

St Gemma's Hospice

# Quality Account 2017/18



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



# Contents

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## Part One | Overview

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Our Hospice Vision, Purpose and Values	3
Our Strategy 2018 – 2028	3
Statement on Quality from the Chief Executive	4
Our Services, Funding and Activity	6

## Part Two | Priorities for Improvement

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Priorities for Improvement 2018/19	8
Progress against Priorities for Improvement 2017/18	10

## Part Three | Quality of Services

---

Statements from the Care Quality Commission	12
Review of Quality Performance	14
• Patient Safety	
• Effective Care	
• Compassionate Care	
• Responsive Services	
• Well-led Services	
Service Improvement	20
• Leeds Palliative and End of Life Care Managed Clinical Network	
• Day Services Transformation	
Academic Unit of Palliative Care	21
• Education	
• Research	
Information Governance	22
Statement of Assurance from the Board of Trustees	23

## Part Four | Hospice Experience

---

Engagement with the Public	24
40th Anniversary	24
Patient & Family Experience of the Hospice	25
Staff and Volunteer Experience of the Hospice	27

## Part Five | External Statements

---

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

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<b>Glossary, References and Further Information</b>	<b>31</b>
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# Our Hospice Vision, Purpose and Values

## Our Vision:

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

## Our Purpose:

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

## Our Values:

**Caring** - Treating each person with kindness, empathy, compassion and respect

**Aspiring** - Continually learning and developing; striving for excellence in everything we do

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

## Our Strategy 2018 - 2028:



### IMPACT

St Gemma's University Teaching Hospice will improve the standard of care for all patients and families, not just those directly receiving care, through research, teaching and putting evidence into practice.

### CONNECT

St Gemma's Hospice will connect with local health and care providers and commissioners to deliver high quality, efficient palliative and end of life care for Leeds – making sure we get the most out of every pound we spend.

### EXTEND

St Gemma's Hospice aims to influence the future of palliative and end of life care service delivery in Leeds and transform and strengthen our clinical services to serve the whole community.

# Statement on Quality from the Chief Executive



I am delighted to welcome you to the St Gemma's Quality Account. This year marks the Hospice's 40th Anniversary. Since St Gemma's was founded by the Sisters of the Cross and Passion, we have cared for many thousands of people with a terminal illness and supported their families and friends. The Hospice has grown in size and complexity over the years, but at its core has remained our vision of meeting the needs of individuals with care, compassion and skill.

This year we have undertaken significant engagement with staff, volunteers and service users to develop a new Hospice Strategy containing three core pillars:

- **Impact** – as the first University Teaching Hospice, we will continue to deliver high quality education and research, as well as translating research evidence into clinical practice on a day to day basis
- **Connect** – hosting the Managed Clinical Network (MCN) for the city, we will connect with providers and commissioners to deliver high quality, efficient care for Leeds
- **Extend** – recognising the growing need for palliative and end of life care, we will transform and strengthen our clinical services to meet the needs of the whole community.

St Gemma's Hospice care is rated Outstanding by the Care Quality Commission (CQC). Outcomes reported from patients on the wards in 2017/18 showed that 97% of patients felt the Hospice made a positive difference to their life. 82% reported that their quality of life improved or stayed the same; this is positive when we consider that the general health of patients continues to deteriorate due to ongoing advanced disease.

This Quality Account sets out some of the key ways in which we are assured about the quality of care provided by St Gemma's. We have made strong progress against the 2017/18 priorities that we set out in last year's Quality Account:

- **Management of Delirium:** research shows that delirium is prevalent in a hospice population and rises significantly in the last days of life. In order to ensure that Hospice practice

was compliant with new evidence we have developed a revised guideline on the management of delirium which is now in use; we have trained all medical and nursing staff on delirium management; and we continue to access specialist advice when required

- **Transfer of Care:** working together with the hospital trust and Wheatfields Hospice, we have made improvements to the ways in which patients at the end of life are identified and transferred from hospital to the Hospice, where this is their preferred place of care. Improvements have been made in transport arrangements, communications, and the introduction of daily city wide referrals meetings and electronic referrals. Improvements in referral times have also been achieved
- **Electronic Patient Records:** we have successfully deployed the new version of our electronic patient record, SystemOne. This new system allows more in-depth analysis of essential clinical information, allowing for streamlined movement of patients between services and improved clinical decision making.

In setting our priorities for 2018/19 we have considered the needs of the population we serve, particularly in the context of national evidence and best practice; we continue to consider feedback received from patients and families and learn from the small number of incidents and complaints. Our priorities for the coming year are: the management of the acutely deteriorating patient; improving end of life care for homeless people; and improving patient feedback.

St Gemma's hosts the Leeds Managed Clinical Network for palliative and end of life care, bringing together providers to deliver the highest quality of consistent, equitable and sustainable care in the final phase of life. The Network brings together health, social care and academic professionals across Leeds, providing a strong partnership that transcends traditional

boundaries to bring about real system change. St Gemma's is a University Teaching Hospice; our Academic Unit of Palliative Care continues to deliver high quality education and research, working in close collaboration with the University of Leeds. Over the last year we provided education to a wide range of professionals including specialist palliative care doctors, GPs, medical students, nurses, health support workers and therapists. A number of research projects have made good progress. Patients have been recruited in Leeds and beyond to our research programme focused on improving the management of pain for patients in the community.

For the first time this year, we participated in the Sunday Times Best Companies Survey, achieving a place in the Top 100 Best Not-For-Profit Organisations to Work For. Staff are justifiably proud to be part of the team and of the high quality services we provide. In the next year we will focus on further staff wellbeing improvements and enhancing ways for teams to work together.

We hugely value the support our local community provides every day of the year. Over 800 local people volunteer for the Hospice and thousands of individuals and businesses raise funds for our vital care; St Gemma's would not be here without them. We are also grateful for the financial contribution from the NHS and value our strong relationship with NHS commissioners and other health and care providers in Leeds.

We continue to face challenges, not least from our reliance on charitable funding to meet the growing needs of the community we serve and the increasing complexity of care. Recruitment to key staff groups has also continued to cause pressure, particularly in relation to Registered Nurses.

