

St Gemma's Hospice

Quality Account 2019/20



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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 2019/20. At the heart of St Gemma's is a passion for improving care for our patients and families, engaging with our community, working with partners in the city, delivering high quality education and research, and improving the wellbeing of our staff.

By the end of 2019/20 much of our time, energy and resources were dedicated to responding to the COVID-19 pandemic. Never has it felt more important to focus on our vision of meeting the needs of individuals with a terminal illness and supporting their loved ones.

I am incredibly proud of the way the St Gemma's team has responded to this crisis, with flexibility, resilience and compassion; we have dedicated a section in the Quality Account to the pandemic. We have seen significant transformation of St Gemma's services in a very short period of time. Some of the key changes include delivering most of our specialist community support using phone or virtual consultations; securing Personal Protective Equipment (PPE) for all areas of care and finding new methods of providing education for professionals in our own Hospice, care homes, prisons, and primary and community care.

This work has accelerated the delivery of our Strategy with its three pillars of Impact, Connect and Extend. The pandemic has presented both challenges and opportunities for the way we deliver care in the longer term and we are working through these in our planning for the future.

St Gemma's staff are vital to the outstanding care that we deliver. Over the last three years we have invested in the Sunday Times Best Companies Survey as part of our commitment to enhancing Hospice culture and the wellbeing of our staff. In 2020 we were ranked 18th in the Top 100 Best Not-for-Profit Organisations to work for. This is a heart-warming reflection of how St Gemma's staff value the organisation where they work and the teams they work with. Staff support has increased further during the COVID-19 pandemic.

When we consider the quality of our care, the feedback we receive from patients and families is so important. This year we have made significant improvements in the way we collect and analyse feedback from patients and families. We received many more survey responses than in previous years and the feedback was excellent.

We have made good progress against the Quality Account priority areas we identified for 2019/20:

- We have implemented Electronic Prescribing and Medicines Administration (EPMA) on the In-Patient Unit. This has improved patient safety, improved efficiency and monitoring, and enhanced continuity of care. The ability to access medication records remotely has been advantageous during the COVID-19 pandemic, allowing remote review, advice and prescribing and thereby reducing COVID-19 exposure
- A multi-disciplinary project group has reviewed our discharge processes from the In-Patient wards in response to a complaint; the review included staff focus groups and consultation with patients. We have improved our processes for discussing patient discharge, increased our therapy staff resource and developed a patient information leaflet in simple, accessible language
- In response to the growing demand for care, we have successfully introduced a new role of Triage Nurse into the Community team to provide high quality, timely specialist advice for patients, families and professionals. This change has improved the quality of service, improved the timeliness of advice and support, and improved efficiency. The changes provide a useful platform for further developments.

Our priorities for 2020/21 are:

- Single nurse administration of drugs (SNAD) – to further improve efficiency and safety in medicines administration within the In-Patient Unit

- The immediate care of the deceased and those bereaved – which has been chosen in part to respond to a complaint we received during 2019/20. Gaps in communication with families and funeral directors will be explored and improvements implemented
- Widening access for homeless and vulnerably housed people – to continue the delivery of our work to reduce inequalities in accessing palliative and end of life care for this vulnerable group.

St Gemma's continues to host the Leeds Palliative Care Network (LPCN) which brings together health, social care and academic professionals to drive high quality, consistent, equitable and sustainable care in the final phase of life. Dr Mike Stockton, St Gemma's Chief Medical Officer, was the Clinical Lead for the LPCN in a year where the Leeds Palliative Care website was launched, services were further integrated and the citywide strategy for palliative and end of life care made further progress.

The St Gemma's Academic Unit of Palliative Care (AUPC), working together with the University of Leeds, has continued to grow and expand its work. We have hosted 173 student placements, mostly for student doctors and nurses, and grown our programme of education incorporating face to face, distance learning and tele-education, including our delivery of the European Certificate in Palliative Care. Our researchers have been successful in securing grant income during 2019/20, recruiting a significant number of patients to clinical studies and have published extensively in peer-reviewed journals. One new study opened during the year was about access to palliative care for people from Black, Asian and Minority Ethnic (BAME) communities.

Our local community supports us every year and we are incredibly grateful for that support. We receive donations from individuals, businesses, schools, clubs, places of worship and many others. Towards the end of the financial year we had no option but to close our shops and cease many of our fundraising activities as a result of coronavirus. This had a significant negative impact on our income generation. We are all humbled by the acts of kindness towards St Gemma's from the wider community during the pandemic. We also received essential financial support from the NHS.

Our financial position remains sound and we are now spending time working through our future funding model to assure our resilience for the long term, for the level of services we currently provide and for the growing need and demand for palliative and end of life care.

Recruitment to registered nursing posts remained a challenge throughout 2019/20, in line with the local and national shortage of nurses.

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 leading 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



Statement of Assurance from the Board

The Board of Trustees is assured by the progress made in 2019/20 and supports the quality improvements planned for 2020/21. The Board is committed to the provision of high quality care for patients across all Hospice services.

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

We have strengthened the membership of the Clinical and Academic Governance Committee this year; it now comprises six trustees, five of whom have a clinical background with two being currently practising GPs. Another trustee on this Committee is the Hospice Diversity Champion. The Committee also includes a number of Hospice directors. Key clinical information and data are presented at each quarterly meeting for scrutiny and discussion.

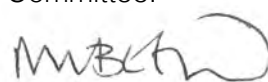
On a quarterly basis a member of the Clinical and Academic Governance Committee, joined by another trustee, undertakes an unannounced clinical visit to the Hospice. Some trustees have also spent time with our community nurses as they visit patients at home. During the visits trustees talk to patients 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 this year were about kind, caring staff; patients feeling safe and supported, their dignity

and privacy respected; good communication and engagement; and a calm and relaxing atmosphere.

June Toovey has continued as Chair of the Clinical and Academic Governance Committee during the year. June states "It has again been a privilege to chair this Hospice Committee which provides support and challenge to the executive team. Trustees have been delighted to see the excellent, broad-ranging patient and family feedback which has complemented the unannounced trustee visits to the Hospice. I am pleased that we welcomed an external team to undertake a mock CQC [Care Quality Commission] inspection, which provided useful learning to the Hospice team.

"The Committee is rightly proud of the way the clinical and academic teams have led the response to the COVID-19 pandemic, maintaining an unwavering focus on safe, compassionate and high quality care for patients and families as well as safeguarding and supporting Hospice staff."

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 and Academic Governance Committee.



Peter Belfield
Chair of the Board of Trustees



Our Services

St Gemma's Hospice provides care and support for 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, gender, 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.

During 2019/20 St Gemma's Hospice provided the following clinical services. St Gemma's Hospice has reviewed the quality of care in all of these services.

Our clinical 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 including Physiotherapy, Occupational Therapy and Complementary Therapy
- Social Workers and a Discharge Support Worker
- Spiritual Care staff, including a range of volunteers
- Bereavement Counsellors
- Support services providing cleaning, catering and laundry services for patients.

In-Patient Unit which provides 24-hour care and is supported 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 providing a consultation with a Doctor, Clinical Nurse Specialist (CNS) or Therapist.

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

Bereavement Services working with families to provide both pre- and post-bereavement support, including provision of a citywide children's bereavement service for families accessing palliative and end of life care.

The way our services are provided changed in the last weeks of the 2019/20 year in order to respond to the COVID-19 pandemic. More details are provided in Part Five.

