

St Gemma's Hospice

Quality Account 2015/16



“Truly amazing and it was a privilege to receive such excellent and compassionate care – I will be forever grateful.”

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PART ONE

Statement on Quality from the Chief Executive

Welcome to our Quality Account, which outlines some of the key quality improvements we have delivered in 2015/16 and the priorities we have set for clinical improvement in 2016/17.

St Gemma's Hospice provides and promotes the highest quality palliative and end of life care, education and research. We strive to meet the complex and changing needs and preferences of people with a terminal illness and support their families and carers. Through education and research, our Academic Unit of Palliative Care, in partnership with the University of Leeds, enables us to improve care and support for all, not only those who receive services directly from St Gemma's.

Last year we set out three priorities for improvement in our Quality Account: ensuring the Hospice met the needs of patients with increased risks of falls; enhancing support for young people; and measuring palliative care outcomes. There has been tremendous progress against our three priorities.

- Our falls prevention work has included a team based approach with patients, families and staff working together to identify patients at high risk of falls and jointly planning care. This has been combined with practical changes such as the introduction of non-slip socks for patients, more low-rise beds and improved lighting at night. This has resulted in a 23% reduction in the level of patient falls despite an increase in admissions to the In-Patient Unit. Compared with national Hospice UK benchmarking the Hospice is now below the average number of falls for a large hospice.
- Following an increase in staffing, our Young People's Service has seen a 61% increase in the number of clients supported. Young people are actively engaged in recruitment, shaping



the service, planning activities and providing feedback. Our Young People's Service featured on the televised Children in Need appeal night, recognising the major impact it has on supporting young people when someone they love is dying and through bereavement.

- Demonstrating how St Gemma's makes a difference to patients and their families can be difficult. We receive many wonderful letters and cards, but we wanted to enhance this with evidence to demonstrate the difference hospice care makes to an individual in terms of their symptoms and overall wellbeing. This year the introduction of patient reported outcome measures has helped us to demonstrate that we improve quality of life for the vast majority of our In-Patients, usually at a time when their physical health status is deteriorating. In 2016/17 we will also introduce these measures in our community services and Day Hospice.

Our priorities as set out in the Quality Account are not the only areas of service development. We have introduced beds managed by our Nurse Consultant, to allow more people who wish to die in the Hospice to do so. We have trained more nurses in prescribing and shared our knowledge both locally and nationally. Our 'Nurses on Tour' visits to Hospice shops continue to build links with our community as nurses share experiences with donors and shoppers. Our health and social care links have also been strengthened by the creation of a Managed Clinical Network of palliative and end of life care providers, hosted by St Gemma's and seeking to improve the standard and coordination of care across the city.

Overall activity across the Hospice has increased, with 5% increases in admissions to the In-Patient Unit and Day Hospice attendances and a 10% increase in face to face Community nursing consultations and visits with patients. Our Academic Unit of Palliative Care, run in partnership with the University of Leeds continues to deliver high quality education and the research, led by Prof Mike Bennett, has received national recognition.

In setting our priorities for 2016/17 we have listened to what patients and families have told us, we have met with our local Healthwatch, we have considered incidents and complaints received as well as patient reported outcome measures. Our priorities for 2016/17 are: developing clear pathways for management of diabetes in end of life care; developing our understanding of carers needs across our community to better understand how we can meet them; and further rollout of the palliative care outcome measures to the patients and families cared for by our Community and Day Hospice teams.

In this, the Hospice's 38th year, we remain hugely grateful to our supporters who have continued to provide us with the majority of funds needed to care for local people. Although not part of the NHS, we receive a welcome financial contribution from them and work closely in partnership with commissioners and providers to improve care for people in Leeds. St Gemma's maintains a robust clinical governance framework. We review and progressively build on our assurance and reporting of clinical outcomes and seek to capture effective data. We seek continuous improvement, informed by feedback from patients and families, learning from incidents

and complaints quickly and openly, undertaking a programme of clinical audits and monitoring a range of key performance indicators.

This year's Quality Account has been prepared by our Director of Nursing with support from the clinical teams. The Hospice Leadership Team has been closely involved in setting our priorities for quality improvement and in delivering improvements on the ground. The Board of Trustees has endorsed our Quality Account and I am able to confirm that the information contained in this document is, to the best of my knowledge, accurate.



Kerry Jackson

Kerry Jackson
Chief Executive



St Gemma's Hospice: Vision, Purpose and Values

Our Vision:

The needs of people living with a terminal illness and those close to them are met with care, compassion and skill

Our Purpose:

St Gemma's Hospice acknowledges the value of life and the importance of dignity in death. We provide and promote the highest quality palliative and end of life care, education and research

Our Values:

- Caring** - Treating each person with kindness, empathy, compassion and respect
- Aspiring** - Continually learning and developing; striving for excellence in everything we do
- Professional** - Delivering high standards through team work, a skilled workforce and good governance

Our Strategy:

The St Gemma's Clinical Strategy is in line with the Leeds End of Life Care Strategy (June 2014) which takes account of the needs and preferences of the local population. The Clinical Strategy is supported by annual business plans. Our Strategic Goals are:

- **Patients & Carers:** Deliver high quality, equitable services that meet the palliative and end of life care needs of the people of Leeds and support carers and the bereaved
- **Research & Development:** Improve care locally, nationally and internationally for those approaching end of life through integrated research, teaching and learning
- **People:** Build a high performing workforce operating in a culture of engagement, innovation and development
- **Operations:** Deliver physical environments and support services that are safe, suitable and facilitate effective performance
- **Finance & Efficiency:** Build voluntary and statutory income for a sustainable organisation funded by a diverse range of income sources delivering services efficiently and effectively

PART TWO

Priorities for Improvement

1st April 2016 - 31st March 2017

At St Gemma's we continually review our services and act on the information we receive from patients and carers as well as the views of our staff.

Clinical and support teams are fundamental to the delivery of our strategy and business plans. Delivery is achieved through effective team working and communication between front line teams, the Hospice Leadership Team and the Board of Trustees. Each year the Hospice holds a Staff Conference; in 2015 this focused on the Hospice Strategy for the next three years. It was an opportunity for staff to discuss with Hospice Directors the content of strategy, enhance their understanding and provide their views.

The Chief Executive ensures delivery is monitored through mechanisms such as audit and project

reports, activity data and feedback from patients and carers.

The Quality Account firstly addresses the priorities for the forthcoming year 2016/17 (Part 2) and then reflects on the progress made against the priorities in the previous year 2015/16 (Part 3).

How our priorities were developed

Our Quality Account priorities are in line with the Hospice Clinical Strategy; they take account of patient and carer feedback received throughout the year, informal feedback and complaints; they build on any incidents or clinical governance issues which were medium to high level risk or have demonstrated a trend. We also utilise external feedback from organisations such as Leeds Involving People and Healthwatch.



Priority 1: Patient Safety

Management of diabetes in end of life care

Diabetes is increasing in prevalence nationally and as a consequence of this there are an increasing number of people entering the final phase of their life who require more complex diabetes management. A recent clinical incident highlighted the need to increase the knowledge of medical and nursing staff on management of diabetes.

Our key targets are:

1. The production of an evidence based guideline for the management of diabetes at the end of life
2. Delivery of an education and training programme to support the staff in implementing the diabetes guideline.
3. Development of a network with diabetes specialists

Priority 2: Patient Experience

Enhancing support for carers

The Hospice recognises that carers play a vital role in a patient's journey and are in need of support as part of a holistic palliative care approach. The NICE Guidelines for care at the end of life also emphasise this as a key aspect of hospice and palliative care services. The experience of carers has been a central theme in the complaints the Hospice received in 2015/16. Families can be diverse and complex; understanding dynamics can be a challenge. For many patients their family is pivotal and the supporting role of a partner, daughter, son, brother, sister or friend needs considerable care. Carers and other family members should also be able to continue to care for their loved one where this fits with their wishes. The Hospice will develop a Carers' Strategy and clear mechanisms of support both within the Hospice and as part of the local community of Leeds for the coming year as a key priority.

Our key targets are:

1. Work with carers to establish their needs, in order to inform the development of a Carer's Strategy, by conducting consultation and feedback activities with carers
2. Develop links with local carers' support agencies and networks in order to understand and contribute to carers support in Leeds
3. Develop and embed the Carers' Needs Assessment Tool with the Community Nurse Specialist team and Social Work Service

Priority 3: Clinical Effectiveness

Measuring palliative care outcomes

During 2015/16, as one of our Quality Account priorities, St Gemma's began using recognised patient reported outcome measures to allow us to understand the impact of hospice inpatient care on patients and their families. The Hospice now has four measures fully embedded across the In-Patient Unit. We have retained this as our Clinical Effectiveness priority for 2016/17; we plan to embed all measures into practise and rollout the measures to patients being cared for by the community and Day Hospice teams.

Our key targets are:

1. Develop patient and family information sheets explaining what the measures are and why we value patients and families taking part
2. Implement electronic collection of the outcome measure as part of the patient's electronic record to allow sharing of the findings with the wider team
3. The Community Team and the Day Hospice will measure the impact of the care they have provided to patients and families through introducing nationally recognised Palliative Care Outcome Measures from April 2016



Statements Relating to the Quality of the Services Provided

Statement of Assurance from the Board

The Board of Trustees is assured by the progress made in 2015/16 and supports the quality improvements planned for 2016/17. The Board is committed to the provision of high quality care for patients, families and staff across all Hospice services.