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



**Kerry Jackson**  
Chief Executive



# Our Services

St Gemma's is for people who have life threatening illnesses with difficult symptoms to manage and for end of life care. 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.

The Hospice is open to all adults who have active, progressive and advanced disease, where the patient has unresolved needs that exceed the expertise of the referring team. This includes patients with both malignant disease (cancer) and non-malignant diseases, for example heart disease, lung disease and neurological diseases. Our eligibility criteria are available on the St Gemma's website.

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

- Doctors, including medical consultants
- Registered Nurses and Healthcare Assistants
- Therapists to support independence and promote comfort including Physiotherapy, Occupational therapy and Complementary therapy
- Social Workers and Discharge Support Worker to provide specialist support and counselling to patients, families and friends
- Spiritual Care services supporting patients and their families
- Bereavement services for adults and children
- Support services providing cleaning, catering and laundry services for patients.

During 2017/18 St Gemma's Hospice provided the following services. St Gemma's Hospice has reviewed the quality of care in all of these services.

## **In-Patient Unit**

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

## **Nurse Consultant Led Beds**

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

## **Out-Patient Services**

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

## **Day Services**

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

## **Community Medical and Nursing Services**

which provide specialist support and advice in a patient's home or a care home.

# Our Funding

The core grant income received from the NHS represents 26% of the total income generated by St Gemma's Hospice in 2017/18. The Hospice receives funding from the NHS Leeds Clinical Commissioning Group as a contribution to the overall cost of service provision. All of the financial support we receive from the NHS is spent directly on patient services.

The running costs of St Gemma's are forecast to be £10 million in 2018/19. The majority of this has to be funded through donations, legacies, fundraising initiatives and our chain of charity shops.

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

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

We currently have a two year contract for NHS Funding until the end of 2018/19. The Hospice has a challenging budget which has been scrutinised and approved by the Board of Trustees. Efficiencies continue to be made to ensure that the Hospice demonstrates value for money for donors and is responsive to the changing palliative and end of life care needs of the people of Leeds. Expert care for our patients and their families remains our priority.

# Our Activity

## First Ever Contact with Hospice Services

2016/17

**1,149**

2017/18

**1,313**

## Percentage of Patients with a Non-Cancer Diagnosis

2016/17

**24%**

2017/18

**26%**

## Admissions to In-Patient Unit

2016/17

**569**

2017/18

**538**

## Average In-Patient Length of Stay

2016/17

**14.7 days**

2017/18

**13 days**

## Day Services Attendances

2016/17

**1,274**

2017/18

**998**

## Community Nurse Specialist Face to Face Consultations

2016/17

**5,139**

2017/18

**5,029**

## Community Medical Face to Face Consultations

2016/17

**774**

2017/18

**653**

# Priorities for Improvement 2018/19

Part two of this Quality Account firstly addresses the priorities for the coming year 2018/19 and then reflects on the progress made against priorities in the previous year 2017/18.

## How our priorities have been developed

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

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



### Priority 1: Patient Safety The Management of the Acutely Deteriorating Patient

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

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

St Gemma's Hospice will develop an enhanced clinical escalation framework for the In-Patient Unit to help avoid unnecessary patient deterioration or death and provide comprehensive guidance to the clinical staff overseeing their care.

#### Our key targets are:

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

2. To review the use of clinical observations and introduce a suitable version of the medical early warning scores to help clinical staff identify and monitor deteriorating patients.
3. To introduce standardised approaches to common medical emergencies to streamline patient care.

### Priority 2: Patient Experience Improving End of Life Care for Homeless People

There is growing awareness that homeless people experience inequality in terms of both healthcare in general and also palliative and end of life care. Homeless people often die young; the average age of death is 47<sup>1</sup>. This group may experience challenging problems including physical ill health which may be compounded by mental health problems or substance misuse.

Research undertaken by the charity Marie Curie, in 2017, highlighted some of the challenges in ensuring that homeless people experience good end of life care. These include identifying when patients may be approaching the end of life, a shortage of suitable options where care can be provided and a lack of skills, knowledge and confidence amongst staff supporting these patients.

The Care Quality Commission recommends that hospices are well placed to champion better end of life care for homeless people. Our aim is to ensure that St Gemma's Hospice works with other agencies supporting homeless people in Leeds to develop a more equitable approach to end of life care for this vulnerable group.

**Our key targets are:**

1. To map current provision and identify key stakeholders.
2. To develop a multi-disciplinary team, bringing together health and care professionals, meeting regularly in order to discuss individual patients who may be approaching end of life in order to facilitate good communication, good symptom management and planning to support patients as their health deteriorates.
3. To develop a model of collaborative working between teams from different organisations.
4. To develop systems for education and shared learning between teams (both homeless services and hospice teams).
5. To make recommendations for future models/ services that would enable better end of life outcomes for homeless people in Leeds



## Priority 3: Clinical Effectiveness

### Improving Patient Feedback

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

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

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

Although the comments we receive are positive we wish to increase the quantity of feedback received and extend this to all our service users, thereby ensuring we reflect feedback in developing and improving our services. We intend to offer a variety of opportunities for feedback for all users of our services.

**Our key targets are:**

1. To explore and implement systems to collect real-time feedback from patient, families and carers who are using our services.
2. To trial electronic devices to collect feedback in a timely manner and in a range of languages.
3. To develop effective systems to implement any service improvements identified and share this information with users of St Gemma's services.

# Progress Against Priorities for Improvement 2017/18

The Hospice set three priorities in 2017/18. For each priority significant progress has been made. Further work will continue to complete and embed these priority areas.

## Priority 1: Patient Safety Management of Delirium

Delirium is an often fluctuating condition of acute confusion and may include changes such as altered consciousness, disorientation, hallucinations and agitation, as described by the National Institute of Health and Care Excellence (NICE). Research shows that delirium is prevalent in a hospice population and rises significantly in the last days of life. Delirium can be distressing for patients and their families and often increases the level of care and supervision required from nursing staff and, within in-patient settings, is associated with increased length of stay and a heightened risk of pressure ulcers, falls and mortality. Our aim for 2017/18 was to ensure that Hospice practice was compliant with new evidence.

