



St Gemma's Hospice
Quality Account
2021/22

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Hospice Vision and Strategy

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

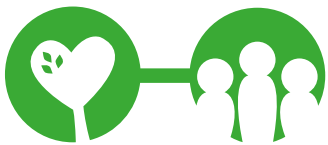
Delivering high standards through team work, a skilled workforce and good governance

Our Strategy 2018 - 2028:



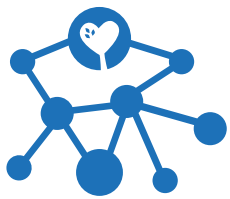
Impact

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:

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

Scope

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

Statement on Quality from the Chief Executive

I am delighted to introduce the St Gemma's Hospice Quality Account 2021/22. Our annual Quality Account sets out how we deliver our vision of meeting the needs of individuals with a terminal illness and supporting their loved ones. It also sets out the quality improvements that we have introduced this year and those we are planning for the year ahead.

In 2021/22 the Care Quality Commission formally inspected our services, the first time since 2016.

We were again awarded the highest rating of Outstanding, which is a reflection of the commitment and compassion of our staff and volunteers, leadership at all levels and the ongoing support of our community and our NHS partners.

Patient and family feedback about their experience of our services has continued to be excellent and we have further expanded the range of that feedback this year. Patients and families are often eager to praise the whole team, recognising that every member of the St Gemma's team supports the provision of patient and family care.

We have successfully navigated through all the challenges of another year of the COVID-19 pandemic and are delighted that by the time of writing this report we are eventually beginning to return to a more normal St Gemma's operating environment. In particular this has enabled us to reintroduce unrestricted patient visiting.

Patient referral numbers have returned to pre-pandemic levels. Community care in people's homes and care homes has grown again this year, not least due to increasing numbers of people dying at home in Leeds. In-Patient Unit activity has, however, seen a decline as we have experienced significant staff absences due to sickness and self-isolation, as well as suffering from recruitment challenges in our clinical workforce. This situation is improving as we move into the new reporting year 2022/23.

We are committed to widening access to our services. This includes: an increase in numbers of patients admitted to the In-Patient Unit out of normal working hours; direct admissions to the In-Patient Unit from the hospital Emergency Departments; our work to support homeless and vulnerably housed people as they approach the end of life; and the growing proportion of patients with a non-cancer diagnosis referred for care.

Our quality improvement priorities for 2021/22 have made good progress. Single Nurse Administration of drugs is now a core part of our delivery model, with particular benefits of releasing time for nursing staff. Improving care of the deceased by providing compassionate, coordinated and individualised care has delivered on all its priority targets.

We have widened access for homeless and vulnerably housed people at the end of life through a cross city project, led by St Gemma's. The award of the Nursing Times Team of the Year for this work reflects the immense difference that we are making for some of the poorest people in our society.

Our Discharge Planning priority has not made the progress we would have wished for, and our project to introduce Electronic Prescribing in the community has had to be put on hold due to competing priorities for our clinical system provider.

For 2022/23 we have retained our Discharge Planning priority and added three new priorities:

- ♥ Implementing a Virtual Ward
- ♥ Improving Mental Health Services
- ♥ Introduction of Quality Improvement Methodology

We have continued to place a high priority on the engagement and wellbeing of our staff and volunteers, who have worked flexibly with resilience, compassion and generosity. Our staff forum, Engage, has led and supported a wide range of initiatives including the training of Wellbeing Champions, maintaining our Wellbeing Hub and running our staff Wellbeing Week.

Staff have also established a Multicultural Network to share experiences, celebrate diversity, learn from one another and influence Hospice practice.

We launched Speak Up during the year, an initiative to encourage an open culture where people feel confident to raise concerns.

We are very proud of our volunteers, many of whom have stuck with St Gemma's through all the challenges of the past two years, and some of whom are new to the Hospice. Two of our longest standing volunteers won national awards at the Hospice UK conference in 2021.

The work of the Academic Unit of Palliative Care has continued to support education and training, both for our own staff and external professionals, with a significant expansion of the education offer over the course of the pandemic.

Research and evidence based practice also continue to be at the core of the Hospice quality improvement approach. The AUPC is this year celebrating its 10th Anniversary and is being showcased as part of the University of Leeds 'Vice Chancellor's Collection', to celebrate research activity which represents the University's new vision.

Our work with other health and care providers in the city as part of the Leeds Palliative Care Network has made good progress in another difficult year. With the implementation of new NHS structures an End of Life Population Health Board has been established,

where health and care providers and commissioners have begun to work in a more integrated way to meet patients' needs and improve outcomes.

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 2021/22.

Kerry Jackson
Chief Executive



Statement of Assurance from the Board

Throughout our second year of operating with the impact of COVID-19, the Board of Trustees has worked closely with the Hospice Leadership Team (HLT) to gain assurance about the quality and safety of patient care, patient experience and staff wellbeing.

The Board of Trustees has received regular written reports from the HLT throughout 2021/22, with opportunities for scrutiny, discussion, support and challenge in regular virtual Board meetings.

The Board is delighted that the Care Quality Commission (CQC) has again rated St Gemma's care as Outstanding after its inspection in November 2021. The Board was particularly pleased to see the CQC state that

“Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions”

A significant focus of the Board this year has been succession planning. I will retire from the Board at the end of the calendar year after nine years of service; Phil Corrigan, currently the Chair of the Clinical and Academic Governance Committee, has been appointed Chair Elect. Phil has a wealth of experience in nursing leadership and is the former Chief Executive of NHS Leeds Clinical Commissioning Group.

On a quarterly basis the Clinical and Academic Governance Committee meets and reviews progress against priorities, considers patient and family

feedback and discusses key performance indicators, complaints, incidents and clinical risks. The Committee Chair reports a summary to the full Board of Trustees. Each Board meeting now starts with an anonymised patient story presented by members of the clinical team. This allows Board members to fully understand the complexity of St Gemma's care and explore the opportunities for ongoing quality improvement.

The Board is pleased by the progress made against key priorities for 2021/22, whilst recognising that not all the priorities for quality improvement were fully achieved due to the pressures of responding to the pandemic and other external factors. The Board supports the quality improvements planned for 2022/23.

