

St Gemma's Hospice

Quality Account 2018/19



**St.
Gemma's
Hospice**
Always caring



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Our 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 2018 - 2028:



Impact

St Gemma's University Teaching Hospice will improve care for patients and families through research, education and translating evidence into practice



Connect

St Gemma's Hospice will work in partnership with others to provide the standard of care we would want for our own families



Extend

St Gemma's Hospice will develop palliative and end of life care services in Leeds to meet the needs of more people in the future

OUR FOUNDATIONS	Scope	The needs of people living with a terminal illness and those close to them are met with care, compassion and skill
	Quality	Continuous improvement is sought across all areas of the Hospice
	Sustainability	Our Hospice services, estate and workforce are financially viable and fit for the future

Statement on Quality from the Chief Executive



Welcome to the St Gemma's Quality Account for 2018/19. This year we celebrated the Hospice's 40th Anniversary with a number of special events including A Night to Remember at Leeds Town Hall, a Mass of Thanksgiving at Leeds Cathedral and a 40 Faces photography exhibition. Over the last 40 years we have cared for many thousands of people with a terminal illness and supported their families and friends; as we have grown in size and complexity, we have always retained our vision of meeting the needs of individuals with care, compassion and skill.

This Quality Account sets out some of the key ways in which we are assured about the quality of care provided by St Gemma's. One measure of quality is feedback received from families. This year we surveyed bereaved relatives about the quality of care for patients who died on the wards; 71% of surveys were returned, an incredible response rate. We are very proud of the results which show that respondents felt their relative died in the right place, that staff were professional and made time for them, privacy and dignity were respected and pain and other symptoms were effectively controlled.

We have made good progress against the Quality Account priorities we identified for 2018/19:

- We have improved the way in which we recognise and respond to acute patient episodes where complications are potentially reversible. We have introduced new tools to support identification of deterioration and new evidence based guidelines, which have been supported by staff training and audit
- We have built on previous work to improve end of life care for homeless people in Leeds, building relationships with other organisations supporting this community, developing and delivering training and trialling a multi-agency meeting for those involved in providing care. This work is complex and involves a range of stakeholders; our work in this area will continue to develop over time
- We have improved the way we collect feedback from patients and families, to increase the quantity of feedback and allow

improved analysis of what patients are telling us. We have now procured a digital system for collecting real time feedback.

Last year we developed our new Hospice Strategy with three pillars of Impact, Connect and Extend. This year the Board of Trustees has approved plans for delivering this strategy, building on the strengths of current services and developing and transforming our services for the future. This plan has informed our Quality Account priorities for 2019/20, alongside evidence and best practice, patient and family feedback, and incidents and complaints.

Our priorities for quality improvement in 2019/20 are:

- To introduce electronic prescribing and medicines administration to reduce medication errors and adverse drug events
- To improve the discharge processes from the wards, ensuring that these processes are reflective of patient needs and that risks are consistently identified and managed with patients and their families
- To improve the way we respond to the needs of patients at home in the community, through a Clinical Nurse Specialist (CNS) responding to all referrals and requests for advice each weekday; and by improving our assessment processes to ensure we prioritise our response to patients based on the urgency of their need.

St Gemma's hosts the Leeds Palliative Care Network (LPCN), bringing together health, social care and academic professionals in partnership to drive real systems change, promoting the highest quality of consistent, equitable and sustainable care in the final phase of life. The Network has now secured funding on a recurrent basis to support improvements in care and shape the services of the future, including working with the Leeds Clinical Commissioning Group (CCG) to develop a new strategy for palliative and end of life care across Leeds.

As a University Teaching Hospice, St Gemma's delivers high quality education and research, through our Academic Unit of Palliative Care (AUPC) working in collaboration with the University of Leeds. This year we have added to our programme of education by introducing video conferencing technology (Extension for Community Healthcare Outcomes, ECHO) to deliver training; the initial programme is being delivered to 11 GP practices in Leeds. We have continued to attract new research income and deliver research projects including a focus on pain management, access to services and medicines.

For the second year, St Gemma's took part in the Sunday Times Best Companies Survey. We achieved an improved ranking in the Top 100 Best Not-for-Profit Organisations to Work For, with very good levels of staff engagement. Staff value the chance to make a difference, the calm and friendly environment and their wonderful colleagues. The survey identified opportunities for further improving working life at St Gemma's; these are being addressed as part of our commitment to enhancing Hospice culture in areas such as working across teams and developing our leaders and managers.

St Gemma's could not continue without the generous support of our local community, in the form of volunteering, donations and fundraising. We are hugely grateful to every individual, school and group, place of worship, club and business that has supported us this year. We were delighted also to be the Lord Mayor's Charity of the Year.

We are grateful to those individuals who valued the work of the Hospice so much they left a gift in their will. We also appreciate the financial contribution we receive from the NHS and value our strong relationship with NHS commissioners and other health and care providers in Leeds.

Raising the funds we need every year is challenging, and the challenge will grow further as the demand for services and the complexity of care is expected to increase over the coming years. Recruitment to registered nursing posts continues to be a challenge locally and nationally; and we continue to take steps to manage this risk through skill mix, training and an increasing focus on the wellbeing of St Gemma's staff.

This year's Quality Account has been prepared by our Chief Nurse, with support from teams across the Hospice. The Hospice Leadership Team has been closely involved in setting our quality priorities 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
Chief Executive



Our Services

St Gemma's Hospice provides care and support to adults with active, progressive and advanced disease. The Hospice team provides specialist palliative care, where the patient has unresolved needs that exceed the expertise of the referring team, and end of life care.

Our services are open to people regardless of race, religion, sexual orientation, age or diagnosis. We provide care to people with a range of diagnoses including cancer, neurological conditions, and end stage respiratory and heart disease. We also provide support to families and carers including children and young people.

Care is based on a simple idea – that the person is more than the illness. Each of us - sick or well - has unique physical, emotional, social and spiritual needs. St Gemma's tries to respond to these needs in ways which place the highest value on respect, choice and empowerment.

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

- Doctors, including medical consultants
- Registered Nurses, Registered Nursing Associates and Healthcare Assistants
- Therapists to support independence and promote comfort including physiotherapy, occupational therapy and complementary therapy
- Social Workers and a Discharge Support Worker to provide specialist support and counselling to patients, 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.

During 2018/19 St Gemma's Hospice provided the following clinical services. St Gemma's Hospice has reviewed the quality of care in all of these services.

In-Patient Unit which provides 24-hour care and support by a team of specialist palliative care staff.

Nurse Consultant Led Beds in the In-Patient Unit supporting patients who have end of life care needs but do not require medical intervention.

Day Services which give patients extra support to manage symptoms, gain confidence at home and maximise quality of life.

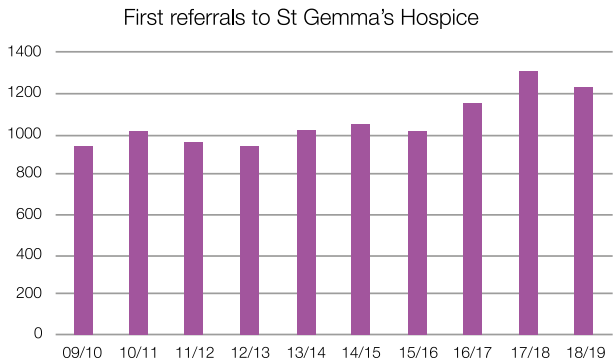
Out-Patient Services at the main Hospice site and community clinics. These provide a consultation with a Doctor, Clinical Nurse Specialist or Therapist.

Community Medical and Nursing Services which provide specialist support and advice in a patient's home or a care home.

Our Activity

First Ever Contact with Hospice Services		Percentage of Patients with a Non-Cancer Diagnosis	
2017/18	2018/19	2017/18	2018/19
1,313	1,228	26%	27%
Admissions to In-Patient Unit		2017/18	2018/19
		538	517
Average In-Patient Length of Stay		Day Services Attendances	
2017/18	2018/19	2017/18	2018/19
13 days	13 days	998	1,236
Clinical Nurse Specialist Face-to-Face Consultations		Community Medical Face-to-Face Consultations	
2017/18	2018/19	2017/18	2018/19
5,029	4,438	653	567

The number of new patient referrals to St Gemma's has fallen slightly compared with last year but remains consistent with a longer term trend of rising first referrals. Many patients access more than one St Gemma's service over time, for example specialist care at home, attendance at Day Services and In-Patient admissions.



