Lindsey Bennister

Chief Executive Officer

1:2 Our Vision, Values and Mission

Our Vision:

- A world where people experience the best possible last phase of life.

Our Values

- Caring – Care for all those who deliver and need our services.
- Respect – Demonstrate respect and be open minded, inclusive and approachable.
- Excellence – Create an environment of continually achieving our goals.
- Inclusivity – Strive to reach all sections of our community in all areas of our work.
- Empowerment – Empower our community to live a better life.

Our Mission

- Reach more people.
- Constantly improve what we do.
- Extend our impact through collaboration, innovation and education.
- Be an accountable and sustainable organisation.

1:3 Our services

St Luke's provides specialist palliative care to the people of Brent and Harrow facing life limiting illnesses.

Our range of clinical services include:

- Inpatient care: we have a 24 hour 12-bedded unit that provides symptom management, respite and end of life care to patients and support to their families and friends.
- Well-being services: we provide a range of outpatient services including physiotherapy, complementary therapy, art therapy, gardening group.
- Home care: we provide a Hospice at Home service, Domiciliary Care service and the St Luke's Palliative helpline (Pall24) that offers a 24 hour single point of access advice and support telephone service.
- North Brent Community Palliative Care: we provide specialist community palliative care to the residents of North Brent.
- Patient and family support: includes emotional, social and practical support.
- Bereavement support.
- Clinical education: we deliver education in palliative care to local health and social care professionals.

1:4 Funding of our services

During 2022-23, St Luke's provided and/or sub-contracted 1 service where the direct care was NHS-funded and 5 services that were part NHS-funded through a grant. The Hospice has reviewed all the data available to them on the quality of care in these NHS services. The NHS grant income received for these services reviewed in 2022-23 represents 40% per cent of the total operational income for clinical services provided by St Luke's for the reporting period.

1:5 Care Quality Commission

Following a CQC inspection in October 2021 the hospice was rated as inadequate. The organisation engaged closely with CQC and other stakeholders, brought in external expertise, recruited an interim CEO with experience of CQC compliance and took urgent steps to introduce and implement a turn-around strategy with the focus being on safe care and treatment and good governance.

In April 2022 CQC re-inspected the hospice and rerated the organisation as good. We are pleased that the hard work of our staff to improve delivery and governance was effective. We continue to monitor and embed our improved systems and processes within the framework of our strategic plan.

1:6 Data Quality

The hospice uses the NHS Data Security and Protection Toolkit (DSPT) to provide assurance that we are practising good data securely and that personal information is handled correctly.

The organisation completed the DSPT self-assessment in June 2023 and successfully met the required standards of data processing and the handling of personal information

1:7 Service activity data

2022-23 saw the hospice support 2142 patients, this is a 3% increase in patient supported from 2021-22.

Inpatient Unit

	2021-22	2022-23
Days of inpatient unit care	2782	2631

Our focus is on admission responsiveness so that patients can access a bed when they need one.

Brent Community Palliative Care Team

	2021 -22	2022-23
Patients supported by Brent Community Palliative Care Team (BCT)	584	585
BCT visits	1316	1553
BCT telephone calls	6620	10334

The BCT collaborates with GPs and other statutory services to support and co-ordinate the delivery of specialised palliative care to patients in the community.

The team increased patient visits with the embedding of 7 day working. The team have successfully embedded a triage system to identify how promptly patients referred to the service need to be contacted. This has led to a greater use of telephone assessments to meet patient need.

Hospice at Home and Brokerage

	2021-22	2022-23

Patients supported by Hospice at Home and Brokerage	573	559

The Home Care team provide a Hospice at Home service and a Brokerage service that co-ordinates initial packages of care to patients receiving NHS continuing care funding.

PALL24

	2021-22	2022-23
PALL 24 visits	265	376
PALL 24 telephone calls	6552	8188

The expansion of our palliative helpline to Brent has driven an increase in the number of calls. The visits are focused on ensuring patients receive care in a timely manner and helping to prevent inappropriate hospital admissions.

