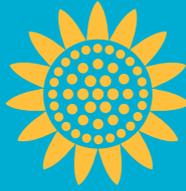
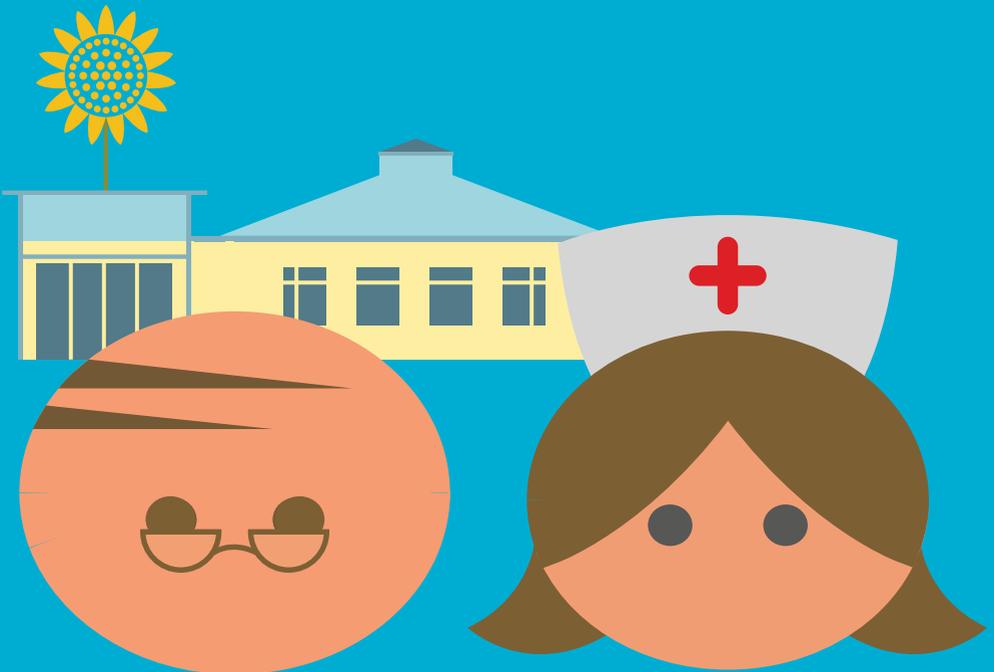


St Leonard's  
Hospice

Caring for Local People



# Quality Account 2018/19



## Hospice Mission Statement

Our mission is to provide excellent care and support to those living with life limiting illness and the people they care about, to enrich their lives, and to contribute to the ongoing development of end of life care.

## Statement from the Acting Chief Executive

On behalf of the Board of Trustees and Executive Management Team, I would like to present the Quality Account for St Leonard's Hospice. The account looks back on progress made during 2017/18, and outlines some of our key priorities for improvements to services for patients and families in 2018/19.

It is with great sadness that I am introducing the Quality Account in my role as the Active Chief Executive, following the death of our Chief Executive Martyn Callaghan earlier this year. In his 15 years at St Leonards, Martyn's worked tirelessly to improve palliative and end of life care across the region, often through collaboration with other services, and it is honouring his ambition and vision that we state our intentions for the next 12 months to further improve the quality of the care we provide.

The strength of St Leonard's Hospice remains 'the team', of staff and volunteers, and together with our

Board of Trustees I would like to thank them for their contribution to providing excellent patient care and for ensuring that our exceptional reputation continues.

Here at St Leonard's Hospice we have a culture of continually working to monitor and improve quality. We actively seek feedback from our patients and their families and staff are always encouraged to make suggestions and feedback to members of the Executive Team and Trustees.

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 Leonard's Hospice.

**Karen Johnson**  
Director of Finance & Corporate Services  
(Acting Chief Executive)



## Looking back at what we achieved in 2017/18

### Patient Safety

#### Implementation of Patient Safety Huddles

##### Why was this identified as a priority?

We recognise that as an organisation our patients' safety is paramount. Regular review and reporting of patient safety indicators such as falls, pressure ulcers and drug errors already takes place and we have robust governance arrangements to ensure our Trustees are aware of incidents within the organisation.

We felt that we could make improvements to the numbers of incidents and errors that occur and result in either a near miss or harm by implementing safety huddles to raise the profile of safety with clinical staff.

