

St Gemma's Hospice

Quality Account 2020/21



Contents

Part One | Overview

Our Vision, Purpose and Values	3
Our Strategy 2018 – 2028	3
Statement on Quality from the Chief Executive	4-5
Statement of Assurance from the Board	6
Our Services, Activity and Funding	7-9
Care Quality Commission	10

Part Two | COVID-19

Impact of COVID-19 Pandemic	11
-----------------------------	----

Part Three | Priorities for Improvement

Quality Improvement Priorities	12-14
--------------------------------	-------

Part Four | Quality of Service

Review of Quality Performance	15-19
• Safe Care	
• Effective Care	
• Compassionate Care	
• Responsive Services	
• Well-led Services	
Academic Unit of Palliative Care	20-21
The Leeds Palliative Care Network	22

Part Five | Hospice Experience

Patient & Family Experience of the Hospice	23-25
Staff & Volunteer Experience of the Hospice	26-28
Public Engagement	28

Part Six | External Statements

Statement from NHS Leeds Clinical Commissioning Group	29
Statement from Healthwatch Leeds	30

Glossary and Further Information	31-32
----------------------------------	-------

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 Hospice Quality Account 2020/21, in which we outline how we deliver our vision of meeting the needs of individuals with a terminal illness and supporting their loved ones. In a year that has been the most challenging in our Hospice's history, the quality of care for patients and families and the wellbeing of our staff have been at the heart of all we have done.

The impact of the COVID-19 pandemic has dominated the 2020/21 year, impacting on the provision of all Hospice services and on all areas of leadership and management. We have successfully worked together as a Hospice team, balancing competing risks and making collective decisions in the face of a rapidly changing environment. We have worked closely with partners across the city, building on the strength of the Leeds Palliative Care Network to facilitate and coordinate a citywide response to COVID-19.

St Gemma's staff have responded with flexibility, resilience and compassion for patients and families and for each other. They have adapted to a range of challenges, including wearing Personal Protective Equipment (PPE), supporting patients and families with the impact of restricted visiting arrangements, providing education online instead of face to face, and an increased use of virtual and telephone care and support to enhance our face to face care.

We have also managed outbreaks of COVID-19 among staff and patients and have continuously improved our Hospice environment and working practices to minimise the risk of any further outbreaks.

Our care quality indicators taken together with feedback from patients and families about their experience of care give assurance that we have continued to provide outstanding care. Areas of feedback from patients and families include relief of pain and other symptoms, dignified care, involving and listening to patients and families and respecting their wishes.

The quality improvement priorities set out in this document are in line with our Hospice Strategy and are informed by evidence, patient and family feedback, staff suggestions, learning from

incidents and complaints and engagement with partners in the city. Delivery of our priorities for 2020/21 was delayed due to the pressures of the pandemic, although good progress was made in a number of areas.

Our work with homeless and vulnerably housed people has been ongoing for some years and involves liaison with multiple agencies across Leeds to identify barriers and challenges to palliative care provision and to improve outcomes for this vulnerable patient group. Members of the Board of Trustees recently heard a presentation about one vulnerably housed person who benefitted from this approach, a moving story of care and of reconciliation between the patient and their family members.

We have retained our three priorities from 2020/21 and added two new ones for 2021/22. The priorities are:

- Implementation of single nurse administration of drugs on the In-Patient Unit
- Improving care of the deceased and those bereaved
- Widening access for homeless and vulnerably housed people
- Improving discharge planning
- Progressing our project to implement electronic prescribing for patients in the community.

The Academic Unit of Palliative Care has continued to deliver a wide range of clinical placements and, with an increased focus on tele-education, we have delivered a comprehensive training programme and developed new training for health and care professionals to support the regional response to the pandemic.

Staff wellbeing has been a major priority during 2020/21, with a number of new initiatives delivered as well as continued delivery of improvement priorities from prior years. New initiatives have included resilience and wellbeing support, enhanced communications in response to the pandemic and offers of team and one to one support for staff working through such a difficult time. We have supported staff

from a range of ethnic backgrounds to launch a Multicultural Network for staff to come together to share experiences, learn from each other and influence Hospice practice.

Support from volunteers reduced significantly in 2020/21, as a result of the closure of shops, cancellation of fundraising events, and limitations on access to the Hospice site. We continued to engage with and update volunteers who are now being supported back into their roles.

It has been a more difficult year for engagement with our local community and the Hospice Community Engagement Group has not met during the pandemic. We have, however, maintained contact with the group with the support of Leeds Involving People and plan to re-establish the meetings as soon as possible.

We are hugely grateful for the ongoing support of our local community. Local people have continued to support us generously, including with regular and one-off donations, gifts in wills and the purchase of lottery and raffle tickets. We also received grant

funding support from the NHS and pandemic-related funding support from NHS England.

Our financial position is robust and we continue to plan our financial future for long term resilience to meet current and future needs for palliative and end of life care.

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 priorities and in leading improvements within the Hospice. The Board of Trustees has endorsed our Quality Account for 2020/21.

Kerry Jackson
Chief Executive



Statement of Assurance from the Board

In this challenging pandemic year, the Board of Trustees has worked even more closely with the Hospice Leadership Team to gain assurance about the quality and safety of patient care, patient experience and staff wellbeing. The Board has focussed on seeking assurance and managing risk. In doing this the Trustees have received regular written reports from the executive team throughout 2020/21, with opportunities for scrutiny, discussion, support and challenge in monthly virtual Board meetings.

On a quarterly basis the Clinical and Academic Governance Committee meets and reviews progress against priorities, considers patient and family feedback, discusses key performance indicators, complaints, incidents and clinical risks. The Committee Chair reports a summary to the full Board of Trustees.