### Our key targets were:

- 1. The production of a revised Hospice guideline to ensure our care is in line with evidence-based best practice guidance.**

A multi-disciplinary task and finish group was involved in the development of a delirium management guideline which has now been ratified and is in use. A QIPP (Quality, Innovation, Productivity and Prevention) approach was used to implement the guideline to ensure that the assessment documentation was modified to incorporate changes, that management plans were developed to guide both practice and document assessment, and that patient and carer information was included.

- 2. The provision of mandatory annual training for clinical staff to manage and support patients with delirium and their families, including specific reference to the guideline.**

At the end of March 2018, all medical and nursing staff had received specific training on the management of delirium. This includes

use of the new screening and assessment tools adopted within the Hospice guideline.

- 3. Strengthened links with mental health services/professionals to ensure timely access, when necessary, to specialist assessment and advice.**

St Gemma's Hospice works closely with liaison psychiatry to ensure that specialist assessment/support is available when required.



## Priority 2: Patient Experience Transfer of Care

We worked with our partners in the Managed Clinical Network to streamline the transfer of patients between hospital and the Hospice.

### Our key targets were:

- 1. The development and implementation of a Leeds-wide transfer of care protocol in partnership with the Managed Clinical Network.**

St Gemma's Hospice has led, developed and implemented a Leeds-wide transfer of care protocol, working in partnership with both Leeds Teaching Hospitals NHS Trust and Sue Ryder Wheatfields Hospice. We have made significant improvements across the following areas:

- **Transport**

St Gemma's Hospice has streamlined the booking process for the palliative care ambulance which has allowed more timely hospital discharge.

- **Communications**

The experience of cross city working with both Leeds Teaching Hospitals and Sue Ryder Wheatfields Hospice, has driven innovation and service improvement.

We have continued to build upon these connections so that we can work together on future service improvements across palliative and end of life care.

- **City wide referrals meeting**

In partnership with colleagues at the hospital, we have developed a daily clinical virtual Skype meeting. This has strengthened partnership working and enabled real time clinical discussions about patient care and bed allocation, without the need for professionals to travel across the city.

- 2. **An increase in the number of patients transferred from Leeds Teaching Hospitals NHS Trust to St Gemma's Hospice In-Patient Unit.**

The Transfer of Care protocol has delivered change within the palliative and end of life care systems across the city. Early evaluation has indicated improvements in the time taken from referral by the hospital to admission to the Hospice by one day.

### Priority 3: Clinical Effectiveness

#### Electronic Patient Records

Effective use of electronic records is vital, aiding clinical assessment and decision making; promoting efficient working and standardisation; and enabling a positive patient experience and safe patient care.

In some areas of the Hospice we identified a need to improve our use of electronic records and move away from paper records. The electronic patient record system used across the city by the majority

of GPs and other healthcare providers is called SystmOne. The version of SystmOne in use in the Hospice was no longer fit for purpose.

St Gemma's Hospice migrated to the new version of SystmOne electronic patient records called the Palliative Hospital Module. The new module facilitates in-depth analysis of essential information to improve understanding of specific patient groups and individual patients.

#### Our key targets were:

1. **Review and update of electronic records, referrals and reporting prior to migration.**

All areas were reviewed to be as streamlined as possible prior to migration following consultation with each clinical department.

2. **Effective migration to new SystmOne Palliative Hospital Module.**

Migration to the new module occurred smoothly in June 2017.

3. **The provision of training for all clinical and relevant support staff to a consistently high standard to ensure confident and competent use.**

Training involved face to face sessions and the development of new user manuals.

4. **Increased use of electronic patient records within the In-Patient Unit.**

Work has started on this target. A new template is completed on SystmOne during ward rounds and multi-disciplinary meetings. A project plan to move to paper-lite has been developed and the Hospice has obtained funding for a project lead.



# Statements from the Care Quality Commission

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

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

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

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

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



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

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

The Care Quality Commission summarised their findings as follows:

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

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

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

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

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

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



# Review of Quality Performance

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

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

## Patient Safety

Patient safety is at the core of St Gemma's care. We gain assurance through a range of measures, including the following:

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

During 2017/18 there were no pressure ulcers which, following audit and root cause analysis, were found to be avoidable.

Our Interim Director of Nursing chairs the Hospice UK National Clinical Benchmarking Group, ensuring consistent reporting of quality and safety measures.

Falls safety huddles have been introduced to the wards following work with Leeds Teaching Hospital and the NHS Improvement Academy. Huddles take place on each ward with nursing, therapies, housekeeping and food service staff. All staff report any worries about patients at higher risk of falling, preventing falls and bringing the team together.

Like other healthcare providers, recruitment of Registered Nurses is a challenge and has continued to be our focus during 2017/18. We are making a number of changes to the nursing workforce to support recruitment and retention which will be realised during early 2018/19. We continue to review staffing ratios and the mix of qualified to unqualified staff. We have increased the number of Healthcare Assistants to ensure safe and timely response to patient needs and we continue to drive recruitment to Registered Nursing posts.

Within the In-Patient Unit, we have introduced an Advanced Healthcare Assistant role under the leadership of our Nurse Consultant. We are also part of the West Yorkshire Partnership, piloting the Nursing Associate role.

Our Community Clinical Nurse Specialists have seen an increase in referrals, complexity of patient need and demand for more immediate response times. This has meant an overall increase of approximately 20% to the total caseload of the team and at times it is a challenge to meet demand in a timely way. We are reviewing the needs of patients in depth to develop a more structured response based on the urgency of need of patients and families.

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

A summary of key audits is shown below:

Audit	Result 2016/17	Result 2017/18
Controlled Drugs (CD)*	98%	100%
Positive Patient Identification	94%	89%
Infection Control – Hand Hygiene	81%	81%
Accountable Officer*	100%	100%
Management of Sharps*	97%	100%
Mouth Care Documentation	83%	76%
Nutrition Audit	85%	81%

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

In some areas, we have maintained or improved on existing high standards. We are reviewing in detail the areas for improvement including consistent use of the audit tools. We are also increasing education for non-clinical staff on hand hygiene.

We proactively follow a strict adults and childrens safeguarding policy, escalating concerns as appropriate.