##### What have we achieved?

From September 2017 a daily clinical meeting commenced to discuss in-patient safety. Doctors, nurses, care

assistants and allied staff such as physiotherapists and occupational therapists join the discussion covering aspects such as risks of falls, skin integrity, changes to treatment and any other clinical risks. The meeting is led by the nurse co-ordinator and lasts approximately 10 to 15 minutes before the patient lunches are delivered.

##### Progress to date

The daily meetings have allowed a wider range of clinical staff feedback directly to colleagues about the care being delivered, and share any new concerns. This information has then been used to highlight areas for further vigilance for nurses arriving for the late shift at 1pm. The effectiveness of these huddles will be evaluated through monitoring of clinical events on an annual basis and fed through the Hospice Clinical Governance Group.



## Clinical Effectiveness

### Further improvement of measuring palliative care outcomes

#### Why was this identified as a priority?

Understanding the impact of care on patients and families allows hospices to improve their services. The need to use comparable and credible measures needs to be balanced against the potential burden on patients and their carers in obtaining this information. The Cecily Saunders Institute and King's Fund developed the 'OACC suite' of measures to be used across all specialist palliative care settings for this purpose, and St Leonard's planned to utilise a selection of these that best measure the care we deliver.

#### Has this priority been achieved?

St Leonard's joined local colleagues in specialist palliative care from the hospital and community in adopting palliative care outcome measures over 2017 and 2018. This has been a mixture of measures assessing the needs of our patients (scoring systems that record how physically independent a patient is),

whether their current care is meeting their needs, and how their burden of symptoms is affecting their quality of life.

#### Progress to date

Patients referred to all specialist palliative care services in the area are now assessed using a universally adopted scheme. This means their care needs can be quickly understood by others and appropriate care planned and delivered. At an individual level this is working well in delivering care, and to date we are beginning to use aggregate data to aid decision making such as the likelihood of being discharged quickly once symptoms have improved.

A project undertaken with a York medical student has assessed the value of these measures in predicting the time taken to stabilise a patient's symptoms and whether NHS continuing care ('Fast Track') funding application was appropriate. One hundred patients were studied and the findings demonstrate that the measures strongly predict the likelihood of meeting the 'Fast Track' eligibility criteria, and if they can be discharged to an alternative



place of care. This information is now used on a weekly basis to discuss and plan care for our patients.

## Patient Experience

### Improve access to Hospice services for young adults

#### Why was this identified as a priority?

The Hospice recognises that there is a need to deliver high quality specialist palliative care to more patients and carers who have not previously accessed our services. One area of particular development is increasing support for young adults. The local children's hospice (Martin House) has a number of patients who were initially referred as children, but have since grown into adulthood (including some aged 30 and above). These young adults remain under the care of Martin House, but should really be accessing adult palliative care services. This area of 'Transitional Palliative Care' is recognised nationally as being in need of significant development, and St Leonard's is keen to explore innovative ways of working collaboratively with both patients and allied services.