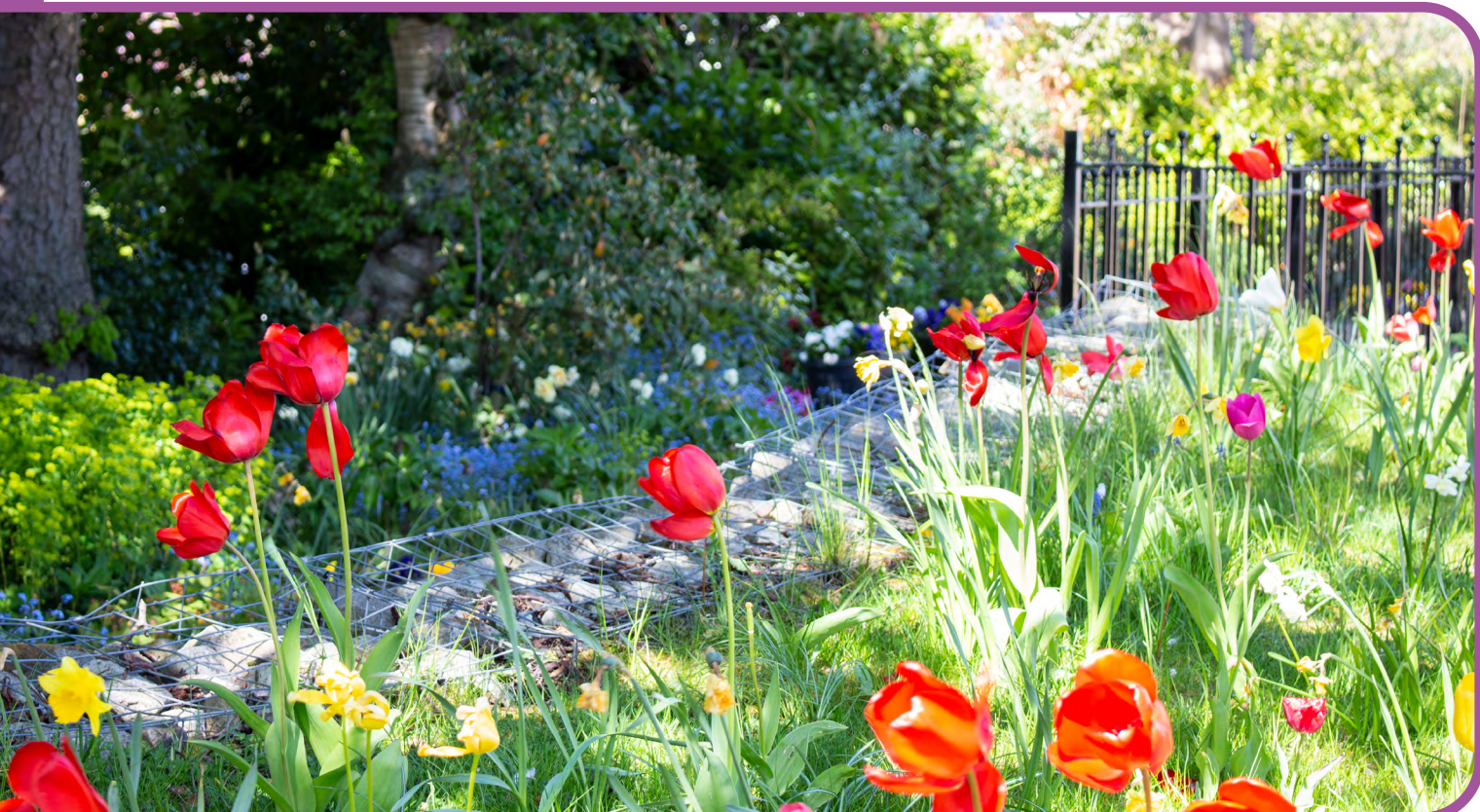
During the year June Toovey completed her time as Chair of the Committee and I would like to thank her for her leadership over a number of years. Phil Corrigan took over the role in late 2020. Phil has a wealth of experience in nursing leadership and was the former Chief Executive of NHS Leeds Clinical Commissioning Group. Both Phil and

our Chief Nurse are eager to recommence unannounced Trustee visits to clinical services to gain direct patient and staff feedback, which have been paused due to COVID-19. The Board has continued to focus on Hospice culture and three Trustees are part of the Speaking Up arrangements within the Hospice.

The Board recognises that not all the priorities for quality improvement aimed for in 2020/21 were fully achieved due to the pressures of responding to the COVID-19 pandemic, but notes the good progress made in 2020/21 and supports the quality improvements planned for 2021/22.

Finally, we are as a Board extremely grateful to all our volunteers and staff for their continuing efforts to maintain our standards of compassionate care and support at the end of life. Thank you.

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.

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



During 2020/21 St Gemma's Hospice provided the following clinical services. St Gemma's Hospice has reviewed the quality of care in all of these services.

In-Patient Unit which provides specialist 24-hour care and Nurse Consultant Led Beds supporting patients who have end of life care needs. Currently caring for up to 20 patients in individual rooms

Day Services which give patients extra support to manage symptoms and maximise quality of life. Although the service has been closed throughout the pandemic, assessment and advice continue to be provided virtually, and as part of the wider community service

Out-Patient Services providing consultation with a Doctor, Clinical Nurse Specialist (CNS) or Therapist

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

Our Activity

New Patient Referrals to the Hospice

2018/19	1,228	2020/21
2019/20	1,355	1,236

Percentage of Patients with a Non-Cancer Diagnosis

2018/19	27%	2020/21
2019/20	29%	29%

Admissions to In-Patient Unit

2018/19	517	2020/21
2019/20	511	508

Average In-Patient Length of Stay

2018/19	13 days	2020/21
2019/20	13 days	11 days

Community Nursing & Medical Contacts

2019/20	15,979	2020/21
		17,801

Day / STAR* Services Contacts

2019/20	1,711	2020/21
		1,986

*Support, Therapy and Resources

Overall referrals for care remained at a broadly stable level with prior years. New patients referred to the Hospice often access a number of different services over time, including specialist care at home or in a care home and In-Patient admissions.

Admissions to our In-Patient wards were similar to long term trends despite the significant restrictions and challenges of the pandemic. The average length of stay reduced, at least in part due to patients preferring to stay at home or be discharged due to visiting restrictions on the In-Patient Unit.

Some patients cared for on the wards require a high level of medical input and complex interventions from the nursing and therapy teams. The care team manages devices such as central lines and long term in-dwelling drains, non-invasive ventilation and tracheostomies. We have admitted patients with COVID-19 throughout the pandemic and continue to admit patients from outside our catchment area with a high level of care need that cannot be met by their local hospice.

Community visits were significantly restricted early in the pandemic, with an increased use of phone and video consultations. However, face to face visiting continued where necessary and quickly returned to normal levels, supported by thorough risk assessment and the use of appropriate Personal Protective Equipment (PPE).

Our Clinical Nurse Specialists provide a comprehensive first assessment, thereby reducing the number of follow up visits required; most are able to prescribe medicines to patients at home.

Our Community Service provides high quality care, enhances personalisation and patient choice, supports care coordination and continuity and plays a significant part in the avoidance of hospital admissions. The care offered is complex, addressing many physical, psychological, social and spiritual issues within patients' own homes, in care homes or in an outpatient setting. The team is also proactively involved with citywide strategic work to review and develop palliative and end of life services across Leeds.