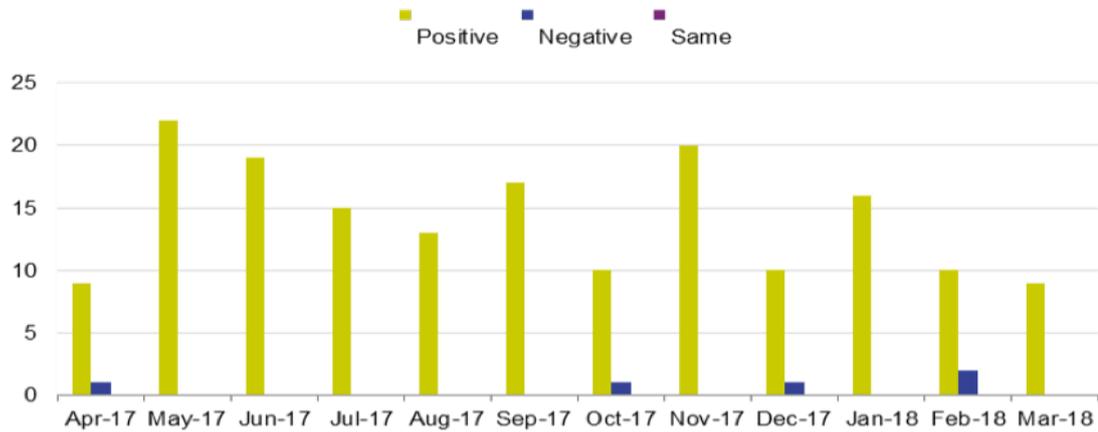
## Effective Care

The Hospice continues to embed the Outcome Assessment and Complexity Collaborative (OACC) measures developed by the Cecily Saunders Institute and The Kings Fund. This suite of five patient related outcome measures enables clinicians to better identify patient needs and to assess patient progress in terms of both symptoms and their management and also the level of physical function and independence. We use this information to inform patient care, both directly in terms of individual patients, but also to help guide decisions about how we deliver our services in an effective and efficient manner. A dedicated project

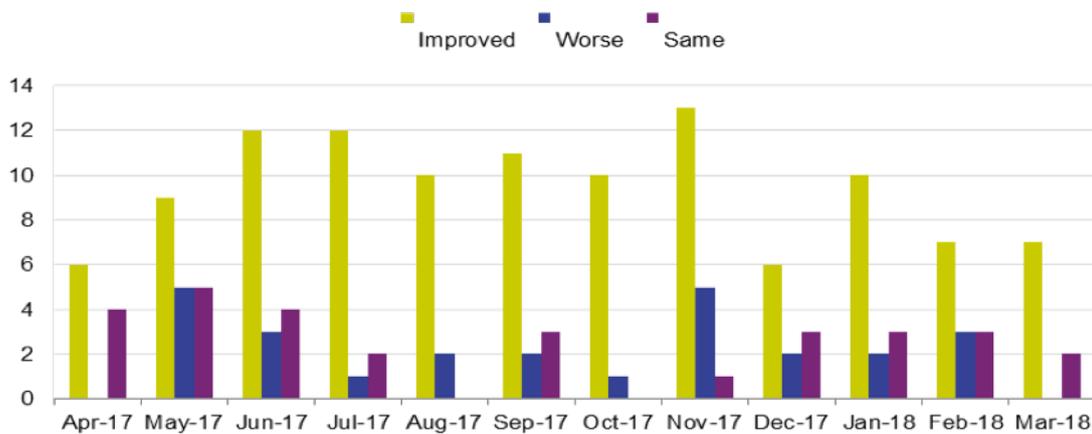
group has been formed to ensure all measures are being fully utilised with St Gemma's patients who are seen by our community team.

This year we have sourced and purchased dedicated computer software which will enable us to fully use the information collected from patients in order to monitor their progress. Staff are currently being trained to use the new software. We will also be able to extract and report data regarding all patients in our service. This can be used to evidence the effectiveness of interventions that we offer and can provide valuable information about the problems and needs of the patients referred into our care.

97% of patients admitted to the Hospice in 2017/18 who were able to complete a questionnaire, reported that the Hospice had made a positive difference to their life. The graph below shows the number of patient questionnaires completed.



82% reported that their quality of life improved or stayed the same. This is positive considering the fact that the general health of patients continues to deteriorate due to ongoing advanced disease.



For community and ward based patients we are improving our processes for assessing the dependency of each individual, to make sure our care is more effectively tailored to the needs of each individual and family.

A core part of providing effective care is enabling people to die where they wish to; many more people still die in hospital each year than would choose to. For two years St Gemma's has provided nurse-led End of Life Care Beds offering more people the choice to die within the Hospice. The numbers of patients cared for in the beds is increasing with 113 patients in 2017/18, of which 35% had a non-cancer diagnosis. Of the patients cared for in the nurse led beds, 35% were aged over 80 years and 22% were aged over 90 years. In 2018, Catherine Malia, our Nurse Consultant who pioneered this initiative, won the Kate Granger Award for Outstanding Achievement at the Yorkshire Choice Awards.

We now plan to expand our service to admit patients to these beds over seven days. We are also strengthening our links with Leeds Teaching Hospitals Trust, with plans to work with designated hospital ward teams, to enable earlier identification of patients approaching the last days of life, raise awareness of the Hospice and increase the number of patients able to access St Gemma's as their preferred place of death.

## Compassionate Care

All patients are treated with dignity and respect when cared for by St Gemma's Hospice. The patient and those important to them are treated as individuals, have co-ordinated care and are asked what matters most to them.

We pride ourselves on going the extra mile for patients and families. This can be by helping celebrate a memorable occasion, arranging a trip to the seaside, bringing in pets to visit patients and making memories for the future.

As part of our Leeds Compassionate Communities project, launched in 2016/17, we have established a Community Engagement Steering Group involving black and minority ethnic citizens living in the Leeds 7 and 8 postcode areas. After training and facilitation by Leeds Involving

People, the Steering Group has acted as an advisory panel guiding development of culturally aware and accessible services; relationships have been further developed and more engagement events and visits have been held. We are working towards displaying religious symbols from various faiths at the entrance to the Hospice reception and improving our information provision.