Peter Belfield
Chair of the Board of Trustees



Our Services

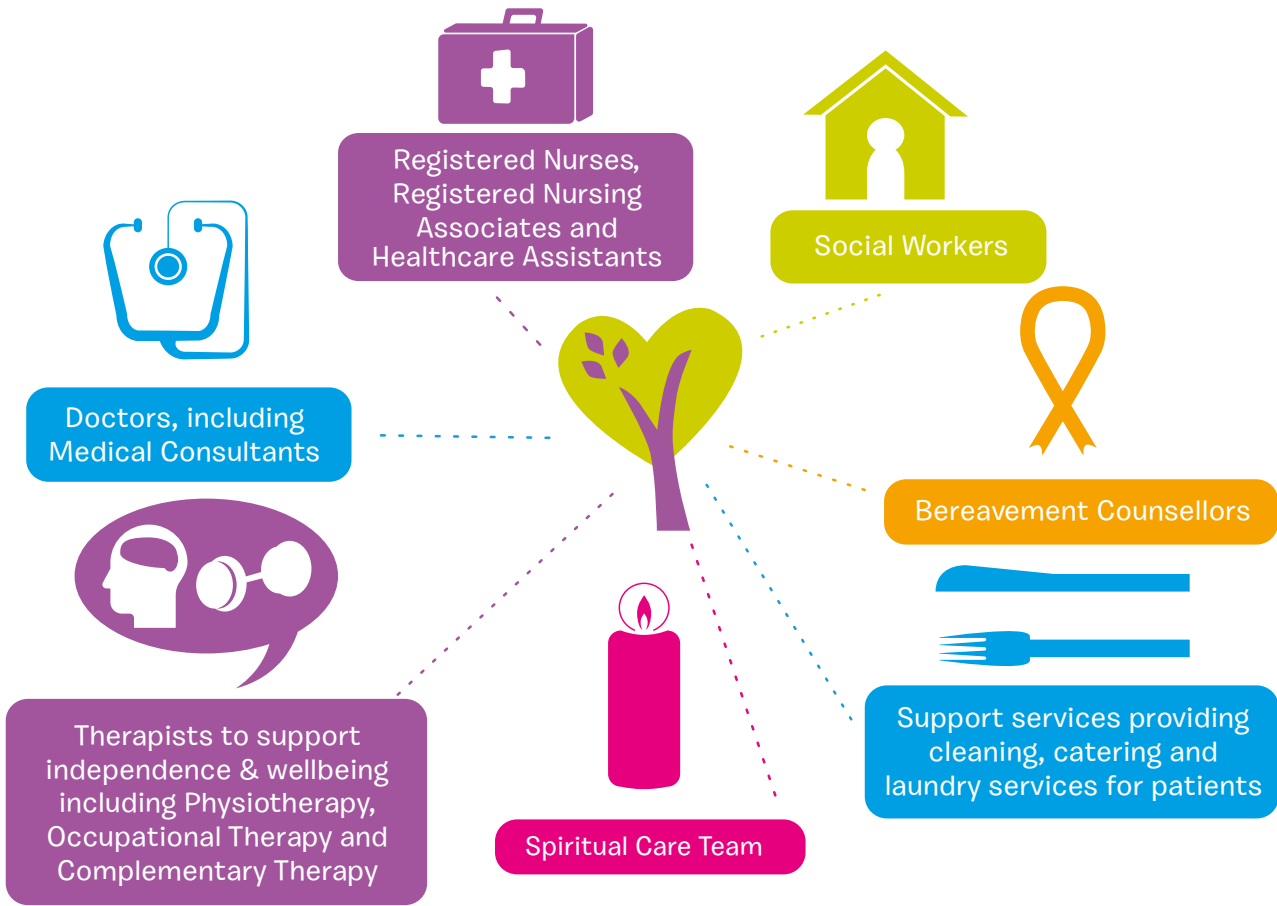
St Gemma's Hospice provides care and support for adults with active, progressive and advanced disease. The Hospice team provides specialist palliative care, where the patient has unresolved needs that exceed the expertise of the referring team, and end of life care.

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, but not limited to, cancer, neurological

conditions, 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 2021/22 St Gemma's Hospice provided the following clinical services:

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 services

Out-Patient Services
providing patients with extra support to manage symptoms and optimise quality of life, through individual consultation with a Doctor, Clinical Nurse Specialist (CNS) or Therapist, or a range of group activities both online and in person

Community Services
providing specialist support and advice, usually provided in a patient's home or a care home and extending to those who are homeless or in temporary housing. Services are delivered by medical, nursing and therapy staff

In-Patient Unit (IPU)
which provides 24-hour specialist palliative and end of life care for up to 20 patients in individual rooms

Our Activity

Patients and families come into contact with St Gemma's services in many different ways. Patient numbers reflect individual people who access our services, although many will access more than one service over time, for example, specialist palliative care at home, support in Out-Patients or as an In-Patient admission.

Management of the COVID-19 pandemic continued to impact on the work of the whole Hospice in 2021/22. St Gemma's team has worked 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 have been prioritised.

Despite variable restrictions caused by the ongoing pandemic, the number of new referrals has returned to pre-pandemic levels, and the number of community contacts by medical and nursing staff continues to grow year on year.

There has also been an increase in the proportion of face to face patient and family contacts across community services, as compared to remote or telephone contacts. The number of patients referred with a non-cancer diagnosis has continued to increase, reflecting our commitment to widening access to people with a range of diagnoses.

New Patient Referrals to the Hospice

2019/20	1,355	2021/22
2020/21	1,236	1,330

Percentage of Patients with a Non-Cancer Diagnosis

2019/20	29%	2021/22
2020/21	29%	31%

Admissions to In-Patient Unit

2019/20	511	2021/22
2020/21	508	416

Average In-Patient Length of Stay (days)

2019/20	13	2021/22
2020/21	11	12.5

Community Nursing & Medical Contacts

2019/20	15,979	2021/22
2020/21	19,787	21,448

Bereavement Contacts

2019/20	1,473	2021/22
2020/21	1,437	1,202

External Healthcare Professional Trained

2019/20	720	2021/22
2020/21	1,445	988

Student Placements

2019/20	173	2021/22
2020/21	98	125

Of note in the last year, St Gemma's:

- Reviewed visiting arrangements for the In-Patient Unit every week to optimise family/carer engagement and reduce isolation
- Re-opened Out-Patient group activities (previously Day Services) in March 2022 as well as providing virtual sessions during the year

Although In-Patient length of stay is consistent with prior years, the number of admissions in the last year was lower than previously. Due to significant staff absence and challenges with recruitment, the Hospice reduced In-Patient capacity over a number of months. Occupancy rates were high throughout and patient referrals for admission were discussed daily to ensure the available beds were optimised or alternative support was provided.

The data on community contacts encompasses all community activity, both in patients' homes and in Out-Patients. This reflects the way the teams have worked together to meet patient and family needs, and the slow re-introduction of on-site activity. It has been excellent to have patients returning to attend group sessions in the Hospice and those attending have told us how important this contact is and how safe they feel.

Bereavement services have also been able to return to more face to face activity in 2021/22, and despite some gaps in workforce during recruitment processes, the service has maintained high levels of activity and has reduced waiting times.



The team is working closely with the Volunteer Coordinator in the Hospice to recruit volunteer counsellors and bereavement support staff to increase capacity further in the future.

Education provision has remained above pre-pandemic levels and we continue to support key areas of workforce development in the city and region. There has been a fall in education from last year which reflected the unusually high levels of demand for training in response to need in the pandemic

around infection control, advance care planning and verification of expected death.

Student placement numbers have increased in the last year, despite continuing to operate in a pandemic. Part of the reduction from 2019/20 is because Nursing Associate placements are now for four rather than two weeks, meaning fewer student numbers for longer placements.



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 2021/22 were £12.3 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 of £3.9m represents 29% of the total income generated by St Gemma's Hospice in 2021/22. All of the financial support we receive from the NHS is spent directly on patient services.

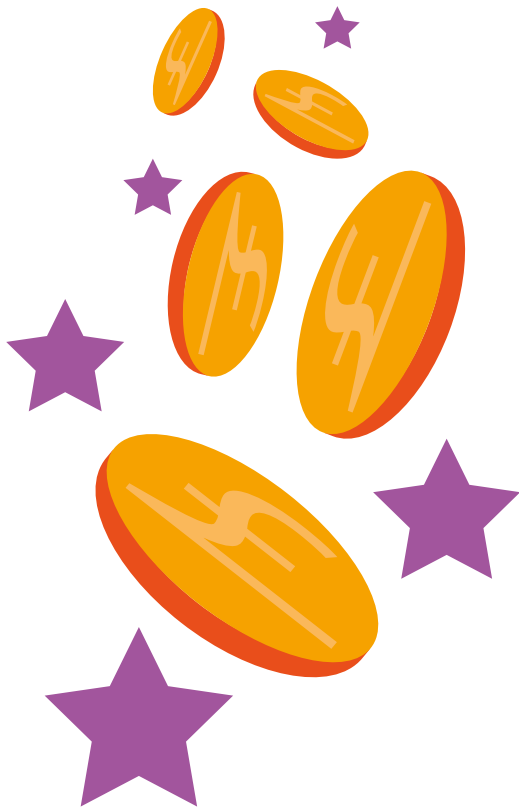
During the year we also received £600k from NHS England to create capacity in the health care system and to support our response to COVID-19.

Whilst the outbreak of COVID-19 has caused a significant challenge to our financial position and future financial outlook, we have continued to play a vital role in the delivery of compassionate palliative and end of life care across the Leeds healthcare system.

We are ever conscious of the external environment including socio-economic challenges, changing demographics and health needs of the population. 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

The Care Quality Commission (CQC) inspected St Gemma's Hospice on 2 November 2021. Three inspectors spent the day with staff in both the Community and In-Patient services, as well as with the senior leadership team.

Following the visit to the Hospice, the team requested further information under each of the five Key Lines of Enquiry (KLOEs). We received the final version of our inspection report from the CQC on 10 January 2022.