Day Services were closed due to the pandemic. We aligned the Day Services team more closely with the Community Services team and developed a new Support, Therapy and Resources (STAR) offer. The model ensured that patients and families continued to be supported, using telephone calls and online groups.

The figures provided above for Community and Day / STAR services include face to face, telephone and virtual contacts with patients and carers to provide a clearer representation of St Gemma's service provision.

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 2020/21 were £11.5 million.



2020/21 saw fundamental changes to the basis of our funding, with St Gemma's shops closed for much of the year, events cancelled and corporate and community activities significantly curtailed.

Our local community continued to be incredibly generous and we received £3.7m from the NHS Leeds CCG.

We also received funding of £2m from NHS England and the local authority as COVID-19 support grants.



We continue to 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.

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.



Care Quality Commission

St Gemma's Hospice is subject to periodic review by the Care Quality Commission (CQC) and the last review was an unannounced inspection on 13 July 2016. St Gemma's Hospice services were rated as Outstanding.

The 2016 inspection 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.



Following the declaration of the pandemic in 2020 the CQC cancelled all non-essential regulatory inspections. During the year St Gemma's Hospice received a support call from the CQC to identify any learning and challenges created by the pandemic and subsequently participated in a call as part of the CQC's Transitional Monitoring Arrangements. The Hospice submitted information prior to the call based on the Key Lines of Enquiry and followed up with some additional information. The CQC identified no areas of concern about the services provided at St Gemma's.

In November 2020 the CQC informed us of concerns raised by someone who worked for, or who had previously worked for, St Gemma's relating to the culture and behaviours on the In-Patient Unit. This is discussed further in Section 5.

In December 2020, the Hospice worked with the registration team at CQC to review the registration details. Following review, the Hospice continues to be registered 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

There is no condition on the number of patients for which St Gemma's provides In-Patient care.

St Gemma's continues to monitor and update evidence in preparation for discussions with our CQC relationship manager and any future inspection. In 2020/21, we improved our systems for recording and accessing this evidence.

Impact of COVID-19 Pandemic

The risks and realities of the COVID-19 pandemic have dominated the 2020/21 year. The St Gemma's team has pulled together, making collective decisions, adapting and balancing competing risks, and engaging regionally and locally with other care providers. In this way we have ensured that patient and family care and professional education have continued and that the safety and wellbeing of our staff and volunteers has been prioritised.

We continued to engage with our local community and we are enormously grateful for their ongoing support and understanding.

Important areas to highlight include:

- Continuing to care for people in their own homes and in care homes; remote consultations are not able to meet the needs of many people, so face to face care has been provided throughout
- Securing a robust supply of and training plan for Personal Protective Equipment (PPE) early in the pandemic to ensure staff, patients and visitors were safe and services could continue to function
- Working closely with colleagues across the city to ensure a coordinated response, including establishing new cross-city working groups to manage pressures on health and care services in an integrated way and supporting new multi-disciplinary teams in particular areas of pressure
- In-Patient admissions continuing throughout the pandemic, including caring for patients with COVID-19 and facilitating patient visiting, though with restricted numbers, which has been incredibly hard for patients, families and staff
- Moving the bulk of our education activities online and providing new education programmes to respond to the pandemic
- Providing telephone bereavement support for adults and children, and by the end of the year moving back slowly to face to face consultations where these offer the most benefit
- Fully and openly investigating COVID-19 outbreaks to learn lessons for the future.

The St Gemma's team of staff and volunteers have responded incredibly well and continued to always put the needs of patients and families at the centre of all they do. Hospice leaders have worked hard to make sure staff have had the support they need, in teams or individually, and we continue to do so; the pandemic is not over yet and the effects will continue to be felt for some time to come.



Quality Improvement Priorities

In this section, we outline our priorities for Quality Improvement. Due to the demands placed on services during the pandemic, work on our improvement priorities for 2020/21 was delayed. As such, the Hospice has committed to continuing the work on these priorities in 2021/22 as well as adding two new priority improvement projects.

Our Quality Account priorities are in line with the Hospice Strategy. 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: Single Nurse Administration of Drugs (SNAD) – Patient Safety

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 (RN) 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.

Some medicines currently require two RNs to complete checks throughout the administration process. However, it is time-consuming and is not necessarily safer. 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 greater opportunities for staff to concentrate. Other associated benefits include growth in specialist knowledge and increased confidence in medication selection, leading to increased job satisfaction.

The project's key targets are to:

- Safely implement SNAD using a phased approach across the Hospice In-Patient Unit
- Reduce medicine administration errors, including those resulting in patient harm
- Improve efficiency in the administration process to release RN time.

Progress to date:

- Initial training with all identified RNs complete
- Competencies completed by senior nursing staff, who will support completion of competencies for more junior colleagues.

Plan for 2021/22:

- Complete competency sign-off for remaining staff
- Embed a regular training programme for new and developing staff
- Evaluate the impact of SNAD, including medicines errors and RN time released
- Monitor other benefits, risks and issues from SNAD implementation.

Priority 2: Care of the Deceased and those Bereaved – Clinical Effectiveness

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. As a result of a recent complaint about how the Hospice managed the valuables and property of a deceased patient, the whole pathway has been reviewed to ensure we are meeting the needs of both patients and their loved ones.

The framework we have used has enabled us to develop and improve all aspects of care of the dying.

The project's key target is to:

- Ensure that care of the dying and those bereaved is compassionate, coordinated and individualised.

Progress to date:

- Improvements made to the mortuary environment
- Procedure agreed for the management of patient valuables and property
- Work with funeral directors implemented to ensure safe transfer of care.

Plan for 2021/22:

- Update information packs for bereaved families
- Update guidance for staff performing last offices, with associated training
- Review of spiritual care for the dying and bereaved.

Priority 3: Widening Access for Homeless and Vulnerably Housed People – Patient Experience

Over the past four years St Gemma's has been working with multiple agencies within Leeds to identify barriers and challenges to palliative care provision for the homeless and vulnerably housed population in an effort to improve outcomes.

Following a successful bid for funding from the Masonic Charitable Trust in April 2020, a project steering group was formed to take forward our vision of developing appropriate services to address areas of unmet need.

The project's key targets are to:

- Improve patient access by coordinating care across Leeds through multi-agency, multi-disciplinary working
- 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
- Increase knowledge and confidence of key workers through specialist reciprocal healthcare and homelessness education and training
- Provide examples of deaths facilitated well in the patient's preferred place of death.