During this year the Hospice developed a Dementia Strategy which will be implemented over the next five years and involves teaching all staff in any role within the Hospice about dementia.



## Responsive Services

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



Key Performance Indicator (KPI)	2016 / 17	2017/18
Five priorities of care – number of patients with a personalised care plan for care of the dying	83%	84%
Number of patients achieving preferred place of care/ death (where preferred place recorded)	79%	83%

This year we have additional documentation to support patients being cared for at the end of life, ensuring all needs are documented on admission.

Each ward has two consultant-led ward rounds per week. All new specialist palliative care patients are reviewed by a medical consultant within one working day of admission. Each week the wider multi-disciplinary team, made up of doctors, nurses, therapists, spiritual care, social work and discharge planning, meets to discuss and plan the care of each patient and family.

During 2017/18 the Hospice received two clinical complaints. Both complaints were subject to investigations, action planning and learning for the teams. One of these complaints is reflected in our priority for 2018/19 - The Management of the Acutely Deteriorating Patient.



## Well-Led Services

St Gemma's has a well-established and mature Hospice Leadership Team, reporting to the Board and its Committees, leading on strategy development and overseeing the provision of clinical services. This team is supported by Heads of Department, closely managing day to day service provision.

Our Director of Nursing left the Hospice in 2017 after 10 years of service. Our Interim Director of Nursing is a Registered Manager with the Care Quality Commission. We are currently recruiting for the substantive post of Chief Nurse.

Our Clinical Leadership Group brings together senior doctors, nurses and other Heads of Department to progress delivery of the Hospice Strategy and discuss key operational issues. Our Quality Assurance Group discusses all clinical incidents and complaints, action plans and Key Performance Indicators (KPIs). Evidence-based practice groups and practice enquiry sessions are held throughout the year for teaching staff within the clinical areas.

The Hospice promotes an open reporting system, recognising that patient safety is everybody's business. We support and uphold the Duty of Candour, and inform and involve patients and families in understanding any errors or incidents that have resulted in patient harm under Hospice care.

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

We have revised our incident management recording form and plan to implement an electronic system in 2018 following a tender process. This will allow easier analysis and response to any trends and patterns.



# Service Improvement

## The Leeds Palliative and End of Life Care Managed Clinical Network (MCN)

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

The MCN has secured funding for a third year. It is driving change across Leeds in a number of important ways, for example:

- Enhancing end of life care for people with heart failure, dementia and frailty, which includes improving the transfer of care of patients from hospital to hospice
- Better co-ordination of care through electronic systems: implementing consistent systems and collecting key data to better understand care and to improve services
- Delivering expert education for community and hospital staff, GPs and care homes, which includes developing and delivering tele-education in order to support more professionals to improve patient care and integrating research and evidence into all developments.

Finally, the MCN is working alongside the Leeds Clinical Commissioning Group (CCG) to develop the new strategic vision for palliative care across Leeds.

## Day Services Transformation

The Day Services model at St Gemma's Hospice has been reviewed since the last Quality Account. The aims of the new model include creating a more flexible service to meet different needs of patients, expanding services for carers and providing options for patients to access a range of services from the multi-disciplinary team. These changes have resulted in a reduction in the number of Day Services attendances, but these are expected to increase over time.

The model developed includes a Drop-In Service available for patients and carers either known to the Hospice or attending for the first time. Patients and carers access the services for a variety of reasons including for emotional support, information needs, referral to other services, introduction to the Hospice and symptom advice. Feedback has been very positive.

A weekly Carers Group has started and is very successful. A six week Breathlessness Group has recently started and is currently being evaluated.



Drop-in Service leaflets are translated into Czech, Polish, Punjabi, Romanian, Urdu and distributed to community centres.

Some changes are planned within the organisational structure which will enable more focus on the development of Day Services. A Steering Group is being established which will review the changes to date and outline the vision for the way forward. Discussions have started with external providers regarding what the service can offer. For example, attending the Living With and Beyond Cancer steering group meeting at Leeds Teaching Hospitals NHS Trust to discuss needs of patients living with cancer for some months.

The St Gemma's Academic Unit of Palliative Care (AUPC) was awarded University Teaching Hospice status in 2017, the first in the UK. This recognises the effective collaboration between St Gemma's Hospice and the University of Leeds in undertaking research, education and translating evidence into clinical practice. The AUPC also provides education and training for Hospice staff, volunteers and external staff.

## Education

The Academic Unit works closely with the University of Leeds in providing placements at St Gemma's for a wide range of students including medical, nursing and therapies. Evaluations from the medical students show that the Hospice placement provides excellent teaching, a varied timetable, opportunities to speak to patients and the ability to practise skills.

St Gemma's staff teach palliative and end of life care to pre-registration nursing students at degree and masters level and have been heavily involved in supporting the development of the nursing degree apprenticeship at Leeds Beckett University.

The European Certificate in Palliative Care, a distance learning, multi-professional programme, is delivered twice a year at St Gemma's.

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

- GP education in palliative and end of life care
- Hosting the regional Learning Group for specialist palliative care doctors
- Training in dementia care at the end of life for care home staff and for Hospice staff in Yorkshire & Humber (in collaboration with the University of Bradford)
- Advanced Communications Skills training programme to senior clinicians from across Yorkshire and Humber

- Communication Skills training programme for Leeds Community Healthcare NHS Trust neighbourhood teams/night staff, therapists and health support workers
- Ethical Issues in Palliative and End of Life Care Conference, facilitated by a Senior Lecturer in the School of Healthcare, University of Leeds and Chair of the Royal College of Nursing Ethics Committee
- Masterclass in Symptom Assessment and Management in Palliative Care management.

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

- Implementation of the electronic Learning Management System (LMS) for use by all staff, focusing initially on mandatory training
- Implementation of Health Education England Yorkshire & Humber (HEEYH) End of Life Care (EoLC) Learning Outcomes. This project will be delivered over two years and will support a unified approach to the delivery of high quality palliative and end of life care through supporting workforce development.