Social Work

	2021-22	2022-23
Social work sessions	3079	2392

Staffing shortages due to vacancies and long-term sickness in the patient family support service impacted on the number of social work sessions delivered in 2022-2023. As of January 2023 we successfully recruited to these vacant posts.

Complementary Therapy

	2021-22	2022-23
Total number of sessions provided	596	580

Physiotherapy

	2021-22	2022-23
Total number of sessions provided	776	731

Bereavement

	2021-22	2022-23
Number of Bereavement sessions	180	304

The Bereavement team has been expanded with the establishment of a Bereavement Co-ordinator and the recruitment and training of more bereavement volunteers.

PART TWO: PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD

2:1 Priorities for Improvement 2023-24

Priority One - Patient Safety

Implementation of an incident management database

Why?	What success looks like
To ensure a more robust incident reporting and management system to support the organisation's response to the implementation of the Patient Safety Incident Response Framework (PSIRF)	• Improve reporting and management of incidents • Increase awareness across the organisation of the importance of risk and incident management • Updated policies and procedures • Improved understanding of incidents themes • Improved organisational learning and improvements from incidents

Priority Two - Clinical Effectiveness

Competency Framework implementation across community services

Why?	What success looks like
To ensure staff are achieving the requirements of their post in relation to knowledge, skills and experience. To ensure the consistent delivery of high quality palliative and end of life care	• Agreed competency framework for all grades of registered nurses • All staff informed about the framework process and plans for implementation • Commencement of the role out of the framework and monitoring of progress of completion • Share the learning to inform the development of competencies for the Inpatient Unit

Priority Three - Patient Experience

Caring Matters – improve the quality of support provided to unpaid carers*

Why?	What success looks like
To ensure we consistently identify, reach, support and value carers who support patients known to the hospice, in doing so enhancing the experience of our patients	• Completion of a consultation with carers and professionals to inform the development of services for carers • Provision of regular groups and events for carers • Production of a carer newsletter • Cares having a strong organisational narrative

*"Carers, who may or may not be family members, are lay people in a close supportive role who share in the illness experience of the patient and who undertake vital care work and emotion management" (NICE1)

2:2 Achievements in 2022/23

- Following a successful pilot of a 7 day a week on site doctor service to facilitate admissions to our Inpatient Unit and provide improved support to community patients, we have implemented this as a core service.
- We expanded our 24 hour palliative care helpline (PALL24) to include patients and their families in Brent as well as Harrow.
- We have played an active role in discussions with North West London Integrated Care Board to shape a new Model of Care for specialist palliative care provision across the eight boroughs in North West London. Our staff contributed to the Model of Care Steering Group, Model of Care Working Group, Hospice Sector Group, and NWL Hospice CEO's Group.
- We have improved patient care by enabling hospice services to access to GP records (EMIS) and Northwick Park Hospital Electronic patient record (EPR).
- We have improved the integrated care delivery provided by our Brent community palliative care team by redeploying a social worker to work directly in the team and expanding the junior doctor support available to the service.
- We continued to deliver our University of West London accredited Principles of Palliative Care degree module to nursing and allied health professionals in partnership with Rennie Grove Peace Hospice.
- The Brent community palliative care team developed a collaborative working relationship with the Kingswood Mental Health Unit to care for an end of life patient resident at the unit. Each team initially recognised that they respectively lacked an understanding of mental health and specialist palliative care and learnt that good practice lived outside of their own specialities. A multifaceted collaborative approach was taken by the two healthcare teams by ensuring availability to one another, provision of formal and informal education and training, having a blended approach to the patient's symptomatic management, adapting to their fluctuating mental health needs and developing clear escalation plans. This approach helped to yield a good outcome for both the patient and the teams involved and this learning and best practice was shared with a range of stakeholders.

- Provided palliative care taster days for local paramedics and other healthcare professionals to develop their knowledge and understanding of palliative care and build closer working relationships with London Ambulance Service and other services.
- Provided educational placements for medical students and 16 student nurses to support their formal learning and experience palliative care in practice.
- Delivered a training programme to over 80 care home and primary care staff in Brent and Harrow as part of the Winter pressures programme. The training programme focused on improving the knowledge and confidence of staff to help reduce unnecessary and inappropriate hospital admissions for people approaching the end of life.