Progress to date:

The project has met all its key targets. It has enabled St Gemma's staff to build trust and rapport with patients as well as working effectively with a wide variety of professional groups across the city. There has been an increase in the number of homeless patients who have been supported by palliative care services in Leeds (17 in one year compared to 5 over the previous 5 years) and referrals continue to rise as the project engages with a wider group of agencies involved with the homeless and vulnerably housed of Leeds.

Examples of care include patients continuing anti-cancer treatment where they had disengaged, and patients enabled to make choices and to die with dignity whilst their friends, families and key workers are empowered to support and be alongside them.

Plan for 2021/22:

- Seek to secure funding and support so that this work becomes a permanent service within Leeds
- Increase face to face contact with this patient population as COVID-19 restrictions continue to lift.



Priority 4: Improving Discharge Planning – Patient Experience

System pressures across Leeds due to the COVID-19 pandemic have impacted on the safe and efficient transfer of patients in and out of the Hospice. This has included the loss of face to face discharge planning opportunities, less availability of community staff to discuss patient discharge and a heightened need for clear and timely communication by St Gemma's staff with community providers.

Reduced family visiting due to the COVID-19 pandemic has further increased the challenges of effective patient discharge.

The project's key target is to:

- Enhance the coordination of discharge between the In-Patient Unit (IPU) and Community settings.

Plan for 2021/22:

- Introduce a Patient Transfer Nurse role to strengthen communication and coordinate effective discharge in collaboration with the multi-disciplinary team and community clinical partners
- Re-assess challenges and opportunities within the discharge process to set improvement priorities for the future with clear outcome measures.

Priority 5: Electronic Prescribing in the Community – Patient Safety

A new development within SystmOne, our electronic patient record system, expected to be ready for pilot late 2021/22, will allow the Hospice Community team to prescribe electronically in a manner similar to the way General Practitioners (GPs) prescribe. St Gemma's has been accepted as one of two national pilot sites to test and implement this new development. We expect to deliver this quality improvement fully during 2022/23.

The benefits of introducing this new system are expected to include:

- Reducing duplication – medicines are currently prescribed within SystmOne (GP) and on paper (St Gemma's, Leeds Community Healthcare), increasing the risk of error

- Eliminating paper waste – reducing the need for handwritten paper prescriptions
- Continuity of care – items prescribed by St Gemma's Community team will automatically appear on the patient's SystmOne record viewed by their GP
- Patient experience – prescriptions can be sent directly to the patient's chosen community pharmacy
- A Hospice Community team formulary can be created on SystmOne to ensure consistent, safe and effective prescribing.

Plan for 2021/22:

- Generate an internal programme for implementation of the pilot
- Ensure robust feedback and evaluation processes are developed
- Monitor risks to patient safety throughout the pilot.



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 it is working with them to personalise their care or building services that respect individuality.

In 2020/21 we continued to work on establishing consistent measures of quality and safety. We met regularly, virtually, to scrutinise incidents and the quality of services. We submit safety data to Hospice UK's benchmarking programme, and have quarterly meetings with NHS commissioners locally to review citywide hospice services.



Safe Care

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 2020/21 we introduced an Incident Review meeting where all incidents are discussed and Root Cause Analyses of significant incidents are presented. A learning bulletin is created quarterly to share learning and to encourage incident reporting.

Key Performance Indicators (KPIs)	2019/20	2020/21
Notifiable Patient Safety Incidents	2	3
Medicines Incidents	61	76
Medicines Incidents Moderate+ Harm	*	2
Falls	37	47
Falls Moderate+ Harm	5	3
Inherited Pressure Injuries	175	244
Acquired Pressure Injuries	69	70
Acquired Pressure Injuries - Category 3+ (Moderate+ Harm)	38	21
Acquired Infections, inc. MRSA, C-Diff., Covid.	0	8

*Not recorded in this format previously.

Notifiable Patient Safety Incidents – in 2020/21 the Hospice had three notifiable patient safety incidents including

- One fall with a fracture
- One unaccounted for loss of Controlled Drug
- One outbreak of COVID-19 affecting staff and patients.

In all cases, the patients and families involved were fully informed, our investigations were completed and reported back to the Hospice Quality Assurance Group and the Hospice Pandemic Group as necessary.

Medicines – the number of incidents increased this year, with 76 incidents reported in total. We anticipated a rise in incidents following the introduction of the Electronic Prescribing and Medicines Administration (EPMA) system and a

move to the use of Vantage for incident reporting. Our ongoing review of medicines incidents has not highlighted any areas of specific concern or risk and the team is satisfied that the system supports safe medicines management.

Falls – patient falls have increased from last year, but remain lower than previous years. All falls are monitored through the Hospice Falls Interest Group. Many incidents reported as falls relate to patients lowering themselves to the floor, causing minimal impact. Patients at risk of falls are highlighted at ward handover meetings 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 yet determined to maintain their independence.

Pressure Injuries – unlike previous years, in 2020/21 all injuries, including Category 1 and 2 injuries, are documented as an incident which accounts for the rise in inherited injuries. The Hospice clinical leads for pressure injuries provide regular education for staff, which has resulted in a significant increase in the confidence of staff to identify and report pressure damage. All Category 3 and above injuries are reported to the CQC and any that are acquired in the Hospice are investigated. The Hospice shares information about inherited injuries with the referring team and, if required, the CQC.

Intentional Rounding, which is a structured process of regular, individualised patient checks, has been revised this year, on the back of learning from Root Cause Analyses of incidents. The pressure injury leads are involved in citywide and national work on identification and management of pressure injuries.

Infections – the incidence of infection is higher than previous years, due to COVID-19. There were no cases of either MRSA or Clostridium Difficile acquired at the Hospice.

Of the eight patients who acquired COVID-19 during their stay at the Hospice, five were linked to an outbreak which involved both patients and staff. An investigation into the outbreak did not identify a specific source of the infection. It happened at a time with high COVID-19 infection rates city-wide and there was no indication of any breaches in staff Personal Protective Equipment (PPE) use. Families were fully informed throughout the outbreak.

In total the Hospice had four outbreaks in 2020/21, two affecting the clinical teams and two affecting non-clinical services. Sadly, one member of the Hospice team – Mr Melvin Williams, Head Chef – died as a result of COVID-19, with further members of the team being hospitalised. This has had a huge impact on the whole Hospice and his presence in our kitchen and bistro is greatly missed. Investigations were completed for all outbreaks and shared with the CQC and commissioners.

Staffing – in 2020/21 we successfully recruited to a number of posts. Some gaps exist in the Healthcare Assistant (HCA) workforce due to general turnover and sickness. Staffing in Community and Day Services is stable, supporting the ongoing transformation of both services.

