



Sheffield's Hospice

Quality Account

2017-2018

‘St Luke’s wrapped us up in a blanket and made a difficult journey as calm and comfortable as it could be.

You were a life jacket and raft on a stormy sea. I will never forget your kindness and love, and the many hugs. Thank you so much with all my heart.’

Quote from a patient’s relative

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Ukulele lesson (above) and the gardens (below) at Clifford House



PART ONE

Statement from St Luke's Chief Executive



Statement on quality from the Chief Executive



On behalf of St Luke's Executive Team and the Board of Trustees, it gives me great pleasure to present this, the 2018 Quality Account for St Luke's Hospice, Sheffield. This account gives us the opportunity to provide information on how we delivered last year's improvement priorities, how we measure and gain assurance about the quality of our services, and to identify the quality actions we intend to introduce during the coming twelve months.

The report itself is, as usual, comprehensive, and this introduction is therefore brief ahead of that detail. To give a summary, throughout 2017/18 St Luke's has continued to develop, grow and innovate its services, how they are delivered and how they are run, in support of our vision - *'Supporting and caring for everyone affected by terminal illness in Sheffield.'*

I am proud that St Luke's continues to demonstrate, and to be recognised for, its innovation in bringing new approaches to healthcare in its widest sense. One of our values is to be pioneering, in the spirit of our founder Eric Wilkes, and as we reflect upon 2017/18 and look forward to 2018/19 and beyond, that is a key driver in allowing us to help more people in new ways.

Activity and complexity

Following St Luke's significant investment and redirection of resources to our Integrated Community Team across recent years, we've seen an incredible growth in the number of patients we're supporting at home and across the community.

This project and programme combines new technology, new working practices, skills transformation, a transition to outcome measures and a new framework of management, governance and oversight processes. Whilst we've seen a step up in activity and improved outcomes, it has also been independently quantified that these changes have saved the wider healthcare system several £m per annum in avoided hospital admissions.

Within that new approach, we truly integrate care between our community-based services (including the Intensive Treatment Team), our Active Intervention Centre (formerly known as the Therapies and Rehabilitation Centre) and our In Patient Centre

(in which occupancy has been at record levels). These services, working together, have allowed us to help many more patients with high acuity, dependency and with increasing complexity – and we continue to see a real shift in that direction.

Widening support for health and social care across our city

We're delighted to have been awarded super-hub status for our Extension of Community Healthcare Outcomes (ECHO) Project, one of only four centres across the UK. There is more in this account about Project ECHO, but as a tool to enable the collective education and support for healthcare professionals across Sheffield (and wider), it is unique. In 2017/18 we concluded a pilot with several nursing homes across the city, to help develop palliative care and end of life skills. That project now continues, with significant funding from St Luke's. But we're now seeing Project ECHO extend to other areas, such as the Yorkshire Ambulance Service, and we've just been awarded a grant from the South Yorkshire Region Excellence Centre (SYREC) to develop ECHO across the county. We see ECHO as good for Sheffield and we hope to see it develop in many directions, it can apply to so many different disciplines and services.

On a different note, in September 2017 we opened Clifford House, a free service (funded by St Luke's) for anyone affected by an incurable illness. In the first six months more than 1,800 people have visited Clifford House – including those suffering from incurable illnesses, family members, friends, those dealing with bereavement and those treating and supporting affected people. Clifford House offers practical support and advice, relaxation and wellbeing, and fun – together with services delivered by a range of partners such as Citizens Advice Sheffield, Age UK, Smart Dance Works, and many others. Whilst we are only in the first year of a five year committed programme, the results are becoming clear. This service is needed, and it is helping. There's more about this exciting initiative later in this account.



Diversity and inclusion

Following the decision to employ a Community Engagement Worker focusing on our Asian communities as a one year pilot in 2016, I am delighted to report that this post has now been made permanent. The initial steps in developing links have been taken, and we are starting to see improved activity levels with these communities. Our new services at Clifford House are also helping to break down barriers and show that engagement with St Luke's is wider than the stereotypical 'dying phase.'

Our values



There has been significant and extremely negative publicity about a number of high profile charities in 2017/18, most latterly Oxfam. St Luke's has strong values, and we believe it important that these are shared by our employees and volunteers. Well in advance of the Oxfam revelations, we produced our 'Little Pink Book' – a guide that brings our values to life, and links them to the behaviours we expect in delivering a high quality personalised service. Between February and April 2018 we've run workshops for all employees, to bring them together to learn more about the values, their importance and how they should be lived in our day-to-day work.



Finances

As we move into 2018/19, St Luke's National Health Service (NHS) funding will once again be frozen monetarily, for the ninth year running. We will now receive around only 24% of our income from the NHS, and over the last nine years inflation has eaten away around £600,000 in the value of that funding. In that time, our activity levels and measured impact have grown dramatically, and our essential contribution to the healthcare system in Sheffield has grown significantly. We've managed to propose a break-even budget for 2018/19, but it is knife-edge. For St Luke's to be able to continue delivering essential services into the future, we need to have our NHS funding reviewed, or reductions in service levels are inevitable (and these would inevitably place pressures elsewhere in the system). Recent announcements about government funding for a new NHS pay deal, whilst good for the NHS, could also be disastrous for voluntary partners such as St Luke's if that funding is not spread to us too.

We have a good working relationship with NHS Sheffield and following discussion we will be submitting a funding review and proposal document in August 2018. Whilst we currently only hold a funding agreement to 31 March 2019, we are encouraged that NHS Sheffield has committed to working with us to establish an agreed funding model to meet our needs into the future.

Healthcare governance frameworks

2017 saw rapid developments within regional and local healthcare governance, with the emergence of Accountable Care Systems, Partnerships, Boards and Workstreams. I am disappointed that, to date, St Luke's has been peripheral to those discussions. Whilst we understand that end of life care might not yet figure as a discrete 'theme' to merit a workstream of its own in Sheffield, it clearly features very highly in the national guidance for Sustainability and Transformation Plans. It should never be forgotten that, as we stand, 76% of funding for St Luke's comes from outside the NHS contract, and that we are effectively commissioned by the public in our city to provide the services they expect. To that extent, we hope that we will be engaged in the new systems and structures, and that our voice – on behalf of those we care for and are funded by – can have resonance in Sheffield. As a Care Quality Commission (CQC) outstanding provider, it seems to make sense for end of life care in our city.