The Trustees undertake unannounced quality assurance visits of patient services; the frequency of these has been increased and the visits will engage every Board member over time. Trustees have visited the Inpatient Unit and the Day Hospice. Patients and families are asked if they are willing to speak to Trustees to share their experience of care. Trustees also gather staff views. This assists Trustees to understand the core business of the Hospice and gives the Board assurance of the quality of care provided. The most recent visit took place in June 2016. The report was very positive; it highlighted key aspects of care that patients valued including the responsiveness of staff, the high standard and choice of food and upholding patients' privacy and dignity. Staff highlighted they had been under pressure due to staffing shortages; however this had begun to improve and morale felt a lot better.

As Chair of the Board of Trustees I have also spent time with our community nursing team visiting patients in their own home. This has enabled me to meet patients and carers in the community and listen to their invaluable feedback. It is reassuring to the Board that our vital seven day service reflects the same quality care as that to which we are committed in our In-Patient Unit and Day Services.

The Board of Trustees will continue to monitor the progress against the priorities for quality improvement, as well as additional quality monitoring information such as key quality indicators, complaints and incidents and the clinical risk register through the Clinical Governance Committee, a joint committee of Trustees and Directors.



Chairman of the Board of Trustees



Review of Services

During 2015/16 St Gemma's Hospice provided the following services:

- **In-Patient Care** which provides 24 hour care and support by a team of specialist staff.
- **Day Hospice** which gives patients extra support to manage symptoms, gain confidence at home and maximise quality of life.
- **Out-Patients Service** at the main Hospice site and at two community clinics. These provide a consultation with a Doctor, Clinical Nurse Specialist or Therapist.
- **Community Services** which provide specialist support and advice in a patient's home or a care home.
- **Nurse Consultant led beds** in the In-Patient Unit supporting patients who have end of life care needs but do not require medical intervention.
- **Community Nurse led beds in a Nursing Home** supporting patients nearing the end of life. This was a pilot project, funded by the Leeds Clinical Commissioning Groups. The pilot has now ceased and is being formally

The Hospice is open to all patients who have active, progressive and usually advanced disease, where the patient has unresolved needs that exceed the expertise of the referring team. Our eligibility criteria is available on the web site. Our community service makes first contact with a patient who has been referred to us within 48 hours and a visit will take place within 5 working days. The majority of patients requiring In-Patient care are admitted to the Hospice within 48 hours of referral. Patients are admitted to the In-Patient Unit 24 hours a day 7 days a week where there is bed availability and staffing capacity.

Our services are provided by a multi-disciplinary team comprising:

- **Doctors** including medical consultants.

- **Nurses and Healthcare Assistants**

- **Therapies** to support independence and promote comfort including:

- Physiotherapy
- Occupational therapy
- Dietetics
- Complementary therapy
- Creative arts

- **Social Workers and Discharge Support Worker**

provide specialist support and counselling to patients and families and friends.

- **Spiritual Care services** supporting patients and their families.
- **Bereavement** services for adults and children.
- **Support** services providing cleaning, catering and laundry services for patients.

The Hospice, in partnership with the University of Leeds, hosts the Academic Unit of Palliative Care (AUPC). This unit undertakes national and international clinical research, monitors and seeks to develop the quality of services through linking research into clinical practice. The AUPC also provides education and training for both Hospice and external staff.

The Hospice provides palliative and end of life care to the population of Leeds; our community services provide care to patients in east Leeds and patients from a wider catchment area are cared for within our In-Patient Unit and Day Hospice. The Young People's Bereavement Service is city wide. The Hospice also undertook some adult bereavement support work for the wider population of Leeds, fully funded by NHS commissioners.

St Gemma's Hospice has reviewed all the data available to us on the quality of care in all of these services.



Financial Considerations

The income received from the NHS in 2015/16 represents 27% of the total income generated by St Gemma's Hospice in 2015/16; this figure is subject to verification of the statutory accounts by external auditors.

The Hospice receives funding from the NHS Leeds Clinical Commissioning Groups as a contribution to the overall cost of service provision. 100% of the financial support we receive from the NHS is spent directly on patient services. The running costs of St Gemma's are forecast to be £9.8million in 2016/17. The majority of this has to be funded through donations, legacies, fundraising initiatives and our chain of charity shops.

We review all our services on an ongoing basis to ensure we are delivering them as efficiently as we can and that we spend our money wisely. This is particularly important in light of the challenging economic climate we have faced in recent times.

Expert care for our patients and their families remains our priority.

The financial challenges for 2016/17 are significant. Nationally there are widely reported cost pressures across providers of health and social care. The income required to be raised by the Hospice increases year on year in line with the increase in clinical activity and inflationary cost pressures, including the significant impact of the Living Wage. NHS funding has not been increased sufficiently to reflect these cost pressures and we rely on annual negotiations to secure NHS funding. The Hospice has a challenging budget which has been scrutinised and approved by the Board of Trustees. Efficiencies continue to be made to ensure that the Hospice demonstrates value for money for donors and continues to be responsive to the changing palliative and end of life care needs of the people of Leeds. Expert care for our patients and their families remains our priority.

Participation in Clinical Audit

Our focus is continually on improving the quality of life for patients and their families, ensuring a positive experience of our care, and treating and caring for people in a safe environment.

The regulatory assessment framework from the Care Quality Commission (CQC) is built around five key lines of enquiry (KLOE): is the service safe, caring, responsive, effective and well led. This fits well with the ethos of the Hospice and has shaped how we demonstrate that the Hospice provides appropriate care to patients and families. The Evidence Based Practice and Quality Assurance Groups at the Hospice oversee a programme of audit which includes the use of national audit tools and locally designed tools. There is a multidisciplinary approach to audit with dissemination of reports, monitoring of action plans and re-audit where necessary.

The reports of local clinical audits have been reviewed for 2015/16 and the Hospice intends to take a number of actions as identified in the examples in Table 1 to improve the quality of care. The majority are re-audits which demonstrates our commitment to continuous quality improvement.



Table 1

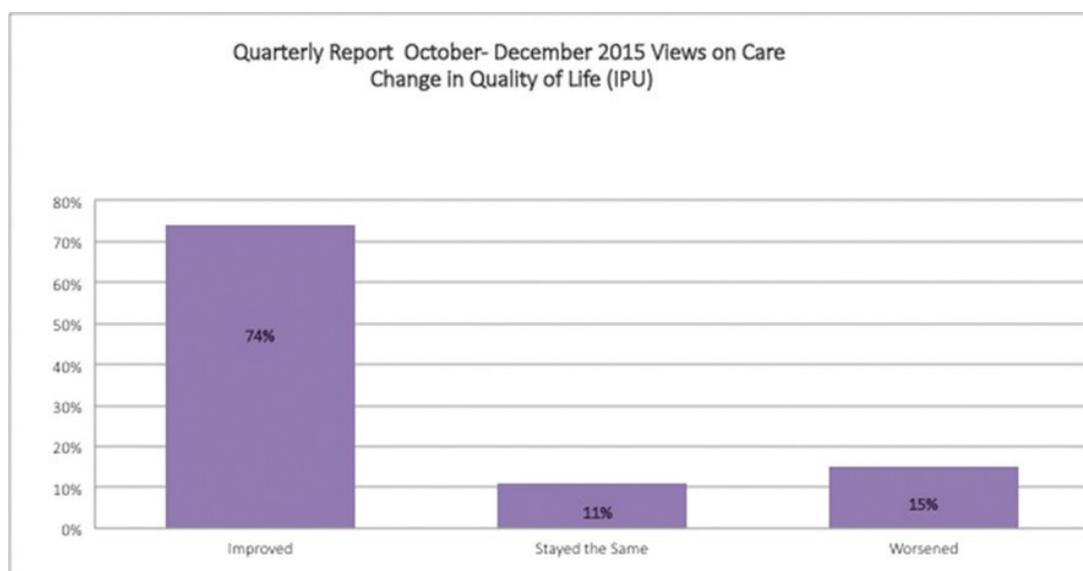
Audit	2015 / 16	2014 / 15	Issues identified and resulting actions to be taken
Controlled Drugs (CD)*	94.3%	100%	Correct procedure for alterations in register not followed consistently; nurses need to check order on receipt as opposed to technician. Ward sisters and pharmacist addressing.
Positive Patient Identification	94.6%	92.5%	Practitioners reminded to use lower case letter for patient's first name on wrist bands.
Infection Control – Hand hygiene	77.5%	96%*	This is a monthly audit. Clinical compliance 100%, additional training repeated with ancillary and maintenance staff.
Accountable Officer*	100%	100%	
Re-audit Management of Sharps*	96.8%	92%	Annual audit
Re-audit Mouth Care Documentation	82.3%	90%	Monthly average. Recent audits have used new documentation which included "some completed" which were deemed non-compliant
Nutrition Audit	87%	88%	Monthly average. This fell significantly in February 2016 on one ward. Issues were addressed and in March 2016 both wards were at least 90% compliant