Although delayed due to the pandemic, the Hospice continues to work with Establishment Genie, a workforce planning service, 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 throughout the year. We continue to have junior doctors on rotation in our In-Patient Unit and Community teams and where there are any short-term vacancies in training posts, we proactively cover with fixed term locum staff.

Safeguarding, including Deprivation of Liberty (DOLs) – in 2020/21 four DOLs and safeguarding referrals have been actioned, which is consistent with previous years.

Audit – the Head of In-Patient Care, in conjunction with the Nurse Consultant and Chief Nurse, reviews our patient safety audits. These are completed monthly for each ward and reported through the clinical KPIs.

Over the last year the Hospice has completed a broad range of clinical audits, including:

- Venous Thromboembolism
- Management of COVID-19 positive cases on the IPU
- Verification of Expected Death
- Community Non-Medical Prescribing.

For each audit, a report is written highlighting, where appropriate, recommendations for action.

This year improvements have included changes to documentation, training and education 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.

Our 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 clinical guidelines on Management of Bowel Obstruction; Pain Management in Patients with Cognitive Impairment; Management of Hyperkalaemia; and Depression.



We are proud that Practice Enquiry sessions continued throughout the pandemic, as a key way to share new practice and encourage critical thinking and clinical debate. Topics in the last year included Acupuncture in Palliative Care (Senior Therapist), Compassion Fatigue for Hospice Staff (newly qualified RN) and the Homelessness project (Senior Nurse Practitioner).

During 2020/21 the induction programme has been reviewed with a plan to streamline and standardise a new starter’s first few weeks. The Clinical Educator and Senior Nurse Practitioner have worked with new staff to design an induction that meets both the new starter’s needs and those of the service.



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. 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.

We pride ourselves on going the extra mile, with many examples of little acts that have made a huge difference to patients. Despite the pandemic, during 2020/21 we were able to celebrate a number of significant birthdays, enable a young woman to have a precious film night with her children, and arrange a wedding for a patient and her partner in her last days of life.

St Gemma’s provides care not only for patients but also for their loved ones. Whilst other services closed to visiting due to the risk of infection, we have been able to maintain visiting throughout, with some restrictions, dependent on the local infection rates. Visiting restrictions were discussed with every patient so they could make an informed decision about admission and a thorough risk assessment completed prior to visiting. All visitors wear PPE and, since its introduction, complete lateral flow testing.

Responsive Services

An important aspect of St Gemma’s care is sensitive, skilled 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 2020/21 is consistent with previous years. In the last year, we have started to report preferred place of death for Community patients, as well as for those who died on the In-Patient Unit.

Key Performance Indicator (KPI)	2017 /18	2018 /19	2019 /20	2020 /21
Number of patients achieving preferred place of death (where preferred place recorded)	83%	87%	83%	85% (IPU) 82% (Community)
Number of patients with a personalised care plan for care of the dying	84%	83%	72%	80%

Admission to In-Patient beds in the Hospice continues to be available 24 hours a day, coordinated mainly through our daily In-Patient/Community referrals meeting with Leeds Teaching Hospitals NHS Trust (LTHT). The daily referrals meeting, held virtually throughout the pandemic, provides a space for discussion and thorough risk assessment of each individual prior to admission.

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. Training with Yorkshire Ambulance Service (YAS) has resulted in increased calls from YAS to enhance care at home and avoid 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%) admitted for care in 2020/21 were admitted within one day of referral.

As part of the work done through our Involve Group, we now routinely report the ethnicity of our patient population, benchmarked against St Gemma's catchment area. The diversity of patients supported by the Hospice in 2020/21 was broader than the catchment area – White British 60% (St Gemma's) vs 77% (catchment).

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 clinical services. 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.

Complaints – 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 2020/21 the Hospice received three clinical complaints. We have considered the need for transparency in describing complaints, 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.

Two complaints related to standards of care on the In-Patient Unit. Both were fully investigated and areas of learning formed the basis of action plans for improvement.

The third complaint related to care received in a patient's home. The investigation of this complaint included gathering information from other providers in the city and highlighted areas of confusion for the patient and family resulting from multiple providers of community care in Leeds. St Gemma's is part of a programme of work which is being undertaken across the city to improve the integration of palliative and end of life care services in community settings.

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

Well-Led Services

St Gemma's has an agreed vision, values and strategy, delivery of which is supported by a 5-year financial plan, annual business plan and annual budget.



The Board of Trustees provides strategic, financial and governance oversight, ensuring that the Hospice remains focussed on delivering its core purpose and vision. The Board has three Committees, focusing on Clinical and Academic Governance, Finance and Business and Corporate Governance. A Board Effectiveness Review was commissioned from an external professional during 2020/21, which resulted in positive feedback.

The Hospice has a well-established and mature Hospice Leadership Team (HLT), leading on strategy development and overseeing the quality and sustainability of clinical and support services. This includes a focus on continuous improvement of St Gemma's culture, and the wellbeing, education and development of our staff and volunteers.

During the year the composition of the HLT was reviewed; proposed changes to expand the HLT were agreed by the Board of Trustees and implemented on 1 April 2021. The HLT is supported by skilled and experienced Heads of Department who closely manage day-to-day service provision.

Members of the HLT and Heads of Department work closely with other health and care services in the city including NHS providers, care homes and GPs to improve integration and coordination of care. We also engage at a regional and national level to respond to the challenges we face collectively in providing excellent palliative and end of life care.

We are committed to understanding the needs of our local communities and building on good relationships with them. We proactively seek and analyse patient and family feedback. Our Involve Group aims to ensure the voices of patients, staff and the public are integrated into our service developments and improvements. This has been more challenging during this pandemic year, but we hope to make progress again in 2021/22.

Good governance is a high priority. Hospice risks are identified, monitored and actively managed including those relating to data security. Key performance indicators support our understanding of the quality of care, and lessons from incidents, near misses and complaints are shared to improve practice.

St Gemma's promotes an open culture of reporting, recognising that patient safety is everyone's business. We support and uphold the Duty of Candour and inform patients and families of errors or incidents that have resulted in patient harm under Hospice care.

We continue to strengthen Information Governance arrangements across the Hospice. This includes compliance with the Charity Governance Code, reviewing Information

Commissioner's Office (ICO) guidance and submission of the NHS Data Security and Protection Toolkit (DSPT) which enables us to measure and publish performance against the National Data Guardian's ten data security standards.

Strong, effective leadership has been more important than ever during 2020/21 due to the COVID-19 pandemic when much leadership focus has been on making rapid service changes and collaborating across all Hospice areas to ensure a coordinated, risk-based approach supported by effective communications.