Our Activity

First Ever Contact with Hospice Services		Percentage of Patients with a Non-Cancer Diagnosis	
2018/19	2019/20	2018/19	2019/20
1,228	1,355	27%	29%
Admissions to In-Patient Unit		2018/19	2019/20
		517	511
Average In-Patient Length of Stay		Day Services Attendances	
2018/19	2019/20	2018/19	2019/20
13 days	13 days	1,236	1,711
Clinical Nurse Specialist Face-to-Face Consultations		Community Medical Face-to-Face Consultations	
2018/19	2019/20	2018/19	2019/20
4,438	4,416	567	620

The number of new patient referrals to St Gemma's has risen by just over 10% compared with last year and demonstrates an ongoing upward trend in annual referrals. This number reflects individual patients accessing our care; 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 admission.

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 remain broadly similar to last year, despite continuing nursing staff shortages which have sometimes restricted admissions. 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 nursing visits remained stable and medical consultations increased, despite a reduction in face-to-face visits during March 2020 as a result of COVID-19. Most of our Community Clinical Nurse Specialists are able to prescribe medicines to patients at home; this results in a comprehensive first assessment and reduces the number of follow-up visits needed. We continue to invest in the training and development of the team.

The ongoing transformation of our Day Services has resulted in a further significant rise in attendances.

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 2019/20 were £11.1 million. The majority of this funding continues to be 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 28% of the total income generated by St Gemma's Hospice in 2019/20. The Hospice receives funding from NHS Leeds Clinical Commissioning Group (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 and family services. Expert care for our patients and their families remains our priority; and we continue to play a vital role in the delivery of compassionate end of life care

across the Leeds healthcare system.

We review all our services on an ongoing basis to ensure we are operating as efficiently as possible, that we are spending wisely in delivering our care and that we are responsive to the changing palliative and end of life care needs of local people.

The Hospice had a challenging budget for 2020/21 prior to the pandemic. The financial challenges over the short to medium term are now more significant; recovering from the financial impact of COVID-19, managing the risks of EU exit and maximising voluntary and trading income are key risks for the Hospice.

We are actively engaged in local and national discussions about future NHS funding support and reviewing in depth our voluntary income generation opportunities and plans.



Priorities for Improvement 2020/21

Part Two of this Quality Account addresses the priorities for the coming year 2020/21 and reflects on the progress made against priorities in the previous year 2019/20.

Our Quality Account priorities are in line with the Hospice Strategy. Each year, to identify our priorities for quality improvement, we:

- review new evidence on how best to provide care and treatment
- listen to patient and family feedback
- take into account staff suggestions for improving patient and family care
- identify learning from clinical incidents and the small number of Hospice complaints
- talk to partners in the city such as Healthwatch and Leeds Involving People to identify any gaps in the accessibility of our services.



Priority 1: Patient Safety

Single Nurse Administration of Drugs (SNAD)

Safe medicines management is a fundamental part of clinical care at St Gemma's Hospice. Medicines management forms a significant proportion of every Registered Nurse's role, with most patients requiring medicines regularly throughout the day and night. Exploring different ways of working aimed at improving efficiency, whilst maintaining safety, has the potential to reduce drug errors and release nursing time to provide other essential clinical care.

SNAD is already established in many care settings and has been shown to improve efficiency and reduce drug-related incidents. This is thought to be related to increased accountability and opportunities for staff to concentrate. Other associated benefits include growth in specialist knowledge of staff and increased confidence in medication choice leading to increased job satisfaction.

Our key targets are:

1. Safely implement SNAD using a phased approach across the Hospice In-Patient Unit
2. Reduce medicine administration errors, including patient harm
3. Improve efficiency in the administration process to release Registered Nurse time.

Priority 2 – Clinical Effectiveness

Care of the Deceased and those Bereaved

St Gemma's firmly believes the way we care for the dying is a reflection of our society. Our care continues in the time after death and into bereavement.

Following concerns raised as part of a clinical complaint, St Gemma's Hospice intends to take a whole service approach to reviewing how we care for those patients who die in the Hospice and the care of family members and colleagues in the time immediately after death.

Our intended outcome is to implement a framework that is routinely and confidently carried out for all the deceased and those bereaved.

Our key targets are:

1. Ensure care of patients following death is consistent and personalised
2. Optimise privacy and dignity for families when receiving information
3. Optimise safety for colleagues when transferring the deceased to the care of the funeral directors.

Priority 3 – Patient Experience

Widening Access for Homeless and Vulnerably Housed People

Over the past three years St Gemma's has been working with multiple agencies within Leeds (Bevan Health Care, St George's Crypt, Homeless and Health Inclusion team and Sue Ryder Wheatfields Hospice) to identify barriers and challenges in terms of palliative care provision for the homeless population in Leeds in an effort to improve outcomes.

In April 2020, the Hospice successfully bid for funding from the Masonic Charitable Trust to take our vision forward, developing appropriate services to address recognised areas of unmet need.

Our key targets are:

1. Improve patient access by coordinating care across Leeds through multi-agency, multi-disciplinary working
2. Identify health issues earlier to achieve effective symptom management as well as improving end of life experiences for individuals, including having an advance care plan in place
3. Increase knowledge and confidence of key workers through specialist reciprocal healthcare and homelessness education and training
4. Provide examples of deaths facilitated well in homeless shelters.

Progress Against Priorities for Improvement 2019/20

The Hospice set three priorities for improvement in 2019/20. Significant progress has been made in each project. Further work will continue to complete and embed these priority areas.

Priority 1: Patient Safety Electronic Prescribing and Medicines Administration (EPMA)

In line with the Hospice vision of becoming paper-lite, we planned to implement Electronic Prescribing and Medicines Administration within the Hospice In-Patient Unit. We outlined a number of advantages including improved patient safety, greater efficiency, improved monitoring systems and enhanced continuity of care between primary and secondary care settings.

Our key targets were:

1. **To fully implement Electronic Prescribing and Medicines Administration across the Hospice In-Patient Unit**

After much preparation and training, we launched EPMA in October 2019 and have replaced the majority of handwritten medication-related documentation within the In-Patient Unit.

There has been a substantial reduction in paperwork and time has been saved as we are no longer required to transcribe paper prescriptions. The transition from paper to electronic medicines records was a smooth one and staff have adapted well to the new system.

The fact that patient medication records can now be accessed electronically has been advantageous during the COVID-19 pandemic as it enables a clinician to review medication and offer advice remotely, reducing COVID-19 exposure and enhancing patient safety.



2. To reduce prescribing and administration errors

In August 2019, we undertook a comprehensive baseline audit of practice prior to launching EPMA. This audit will be repeated in August 2020 allowing us to compare the number and type of medicines errors occurring pre and post EPMA launch. In the meantime, we have introduced a new electronic incident reporting system replacing the previous manual system. This enables us to efficiently monitor errors and highlight any trends and areas for improvement in a timely manner. Routine monthly monitoring indicates that EPMA is a safe method of medicines administration and harm from drug errors remains low.

3. To improve medicines-related discharge communication

The final phase of implementation is to use EPMA to populate medicines information within discharge letters and order discharge medicines from the pharmacy providing Hospice medication. This development will be implemented over the summer of 2020; it is a substantial change which requires further discussion and systems development. We have worked with colleagues in Leeds Community Healthcare NHS Trust (LCH) to ensure that LCH community staff have access to patients' medicines information in order to prepare and plan for safe discharge from the Hospice.

Priority 2: Patient Experience

Patient Discharge

Discharging a patient can be a complex and timely process which involves several members of the Hospice multi-disciplinary team, external professionals and most importantly the patient and their family. Following feedback from the Community and In-Patient Unit teams, and a complaint to the Hospice about a patient's discharge experience, the discharge process was identified as an area for quality improvement.