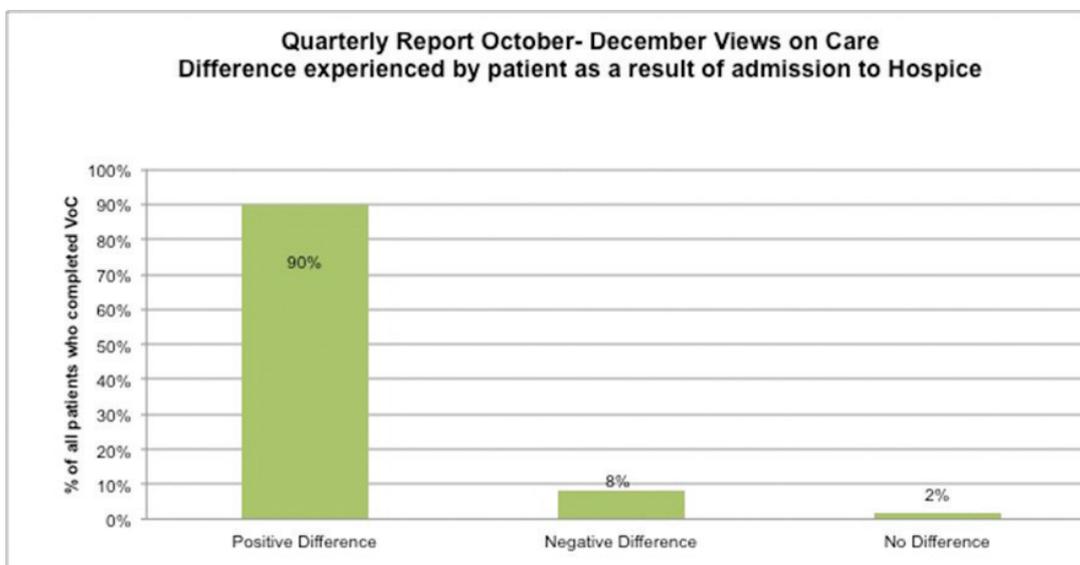
* National audit tools devised by Help the Hospices (the UK charity supporting hospices)

Patient Related Outcome Measures (PROMS)

The Hospice introduced the Outcome Assessment and Complexity Collaborative (OACC) measures developed by the Cecily Saunders Institute and The Kings Fund. This suite consists of 6 patient reported outcome measures; the Hospice has introduced 4 this year to patients and family across the In-Patient Unit. These measures have helped to inform immediate changes to patients' treatment plans and have enabled the Hospice to collect evidence based measures of the impact of our care at end of life care. Further information about how these patient reported outcome measures have been introduced and the planned further roll out of the PROMS can be found in Part 2 and Part 3. The results for the Views on care can be seen in charts 1 and 2.

The results from OACC Views on Care can be seen below from Quarter 3, the total number of patients admitted in this period was 137 and the response rate 62 (45%). A number of patients are too unwell complete views on care.





Service Evaluation

A review of End of Life Care beds in Green Acres nursing home: Development of a new model of end of life care

The need for high quality end of life care in all settings, including recognising individual choice, identification of when patients start to die, communication and co-ordination of care has been highlighted in many national documents. In 2013 the Health Needs Assessment for patients at the End of Life in Leeds identified particular concerns for some individuals close to the end of life who do not wish to or cannot remain at home and do not wish to die in hospital. St Gemma's Hospice and the Leeds Clinical Commissioning Groups agreed to develop and test an alternative model for end of life care in a nursing home setting; the NHS provided funding to do so.

This was a pilot project, the aims of which were to test this new model of care, evaluate it and provide options for future service models. St. Gemma's commissioned four beds in Green Acres Nursing Home, a 62 bed nursing home in Burmantofts, LS9. Day to day care was provided by the nursing home staff but with the daily support of a St Gemma's Clinical Nurse Specialist (CNS). St Gemma's CNSs provided training, support and guidance to Green Acres staff, supported patients and families and prescribed medications, thus an enhanced level of care was provided for patients and families.

The pilot ran from November 2014 to March 2016.

The majority of patients (78%) were admitted from hospital; the majority of patients admitted had cancer (67%) but there were a higher percentage of non-cancer patients (33%) than admitted to St. Gemma's Hospice over the same period (20%). Generally patients were elderly and frail with multiple needs e.g. co-morbidities, falls, not coping at home, frequent hospital admissions. The majority of patients admitted were over 70 years old (81%) with most of these falling into the 80-89 age group.

Occupancy levels increased as the project progressed and the length of stay varied from hours to 83 days, with most patients resident for between 6 and 14 days. As expected the majority of patients died in Green Acres (88%). Six patients were discharged from the project beds and 2 patients actually stayed at Green Acres and transferred into a long term bed within the nursing home.

We received feedback from patients, families, Green Acres staff, St Gemma's staff, the GP practice who supported the project and staff at the acute hospital and community NHS trust. The project highlighted both positive developments for patients, families and staff and also highlighted a number of challenges:

Table 2

Positives	Challenges
<ul style="list-style-type: none"> • Reduced bureaucracy for admissions compared with normal practice • Timely transfer, with admissions often only hours after referrals being made • Positive patient and family / carer feedback • Families well informed and prepared for death • Positive feedback from Green Acres staff, with confidence and skills developed and valuing of support from CNS • Positive GP feedback, reporting that care was improved for all residents, not just those in the pilot project beds • Hospital admissions avoided • Learning can be used for future models • Project was nominated for a Nursing Times Award in the Enhancing Patient Dignity section. 	<ul style="list-style-type: none"> • Communicating this new model of care to professionals and potential service users • Gaining sufficient information about hospital patients e.g. prognosis, treatment plan • Lack of understanding regarding mental capacity & deprivation of liberty • Conversations with the family had not always taken place in sufficient depth prior to transfer • Choices were not always given to patients/families • Difficult to identify patients • Actual demand unclear • Hospice learning curve around commissioning beds • Quality Assurance/reputational risk for the Hospice had to be carefully managed • Cost analysis

What patients and families told us...

Green Acres Nursing Home



The project has been successful in meeting the outcomes. Overall there have been benefits to the model as well as challenges and several factors need further consideration. This will be useful to inform future models of end of life care in Leeds and a full evaluation is now being undertaken.

“Mum’s care was fantastic, she was comfortable and very well cared for at all times which was a great comfort to the family”

“The room was very private but not so private you felt left out.”

“We would have liked more time to prepare for the move”

“We did have concerns when the nursing home was suggested which turned out to be completely baseless, the care was excellent”

“It was a comfort to mum knowing dad was cared for too”

Academic Unit of Palliative Care (AUPC) Research Activity

In the past year, the focus of the AUPC has been on forging new research collaborations with palliative care services in the region and strengthening existing ones. Our work has included:

Improving the Management of Pain from Advanced Cancer in the Community (IMPACCT)

This year the main activity of the IMPACCT research study has been developing a research network throughout Yorkshire to act as sites for the pivotal IMPACCT randomised control trial. This trial is testing the feasibility and efficacy of the previously developed pain management support tools. The trial opened to recruitment in October 2015 and to date 9 hospices in the Yorkshire and Humber region are actively participating in the trial.

Part of the IMPACCT trial is looking at the benefits of earlier referral to palliative care services. The patients in this study are recruited in oncology departments and the St Gemma's Clinical Nurse Specialist (CNS) team deliver the support package to the patients in the community.

To be able to recruit patients receiving oncology care to the study at Leeds Teaching Hospitals NHS Trust (LTHT) the AUPC secured extra funding from the National Institute of Health Research (NIHR) research network. This allowed the funding (jointly, from Leeds Community Healthcare Trust and LTHT) of a second full time research nurse. Their remit is to work across care locations supporting research at St Gemma's and developing research projects with the Palliative Care team at LTHT, thus broadening palliative care research activity in the city. An

example of this is a study which is developing an outcome measure to assess the treatment of a dry mouth, which palliative care patients frequently have. This launched at St Gemma's in December 2015 and has so far recruited 48 patients at St Gemma's and 10 at LTHT.

Self-Management of Analgesia and Related Treatments at End of Life (SMARTE)

The SMARTE feasibility study launched in November 15 and is recruiting well across hospices in the region led by the AUPC. This links to the 2014 SMARTE study which looked at what interventions were needed, this phase is looking at how the interventions will be applied to practice.

When cure is not likely:

This study examining the care needs of younger adults with advanced cancer, led by UCL, completed recruitment in August 2015, and is about to publish national guidelines based on the results. Another highlight was Dr Lucy Ziegler being awarded a Yorkshire Cancer Research (YCR) Fellowship, to examine referral patterns to palliative care services in the city. This is the first time YCR have funded palliative care research.

Delivery of City Wide Education

Post Graduate Certificate Course:

In September 2015, we commenced the Postgraduate Certificate in Palliative Care which has been validated by the University of Leeds.

- 8 students are studying for the full postgraduate certificate
- 3 students are studying for the Masters Level stand-alone module
- 11 students are studying the Level 3 stand-alone module

City wide and Regional Education

Over the last year St Gemma's AUPC has continued to develop and deliver a comprehensive training programme to various health care professionals across the city and the Yorkshire and Humber region. This has included delivering:

- Master Class in Symptom Management at the end of life to 80 General Practitioners in Leeds
- Peer Facilitator Dementia Care Training for Hospice staff - 10 candidates from 6 hospices in the Yorkshire and Humber region: 5 days training

programme in collaboration with the University of Bradford funded by Health Education Yorkshire and Humber

- Quality End of Life Care for All (QELCA) – 6 candidates from Leeds Teaching Hospitals NHS Trust (LTHT) and Leeds Community Healthcare NHS Trust (LCHT) attended one week QELCA programme. This is a one week course followed by a series of action learning set to enhance practitioners knowledge and skills and support them to develop high quality end of life care their own area of practice.
- National Non-Medical Prescribing Master class commissioned by Hospice UK was held and facilitated at St Gemma's in Oct 2015
- Community Advanced Care Planning Study Day was held at St Gemma's: teaching was provided by Dr Jason Ward and Catherine Malia, Nurse Consultant, in addition to staff from LCHT.
- Teaching package (e-learning, self-directed learning and face-to-face teaching) was implemented for all new Registered Nurses starting work on the In-Patient Unit.