Academic Unit of Palliative Care

The year 2020/21 has been a challenging one, but despite this, the activity of the Academic Unit of Palliative Care (AUPC) continues to grow and deliver a high quality service.

The Learning and Teaching Department develops and delivers high quality education to staff internal and external to the Hospice, working collaboratively with different organisations and healthcare providers. Using our established tele-education hub, we were able to adapt and innovate our education and training provision to reach local, regional and national audiences throughout the COVID-19 pandemic.

Research

Despite patient recruitment to research projects being paused as a result of the COVID-19 pandemic, the AUPC researchers have undertaken office-based research and have continued to publish extensively. In total 21 papers were published in peer reviewed journals.

New grant income during this period:

- CAPTURE: Cancer Pain-assessment Toolkit for Use in Routine oncology outpatient services: a multi-centre cluster randomised feasibility trial. Yorkshire Cancer Research: £350,540.21 (2021-2023).

Research projects:

- RESOLVE: this project is based in eight 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.
- INADVANCE: this is an European Union (EU) funded programme of research that is examining the impact of earlier referral to palliative care for patients with COPD (Chronic Obstructive Pulmonary Disease).
- Leeds Cancer Pain Assessment: this study continues with the aim of developing 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.

- ACCESSA (Access to palliative care for Black, Asian and Minority Ethnic communities across Yorkshire and the East Midlands): this is a continuation of the study looking at pain in advanced disease in the South Asian population. Following the grant from the Academy of Medical Sciences received in 2019/20, this work is being extended to other UK centres.



Learning and Teaching

The AUPC has worked closely with the University of Leeds to provide clinical placements at St Gemma's for 98 students from a range of programmes including medicine, nursing and allied healthcare. We also provided end of life care training for pre-registration nurses and apprenticeship nurses.

Throughout 2020/21 there has been an increased focus on tele-education and we have adapted our external education delivery to healthcare professionals in response to the challenges of the pandemic.

Our comprehensive training programme includes:

- Advanced Communication Skills Training to senior clinicians across the UK
- European Certificate in Palliative Care
- Advance Care Planning (ACP) and Communication Skills: Training for Frontline Health and Social Care and Voluntary Sector Staff; and Facilitator Training
- End of Life Care Training for Health Support Workers in West Yorkshire and Harrogate
- Clinical Nurse Specialist Regional Programme.

In response to COVID-19 we have produced and provided a range of training across health and social care, including:

- Leeds Community Health Care Trust (LCHT) Infection Prevention and Control sessions
- Guidance, videos and training packs on ACP and symptom management for the Leeds Palliative Care Network (LPCN) website
- 5 training videos for Leeds & York Partnership Foundation Trust (LYPFT) in how to care for patients at the end of life
- Virtual Verification of Expected Adult Death training for Leeds nursing homes, and for West Yorkshire and Harrogate and the North East funded by Health Education England (HEE). A total of 126 people participated in the HEE sessions, including nursing homes, community practitioners, GP practices, hospices and prisons. A hospice at home team from Gibraltar also attended the training.

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

Some of the key training delivered this year included:

- PPE training, including Fit-testing
- Bereavement Awareness training
- Dementia Care training
- Healthcare Assistant training
- Communications training
- Stop the Pressure training
- Single Nurse Administration of Drugs
- Staff Conference and Wellbeing days
- Advance Care Planning.

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

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



The Leeds Palliative Care Network

The Leeds Palliative Care Network (LPCN) is hosted by St Gemma's Hospice. As a collaborative partnership group, the LPCN is committed to the highest quality, 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.

During 2020/21 the LPCN played a central role in facilitating and coordinating the timely and effective citywide palliative and end of life care response to the pandemic; demonstrating the powerful impact of provider led collaboration when underpinned by a dedicated multi-sector workforce and managerial, administrative and commissioner support, alongside wider community engagement.

The Leeds Palliative Care website (www.leedspalliativecare.org.uk) became a forum for sharing new pan-Leeds guidance, new service responses and materials required for virtual training to all partners across the system.

Alongside this, the LPCN continued to deliver key service improvement projects to support the system and drive change across Leeds. Notable examples are:

- Improvements to personalised care and support for care planning for individuals through the implementation of the new "Planning Ahead Template", which integrates a number of planning and recording tools. These include EPaCCs (Electronic Palliative Care Co-ordination Systems) and ReSPECT (Recommended Summary Plan for Emergency Care Treatment)
- Training, through the AUPC, as outlined earlier
- Providing specialist palliative care advice using multi-disciplinary team meetings and by creating guidance and training for a range of services and conditions, including the homeless, mental health, respiratory disease and heart failure
- Improvements in data reporting and bereaved carer survey analysis to inform future intelligence for Equality, Diversity and Inclusion

improvements. This will also enable the LPCN to measure changes delivered through the new strategy to ensure people's end of life care wishes are met

- Funding of the Dying Matters Partnership to enable them to expand their campaign to target men and Black, Asian and Minority Ethnic communities
- Progressed the Leeds Dying Well in the Community Project with Leeds Beckett University and the Leeds Academic Health Partnership aimed at improving end of life care experience in the community through integration and re-design
- Development of a business case for Admiral Nurses to provide specialist support to people living with dementia at the end of life
- Development of the new Leeds Adult Palliative and End of Life Care Strategy which is now ready for publication in 2021.



Patient & Family Experience of the Hospice

The COVID-19 pandemic had an impact on the amount of patient and family experience data collected throughout 2020/21. The enhanced digital technology developed during 2019/20 to capture real time feedback has not been fully utilised this year. This is due to the reduction of general patient and family footfall across the Hospice, with restrictions on In-Patient visiting, closing of Day Services and the Hospice Experience Volunteers not being able to access the In-Patient Unit on a weekly basis.

During 2020/21, models of service delivery have been transformed with the innovation and utilisation of digital and virtual technology, reduction in face to face appointments and home visits. Against this backdrop there has never been a more important time to listen to the experience of our patients and families. Patient and family feedback is extremely important to us. We learn from experience feedback and use the information to improve our services for the future and also to recognise and celebrate outstanding care.

The governance and reporting mechanism for all feedback is overseen by the Director of Transformation and Culture. 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 Highlights

Throughout 2020/21 we conducted a bereaved carers' survey for families of patients who died on the In-Patient Unit. The same survey is usually conducted across the city of Leeds in quarter 3 (September-December) in partnership with all key providers of palliative and end of life care, supported by the Leeds Palliative Care Network and Healthwatch. This was delayed in 2020 and is now planned for October 2021.