Long-term trends show a steady increase in the number of patients with a non-cancer diagnosis accessing our services. We continue to see patients with increasingly complex needs. In-Patient admissions have fallen slightly this year, in part due to nursing staffing shortages, which have sometimes restricted admissions; this is a national problem and we are taking steps to recruit, retain and develop our nursing workforce, as well as develop new models of staffing. We continue to work proactively with partners to improve the identification and transfer of patients to St Gemma's, where this is their preferred place of care.

Community visits have fallen this year compared to last year; most of our specialist community nurses are now able to prescribe medicines to patients at home, resulting in a more comprehensive first assessment and reducing the number of follow-up visits needed. We have also invested in the training and development of the team resulting in some short term loss of capacity. A more flexible and responsive Day Services offer with an increased number of attendances has also contributed to this change.

Our Funding

St Gemma's Hospice provides services free of charge to patients, families, friends and carers.

The running costs of St Gemma's Hospice in 2018/19 were £10.7 million. The majority of this funding was provided through the generous support of our local community in the form of donations, legacies, fundraising initiatives and our chain of charity shops.

The core grant income received from the NHS represents 26% of the total income generated by St Gemma's Hospice in 2018/19. The Hospice receives funding from NHS Leeds CCG as a contribution to the overall cost of service provision. All of the financial support we receive from the NHS is spent directly on patient services.

We review all our services on an ongoing basis to ensure we are operating as efficiently as possible and that we are spending wisely in delivering expert care for our patients and their families. This is particularly important in light of the

challenging economic climate we have faced in recent times.

The financial challenges over the short to medium term remain significant; the achievement of planned budget efficiencies and maximisation of income continue to be highlighted on our risk register. Nationally there are widely reported cost pressures across providers of health and social care. The income the Hospice is required to raise increases year on year in line with the inflationary cost pressures, including the impact of the Living Wage.

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 is 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.



Priorities for Improvement 2019/20

Part two of this Quality Account firstly addresses the priorities for the coming year 2019/20 and then reflects on the progress made against priorities in the previous year 2018/19.

How our priorities have been developed

Our Quality Account priorities are in line with the Hospice Strategy; they take account of national evidence and best practice, and patient and carer feedback received throughout the year. They build on the small number of Hospice incidents, complaints and clinical governance issues. We consider changes in demand and city demographics as well as patterns of referrals for care between providers. We also utilise external feedback from organisations such as Leeds Involving People and Healthwatch and take account of citywide improvement priorities.

Service improvements are not limited to the priority areas identified in the Quality Account. We are constantly learning from those who receive our care and from health and care professionals who refer patients to St Gemma's.



Priority 1: Patient Safety

Electronic Prescribing and Medicines Administration (EPMA)

The Hospice In-Patient Unit is moving towards a 'paperlite' clinical documentation system utilising SystmOne, our main electronic patient record. The new version of SystmOne allows us to move over to electronic medicines management on the In-Patient Unit.

Electronic prescribing and administration will replace the current hand-written medication charts. Most, if not all, prescribing and documentation of administration of medicines will be done via a computer. This project will be done in conjunction with Sue Ryder Wheatfields Hospice and has been supported by NHS Leeds CCG.

Electronic medicines management has a number of advantages which can be summarised as:

- Improved patient safety by reducing prescribing and administration errors
- Reductions in paperwork and transcriptions
- Improved audit trails for medication
- Improved performance monitoring and intelligence
- Greater consistency and continuity of care between primary and secondary care settings.

Our key targets are:

1. To fully implement electronic prescribing and medicines administration across the Hospice In-Patient Unit.
2. To reduce prescribing and administration errors.
3. To improve medicines-related discharge communication.



Priority 2: Patient Experience

Patient Discharge

Discharge from the Hospice In-Patient Unit to home requires the successful transfer of information between clinicians and the patient/family to optimise experience and reduce adverse events. Engaging patients and families in the discharge planning process helps make this transition in care safe and effective. Following recent work with the In-Patient Unit multi-disciplinary team, the discharge process was identified as a potential area for quality improvement. The discharge process was also cited in a recent complaint to our services from which there has been some significant learning. The key areas for improvement were communication between professionals and with families, decision making, facilitation of environmental therapy assessments and working with other providers to co-ordinate care services.

There are many well planned, successful discharges that happen every week, so there are areas of good practice that can be replicated, as well as those processes that need to be improved.

Our key targets are:

1. To review current discharge processes, involving both In-Patient and Community teams, and identify changes required with relevant stakeholders.
2. To create a method to identify proactively patients and families at greatest risk.
3. To create a consistent therapy resource on site for environmental assessments which will reduce the requirement for as many home visits.
4. To review discharge information to improve consistency and communication.

Priority 3: Clinical Effectiveness

Implementation of the Triage Model in the Community

The demand on the Hospice's Community services is increasing in terms of the complexity of need. We also know that the number of referrals is likely to increase over the coming years as the number of dying people rises. There is an increased need to give timely

telephone advice to patients, families and professionals and to effectively prioritise workload for the Community team to ensure patients and families receive appropriate care. A new role of Triage Nurse is being created within the Community team, provided by CNSs in Palliative Care.

The project aims to establish a triage role Monday to Friday from 8.30am to 4.30pm, which will provide high quality, timely specialist advice and support for patients, families and professionals. This will also give us a greater understanding of the demands on the service to inform future innovation and will enhance efficiency within the current service.

Our key targets are:

1. To improve timeliness of advice to referrers and clinical teams – all calls during triage hours will be received by a CNS in Palliative Care.
2. To improve timeliness of advice/support to all referred patients – currently the target of contact within two working days is not always achieved.
3. To increase the reliability of assessment of the urgency of patient need to ensure prioritisation is always on the basis of that need.
4. To improve staff satisfaction with the referral and assessment process, enhancing team working and ensuring timely assessment.



Progress Against Priorities for Improvement 2018/19

The Hospice set three priorities in 2018/19. For each priority significant progress has been made. Further work will continue to complete and embed these priority areas.

Priority 1: Patient Safety

The Management of the Acutely Deteriorating Patient

In July 2016, an NHS Improvement Patient Safety Alert identified the need for care providers to improve the recognition and response to the deteriorating patient to avoid unnecessary harm and/or death. Patients within a hospice setting have potentially different clinical needs from those in a hospital setting.

Existing early warning score systems used in hospitals may not always be the most appropriate tool to apply within a hospice setting. However the In-Patient Unit care team still needs to respond to acute episodes of potentially reversible complications promptly and appropriately.

Our aim for 2018/19 was to develop an enhanced clinical escalation framework for the In-Patient Unit to help avoid unnecessary patient deterioration or death and provide comprehensive guidance to the clinical staff overseeing their care.

Our key targets were:

- 1. To develop and implement an enhanced framework to ensure that patients receive appropriate escalation of care to a senior level in a timely way.**

St Gemma's Hospice has introduced a modified early warning score tool as recommended by the Royal College of Physicians. This is supported by a patient escalation framework. Using the framework, patients are assessed on admission. Following discussion with each patient, decisions are made about how far it is appropriate to escalate their medical treatment should they become acutely unwell. This may involve urgent transfer of the patient to the acute hospital trust, medical interventions that are available safely within St Gemma's or a focus on symptom management and comfort measures.

- 2. To review the use of clinical observations and introduce a suitable version of the medical early warning scores to help clinical staff identify and monitor deteriorating patients.**

Once decisions are made, the early warning score aids identification of patients who are becoming acutely unwell to prompt timely medical attention and appropriate intervention. This new framework was introduced in the summer of 2018. Staff were involved in training prior to implementation. A recent audit demonstrates that the early warning score is being used appropriately within the Hospice and has positively influenced effective decision making where patients have become acutely unwell.

- 3. To introduce standardised approaches to common medical emergencies to streamline patient care.**

To support safe management of acutely unwell patients, evidence based guidelines for the management of sepsis and acute kidney injury have been written and are in the process of ratification.



Priority 2: Patient Experience

Improving End of Life Care for Homeless People

There is growing awareness that homeless people experience inequality in terms of both healthcare in general and also palliative and end of life care. Homeless people often die young; the average age of death is 47¹. This group may experience challenging problems including physical ill health, which may be compounded by mental health problems or substance misuse.