General Data Protection Regulations (GDPR)

I am pleased to report that, at the date of writing, we're making excellent progress towards compliance regarding the changing data protection legislation, GDPR, which came into legal force on 25 May 2018.

Quality

The Board of Trustees is fully focused on maintaining and improving the quality and extent of care we provide, and bases the decisions it makes on managing risk and serving our beneficiaries. This is reflected in our approach to corporate and healthcare

governance which, in conjunction with operational groups, enables me to give assurance to our Board that the appropriate processes and procedures are in place to support our activities, and that these are regularly monitored and reviewed using key quality and performance indicators.

This quality of care can only be achieved with the support and dedication of the team of employees and volunteers who put the words into action and are able to make the difference. In all senses it is 'our people who are at the heart of St Luke's' – our patients, clients, families, volunteers and employees, and learning from their experiences is the key to success. I would like to thank all of our employees and volunteers for their achievements over the past year.

In closing this introduction, it is worth repeating the words of our 'positioning statement' which sums things up very well:

'St Luke's is dedicated to the wellbeing of the terminally ill in Sheffield and their loved ones. No patient or family is ever the same, and our journey with each individual is unique. Above all, we are about life, and enabling our patients and their loved ones to live theirs and die with dignity and respect.'

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by St Luke's for the people of Sheffield.

'The combination of humanity and professionalism shown by ALL staff was outstanding.'

Quote from a patient's relative

Statement on governance and public benefit

Governance of St Luke's is the responsibility of the members of the Board of Trustees, who serve in an unpaid capacity. New members are appointed with a view to ensuring that the Board of Trustees contains an appropriate balance of experience relevant to the requirements of St Luke's.

During 2017 St Luke's appointed a new Chair, Neil MacDonald, who had previously served as Deputy Chair. Our previous Chair, Alex Pettifer MBE, stood down as Chair and as a trustee in September 2017, having served his two terms in the role. We thank Alex for his commitment, passion and drive across his years of service, and welcome Neil who has a wealth of experience at senior governance level in healthcare and other organisations.

A skills matrix based system is used by the Board in considering the adequacy of its trustee complement, reflecting the organisation's need for a balanced mix of skills, both clinical and non-clinical. This is regularly reviewed.

Where it is identified that a potential trustee could complement and enhance the skill mix of the trustee board, candidates are sought and are invited to undertake a rigorous process of application followed by discussion and observation – overseen by a Nominations Committee – before undertaking a 'fit and proper person' check. New trustees are appointed at a meeting of the full Board of Trustees. A new trustee undergoes a full programme of induction into all aspects of the organisation and their duties and obligations as a trustee, in line with Charity Commission guidance and best practice.

Trustees serve in terms of four years, up to a maximum of two terms i.e. eight years. The two term rule is reset for currently serving trustees who take up the chairing of a senior committee, or of the Board, from which point they can serve a maximum of two four year terms.

The Board of Trustees works with Committees, which comprise a number of members of the Board of Trustees, members of the Executive and Management Group, and when appropriate, external members who are selected based on their particular expertise and appointed through approval by the Board.

First line leadership of St Luke's is provided by the Chief Executive, who is charged with ensuring that St Luke's is run as a cost-effective and sustainable charity, whilst providing the best possible care for patients and relatives. The Chief Executive is supported by an Executive Team, which comprises the Deputy Chief Executive (who is also the Director of Care), the Medical Director (who leads on Clinical Programme Development), together with the Director of Finance, Business and Assurance, the Director of Human Resources (HR) and Volunteering, and the Director of Income Generation. The Executive Team is also subject to 'fit and proper persons' review.

The Executive Team is supported by a clear and accountable organisation structure including a Strategy Group and other Heads of Department, with a focus on leadership, accountability and empowerment.

Governance and risk management arrangements

St Luke's has developed an approach to good governance, which embraces both clinical and non-clinical risks. Our risk management strategy embraces a number of elements:

- Clinical governance – our clinical governance arrangements are modelled on guidance and good practice within the healthcare sector. Clinical governance is defined as the framework through which we will ensure continuous improvement in the quality of services for patients. This process is overseen by the Healthcare Governance Committee.
- Non-clinical risk management - the Resource and Finance Committee takes lead responsibility for non-clinical and business risk.
- The Board of Trustees - oversees St Luke's risk management strategy, and is involved in the evaluation of our risk environment via the risk register, the assessment of risk appetite and the approval of the annual risk action plan. The Board works in conjunction with the Healthcare Governance Committee, the Resource and Finance Committee and the Executive Team in the delivery

of the risk management strategy. From 2018/19, this will be supplemented by the creation of the Community Engagement Committee whose role is to widen and embed St Luke's services and support across Sheffield. During the review year there has been continued development of the strategy and the development of processes and monitoring systems. The Chief Executive has lead responsibility for the development of this approach.

- Financial control - the Resource and Finance Committee monitors the application of good financial control and places reliance on the work of St Luke's auditors. The Honorary Treasurer provides support and advice in matters of financial strategy and reporting.

Public benefit

In planning and delivering our services and activities, the trustees and management of St Luke's have given due regard to the need to ensure that the service provides public benefit - following the Charity Commission's guidance on these matters. St Luke's charitable objectives and our annual declaration of activities and achievements (publicly available from the Charities Commission and Companies House), demonstrate that St Luke's provides a vital and free service to all people in the city of Sheffield. St Luke's is clearly meeting the requirements of the public benefit test - a charity providing benefits for the public and supported by the public.

'Our experience with St Luke's team/people has been at the highest level. From patient care, help, showing empathy, explaining care pathway and on so many levels you were excellent.

We as a family thank you so much and really hope that this level of service continues for many other families in need.'