During the year we received 158 responses to our own survey and heard the following:

Question/Topic	Response
Relative died in the right place	96% Yes
Relief of pain	95% very satisfied/satisfied
Relief of symptoms other than pain	93% very satisfied/satisfied
Cared for with dignity	99% very satisfied/satisfied
Respected wishes before and after death	93% very satisfied/satisfied

“It was her request to pass away in St Gemma's so we were very happy that she managed to get a bed and have her last wish granted.”

“It was where she wanted to be and everyone was so kind.”

“The compassion shown by everyone was above and beyond what we expected.”

“Dad's wishes were respected at all times and his care was exemplary.”

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

“ My husband felt very safe. ”

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

During July 2020 we specifically surveyed patients and families who were receiving care from our Community Clinical Nurse Specialist service. We had the following answers from 52 responses:

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?	94% very satisfied/satisfied
How satisfied are you with the service provided by the Community Nursing Team?	98% very satisfied/satisfied

In summary these are the key themes repeatedly acknowledged within the feedback narrative regarding the value of the Community Clinical Nurse Specialist service:



For the first time we also undertook focused experience work with those patients and families receiving services from our Social Work and Therapy (Physiotherapists and Occupational Therapists) Services. From 34 responses, we found:

Question	Response
Were you treated with respect?	100% very satisfied/satisfied
Was the Social worker/Therapist 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?	94% very satisfied/satisfied
How satisfied are you with the service provided by the Therapy Service?	100% very satisfied/satisfied
How satisfied are you with the service provided by the Social Work Service?	96% very satisfied/satisfied

During the pandemic it was sometimes necessary to alter how we offer our services, reducing home visits and face to face work. We asked those using our Community Nursing Service and Social Work Service if they were satisfied with this change.

Community Nursing Service	89% satisfied
Social Work Service	77% satisfied

How satisfied were you with virtual support via telephone / video?

Community Nursing Service	91% satisfied
Social Work Service	96% satisfied

Across all our surveys we asked if people felt they could ask a question or raise a concern. For 99% of 239 responses, the answer was yes.

Patient & Family Improvement Feedback Register

During 2020/21 we captured 13 improvement comments. We reviewed and considered all of these comments, with nine of them now actioned and closed. We continue to use the service improvement register to capture and record feedback. This enables the Hospice to identify any emerging and recurring themes. We have four actions on the register which have been delayed due to the pandemic. These focus on multi-disciplinary ward round communication for patients and families, digital appointment reminders, a clinical uniform review and a 'Who's Who' information for service users which will be considered fully during 2021/22.

The other nine improvement comments related to themes associated with symptom management, resolved immediately at the point of feedback. One patient commented on the quality of the Kosher diet; another gave feedback about staff behaviours, which again was addressed immediately. No further themes emerged.

It has been challenging for the Social Work team to deliver their usual service with reduced face to face contact and home visits during the pandemic. Patients and families fed back some dissatisfaction with the revised mode of operation. Since the survey we have been able to re-establish home visits and face to face contact, utilising a risk assessment framework and a hybrid model. Patient and family experience will be monitored again in 2021/22.

The Hospice continuously strives to engage with patients and families, understanding their experience and looking for new ways for their involvement in the transformation of our services.

Staff & Volunteer Experience of the Hospice

Staff Survey

Due to the pandemic the Hospice did not participate in The Sunday Times Best Companies Survey. The staff survey was last completed in late 2019 with results available in early 2020. The survey generated a 61% return rate and ranked St Gemma's as a 2-star organisation and number 18 in the Times Top 100 Not for Profit organisations. The survey highlighted six key areas for focused improvement; the Hospice has made substantial progress against all areas:

Key Areas:	Improvement:
Develop better home work-life balance	Introduced remote / hybrid working model and provided homeworking IT equipment.
Engage and listen more	Enhanced communication strategy and opportunity for face to face debrief sessions.
Greater interdepartmental collaboration	New regular cross Hospice departmental COVID-19 Response Group meetings enabling greater collaboration between clinical and non-clinical departments.
Greater engagement with future planning	Developed a new inclusive process for annual business planning.
Keep building a wellbeing focus	Developed many new wellbeing initiatives for staff.
Show appreciation	All staff received an additional 'wellbeing' day off during 2020/21. All staff offered free staff meals (March – June 2020).

Throughout 2020/21 and in response to the COVID-19 pandemic, staff wellbeing has been a priority. New initiatives to support staff mental health and wellbeing included:

- Developing a Workforce Wellbeing Hub within the Hospice website, hosting resources and advice to support workforce mental health and wellbeing
- Establishing a new COVID-19 support and advice telephone and email address for staff to contact with any questions or concerns
- Introducing a personal COVID-19 risk assessment process for all staff
- Delivering an enhanced communication strategy for staff – daily key messages followed by a weekly roundup communication
- Delivering 'Daily Debrief' – face to face sessions for all Hospice staff at some of the most challenging times in the pandemic
- Time to Talk Support – individual 1:1 support offered by the Family Support Team
- Staff Wellbeing and Resilience workshops offered by the Complementary Therapy team focussing on how to cope in challenging and stressful times
- Staff Wellbeing Conference in October 2020, comprising a week of virtual events.

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. As a Hospice with an ethnically diverse workforce, we have supported staff to establish a Multicultural Network. Staff are really enthusiastic about how this creates a collective space to share experiences, learn from one another and influence Hospice practice.

During July 2020 we undertook a staff survey which focused on staff experience of working for St Gemma's during the pandemic. Of the 47% of staff who responded, we heard the following:

Question:	Very Satisfied / Satisfied
How satisfied are you with how St Gemma's has communicated with staff during the COVID-19 pandemic?	86%
How satisfied are you with how St Gemma's has supported your personal and workplace wellbeing throughout the COVID-19 pandemic?	85%
How satisfied are you with the way St Gemma's has continued to manage key services during the COVID-19 pandemic?	94%
Do you feel you have been given adequate information and advice to feel safe during this COVID-19 pandemic?	94%
If applicable, do you feel you have been adequately trained in the safe use of Personal Protective Equipment (PPE)?	88%
Given the way the Hospice has responded to the COVID-19 pandemic, are you confident in St Gemma's ability to plan for the future?	94%

We have since revisited all areas to identify improvements, for example increasing our PPE training and adding to our wellbeing offer.

Concerns raised with the Care Quality Commission (CQC)

In November 2020 the CQC informed us of concerns raised by someone who worked for, or who had worked for, St Gemma's about staff culture and behaviours on our In-Patient Unit (IPU). We have taken these concerns very seriously and undertaken an extensive investigation involving all staff on the unit. The investigation was led by the Director of Transformation & Culture working closely with the Chief Nurse. CQC requested an assurance report regarding our response to this notification; CQC were satisfied with the Hospice response.