- Learning Group: 22 consultants and specialist registrars in palliative medicine attended the quarterly meeting in Dec'15. The group was chaired by Dr Jason Ward.
- Yorkshire Region (formerly Yorkshire Cancer Network): Advanced Communication Skills Training 2 day programme for senior cancer clinicians will be delivered at St Gemma's from March 2016: 11 days set to March 2017.
- Yorkshire Ambulance Service (YAS) palliative care ambulance crew refresher training: attended by 9 individuals in March 2016
- Communication Skills Training for LCHT: attended by 14 Health Support Workers, 10 Registered Nurses and 16 more senior clinical staff

The evaluations from the various training include that it has given health care professionals increased confidence in talking with patients and managing their symptoms and discussing their concerns at the end of life.

Statements from the Care Quality Commission (CQC)

St Gemma's Hospice is required to register with the CQC and its current registration is for the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

- Only treat people over 18 years of age
- Only accommodate a maximum of 34 In-Patients

St Gemma's Hospice is subject to periodic review by the CQC and the last review was an unannounced routine inspection on 4th December 2013.

St Gemma's Hospice has the following conditions on registration:

The areas reviewed by the CQC and its assessment of our compliance are as follows:

Standards of treating people with respect and involving them in their care	✓
Standards of providing care, treatment and support that meets people's needs	✓
Standards of caring for people safely and protecting them from harm	✓
Standards of staffing	✓
Standards of quality and suitability of management	✓

The Hospice submitted the Provider Information Response to the CQC on 11th March 2016 and continues to provide, and further develop, safe, caring, effective, responsive and well led care, upholding the fundamental standards, including Duty of Candour.

The latest report is available on the Hospice website: <http://www.st-gemma.co.uk/> or on the CQC website: <http://www.cqc.org.uk/node/280579>

Data Quality

The Hospice deployed SystmOne (S1) in April 2010. This system supports an electronic patient record which can be shared with other external users of the system, for example General Practitioners and District Nurses. The Hospice is part of the Leeds Electronic Palliative Care Coordination System (EPaCCS) sharing

key information, with the patient's consent, about their preferences at end of life. The Hospice has internal arrangements to monitor the quality of the data. The system uses the NHS number as the key identifier for patient records. The Hospice is to be part of Leeds Care Record as this is implemented across the city.

Information Governance

St Gemma's Hospice's score for 2015/16 for Information Quality and Records Management, assessed using the Information Governance Toolkit version 13, is 66% which means the Hospice is fully compliant at level 2, the required national standard. We continue to work towards level 3.

The Hospice, in improving patient safety, continues to develop the electronic patient record and continues to focus on becoming "paperlite" in all departments. The Hospice has shared records in accordance with the Data Protection Act and has in place Data Sharing Agreements. The Hospice continues to monitor handling of Personal Identifiable Data against the standards in the Information Governance Statement of Compliance.



PART THREE

Priorities for Improvement

1st April 2015 – 31st March 2016

The Hospice set 3 priorities in 2015/16. For each priority significant progress has been made. Improving service is not restricted to our priorities as can be seen in the improvement in the majority of Key Quality Indicators. We are constantly learning from those who receive our care and from health and social care professionals who refer patients to St Gemma's.

Priority 1: Patient Safety

Ensuring the Hospice meets the needs of patients with an increased risk of falls

Patient falls were identified as a key area of focus in 2015/16. Work in this area commenced in 2014/15 including the introduction of a new first assessment falls tool and a post fall review tool; however audit was still required to measure the impact on patient care and, where gaps were identified, to work with patients and staff to make improvements.

The number of falls on the In-Patient Unit has reduced by 23% during 2015/16 despite an increase of 5% inpatient admissions. This is due to the team approach in risk identification and falls care planning across the In-Patient Unit. Collaborative working between patients, carers and staff in identification of those patients who are at risk of falls and a joint care planning approach in addition to the introduction of non-slip socks, additional low rise beds and improved lighting at night have all contributed to the overall reduction. The Hospice presented a poster of the work we have done on falls risk assessment and planning at the Hospice UK 2015 conference.

The key targets for 2015/16 were:

- **Reduce the number of patient falls to be in line with or below the Hospice UK benchmarking falls average for Hospices**

with more than 25 beds: 12.4 falls per 1,000 occupied bed days. At the time of setting this priority the Hospice was averaging 14.2 falls per 1,000 bed days.

- The bench marking data up to Quarter 4 of 2015/16 shows the Hospice is below the Hospice UK average at 9.6 falls per 1,000 bed days compared to the current national position of 11.6. This will continue to be monitored.
- **Falls assessment for 100% of patients:** Audit (August 2015) demonstrated 97% patients were receiving a falls assessment.
- **Falls Management Plan developed for all patients where risks are identified:** Audit (August 2015) demonstrated that 78% of patients had a management plan or it was recorded that no management plan was required. This led to an action plan for improvement being instigated and elements of the document have been reviewed following staff feedback.
- **Review of Falls Management Plans, including the undertaking of additional assessments, at least once per week or more often if a patient has fallen:** Audit (August 2015) showed that only 25% of cases had been reviewed as per the agreed standard. It was found that staff had missed a page in the document; this has since been rectified. It is expected the repeated audit will show higher level of compliance.
- **Use of post fall assessment tools to support improvement, effective clinical documentation and incident reporting:** All clinical incident forms come through the Matron's office and the post fall checklist is reviewed. No incident form is accepted without the post fall assessment.

- **Review by the Multi-Disciplinary Team (MDT) Falls Group to evaluate the impact of the above in June 2015:** The standards were audited in August 2015; the review date was revised to allow for the slippage in the initial launch of the pathway. The revised pathway will be formally relaunched on the In-Patient Unit on 3rd May 2016 including additional training and supervision for staff in practice. A further review will be undertaken in December 2016.
- **In-depth analysis of falls occurring in the Hospice, including case review on patients who have fallen repeatedly:** The detail of the falls on the In-Patient Unit are presented and discussed at the quarterly Quality Assurance Meeting. The wards, numbers, grades of fall, times of falls and quarter on quarter bench marking are scrutinised.
- **Further development of the pathway with the St Gemma's Community Team to ensure coordinated care:** In light of the falls pathway audit outcome, the MDT Falls Group has focused on the consistent implementation of the pathway on the In-Patient Unit. Plans to further develop the pathway in other clinical areas of the Hospice have been delayed in order to test and embed tools on the IPU.

Priority 2: Patient Experience:

Enhancing support for young people

This was an area of priority in 2015/16. The Hospice recognises that increasingly complex family dynamics can impact on effective communication between family members and between the family and health and social care professionals. Frequently the focus of care and support is on adult communication; children are equally affected by dying and need support pre and post bereavement. We wanted to increase the voice of the young people who use our service and have more of an impact across the local community by reaching more young people in a variety of environments.

Our key targets were as follows:

- **Launch Young people's User Group (9-17 year olds) in April 2015:**
 - A Steering Group was established in April 2015 comprising a small group of 7 to 15 year olds, facilitated by YPS Workers
 - The group meets approximately 4 times a year in school holidays
 - Initial meetings have been designed to build relationships, set ground rules and establish the purpose of the group
 - Achievements to date include the planning of group events for 2016/17 and the identification of the need for a Teenagers Support Group
 - The next task agreed is to develop improved YPS literature
- **Reach 10% more young people during 2015/16: The Hospice has significantly exceeded our aspirations with:**
 - 61% increase in the number of new clients seen by the service due to increased staffing and new ways of working
 - 10% increase in the number of young people engaging in events and group activities



- **Increase the level of third sector integration through an increase in schools, community groups and youth work by at least 10%:**

Working with Schools

- The service has increased the number of schools it has made contact with, however overall activity in schools is stable. Informal feedback indicates benefit to the wider school community from face to face and telephone support given to pastoral teams and teachers

Children in Need Appeal

- One of our young people's stories was featured in a short film on the national BBC1 Children in Need appeal in November 2015, introduced by Helen Mirren
- This coverage increased awareness of the service with higher levels of enquiries and requests for information

Going forward – 2016/ 17

- Strategies to increase engagement with community organisations that are representative of the Leeds population are currently under development within the team

Priority 3: Clinical Effectiveness

Measuring palliative care outcomes

This was our third priority for 2015/16. By measuring the impact our care has on a patient and their family we can respond to immediate concerns and issues as well as shape and develop services for the future. The Hospice introduced the Outcome Assessment Complexity Collaborative (OACC) initiative developed by The Cecily Saunders institute and The Kings Fund. These measures are evidence based and seen as credible measures nationally and are aligned to the National Minimum Data Set and national Palliative Care Funding Review.

Our key targets were as follows:

- **Staff to understand the value of measuring care – through training and monitoring usage of outcome measures in practice:**
In-Patient Unit Staff have received training on 'what is OACC' and 'Views on Care'. From March 2016 onwards they will receive teaching on IPOS and its use in the In-Patient Unit; we plan to trial IPOS on the In-Patient Unit throughout April, with a view to start data collection from May 2016.

- **Develop patient and family information sheets explaining the outcome measures:**
This is under development and will be completed during 2016.