Quote from a patient's relative

PART TWO

Quality improvement priority 2018/19



St Luke's Clifford House; the next steps

In September 2017, following acquisition, redevelopment and significant service development, we opened Clifford House (situated adjacent to our site at Little Common Lane). Clifford House isn't a hospice, and it isn't a clinically regulated building, but offers support to anyone affected by an illness for which there is no cure.

The building work, service development, and the extensive range of services and activities already on offer are described in part three of this Quality Account.

Continuing with the Clifford House project is the main focus for our developmental activity for 2018/19, building on the work undertaken in 2017/18 to analyse user feedback and stories, and to further develop the range of activities as required.

With many thousands of people affected by the cloud of terminal illness at any one time, and with around 5,000 deaths in Sheffield each year bringing trauma to patients, families and carers throughout the journey and into bereavement, we believe that Clifford House is already demonstrating that early support can improve the experience for those impacted – as well as having significant benefits for the social and healthcare sector.

Exterior view of Clifford House



In its first six months of operation Clifford House has seen over **1,800** visitors, who have booked over **2,800** places on activities, workshops and classes – as well as accessing a wide range of other support.

The feedback is overwhelmingly positive and demonstrates that Clifford House is providing a true combination of health and social care, and needs to be part of Sheffield's social prescribing framework. We hope that those working on these agendas around the city will be open to working with us.

During the coming year we intend to:

- Commence a collation of service users (clients) to identify demographics, trends, inclusion and city-reach.
- Commence the collation of records showing how attendance at Clifford House has affected aspects of clients' conditions. Generating a light 'outcome measures' analysis for a proportion of users – beginning to create analytical evidence of the impact of the activities of the house.
- Sustain and build upon activity levels achieved in the 2017/18 year.
- Establish elements of Clifford House that can be offered as part of social prescribing to the general end of life and palliative care community, should such opportunities arise.

Review of services

St Luke's provides palliative and end of life care for patients who have life limiting illnesses. This is not limited to patients who have cancer, but includes neurological conditions such as motor neurone disease, human immunodeficiency virus (HIV), and end stage heart, kidney and lung conditions. During 2017/18 St Luke's provided the following services:

20-bed In Patient Centre	Consisting of fourteen single rooms and two three-bedded multi occupancy rooms, which provides 24 hour care and support by a team of specialist staff. Over the last twelve month period there were 394 inpatient admissions (55 more than the previous year), and the centre has operated at an 86% bed occupancy rate. This is 2% higher than the rate in 2016/17.
Active Intervention Centre	Providing medical, nursing and therapeutic day care services from Monday to Friday to give patients extra support to manage symptoms, to live independently at home and maximise their life quality. Each person who attends has an individual programme of therapies tailored to their needs. This service welcomed 1,680 attendances during the last year. This is 108 less than the previous year but may be accounted for by the centre losing 10 days activity when it was closed because of snow and ice.
Integrated Community Team	Supporting people at home and offering specialist support, guidance and advice to: <ul style="list-style-type: none"> • Patients and families at home • District Nurses • GP's • Nursing homes <p>As well as providing an intensive treatment service for patients in crisis in the community.</p> <p>The team made 6,432 visits to patients' homes to provide care and support in the last year, almost a 1,000 more than in 2016/17.</p>
Therapy Services	Supporting and promoting comfort including: <ul style="list-style-type: none"> • Physiotherapy who provided therapies to 359 patients during 2,492 patient contacts. • Occupational Therapy who provided therapies to 305 patients during 2,173 patient contacts. • Wellbeing Services who provided 2,187 therapies and treatments to 401 patients. • Nurse and doctor led clinics. • Group work including circuit fitness and fatigue management. • Undertaking almost 70 home visits.
Social Work Team	Providing support and guidance to patients and their families. During the year the team contacted 556 patients and made 1,825 visits.

Bereavement Services	Providing support and guidance to families and friends both at St Luke's and in the community. During the last year the team supported 470 people and made more than 2,800 contacts.
Spiritual Care Services	Providing support to both patients and their families.
Service User Coordinator	Working with patients and families to ensure their needs are being met, and to ensure their full involvement in service developments.
Community Engagement Worker	Working across the black and minority ethnic (BME) communities to promote and raise awareness of the services and support available at St Luke's.
Oral History Service	Allowing patients to make an audio recording of their life story.

Overall our clinical teams (excluding Clifford House) helped **1,784** individual patients (9% more than in 2016/17), through **2,751** spells of care in 2017/18, demonstrating that St Luke's is clearly needed more than ever.

However, this increase in activity across the board, combined with the increasing complexity of our patient group, reinforces the pressures faced by St Luke's every day.

Community Team Nurses



Financial considerations

Our NHS contract funding in 2018/19 is budgeted to provide 24% of the total recurrent income required to run St Luke's services during the year.

76%

of our income being self-generated by ourselves through fundraising, retail and other activities.

The normal day-to-day running costs of St Luke's for 2018/19 are expected to be around £9.4m.

More than £6.4m must be raised to cover these costs through donations, legacies, fundraising projects and our chain of charity shops. We rely on a wide variety of donations, from those who simply donate money, to those who actively go out and raise money on our behalf. Thousands of people across the city donate in a large or small way each year. Our Fundraising Team supports donors wherever possible and generates income from a wide variety of income streams.

Through the constant application of sound business principles and responsiveness to an ever changing financial and regulatory landscape, we ensure that we deliver our services as efficiently as possible. We ensure that our costs – both staff and non-staff – are managed effectively and are under our control.

We seek to develop new working partnerships within the healthcare and business community, as well as continuing to identify future income streams, by further growing our retail chain and through the ever more original and creative efforts of our Fundraising Team.

As a charity we continually strive to move forward, maximising the use of our resources to benefit the community and add quality to life for all – patients, families, friends, carers, employees and volunteers. The importance of providing care centred on the needs of the patient and their family, supported by employees and volunteers who are valued and respected, is central to the future development of St Luke's. All our key strategic aims have been built around this central theme and underpin our primary mission of 'Delivering the best possible palliative care

in Sheffield, whilst developing and driving continual improvements for everyone affected by terminal illness.'