Our key targets were:

1. To review current discharge processes involving both In-Patient and Community teams, and identify changes required with relevant stakeholders

A multi-disciplinary project group was established. Focus groups were held with In-Patient and Community nursing staff to gain their feedback about our current processes. Patients were consulted about their experience of the discharge process in order to identify what went well and what could be done better.

2. To create a method to proactively identify patients and families at greatest risk

An audit was undertaken to identify those patients who were at risk of staying at the Hospice on a long-term basis. Patients whose condition is slowly deteriorating, and whose families experience difficulties caring for them, are at greatest risk of missing the opportunity to be discharged. To mitigate against this, discharge potential is now discussed each week for every patient at multi-disciplinary ward meetings. Sensitive discussions around discharge happen at the earliest opportunity so that we can plan carefully with patients and families.

3. To create a consistent therapy resource on site for environmental assessments which will reduce the requirement for as many home visits

An on-site therapeutic kitchen has been planned. The number of therapy staff has increased by 3.6 full-time equivalent posts, and the team now works over a 7-day period which has increased the team's capacity to complete both home and environmental assessments. The therapy team works collaboratively with Leeds Community Equipment Service, improving accessibility to equipment necessary for patient discharge.

4. To review discharge information to improve consistency and communication

A discharge communication board has been implemented in the ward offices so In-Patient staff can easily keep up to date with patient discharges and any outstanding actions. A patient and family information leaflet has been written which explains key information about discharge in clear, accessible language. A new standard operating procedure is being written which will clarify the roles and responsibilities of staff and will set out the Hospice discharge procedure.



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 and greater number of referrals. This trend is likely to continue over the coming years for a variety of reasons.

One way in which the Community team has responded to this is by introducing a new role of Triage Nurse working Monday to Friday with the intention of triaging referrals and providing high quality, timely specialist advice and support for patients, families and professionals. The role was introduced in April 2019; an initial evaluation was undertaken in August 2019 and some minor changes were made. Further changes have been made to meet demand during the COVID-19 pandemic.

Our key targets were:

1. To improve timeliness of advice to referrers and clinical teams – all calls during triage hours will be received by a Clinical Nurse Specialist (CNS) in Palliative Care

CNSs and administration staff have valued having an office-based CNS to respond to calls and feel this has improved the quality of service. Our evaluation identified that high call volumes impacted adversely on the triage aspect of the role. A second CNS was therefore allocated to support the service during the COVID-19 pandemic.

Informal feedback from patients, families and professionals has been positive, especially from paramedics and community nurses making symptom management decisions when in patient homes/care homes.

2. To improve timeliness of advice/support to all referred patients

The evaluation showed two significant areas of improvement. The target time of contacting a patient within 2 working days of referral is now met on average in 94% of cases, compared with 80% previously. It is also easier to identify why the standard has not been met. Secondly, the majority of patients are triaged on the day of referral compared to 1-2 days previously.

3. To increase the reliability of assessment of the urgency of patient need, ensuring that prioritisation is always on the basis of that need

A new triage consultation template was introduced within our electronic patient record, standardising the information gained at the point of triage. Alongside this, a patient stratification framework was introduced with 3 tiers defining complexity and severity of patient needs and the assessment time required within each tier. This has resulted in more timely assessments and a more effective use of resources.

4. To improve staff satisfaction with the referral and assessment process, enhancing team working and ensuring timely assessment

The team values the support of an office-based CNS. Comments included increased job satisfaction from undertaking the role; improved quality of advice due to being able to concentrate and having easy access to clinical records; and staff finding they could readily access medical advice if required, on occasions arranging an admission to hospital or the Hospice much more easily than doing this 'on the road'.

The triage process is more efficient and CNSs return from visits to far fewer phone messages. The changes undertaken also offered a useful platform for further changes required to respond to the COVID-19 pandemic.

Statements from the Care Quality Commission

St Gemma's Hospice is registered with the Care Quality Commission (CQC) 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 34 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.

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 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

The CQC introduced a new inspection framework for hospices in late 2018, which brings hospice inspections in line with acute hospital inspections, using the same key lines of enquiry of safe, effective, caring, responsive and well-led. Over the last year, a team from across the Hospice came together to review the evidence required to meet the revised inspection framework.

St Gemma's continues to monitor and update the evidence in preparation for discussions with our CQC relationship manager and any future inspection.

During 2019/20, St Gemma's commissioned a mock CQC inspection, which has provided valuable feedback and in some areas to further improve our processes around infection prevention and control and accessibility.

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 keep patients at the centre of everything we do, whether in working with them to personalise their care, or in building services that respect individuality.

Patient Safety

Patient safety is central to everything we do at St Gemma's. We monitor the safety of our care using a range of measures and investigate areas that raise concern. In 2019/20, a new incident management policy and an incident recording system (Vantage) were introduced, with the aim of improving staff confidence in incident reporting and to standardise the management of incidents.

Key Performance Indicators (KPIs)	2016/17	2017/18	2018/19	2019/20
Patient Safety				
Notifiable patient safety incidents	1	0	1	2
Internal medicines incidents	35	25	37	61
Internal medicines incidents - near misses	4	2	13	*
Number of falls (In-Patient Unit)	96	76	54	39
Key Quality Indicator (KQI)				
Number of pressure ulcers Grade 2	43	47	49	55
Number of pressure ulcers Grade 3	5	4	12	31
Number of patients admitted with MRSA or Clostridium Difficile	1	0	1	0
Number of patients who developed MRSA or Clostridium Difficile	3	0	0	0

*Near misses are not routinely reported within the incident management system.

Notifiable Safety Incidents – in 2019/20 the Hospice had two notifiable safety incidents relating to patients who fell and sustained a suspected or confirmed fracture. In both cases, the patients and families were fully informed; investigations were completed and reported back into the Falls Group and Quality Assurance Group.

Medicines – the number of incidents increased this year, with 61 incidents reported in total. In 2019/20, we implemented a new, really accessible incident reporting system and encouraged staff to report all errors to enhance our learning. All the incidents involved either No Harm (31) or Low Harm (30) to patients. There are a number of calculation/documentation errors relating to frequently used medicines. We anticipated a rise in incidents following

the introduction of Electronic Prescribing and Administration system, although it has not caused any areas of specific concern and the team feels that the system supports safe medicines management. All incidents are reviewed monthly by the Head of Department and Pharmacist and learning shared with the team.

Falls – patient falls continue to decrease year on year, based on the practices implemented in the Quality Improvement initiative in 2017/18. Patients at risk of falls are highlighted at handover and at daily safety huddles, and risk reduction measures are implemented systematically for patients as required. Many falls are associated with patients who are unstable but determined to maintain their independence. A number of different falls

sensors have been reviewed to identify the most effective devices for our patient group. This year we have increased the emphasis on one-to-one supervision for patients at high risk of falls.

Pressure Injuries – in conjunction with the Patient Safety Group at Hospice UK, the documentation and categorisation of pressure injuries has been updated and injuries are no longer categorised as ‘avoidable’ or ‘unavoidable’. Extensive education has been undertaken by the In-Patient Unit leads for pressure injuries, raising confidence in their identification and documentation.

Despite the increase in pressure injuries in 2019/20, no concerns have been identified with the care provided as a cause of injury. Consistently skin is very fragile on Hospice admission for patients who are actively deteriorating. Work is underway to review the process of intentional rounding to optimise skin assessment and recording of interventions in a meaningful way. Intentional rounding is a structured process of regular, individualised patient checks.