- **Enable electronic data collection:** We are currently recording all our data electronically and are working towards integration of the data into our electronic patient record, SystemOne. The OACC project team are liaising with the Hospice IT Department to further develop electronic systems for reporting and recording data.

- **Introduce four out of the six OACC outcome measures by December 2015:**
By December 2015 we were successfully using Barthel, Karnofsky and Phase of Illness in ward rounds and had introduced Views on Care on both wards; data was collated monthly.

- **For 80% of patients receiving care on the In-Patient Unit to have three measures at two points in time and for these to be discussed as part of MDT meetings:** We are capturing Views on Care data for all patients who are well enough to complete the information. This is approximately 50% of our patient group, due to the nature of their illness and their tendency to decline in ability to complete the second stage of the Views on Care Questionnaire 3 days after admission. All patients have Barthel, phase of illness and Karnofsky completed and discussed routinely at least weekly during the consultant ward round. This information plus Views on Care is presented and discussed at MDT meetings and used to aid decision making.



The enhanced community weekend service will be evaluated

Result: An evaluation of the service was undertaken by Healthwatch Leeds, an independent organisation which seeks and represents the views of people who use health services. They contacted 42 people, by phone, who had used the St Gemma's weekend service. The evaluation found the service to be of a very high standard and invaluable for a range of people coping with emotional and stressful circumstances. The main benefits identified were:

- Emotional e.g. reassuring, reduces anxiety and feelings of isolation
- Family and carers support e.g. emotional and financial
- Pain management and advice e.g. medication advice, visit to assess, nurses writing prescriptions
- Choice and involvement e.g. listening, inclusion



Review of Quality Performance

The Hospice is committed to continuous quality improvement with leadership focused on professional development for clinical teams, service improvements for patients, planning, prioritising and ensuring best use of resources. The Hospice supports informed patient choice and strives to deliver care where the patient wishes to be; either in their own home or care home with Specialist Nurse and Medical Consultant support or in the In-Patient Unit.

Reporting systems are in place to ensure robust governance arrangements. The Hospice measures both the level and the quality of activity; this can be seen on table 3 and table 4. Hospice activity is discussed on a daily basis and trends are considered monthly. Quarterly reports are discussed by the Clinical Governance Committee.

Hospice Activity Indicators

The number of referrals to the service is similar to the previous year. The volume of care provided across all Hospice services has increased. There has been significant increase in the community with over 10% rise in face to face consultations; reasons for this are the increasing complexity of patients and families and the variation in levels of community support. The

Community Team operates 7 days a week, including bank holidays. The majority of the team are Non-Medical Prescribers; they work in partnership with primary care to, where possible, allow the patient to achieve their preferred place of care and support them through the last days of life at home.

Overall activity has increased across the In-Patient Unit. Medical and nursing staff levels have been a challenge over 2015/16 due to national recruitment issues which has resulted in some bed closures. Despite this, the number of overall admissions has increased.

The largest increase in activity has been across the YPS. The Hospice has put additional resources into this service supported by a grant from BBC Children in Need. The service is achieving a much wider reach and is benefiting many young people across Leeds.

The proportion of referrals for patients with a cancer and non-cancer primary diagnosis is relatively stable; however, higher numbers of non-cancer patients are seen within the Day Hospice service compared to the In-Patient unit. The Day Hospice is fundamental in supporting patients to live their lives as ably as possible.

Monitoring Activity - A Review of Hospice Data

Hospice data is submitted quarterly to Leeds South and East Clinical Commissioning Group.

Table 3

Review of Hospice Data	2015 / 2016	2014 / 2015	Change %
Overall Service – Patient Care			
First referrals to In-Patient Unit, Community and Day Hospice (First ever contact with Hospice services)	1,007	1,043	-3.5
Total referrals including re-referrals	1,962	1,943	1
% cancer diagnosis (new referrals)	77	78	-1
% non-cancer diagnosis (new referrals)	23	22	1
In-Patient Unit			
Number of admissions	568	541	5
Mean length of stay (days)	15.1	14.6	3.4
Median length of stay (days)	11	9	22.2
Day Hospice			
Attendances	1,392	1,328	4.8
% places used	77	74	4.1
Community			
Community Nurse Specialist and Advance Nurse Practitioner face to face consultations	4,640	4,196	10.6
Medical face to face consultations	816	794	2.8
Clinical Support Services			
Social Work contacts	3,213	2,164	48.5
Adult bereavement contacts	1,413	1,321	7
Young People's Bereavement Service contacts	1,204	745	61.6
Complementary therapy contacts	3,366	2,531	33
Physiotherapy, occupational therapy and dietetics contacts	4,686	Data collection error	N/A

Key Quality Indicators (KQI)

Assurance of the quality of patient care through multiple measures is central to patient safety and promoting a positive patient experience.

The Hospice has an extensive range of KQIs; those of greatest significance are set out in Table 4. Information for KQIs is gained primarily from the patient's electronic record, incident reports and laboratory reports for infection incidents. The Hospice has worked with Hospice UK and is part of a national benchmarking programme with over 90 adult hospices, nine of which are comparable in size to St Gemma's. The tool focuses on pressure ulcers, slips, trips, falls and medication incidents.

The Hospice promotes an open reporting system, recognising that patient safety is everybody's business. We support and uphold the Duty of

Candour, and inform and involve patients and families in understanding any errors or incidents that have resulted in patient harm under Hospice care.

The majority of incidents in the Hospice are near misses; this means there has been no patient harm and a potential incident has been avoided due to a risk being identified before an incident occurred. Lessons from near misses are shared and practise modified as a result. The Hospice works with other health and social care organisations where an incident has been reported to or observed by the Hospice and warrants further investigation. All incidents are discussed by the Quality Assurance Group and a report submitted to the Clinical Governance Committee where further recommendations may be added to the agreed actions.

KQI – Personalised care plan for the dying patient

The Hospice utilises the Electronic Palliative Care Coordination System (EPaCCS) which allows a patient's wishes about end of life care to be shared with other providers with the patient's consent. We are also now also fully part of the Leeds Care Record allowing key information about patient care to be shared between providers. There has been a significant increase in patients who have a care plan in place, agreed with the patient and / or their family.

KQI – Preferred Place of Care/ Death

The Hospice supports patients to achieve their preferred place of care. Recording a patient's wishes and sharing those with the patient's family where the patient gives their consent, is integral to practice. Sometimes the Hospice cannot meet the patient's preferred place of care, for example where a patient wishes to be in the Hospice but we have no beds available. On average around 70% patients, whose wishes were recorded, achieved their preferred place of care/death.

Table 4

Key Quality Indicator (KQI)	2015 / 2016	2014 / 2015	Change
Five priorities of care – number of patients with a personalised care plan for care of the dying	85%	66%	+19%
Number of patients achieving preferred place of care/ death (where preferred place recorded)	69%	73%	-4%
Complaints			
Total number of complaints	2	8	-6
Number of complaints fully upheld	0	1	
Number of complains partially upheld	1	2	
Number of complaints not upheld	0	5	
Number of complaints still under investigation	1	0	
Patient Safety			
Notifiable Patient Safety Incidents	1	0	+1
Internal drug incidents	37	31	+6
Internal drug incidents - near misses	5	4	+1
Number of slips, trips and falls	85	110	-25
Key Quality Indicator (KQI)			
Number of patients developing pressure ulcers Grade 2	37	77	-40
Number of patients developing pressure ulcers Grade 3	7	1	+6
Number of patients admitted with MRSA	0	0	0
Number of patients who developed MRSA during admission	0	0	0
Number of patients admitted with clostridium difficile	1	1	0
Number of in-patients who developed clostridium difficile during admission	0	1*	-1

*not known whether acquired or transferred

KQI- Clinical Complaints

During 2015/16 we received two formal clinical complaints, both of which were from relatives of patients cared for by the Hospice. We welcome the time families take to support us to understand how the Hospice can improve. The first complaint received focused on care offered to a family member and communication with them. The other complaint is still under investigation but key themes identified to date are around communication with carers, involvement and support of carers in transition of care and rehabilitation. These complaints have informed our Patient Experience Quality Account Priority for 2016/17 – Enhancing support for carers.

KQI – Notifiable Patient Safety Incident

The Hospice experienced a drug error which did not cause patient harm, however had potential to. The Hospice informed the family as soon as the error was realised. The Care Quality Commission was notified. The incident led to a full investigation, which has informed our Patient Safety Quality Account priority for 2016/17 – Management of diabetes in end of life care.

KQI - Internal Drug Incidents and Near Misses

The Hospice manages a high volume of patients' medicines, including controlled drugs (CDs). On average over 4,000 CDs checks are undertaken in a three month period (a quarter) across the Hospice, this is in addition to general medicine administration. The volume of CDs checks has risen by 25% in a two year period; this is an indication of the complexity of symptom management and unstable condition of our patients.

All drug errors (CD and general medicines) are graded; 0 = near miss through to level 6 = Fatality. The highest grade of internal error in 2015/16 was one Grade 3 incident. The grade 3 incident indicates a minor injury with medical intervention being required although there was no long term patient harm. The level of patient related drug incidents is higher than 2014/15. The majority of incidents (35) 83% are incidents that occurred with no harm to patients and (5) 11% were near misses where an incident was prevented through vigilance of staff.

All incidents are taken very seriously and discussed at the Hospice Pharmacy Group and the incident report is submitted to the Clinical Governance Committee.