St Gemma's Hospice services were rated as Outstanding, which we believe is a wonderful reflection of the whole Hospice team, and the commitment of staff to deliver the very best care for patients and families.

The full 2021 inspection report is available on the Hospice website: www.st-gemma.co.uk/keypublications. The summary findings stated:

- There was a holistic approach to assessing, planning and delivering care and treatment to people who use the services. The safe use of innovative and pioneering approaches to care and how it is delivered were actively encouraged. All staff were actively engaged in activities to monitor and improve quality and outcomes. Teams were committed to working collaboratively and found innovative ways to deliver more joined-up care to people who use services.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers and went above and beyond what would have been expected to meet individual needs and wishes.
- Services were delivered in a way to ensure flexibility, choice and continuity of care and were tailored to meet patients' individual needs and wishes. The service planned and provided care in a way that fully met the needs of local people and the communities served. It also worked proactively with others in the wider system and local organisations to plan care and improve services.
- Leaders ran services well, led innovations and supported staff to develop their skills. Staff understood the vision and values, and how to apply them in their work. Staff were motivated to provide the best care they could for their patients. There was a common focus on improving the quality and sustainability of care and people's experiences. Staff were proud to work at the service and felt respected, supported and valued. Leaders operated effective governance processes and staff at all levels were clear about their roles and accountabilities. The service engaged well with patients, staff and the local community.

St Gemma's continues to engage with our CQC relationship manager and to monitor and update evidence to ensure ongoing compliance with all regulatory standards and in preparation for any future inspection.



Quality Improvement Priorities

In this section we outline our priorities for Quality Improvement. St Gemma's is committed to continually improving practice to ensure our services and the processes we use are effective, efficient and providing the best experience. Our Quality Account priorities are in line with the Hospice Strategy and integrated into the annual business plan. 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
- ♥ Look for gaps in access to palliative and end of life care through our engagement with other healthcare providers and partners in the city such as Healthwatch, the Leeds Palliative Care Network and acute and community NHS Trust colleagues.

Progress against Priorities 2021/22

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's) role, with most patients requiring medicines regularly throughout the day and night.

For the administration of some of these medicines two nurses were required to complete checks. We set this priority to improve efficiency, whilst maintaining safety, recognising the potential to reduce drug errors and release nursing time to provide other essential clinical care.

Single Nurse Administration of Drugs (SNAD) is already established in many care settings, leading to improved efficiency and fewer 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 greater confidence in medication selection, leading to increased job satisfaction.

The project's key targets were 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.

Project Summary:

SNAD is now embedded in clinical practice on the In-Patient Unit (IPU). All eligible staff have completed their training with only a small number still working through their competence framework. Further training is planned twice a year to prepare staff who are ready to enhance their practice.

The training programme has been well evaluated, highlighting the need for ongoing medicines and symptom management education. This will be included in the mandatory medicine management training sessions throughout the year.

Since the introduction of SNAD only two errors related to SNAD processes have been reported. Both incidents related to documentation (signing for the medication in the controlled drugs book) which is not specific to SNAD and resulted in no harm to patients. We continue to monitor all medicine errors monthly.

SNAD has been effective in enhancing patient care and the timeliness of medicines, especially where there are low numbers of staff dependent on each other for drug checking. We estimate that the time taken to administer medicines has reduced by up to

50%, which, considering the volume of medicines used on the IPU, accounts for a significant change in nursing availability.



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

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

This priority arose following a 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 patients and their loved ones, which has enabled us to develop and improve all aspects of care of the dying.

The project's key target was to ensure that care of the dying and those bereaved is compassionate, coordinated and individualised.

Project Summary:

The project group brought together a broad range of services including nursing, estates and facilities and income generation. They have been able to bring about significant change to all elements of care for deceased patients and their loved ones.

Improvements include:

- ♥ A revised approach to communication with families/next of kin following death.
- ♥ Bereavement packs for adults and children approved for publication
- ♥ Upgrades to the Mortuary, which has been redecorated and a standardised cleaning and maintenance schedule introduced
- ♥ Extensive work with funeral directors to ensure the safe and efficient transfer of care
- ♥ Updates of all relevant Standard Operating Procedures and Policies
- ♥ Work with the Spiritual Care Lead to embed care of the deceased into the Spiritual Care service.

The group has also undertaken an audit of the process of verification of death showing significant improvement in documentation on previous years.

Any comment received as part of our Bereaved Carers survey is shared with the project group to identify areas of further improvement. While the project's key target has been achieved, the group continues to work together on further incremental improvements.

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 recognised areas of unmet need.

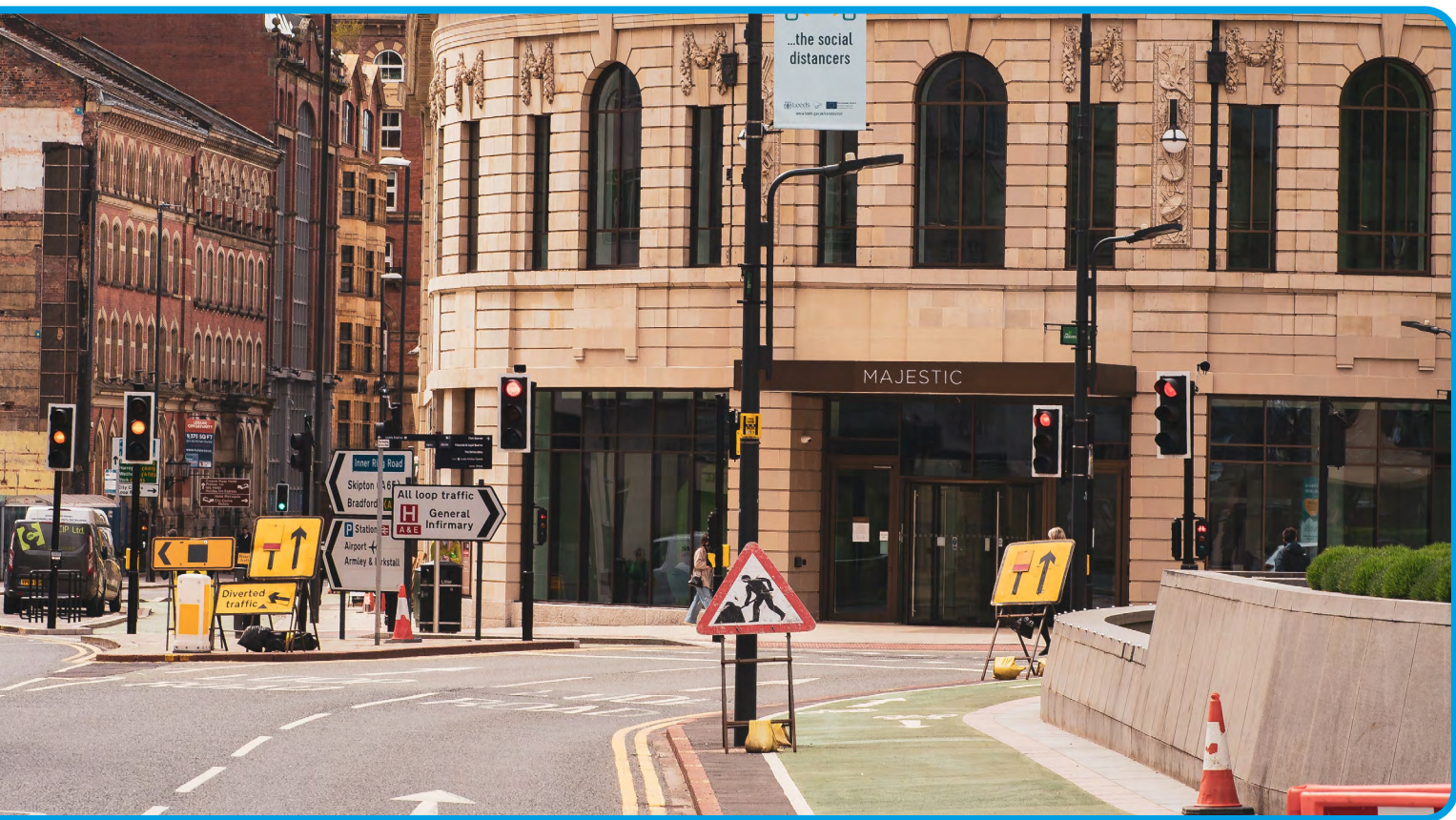
The project’s key targets were to:

- ♥ Improve patient access by coordinating care across Leeds through multi-agency, multi-disciplinary working
- ♥ Identify health issues earlier to achieve effective symptom management and improve end of life experiences for individuals, including having an advance care plan
- ♥ 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.