Infections – the rate of infection is very low in the Hospice, with no acquired healthcare associated infections (MRSA, MSSA or C-Difficile) cases in the last year. In early 2020 the Hospice undertook a review of all infection prevention and control (IPC) processes, with the support of Leeds Community Healthcare (LCH) specialist team. St Gemma’s has responded proactively to the COVID-19 pandemic, to reduce the risk of transmission of infection whilst continuing to care for patients who need our support. All national guidance relating to IPC was reviewed and reflected in our clinical care and Hospice management, including use of Personal Protective Equipment (PPE), testing patients and staff, creation of ‘hot’ and ‘cold’ areas, and reducing exposure for staff and public across the site. There is no doubt many of the changes made will have a long-lasting impact on how we care for patients and families into the future.

Staffing – recruitment of Registered Nurses continues to be a challenge, as it is nationally.

The pressure exists specifically on the In-Patient Unit. In 2019/20 we have undertaken an extensive review of the establishment and tested different staff/patient ratios. Recruitment to Healthcare Assistant posts has been very successful, and this year we have supported two members of staff to start apprenticeships to become Registered Nurses. This is a long-term strategy which we believe is a good investment for the Hospice.

Staffing in Community and Day Services is good, enabling the transformation of both services across 2019/20. Our Community Clinical Nurse Specialists (CNSs) continue to see an increase in the complexity of patient need and demand for more immediate response times. The implementation of triage and patient stratification, as part of Quality Improvement, has enhanced our responsiveness based on patient need and supported the adjustments we have had to make as part of our response to COVID-19.

The Hospice has commissioned Establishment Genie, a workforce planning organisation, to review nurse staffing across all clinical services to ensure we can optimise patient care through effective staff deployment.

The medical team has been well staffed at both senior and junior levels through the year. We continue to have junior doctors on rotation in our In-Patient Unit and Community teams and this year we secured a post for a specialist medical registrar doing an optional rotation to specialist palliative care. Feedback from doctors in training on their work at St Gemma’s is consistently positive.



Safeguarding, including Deprivation of Liberty

– in 2019/20, six applications to the local authority were made for deprivation of liberty safeguards (DoLS) for patients on the Hospice In-Patient Unit. One referral was made to the local authority for an adult safeguarding notification and two referrals were made for children's safeguarding notifications in 2019/20. These numbers are consistent with previous years.

Safeguarding and DoLS processes are overseen by the Family Support team. All Hospice staff receive training on safeguarding, and clinical staff receive training on the Mental Capacity Act and DoLS. The processes and protocols are underpinned by policies and standard operating procedures which are available to all Hospice staff.

In 2019/20 we have continued to work on establishing consistent measures of quality and safety. Working with Hospice UK we regularly submit safety data to their benchmarking programme, and have quarterly meetings with the commissioners locally to review citywide hospice services. 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.

In 2019/20, the new Head of In-Patient Care, in conjunction with the Nurse Consultant and Chief Nurse, has reviewed the patient safety audits and is revising the measurement and reporting process. Changes implemented from audit results include review and monitoring of mouthcare, identification of clinical leads for sharps injuries and the re-establishment of the Falls Interest Group. Over the last year the Hospice has completed audits relating to:

- Management of falls
- Use of ReSPECT forms (Recommended Summary Plan for Emergency Care and Treatment)
- Management of delirium
- Use of sedative medication in the management of terminal agitation.

For each audit, a report is written highlighting, where appropriate, recommendations for action. This year, improvements have included changes to documentation, training and education, development of patient information and feedback to other healthcare providers within the city.

Effective Care – St Gemma's regularly reviews services to ensure we provide effective care, based on the most up-to-date evidence, to meet the needs of individuals and the population of Leeds.

The Evidence Based Practice group brings together new and emerging clinical practice guidance, and makes recommendations for change in the Hospice. In the last year we have written or updated and implemented guidance on management of pain; nausea and vomiting; management of patients receiving intravenous iron; and of those suffering from acute kidney injury.

Practice enquiry sessions are held throughout the year to inform new practice and encourage critical thinking and clinical debate. This year topics included emerging evidence relating to certain symptoms; the results of research into how hospice staff feel about caring for patients who cannot speak; and results of a study of the views of Black, Asian and Minority Ethnic (BAME) groups in Leeds regarding hospice care.

The Hospice uses Outcome Assessment and Complexity Collaborative (OACC) measures developed by the Cicely Saunders Institute and The King's Fund. This suite of five patient-related outcome measures enables clinicians to better identify patient needs and to assess symptoms, level of physical function and independence.

Significant work was undertaken during 2019/20 to bring together the results. However, the analysis was presented in a way that was difficult to interpret by clinical teams. We are now working with the academic team from the University of Hull to generate meaningful results to focus care planning with patients and families.

We are passionate about developing specialist skills and knowledge to enhance

patient care. We have revised our Clinical Supervision model so that every member of staff providing a clinical service is offered individual clinical supervision. In 2019/20 the induction programme has been reviewed with a plan to streamline and standardise a new starter's first few weeks. All clinical staff work with a structured competency programme, including, in some areas, the End of Life Learning Outcomes, to develop their specialist knowledge and skills.

An extensive programme of education is available for all staff, as outlined in the Academic Unit of Palliative Care section below. We understand that Hospice care is complex and challenging and we aim to ensure every member of the team feels confident to provide outstanding care to our patients and families.

Compassionate Care – St Gemma's places a high value on dignity and respect, coordinated, personalised care, and responding to what matters most to patients and their families.

The Hospice aims to ensure patients and their loved ones feel fully involved in all decisions made about their care. At home, the Community CNSs work with patients, their loved ones, and other community services, to agree a plan of care that meets their individual needs. In Day Services the teams help patients identify their individual goals and plan how these can be achieved. On the In-Patient Unit families are invited to ward rounds and discharge meetings to ensure everyone has an opportunity to discuss care.

During 2019/20 the Hospice has continued working on the Dementia Strategy (2018-23) which aims to support people living with dementia and other forms of chronic cognitive impairment. This could be patients or relatives accessing clinical or other support services, or members of the public visiting our shops or one of our many events. Training at induction is now embedded with excellent feedback and this year we have invested in environmental changes across the whole Hospice to support those living with a cognitive impairment.

We pride ourselves on going the extra mile, with many examples of little acts that have made a huge difference to patients, including having a member of The Drifters singing in the garden, organising a 100th birthday celebration, holding a party for a patient who thought she would not be around to celebrate her daughters' birthdays, and a blessing for a couple who had intended to marry but had run out of time. 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.



Responsive Services – An important aspect of Hospice care is sensitive and skillful discussion with individuals about their preferences for the type of care they would wish to receive and where they wish to be cared for.

This process of Advance Care Planning (ACP) is integrated throughout St Gemma's approach to discussions with patients, whether at home or in the Hospice. The use of a shared record across primary care,

community services and the two Leeds hospices (using SystmOne) enables an individual's preferences about their plans for the future to be updated and accessible to all staff involved in their care.

The proportion of patients who achieved their preferred place of care and death in 2019/20 is consistent with previous years. In the last year, we have started to report preferred place of death for both In-Patient and Community patients.

Key Performance Indicator (KPI)	2017/18	2018/19	2019/20
Number of patients achieving preferred place of death (where preferred place recorded)	83%	87%	83%
Number of patients with a personalised care plan for care of the dying	84%	83%	72%

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 meets to discuss and plan the care of each patient and family. The proportion of patients with a personalised EoLC plan reduced in this year. A data collection error was identified in the electronic records system as the source of this issue and re-calculation of the data suggests over 80% of patients every month have a personalised plan of care prior to their death.