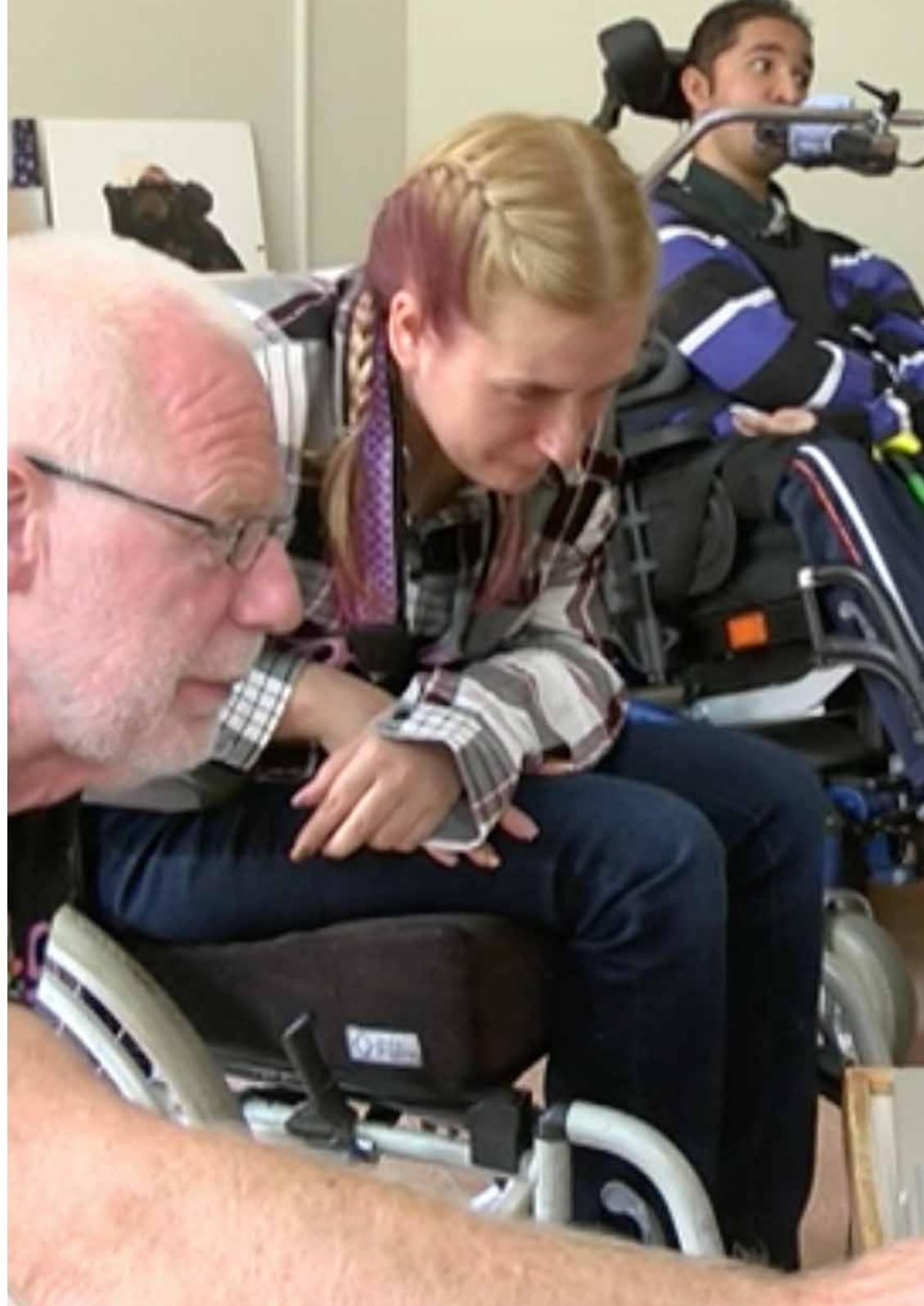
#### How was this priority achieved?

A pilot project in conjunction with Martin House Hospice began in 2017 which has since been awarded funding from the charity Together for Short Lives. Young adults meet in St Leonard's Sunflower Centre one Tuesday per month to meet socially, work on individual and group projects and allow them to share their experiences with our staff. Projects undertaken have included:

- Internet blogging
- Film making
- An art exhibition
- Virtual reality workshop
- Cooking demonstration and skills
- Brewery tour and beer making
- Music and DJ skills

#### Progress to date

The group is progressing well with new additions joining in February 2018. There has been shared learning between both hospices, with our staff gaining better insight into the needs of young adults who have often have a life-limiting condition since birth and wish to broaden their horizons into



adulthood. Other hospices are showing interest in how this work can be replicated across the region.

Some of the participants have volunteered to make a video to share their experiences with other hospices, and the project was reported on BBC One's Look North in July this year.

## **Priorities for improvement 2018/19 – future planning**

### **Intrathecal Pain Management Clinical Pathway**

#### **Why is this identified as a priority?**

Patients with complex pain sometimes require additional input from the pain management team based in York hospital. One option to manage difficult pain is inserting a small catheter (tube) into the spine to deliver a continuous infusion of pain killer that is then attached to a small external pump. Currently around 5 to 10 palliative care patients each year have one of these devices fitted (called an intrathecal

pump) and spend a period of time in the Hospice afterwards having their pain medications adjusted. After this most will return home and enjoy life with a greater level of pain control and independence with fewer medication-related side effects.

The identification of suitable patients, planning the catheter insertion and resultant aftercare in hospital, the Hospice and in the community is very complex. As the number of patients using these pumps is relatively low, many other professions feel unfamiliar with their use and can be reluctant to take on elements of their care. Trying to smooth this process for the benefit of patients, carers and healthcare professionals is seen as a priority locally.