Research undertaken by the charity Marie Curie in 2017 highlighted some of the challenges in ensuring that homeless people experience good end of life care. These include identifying when patients may be approaching the end of life, a shortage of suitable options where care can be provided and a lack of skills, knowledge and confidence amongst staff supporting these patients. The Care Quality Commission recommends that hospices are well placed to champion better end of life care for homeless people.

Our project aim was to ensure that St Gemma's Hospice works with other agencies supporting homeless people in Leeds to develop a more equitable approach to end of life care for this vulnerable group.

Our key targets were:

1. To map current provision and identify key stakeholders.

A workshop was held at the Hospice involving St Gemma's and three local organisations that provide services to homeless people in Leeds. As a group we mapped the many agencies currently involved in providing support and health care to homeless people.

2. To develop a multi-disciplinary team, bringing together health and care professionals, meeting regularly in order to discuss individual patients who may be approaching end of life in order to facilitate good communication, good symptom management and planning to support patients as their health deteriorates.

Relationships have been built across the city between St Gemma's Hospice and

local homeless services to enable better multi-disciplinary working to support individual homeless patients with palliative care needs.

3. To develop a model of collaborative working between teams from different organisations.

We have recognised the value of close working, collaboration and communication between all agencies involved in an individual's care. A "Gold Standards Meeting", a multi-agency meeting which aims to review and discuss patients who may be in the last year of life, has been trialled within York Street Health Practice. This is a general practice that provides services to those who are homeless or vulnerably housed.

4. To develop systems for education and shared learning between teams (both homeless services and Hospice teams).

It was recognised that there are many benefits to shared learning between palliative care and homeless services with each learning from the other. St Gemma's has developed bespoke training materials specifically focusing on the particular palliative care needs of the homeless population. These are based on national research undertaken by Marie Curie and University College London. A first training session involving 20 staff from a number of hostel and supported living services in Leeds was held at St Gemma's in January 2019 and evaluated very positively. This will be run again as required.

5. To make recommendations for future models/services that would enable better end of life outcomes for homeless people in Leeds.

Work in this area is complex and includes a range of stakeholders; our work will continue with our partners in the city to develop a plan for future service models. The plan will include possible service improvements that can be developed within existing resources and a vision for what would be desirable if additional resource was available.

¹Care Quality Commission, *A Second Class Ending. Exploring the barriers and championing outstanding end of life care for people who are homeless*. November 2017

Priority 3: Clinical Effectiveness

Improving Patient Feedback

We currently collect friends and family feedback from our In-Patients and Day Services patients, families and carers; we proactively ask people to identify areas where improvements can be made.

The Hospice has a number of volunteers who collect feedback from In-Patients and their families or carers. Questionnaires are handed out to patients and carers attending the various Day Services sessions. We also send out questionnaires in our bereavement packs.

On our website patients and families have the opportunity to provide feedback on their care, although the uptake of this option is low.

While the comments are very positive, we wanted to increase the quantity of feedback received and extend this to all our service users, thereby ensuring we reflect feedback in developing and improving our services.

Our key targets were:

- 1. To explore and implement systems to collect real-time feedback from patient, families and carers who are using our services.**

St Gemma's Hospice has explored the digital market, reviewed and compared the systems available to collect real-time feedback thereby ensuring best value and reporting function. We have secured a new partner to collaborate with initially called 'Elephant Kiosk'. This company has extensive experience in collecting and

reporting real-time feedback across the hospice sector.

- 2. To trial electronic devices to collect feedback in a timely manner and in a range of languages.**

St Gemma's Hospice has secured the necessary hardware to support this work including free-standing feedback kiosks for our Hospice and Day Services reception areas, as well as handheld devices for use across our In-Patient and Community services. This will enable us to collect timely information in a range of languages.

- 3. To develop effective systems to implement any service improvements identified and share this information with users of St Gemma's services.**

The reporting mechanism within this real-time feedback system enables all comments to be viewed and actioned in real-time, which will provide a much improved position from our current paper feedback system. All feedback received will be collated, reported and utilised through our emerging patient and public involvement forum.



Statements from the Care Quality Commission

St Gemma's Hospice is registered with the Care Quality Commission to provide:

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

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

- Only treat people over 18 years of age
- Only accommodate a maximum of 32 In-Patients

St Gemma's Hospice is subject to periodic review by the Care Quality Commission and the last review was an unannounced inspection on **13 July 2016**. The Care Quality Commission's report was published on 3 October 2016 and rated St Gemma's Hospice services as Outstanding.

Inspected and rated

Outstanding 



CareQuality
Commission

The Care Quality Commission asked five questions during their inspection as shown below:

Question	Finding	Rating
Is the service Safe?	The service was safe	Good
Is the service Effective?	The service was extremely effective	Outstanding
Is the service Caring?	The service was very caring	Outstanding
Is the service Responsive?	The service was extremely responsive	Outstanding
Is the service Well-Led?	The service was very well-led	Outstanding

The Care Quality Commission summarised their findings as follows:

Safe: People were kept safe as there were sufficient staff to meet people's assessed needs. Staff managed people's medicines safely and effectively, and were particularly concerned with ensuring effective pain relief was managed. Staff knew how to keep people safe from abuse. They could identify the signs of abuse and knew what procedures to follow if they thought someone was being abused.

Effective: The service was extremely effective. Staff were highly skilled in their roles and knew the individual needs of the people they supported very well. People and their families told us how the food was tailored to their needs, and could eat and drink at any time throughout the day or night. The registered manager and all staff understood the principles of the Mental Capacity Act (MCA) 2005 and how to apply these in practice. This was evident from the mental capacity assessments carried out in the Hospice.

Caring: The service was very caring. People and their families told us the care they received was excellent. They praised staff and told us they were always treated with the utmost respect and dignity at all times. People and their families told us about staff who always went the extra mile in supporting their loved ones with their end of life wishes. People's views around end of life care were clearly recorded, respected and carried out as people requested.

Responsive: The service was extremely responsive. People were encouraged to express their views and shape their support to reflect their own individuality. This included devising their own advanced care plans which recorded end of life choices so that care was responsive to their needs. Feedback was sought in many different ways from people and their families to improve and monitor the quality of care. The provider had a holistic positive and open approach to using complaints and concerns to improve the quality of the service.

Well-Led: The service was very well-led. There was a clear management structure in place, strong leadership and senior staff allocated in lead roles. The management team provided a safe, high quality and extremely caring service which promoted high standards throughout all work practices. The provider worked alongside other healthcare professionals, national organisations and charities to make improvements to health provision for people in the local area. Auditing procedures and different quality groups provided a framework for ensuring on-going proposals for improvements were considered and carried out within the Hospice.

The latest report is available on the Hospice website: www.st-gemma.co.uk/keypublications or search St Gemma's Hospice on the CQC website: www.cqc.org.uk



Review of Quality Performance

St Gemma's Hospice is committed to continuous quality improvement with a focus on professional development for clinical teams, service improvements for patients and families and ensuring the best use of resources. We support patient choice and work with patients and families to deliver care in the setting they choose; either in their home with Specialist Nurse and Medical Consultant support, in Day Services or in the In-Patient Unit.

The Care Quality Commission asks five questions of care services – are they safe, effective, caring, responsive to people's needs and well-led?

Patient Safety

Patient safety is at the core of St Gemma's care. We routinely monitor the safety of our care using a range of measures and investigate areas that raise concern.

Key Performance Indicators (KPIs)	2016/17	2017/18	2018/19
Patient Safety			
Notifiable patient safety incidents	1	0	1
Internal drug incidents	35	25	37
Internal drug incidents - near misses	4	2	13
Number of slips, trips and falls	96	76	54
Key Quality Indicator (KQI)			
Number of avoidable pressure ulcers	2	0	0
Number of patients developing pressure ulcers Grade 2 (unavoidable)	43	47	49
Number of patients developing pressure ulcers Grade 3 (unavoidable)	5	4	12
Number of patients admitted with MRSA	1	0	1
Number of patients who developed MRSA during admission	2	0	0
Number of patients admitted with clostridium difficile	0	0	0
Number of in-patients who developed clostridium difficile during admission	1	0	0

In 2018/19 the Hospice had one notifiable safety incident relating to a patient who fell sustaining a fracture. The patient made a full recovery after surgery and returned to the Hospice before being discharged home.

This year saw an increase in the recording of near miss drug incidents. These include events such as ordering or prescribing errors picked up in the standard safety or administration checks, thus avoiding an incident happening.