The investigation found that Hospice values and behaviours are held at the heart of staff working within the St Gemma's IPU; they strive for outstanding care for all patients and families. This year has been incredibly challenging with the pandemic, especially for our frontline staff and we do not want to underestimate the hard work, dedication and commitment shown daily. However, these concerns have caused us to take stock and to plan for future improvement.

Our investigation found that the concerns raised with CQC were upheld in part. Whilst bullying behaviour is by no means endemic across the IPU, this was identified in a small number of individuals. These individuals have been managed appropriately in accordance with HR policy and procedures.

The investigation found that it was likely that changes and instability in IPU leadership

contributed to inconsistent management of poor behaviours. The IPU now has a more stable senior leadership team and we have greater confidence in the ability of the team to manage behaviours.

The feedback received from the team was aligned and consistent. The investigation identified nine key areas of focus requiring improvement. These form the cornerstone of an IPU Culture Improvement Plan which is now being delivered.

Volunteers

We greatly value our volunteer workforce as an integral part of the Hospice. In 2020/21 our volunteer provision significantly reduced from over 130,000 hours to 16,000 hours due to the impact of the pandemic on retail, events and other clinical and support services.

Despite this:

- Our Board of Trustees increased engagement to support the Hospice Leadership Team in making key decisions and to gain assurance
- Provision of bereavement services, including our Young People's Bereavement Services, continued to be supported by volunteers offering virtual counselling and group sessions
- Volunteers continued to support us between lockdowns across the Hospice shops and supported our e-commerce offer
- Spiritual Care continued to be provided by one volunteer within our IPU, with volunteers also providing telephone befriending support to those in the community

- Volunteers (including corporate volunteers) supported our fundraising teams at events that took place e.g. Christmas tree sales and collections.
- Garden volunteers continued to support the Hospice as and when required over the year.

All volunteers were provided with guidance from departmental line managers on COVID-19 safety including participation in the Hospice testing

programme and completing personal Covid risk assessments.

The volunteers were updated by their departments and all received a monthly volunteer e-newsletter.

Despite the pandemic we have continued to plan and are developing a new ambitious volunteering plan for the Hospice during 2021/22.



Public Engagement

St Gemma's has been an important part of the Leeds community for over 42 years. The Hospice and its vital services only continue thanks to the ongoing support and interest of the whole community.

It is a priority to continue to promote the work of the Hospice, the impact of our work across the city and the ongoing need for support. We do this across a range of channels including social media, websites, our chain of charity shops across Leeds, a supporter newsletter and a monthly e-bulletin. We send regular news stories to the local media, and we advertise on local radio, in newspapers, community magazines and on buses and billboards.

We usually attend community events to promote our services and engage with different audiences. This was difficult in the past year as many events were cancelled, but we still tried to keep in contact

with the community via online channels. The annual Leeds Dying Matters event continued with a range of virtual support groups and 'death cafés' across the city. We look forward to getting back out into our community as soon as possible.

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 our services in their local communities. Due to the pandemic the group has been unable to meet but we have maintained contact through Leeds Involving People and aim to re-establish our meetings as soon as possible.

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 2020/21 and priorities for 2021/22.

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 using pictures, graphics and testimonials from patients and relatives. 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. The Quality Account also includes findings from the July 2020 staff survey to understand the staff's experience of working for the hospice during the pandemic.

An additional narrative may strengthen the table (page 27) by including senior management's reflections on what they would do differently relating to:

- Communication with staff during the pandemic
- Support staff's personal and workplace wellbeing during the pandemic
- Ensure staff feel confident in the safe use of Personal Protective Equipment (PPE) (page 27).*

On page 15 the CCG note the increase in Inherited Pressure Injuries from 175 (2019/20) to 244 (2020/21). It would have been beneficial to the reader to understand how the hospices plans to respond to this increase i.e. any planned collaborative working with system partners to reduce the number of inherited pressure injuries which may benefit other organisations in the city.

The Quality Account acknowledges the last Care Quality Commission (CQC) inspection on the 13th July 2016 and the hospice continuing to work with their CQC Relationship Manager when updating evidence for any future inspection.

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 2021/22. We look forward to continuing to work in partnership over the coming year.

Stuart Emsley

**We have since revisited and expanded these sections to provide more information.*

Statement from Healthwatch Leeds

Thank you for this opportunity to comment on your Quality Account. The Account itself is clear, well written and easy to follow.

St Gemma's is an organisation that we've worked closely with over the last year, as part of the 'How Does it Feel For Me' project, where we've been following people's real time experience across the health and care system, and the work we've done with Bereaved Carers and End of Life Care in the Community. In all of this work, what really shines through are the positive comments from both patients and relatives/carers of people who use St Gemma's. The feedback we hear relates to the high standard of care received at the hospice, the kindness and compassion of the staff and the hospice being a place that both patients and their relatives feel was the right place for them to die.

We've seen how well St Gemma's collects and more importantly uses patient experience and feedback so it is great to see that patient and family experience is given such prominence and coverage and that you've expanded the gathering of feedback to include people using your physiotherapists and occupational therapists. We are also pleased to note the Patient and Family Improvement Feedback Register, stating what 4 of the improvement comments related to and that these will be addressed in the coming year. It may have been helpful to provide details on the other 9 improvement comments – what they related to, how they were addressed and if feedback was shared with those who made the comments.*

We note that satisfaction ratings among recipients of the Social Work services (i.e. the physios and occupational therapists) in specific response to changes in service delivery seem somewhat out of sync with satisfaction among other patient cohorts. It would be good to see this anomaly acknowledged, and/or a statement about what the Hospice is doing to investigate this further; i.e. how you might proactively address this in the event they have to reduce their face to face work again in 2021/22.*

Overall, we welcome such an interesting and informative Quality Account, highlighting some of the great work that you have been doing in what has been an extremely difficult year and we look forward to continuing to work with you in the future.

**We have since revisited and expanded these sections to provide more information.*

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.	EPaCCS	Electronic Palliative Care Coordination Systems Provide a means of recording and communicating key information about people's wishes and preferences for end of life care to improve coordination of their care.
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.

**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:

**St Gemma's Hospice
329 Harrogate Road
Moortown
Leeds, LS17 6QD**



Website:

www.st-gemma.co.uk

Email:

postmaster@st-gemma.co.uk

Hospice Reception:

0113 218 5500



www.twitter.com/stgemmahospice



www.facebook.com/st.g.hospice

Registered Charity No. 1015941