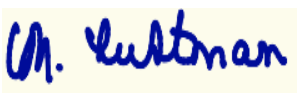
2:3 Statement of assurance from the Board

I joined as Chair of the Board of Trustees in March 2023, I am pleased to be able to review the quality of services provided by St Luke's Hospice in the last 12 months through this year's Quality Account.

The Quality Account demonstrates the Board of Trustees commitment to deliver our mission as an organisation. We have seen our care and support reach more people within our communities in 2022-23. Our commitment to extend our impact through collaboration, innovation and education is reflected in our achievements this year and our future priorities.

The Board recognises the need to continue to develop robust clinical and corporate governance structures in order to continue to provide high-quality services. In addition to the Priorities for Improvement outlined in this account, we will continue to make investments and improvements this year. We will fund a new Director of Quality and Governance post in order for St Luke's to continue to improve.

The Board are grateful to our staff and volunteers for the high standards of palliative and end of life care they provide.



Meg Lustman

Chair of Trustees

PART THREE: OVERVIEW OF THE QUALITY OF CARE IN 2022/23

3:1 Patient Safety

Patient Safety Data

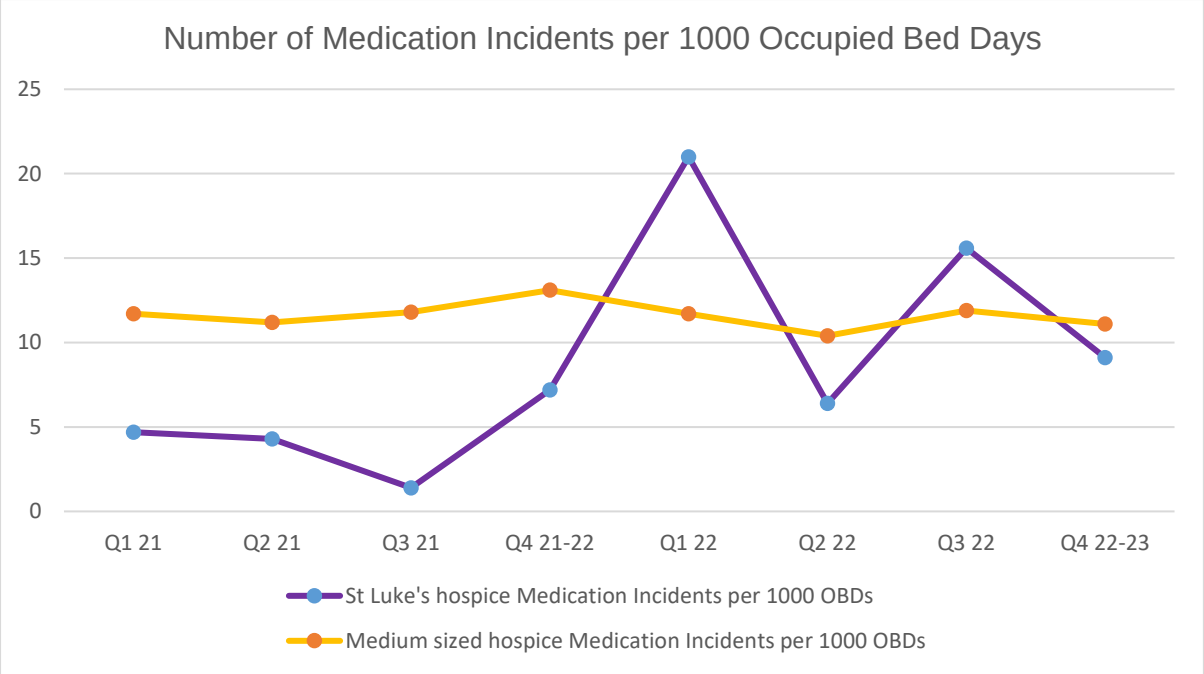
Patient safety and high quality care is central to practice at St Luke's Hospice. A strong incident reporting system supports a strong safety culture, helps to prevent repetition of incidents and enables learning to facilitate quality improvement. To promote a culture of continuous improvement and learning we encourage staff to report incidents in an open and transparent way and to view reporting of incidents as a way to uphold patient safety and improve the quality of care and service that we provide.