The rise in incidents this year has arisen due to an increase in the number of documentation errors. This

year we undertook an omissions audit, reviewing occasions where medicines were not given to patients although they had been prescribed. Medicines are often omitted for very valid reasons, but it is important the reasons are stated and then medicines are reviewed. For example if a patient is unable to swallow a tablet they may need a liquid preparation.

The audit showed that nurses did not always record that medicines had been omitted or they did not state the reason for the omission or communicate with the medical team regarding a medicines review. Such cases were identified as incidents. We have now improved our processes to facilitate targeting training of nursing staff; we expect on re audit to see an improvement in this area.

The Hospice detects external errors (7). These are errors which are caused by another organisation such as a chemist, GP practice, hospitals or community services. We share such errors with the external organisation and where appropriate offer support, for example through training.

KQI – Slips, Trips and Falls

The level of slips, trips and falls has significantly reduced by 23%. This is considered in greater detail in Part 3 priority 1.



KQI - Pressure Ulcers

The number of patients who have acquired a Grade 2 pressure ulcer whilst under Hospice care is 37; this is a 52% reduction compared to 2014/15. However there has been an increase in the number of Grade 3 ulcers, from 1 to 7. The majority of the Grade 3 pressure ulcers developed on patients who were admitted with Grade 2 pressure ulcers which deteriorated during their in-patient stay. During the monthly audits the documentation of all acquired pressure ulcers, of Grade 2 and above, are scrutinised to determine if they were avoidable or unavoidable and Root Cause Analysis (RCA) is carried out by the Sisters, over seen by Matron where the documentation hasn't provided a satisfactory narrative of the patient's skin deterioration.

The Hospice reviews all Grade 2 and above ulcers to determine whether they were avoidable. An assessment is made of whether all appropriate measures were taken to avoid a pressure ulcer, including - patient assessed within six hours of admission, care plan instigated including positioning, nutritional needs and appropriate equipment used to reduce risk, a wound care plan in place where the ulcer required a dressing. The numbers of avoidable and unavoidable ulcers are reported to Hospice UK as part of a national bench marking programme. Of the 44 Grade 2 and 3 sores recorded 8 were found to be avoidable. Of the 36 remaining ulcers all appropriate measures had been taken.

Patients at end of life are vulnerable to pressure care, skin integrity breaks down and this can lead to the development of ulcers which are referred to as Kennedy ulcers in the literature (Sibbald RG, Krasner DL, Lutz JB et al (2009). One patient at the end of life developed three Grade 3 pressure ulcers. Following RCA these were categorised as unavoidable and recorded as Kennedy ulcers.

There is an overall increase in the number of patients being transferred with pressure ulcers. The Hospice is now part of a city wide team focusing on pressure prevention and is sharing the data we have with the relevant providers.

The Hospice uses PURPOSE T (a risk assessment framework). PURPOSE T incorporates key risk factors (including skin status and pain) and makes a distinction between patients who have no pressure ulcers but are at risk and require primary prevention, and those patients who have an existing pressure ulcer or scarring from a previous pressure ulcer who require secondary prevention and treatment. The Hospice presented a poster on the PURPOSE T approach at the Hospice UK Conference 2015.

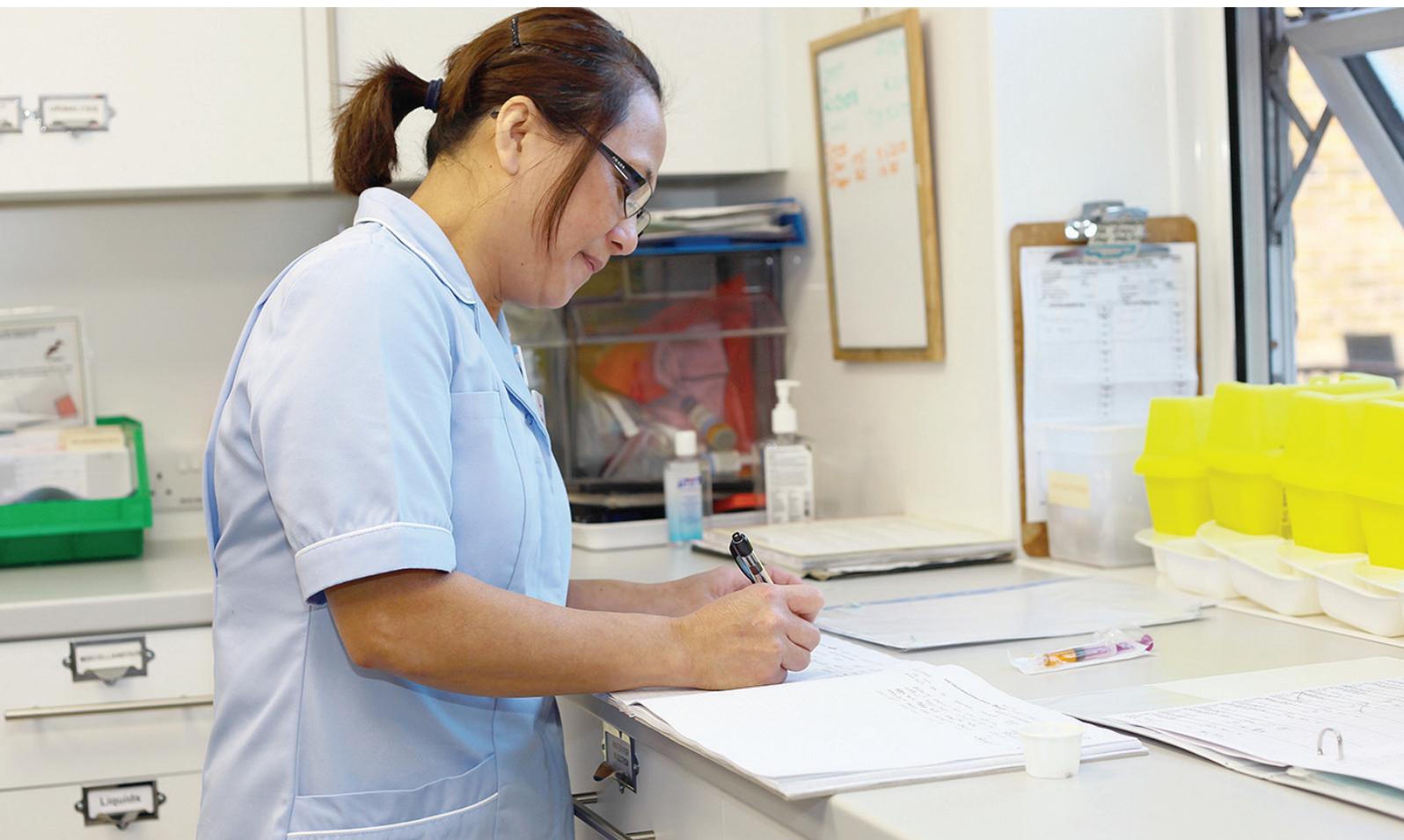
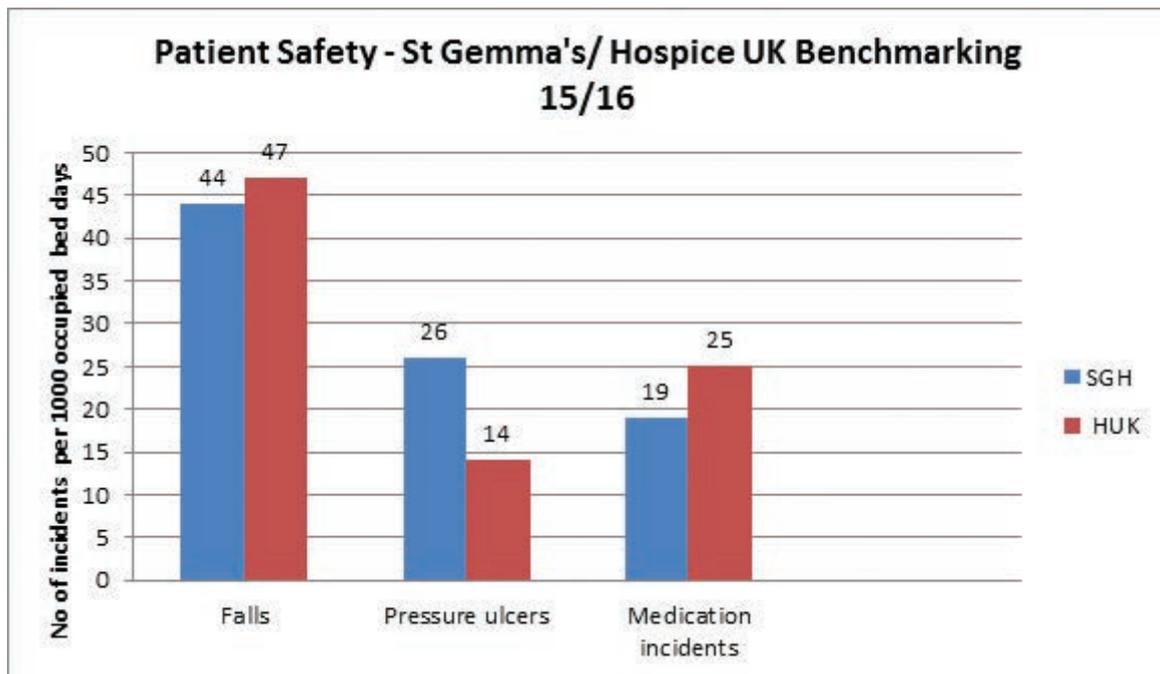
KQI - Infection rates

Infection rates continue to remain low in the Hospice. A 'bare below the elbow' policy is in place across the In-Patient Unit. Patients who are admitted with infections are nursed in a single room. It is not always possible to identify if patients have acquired an infection at the Hospice or were admitted with the infection in situ; patients are not routinely screened for infection upon admission. Infection control training is part of mandatory training; hand hygiene is continually promoted and monitored through audits with all staff and visitors throughout the Hospice. Clinical hand hygiene is high and we continue to work with ancillary staff to enhance levels of compliance.