In 2019/20 we continued our work with other partners across Leeds to enhance accessibility to specialist palliative and EoLC. Admission to specialist and nurse-led end of life care beds in the Hospice continues to be available 24 hours a day, coordinated through our daily In-Patient/Community referrals meeting with Leeds Teaching Hospitals NHS Trust (LTH). This provides an opportunity for discussion and risk assessment of individual patients prior to admission so staff can be fully prepared to meet patient and family needs.

This year the embedded Emergency Care pathway has seen patients directly admitted to the Hospice from the Emergency Departments (ED) in Leeds across the out-of-hours period, including one gentleman who fell at home, was referred from the ED at around midnight, and arrived at the Hospice at 4am. Both the patient and his family were delighted we could facilitate this and stop his admission to hospital.

We monitor capacity and demand on a daily basis to ensure our services continue to be responsive and to improve access. Most patients (86%) referred for admission were admitted within one day of referral, which is an improvement on previous years. This is despite a reduction in bed capacity in late 2019 due to staffing pressures. An increase in occupancy and high levels of turnover resulted in the Hospice maintaining In-Patient admission levels consistent with previous years. Referrals to Community Services and activity in Day Services both rose in 2019/20 prior to service changes enforced as a result of the COVID-19 pandemic.

As part of the work done through our Involve Group, we now routinely report the ethnicity of our patient population, benchmarked against the citywide data. The ethnic mix of patients during the year showed greater diversity than in St Gemma's catchment population overall (white British 63% vs. 77% in the catchment population). The data highlights ethnic groups that are still under-represented which is the basis of ongoing work. We have worked closely with referrers, and with our Community Engagement Group, to break down some of the barriers to accessibility. We have been able to facilitate meaningful admissions for many whose first language is not English, using both formal and informal interpreting services – one of our own staff was able to speak to a patient in her own language on a day-to-day basis which she found really special.

Our Young People's Service (YPS) is a therapeutic family service, working on a one-to-one and group basis with children, young people and their families. Specialist staff support young people in school, at home or at the Hospice; they also give advice to

parents and carers of children under the age of 5, both pre- and post-bereavement. The service is provided Leeds wide and is funded mainly by Children in Need.

The YPS team is in the process of designing and building a dedicated purpose-built space for children and young people, where they are able to engage in therapeutic work, events and activities.



The Hospice responds rapidly to any clinical complaints or potential complaints. Where any patient or family member is not satisfied with the quality of our care we take this seriously. The Chief Executive takes responsibility for all clinical complaints and the complaints process. Where possible we aim to meet with individuals who raise a concern or make a complaint in order to fully understand their concerns and apologise for any distress we have caused them. The implementation of recommendations from complaints investigations is overseen by the Clinical and Academic Governance Committee.

In 2019/20 the Hospice received six clinical complaints. Four of these arose in relation to the In-Patient Unit and two related to care of patients at home. We have considered the need for transparency in describing complaints received, as highlighted by a recent Healthwatch report, alongside the requirements to protect individuals and families from disclosing personal identifiable data in light of the small number of complaints received. We have, therefore, presented a summary overview of complaints rather than providing detail of each complaint received.

Two complaints were related to the discharge of patients from the Hospice; one patient moved to a nursing home and one patient returned home. Discharge planning was identified as a priority in the 2019/20 Quality Account and one of the complaints was particularly relevant to the team undertaking this project. The investigation of both complaints highlighted areas to improve our planning and communications and appropriate improvements have been made. One complaint was upheld and one was partially upheld.

One complaint related to care of an individual after death. This complaint identified some areas of learning which has informed one of our Quality Account priorities for 2020/21.

Another partially upheld complaint resulted in improvements to communications between our In-Patient Unit staff and Community staff relating to out-of-hours calls.

Two other complaints were upheld; one has resulted in improvements to our processes around holding personal items belonging to patients; the other has resulted in improvements to accessing results and communicating with patients at home.

We always aim to learn what we can from complaints but also recognise that they form only a minority of the feedback we receive.

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 work closely with the Leeds Palliative Care Network (LPCN) and with partners across Leeds to analyse and monitor population change and look for opportunities to meet the needs of the Leeds population.



Well-Led Services – St Gemma's has a clearly stated vision, supported by Hospice values. The Hospice has a well-established and mature Hospice Leadership Team, reporting to the Board of Trustees, leading on the development of strategy and overseeing the quality and sustainability of clinical services. This team is supported by Heads of Department, closely managing day-to-day service provision. The Board of Trustees has three committees, focusing on Clinical and Academic Governance, Finance and Business and Corporate Governance.

During 2019/20 we developed plans for sustaining the quality of our current services and transforming services to meet the future needs of our population.

The COVID-19 pandemic has demonstrated the strength of St Gemma's leadership, with the Hospice making rapid and effective service changes and collaborating across all Hospice areas to ensure a coordinated risk-based approach supported by effective communications.

We do not work in isolation; we are committed to working with other health and care providers in the city as well as engaging at a regional and

national level to respond to the challenges we collectively face in providing excellent palliative and end of life care. This has been more important than ever during our response to the COVID-19 pandemic.

Services continually evolve to respond to the needs of our local population, for example with a significant transformation of Hospice culture, Day Services and Community Services as outlined in this report. The development of services is supported by the Involve Group to ensure the voice of patients, staff and the public are integrated into future Hospice developments.

The Hospice promotes an open culture of reporting, recognising that patient safety is everybody's business. We support and uphold the Duty of Candour, and inform patients and families of any errors or incidents that have resulted in patient harm under Hospice care. Most incidents in the Hospice result in no patient harm. Lessons from incidents, near misses and complaints are shared to improve practice.

In March 2019 we successfully completed the Data Security and Protection (DSP) Toolkit which enables us to measure and publish performance against the National Data Guardian's data security standards for review by NHS Digital or Leeds CCG. We will complete the Toolkit in 2020, although the submission deadline was changed due to COVID-19.



Service Improvement

Day Services Transformation

In 2019/20, Day Services increased the range of services offered. We introduced a second drop-in day, had weekly speakers, both internally and externally on a wide variety of topics, and offered regular sessions of exercise, relaxation, mindfulness, Tai Chi, horticulture and cooking. Early during the year we introduced a fatigue self-management group as well as the Breeze Group (for the management of breathlessness) but by the end of 2019 we had combined the groups into a new Breeze Group which covers breathlessness, fatigue and anxiety. This year also saw the start of a Neuro Group offering self-management strategies to patients with advanced neurological disorders.

From a staffing perspective we spent time developing the role of the Registered Nurses within the Day Services and Community. We introduced a Palliative Care Support Worker role, which combines Healthcare Assistant and Therapy Assistant roles, with the aim of providing greater support to patients learning to self-manage their condition. We also increased the use of our volunteers across the service.

During this period average attendance of the drop-in days is up 40% for patients and 12.8% for carers/ family. The attendance at the Support and Therapy Day has improved by

8% in the last 6 months with better caseload management.

In one month of the old Breeze Group format we would have had an average of 9 attendances; with the new format this has increased to an average of 24 attendances. The ratios of cancer to non-cancer diagnosis have changed from 66% and 34% in the first 6 months of 2019/20 compared to 57% and 43% in the last 6 months.

Therapy Services Improvement

In summer 2019 we started to offer a 7-day service for physiotherapy and occupational therapy following recruitment of additional team members funded by Leeds CCG. This was to increase the equitability of service across the city and improve the patient experience especially around facilitation of patient discharge. Since the start of the increased staffing overall activity has increased for physiotherapy by 65% and for occupational therapy by 115%. Patients have benefited from a more prompt and responsive service.