All of our patient safety incidents are investigated and reviewed by our service leads, Quality Assurance Lead and the Director of Patient Services. We share our patient safety data and outcomes with staff through learning forums and clinical bulletins to recognise good practice, identify areas for improvement and to embed learning from incidents. Patient safety incidents and data are reviewed by the hospice Clinical Governance Committee to provide oversight and quality assurance.

Patient Safety Category	2021-22	2022 - 2023
Falls (number of falls rather than number of patients who fell)	25	20
Percentage of falls that were no or low harm	100%	100%
Medication incidents	13	33
Percentage of medication incidents that were no or low harm	100%	100%
New pressure ulcers (developed at the hospice)	28	33
Inherited pressure ulcers (admitted with)	68	65

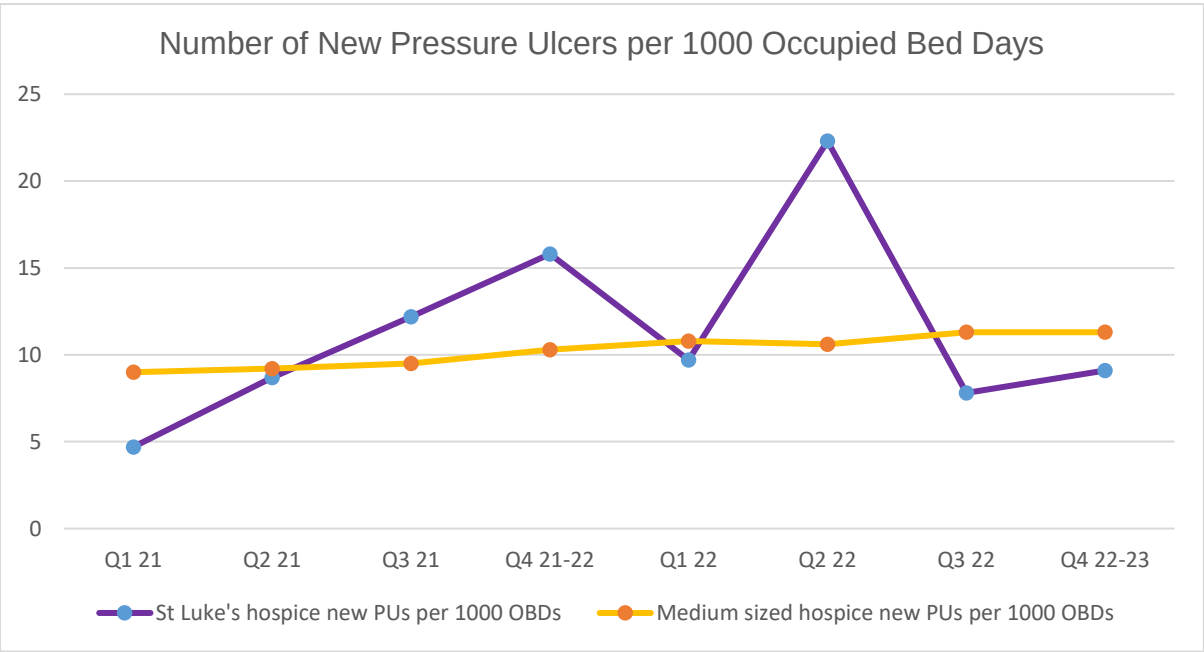
St Luke's Hospice participates in the Hospice UK inpatient safety benchmarking programme which collates and analyses data on inpatient falls, medication incidents and pressure ulcers. This enables us to measure our patient safety performance against comparative medium sized hospices nationally, access shared learning and identify areas for improvement.