Benchmarking - Falls, Medication Incidents and Pressure Ulcers

The Hospice is part of Hospice UK national benchmarking programme with over 90 hospices participating. The Hospice is benchmarked against other hospices which have 25 beds or more (11 hospices). The Hospice is now below average on the number of falls (chart 3) and drug incidents (chart 4) but remains above average on pressure sores (chart 5). The Hospice has done extensive work in this area and has seen a significant reduction this year, although as discussed above the level of Grade 3 pressure sores remains a concern. Further discussions are taking place with comparable Hospices to understand the level of variation.





The **In-Patient Unit** introduced the friends and family test, which it shared with Healthwatch Leeds prior to launching. A group of volunteers have been trained and visit the Hospice monthly, meeting with patients and family members to complete the survey. In 2015/16 41 questionnaires have been completed, with comments from 32 patients and 13 family members or friends. It should be noted that both patients and family members can complete the same form and 37/41 (90%) of responses said they would if, the need arose, wish to be cared for by St Gemma's. The remaining 4 responses were blank. Of the 37 responses who completed a rating 32 rated care as excellent 6 was good and 1 as poor. The response which indicated poor was addressed with the family at the time, to understand how we could improve their experience.

Respondents are asked if there is anything they would prefer us to do differently and is there anything we can improve upon. The comments are very positive; any points of concern raised are generally addressed in real time so we can improve

the immediate experience for patients. The negative comments which occurred twice this year were regarding the visitors chairs being uncomfortable for long periods; different chair options are being considered.

In the Day Hospice we have received feedback from friends and families during part of the year. Key comments have been:

'The care from everyone was really nice from the carers and the meals were excellent'

'Patients are treated as individuals not numbers'

'Perhaps more information about what is on offer before we are lucky enough to be involved in your program' (Day Hospice leaflets now printed and being circulated)



“ Friendships and a wonderful atmosphere of support and help with both physical problems and practical needs ”

“ Kept people entertained. And gave people a feeling of calm. Felt staff were well organised ”

“ There are always improvements you can make. I only wish it was longer than 12 weeks as I have enjoyed it that much ”

“ Showing that you care, always friendly with a smile. I have never seen staff be impatient. The staff genuinely care about you ”

“ Provided care and reiki ”

“ Maybe a little more easy activities to make the time a little easier ”

Other comments included from patient and family letters:

Thank you so much, you both made him feel special. He would never before have contemplated any form of massage or aromatherapy. He felt great after each session and valued greatly your conversations.

Thank you for your kindness and unflinching care. Not only for your care of him are we grateful but for your kindness and consideration to all of us as a family.

He was only with you for a week but we could not have wished for a better place to be.

Truly amazing and it was a privilege to receive such excellent and compassionate care – I will be forever grateful.

Everyone was amazing and it was nice to meet new people that have sadly lost someone in their life. Thank you, so much for inviting me on an amazing trip.

The dedication of all staff was outstanding and he was definitely feeling much better after his stay.

The Community Team

We also received positive feedback in relation to our Community Service. One recent example is as follows:

‘The Community Clinical Nurse Specialist visited Mum on Friday 19th Feb. She stayed a couple of hours, learned so much about my mum and gave

us great information and advice. She was lovely with mum, and my sister and I were educated on things we know nothing about. How many drugs we could give her, when to discuss with the doctor if we upped her dose, where to get help with carers allowance, how to keep in touch, what we might expect. She followed up with a call three days later, and explained her holiday cover. She worked collaboratively with the district Nurse team (many knew and loved her) and the doctor.

We only saw her once and spoke to her once but she made a big difference to us and our confidence

In the end we had a lovely 9 days with our Mum. That was priceless to us. We laughed. We cried. We watched Emmerdale, three in a bed drinking sherry. She saw her friends for the last time sat serenely in her bed ringing her little bell for tea to be delivered. She died in her favourite place, her own bed, her own bedroom, in her own home. We are devastated but know she had the best death that she could have had.’

Community Team Palliative Care Clinical Nurse Specialists – telephone consultation and advice is a key part of their role



Feedback from the Young People's Bereavement Service (YPS)

This year the YPS has developed and increased the number of children and young people it has supported by 26%, the number of contacts has increased by over 60%. The YPS Bereavement Workers and volunteers provide a city wide service which takes referrals from Wheatfields Hospice and St James's Oncology Unit as well as St Gemma's.

The service offers 1:1 sessions with young people providing bereavement advice and support. Due to changes in children's mental health services in Leeds we are seeing children and young people with more complex needs such as anxiety, self-harm, eating disorders and anger management; partnership working with mental health providers where indicated and GP services is central to the team approach. The team offers consultation and support to parents, carers and other professionals especially Clinical Nurse Specialists and schools.

In addition to 1:1 sessions, being with others who have experienced a death of a significant person in their lives is highly valued by the young people. The service runs a number of group events, a service user empowerment group, teenage support group and Days to Remember. Group events for this year included a weekend sailing, Christmas Party, Lazer Quest and Woodland Bushcraft as well as much more.

We ask young people for feedback following each event.



Spiritual Care Service

St. Gemma's provides spiritual support to patients approaching the end of their lives. We seek to meet their emotional and spiritual needs and support their carers, families and loved ones. We come alongside people when times are tough through sadness and grief, listening and supporting, helping them to explore their questions, letting them remember and helping them connect with and practise their faith.

We also support families and individuals with celebration such as Christenings, weddings as well as with planning and leading funerals.

Bi-monthly Memorial Services are offered to families and friends to allow them to remember and honour their deceased loved ones. The Memorial Services have been attended by 709 people in the past year. We ask for and receive feedback following the services which affirms the value that families and friends attach to this aspect of Spiritual Care. A selection of feedback comments:

“ The occasion was the ultimate dignity. It was very basic, very simple, very beautiful and very multi-cultural. Grief, Sorry, Loss, Anger. This does not work towards the finality of the dear passing of a loved one. This service certainly works towards closure. Please continue your good work. Thank you.”

“ All was conducted with empathy and understanding.”

“ I thought the service itself as lovely. It must be difficult when there are so many different faiths attending.”

“ I have found St. Gemma's excellent in every Department from beginning to end. Thank you all so much. I did find the Service was very helpful and the prayers and readings were lovely. The length of the Service for me was just right and the people conducting the Service were lovely. I could find no fault at all. Thanks to all involved.”

Adult Bereavement Service

We are supported by 6 Volunteer Counsellors who support our two Adult Bereavement Counsellors to offer one to one counselling; currently we are offering this one to one counselling service to 41 people.

We continue to support a further 32 people at our monthly Bereavement Support Group which is

facilitated by our Counsellors with the help of some of the bereavement support volunteers.

This year we are reviewing the bereavement service offered and developing plans to ensure we offer the right service to the right people at the right time.

Engagement with the Public by the Hospice

St Gemma's is indebted to the public for its ongoing support and interest. The Hospice continues to work hard to engage with the whole community.

Traditional and digital media continue to be used to communicate with the public. Radio campaigns in the year have proved to be very successful and have helped us to recruit to some key nursing posts. Our social media following continues to increase and we are using it more effectively to target specific audiences.

St Gemma's plays an active role in the Leeds Dying Matters forum, working in partnership with Leeds City Council, Leeds Teaching Hospitals Trust, the

Leeds Clinical Commissioning Groups and other community groups. Our first Death Café at the Hospice was well attended and future plans for further engagement with the diverse communities of Leeds about death, dying and bereavement are planned in the future.

Work continues reaching out into the community to inform and educate different groups about the work of the Hospice and how to access our services. We are particularly concentrating our efforts towards communities who don't traditionally access hospice services. The Hospice website is also under development with plans to enable pages to be translated into different languages.

Staff Experience of Working at the Hospice

Staff turnover in 2015 was 14.7% (19.49% in 2014) and sickness absence was 6.07% (5.79% in 2014). The level of staff turnover in 2015 was as expected. Sickness absence continues to be elevated by a small number of long-term cases. There has been good progress made in reviewing and supporting people back to work with support from their treating practitioners.

Staff have access to an Occupational Health Service, complementary therapy service and clinical supervision. The Hospice has an internal communications policy which promotes a culture of open, honest, efficient and transparent communications. Communication within the Hospice is supported by a monthly staff bulletin, a quarterly question time with the Chief Executive and meetings of the Employee Consultation Group (ECG). As communications have been further improved through the introduction of regular team and one to one meetings between managers and staff, the ECG has reduced the frequency of its meetings to reflect the changes.

The Hospice has a robust system in place for raising concerns with a Whistleblowing Policy and procedure available to every member of staff – employee and volunteer.

During 2015/16 the Hospice has continued its work on staff engagement. The annual Hospice Conference focused on the Hospice Strategy and staff groups engaged with Directors to discuss the strategy and their role in its implementation.

Groups of staff at the Hospice have participated in information and feedback sessions with the relevant Director to understand more about how their work fits into the overall remit of the Hospice.