We believe we have been able to support some people at home so avoiding admission to the Hospice or hospital. For others it has enabled them to get home, supporting our quality improvement work on discharge.



OF PALLIATIVE CARE

The Leeds Palliative Care Network (LPCN)

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, social care and academic professionals across Leeds, provides strong partnerships and transcends traditional boundaries to bring about systems-wide change.

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

- The new Leeds Palliative Care website www.leedspalliativecare.org.uk launched this year. The site is designed to be accessible, easy to navigate and a vital source of support for people receiving palliative or end of life care and their loved ones. We have created a specific area for health and care professionals, which features a wide range of resources including policies and guidance; information on future events and training; medicines management support and recruitment opportunities
- Enhancing and supporting end of life care for all people across Leeds. Examples are further integration with heart failure services, Chronic Pulmonary Obstructive Disease (COPD), movement disorders, dementia, frailty and the homeless population
- Understanding care and any inequities through working closely with the Academic Unit of Palliative Care (AUPC), Public Health and the delivery of the Leeds Bereaved Carers Survey. The Bereaved Carers Survey now incorporates primary care

- The delivery of expert education for community and hospital staff, GPs and care homes, including the development and delivery of tele-education in order to support more professionals to improve patient care, the integration of research and evidence into all developments and the provision of training to the Yorkshire Ambulance Service, Leeds and York Partnership NHS Foundation Trust staff in The Mount and to staff delivering Advance Care Planning (ACP) to people with dementia
- Integrating with other key partners: Leeds Health and Wellbeing Board, The Leeds Plan, Leeds Academic Health Partnership, Leeds Clinical Senate, GP Confederation, Leeds Informatics Board plus others.

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



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. Since then the AUPC has continued to grow and expand its work, reflecting and maintaining this important status which benefits patients, Hospice staff, volunteers and external healthcare professionals in 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 and hosted 173 students on clinical placement. 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 tele-education (Extension for Community Healthcare Outcomes or 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 by 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 for staff caring for homeless people at the end of life
- The ECHO programme has delivered training to GP Practices. St Gemma's Hospice is the ECHO hub to provide a pilot programme for developing CNSs across the region in

collaboration with the region's CNS group. A programme of training is being planned for nursing homes in Leeds

- St Gemma's Hospice has been commissioned by West Yorkshire & Harrogate Healthcare Partnership dementia pilot as one of two educational hubs to deliver a package of resources and a cascade model of Advance Care Planning (ACP) and Communication Skills Training developed by the North-West End of Life Collaborative, led by The End of Life Partnership. While the training is generic, it is aimed at increasing the knowledge and skills of frontline staff working with people with dementia to start ACP conversations
- We have developed and delivered a new programme called 'Sharing in End of Life Care (SiELC)'. It is aimed at nursing staff from hospital or community services who are mentored throughout the programme by palliative care staff based at the Hospice and within their hospital/community service.

We also provide a comprehensive internal training programme for staff which consists of face-to-face and online learning through the Learning Management System (LMS).

We offer apprenticeship opportunities and currently have four staff on clinical apprenticeships including two Registered Nursing degree students.

This learning and teaching programme is continuously being evaluated, reviewed and modified, and is highly adaptable to the workforce, healthcare 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.

Research

The AUPC researchers have been successful in securing grant income throughout 2019/20, recruiting a significant number of patients to clinical studies and have continued to publish extensively in peer-reviewed journals.

We secured an award from the Academy of Medical Sciences (£100,000) for Dr Gemma Clarke to extend her work into access to palliative care and pain management for people from BAME communities across Yorkshire and the East Midlands. We also won a National Institute for Health Research (NIHR) Health Services and Research Delivery award (£670,000) to research the use of Electronic Palliative Care Coordination Systems across West Yorkshire and London.

We continue to recruit to our own research programmes outlined below:

- 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 to medicines for symptom control in the last year of life across the UK. We have conducted a nationwide survey of healthcare professionals and are now analysing data from patients and carers about their experience

- The RESOLVE programme is based in 8 Yorkshire hospices and 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.

In addition, we have opened new studies from our team:

- Examining access to palliative care for people from BAME communities (this work can now be extended to other UK centres with the recent new grant award)
- Exploring expert views on improving palliative care for people who are homeless
- Supporting earlier access to palliative care for people with COPD: understanding care pathways and randomised controlled trial of needs assessment.



Patient & Family Experience of the Hospice

During 2019/20 there has been a significant increase in how we engage with patients and families and capture experience across the Hospice. The governance and reporting mechanism for all feedback is overseen by the Head of Transformation. Feedback is shared with all relevant Heads of Departments. Detailed quarterly reports are then shared with the Hospice Involve Group and the Clinical and Academic Governance Committee.

Patient and family feedback is extremely important to us. We learn from experience feedback and use the information to improve and transform our services for the future and also to recognise and celebrate outstanding care.

Achievements in 2019/20

- New digital technology has been embedded to support real time feedback capability across the Hospice, working in collaboration with our partners at Elephant Kiosk, who specialise in supporting healthcare organisations with touchscreen technology to collect and report experience feedback
- We have developed a suite of feedback surveys, available in a variety of formats including: digital via our real time feedback kiosks, handheld devices, Hospice website, QR scan codes for the bereaved carers survey, and paper. All questionnaires can be translated into accessible formats as required
- We have developed and embedded a live reporting dashboard for all survey feedback, which includes compliments, concerns and feedback from social media platforms
- Volunteers have been recruited to support collection of real time feedback across the Hospice
- We have improved how we capture, report, analyse and learn from patient and family feedback. We have developed a service improvement register to capture the feedback with any key considerations and actions, helping the Hospice to identify any emerging and recurring themes
- We have developed a new annual rolling programme of the collection of patient and family experience for 2020/21.

Patient and Family Feedback Highlights

Throughout the 2019/20 year we conducted a bereaved carers' survey for families of patients who died in the In-Patient Unit. During January to March 2020 the same survey was conducted across the city of Leeds supported by Leeds Palliative Care Network and Healthwatch, with all key providers of palliative and end of life care taking part. One of the highlights for St Gemma's was our 79% return rate.

Across the whole year and across the range of St Gemma's surveys, with a total response of 219 surveys, we heard the following:

Question/Topic	Response
Do you feel your relative died in the right place?	99% Yes
Relief of pain	99% very satisfied/satisfied
Relief of symptoms other than pain	97% very satisfied/satisfied
Being cared for with dignity	98% very satisfied/satisfied
Respecting wishes before and after death	98% very satisfied/satisfied

During November 2019 we specifically surveyed patients and families who were receiving care from our Community Clinical Nurse Specialist service. From 62 responses, we found:

Question	Response
Were you treated with respect?	100% very satisfied/satisfied
Was the nurse helpful in assessing your problems?	100% very satisfied/satisfied
Did you feel listened to?	100% very satisfied/satisfied
Did you feel involved in decisions about your care?	98% very satisfied/satisfied
How satisfied are you with the service provided by the Community Nursing Team?	98% very satisfied/satisfied

Across all our surveys we asked if people felt they could ask a question or raise a concern. For 98% of 349 responses, the answer was yes.



Patient & Family Improvement Feedback Register

During 2019/20 we captured 16 improvement comments. We reviewed and considered all of these comments, 12 of them are now completed and closed. Currently under review are suggestions for improvements relating to ward round communications for patients and families, text message appointment reminders and clinical uniform review.