We are working with Hospice UK as a pilot site on an innovative project to implement ECHO (Extension for Community Healthcare Outcomes) within palliative care. The Academic Unit will develop an ECHO Hub to deliver education programmes, using video-conferencing technology, to large numbers of health care practitioners within Leeds. We have provided education and training to almost 800 people in 2017/18.

Evaluations from training undertaken continue to show that it has helped healthcare professionals utilise their learning into practice, increased their confidence in communication, and updated them on new evidence and being able to support and teach other colleagues.

## Research

The Improving the Management of Pain from Advanced Cancer in the Community (IMPACCT) programme is a research project funded by the National Institute for Health Research (NIHR). St Gemma's Hospice successfully completed the recruitment of 161 patients into the IMPACCT feasibility trial. This study evaluated our previously developed pain management support tools in clinical practice. The participants were recruited in the Oncology department at Leeds Teaching Hospitals and St Gemma's Hospice Clinical Nurse Specialist team delivered the interventions in the community.



The AUPC also supported eight other Clinical Nurse Specialist teams nationally to complete the recruitment. The data will be analysed and the results will be published in September 2018.

The AUPC research nurses have also supported numerous other studies in the past year. Each study has a title defining the research. These include:

- A research project entitled 'PIPS2' which is a national study to develop a prognostic tool which has recruited 183 patients from St Gemma's Hospice
- 'STEP' is a research project which recruited at St Gemma's Hospice and in Leeds Teaching Hospitals Trust, and is aimed at ensuring patients have a timely referral to palliative care services
- 'Saracatinib' is a study evaluating a potential new drug for cancer bone pain
- 'StOIC' is a study looking at the assessment and treatment of Opioid induced constipation.

## Information Governance

We have a very clear emphasis across the Hospice on Information Governance. The Hospice is compliant with:

- The NHS Information Governance Toolkit
- The new Data Security and Protection Toolkit which allows St Gemma's to self-assess or be assessed by NHS Digital or our local Clinical Commissioning Group (CCG).

During 2017/18 we commissioned an independent review of our Information Governance arrangements. This review provided guidance both on embedding awareness throughout the Hospice and on preparing for the new EU General Data Protection Regulation (GDPR) effective 25 May 2018. We have delivered all the recommendations from the independent review.

GDPR represents a significant change in data protection legislation that requires greater transparency from those who handle personal data, provides enhanced rights for individuals in respect of their information and raises the profile of data protection by introducing stronger sanctions for breaches. It has expanded the rights of individuals to control how their personal data is collected and processed, and places a range of new obligations on us and other organisations to be more accountable for data protection.

The Hospice has a robust process for overseeing data protection and giving assurance to the Board of Trustees on Information Governance arrangements.

# Statement of Assurance from the Board

The Board of Trustees is assured by the progress made in 2017/18 and supports the quality improvements planned for 2018/19. The Board is committed to the provision of high quality care for patients, families and staff across all Hospice services.

The Clinical Governance Committee at St Gemma's Hospice forms part of the governance framework and provides assurance for the Board of Trustees on the clinical care at the Hospice.

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

As part of the Clinical Governance process a member of the Clinical Governance Committee, joined by another trustee, undertakes unannounced clinical visits at the Hospice at least every three months. During the visits they talk to patients and their families and friends and staff. This gives the trustees the opportunity to understand the work of the Hospice and to get first hand feedback on the care being provided. Patients and carers are always very positive about the care provided by the Hospice; some of the most common comments provided are: communication was excellent, nothing is too much trouble, everybody cares about you.

June Toovey, Chair of the Clinical Governance Committee, states "It is a privilege to chair the Clinical Governance Committee at St Gemma's. We have a strong committee which generates productive discussions between trustees and directors as we strive to provide the best possible care for our patients and families. We are continually reminded of the dedication, compassion and support given by staff at the Hospice".

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



**Peter Belfield**  
Chair of the Board of Trustees



# Hospice Experience

## Engagement with the Public

St Gemma's would not exist without the ongoing support of the ever-changing Leeds community. We are always mindful of this and remain proactive in the way we communicate and engage with individuals and groups across the city.

The Hospice reaches out into the community to ensure that as many people as possible are aware of our services, how they can be accessed and our need for funds. We engage with a wide range of audiences across multiple channels.

Traditional methods of marketing such as our supporter newsletter, news stories in the local media and advertising in newspapers, magazines and on the radio, help us share our messages widely across Leeds. Our digital channels, such as our website and social media platforms go from strength to strength, and enable us to communicate with these growing audiences quickly and effectively. Patients and their families regularly use our social media channels to share their experiences of the Hospice and thank the team.

A successful 'Mythbusting' campaign commenced during the year, aimed at addressing some of the most common misconceptions about St Gemma's or hospice care in general. In the supporter newsletter and across our digital channels, we have tackled some of the 'myths'. For example, many people associate hospices with the very end of life but this is only part of our care. This activity will shortly be followed up by the development of a new mythbusting leaflet which will be distributed to healthcare professionals across the city and be available in Leeds libraries.

Working in partnership with Healthwatch Leeds, St Gemma's contributed to and helped to facilitate a public event which 50 people attended, held in October 2017, called "Good Endings". The aim of the event was to bring together and share as many different viewpoints and experiences about what would a good death look like, combined with information about what is available in Leeds. It also gave us the opportunity to explore how we receive feedback and collect experiences of end of life care in a meaningful way to consider how we could improve.

## 40th Anniversary

2018 marks 40 years since the Sisters of the Cross and Passion founded St Gemma's Hospice. Since then, we have supported thousands of patients with life-limiting illnesses and their families, from across Leeds. We provide care to people of all faiths and cultures, always with the individual at the heart of what we do.

In recognition of our 40th Anniversary, a programme of special activity has been created, including A Night to Remember at Leeds Town Hall which saw 1,000 Hospice supporters unite to enjoy an evening of recognition, remembrance and looking to the future. A Mass of Thanksgiving will be led by our Patron, Bishop Marcus Stock, at Leeds Cathedral. Throughout the summer a photographic exhibition entitled '40 Faces', will be shown at Leeds Museum, bringing St Gemma's to life through individual stories.