Our contract with the NHS through the Clinical Commissioning Group (CCG) is a major element of our funding, but the funding received has been a fixed monetary value for a number of years now. We set notional targets with the CCG for activity each year, but it is recognised however, that St Luke's is only partly funded through the NHS, through its unique ability to generate funding and voluntary support from the people of Sheffield. A service that has an economic value significantly larger than the funding provided by the state would ever allow. Despite this model, the CCG reflects the importance of St Luke's services in our contract, where many aspects of our work are referenced as being of high priority.

We've managed to propose a break-even budget for

Over the last few years St Luke's has operated a two year funding deal with the CCG, allowing for clearer planning, which has been helpful. Our current arrangement ends on 31 March 2019.

2018/19, but this is very finely balanced. For us to be able to continue delivering the essential services we offer in the future, we need to address the issue of our core NHS funding. Otherwise reductions in service levels are inevitable (and this would place further pressures elsewhere in the healthcare system). Recent announcements about government funding for a new NHS pay deal, whilst good for the NHS, could also be disastrous for voluntary partners such as St Luke's if that funding is not extended to us as well.

As noted in the Chief Executive Officers report, we have a good working relationship with NHS Sheffield on which we hope to build. Following discussion with NHS Sheffield, we will be submitting a funding review and future proposal document in August 2018. Whilst we currently only hold a funding agreement to March 2019, we are encouraged that NHS Sheffield has committed to working with us to establish a funding model to meet our needs into the future.

Research, audits and service evaluations

In the last year we've appointed a Senior Clinical Lecturer to support the expansion of our research portfolio, and the development of our research and governance framework. As well as extending the remit of the audit group to include audit and service evaluations. Any projects added to the research project register are submitted to our insurers to ensure they have appropriate cover, and we liaise with sponsors to ensure all ethic approvals are in place.

The emphasis on our research agenda is that it can clearly and demonstrably help people in our city.

During 2017/18 St Luke's has participated in the following research studies:

- Project ECHO – an assessment of the Project ECHO tele-mentoring model with supporting and facilitating training and education, and generation of a community of practice.
- Patient Acuity and Dependency Framework evaluation in partnership with Sheffield Hallam University.
- Dancing for Health – working in partnership with Smart Dance Works, Sheffield Hallam University and Manchester Metropolitan, to evaluate the impact of a partner dancing programme that's designed to help and support people with long-term health conditions.

- C-Change – a national study being led by the Cicely Saunders Institute at Kings College London to collect data on palliative care needs and concerns, outcomes and resource use. The study is being supported by a series of interviews with a small subsample to better understand transition between care settings.

St Luke's has a register and programme of local audits, research and service evaluations, a range of which are mandated as part of a rolling programme. These include:

- Infection control
- Medical records
- Pressure ulcers
- Nutrition and hydration assessments
- Antibiotic use
- Pre-emptive medication
- End of life care

All proposed audits, research projects and service evaluations follow a structured process for approval within St Luke's governance arrangements. The results, recommendations and action plans are presented to the Healthcare Compliance Group and the Healthcare Governance Committee, which is a sub-committee of the Board of Trustees that monitors progress against any identified actions.

Care Quality Commission (CQC)

St Luke's is required to register with the CQC and its current registration is for the following regulated activities:

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

The CQC has not needed to take any corrective action against St Luke's during 2017/18.

St Luke's has not taken part in any special reviews or investigations by the CQC during 2017/18.

St Luke's was last inspected in October 2016, when inspectors from the CQC paid an unannounced visit to St Luke's to assess our compliance with the legal requirements and regulations associated with the Health and Social Care Act 2008. This inspection involved a detailed review of each of the five key question areas, and their report published in January 2017 gave the following results:

Is the service safe?	● Good
Is the service effective?	☆ Outstanding
Is the service caring?	● Good
Is the service responsive?	☆ Outstanding
Is the service well-led?	☆ Outstanding

Overall rating: ☆
Outstanding



The CQC report confirmed that St Luke's was meeting the required standards and that no corrective measures were required.

The full report can be found at the following website: <http://www.cqc.org.uk/location/1-108415043>

'I couldn't quite imagine how St Luke's would be but it's a miracle place. I feel everyone is so incredibly caring.'

Quote from a patient

'St Luke's holds a special place in my heart and I will never forget my time there.'

Quote from a patient's relative



Craft Club (above) and Gupshup (below) at Clifford House



PART THREE

Review of quality improvement priorities in 2017/18



St Luke's Clifford House; a new initiative

As reflected in last year's Quality Account, St Luke's has expanded its capacity to help more patients, families and carers with palliative care needs, primarily in their own homes through our extended community team. We've seen some important trends affecting the scope of the work we do, specifically:

- The ageing population now means that we are seeing 'end of life patients' at a more advanced age, where frailty and their susceptibility to multiple conditions makes them much more complex to manage.
- We're receiving referrals to our services – community, day care and inpatient services – at a much more advanced stage in the patients' end of life condition. Meaning many are often unable to take advantage of the range of wellbeing, therapeutic and rehabilitative services that St Luke's can offer; but are requiring more complex intervention instead, which is evidenced by:
 - a. The significant increase in 'intensive treatment' requests to visit patients' homes.
 - b. An increasing 'did not attend' rate for our day care services (patients are too poorly to attend).
 - c. A continued high occupancy rate for our inpatient services, with a higher level of acuity and dependency.

Whilst it is right that St Luke's seeks to provide the highest quality specialist palliative care and support to patients through the work undertaken from our Little Common Lane premises (the base for our clinical services), we've reached a point where this centre is essentially 'full'; and it is now focusing mainly on patients and families in the last three months of their life.

St Luke's vision is to support and care for everyone affected by terminal illness in Sheffield – not just those in the last few months of life.

To offer a different dimension to non-clinical care St Luke's was able to acquire Clifford House, a former family home adjacent to our Little Common Lane site. Since the acquisition we've undertaken an architecturally sympathetic but significant conversion of the building, transforming it into a fully accessible, multi-use building.