<u>Medication Incidents</u>



We have seen an increase in the number of medication incidents reported compared to the previous 12 month period. 100% of these medication incidents were no or low harm. One factor for the increase was the introduction of improved surveillance of patient safety incidents in early 2022, which led to increased awareness and reporting of medication incidents. The hospice's Medicines Management committee has reviewed the Hospice UK inpatient safety benchmarking data to provide assurance that our number of medication incidents on an annual basis is not disproportionate to the hospice average.

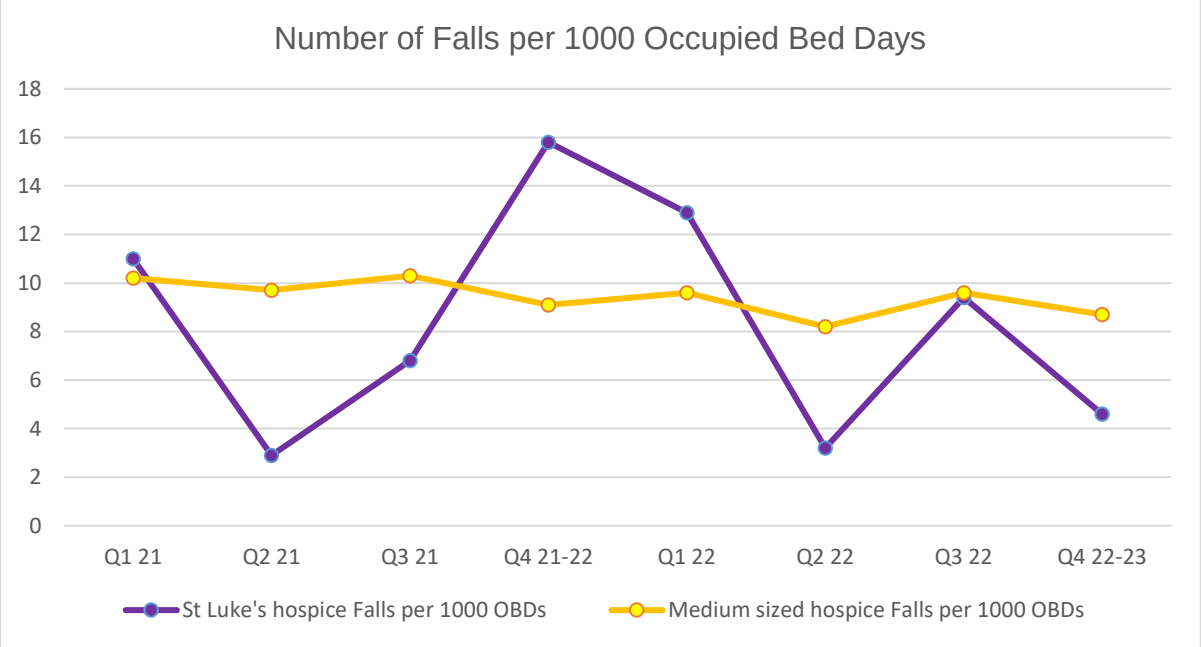
Pressure Ulcers



At the end of 2022 the Inpatient unit successfully trialled and then purchased new Oska Series 5 pressure relieving mattresses which have tilting properties. The aim of these mattresses is to further reduce the development and severity of pressure damage for our inpatients, especially those patients who struggle or are unable to tolerate regular repositioning. We will be reviewing the impact of these new mattresses during 2023.

As well as investigating the causes of new pressure ulcers (that develop at the hospice) we also record their eventual outcome to evidence the impact of our patient care and provide quality assurance. For instance, in January – March 2023 there were 6 new pressure ulcers recorded. Whilst the development of 1 new pressure ulcer is 1 too many, it was positive to report that 100% of the new pressure ulcers improved or did not deteriorate further.

Falls



We have seen a decrease in falls on the Inpatient unit in 2022-23.

Infection Prevention and Control

	2021-22	2022-23
Hospice acquired Clostridium Difficile (Cdiff) cases	0	0

There were no Covid-19 outbreaks on the inpatient unit in 2022-23

Duty of Candour

The duty of candour underpins a strong safety culture. Being open and transparent when something has gone wrong is essential for demonstrating that we are an open, transparent and learning organisation and upholding patient and service user confidence in care and service delivery. In the case of any serious clinical incidents reported it will be subject to duty of candour. There were no duty of candour incidents reported in 2022-23.