We have received excellent media coverage of the 40th Anniversary so far, with Anniversary activity featuring on ITV Calendar, BBC Look North, a week long feature in the Yorkshire Evening Post and editorial features in publications such as the Jewish Telegraph and Catholic Universe.



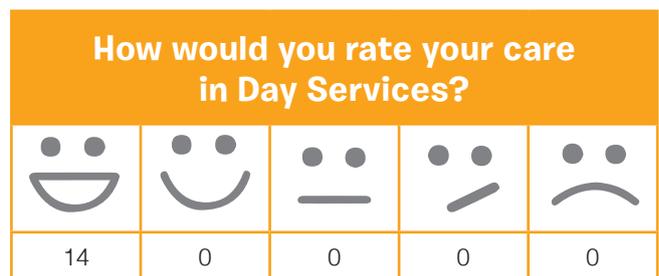
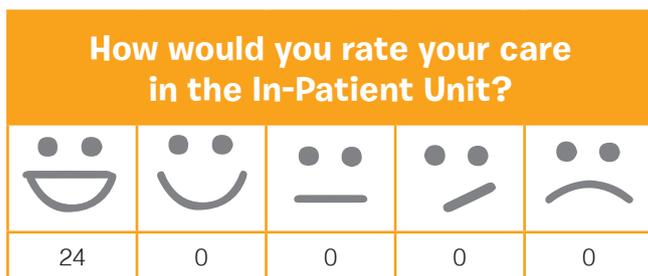
# Patient & Family Experience of the Hospice

At St Gemma's we seek feedback from patients and those important to them across all our services, including education. We are currently evaluating our bereavement services, feedback from our monthly bereavement group identified newly bereaved people feeling uncomfortable coming into a room of people already interacting with each other.

On the In-Patient Unit trained volunteers support patients and families to provide feedback on their

experience. The volunteers visit the wards monthly and meet with patients and families. Over the last year, they have met with 24 patients and families, the results of which are shown below (not every interview results in responses to every question).

We continue to learn from and implement any improvements suggested. Patients and families in Day Services have also provided feedback on their care:



“The Day Hospice provides the correct mix of activities from quizzes, alternative therapies, and physio”  
**Day Services Feedback**

“Exceeded my expectations. Staff went out of their way to meet me. Nothing was too much effort. I was not rushed and I was dealt with discretely and sensitively”  
**Drop-In Service Feedback**

**10,000**  
**Website hits**  
**per month**

“When we arrived we felt a huge sense of relief that at last Dad was getting the care he deserved. St Gemma's kept us strong”  
**IPU Feedback**



“On the several occasions I spoke to nurses and doctors regarding my Aunt's health I was treated well, I found any interactions clear and informative. I was treated with care and concern which was kind and touching”  
**IPU Feedback**



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

**15,000**  
Facebook Followers



**468**  
people attended  
memorial services  
over the past year

**100,000**  
people reached per  
month across social  
media channels

“  
When you came into our lives you were a real beacon of light. You enabled him to have the care at home allowing him to be surrounded by his family and friends.  
Community Feedback  
”



“  
My Mum was only at St Gemma's for less than 24 hours, but that final day with her was a very peaceful and calming experience. The staff were friendly, caring and made the whole experience as easy as possible. We were not rushed to make any decisions at the end, and felt we could stay as long as we wanted when she passed away  
IPU Feedback  
”

**7,000**  
Twitter Followers



“  
Without exception, every single member of St Gemma's staff has been kind, patient and supportive  
IPU Feedback  
”

# Staff & Volunteer Experience of the Hospice

## Staff Survey

This year the Hospice participated for the first time in the Sunday Times Best Companies to Work for Staff Survey and was placed 76th in the Top 100 Best Not-For-Profit Organisations. The survey highlighted that staff are proud to be part of the team, take pride in giving a great service to patients and their families and feel that the senior team is providing strong leadership. Key areas for improvement upon which we will be focusing our efforts in the next year include developing workplace wellbeing initiatives and enhancing ways for departments to work better together.

## Employee Engagement

Our work this year on employee engagement included 15 staff, volunteer and service user engagement events to give everyone in the Hospice team the opportunity to share their thoughts about the Hospice's future direction. Sessions were informal and focused on a 'big conversation' followed by an opportunity to discuss together what we should 'stop', 'start' and 'continue' to do. 51% of the Hospice workforce engaged in this process and have given 530 pieces of feedback.

The emerging themes from the staff survey, from these engagement sessions and feedback from the Hospice staff conference (held in July 2017) provide core areas of focus for our new Hospice Strategy and Transformation Plan.

## Commitment to Carers

The Hospice was awarded the Leeds Commitment to Carers status with a key commitment to "Ensure St Gemma's is a carer friendly employer". The Hospice is part of the Leeds Working Carers Employers Group run in conjunction with Carers Leeds. The group works with employers across the city with the aim of increasing the wellbeing of working carers and developing information and best practice for employers.

### In 2018/19 we aim to:

- Undertake a specific project to clarify expectations of culture and define culture standards at St Gemma's, including relaunching our values and behaviours framework
- Develop a more robust leadership and management development framework
- Undertake further proactive staff engagement and staff feedback
- Use our staff conference to focus on holistic wellbeing initiatives.



## Volunteers

This year the Hospice has continued work to attract volunteers from all local areas, ages, socio-economic and ethnic groups to ensure the Hospice's volunteer workforce is representative of the communities it serves.

Our new volunteer recruitment website highlights the diversity of volunteer roles. A volunteer video was also created during National Volunteers Week to showcase the wide variety of work that can be done across the Hospice. Local groups including Leeds Compassionate Communities and the Leeds Race, Equality & Community Forum have also been consulted, during the development of volunteer recruitment materials.

An event attended by around 100 volunteers was held at Leeds City Museum to celebrate the work of volunteers and thank them for their contribution to the Hospice.

Volunteers have provided feedback this year about their experience and have highlighted the benefits of social interaction, gaining skills and giving something back to the Hospice and the community it serves.