Project Summary:

The project has met all its key targets. It allowed 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 a large increase in the number of homeless patients who have been supported by palliative care services in Leeds, and we have successfully supported patients to die in their preferred place, including a hostel or in the Hospice.

Referrals continue to rise as the project engages with a wider group of agencies involved with the homeless and vulnerably housed of Leeds. This work is now seen as integral to citywide palliative care services so future work will focus on establishing sustainable service delivery and growth for the future.



Priority 4: Improving Discharge Planning – Patient Experience

During 2021/22 progress with the Discharge Planning project was hampered by staff absences, vacancies and some of the ongoing demands of the pandemic. The work was also one of our priorities in 2019/20 when we were able to make incremental changes to enhance discharge planning processes through the year.

Continuous improvement in this area remains important to us and therefore the project will continue as a priority in 2022/23. Following the successful appointment to a new role of Patient Transfer Nurse, we are confident that, working with other provider partners in Leeds, we will be able to make significant process.

Priority 5: Electronic Prescribing in the Community – Patient Safety

Changes to SystmOne, our electronic patient record system, were expected to be ready for pilot late 2021/22. These would have allowed the Hospice Community team to prescribe electronically in a manner similar to the way GPs prescribe. St Gemma’s was accepted as one of two national pilot sites to test and implement this new development.

The benefits of introducing this new system were expected to include reducing duplication within systems, ensuring greater continuity of care and improved patient experience, and eliminating paper waste.

Project Summary:

SystmOne is controlled by TPP, the owner of the system. Due to other demands for system development, there has been a delay in initiating this project. TPP has now committed to delivering community electronic prescribing for specialist palliative care for March 2023. This priority will therefore be revisited when the system changes are ready for implementation.



Quality Improvement 2022/23

Priority 1: Improving Discharge Planning – Patient Experience

System pressures across Leeds, seen particularly during the COVID-19 pandemic, have impacted on the safe and efficient transfer of patients in and out of the Hospice.

Impacts have included reduced face to face discharge planning opportunities, restricted visiting, 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.

The project's key targets are to:

- ♥ Enhance coordination of discharge from the IPU
- ♥ Ensure patients achieve their preferred place of care (PPC) and preferred place of death (PPD).

Plan for 2022/23:

- ♥ Evaluate and monitor the effectiveness of the Patient Transfer role to ensure the right model is in place
- ♥ Reintroduce and facilitate face to face Discharge and Care Planning meetings to ensure effective patient flow and achievement of patient preferences (PPC/PPD)
- ♥ Build and extend relationships with Leeds Community Healthcare Trust (LCH) and local hospital colleagues who are key to the patient's care on discharge
- ♥ Contribute to the Hospice audit plan focusing on the discharge process.

Priority 2: Implementing a Virtual Ward – Clinical Effectiveness

There are increasing numbers of patients with complex needs being cared for by St Gemma's Community team. Many of these patients prefer to be cared for and die at home.

St Gemma's Community Specialist Palliative Care team currently offers a responsive, patient-centred, holistic community service using a model of triage and stratification to prioritise and standardise caseloads.

In 2022/23, we will implement and evaluate the Virtual Ward (VW) model that has been piloted in Wheatfield's Hospice to identify further service improvement.

The VW model provides specialist palliative care assessment, advice and support, and ongoing monitoring by the whole Hospice multi-disciplinary team.

The project's key targets are to:

- ♥ Provide enhanced multi-disciplinary specialist palliative care in people's homes and effectively meet the needs of patients with the most relevant health care professional, service or intervention
- ♥ Reduce admissions to hospital and hospice and help best achieve patients' preferred place of care and death
- ♥ Promote earlier discharge from the hospice and hospital for patients with complex needs.

Priority 3: Improving Mental Health – Patient Safety

The mental and emotional wellbeing of patients, families and loved ones is of paramount importance during the palliative and end of life phase.

The Hospice teams already value and provide high quality emotional care. This project is about improving the mental health offer ensuring equality, inclusion and consistency of provision.

The plan will also provide greater clarity for professionals and patients about what services are available.

The project's key targets are to:

- ♥ Develop an overarching and coherent mental health plan at St Gemma's Hospice
- ♥ Establish the optimal structure and leadership for embedding and improving psychological and emotional care
- ♥ Establish and begin to deliver a training plan for staff to support improvements in mental health and wellbeing.

Priority 4: Introduction of Quality Improvement Methodology

Quality Improvement (QI) is a framework used to systematically improve care using a standardised approach to achieve predictable results and improve outcomes for patients and organisations.

QI should engage staff and patients by providing them with the opportunity and skills to contribute to improvement work.

The Community Specialist Palliative Care Service at St Gemma's is required to continuously adapt to growing demand and to patients living and dying at home with increasingly complex needs. During the COVID-19 pandemic the Community team adapted traditional models of care in order to support patients at home, whilst managing the clinical challenges posed

by COVID-19. As we move on from the pandemic, we are keen to ensure that our service meets future demand and continues to deliver high quality patient care.

We will work with the NHS Improvement Academy to apply a QI approach to our Community Service developments.

We will develop a core team of St Gemma's staff who are competent and confident in the use of recognised QI methodology which will be transferrable to any future service improvement project.

The project's key targets are to:

- ♥ Understand the experience of patients and Hospice community staff of receiving or delivering palliative care within our service
- ♥ Prioritise areas for improvement benefitting from a QI approach, based on feedback
- ♥ Train clinical staff to use a number of recognised methodologies and apply these to the agreed project/challenge
- ♥ Work with the NHS Improvement Academy to initiate the agreed improvement plan
- ♥ Agree defined outcome measures to evaluate the impact of the project and the learning achieved.



Patient safety and effective clinical services are central to everything we do at St Gemma's. We monitor the safety of our care using a range of measures and continually seek to improve care against the latest research evidence and best practice guidance.

In 2021/22 we have continued to work on establishing consistent measures of quality and safety, known as key performance indicators or KPIs. These range from nationally recognised measures of harm such as pressure injuries and falls, to more locally agreed indicators such as clinical activity or the proportion of staff taking up clinical supervision.

A KPI report is shared monthly and reviewed by our Quality Assurance group. We also submit safety data to Hospice UK's benchmarking programme, and have quarterly meetings with NHS commissioners locally to review citywide hospice services.

Leadership and Governance

The Board of Trustees provides strategic, financial and governance oversight, ensuring that the Hospice remains focused on delivering its core purpose and vision. The Board has three Committees - Clinical and Academic Governance; Finance and Business; and Corporate Governance.

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. The HLT is supported by skilled and experienced Heads of Department (HODs) who closely manage day to day service provision.

St Gemma's has an agreed vision and 10-year strategy. We have recently embarked on a focused review of the future models of care for Hospice In-Patient and Community services to support the ongoing translation of our strategy into operational action. Our vision and strategy are supported by a 5-year financial plan, annual business plan and annual budget.

Hospice leaders strive for a positive organisational culture, focusing on the needs of patients and families and promoting equality and diversity. Staff and volunteer engagement and wellbeing are key priorities for St Gemma's, as well as opportunities for education and career development.

The HLT and HODs 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.

Good governance is a high priority. Hospice risks are identified, monitored and actively managed including those relating to data security. KPIs 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.

COVID-19 continued to impact the Hospice throughout 2021/22. Leaders have ensured effective team working, strong communications, collaboration and engagement both within the Hospice and with partners, in order to respond to the changing environment and risks. The provision of safe and effective care for patients and families has remained at the heart of all our decision-making.



Clinical Incidents

As part of our patient safety programme, all events that cause actual or potential harm or risk to patients, known as clinical incidents, are documented via an electronic database (Vantage).