In 2018/19 a number of interventions have been introduced to reduce medication errors in general,

based on previous incident analysis. These include standardising the incident review process and introducing regular discussion at ward meetings. We have also introduced boards with prompts to improve timeliness of vital medications and reminders to clinical staff to minimise interruptions for those involved in medicines preparation. Staff have been encouraged to report near misses as well as actual incidents to optimise the opportunities for learning which has resulted in higher numbers of near misses.

Patient falls incidents continue to reduce since the introduction of safety huddles in 2017/18 following work with Leeds Teaching Hospital and the NHS Improvement Academy. These huddles take place on each ward with nursing, therapies, housekeeping and food service staff. All staff report any worries about patients at higher risk of falling, thus preventing falls and bringing the team together. Risk of falls is highlighted at handover and patients at high risk are moved closer to the nurses' station, when necessary.

During 2018/19, there were no pressure ulcers which, following audit and root cause analysis, were found to be avoidable. The In-Patient Unit has seen an increase in the number of Grade 3 pressure ulcers despite high levels of engagement from staff, thorough documentation of care and frequent patient movement. Detection, grading and documentation of pressure ulcer management have improved following staff training which may account for some of this increase, as well as caring for patients with increasingly complex needs.

Like other healthcare providers, recruitment of Registered Nurses is a challenge and has continued to be an area of focus during 2018/19. On the In-Patient Unit, we have reviewed staffing ratios and made changes to the skill mix across the team to increase the availability of skilled palliative care staff and to integrate new roles. We have increased the number of Healthcare Assistants to ensure safe and timely response to patient needs and we continue to drive recruitment to Registered Nursing posts.

As one of the first pilot sites for Nursing Associates, St Gemma's is proud to have supported one of its own staff through her training and provided placements for the other trainees across the city. In January 2019, Laura became one of the first Registered Nursing Associates in the country.



Our Community CNSs have seen an increase in the complexity of patient need and demand for more immediate response times. Demand for the service is stable year on year, so the work this year has focused on timeliness of response to need. A new triage system is being introduced that will see a CNS taking and prioritising all referrals into the service and working with the team to manage workload. This is a significant change in the way the team currently works and we believe it will provide an improved experience for our patients and families.

The medical team has been well staffed at both senior and junior levels through the year. Gaps in the senior team due to maternity leave were covered by locum consultants. We continue to have junior doctors on rotation in our In-Patient Unit and Community teams. Feedback from the doctors on their work at St Gemma's is consistently positive.

The Hospice delivers a programme of patient safety audits using national and locally developed audit tools. There is a multi-disciplinary approach to audit with dissemination of reports, monitoring of action plans and re-audit where necessary.

A summary of key audits is shown here:

Audit	Result 2016/17	Result 2017/18	Result 2018/19
Controlled Drugs Procedures*	98%	100%	100%
Positive Patient Identification	94%	89%	88%
Infection Control – Hand Hygiene	81%	81%	81%
Accountable Officer*	100%	100%	99%
Management of Sharps*	97%	100%	82%
Mouth Care Documentation	83%	76%	79%
Nutrition Audit	85%	81%	83%
Pressure Care	-	-	90%

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

An action plan has been created following the audit on sharps management and monthly audits will be undertaken until performance against key standards has improved.

At St Gemma's we constantly try to improve on our existing high standards. Whilst our current audits do not highlight any areas of concern, we are reviewing our future audit programme to give us greater insight into the quality of care and to identify areas for improvement.

Effective Care

Through 2018/19 we have continued to develop our In-Patient Nurse Led End of Life Care service. A core part of providing effective care is enabling people to die where they wish to. In Leeds, where preference is known, a quarter of patients recognised as approaching end of life would opt to spend their final days in a hospice. In the past year, we have recruited an additional Nurse Practitioner to enable us to admit patients seven days a week including weekends and bank holidays. This is important for patients who need to access a bed in a timely way, especially if prognosis is very short. Admissions into our five end of life beds have risen by 25% with 16% of all admissions now at weekends.

Working with palliative care colleagues from across Leeds, we continue to develop links with Leeds Teaching Hospitals Trust with a particular focus on ensuring recognition and timely transfer of patients nearing the end of life who wish to be cared for in hospices. We have created a dedicated pathway that enables Emergency Department teams to offer dying patients the choice of direct transfer to a hospice if this is their wish.

In parallel we are conducting a broad review of the services provided in our In-Patient Unit to ensure we are maximising available resources to improve access for patients and families.

The Hospice continues to embed the Outcome Assessment and Complexity Collaborative (OACC) measures developed by the Cecily Saunders Institute and The Kings Fund. This suite of five patient-related outcome measures enables clinicians to better identify patient needs and to assess patient progress in terms of symptoms, level of physical function and independence. We can use this information to inform patient care directly in terms of individual patients and guide decisions about how we deliver our services. The measures are included in all patient documentation and regularly used in patient handovers and ward rounds to identify any changes in patient need or complexity.

This year we have sourced and purchased dedicated computer software which will enable us to better use the information collected from patients. We will also be able to extract reports to evidence the effectiveness of interventions that we offer and provide valuable information about the problems and needs of the patients referred into our care.

Compassionate Care

St Gemma's places a high value on dignity and respect, co-ordinated care, and responding to what matters most to patients and their families.

We pride ourselves on going the extra mile for patients and families. This year we have hosted a wedding celebration and supported a patient who wanted to attend his wife's grave. Feedback from patients and families discussed later in this report demonstrates that compassion is a core part of the care that we deliver and is highly valued by service users.

The Hospice continues to work with the Community Engagement Steering Group facilitated by Leeds Involving People, engaging black, Asian and minority ethnic citizens living in the Leeds 7 and 8 postcode areas. The Steering Group acts as an advisory panel guiding development of culturally aware and accessible services. This year, we have hosted a myth-busting event for local communities to encourage increased access to Hospice services.

During this year the Hospice started the implementation of the Dementia Strategy (2018-23) which aims to support people living with dementia and other forms of chronic cognitive impairment. This could be patients, relatives or members of the public using our services. In 2018/19 we have trained staff in every role within the Hospice about dementia at induction and have made changes to the environment to be more conducive to the care of this group.



Responsive Services

An important aspect of Hospice care is sensitive and skilful discussion with individuals about their preferences about the type of care they would wish to receive and where they wish to be cared for. This process of Advance Care Planning is integrated throughout our discussions with patients, whether at home or in the Hospice.

Key Performance Indicator (KPI)	2017/18	2018/19
Number of patients with a personalised care plan for care of the dying	84%	83%
Number of patients achieving preferred place of care/ death (where preferred place recorded)	83%	87%

Each ward has two consultant-led ward rounds per week. New specialist palliative care patients are reviewed by a medical consultant within one working day of admission. Patients admitted for End of Life Care (EoLC) are admitted by the EoLC team with a daily review of their needs. Each week the multi-disciplinary team, made up of doctors, nurses, therapists, spiritual care, social work and discharge planning, meets to discuss and plan the care of each patient and family.

In the community, a model of patient stratification has been introduced to ensure that patients are seen and reviewed dependent upon need. All patients in the caseload are actively stratified when they are reviewed which can help with overall caseload management, but also enables the CNSs to signpost patients (and their families) to other services, such as Day Services or the Therapy team.

St Gemma's is really proud of the work undertaken by the LPCN to enhance communication across the city about referrals and admissions to the Hospice. The clinical team holds a daily meeting with the palliative care team at Leeds Teaching Hospitals Trust (LTHT), via Skype, to discuss new patient referrals and anyone admitted to LTHT from the community who is known to our services. Together the teams agree on admissions and create patient-specific plans as required.

This year the Hospice received six clinical

complaints.

Three complaints related to the Hospice In-Patient Unit: one related to the lack of an available bed for a patient at home; one was about the attitude of a member of the clinical support team; and the third related to a decision to discharge a patient from the ward. The discharge complaint has informed one of our Quality Account priorities for 2019/20.

Three complaints related to the Hospice Community services: one related to prescribing and administration of medicines to a patient at home; one was about services provided by a range of community providers, including St Gemma's; the third related to St Gemma's response to a patient's needs at home.

We have undertaken investigations into all the complaints during the year. Where possible, we have met with the complainant in order to fully understand their concerns and to respond appropriately. Whilst not all complaints were fully upheld, we have learned lessons from each of them and are implementing changes as a result. The Clinical Governance Committee monitors action plans that arise from clinical complaints.