“The staff and volunteers at St Gemma's made me feel really welcome. I love volunteering at Bramley. The people that work and volunteer there are great. It's built up my confidence and I have made new friends”



I volunteer as a gardener at the Hospice. It's a pleasure to see how much enjoyment patients and families get from being in the garden. It makes you realise how worthwhile your volunteering is



“It's such a pleasure to volunteer for St Gemma's as I feel valued and am always thanked for everything I do. It's like a big family”

In 2018/19 we aim to celebrate and promote volunteering as part of the Hospice's 40th Anniversary activities. We will continue to encourage all areas of the local community to engage with, and benefit from, involvement in volunteering.

# Statement from NHS Leeds Clinical Commissioning Group

*St Gemma's Hospice has reviewed the Statements from both the Leeds Clinical Commissioning Group and Healthwatch Leeds and has subsequently made additional comments within the Quality Account to provide clarification on the recruitment of nurses, avoidable pressure ulcers and learnings/improvements following less favourable comments.*

Thank you for providing the opportunity to feedback on the Quality Account for St Gemma's Hospice for 2017-18. This report has been shared with key individuals across the newly formed Leeds Clinical Commissioning Group (formerly Leeds West CCG, North CCG and South & East CCG) and this response is on behalf of the new organisation.

The account is well structured and presented in a way that is easy to follow. The language used is accessible, and the colourful layout incorporating figures and graphics alongside the text makes it inviting to read.

We acknowledge that the report you provided for review and comment is in draft form and additional information will be added and amendments made before final publication, so please accept our observations on that basis.

The account details excellent progress against the 2017/18 priorities and demonstrates good performance and achievements over the last year. It may have been helpful to have a dedicated section which sets out these achievements in a brief summary at the start to ensure these are not lost in the main body. In particular, achievements in relation to the Times top 100 non-profit organisations, reductions in patient safety incidents and Catherine Malia's recognition at the Yorkshire Choice Awards could be emphasised more. It would also be useful to understand why St Gemma's struggle to recruit nurses, in view of the above achievements, and what plans for recruitment and retention have been developed.

We are pleased to note the progress made against the 2017/18 priority in relation to training of medical and nursing staff on the management of delirium and the strengthening of links with mental health services.

The development and agreement of the Leeds-wide transfer of care protocol is impressive and appears to have made a real difference to how

clinicians communicate and work together to improve referral, management and transfer times for patients. This can only have a positive impact on patient experience which we commend.

We welcome the reduction in drug incidents and slips, trips and falls, although some narrative on the work undertaken to support this would have been useful. We note the increase in unavoidable Category 2 pressure ulcers, but feel that the report should have acknowledged the numbers of avoidable pressure ulcers alongside this and highlighted any work undertaken to identify and reduce these, in order to demonstrate learning and transparency.

We note the number of first contacts has gone up but the number of admissions to in-patient and day services has gone down. It would be good to have some more information about this activity to understand whether there are capacity and demand issues and how the hospice addresses these.

We congratulate St Gemma's on being the first in the UK to be awarded University Teaching Hospice Status. The hospice clearly fosters strong academic links and a commitment to service improvement with evidence of collaboration and engagement with a multitude of other organisations.

It is also good to see this collaboration being embraced with the public, patients and families and we are pleased to note the work with Healthwatch on end of life care. We are pleased to read of the positive comments made by service users; however it would also be beneficial to see how the hospice has learnt from concerns or any less favourable comments and what improvements have been implemented as a result. Highlighting the need for further engagement with patients and families as a priority in 2018/19 is very reassuring.

The priorities for improvement within 2018/19 are consistent with the aim of the organisation and the strategy set out in the early part of the account. Each of the priorities comprises of a number of aims which are manageable and should be achievable within the next year. We are supportive of these priorities and would particularly commend the inclusion of improving end of life care for homeless people, and improving feedback.

Overall the document demonstrates a service that is clinically capable and compassionate and we

acknowledge the CQC 2016 rating of outstanding. We commend the hospice for their continued high standards in the provision of palliative care for the residents of Leeds and hope that this trajectory of improvement can be continued over the coming year.

We appreciate the opportunity to review the account and hope that this is accepted as a fair reflection. We look forward to seeing the progress made over the coming year.

## Statement from Healthwatch Leeds

We found the St Gemma's Quality Account to be an easy document to read and follow and gives a clear idea of how the organisation works. It is a well presented document which makes good use of graphics and photographs. We thought the overview at the beginning of the Account is very helpful for the reader.

It is pleasing to see the positive feedback from patients and relatives/carers and how you've used

in-house methods to collate feedback. We are also pleased to see how your staff engagement sessions have provided future focus for your new hospice strategy and transformation plan. However, we didn't see any examples of a direct link between service user feedback and specific service change, although we are sure that this has happened it would be good to see how and where.



# Glossary

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<b>AUPC</b>	<b>Academic Unit of Palliative Care</b> is run in partnership with the University of Leeds, undertakes national and international clinical research and seeks to develop the quality of services through linking research into clinical practice.	<b>IMPACCT</b>	<b>Improving the Management of Pain from Advanced Cancer in the Community</b> IMPACCT is a research project funded by the National Institute of Health Research (NIHR).
<b>CCG</b>	<b>Clinical Commissioning Group</b> Clinical commissioning groups are groups of GPs that are responsible for planning and funding local health services in England. With effect from 1 April 2018, the NHS Leeds Clinical Commissioning Groups Partnership has become a single organisation named NHS Leeds Clinical Commissioning Group.	<b>MCN</b>	<b>Managed Clinical Network</b> is a city-wide group which brings together all providers of palliative and end of life care services across Leeds to improve patient care.
<b>CQC</b>	<b>Care Quality Commission</b> 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. <a href="http://www.cqc.org.uk">www.cqc.org.uk</a>	<b>NICE</b>	<b>National Institute for Health and Care Excellence</b> NICE provides guidance which helps health and social care professionals to deliver the best possible care based on the best available evidence. <a href="http://www.nice.org.uk">www.nice.org.uk</a>
		<b>OACC</b>	<b>Outcome Assessment and Complexity Collaborative</b> OACC measures assess the quality of patient care.

## References

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

## Further Information

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For further information about this Quality Account please contact the Interim Director of Nursing 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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Hospice Reception:	0113 218 5500



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