All clinical incidents are reviewed monthly by service leads to identify patterns and to draw out any learning. Incidents are rated by the level of actual or potential harm/risk and any rated as moderate or severe are investigated and presented through the Quality Assurance group. Learning is cascaded within each clinical service to ensure staff receive information that is relevant and actionable for them.

	2019 /20	2020 /21	2021 /22
Overall Incidents	161	499	444
Notifiable Patient Safety Incidents	2	3	2
Medicines Incidents	61	76	102
Medicines Incidents - Moderate+ Harm	*	2	2
Falls	37	47	72
Falls - Moderate+ Harm	5	3	1
Inherited Pressure Ulcers	175	176	138
Acquired Pressure Ulcers	69	98	88
Acquired Pressure Injuries - Category 3+ (Moderate+ Harm)	38	45	34
Acquired Infections, inc. MRSA, C-Diff., Covid-19	0	8	3

*Not recorded in this format previously

The overall number of incidents in 2021/22 is lower than the previous year, primarily due to the lower number of pressure ulcers recorded on admission and lower number of infections associated mainly with COVID-19. Analysis of the overall data shows high rates of reporting of No and Low Harm incidents and an increase in incident reporting from Community Services. The Hospice reported only two notifiable patient safety incidents in 2021/22:

One fall, causing a probable fracture (clinically diagnosed only) in a patient who died within 24

hours. The investigation identified no specific learning but some areas of good risk assessment and falls mitigation

One 'unaccounted for' loss of a Controlled Drug (CD). Although the reason for the drug loss was not identified, the investigation made recommendations for improved security in checking processes, key management and surveillance, which have all been implemented.

The patients and families involved were kept fully informed throughout in line with Duty of Candour processes. Both incidents were reported to the Care Quality Commission (CQC), the NHS Leeds Clinical Commissioning Group (CCG) and to the Board of Trustees.

Medicines – a significant rise in reported incidents was seen in the last year. There are no specific trends, with most being documentation errors. Single Nurse Administration of Drugs (SNAD) accounts for only a small number of incidents with no associated harm. In the last year we have seen increased reporting of community medicines incidents, which were mainly errors associated with primary care prescribing or administration of medicines by community or social care staff rather than St Gemma's staff. The relevant clinical teams were informed about each of these incidents.

Falls – patient falls have increased in the last year despite lower overall In-Patient activity. A number of patients in the year had multiple falls, despite close observation and risk reduction measures being in place. Patients at risk of falls are highlighted at ward handover meetings and at daily safety huddles, and additional supervision is put in place as required including one to one supervision. A number of issues impacted on the likelihood of falls in the last year. Falls are often associated with patients who are frail and unsteady, or who are on complex medications to manage their symptoms and yet who are keen to maintain their independence. Patients are also in individual rooms at the Hospice and, during the pandemic, all staff had to don Personal Protective Equipment (PPE) prior to entering any room which limited their ability to get into rooms quickly for patients at risk. Finally, a reduced number of visitors may have impacted on the time each day a patient was being directly observed and supported. All falls are discussed by the Hospice Falls Interest Group which has also reviewed risk reduction and falls management measures over the last year.

Pressure Ulcers (PUs) – pressure ulcers acquired at the Hospice have reduced slightly this year. All Category 3 and above PUs are reported to the CQC and any that are acquired in the Hospice

are investigated. The Hospice clinical leads for PUs provide regular education for staff, which has increased the confidence of staff to identify and report pressure damage. The Hospice is working with the citywide pressure injury group to generate a standardised education programme and management plans and to look at the prevalence of injuries in our population.

Infections – a small number of COVID-19 infections were reported in 2021/22. The overall number of infections has reduced, in line with changing COVID-19 infection rates in the wider community. Investigations into each acquired infection (those patients who become positive eight days or more after admission) identified no definitive route of transmission.

Other Incidents – other incidents reported in 2021/22 include a small number of Safeguarding and Deprivation of Liberty Safeguards notifications, broken equipment, accidents, waste management, information governance and one incident reporting assault of a staff member.

Infection Prevention & Control

The management of the pandemic over the last two years has provided an excellent opportunity to revise and update all infection prevention and control (IPC) processes in the Hospice.

The Head of In-Patient Care is the designated lead at St Gemma's for IPC and has been working closely with clinical and estates teams to introduce new national IPC standards. St Gemma's has engaged with the IPC leads in Leeds Community Healthcare NHS Trust to undertake scrutiny visits at the Hospice, with very positive feedback.

All COVID-19 IPC guidance is monitored and changes made as required, which has enabled the Hospice to maintain patient visiting throughout the pandemic. The Hospice continues to make visits in the community and admit patients who are COVID-19 positive and through a programme of regular IPU patient testing, a number of emergent cases have been identified.

Staffing

The Hospice has successfully recruited to a number of key roles in 2021/22, including Heads of both In-Patient Care and Community Services, a new Spiritual Care Lead and a Bereavement Coordinator.

Like every other health and care provider, St Gemma's has been impacted by staff absence due to COVID-19 infections or close contacts. Staff have worked from

home where possible, but for clinical services this is often not appropriate. Reduced staff availability on the IPU due to long-term sickness and general turnover of staff, led to a decision to reduce IPU beds to 15 for some months to maintain patient and staff safety.

A recruitment project, led by the Chief Nurse and involving the IPU senior nursing team, Human Resources and Marketing and Communications teams, is starting to have a real impact with some strong appointments in the last few months. The project has also provided an opportunity to update the induction process and evaluate its impact.

In December, the Hospice approached the senior team at Marie Curie Bradford to consider secondment of some of their staff to support St Gemma's whilst their IPU was closed. Both Registered Nurses and Healthcare Assistants were seconded for almost 10 weeks which enabled St Gemma's IPU to increase capacity to admit patients during the busy winter period. This programme has been really positive for both teams, each learning and sharing practice, whilst optimising in-patient capacity for the local population.

Good staffing levels have been maintained across medical and therapy teams throughout the year. The Hospice continues to have trainee doctors on rotation in our In-Patient and Community teams and to provide opportunities for student placements across all the professions.

Audit

Monthly patient safety and environmental audits are completed by the senior nursing, therapy and facilities teams to monitor essential standards. In 2021/22, these have consistently shown high standards of cleaning, personalisation of care plans and essential safety checks such as fridge temperatures and resuscitation equipment.

Wider clinical audits are overseen through the Evidence Based Practice Group (as in the section on the Academic Unit of Palliative Care below).

Personalisation of Care

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 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 2021/22 is consistent with previous years. Those who are unable to achieve their preferred place of death both in the Hospice and in community are usually those who experience a crisis or sudden deterioration at the end of life or those who are reluctant to engage in planning discussions.the Academic Unit of Palliative Care below).

Indicator	2019/20	2020/21	2021/22
Number of patients achieving preferred place of death (where preferred place recorded)	83%	85% (IPU) 82% (Community)	77% (IPU) 81% (Community)
Number of patients with a personalised care plan for care of the dying (IPU)	72%	80%	82%

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 2021/22 we were able to celebrate a number of significant birthdays, arrange a university graduation, support a young family to visit their mum, from Scarborough, before she died, and arrange visits to local attractions for a number of patients and their families.

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 maintained visiting throughout the pandemic. Any restrictions were discussed with every patient so they could make an informed decision about admission and a thorough risk assessment was completed prior to visiting. All visitors wear Personal Protective Equipment (PPE) and undertake lateral flow tests in accordance with national guidance.

Accessibility

St Gemma's teams work hard to ensure services are accessible to all people who require specialist palliative care and to provide admission to the IPU for people approaching the end of life who wish to die in St Gemma's. People are referred to Hospice services by GPs and specialist teams across Leeds. The Community team is engaged with a number of specialty teams to provide clinical advice and enhance referrals for non-cancer patients, including respiratory, heart failure and neuro-muscular services.

In 2021/22, the proportion of non-cancer patients referred to St Gemma's was 31% of all referrals, showing a continuing and steady increase from previous years.