We've invested in the physical facilities for this new centre, and we are fully funding the recurrent costs of activities running from the house – all through our charitable fundraising activities. Whilst this places a significant burden on the organisation (with NHS funding still declining as a proportion of our income), it only represents just 2% of recurrent annual income. We know that Clifford House will be a key component of a genuinely holistic approach to helping those affected by terminal illness – in the widest sense – to get the support they need to get the best from their life and achieve a good death.

From the outset it was intended that Clifford House was for people, and their loved ones, who were affected by an illness that has no cure, and that the environment would be a homely and informal space in which clients had 'somewhere to be me'.

People wishing to attend do not need to be referred by their GP or medical specialist, but can just drop in anytime between 10am and 4pm on Tuesdays, Wednesdays and Thursdays. If people feel they need assistance to get to Clifford House free transport is available. Lunch and beverages are also available completely free of charge to all our clients.

To help us with identifying clients to come to Clifford House, we utilised a number of different approaches to reach our target audience. As well as issuing a press release and undertaking a social media campaign, we distributed around **15,000** leaflets and **550** posters through shops, businesses, council run buildings and luncheon groups across Sheffield. We undertook a mail out to GPs and healthcare professionals caring for people diagnosed with illnesses with no cure in Sheffield, and sent out posters and leaflets about Clifford House to:

- **110** GP practices
- **130** pharmacies
- Around **100** care homes
- Over **50** hospital clinical speciality teams
- Around **30** organisations supporting people diagnosed with illnesses with no cure in Sheffield

Prior to the opening of Clifford House we also hosted a series of welcome days for healthcare professionals and members of the public. The open days provided an opportunity for those who attended to have a tour of the facilities and to find out more about the activities and services on offer.

As part of our engagement with healthcare professionals we've been offered new opportunities, such as the provision of training to our staff and volunteers around both motor neurone disease and HIV. The training has helped to improve our teams understanding of these conditions, as well as enhancing the provision of care and support we provide.

Clifford House is staffed by two part time Activities Coordinators and a full time Welcome and House Coordinator who are supported by 23 volunteers. A comprehensive rolling programme of free activities, open to all abilities has been developed, which are either run by our staff and volunteers or contracted in.

Activities include creative writing, art club, complementary therapies, indoor bowls, drama club, skin care and make up, cinema club, cookery, craft, music and quiz sessions, internet and technical support, Dancing for Health, book club, Movement 4 All, photography and Gupshup club. Gupshup literally translates as 'chit chat' and is recognised across many BME communities as open meetings where they can raise and discuss any issues. There are a range of activities aimed at helping people cope

with issues such as cancer related fatigue and h/w Keeble Hawson offer free legal advice sessions. In addition Citizens Advice Sheffield is on site every day and Age UK regularly host group sessions. For full details of the activities and services on offer please visit www.stlukescliffordhouse.org.uk.

The true impact of this facility is still being evaluated but since it opened, we've seen more than **1,800** visits to Clifford House.

Our programme of activities has proven to be very popular and we've received over **2,800** bookings for activities and services. As with all St Luke's services, there is no charge for activities and services on offer at Clifford House.

Life drawing at Clifford House



Ongoing quality priorities



Project ECHO conference, Clifford House

The priorities for quality improvement identified in this Quality Account represent only a small amount of the quality initiatives that St Luke's undertakes. This includes clinical services, raising awareness of St Luke's, community engagement and conferences. An ongoing summary of previous priorities and activities is outlined below.

Enhanced Community Palliative Support Services (EnComPaSS)

In 2016 we launched our pioneering EnComPaSS project, which utilises new and innovative technology known as eShift, to deliver effective and cost efficient care and support to patients and their families in their own homes. Originally developed in Canada and North America, we are the first palliative healthcare provider to trial the new model of care in the UK.

Using this innovative technology, one Senior Nurse or Doctor can monitor multiple patients from a remote setting. Nurses use tools such as the validated Integrated Palliative Care Outcome Scale (IPOS) to capture a patient's most important problems and needs, and to identify any changes in a patient's condition. Using secure computers this real time assessment is then shared with senior clinicians back at St Luke's, who can advise our community nurses on any targeted treatment and delegated tasks required. Incorporating this technology has significantly transformed the way in which we now deliver care in the community. As well as facilitating more junior members of staff to undertake visits (a role previously undertaken by more senior members of staff), it's enabled us to widen the range of staff supporting the delivery of our care through the introduction of Assistant Practitioner roles. Delegation using eShift is now an integral part of how our clinicians undertake visits in the community and interact live from patients' homes to access clinical advice, consult and escalate.

To evaluate the impact of eShift with delivering high quality end of life care, we have been working in partnership with The School of Health and Related Research (ScHARR) at The University of Sheffield, and the National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care (NIHR CLAHRC). Emerging data from the evaluation is extremely positive and has demonstrated both a **13%** reduction in admissions of patients to hospital, as well as a decrease of **8,894** acute hospital bed days for St Luke's patients over the period of the project. These reductions equate to a massive potential saving to the NHS in excess of **£2.4m per year**. Data collected using the Views on Care assessment tools (which includes IPOS), has also shown significant improvements in patient quality of life and service user experience. The results of the project will be published in due course, but we hope that these findings will be considered in future funding from the NHS for our organisation.

Extension for Community Healthcare Outcomes (ECHO) Project

Project ECHO is an established not for profit, online guided mentoring project. Using video conferencing technology, ECHO enables the delivery of training and education direct from St Luke's to multiple sites where there is a training and education need to support service provision. This then creates a community of practice that supports service delivery, sharing of knowledge and support to staff within health and social care settings that may be hard to reach, either due to geographic, infrastructural or logistical reasons.

The ECHO model is based on four key principles:

- Use of technology to leverage scarce resources
- Case presentations to engage learners
- Sharing of best practice
- Tracking data to evaluate learning

In 2016/17 we undertook an initial pilot of Project ECHO which provided training and education to eight nursing homes across Sheffield. During the last year we've undertaken a second phase of the project which has expanded our delivery of training and education to 18 nursing homes in Sheffield. As part of the project the nursing homes involved have received a 20 week comprehensive curriculum of learning, which supports the homes with improving standards of end of life care provision. The dynamic learning programme is supported by didactic presentations and case-based learning, as well as in-house training focusing on areas where individual homes require additional support.