Leadership development work has been undertaken with the Hospice Leadership Team and the Heads of Departments and monthly meetings have increased and improved the opportunities for team working across the organisation. HR management training and coaching sessions have been held to support managers in areas where the need for specific development has been identified.

Staff are supported with an internal education programme. 90% of clinical staff attended mandatory training in 2015/16; those who did not complete training are booked into the first 2 months of 2016/17. The following are some examples of the additional opportunities which have been available to staff in the last twelve months: cognitive therapy, falls assessment, non-invasive ventilation and oxygen management, advance care planning, Leaders and people programme, managing time and prioritisation and Helping people to learn.

The Hospice's accreditation to the "Positive about Disability" scheme (to encourage disabled applicants for jobs) was renewed. Sensory Awareness training was held to provide staff with the basic knowledge and skills needed to have the confidence to converse more easily with Sensory Impaired, patients, relatives or colleagues.





Staff Survey

A staff survey was run by the Hospice in June/July 2015. The key themes of staff feedback were:

- Helpful and supportive colleagues and teamwork
- Making a difference through direct care to patients and families
- Everyone working together to provide the best service
- Commitment to high standards of care, support, education and research
- Working for a good cause with a good reputation in the local community

When compared with the 2014 survey, there was a marked improvement in the 2015 survey of the percentage of staff who agreed or strongly agreed that they:

- Understood the values of the Hospice (10% increase)
- Felt supported in terms of learning and development (14% increase)
- Felt that the Hospice clearly communicated its goals and strategies (24% increase)

The top three words used by staff to describe the Hospice were Caring, Professional and Compassionate. The survey results have been looked at in detail, and work will continue to improve areas highlighted by staff.

The Investors in People 18-month Development Activity review was carried out in June 2015. The report stated:

“Clarity of focus, clear sense of purpose in their jobs, a more defined leadership structure with Heads of Department and a shared understanding of the values and behaviours, are gelling together to create an environment where people recognise how they can contribute to success and feel valued and appreciated for their contribution.”

In 2016/17 we aim to:

- Complete the review and development of a new Hospice Reward Strategy
- Review equality and diversity throughout the workforce
- Develop succession planning across the Hospice
- Developing a culture of coaching across the organisation
-

Volunteers

A full-time Volunteers Coordinator was appointed in September 2015 to oversee the Hospice's 700 volunteers. A Volunteer Strategy has been developed to promote St Gemma's vision, purpose and values through a culture of greater engagement with, and development of, volunteers and volunteering within the Hospice.

Volunteer recruitment has improved due to the development of our website, use of social media, and advertising through other local networks such as volunteer centres, universities and online volunteering sites.

New volunteers receive a welcome pack and an invitation to the Hospice Induction. Volunteer communication is through an email Bulletin once a month and a Newsletter three times a year. The Volunteers Coordinator has begun the roll-out of volunteer feedback sessions across the Hospice. In 2016/17 we aim to build on existing good practice to:

- Raise the profile of volunteering at St Gemma's through external networks and amongst all local communities;
- Develop appropriate training and support for all volunteers to ensure they have the appropriate skills, experience and knowledge to undertake their roles; and
- Develop more targeted communications and events with volunteers to inform, thank and celebrate their work and contribution to the Hospice.

PART FOUR

Statement from NHS Leeds South and East Clinical Commissioning Group

Leeds South and East Clinical Commissioning Group (CCG) welcome the opportunity to comment on St Gemma's Hospice account for 2015/16. Leeds South & East Clinical Commissioning group is providing this narrative on behalf of all three Leeds Commissioning Groups including Leeds West CCG and Leeds North CCG. We have reviewed the account and we believe that the information published is an accurate account. We are supportive of the priorities that have been proposed for the forthcoming year, and pleased to note the commitment to the quality agenda.

The Chief Executive Introduction is excellent, very easy to read and it sets out the core achievements and ambitions succinctly.

With regard to the 2016/17 priority for carers, we would encourage the hospice to meet with Ian Brooke-Mawson Joint Commissioner for Carers in Leeds so that he can provide guidance and additional support.

We are pleased to note the 23% reduction in the level of patient falls despite an increase in admissions to the in-patient unit and that falls remains a key focus for 2016/17.

We recognise the support provided for young people and their active engagement in the recruitment process and the shaping of services. It is encouraging to see that this approach will continue in 2016/17, with an increase in the level of third sector integration through schools, community groups and youth work.

We particularly like the 'Nurses on Tour' initiative to build links with the community and share experiences with the general public.

It was encouraging to see such a positive and balanced open report on the Green Acres End of Life beds pilot.

We acknowledge the commitment to continuous quality improvement with leadership, focusing on staff professional development and service improvement which is reflected in the significant reduction of complaints in 2015/16 compared to previous years.

We note the increase in Internal drug errors, however we recognise that 83% resulted in no harm and 11% were near misses where an incident was prevented through the vigilance of the staff. We note that learning from complaints and incidents has informed 2016 /17 improvement plans.

We note the rise in Grade 3 pressure ulcers, although we recognise the excellent work in reducing Grade 2 pressure ulcers by 52% compared to 2014/15. We acknowledge the strong commitment to partnership working, within Leeds and the City Wide collaborative work, to share learning and look at ways to manage pressure ulcer prevention.

We are pleased to note and actively support the further development and use of outcome measures. We hope the good work on the use of OACC (outcome measures) will be shared with partners across the city via the Managed Clinical Network, further supporting partnership working.

We acknowledge the excellent work which has taken place during 2015/16, as well as the challenges experienced with medication errors and grade 3 pressure ulcers. However we are pleased to note the commitment to partnership working, staff professional development and service improvement. We hope that the organisation will continue to support the collaborative working which needs to take place with the commissioners and we look forward to working more closely with St Gemma's Hospice in 2016/17 with the aim of delivering the highest standards of palliative care possible.



Introduction

Healthwatch Leeds hosted a joint session with the Leeds Scrutiny Board (Adult Social Services, Public Health, NHS) to consider final drafts for NHS Quality Accounts for all the organisations providing NHS services in Leeds required to provide Quality Accounts. Each organisation was invited to present their account with a focus on accessibility, evidence of links between patient feedback or engagement and priorities, the measures of planned improvement and progress and benchmarking. Healthwatch and Scrutiny Board attendees were also invited to identify areas of good practice. Most organisations are planning a more accessible summary version; we welcome this practise.

Joint comments for inclusion in the Quality Account

The St Gemma's Quality Accounts are an example of good practice. The format is engaging and accessible and there are examples of patient and carer engagement and actions based on feedback throughout the document.

The work on values and patient outcomes as well as benchmarking against measurable patient safety indicators on falls and pressure ulcers are clear benchmarks to measure. The work with children and young people and the project to understand what people from Black and Minority Ethnic backgrounds would like as a service are also examples of positive service development. We also recognise that the two hospices in Leeds work together to provide a good service for local people while coping with the financial pressures experienced by all service providers.

While the Hospice will publish separate details of its accounts and financial performance, it would seem reasonable that the Hospice should comment in general terms on the impact of the financial challenges facing the health and social care sector in Leeds and specifically in terms of the impact on its own priority areas.



Appendix 1

The following are required by law to be included in the Quality Account. They currently do not apply to the Hospice.

- The number of national clinical audits and the number of national confidential enquiries
- The proportion of income conditional on achieving quality improvement and innovation goals agreed through the Commissioning for Quality and Innovation payment framework.
- The Hospice was not subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission.
- Records submitted to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

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Glossary

- CQC** **Care Quality Commission**
This is the independent regulator of health and social care in England. It regulates health and adult social care services provided by the NHS, local authorities, private companies or voluntary organisations.
www.cqc.org.uk
- EPaCCS** **Electronic Palliative Care Co-ordination System**
EPaCCS provides a shared locality record for healthcare professionals. It allows rapid access across care boundaries to key information about an individual approaching the end of life including their expressed preferences of care.
- IPOS** **The Palliative Outcome Scale (POS)**
measures are a family of tools to measure patients' physical symptoms, psychological, emotional and spiritual, and information and support needs. They are validated instrument that can be used in clinical care, audit, research and training.

The POS measures are specifically developed for use among people severely affected by diseases such as cancer, respiratory, heart, renal or liver failure, and neurological diseases.

IPOS is an exciting development, integrating the best of POS, POS-S and the APCA African POS. It has been welcomed by patients and professionals as a more streamlined measure which is brief, yet which still captures their most important concerns - both in relation to symptoms, but also extending to information needs, practical concerns, anxiety or low mood, family anxieties, and overall feeling of being at peace.
- MDT** **Multidisciplinary Team**
This is a team of professionals including nurses, doctors, physiotherapists, occupational therapists, social works, spiritual care team, dietician, complementary therapists and others who work together with patients and families to plan, deliver and evaluate care.
- NICE** **National Institute for Health and Care Excellence**
NICE provides guidance which helps health and social care professionals to deliver the best possible care based on the best available evidence.
www.nice.org.uk
- PROMS** Patient reported outcome measures assess the quality of care from the patient's perspective.
- QELCA** **Quality End of Life Care for All**
Is a short training programme with action learning sets for health professionals who want to enhance their knowledge and improve end of life care in their area of practice

Further information

For further information about this Quality Account please contact the Director of Nursing (0113 218 5500)

St Gemma's Hospice is a local, independent charity, providing expert medical and nursing care to thousands of local people every year – all free of charge to patients and their families.

If you would like more information about our work, please contact us:

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