As outlined in the previous section, the Hospice continues to lead the citywide project to enhance palliative care for people who are homeless or living in vulnerable housing. The team have worked closely with hostel staff, other health and care services and charities across Leeds to support this group of people who often experience poor healthcare and outcomes. The work was presented at Hospice UK conference in November 2021, creating interest from many other palliative care teams and we are delighted that this collaboration has been recognised nationally, winning the Nursing Times Team of the Year Award.

“The judges thought it showed amazing teamwork in bringing together a range of organisations who were not very familiar with working together, with nurses at the heart of it all.”

Admission to In-Patient beds in the Hospice is available 24 hours a day, coordinated through our daily In-Patient/Community referrals meeting with Leeds Teaching Hospitals NHS Trust (LTH). The Emergency Care pathway enables patients to be directly admitted to the Hospice from the Emergency Departments in Leeds across the out of hours period. In 2021/22, an analysis of IPU admissions showed that 24% were admitted out of normal working hours, with 18% of these at weekends. In 2021/22, the Hospice agreed an expanded admission planning criteria to support discharge and capacity at LTH, and has been a key member of a winter group across the Leeds system to support all those requiring palliative or end of life care.

Capacity and demand are monitored on a daily basis to ensure our services continue to be responsive, and most patients (80%) were admitted for care in 2021/22 within one day of referral, despite reduced bed capacity. 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. We are proud that this data shows that St Gemma's cares for a more diverse group of patients than is seen in our catchment area.

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. The development of a new Palliative & End of Life Care Population Board as part of the NHS restructure will further focus attention on this work and drive service improvement.

Complaints

The Hospice responds rapidly to any clinical complaints or potential complaints, taking any concerns about the quality of patient and family care seriously. We aim to meet with anyone who raises concerns to fully understand these; often this means that concerns / comments are addressed in the moment, and do not escalate to formal complaints. Where complaints are received, they are fully investigated and the implementation of recommendations is overseen by the Clinical and Academic Governance Committee. We always aim to learn what we can from complaints and also recognise that they form only a minority of the feedback we receive.

In 2021/22 the Hospice received one clinical complaint. The complaint was received from a relative of a patient who died on St Gemma's In-Patient Unit. The relative raised a number of different concerns over a period of time and met a number of times with senior members of the Hospice staff. We decided to commission an external review of the care of the patient, which was undertaken by a Consultant in Palliative Medicine who works at another hospice in the region.

The review included recommendations to ensure all necessary 'as required' medication is prescribed effectively; an emphasis on high quality communication between doctors and nurses; and a review of the approach and awareness around deactivating an Implantable Cardioverter Defibrillator (ICD).

All these recommendations were actioned through ongoing education and training, robust clinical leadership and governance and development of a Standard Operating Procedure for the management of ICDs. The investigation also highlighted the following areas of good practice:

- Clear detailed documentation of clinical assessments
- Evidence of joint medical and nursing assessments for majority of reviews
- Sensitive conversations about prognosis with both patient and relative documented
- Appropriate clinical management performed by treating team
- Appropriate timely escalation for acute review to medical team by nursing staff when needed and timely response from medical team responding to this.

The Hospice received a number of comments during the year which did not become formal complaints. The only theme arising from these comments was the confusion for patients and families created by the multiple providers of community services in Leeds. This challenge is being considered through citywide work led by the Leeds Palliative Care Network, the Leeds Dying Well in the Community Project, as discussed below.

Service Development

Our Out-Patient Services have evolved during 2021/22, navigating the changing landscape of COVID-19. This has required adaptation of service provision and flexibility from the team to ensure that the service has remained patient-focused, evidence-based, agile and accessible to patients and carers. Registered Nurses (RNs) are now embedded within both the Community and the Out-Patient model, which has enhanced the support for patients in both arms of the service, while continuing to develop our workforce.

We have consulted with patients, carers and other external stakeholders regularly during this period to ensure the services we were offering were meeting their requirements. We reintroduced face to face group activities in March 2022, with a planned evaluation and review in 2022/23. This Out-Patient offer provides an increased range of activities and services for patients to engage with, aiming to improve wellbeing and psychological support for service users.



The Academic Unit of Palliative Care (AUPC) consists of three areas: Research, Learning and Teaching and Evidence Based Practice. The AUPC has continued to grow and develop over the last year and has consolidated its position as a leading centre nationally for research and education in palliative care. The AUPC strives to provide the highest quality education, develop the best research and make sure this has an impact on patients and their families wherever they are cared for.

COVID-19 has been challenging, and for the AUPC this has meant completely reviewing and adapting its provision to meet the ever-changing needs of the Hospice and the wider healthcare system. During this time, the team saw challenges as new opportunities to support and teach people how to cope with COVID-19 and end of life care.

In 2022 we celebrate our 10 year anniversary of the AUPC. In 2012, the Academic Unit of Palliative Care was formed, acknowledging St Gemma's long-standing commitment to teaching and research in collaboration with the University of Leeds. This is a key year where we will highlight the important work of the Academic Unit and our plans for the future.

Research

The Research team has grown to 16 research fellows who publish around 20 papers each year in a variety of peer reviewed journals. This year a paper on pain management was awarded Paper of the Year by Palliative Medicine Journal. The AUPC is being showcased as part of the University of Leeds 'Vice Chancellor's Collection.' This is a high profile initiative to celebrate research activity that represents the University's new vision.

The research projects involve working within the UK and abroad and include studies on pain assessment, rehabilitation, addressing inequalities in access to palliative care and supporting organisations with system evaluation e.g. the use of Electronic Palliative Care Co-ordination Systems (EPaCCS) in end of life care.

Education

The education department continues to devise and provide a varied programme of high quality education

within the Hospice, as well as citywide, regionally, nationally and internationally. During COVID-19 the small education team doubled the number of external health care professionals it trained through the use of tele-education. The team has been responsive to the needs of individual health care professionals and of bigger organisations such as Health Education England who commission programmes across England.

Our training courses in Advanced Communication Skills, Advance Care Planning, End of Life Care and Bereavement and Loss continue to be in high demand and achieve outstanding evaluations. During the pandemic we continued to take students on placement and introduced a comprehensive induction for students, which they found extremely beneficial.

Evidence Based Practice

The Evidence Based Practice group promotes a culture of effective decision-making, supporting clinicians to question and challenge practice. The team has completed a broad range of clinical audits, including: mouth care on the In-Patient Unit, Blood Transfusion, and Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) documentation in the community, National Venous Thrombo-Embolism audit, and separate Community and In-Patient Non-Medical Prescribing audits. For each audit, a report is written highlighting good practice, future learning needs and recommendations.

The group has also reviewed emerging clinical practice guidance, in the last year updating clinical guidelines on Bisphosphonates, Anxiety, Suicide and Self-harm management and Catheter Care. Practice Enquiry sessions are a key way to share new practice and encourage critical thinking and clinical debate. The sessions are held monthly and we encourage staff from within St Gemma's to present topics as well as inviting outside speakers.

In 2021/22 a monthly Journal Club was started for all disciplines across the Hospice as a key way of keeping up to date with current research and provoking critical thinking and rich discussion.



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 2021/22 the LPCN continued to facilitate and coordinate the timely and effective citywide palliative and end of life care response to the ongoing COVID-19 pandemic. This demonstrates the powerful impact of provider led collaboration when underpinned by a dedicated multi-sector workforce with managerial, administrative and commissioner support, alongside wider community engagement.

Notably in June 2021, following significant creative collaboration with all partners and with Leeds NHS Clinical Commissioning Group, the Leeds Adult Palliative and End of Life Care Strategy 2021-2026 was published. This is a key document that will inform all we do in future years.

The Leeds Palliative Care website www.leedspalliativecare.org.uk continues to be a forum for sharing guidance, new service responses and materials required for virtual training with all partners across the system.

Additional information to support patients, carers and those close to them has been added over the year. The LPCN delivered key quality improvement projects to support the system and drive change across Leeds.