Through application of the ECHO key principles and facilitation, all learners are encouraged to participate in the co-development of their curriculum through case presentations and case based learning. To promote a shared ownership of the programme the organisations and participants involved are encouraged to develop the outcomes to support evaluation of the programme.

It's been a very exciting year with St Luke's becoming one of four Project ECHO super-hubs in the UK, of which Hospice UK is a collaborator. In January our Project ECHO team travelled to the home of Project ECHO at the University of New Mexico in Albuquerque, New Mexico, for a week long training and development programme. During the week the team developed the knowledge and skills to train other hospices and organisations within the UK to become local ECHO hubs themselves. Later this year we will start a programme of training with the new hub centres, who will then be supporting the delivery of education and training of a variety of healthcare disciplines across the UK.

In the coming year we will continue to expand our provision of training and education to primary care teams across Yorkshire.

- Working in collaboration with the SYREC we've been awarded £100,000 from the South Yorkshire and Bassetlaw Local Workforce Action Board to further develop a pivotal programme of education in South Yorkshire to support nursing home staff in hard to reach areas. This award will expand our delivery of the programme to all 44 nursing homes across Sheffield, as well as the development of a collaborative hub in Doncaster.
- We've received a further £45,000 from Health Education England Yorkshire and Humber to support further super-hub activity, and to pilot an end of life care community of practice for the Yorkshire Ambulance Service across the Yorkshire and Humber region.
- We're also working with Bluebird domiciliary care to develop and provide a programme of monthly didactics and case-based learning to support the learning and development of their care workers.

We encourage all providers working across communities in Sheffield to work with St Luke's to see how ECHO could change their approach and help them become more effective.



Time 4 You

Community Complexity Framework

Over the last year we've continued to develop our Community Complexity Framework. The framework aims to support our community team with both identifying and managing highly complex patients with specialist palliative care needs in the community, and we've fully embedded this tool into our every day working practices.

In the last year we've presented the Community Complexity Framework at two national meetings. At one of those meetings we held a focus group with the attendees to achieve a consensus definition of a complexity framework, by identifying key components and principles. A paper summarising the findings of this work is currently being written up and will be submitted for publication later this year.

Patient Acuity and Dependency Tool

In the last year we've commissioned Sheffield Hallam University to undertake an evaluation of our Patient Acuity and Dependency Tool. The first phase of the project consisted of undertaking focus groups with a range of nursing staff at all grades, analysis of an anonymised patient data set covering a seven month period and synthesis of service user evaluation data.

We are currently in the progress of undertaking the second phase of the project which will evaluate dependency through the exploration of nursing interventions in relation to a patient's phase of illness and functional performance. We hope to have the results for the second phase of the project later this autumn.



Just Bowl pilot activity

Supporting patients at home in the last few days of life

Working in partnership with Sheffield Teaching Hospitals NHS Foundation Trust (STH NHSFT) and the CCG, we've produced a new leaflet to support families and carers with caring for someone at home in the last few days of life. To support the development of the leaflet we held a focus group in collaboration with Healthwatch Sheffield, to gather people's thoughts and views on the design and content of the leaflet. All of the people who attended had experience of caring for someone in the last few days of life, and many of them were also healthcare professionals or worked on patient advisory boards.

In the coming year we will be incorporating the feedback we've received from the focus group into the leaflet, before rolling it out to support families with caring for someone at home in the last few days of life.

Rehabilitative palliative care

Following on from a Hospice UK initiative: 'Rehabilitative Palliative Care: Enabling people to live fully until they die', we've undertaken an evaluation with our nursing and allied health professional teams to ascertain where St Luke's is at in terms of providing rehabilitative palliative care to our patients. The results highlighted a number of areas where we could adapt the care we deliver to be more rehabilitative and which would support our patients to live as actively and independently as possible.

To support implementation of the findings we've established a working group consisting of a core

group of members from our clinical areas, as well as sub groups of members relevant to their area of expertise. Following on from initial meetings with sub group members from our Active Intervention and In Patient Centre teams, tasks have been set for the groups to complete accordingly. The group is still in its infancy and we hope to be able to adapt some of the initiatives set and to make changes to the way we work and the environment we work in. We hope to commence piloting of some of these initiatives later this year.

Time 4 You

Over the last year we've continued our work with national youth charity the Brathay Trust, to support young people aged 10-16 to cope better with long-term family illness and bereavement.

As an organisation that looks after adults with terminal illnesses, their partners, carers and families, we were aware that we did not provide bereavement support to young people under the age of 18 who may have had a relative or loved one supported by our care.

Time 4 You engages young people in fun and interactive creative therapies and outdoor activities, that help to improve confidence and self-esteem, as well as the development of aspirations, resilience, coping strategies and positive peer relationships.

Over the coming year we aim to increase the number of young people we're supporting, as well as transition the project to Clifford House.

Assisted bathing service

We understand that as patients become less well that it can become harder for them to have a proper bath or shower at home. It can also be uncomfortable and sometimes unsafe trying to wash whilst coping with difficult physical problems. Yet maintaining a person's appearance and staying fresh and clean can have huge impact on health, wellbeing and quality of life.

To support our community based patients who may be unable to enjoy a bath at home; we've been piloting a weekly assisted bathing service. It offers our patients the opportunity to enjoy a relaxing bath in the tranquil surroundings of our luxury spa room. Patients can create their own calming atmosphere to relax in, with soothing lighting, music and either bubbles or in a Jacuzzi if they wish. Fresh towels and toiletries are also provided.

We have a comfortable hydraulic bathtub, which can be raised or lowered to help patients with mobility difficulties with getting into and out of the bath, as well as a hoist and bath chair. Our friendly bathing staff are also on hand to offer as much or little support as needed to help patients bathe safely.