16,300
Facebook
followers

1,169,228
retail items
sold



154,000 website
visits this year
(with 319,000
page views)

600,000
customers in
our charity
shops

986
volunteers
contributed
129,813 hours

7,850
Twitter
followers

Over 200,000
people reached per
month across social
media channels



Staff & Volunteer Experience of the Hospice

Staff Survey

In line with our aims for 2019/20, the Hospice progressed a range of initiatives aimed at supporting wellbeing, management and leadership capability and development, workplace culture, values and behaviours.

The Hospice participated for a third time in The Sunday Times Best Companies Survey and moved up from 76th to 67th to 18th place in the Top 100 Best Not-For-Profit Organisations to Work For. We achieved Two Star accreditation which shows “Outstanding” levels of engagement. We were pleased to see that in all areas of the staff survey there was a significant improvement. The survey continued to highlight that staff feel proud to work at the Hospice, which makes a positive difference to the world, and value high quality compassionate care and their colleagues.

Following the staff survey, we continued our work with specific areas of the Hospice and provided a safe space for staff to discuss their concerns and support change and engagement.

We have expanded our wellbeing initiatives to include:

- A range of social events, weekly classes and cross-Hospice activities and challenges
- A new Coffee Mate scheme to partner staff, volunteers and trustees monthly to learn more about different areas and roles
- Two staff conferences, one of which was completely focused on staff health and wellbeing
- Greater one-to-one support for our working carers, internal and external counselling and personal support for staff.

Our Employee Engagement Group has played a key role in developing the wellbeing offer and supporting the organisation of events. At all times we have endeavoured to provide employees with good working conditions, a healthy work life balance and opportunities for development.

We have developed management capability across the Hospice including a 6-month programme for our middle managers on a range of topics which they identified as important. This supported cross-Hospice working and created new networks of support for this group.

“I am very proud to work for the organisation and am excited to be part of their future.”

“People care about their work and the Hospice's services. I know my expertise is valued and my contribution to the organisation is recognised.”

As part of our ongoing work to improve culture, we integrated our Behaviours Framework into a new pilot programme for manager meetings and appraisals.

Significant actions have already been undertaken to react and respond to the emerging evidence in relation to COVID-19. In the context of a quickly changing environment, we will continue to drive the following aims:

- Expand and develop our senior management and leadership capacity
- Work with staff groups and managers to address issues raised in the staff survey
- Evaluate and develop our work on staff support and wellbeing, focussing on mental health initiatives

“I have gained an enormous amount of experience and knowledge by working here, which I feel will always be relevant.”



“We have a strong team, wholly committed to providing great care to patients and families.”

Volunteers

In 2019/20, we continued to support the development of volunteer roles to enhance and improve patient experience. These have included roles in Creative and Complementary Therapies and to support patient care in Day Services. We have improved the recruitment of volunteers across the retail chain by developing relationships with the communities surrounding the shops. This has included holding volunteer stalls at community hubs and supermarkets, speaking at community group meetings and distributing flyers promoting volunteer opportunities.

A number of supervisors' guides to volunteers have been developed, which provide step-by-step guidance and advice to ensure that volunteers are successfully recruited, retained and supported.

We are fortunate to have the support of a number of corporate partners who have provided valuable volunteering time throughout the year. We also continue to work with local schools to offer volunteering to young adults across our charity shops.



We greatly value our volunteer workforce and they are an integral part of the Hospice. As well as being included in many events throughout the year, we held two Festive Thank You events for volunteers which were attended by almost 200 people. We were able to honour our long serving volunteers with a presentation of awards by the Lord Mayor of Leeds and the Deputy Lord Lieutenant of West Yorkshire.

In 2020/21 we aim to:

- Consider the development of volunteering within our clinical settings
- Work with corporate partners to maximise the volunteering opportunities they offer
- Consider the development of opportunities for younger volunteers

I love being part of this wonderful organisation. I know anything I can do to help is always appreciated.

The Hospice has been part of my life in one way or another from being a little girl and if I can help in my small way to raise funds then I will do my best.

I feel lucky to have found such a great team to work with.

As a volunteer for St Gemma's it gives me a sense of fulfilment and recognition to know that I am making a difference.

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 work hard to ensure that communications are engaging and inclusive. St Gemma's would simply not exist without the ongoing interest and support of the Leeds community.

We continue to promote the work of the Hospice across a variety of channels and to a broad range of audiences, in line with our strategic objectives. Our vision, values and priorities are threaded through all of the communications delivered both internally and externally. A consistent brand and tone of voice ensures people can engage with St Gemma's and know what to expect from us.

Within the Hospice, our Involve Group is tasked with keeping diversity, inclusivity, accessibility and community engagement high on the agenda. Colleagues work across the city to better understand the changing demographics of the population and identify any gaps in service provision or engagement. We meet regularly with the Community Engagement Group who act as advocates for the services in their local communities. This year we have focussed on building their knowledge of the services so they can be effective ambassadors and can challenge us to think differently when we are developing new services. We also ran a really successful myth-busting event for the Migrant Action Project in Leeds. This created lively discussions about the meaning of death and dying in different populations and the impact this might have when we try to engage different communities.

We regularly attend community events to promote our services and engage with target audiences. For example, we attended a recruitment fair at The Reginald Centre in Chapeltown, promoting job vacancies within our workforce to a mainly Black, Asian and Minority Ethnic (BAME) audience. We also participated in Leeds Pride celebrations for the first time.

Perceptions about hospice care have been shaped over many decades, but the team works hard at trying to break down barriers to access and showing that hospices are welcoming places that can help patients with a wide variety of life-limiting illnesses and can support their loved ones too. To better gauge awareness of St Gemma's across the community and help us identify where to target our efforts, we commissioned a public perceptions

research survey in February. Initial results were promising and show good levels of awareness and understanding of our role in the city.

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, 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.

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 'touchpoints' 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.

We have continued to communicate with our key stakeholder groups, showing both the breadth of care that the Hospice can provide as well as the ways people can support us. We mailed three editions of the supporter newsletter to over 50,000 people in the year, and continue to see growing numbers of followers (almost 30,000) across digital channels such as Facebook, Twitter, LinkedIn and Instagram.

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 Leeds Palliative Care Network (LPCN) has also been involved in a wider public consultation on the needs of individuals living with frailty and at the end of life.



Responding to the COVID-19 Pandemic

Towards the end of the 2019/20 year we were significantly impacted by the Coronavirus COVID-19 pandemic. This shook the world and our lives have all been impacted in ways we could never have imagined.

Despite the extraordinary situation and the challenges it posed, the work of St Gemma's Hospice has continued, albeit in some areas very differently. We have been humbled by what we have achieved as a Hospice and how we have been supported by the wider community. We have worked across the city, regionally and nationally to support a systems approach to patient care and support.

Some of the key areas of impact are as follows:

- Patients and their loved ones continue to receive our expert, compassionate care in their own homes. The Community team worked extended hours to ensure patients and health colleagues across the city had specialist advice and support
- A major development is that we have been successfully carrying out virtual and online consultations with patients in the community for the first time. Video consultations mean patients can often receive the tailored advice and support they need without the need for a home visit
- We have delivered an extensive external training programme through tele-education to a number of local, regional and national providers and organisations
- Our In-Patient Unit has continued to admit patients in need of our specialist care and some of those patients have had COVID-19. The team has risen to the new challenges we have faced. Patients and families have also adapted to the new restrictions around visiting; we have kept our visiting arrangements under review on a weekly basis during the pandemic to balance safety for everyone with the needs of families to be together at such important times in their lives



- We have worked hard to source appropriate Personal Protective Equipment (PPE) for the team and to ensure we always have adequate supplies
- Our bereavement team established a new helpline for anyone in Leeds struggling because they have family members who are critically ill or have died during the pandemic period, and is now supporting a West Yorkshire regional helpline

We have worked very hard to ensure staff feel safe and supported throughout this difficult period. The senior team has met on a frequent basis, making key decisions as a team and with a commitment to regular and effective communications across the Hospice. We have provided increased routes for staff to seek support, particularly recognising the potential mental health impact for individuals, including a new staff webpage for information and a staff helpline.