We are generally able to meet the current level of demand for our services, but we recognise that in the coming years demand for our services is likely to grow as the number of deaths is forecast to rise. We also recognise that not all those who would benefit from our care are currently being identified and offered the opportunity to access St Gemma's In-Patient and Community care.

We monitor capacity and demand on a daily basis both to ensure our services continue to be responsive and to improve access.



Service Improvement

The Leeds Palliative Care Network (LPCN) (Formerly known as the Managed Clinical Network)

The LPCN is hosted by St Gemma's Hospice. As a collaborative partnership group, the LPCN is committed to the highest quality of consistent, equitable and sustainable care in the final phase of life. It brings together health and social care and academic professionals across Leeds, provides strong partnerships and transcends the traditional boundaries to bring about systems wide change.

The LPCN has secured funding for a fourth year. It is driving change across Leeds in a number of important ways. Notable examples for the past years are:

- Enhancing end of life care for people with heart failure, Chronic Pulmonary Obstructive Disease, movement disorders, dementia or frailty, which includes improving the transfer of care of patients from hospital to hospice, plus a new A&E transfer pathway
- Understanding care and any inequities through working closely with the AUPC, Optum Health Alliance and delivering the Leeds Bereaved Carers Survey
- Delivering expert education for community and hospital staff, GPs and care homes, which includes developing and delivering tele-education in order to support more professionals to improve patient care and integrating research and evidence into all developments. The LPCN delivered GP TARGET education this year
- Integrating with other key partners: Leeds Academic Health Partnership, Leeds Clinical Senate, GP Confederation, Leeds Informatics Board plus others.

Finally, the LPCN is working alongside the CCG to develop the new strategy for palliative care and end of life care across Leeds.

Day Services Transformation

The Day Services model at St Gemma's Hospice has been reviewed since the last Quality Account. The aims of the new model include creating a more flexible service to meet different needs of patients, expanding services for carers and providing options for patients to access a range of services from the multi-disciplinary team. The changes are being driven forward through the appointment of a new Day Services Manager who came into post in September 2018. Attendance figures for the first half of the year were low and have started to increase now the changes are being implemented.

The model developed includes a Drop-In Service available for patients and carers. These people may not be previously known to the Hospice and can start engaging with services much earlier in their palliative phase than has occurred in the past. Patients and carers access the services for a variety of reasons including for emotional support, information needs, referral to other services, introduction to the Hospice and symptom advice. Feedback has been very positive and as the model has become more successful we plan to extend to a second day in the coming year. Drop-in Service leaflets are translated into Czech, Polish, Punjabi, Romanian, Urdu and distributed to community centres.

A traditional multi-disciplinary symptom management support day remains available once a week with a change in emphasis to focus on patients' goals using the Integrated Palliative Care Outcome Scale (IPOS) measure. This enables staff to give a clearer, focused approach to symptom management, which has then increased involvement across all multi-disciplinary teams in the patient's care.

A weekly Carers Group continues and is very successful. There remains a monthly Bereavement Support Group. The breathlessness group, Breeze, has completed its pilot and has been extended with more frequent sessions and greater numbers of attendees per session. In January 2019 we commenced a pilot of a Fatigue Management Group.

This will be evaluated later in this year but already has good level of referrals. With the rise in non-cancer related referrals into the Day Services, particularly in those with a palliative neurological diagnosis, we have started to trial a 12 - week multi-disciplinary self-management Neuro Group to support patients and their carers. This will be evaluated later in the year.

Transformation has been able to take place in Day Services through staff changes across nursing and therapies. It has been supported through the development of volunteer roles across the service. Volunteers now offer creative therapies, including art and music, and we have also increased the number of volunteer drivers and volunteers who support the various day activities and groups.

Academic Unit of Palliative Care

The St Gemma's Academic Unit of Palliative Care (AUPC) was awarded University Teaching Hospice status in 2017, the first in the UK. This recognised the effective collaboration between St Gemma's Hospice and the University of Leeds in undertaking research, education and translating evidence into clinical practice. Over the last year the AUPC has continued to grow and expand its work reflecting and continuing to maintain this important status which benefits patients, Hospice staff, volunteers, external health care professionals, Leeds, the wider region and beyond.

Education

The AUPC works closely with the University of Leeds in providing placements at St Gemma's for a wide range of students including medical, nursing and therapies. We provide substantial Hospice based teaching each year with 120 students on placement and 260 medical students (92 on supervised clinical placements).

We run an optional module for 3rd year pre-registration nursing students.

We have delivered an external training programme for post registration professionals – a mixture of distance learning, face to face and recently tele-education (ECHO). Our comprehensive training programme includes:

- Advanced Communication Skills Training to senior clinicians across Yorkshire and Humber – a two-day course delivered on a monthly basis
- European Certificate in Palliative Care – a distance learning, multi-professional programme delivered twice a year at St Gemma's
- End of life care for patients with dementia in collaboration with the University of Bradford

- Assessment and Symptom Management – a two-day masterclass
- Training in end of life for staff caring for homeless people at the end of life
- We also provide a comprehensive internal training programme for staff, continue to develop our Learning Management System (LMS), offer apprenticeship opportunities, external qualifications and development opportunities.

This learning and teaching programme is continuously being evaluated, reviewed, modified and is highly adaptable to the workforce, health care changes and funding changes. We continue to grow and establish vital links with other palliative care providers, hospices, universities, hospital trusts and Health Education England.

Developments in education and training for staff within the Hospice have included:

- Implementation of Health Education England Yorkshire & Humber End of Life Care (EoLC) Learning Outcomes. This ongoing development supports a unified approach to the delivery of high quality palliative and end of life care by supporting workforce development
- We have linked with Hospice UK and become a site on an innovative project to implement ECHO within palliative care. The Academic Unit is now an ECHO Hub and will develop education programmes, using video-conferencing technology. The initial programme is currently being delivered to 11 GP practices in Leeds.

Evaluations continue to show that the training has helped healthcare professionals put their learning into practice and increase their confidence in communication, as well as updating them on new evidence and giving them tools to support and teach other colleagues.

Research

The AUPC researchers have been successful in securing grant income throughout 2018/19 and have been engaged with mostly home-grown research projects.

The Leeds Cancer Pain assessment study aims to develop a quick and affordable method of assessment of cancer pain that can be used in routine clinical practice, so allowing for earlier use of effective pain control methods, depending on the origin of the pain.

The Access to Medicines at the End of Life (ActMED) programme is evaluating barriers and facilitators to access of medicines for symptom control in the last year of life. We have already conducted a nationwide survey of health care professionals. The next phase is asking patients and carers about their experience.

The Resolve programme encompasses several themes. These include access to palliative care from primary care, development of brief symptom interventions and systematic use of outcome measures.

In the Supporting Timely Engagement with Palliative Care (STEP) study, we have already interviewed patients about their experience of being referred to palliative care and are now using those findings to inform positive conversations between cancer doctors and patients at the time of referral.



Information Governance

When General Data Protection Regulations (GDPR) came into force in May 2018, this represented a significant change in data protection legislation that required greater transparency from those who handle personal data, with enhanced rights for individuals in respect of their information, and raised the profile of data protection by introducing stronger sanctions for breaches. It has expanded the rights of individuals to control how their personal data is collected and processed, and places a range of new obligations on us and other organisations to be more accountable for data protection.

Over the last 12 months we have galvanised our approach to Information Governance (IG) and continue to develop and embed a robust and comprehensive IG framework throughout the Hospice in line with the Information

Commissioner's Office (ICO) guidelines. This approach means we can confidently give assurance to the Board of Trustees on IG arrangements.

We have introduced two IG Modules through our Learning Management System (LMS) for all staff to develop and apply good IG practice every day. These are part of our mandatory training programme.

In March 2019 we successfully completed the Data Security and Protection Toolkit (online self-assessment tool) which enables us to measure and publish performance against the National Data Guardian's ten data security standards for review by NHS Digital or Leeds CCG.

Statement of Assurance from the Board

The Board of Trustees is assured by the progress made in 2018/19 and supports the quality improvements planned for 2019/20. The Board is committed to the provision of high quality care for patients across all Hospice services.

The Clinical Governance Committee at St Gemma's Hospice provides assurance for the Board of Trustees on the quality of clinical care at the Hospice.