Feedback from those patients accessing the bathing service has been extremely positive and it has highlighted that there is great need for it.

Exercise classes

To support patients with being more independent and mobile, we've been running an exercise class in our gymnasium for our patients four times a week.

Prior to starting the class patients set one or two goals that they would like to achieve using the goal attainment scale. They then attended the programme for around 8 weeks with the aim of building up the resistance and time spent on each piece of equipment each time they attend.

Feedback on the sessions has been very positive and the service has helped with improving breathlessness, fitness and mobility. Patients have also found it a fun and friendly environment in which to exercise, and to access the encouragement and support they need.

The service hasn't yet been evaluated, but early indications show that in general most patients have managed to achieve at least one of their goals and over half have seen an improvement in their mobility.

Just Bowl pilot scheme

Working in partnership with Active Everyday, a physical activity programme from Macmillan Cancer Support Sheffield, we are participating in a pilot of an indoor bowls scheme, known as 'Just Bowl'.

As part of the programme the Bowls Development Alliance's (BDA) 'Just Bowl' community engagement programme has provided us with the equipment to trial the programme for twelve weeks, as well as providing training to our staff and volunteers.

To evaluate the impact of the project we will be supporting Active Everyday with collecting data on the sessions, as well as providing two case studies highlighting the benefits of attending. If successful we will consider running the activity as part of our regular programme of activities at Clifford House.



St Luke's Community Engagement van

Raising awareness

Over the last year we've continued to increase awareness of St Luke's across Sheffield, by holding stalls advising on our services at a range of community and healthcare professional events. We've also had a key role in supporting MacMillan, Cavendish Cancer Care and Weston Park Cancer Information and Support Centre with holding a pop-up shop in Moor Markets to advise people on cancer and the support services available across the city. Our teams have been supporting the pop-up shop on a weekly basis for the duration of the pilot, advising people on the services we have to offer.

In the coming year we aim to continue to increase our engagement with the local community. We will be taking our new community van along to events being held across the city, as well as organising a number of pop-up events.

During the last year we've also worked with both the Sheffield CCG and STH NHSFT to raise awareness of our services. We've updated the information that the CCG provide about St Luke's on their website and also worked with STH NHSFT to develop an online resource for staff to access information about our services.

Dying Matters Awareness Week

Building on the work we've undertaken in previous years to raise awareness of Dying Matters Week, we worked in partnership with Sheffield Hallam University, Sheffield CCG, STH NHSFT, The University of Sheffield and Theatre Delicatessen to hold a week long campaign of events across Sheffield. The events aimed to encourage people to get more active in planning ahead for the end of life and to support others in time of grief, and featured a range of thought-provoking talks and performances, as well as activities and displays.



Carers week

As part of the program of events, Sheffield theatre company Dead Earnest performed a play entitled *A Space for Sharing*. The play focussed on the real life experiences of women living with breast cancer who use online forums to seek support and advice, and share information and experiences about their illness.

Since Dying Matters Week we've held a further showing of *A Space for Sharing* at Clifford House for staff and we are looking to hold a further showing of the play for clients at Clifford House this summer.

Carers week

To raise awareness of national Carers Week and to highlight the wide range of services available to support carers in Sheffield, we held a number of events and pop-up stalls across the city. As well as advising on the services we have on offer to support carers, the events were supported by a number of charities and companies from across Sheffield.

Conferences

Following on from the success of previous conferences, in the last year we've held two further national conferences focusing on the application of outcome measures in palliative care. The events were hosted in partnership with Hospice UK, the Cicely Saunders Institute at King's College London and the Wolfson Palliative Care Research Centre, University of Hull, and held at Clifford House.

There has been a considerable amount of interest in the work we are undertaking around outcome measures and the events were attended by palliative and end of life care commissioners and providers from across the UK. Feedback on the conferences has been extremely positive and we hope to hold further conferences in the future.

Student project

For the second year running we've participated in The University of Sheffield's social accountability project, which sees medical school students undertake a project to give something back to the local community. This year students prepared some relaxation CD's to support patients with symptom management, as well as creating some patient and carer friendly exercise videos to empower patients to continue exercising at home.

The project was extremely successful and the students created three relaxation CD's to support patients experiencing problems such as anxiety, lack of sleep and pain. They also developed a set of exercise CD's including one aimed at carers that supports passive moments, a seated version for patients who are wheelchair bound and a programme of standing exercises for those who are more able bodied.

Partnership working with STH NHSFT

We're working closely with the Department of Palliative Medicine and the end of life and palliative care teams at STH NHSFT to find collaborative and developmental programmes to work together on – helping to set the agenda for care into the future.

Review of quality performance

St Luke's is committed to a process of continuous quality improvement, with the focus being on staff development, as well as further developing clinical teams knowledge and skills; service evaluations and improvements for patients; planning; prioritising, and ensuring the best use of resources.

We seek to support patient choice and where possible, deliver care where the patient wishes to be; either in their own home supported by Integrated Community Team or within our In Patient Centre.

To monitor performance quality we utilise a range of key quality indicators and dashboards, and have governance arrangements in place through our Healthcare Development and Healthcare Compliance groups to review performance. These groups report to the Healthcare Governance Committee which in turn reports to the Board of Trustees.

'Fully satisfied all the way round; it's been a real privilege to be here. It's given me more confidence and a better outlook for the future.'

Quote from a patient

Quality assessment

Over the past twelve months a quality assessment to understand what patients and carers think and feel about the quality of the end of life care we provide has been completed. This involved a series of questions for patients and carers, as well as specific questions for bereaved relatives. Overall 128 inpatients and 79 day centre patients took part in the survey. The results show what our patients said:

Active Intervention Centre:



In Patient Centre:



Key quality indicators

We also have a range of quality indicators agreed with NHS Sheffield, our CCG that define service quality.

Quarterly and performance meetings with the CCG provide an external assurance that our quality performance is satisfactory.

We continue to collect and submit data, using the Patient Safety Thermometer to NHS Digital as part of the Harm Free Care scheme, and we've completed the third year of Hospice UK's national benchmarking in relation to patient safety and quality.