3:2 Service User Experience

Feedback from Patients and Service Users

With the introduction and embedding of the 3Cs (compliments, concerns and complaints) we have focused on better capturing the feedback we receive across our services in order to help us recognise what we are doing well, address issues of concern and identify areas for improvement.

Please also refer to the independent feedback platform Care Opinion to read feedback that the hospice has received.

www.careopinion.org.uk

3:3 Compliments, Concerns and Complaints

Compliments

Here are some examples of the compliments our staff and services received:

Whoever I have spoken to in the last week (from the Pall24 helpline) have been so caring and helpful - it is just a wonderful service - at a very stressful time. A big thank you to all I have spoken to so far.

Thank you: everyone at St Luke's who looked after our late mother with such care and dedication in her last few days. Your kindness towards both our Mum and her family during this most difficult of times was so appreciated by us.

A family very appreciative of care given to their father. "He was on a train journey, he chose this place as his final destination". Thank you to all the nurses who cared for him in his final night.

Dear palliative care team at St Luke's. Thank you for everything that you did to keep Mum at home. It was her dearest wish that she be allowed to die at home, amongst her own familiar things and with your care she was able to do this. You were always so kind and caring to her and us and we will be forever grateful.

The Home Care team are very helpful and caring towards the patient as well as the household people. We enjoyed their company. Thank you very much.

The hospice have been so good to her and took such great care of her in the most difficult time of her life. They always knew what is important to her whether it is was providing a service specialised for her or just a simple hug.

The quality of care my brother is receiving [at St Luke's Hospice] is first class. I could not ask for better care. The staff are like angels, so attentive, warm and always willing to help.

A family very appreciative of the volunteer playing the piano in the café area. It gave them peace at a time when they were grieving.

My dad was admitted to the hospice as he was struggling at home. He was in the hospice's care for one month and while he took his final leg of his life journey the care, integrity and support of everyone, reception staff, cleaning staff, care assistants, nurses and doctors was exemplary. They treated my dad with dignity and guided us by example as to how to navigate such a stressful and sad time, that it's okay to laugh and to cry and to chat about the mundane, it was okay to be ourselves. A hospice can seem very daunting if you have never been to one before but the team at St Luke's made it a very human experience.

The Tai Chi Class made me feel positive and gave me self-confidence.

The nurses were very caring and affectionate not only to mum but to her family who visited and were by her side. We thank you very much for such kind and loving care.

Made to feel very welcome. Staff helped us to move Mum's bed so she could be involved in conversations. Thanks for the tea! Thank you for everything.

Concerns

Concerns that were raised have provided us with the opportunity to demonstrate that we are a listening and responsive organisation focused on improving. Here are some examples of the concerns that we received and how we acted upon them.

Concern	Response and Learning
GP surgery phoned IPU advising that they were aware one of their patient's had died a week ago but they had not received a notification letter from us.	Apologised to GP and notification sent same day. The team continued to support the development of the temp administrator and colleagues subsequently noted an improvement in the quality and accuracy of their work.
Over a weekend Pall24 nurse received a call from patient's daughter who was frustrated that staff were not directly communicating with the patient in Gujarati.	Pall24 team liaised with their manager who contacted the patient directly and communicated with them in Gujarati. In future Pall24 to make better use of the translation service that hospice is contracted with.
A family had ongoing concerns surrounding their relative's inpatient care including management of toileting, mobilisation, nutrition and communication.	Daily chart implemented for patient to evidence that toileting and nutrition offered 2-3 hourly by staff. Physiotherapists reassessed patient's mobility. IPU manager held daily meetings with family members and provided a written response to family's concerns. Family were happy with improved verbal communication and informed the ward manager of the improvements they had seen.

Complaints

We take all complaints received seriously, investigate them, work to engage with the complainant and focus on learning and improvement from the issues raised.