The committee comprises four trustees, three of whom have a clinical background, and a number of Hospice directors. Key clinical information and data are presented at each quarterly meeting for scrutiny and discussion by the committee.

On a quarterly basis a member of the Clinical Governance Committee, joined by another trustee, undertakes an unannounced clinical visit to the Hospice. During the visits trustees talk to patients and their families and friends as well as staff. This gives the trustees the opportunity to develop their understanding of the work of the Hospice and gain first hand feedback on the care being provided. Patients and carers are always very positive about the care provided by the Hospice; some of the most common comments provided this year were about effective symptom management; kind, caring and responsive staff; patients feeling well informed; and the calm and peaceful atmosphere of the Hospice and gardens.

June Toovey, Chair of the Clinical Governance Committee, states "It has been a privilege to chair the Clinical Governance Committee at St Gemma's Hospice for another year and a pleasure to welcome and work with Heather McClelland as our new Chief Nurse. The Clinical Governance Committee provides support and challenge to the executive team through scrutiny and productive discussions. Our commitment as a committee is to oversee the delivery of the best possible care for patients and families today and plan for the needs of local people in the future. Trustees are always delighted to meet patients and families, staff and volunteers on our regular unannounced visits; we are always enriched by the dedication and compassion of staff at the Hospice."

The Board of Trustees continues to monitor progress against the priorities for quality improvement, as well as key performance indicators, complaints, incidents and clinical risks through the Clinical Governance Committee.



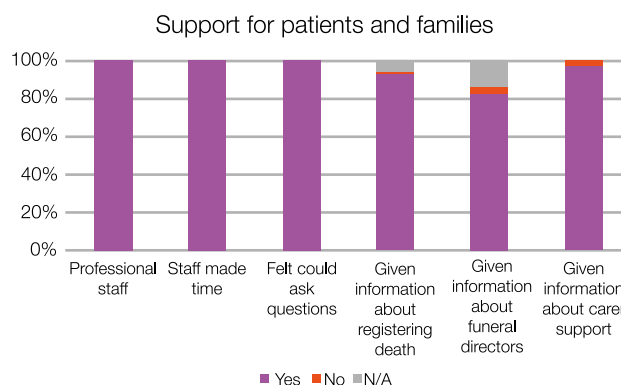
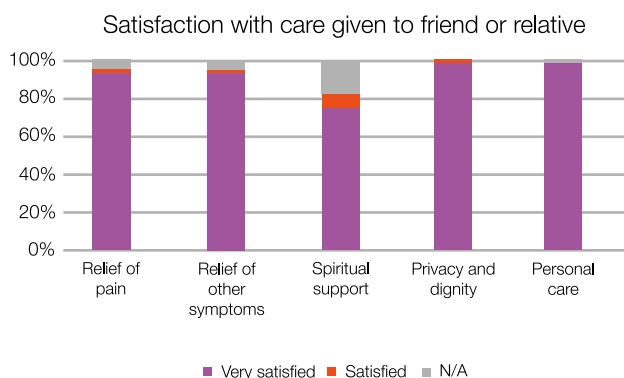
Peter Belfield
Chair of the Board of Trustees



Patient & Family Experience of the Hospice

A survey was sent to all relatives of patients who died on the In-Patient wards between 1 October and 31 December 2018; from 99 deaths in total we received 70 responses, a rate of 71% which is significantly better than prior years and a very high rate for this type of survey.

100% of respondents told us that they felt their relative died in the right place. The charts below show the satisfaction with care provided (no respondents indicated they were dissatisfied with care) and the support offered to patients and families.



Some of the comments from the bereaved carers survey included:

“Staff were amazing. They made sure mum was pain free, clean, comfortable and that she felt loved and safe.”

“The love and kindness shown to us all deeply moved us, we will never forget this whole experience. Thank you.”

“Care and sensitivity towards the whole family. Taking time to get to know mum and us. Honest and informative talk about mum’s condition and what to expect. Taking time to give her care and dignity at the end of life and after. Sensitive giving us the news of her death promptly.”

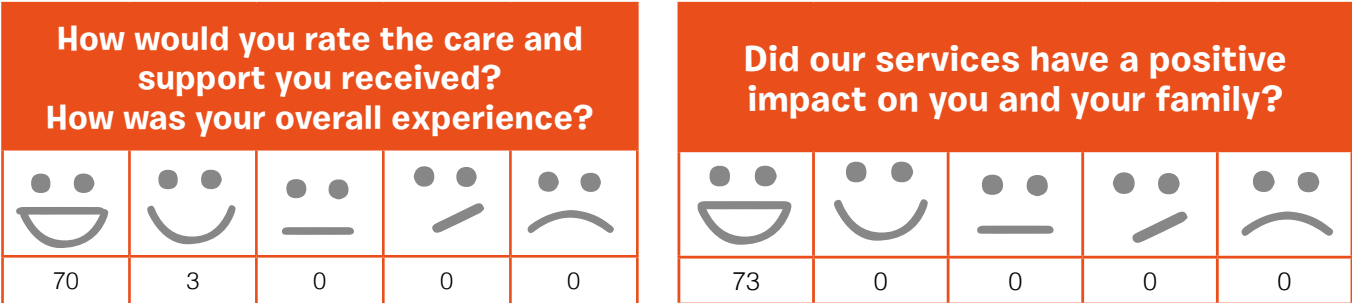
“The most important part for us (being Jewish) was that we were told the death certificate would be ready when the Doctor arrived. There is nothing I can suggest to improve.”

“More bed spaces so no-one has to wait any time at all.”

Very few areas for improvement were identified in the survey, but where they were we had either dealt with them already or we have discussed with the team the potential for further improvement.

At St Gemma's we seek feedback from patients and those important to them across all our services, including education.

On the In-Patient Unit trained volunteers support patients and families to provide feedback on their experience. The volunteers visit the wards monthly and meet with patients and families. Over the last year, they have met with 75 patients and families, the results of which are shown below (not every interview results in responses to every question and some responses comment on more than one of our services). We continue to learn from and implement any improvements suggested. Patients and families in Day Services have also provided feedback on their care.



Between January and March 2019 we surveyed patients and carers in their homes about their experience of non-medical prescribing by our CNSs. We received 22 responses to our survey:

- 100% felt the St Gemma's nurse prescribing their medication fully understood their condition and the symptom being treated
 - 100% felt the St Gemma's nurse explained the medication fully including how to take the medication, side effects and what to do if any problems arose
 - 100% felt that they were followed up in a timely way by their St Gemma's nurse after starting their new medications.

“The main and most important advantage was that I didn't have to take my dad to the doctors. He is in tremendous pain and to have taken him there, would have been very distressing for him because of his pain.”



“ I knew that someone would know exactly how I felt apart from my brother and dad.

Young People's Service Feedback ”

“ This provided our family with the opportunity to say goodbye with sensitivity and dignity.

Amazing counselling afterwards for myself.

Bereavement Service Feedback ”

“ Our thanks for the care you showed our dad. You have given us the strength to carry on. Our dad was our rock but with your help and support we managed to keep him at home. We made many calls day and night, you name it, and in the last few days you were incredible helping us. Thank you from the bottom of our hearts.

Community Service Feedback ”

“ It has helped me to have counselling support and to be able to sit in the conservatory. Very relaxing and peaceful.

Bereavement Service Feedback ”

“ Sincere thanks for the care and support you gave my mum. I am so grateful that her illness was short, her care exemplary and her death was as she wanted it to be. I cannot speak highly enough of your care, compassion or expertise - you made all the difference.

St Gemma's is a wonderful place but it's the people who make it exceptional.

Community Service Feedback ”

“ The Day Hospice on Tuesday gives me a lovely day to look forward to. All the staff answer any queries and the whole experience is a pleasure.

Day Hospice Feedback ”

“ We had absolute confidence in the whole team and knew that he was always cared for with dignity, compassion and kindness.

In-Patient Unit Feedback ”

209
organisations
and
businesses
supported the
Hospice

Over 175,000
people reached
per month across
social media
channels

1.14 million
items sold
by our
charity
shops

3,484 donations were made
in memory of loved ones

15,500
Facebook
followers

Over
160,000
website
visits
per year

1,100 people
attended
Light Up A Life
services

Each week
we recycle
10,000
kilos
of rags &
other goods

7,500
Twitter
followers

Over 21,000 people attended,
entered and joined in with
fundraising events

Staff & Volunteer Experience of the Hospice

Staff Survey

The Hospice participated for a second time in The Sunday Times Best Companies Survey and moved up to 67th place in the Top 100 Best Not-For-Profit Organisations to Work For list. We achieved One Star accreditation which shows very good levels of engagement and is an improvement on the score for last year. In particular, the survey highlighted that staff feel proud to work at the Hospice, that it makes a positive difference to the world we live in and it is run on strong values and principles.