Notable examples are:

- ♥ Improved personalised care and support for care planning for individuals through embedding the Planning Ahead Template into clinical practice; promoting 'What Matters to me'; and comprehensive advance care planning
- ♥ Appointed a new LPCN Clinical Educator and an Education Administrator to support delivery of training to all partners
- ♥ Established a new End of Life Care - Care Homes Education Group to help improve and coordinate training for care homes across the city
- ♥ Secured regional and local funding and recruited

doctors to support the trial and development of a Timely Recognition Tool for end of life that will enable GPs to identify those patients that would benefit from additional support and care planning

- ♥ Developed a new Equality, Diversity and Inclusion group to provide oversight and steer to the LPCN work, ensuring we consider the needs of all communities
- ♥ Provided Specialist Palliative Care advice using Multi-Disciplinary Team meetings and providing guidance and training for a range of services and conditions, including the homeless, prison health services, mental health, respiratory disease and heart failure
- ♥ Funded the Widening Access for Homeless and Vulnerably Housed People project to enable continued service improvement and learning for a further year
- ♥ Completed Phase 1 of the Leeds Dying Well in the Community Project with Leeds Beckett University, Leeds Academic Health Partnership and Healthwatch Leeds ensuring both the professional view and public experience inform and influence improvements in end of life care experience in the community through increased service integration and re-design.



Leeds Palliative Care Network



Patient and Family Experience

Involve

The Hospice Involve Group was established to bring together all areas of work with patients, staff and the public to engage with St Gemma's, providing feedback and informing future development. The scope of Involve is wide ranging, focusing on five key themes:

- ♥ Workforce – fair recruitment, gender pay, ethnicity
- ♥ Experience – patient/service user feedback, staff feedback/survey
- ♥ Governance – Charity Code requirements, pay reports, Board statements
- ♥ Accessibility to Services – widening access, myth-busting
- ♥ Communications – accessible information, language/translation, website/Hospice literature

As a Hospice with an ethnically diverse workforce, we have created a staff group named the Multicultural Network. During the year the network has had guest speakers, group discussions and supported the Hospice to celebrate cultural and religious events. Staff are enthusiastic about how this creates a collective space to share experiences, learn from one another and influence Hospice practice.

The Hospice was delighted to have been included in the Inclusive Companies Top 50 and ranked 37 following our 2021/22 submission. This is a higher ranking than in previous years and reflects the work the Hospice has prioritised to improve access and inclusivity. Also in 2021/22, the Hospice:

- ♥ Agreed a Board Diversity statement and identified an Equality, Diversity and Inclusion (EDI) Champion within our Board
- ♥ Delivered an annual Gender Pay gap review
- ♥ Reviewed EDI monitoring within the recruitment process
- ♥ Worked with Leeds Involving People (LIP) on the community engagement group
- ♥ Initiated a review of signage in the Hospice, specifically relating to gender identity and cognitive impairment
- ♥ Supported ongoing accessibility work, including our project to widen access for homeless and vulnerably housed people and our work with GPs and Care Homes

Patient & Family Experience

Throughout 2021/22 the Hospice continued to respond to the challenges of delivering clinical services during a global pandemic. The enhanced digital technology developed during 2019/20 to capture real time feedback has once again not been fully utilised this year.

This is due to the reduction of general patient and family footfall across the Hospice, with restrictions in In-Patient Unit (IPU) visiting, closing Day Services and our Patient Experience Volunteers not being able to access the IPU on a weekly basis. Despite these challenges our engagement with patients and families who use Hospice services has continued. Patient and family feedback is extremely important to us.

We use the information to improve and transform 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 Department and detailed quarterly reports are shared with the Hospice Involve Group and the Clinical and Academic Governance Committee.

Bereaved Carers Survey

Throughout the year we conducted a bereaved carers' survey for families of patients who died on the IPU. The same survey is conducted annually through the Leeds Palliative Care Network across the city in Q3 (September-December). This is run in partnership with all key providers of palliative and end of life care, and supported by Healthwatch. This year we received the following feedback from 68 responses:

Question	Response
Relative died in the right place	100% yes
Relief of pain	99% very satisfied/satisfied
Relief of symptoms other than pain	100% very satisfied/satisfied
Cared for with dignity	100% very satisfied/satisfied
Respected wishes before and after death	93% very satisfied/satisfied

“The exceptional care was always extended to family members whenever we visited”

“St Gemma's is a wonderful place, It's like home from home”

“No one could have done more for us at all”

“The staff at all ranks and jobs could not have done or given any more help, support, and empathy to my husband and all our family”

“One relative told us, 'After spending 15 months on ICU at St James', I didn't want my husband to die there'. This is an example of our flexibility and individualised approach to patient care. It reflects an unusual admission to the Hospice, of a fully ventilated patient being transferred from ICU for end of life care, as ventilation was withdrawn. This was a highly unusual case and a very complex transfer of care”



Service Specific Feedback

In October 2021 we again specifically surveyed patients and families who were receiving care from our Community Clinical Nurse Specialist (CNS) service. From 66 responses, we received the following feedback:

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?	100% very satisfied/satisfied
Did you feel you could ask a question or raise a concern?	100% very satisfied/satisfied


“It was immensely helpful to get the involvement of the community team. They really understood and take time to care. I felt much more relaxed with them being available on standby”

“The support from the community nurses has been invaluable. They are extremely professional, kind, caring and knowledgeable”

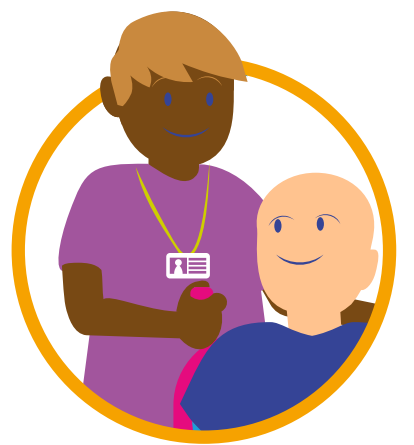
“My nurse has been valuable and appreciated since day one. Her support and understanding make my condition more manageable and easier to cope with. I would be lost without her help”

These are the key themes repeatedly acknowledged within the feedback regarding the value of the Community CNS Service, evidencing high rates of satisfaction and care quality:

The Nurses are supportive, professional, knowledgeable, and invaluable



They listen and demonstrate care, compassion, kindness and respect



They enable confidence and wellbeing



We also undertook focused experience work with those patients and families receiving services from our Social Work and Therapy (Physiotherapists and Occupational Therapists) Services. We received the following feedback from 30 responses:

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
Could you ask questions or raise a concern?	100% very satisfied/satisfied

In all experience surveys we ask the same question about overall experience of St Gemma’s Hospice. In 2021/22, from a total of 138 respondents, 98% said they were satisfied or very satisfied with their service.

“Everyone from the wonderful reception team, volunteers and therapists are exceptional at making treatment a great experience”

“Nothing to improve on; everything was very thorough”

“I cannot fault anything. It is so well established with very clear understanding of needs. I cannot think of anything that could be improved. The way they have adapted to Covid-19 has been excellent”



Patient & Family Improvement Feedback Register

During 2021/22 we captured eight improvement comments.

- Two comments highlighted dissatisfaction with levels of communication. One related to an explanation of palliative care condition and involvement in care decisions; it was very difficult to explore this comment as minimal narrative was received. The other comment related to a family’s experience at the Hospice reception, when being asked to undertake a lateral flow test. Both comments were fed back to relevant teams for reflection.
- During a period of five months when our Spiritual Care Coordinator post was vacant we noted a slight decrease in satisfaction levels, with only 86% of patients being satisfied with the religious/cultural and spiritual care needs being met. A new post holder was appointed August 2021.
- Five further comments were received regarding the restrictions of service offer and In-Patient visiting during the pandemic period. All comments were considered as part of our weekly clinical review of service provision and patient visiting during the pandemic.

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 one action on the register which was delayed due to the pandemic; the clinical uniform review which was first identified in 2020/21 is now included in the 2022/23 Hospice Business Plan.

The Hospice strives to engage with patients and families to understand their experience and continuously looks for new ways to encourage their involvement in service development and transformation.

Speak Up Initiative

The Hospice has a strategic ambition to continually improve and enhance organisational culture. During 2020/21 we launched a new initiative to further encourage an open and transparent culture. We created Speak Up to make sure that all staff know what to do if they have a concern.