Each year St Luke's submits data to the National Council for Palliative Care and Hospice UK to enable specialist care services to be compared, both locally and nationally, and to support care commissioners with understanding the needs of people in the area in relation to palliative care. The final report from the National Council for Palliative Care is available on the following website: www.ncpc.org.uk/mds

Help the Hospices national benchmarking programme

The Help the Hospices national benchmarking programme focuses on all incidents that occur relating to patient falls and drug incidents. St Luke's has taken part in the programme over the past twelve months and we will continue to do so over the coming twelve months.

The programme will enable similar sized hospices to be compared and give a national average of all the hospices taking part.

St Luke's dashboard contains the following key quality indicators:

- Activity
- Clinical incidents
- Drug incidents
- End of life care
- Ethnicity
- Hospice acquired infections
- Patient safety thermometer and harm free care

2.5% of St Luke's NHS income in 2016/17 depended on achieving quality improvement and development goals through the Commissioning for Quality and Innovation payment framework. Formal status and quality monitoring reports are provided to the commissioners each quarter. All these indicators are monitored by our Executive Team and reported via its governance arrangements.

Opportunities for learning

St Luke's is keen to take every opportunity to improve the quality of service that it provides and places a great deal of emphasis on patient, family and carer feedback. This is reflected within the work of the Service User Coordinator, satisfaction surveys, audit reports, inspection reports and through the formal and informal management of incidents, complaints, comments and compliments.

In line with good practice we make every attempt to resolve concerns at a local level and during the period to drafting covered by this Quality Account we received only six complaints set against the many hundreds of positive comments and appreciation cards received.

Acronyms

BDA	Bowls Development Alliance
BME	Black and minority ethnic
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
ECHO	Extension of Community Healthcare Outcomes
EnComPaSS	Enhanced Community Palliative Support Services
GDPR	General Data Protection Regulations
HIV	Human immunodeficiency virus
HR	Human Resources
IPOS	Integrated Palliative Care Outcome Scale
NHS	National Health Service
NIHR CLAHRC	National Institute for Health Research Collaboration for Leadership in Applied Health Research and Care
SCHARR	School of Health and Related Research
STH NHSFT	Sheffield Teaching Hospitals NHS Foundation Trust
SYREC	South Yorkshire Region Excellence Centre

PART FOUR

Statements from stakeholder organisations



Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny Committee

As Chair of Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny Committee, I welcome the opportunity to comment on St Luke's Quality Account for 2017/18 on behalf of the Committee. During the course of our scrutiny work this year, we haven't been made aware of any concerns relating to service delivery or performance of St Luke's. Indeed, St Luke's ability to generate 76% of its income from charitable giving demonstrates that the people of Sheffield hold the services that St Luke's provide in high regard.

I am pleased to see the positive feedback around the Clifford House development, and note that St Luke's is keen to be involved with Social Prescribing in the city. Social Prescribing is on the Committee's work programme for this year, and we will take account of this in our discussions.

I'd like to take this opportunity to thank St Luke's and all of its staff for their hard work in delivering services that make such a valuable contribution to our city.

NHS Sheffield Clinical Commissioning Group

NHS Sheffield Clinical Commissioning Group (CCG) continues to recognise and appreciate the high quality of care provided by St Luke's as part of the overall Sheffield End of Life Care Strategy.

St Luke's has expanded its provision of care into the community using the EnComPass Project (Enhanced Community Palliative Care Support Service). This has used technology to provide their expert care to a much wider population. St Luke's continues to utilise a variety of patient experience surveys to ensure they are identifying patients' and families' needs on an ongoing basis and their feedback is testament to this. We also commend St Luke's for further expanding its provision to support terminally ill patients and their carer's at an earlier phase of illness, following completion of the Clifford House redevelopment in 2017.

The CCG has maintained its funding commitment in 2018/19 and looks forward to continuing to work with the organisation in its role both as a provider of care and as a champion for quality improvement for end of life care in Sheffield.

Sheffield Healthwatch

We are pleased to comment on this Quality Account. We agree with St Luke's priority for 2018/19, particularly as they aim to use service users' views to further develop the range of activities available at Clifford House. We are pleased this holistic approach to helping those affected by terminal illness will remain in focus. We note that the 2017/18 priority to establish Clifford House as a place for patients, families and carers to have 'somewhere to be me' has been successful, with over 1,800 people visiting since it opened in September 2017.

We welcome the news that the community engagement role has become a permanent post, and has already led to more people from Black and Minority Ethnic (BME) communities engaging with St Luke's. The 'Gupshup' ('chit chat') club at Clifford House is a good example of an activity that may appeal to BME patients and families. Plans to increase community engagement by broadening their range of awareness raising initiatives across the city will surely help increase service use from people from a diverse range of backgrounds. We endorse this work and are happy to assist by facilitating connections with organisations who work with harder to reach groups.

An impressive number of surveyed patients reported satisfaction with the various aspects of their care. We encourage St Luke's to ensure they continue to actively seek feedback as less patients were surveyed than in the previous year for the second year running. However, we are happy to note that since 2016/17 there has been a noticeable improvement in the number of day centre patients that were satisfied with the support they received when making care decisions.

We are pleased there are plans to increase the number of 10 to 16 year olds being supported by the Time 4 You initiative, and would encourage discussions around extending the offer to those aged 17. Similarly, we would support discussions with commissioners around St Luke's offering end of life care to those aged 16-18.

St Luke's only received 24% of their funding from Sheffield Clinical Commissioning Group (CCG) in 2017/18 and we commend St Luke's for generating 76 % of their funding themselves. However, we are concerned that if the CCG element of their funding remains the same as in recent years then this could begin to have a negative impact on service users. We hope for a positive outcome to their upcoming funding review and support their proposal of a multi-year contract.

St Luke's have a catalogue of ongoing quality priorities which highlights their ability to use innovation and collaboration to help them deliver high quality person-centred care in a variety of settings. They have continued to provide an excellent service in 2017/18 and we will continue to value our positive relationship in the coming year.

St Luke's

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