We have taken seriously the feedback provided by staff. This year we have focused on:

- Staff wellbeing, including: the introduction of a staff benefits scheme; running a staff wellbeing day and other wellbeing initiatives; and continuing to work with the Hospice's Employee Engagement Group to promote wellbeing across the organisation
- Developing our leadership and management capability, by providing leadership training for clinical staff and bringing together middle managers from across the Hospice to identify key areas for development
- Working with specific departments to improve engagement and respond to staff concerns
- Clarifying expectations of culture and behaviours at St Gemma's, working with staff and volunteers to relaunch our values and develop a new behaviours framework, summarised as follows:

We Are Kind

- I am kind to myself & others
- I treat everyone with respect & compassion
- I am thoughtful & sensitive to others
- I am self-aware
- I take care of myself

We Work Together

- I understand & respect the feelings of others
- I am a positive team member
- I am supportive to all
- I have confidence to challenge others
- I look for solutions
- I am mindful of the work of others

We Take Responsibility

- I uphold the values of St Gemma's Hospice
- I set high standards for myself & others
- I make clear decisions
- I manage resources effectively

We Do Our Very Best

- I communicate effectively
- I work towards continuous improvement
- I embrace change by being adaptable & flexible
- I always have the best intentions

In 2019/20 we aim to:

- Continue to grow our wellbeing initiatives, including the introduction of "*Thriving at work, The Stevenson / Farmer review of mental health and employers*" October 2017. We will benchmark ourselves against the 10 core standards stated within this document
- Develop management and leadership capacity and capability and support managers to develop together
- Continue work with specific departments across the Hospice to address concerns raised in the staff survey
- Begin to use our Behaviours Framework day to day to support ongoing improvements in culture, supported by piloting increased use of our Learning Management System for recording manager meetings and appraisals.

Volunteers

This year, we celebrated and promoted volunteering as part of the Hospice's 40th Anniversary activities. A thank you event for volunteers was held at Leeds City Museum and volunteers with 40 years' service were also recognised at a special Mass of Thanksgiving at Leeds Cathedral.

Feedback from volunteers is encouraged and valued and they were invited to participate in workshops as part of the planning process for the Hospice's 10-year Strategy.

As part of our aim to encourage all areas of the local community to engage with, and benefit from, involvement in volunteering, we developed new volunteer recruitment materials, including a short film, in conjunction with local groups such as Leeds Compassionate Communities and the Leeds Race, Equality & Community Forum. Our new volunteer recruitment website highlights the diversity of volunteer roles and the wide variety of voluntary work across the Hospice.

“ Love working at the shop and the shop helps me. It makes me happy. ”

Charity Shop Volunteer

“ Volunteering has provided me with a productive way to 'give back'. ”

I'm delighted to feel I am helping others at a difficult time.

Hospice Volunteer

“ The fellow volunteers I meet along the way are lovely - everyone is there and helping for their own personal reasons but ultimately we come together for the same reason which is to keep St Gemma's running and raise as much as we can. ”

Fundraising Volunteer



“ The experience of helping a good cause and meeting such welcoming people was very rewarding. ”

Hospice Volunteer

In 2019/20 we aim to:

- Improve recruitment of volunteers across the retail chain by developing relationships with the communities surrounding the shops
- Support the development of volunteer roles to enhance and improve the patient experience at St Gemma's.

Public Engagement

St Gemma's is part of the Leeds community and we engage with the public in a variety of ways. We are conscious of changing demographics and more difficult-to-reach communities, and work hard to ensure that communications are engaging and inclusive.

Not only are we promoting the services of the Hospice to prospective patients and families, but we also need to encourage the community to support St Gemma's financially. We have various 'touch-points' including social media channels, websites, our chain of charity shops across Leeds, a supporter newsletter and a monthly e-bulletin. We advertise on local radio, in newspapers, magazines, on buses and even featured as part of a region-wide TV advert in spring 2019 aimed at reaching a wider audience.

St Gemma's would simply not exist without the ongoing interest and support of the Leeds community.

St Gemma's is a member of the Leeds Dying Matters Partnership and we fully engage each year in Dying Matters week, aiming to encourage people to talk about death and dying and discuss their end of life plans, and to help health and social care professionals and volunteers to engage their own clients around planning for the last years of life.

We engage in a range of events across the community including giving talks in schools and building links with faith communities. We work with a Hospice Community Engagement Steering Group facilitated by Leeds Involving People. This year the group hosted a myth-busting event with over 40 guests from a diverse range of local organisations and communities; we talked about the work of the Hospice and barriers that may prevent local people from accessing our services.

During the year the LPCN held a well-attended strategic planning event, with representatives from a wide range of organisations who advocate for those needing palliative and end of life care including Healthwatch and a number of third sector organisations. The LPCN has also been involved in a wider public consultation on the needs of individuals living with frailty and at the end of life.



40th Anniversary

2018 marked the 40th Anniversary of St Gemma's Hospice and was a special year in the charity's history for the whole community. A Night to Remember brought together 1,000 supporters and special guests at the Town Hall to enjoy an evening of recognition and remembrance. A Mass of Thanksgiving at Leeds Cathedral recognised our Catholic roots and was led by our Patron, Bishop Marcus Stock. Many of the Sisters of the Cross and Passion attended, some even travelling from overseas to be there for this special occasion.

From June to September an exhibition entitled '40 Faces of St Gemma's Hospice' took place at Leeds City Museum. Visited by over 40,000 people in the summer months, the portraits and accompanying stories showed the reality of hospice care and the many different people involved. The photographs subsequently toured around various community sites across Leeds, such as Wetherby, Chapeltown, Beeston and Seacroft. Sites included two Sikh Temples, Leeds Trinity University and the Jewish MAAZ Centre. This helped us to engage with a wide cross-section of the community and tell the Hospice's story to diverse audiences.

The year culminated with a 'Looking to the Future' event held in Leeds Civic Hall in March, which brought together Hospice Patrons, supporters and healthcare partners from across the city. The evening was a chance to round off the special year and launch an outline of the Hospice's 10-year Strategy, demonstrating that our 40th Anniversary has been an opportunity to look forward as well as to reflect on our achievements to date.

Statement from NHS Leeds Clinical Commissioning Group

Thank you for providing the opportunity to feed back on the Quality Account for St Gemma's Hospice for 2018-19. We continue to work in partnership with St. Gemma's and recognise their open, transparent and engaging approach to delivering excellent patient end-of-life care in Leeds.

Overall the account is well structured and presented in a way that is easy to follow. Your stated vision, purpose and values provide an excellent foundation which highlights the achievement of quality priorities. We are encouraged to note that 'aspiring' (and striving for excellence) is included as one of your values for this year, evidencing your commitment to continual learning and development. Also, the strategy for 2019-20 identifies the need to ensure the development of high quality, yet sustainable services which not only meet the needs of the population but remain 'fit for purpose'. And we particularly welcome the approach that 'care is built on the premise that the person is more than the illness', drawing attention to the need for a holistic approach.

In terms of the quality priorities, the following comments are made;

- We acknowledge the efforts made towards engaging patients and staff in service developments showing 100% of survey respondents declaring that their relative died in the right place. It showed an improved ranking in the Top 100 Best Not-for-Profit Organisations to work for with very good levels of staff engagement. CCG Commissioners are assured that the organisation is concentrating on the 'things that matter' to staff and patients within its care. We feel it would be helpful to include future plans to develop the service in the next 12 months and highlight how the patient/carer survey response rates may be impacted by the implementation of the new digital collaboration with Elephant Kiosk.
- We welcome and agree with your priorities for the next 12 months to enhance quality in terms of safety, effectiveness and experience. Learning from complaints, pressure ulcers and falls is included and commissioners feel assured that these have been incorporated in the 19/20 priorities to help embed sustainable improvements.