Speak Up in the Hospice covers what might also be called ‘freedom to speak up’ or ‘whistleblowing’. The newly developed policy sets out the support staff can expect when they raise a concern. The Board of Trustees and the Hospice Leadership Team fully support this initiative and are committed to zero tolerance of retaliation against staff who speak up



Employee Engagement & Staff Wellbeing

During 2021/22 we re-launched and re-branded our Employee Engagement Group, now called Engage. The purpose of Engage is to give employees Hospicewide the opportunity to contribute towards and improve staff engagement and Hospice culture. All teams are represented to ensure staff have a voice and can be heard. The group has played a key role in developing the staff wellbeing offer and supporting the organisation of events. At all times we endeavour to provide employees with good working conditions, a healthy work life balance and opportunities for development. Throughout 2021/22 staff wellbeing has been a priority. We have:

- ♥ Maintained a workforce wellbeing hub within the Hospice website, hosting resources and advice to support staff mental health and wellbeing
- ♥ Worked in partnership with ‘We Are Wellbeing’ to undertake an employee survey to identify key areas for future development
- ♥ Held a Staff Wellbeing Week in October 2021, comprising varied virtual events, with excellent feedback on the different activities
- ♥ Developed a new Wellbeing Champion role and delivered key training for 13 champions in March 2022
- ♥ Designed a comprehensive wellbeing programme for 2022/23.

Culture

During 2021/22 the Hospice In-Patient Unit (IPU) continued to deliver the Culture Improvement programme initially identified in 2020/21, with nine key areas of focused improvement. Work is complete in six

areas with active ongoing work across the remaining three during 2022/23. The IPU now has an established and stable leadership team and nursing workforce.

The Hospice also undertook some focused work with the Kitchen and Bistro team within the Estates and Facilities department, in response to staff experience and feedback. The team has focused on embedding Hospice values and behaviours, improving team resilience, team building and leadership coaching. This work has also resulted in a new improved leadership structure for the future.

Volunteers

This year we developed and launched a Volunteer Plan which sets the ambition and direction of volunteering within the Hospice for the next three years (2021-2024). The plan ensures the foundations of volunteering are robust and recognises the need to transform, drive consistency and efficiency with an ambition to be a centre of excellence for volunteering.

We greatly value our volunteer workforce as an integral part of the Hospice and currently have 878 registered volunteers supporting all aspects of the Hospice. During the year we saw a significant reduction in volunteering hours, due to pandemic restrictions, although we continued to deliver a broad range of volunteering activity across all clinical, non-clinical and income generation services. Volunteers continued to be updated by their departments and receive a monthly e-newsletter. We are delighted that two of our volunteers – Sheila Miller (spiritual care) and Janet Walker (gardening) – were recognised nationally in the Hospice UK awards for their outstanding contribution to the hospice movement.

St Gemma's only exists thanks to the wonderful support and interest from the local community. The Hospice team is committed to ensuring that St Gemma's remains an integral part of the city, engaging with communities to promote the work of the Hospice and services available. As a local independent charity, reliant on donations, we also highlight our ongoing need for support and the ways people can help.

We continue to use a range of communication channels to reach key audiences. Digitally our social media channels help us to reach large audiences and the Hospice's website typically has around 30,000 views per month. Over 11,000 people have now signed up to receive electronic updates from the Hospice and 72,000 donors continue to enjoy receiving our postal Newsletter.

Our 24 charity shops are an important part of the Leeds community, each providing a touchpoint to the Hospice across the city. We advertise our fundraising events in a range of community magazines and newspapers and work with libraries and health centres to support each other's activities.



Statement from the NHS Integrated Care Board Leeds

The Integrated Care Board (ICB) in Leeds would like to thank you for the opportunity to review and comment on your Quality Account and reflect on your achievements for 2021/22 and priorities for 2022/23.

We continue to work in partnership with St Gemma's Hospice and recognise your open, transparent, and engaging approach to delivering care and support for local people with life-limiting and terminal illnesses, including their carers. 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 ICB in Leeds 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. We thank St Gemma's staff and volunteers for their hard work and dedication against circumstances that stretched the local health and care system throughout the pandemic. The ICB in Leeds was pleased to read the Single Nurse Administration of Drugs (SNAD) has progressed since 2021/22. The project summary on page 12 is beneficial to the reader. However, a small narrative explaining what the learning from the two medication incidents was, would have been beneficial given SNAD is a new process.

The update provided regarding the Care of the Deceased and those Bereaved was appreciated as it formed one of your complaints from the previous year. Providing this update demonstrates your commitment to learning from incidents and complaints along with providing continued care to a patient and their relative(s) in the time after death and into bereavement. It has been pleasing to read the key targets of overcoming the challenges and barriers to implementing palliative care provision for the homeless and vulnerably housed population in the city has been achieved, well done.

The ICB in Leeds has noted the lack of progress with the discharge planning priority for 2021/22. We note it has been retained as a priority for 2022/23. We hope this priority gathers pace in the coming year. Good mental health and emotional wellbeing is important to us all and especially so for patients, families and loved ones during the palliative and end of life phase. The ICB in Leeds is pleased to read improving mental health is one of your four priorities for 2022/23.

On page 18 the Quality Account captures a significant increase in falls incidents since 2019/20. Further explanation of why these falls occurred may benefit readers of the Quality Account who do not have a clinical background. The number of inherited pressure ulcers the service was managing was static for the years 2019/20 and 2020/21. It is noted for 2021/22 the number of inherited pressure ulcers has reduced. We are aware St Gemma's works in partnership and collaboration with secondary and community care colleagues in the city. If any collaborative pieces of work have been undertaken to reduce inherited pressure ulcers it would have been good to celebrate it in this section.

The Quality Account has captured that 93% of respondents to the Bereaved Carers Survey were either very satisfied or satisfied that St Gemma's respected patient's wishes before and after death. The same percentage was attributed for this question in 2020/21 albeit the response rate for 2020/21 was 158 compared to 68 for 2021/22. This section could have been strengthened by including reflections why the percentage was the same, such as the impact of the pandemic. The Quality Account acknowledges your recent Care Quality Commission (CQC) inspection on the 2 November 2021. We congratulate you on retaining your 'Outstanding' rating especially given the challenges of the pandemic.

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 2022/23. We look forward to continuing to work in partnership over the coming year.

Stuart Emsley, Patient Safety and Quality Improvement Manager

Statement from Healthwatch Leeds

Thank you for this opportunity to comment on your Quality Account.

Firstly, we'd like to congratulate St Gemma's on your 'Outstanding' rating from the Care Quality Commission. During another year of Covid restrictions and extreme challenges you have continued to provide exceptional hospice services to the people of Leeds.

In addition, during this year St Gemma's have continued to be committed and strong partners in the citywide work to improve people's experiences of health and care in our city.

We've continued to work closely with St Gemma's, and they have been integral members of the 'How Does it Feel For Me' Project (following peoples real time experiences through the health and care system in Leeds).

We've also been involved in the Bereaved Carers Survey, working with the Leeds Palliative Care Network to find out relatives/carers experiences of their loved ones end of life care. What was clear yet again in this year's survey was the high satisfaction rates and positive comments about St Gemma's and the staff involved in their care. On the very rare occasion we've heard anything remotely negative the response from St Gemma's has always been swift and with a focus on learning and improving.

In terms of the Account itself, it is presented well, is easy to follow and well written. As always it is very positive to see in the Quality Account how seriously patient experience is taken and how it is being used to continuously improve your services and the patients and families that use your services.

Many thanks for the opportunity to comment on this Quality Account and congratulations again on being awarded Outstanding during such a challenging year.

Stuart Morrison, Team Leader





Glossary

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.

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.

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. **From July 2022 Following NHS restructure this is now known as the NHS Integrated Care Board Leeds**

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

Electronic Palliative Care Coordination Systems

These record people's care preferences and important details about their care at the end of life.

Palliative and End of Life Care Population Board

A Population Board of healthcare providers has been established in Leeds as part of the new NHS structure (formalised in the Health and Care Act 2022) to identify and respond to palliative and end of life care needs within the city.



**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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