Following the introduction of the 3Cs system in 2022 we have worked to improve our understanding of what constitutes a complaint, recognising that complaints do not need to made in writing to be classified as such. Whilst this has resulted in an increase in the numbers of complaints recorded it has provided greater assurance that we are recognising and responding to complaints from service users. Less than 0.9% of patients (or their families) supported by St Luke's Hospice complained about our services.

	2021-22	2022-23
Total number of complaints about clinical services	2	19
Investigations completed, complaint upheld/ partially		13
Investigations completed, complaint not upheld		6

The key themes from clinical complaints received in 2022-23 were:

- Communication between staff and patients/ families relating to care delivery and discharge planning.
- Communication between staff/ hospice teams and external health professionals.
- Quality of service provided by care agencies contracted through our brokerage service.

Examples of actions taken from clinical complaints received in 2022-23:

- Home Care team manager attending Primary Care Network meetings to help improve understanding of the scope of the Pall24 service amongst community services and develop stronger collaborative working relationships.
- Implement a regular programme of advanced skills procedure based training for clinical staff to ensure competence and confidence.
- Brent Community Palliative Care team surveyed local GP practices to identify ways to improve communication and working relationships between the services to effectively meet patients' needs.
- Planned essential maintenance work on the inpatient unit reorganised to mitigate the impact of noise on patients and their families.

3:4 Audit and Research

Clinical Audit

The hospice was not eligible to participate in any national clinical audits.

St Luke's Hospice participates in the Hospice UK inpatient safety benchmarking programme which collates data on inpatient falls, medication incidents and pressure ulcers (see section on patient safety data).

We have an internal clinical audit programme that focuses on providing assurance of patient safety, quality of care and identifying areas for improvement. In 2022-2023 key areas that we have focused on improving through audit included:

- Hand hygiene
- Clinical waste management

Changes that have been introduced in response to clinical audit included clinical hand wash basins being installed in patient rooms and targeted training on cleaning hands at the five key moments.

Clinical Research

A St Luke's Hospice PhD Fellowship, under the Department of Primary and Palliative Care at Cambridge University, is currently researching the medical model in care homes for delivering end of life care.

ANNEXES

Annex 1:

Mandatory Statements

The Quality Account is required to include the following mandatory statements despite not being applicable to the work we do.

Participation in clinical audits and research

During 2022-23, there were 0 national clinical audits and 0 national confidential enquiries covering NHS services that St Luke's provides. During that period St Luke's did not participate in any national clinical audits or national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that St Luke's was eligible to participate in during 2022-23 are as follows (nil). The national clinical audits and national confidential enquiries that St Luke's participated in, and for which data collection was completed for 2022-23, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry (nil). The reports of 0 national clinical audits are reviewed by the provider in 2022-23 and St Luke's intends to take the following actions to improve the quality of healthcare provided (nil).

The number of patients receiving NHS services, provided or sub-contracted by St Luke's in 2022-23, that were recruited during that period to participate in research approved by a research ethics committee was nil.

There were no appropriate, national, ethically approved research studies in palliative care in which St Luke's was contracted to participate.

Quality improvement and innovation goals agreed with our commissioners.

Income in 2022-23 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework.

Care Quality Commission

St Luke's is required to register with the Care Quality Commission and its current registration status is unconditional. St Luke's has the following conditions on its registration (none). The Care Quality Commission has not taken any enforcement action against the Hospice during 2022-23 as of 31 March 2023.

The Hospice has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Data Quality

St Luke's did not submit records during 2022-23 to the secondary uses service for inclusion in the hospice episode statistics which are included in the latest published data as it is not applicable to independent hospices.


St Luke's HOSPICE
Registered with FUNDRAISING REGULATOR
INVESTORS IN PEOPLE
St Luke's Hospice, Kenton Grange, Kenton Road, Harrow, HA3 0YG
020 8382 8000
info@stlukes-hospice.org
@stlukesharrow
stlukeshospice
stlukeshospice
Registered Charity Number: 298555
www.stlukes-hospice.org