- Your plan to introduce electronic prescribing to help standardise practice and mitigate errors is noted; we look forward to seeing how this digital intervention impacts on the number of incidents and near misses, which have risen during 2018/19.
- We note the further development of systems and processes to manage the needs of acutely deteriorating patients following introduction of the modified early warning score tool in 2018 and look forward to seeing the outcome of this evaluation and how it links with the RESPECT tool.
- The CCG are pleased to hear about the enhancement of the community offer and welcome the advancing opportunities to work together to shape appropriate services for the locality.
- The CCG Commissioners recognise the value of the Gold Standard Meetings specific to your work with homeless patients. We would be interested to know more about this as it progresses and about how you continue to work on widening access for homeless patients to palliative care services.
- We concur that the additional benefit of having shared learning between palliative care and homeless services are invaluable. In particular, we are interested in the development of bespoke training materials specifically focusing on palliative care needs of the homeless population. The CCG would be keen to understand how the first training session was received in January 2019 along with the themes that were identified from the evaluation process.

St Gemma's continued commitment to striving to achieve an overall rating of 'Outstanding' in its CQC inspections is acknowledged and the CCG applaud the leadership model that is currently in place which has attained system wide strategic oversight.

It is noted that the audit processes undertaken over the last 3 years does not reflect an improving picture. The CCG would welcome a concerted effort over 19/20 to review the audit process and evidence improvements in 2019/20 paying

particular attention to the management of sharps, nutrition, mouth care and handwashing.

The CCG Commissioners are pleased to see the continued alliance with Leeds Teaching Hospitals Trust, to support the timely transfer of patients nearing the end-of-life wishing to be cared for in hospices. We would be interested to know the numbers of patients who have self-referred using the new direct emergency pathway.

It is very positive to note the hospice's continued work with the Community Engagement Steering Group facilitated by Leeds Involving People, engaging black, Asian and minority ethnic citizens.

The CCG commissioners would be interested to know if BAME communities are under-represented in service user numbers, and if so, how this focus will be prioritised during 2019/20.

The CCG Commissioners acknowledge the increasing demands on the hospice services along with the growing complexity involved in care delivery coupled with the national challenges

experienced with recruiting good registered nurses. It is encouraging to see good medical cover maintained over the last 12 months together with consistently positive feedback. It would be interesting to see how the hospice is preparing for the nationally predicted forecast of increased demand on hospice care. We would be particularly keen to see how a more equitable access process will be reviewed and managed over the next 12 months.

Overall, the CCG Commissioners commend St Gemma's for meeting the majority of their priorities for 2018/19 and are in agreement with the priorities for 2019/20 which appear to be appropriate and sufficiently stretching.

The CCG Commissioners would like to congratulate you for your excellent collaborative approach with local and national key providers, communities, research and academia. This is underpinned by a strong leadership model that promotes commitment to the provision of high quality hospice care for our population in Leeds.

Statement from Healthwatch Leeds

Many thanks for the invitation to comment on the St Gemma's Hospice Quality Account. Rated outstanding by the CQC in 2016, St Gemma's provides high-quality, caring, excellent end of life care to the people of Leeds.

The Quality Account is clear, easy to follow and describes what St Gemma's does, their plans, how they gather the views of service users and their friends/family as well as staff. The results gained from a range of patient feedback mechanisms are excellent, for example 100% of patients spoken to rated their experience as excellent or good and 100% of families responded that they felt that their relatives died in the right place. We very much advocate for this focus on patient experience and look forward to hearing about how the new real-time patient experience add to this wide range of ways that St Gemma's hear and act on the views of patients and families.

It is also clear from the Quality Account, the focus that St Gemma's places on continuous improvement in that they wish to build even more on their existing high standards by reviewing their future audit programme to give even greater insight in the quality of care.

In terms of last year's Quality Account priorities we are very pleased to see the progress that has been made in managing acutely deteriorating patients, improving end of life care for homeless patients and increasing patient feedback. The focus on end of life care is a really important aspect of enabling all people in Leeds to have a good end of life and we very much welcome this important work and leadership that St Gemma's have taken working with the homeless community in Leeds. We also welcome the continuing work with Leeds Involving People to further guide the development of culturally aware and accessible services to making St Gemma's a place of choice for all the different communities in Leeds.

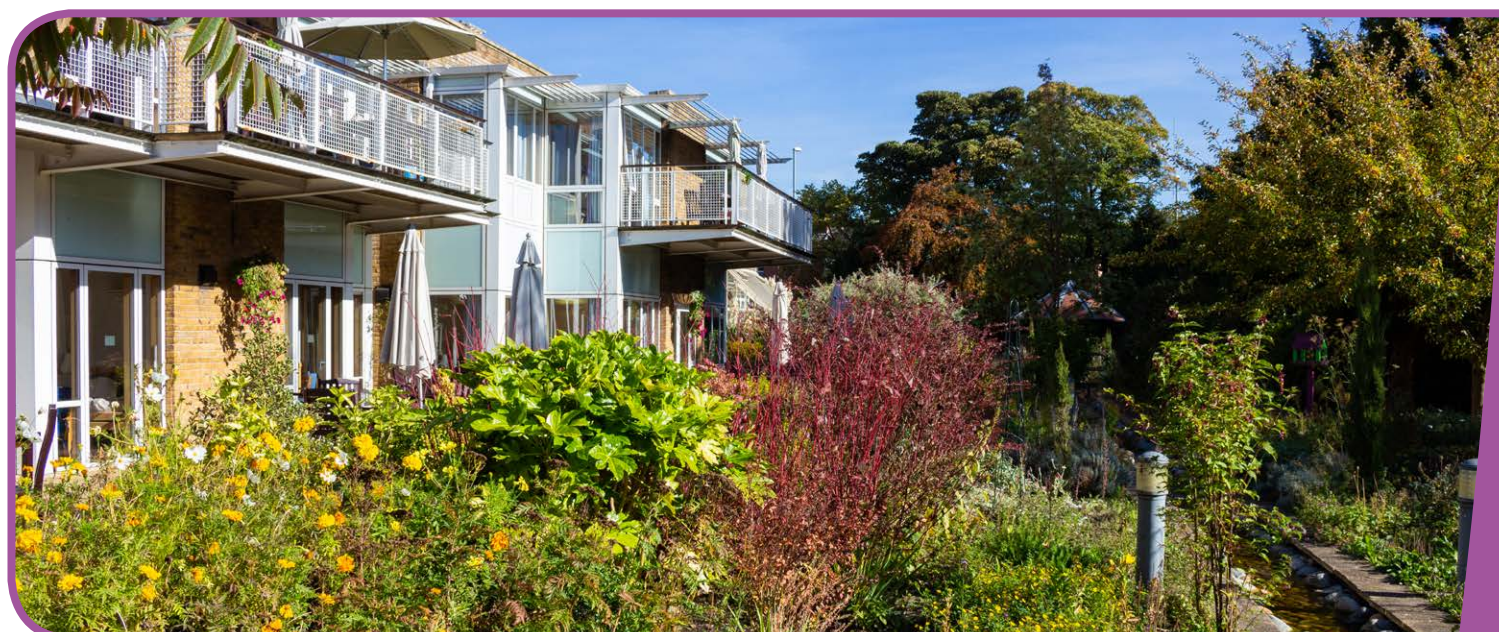
Looking ahead, we look forward to hearing how the three priorities for 2019/2020 progress, electronic prescribing, patient discharge and implementation of the triage model in the community and throughout this coming year to supporting St Gemma's in their strong leadership role to champion excellence in end of life services for the people of Leeds.

Glossary

AUPC	Academic Unit of Palliative Care is run in partnership with the University of Leeds, delivers education, undertakes national and international clinical research and seeks to develop the quality of services through linking research into clinical practice.	ECHO	Extension for Community Healthcare Outcomes The Academic Unit is an ECHO Hub and will develop education programmes using video-conferencing technology.
CCG	Clinical Commissioning Group Clinical commissioning groups are clinically led NHS organisations responsible for the planning and commissioning of health services for their local area. In Leeds there is a single CCG for the city.	LPCN	The Leeds Palliative Care Network (Formerly known as the Managed Clinical Network). This is a collaborative partnership group, which brings together all providers of palliative and end of life care services across Leeds to improve patient and family care.
CNS	Clinical Nurse Specialist working in the community	OACC	Outcome Assessment and Complexity Collaborative measures assess the quality of patient care.
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		

Further Information

For further information about this Quality Account please contact the Chief Nurse or the Chief Executive at St Gemma's Hospice (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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