We have received some very positive feedback about the way the organisation has responded during the pandemic, from staff members and from families:

“ I am very grateful that my brother was able to spend the last six days of his life in the peaceful surroundings of St Gemma's, where he was treated with love and kindness by your wonderful staff. It was also a great comfort to us both that I was able to visit him daily as I hadn't been able to see him during the previous eight days when he was in hospital because of the restrictions imposed by the coronavirus pandemic. Thank you so much. ”

Patient's Relative

“ ...how well supported we have felt throughout the pandemic by the senior Hospice team. From the top down to ward management level we have felt well informed, and safe. This has meant we have been able to fulfil our roles and support our teams, confident that we have all the information we need. The Hospice has still felt a positive place and on the whole everyone has been caring and considerate of each other and our sense of humour is intact! ”

A number of our In-Patient Unit Sisters

Statement from NHS Leeds Clinical Commissioning Group

Leeds Clinical Commissioning Group (CCG) would like to thank you for the opportunity to review and comment on your Quality Account and reflect on your achievements for 2019/20 and priorities for 2020/21.

We continue to work in partnership with St Gemma's Hospice and recognise your open, transparent and engaging approach to delivering care to adults with active, progressive and advanced disease.

Overall we feel the Quality Account is well laid out, easy to read and aided by the use of pictures, graphics and testimonials from patients, relatives and staff. The CCG feel that you have a well stated vision, purpose and values.

The Quality Account acknowledges St Gemma's response to the COVID 19 pandemic. This includes how the organisation has supported the wider community and city.

In addition the CCG recognises your contribution at a regional and national level to support a systems approach to patient care and support.

Progress against priorities for improvement; 2019/20

- **Priority 1: Patient Safety**

Thank you for updating the CCG on the implementation of the '*Electronic Prescribing and Medicines Administration*' process across the hospice in-patient unit. You reflect how the introduction of this system has enabled a clinician to review medication and offer advice remotely. This has proved beneficial in the response to COVID-19 by reducing exposure to patients, staff and clinician as well as enhancing patient safety.

- **Priority 2: Patient Experience; patient discharge.**

Planning a safe patient discharge is an important component of any inpatient stay. It is pleasing to read the hospice is working in collaboration with Leeds Community Healthcare (LCH) to ensure LCH community staff have access to patients' medicines information in order to facilitate a safe discharge. Working in collaboration with LCH additionally makes the discharge a better experience for the patient and their relatives.

- **Priority 3: Clinical Effectiveness; implementation of the Triage Model in the community.**

Given the hospice has invested in creating a 'Triage Nurse' to review referrals and provide a quality responsive service, inclusion of the findings from the initial evaluation would have proved insightful reading. For future quality accounts, if reference is made to the triage service, it would be worth considering the inclusion of some of the informal feedback that has been made by patients, staff and health colleagues. It is pleasing to read the hospice has improved its response time to referrals into the service.

Priorities for Improvement 2020/21

The CCG is encouraged to read the priorities for 2020/21 are based on the themes of patient safety, clinical effectiveness and patient experience.

- **Priority 1: Patient safety.**

Having learnt from other care settings that the Single Nurse Administration of Drugs (SNAD) system improves efficiency and reduces drug related incidents it will be encouraging to review how this has benefited patients in the 2021/22 quality account.

- **Priority 2: Clinical Effectiveness.**

The CCG supports St Gemma's Hospice intention to undertake a whole service review following a complaint received relating to the aftercare of the deceased, their relatives and staff.

- **Priority 3: Patient Experience.**

The CCG again supports the hospice to continue working with the numerous agencies in Leeds to improve the outcomes in palliative care provision for the homeless population of the city following the donation from the Masonic Charitable Trust.

Page 15 of the Quality Account refers to 'Quality Performance' and summarises Key Performance Indicators for 2016/17 – 2019/20. You provide a narrative summarising the introduction of a new incident reporting system and how the types of medication incident involved are either 'no harm' or 'low harm' to patients. It would have been beneficial to the reader to have had a number/flag in the 'near miss' box rather than leaving it blank. It would also have been interesting to read how the team feel the new system supports safe medicines management. Finally, a description of what 'intentional rounding' is may help potential readers, who are not clinicians, understand this terminology.*

The CCG congratulates you in ensuring:

- no patients acquired a healthcare associated infection (MRSA, MSSA or C-Difficile) in the last year.
- two members of staff supported in their development towards registering as nurses via apprenticeship training.
- patients received the highest quality care in the final phase of life. This was achieved with partners across the city via the Leeds Palliative Care Network that you host.
- the organisation continues its commitment to education, training and research.

Once again, we would like to thank you for sharing the document and providing an opportunity to comment on your quality account and priorities for 2020/21. We look forward to continuing to work in partnership over the coming year.

**The changes in the above paragraph suggested by the CCG have since been incorporated into the final version of the Quality Account 2019/20.*

Statement from Healthwatch Leeds

Thank you for giving us the opportunity to comment on your Quality Account. We found the account to be well written, open and honest.

It gives a clear account of the Hospice's function, achievements and priorities. The goals are well described and the data is informative. We feel that this Quality Account would be a good benchmark for other organisations to use.

One suggestion for next year might be to provide a brief summary in order of each section heading at the beginning of the report, eg Part 1 provides information on... Part 2 describes how...etc as there is a lot of reading to do in each section.

Altogether we think it's a great Quality Account and mirrors the feedback we have seen about St Gemma's in general, especially from the work we've helped with in gathering feedback from bereaved carers. St Gemma's constantly receives positive feedback and on the rare occasion that it doesn't, actions are put in place to address these.

Glossary

ACP	Advance Care Planning This is a process that supports adults at any age or stage of health in understanding and sharing their personal values, life goals and preferences regarding future medical care. Its aim is to ensure that people receive medical care that is consistent with those values, goals and preferences during serious and chronic illness	ECHO	Extension for Community Healthcare Outcomes The Academic Unit is an ECHO Hub and will develop education programmes using video-conferencing technology.
AUPC	Academic Unit of Palliative Care Run in partnership with the University of Leeds, this delivers education, undertakes national and international clinical research and seeks to develop the quality of services through linking research into clinical practice.	EPMA	Electronic Prescribing and Medicines Administration This is the management of prescriptions and medications digitally, reducing the risks of incorrect medication being given.
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.	LMS	Learning Management System This is a system used to deliver online and face-to-face training to staff, allowing organisations to monitor and evaluate internal training programmes.
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	LPCN	The Leeds Palliative Care Network (Formerly known as the Managed Care 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.
DoLS	Deprivation of Liberty Safeguards The Mental Capacity Act allows restraint and restrictions that amount to a deprivation of liberty to be used in hospitals and care homes – but only if they are in the person's best interests	ReSPECT	Recommended Summary Plan for Emergency Care Treatment This process creates personalised recommendations for a person's clinical care and treatment in a future emergency in which they are unable to make or express choices. Although the process can be for anyone, it has increasing relevance for people who have complex health needs or who are likely to be nearing the end of their lives.

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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