#### **How will this priority be achieved?**

The pain management team, Hospice and GP lead for palliative care want to develop a patient pathway document to smooth this process, including a video education package for other professionals to access. This will hopefully allow patients to experience a more seamless transition of care between the community, hospital and Hospice and ensure other professionals are adequately trained in their use.



## Antibiotic Stewardship

### Why is this identified as a priority?

In April 2017, NHS Improvement published the 4th edition of Saving Lives: High Impact Interventions. It focuses on appropriate use of antibiotics to treat infections, and the risks of over use causing a rise in multi-resistant organisms, which is of growing concern across the globe. In St Leonard's Hospice our patients are often at risk of developing infections, and treating these appropriately is essential to play our part in 'antimicrobial stewardship'.

### How will this be achieved?

Our lead nurse for infection prevention and control will audit antibiotic use over the previous year and use the learning from other organisations such as the NHS to identify areas for further learning and improvement. This is likely to be in collaboration with colleagues in the hospital and community and use the latest evidence on 'Starting smart then focus' when choosing an appropriate antibiotic. Using these findings we will look at further in-house education and unsure we are complying with the latest

national guidance. Currently the rate of healthcare-acquired infections in the Hospice such as Methacillin Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile are low, and we need to maintain this for years to come.

## Enhanced Staff Support

### Why is this identified as a priority?

Delivering great care to patients and their families is at the heart of what we do, but we recognise delivering this can be challenging and can affect anybody that works for St Leonard's, both at the front line and in wider supporting roles. Whilst we have a low level of staff turnover and generally high levels of employee satisfaction, there are times when the Hospice team need additional support during more difficult times. Having a well supported and healthy workforce will allow us to continue to deliver the care we have such a good reputation for.

At the moment staff receive support from colleagues on a daily basis through informal channels and can access more formal counselling via an external provider. There are also ad hoc events



such as pamper evenings provided by the Sunflower Centre complementary therapy team.

### **How will this be achieved?**

The Hospice management team will look at broadening the range of supportive measures available to staff and volunteers through group events and on an individual basis. It is hoped that any staff absence through work-related stress will reduce and uptake of these opportunities will enhance wellbeing.

## **Clinical Effectiveness**

### **Overview of Services**

During 2017/18 St Leonard's Hospice provided the following services:

- In-patient care which provides 24h care and support by our specialist staff
- Hospice@Home - our team of clinical staff provide care in patients' homes for those who choose to remain at home and require additional support and care at the end of life
- Day care in our Sunflower Centre providing a varied programme of activities and support to manage

- symptoms and promote wellbeing
- Bereavement support via a dedicated team of staff and volunteers for adults who have either previously accessed Hospice services prior to death or those who have never previously had contact with the Hospice
- Lymphoedema out-patient clinic by our specialist nurse providing assessment and treatment for limb and bodily swelling caused by the accumulation of fluid
- Specialist palliative care nurse for Pocklington working alongside the district nurses and GPs to assess and advise on care to a population size of 15,000. This is a 2-year project provided with funding from Humber CCG for 18 hours per week.

### **Financial considerations**

The income provided by the NHS in 2018/19 is due to be £1.5M, which represents 29% of the total running costs of the Hospice. The total cost of running St Leonard's in 2018/19 is projected to be £5.2M with the majority of income generated through donations, legacies, fundraising activities and our chain of charity shops.



Around 80% of our costs are on staffing and we review our services on an on-going basis to ensure we are spending our money wisely to ensure we deliver the best care possible to our patients and their families.

### Participation in clinical audit

A rolling programme of audit projects has been developed by the Medical Director and Director of Clinical Services to ensure all aspects of patient care are assessed against set standards. This enables the Hospice to keep track of current clinical care and compare our results against previous performances and other organisations where possible. The results of several audits are shown in the table opposite.

### Blood transfusion national audit

In early 2018 NHS Blood and Transplant published the results of a national audit of red blood cell transfusions in adult hospices. This was based on the findings from hospices across the country including patients in St Leonard's Hospice. As a result new recommendations have been issued highlighting the higher level of risk

encountered in our patients when transfusing blood, and the limited benefits (fewer than 1 in 5 patients having a sustained improvement after treatment). These new recommendations have since been incorporated in to Hospice policies and staff training.

### Service evaluations

In 2017 the Hospice participated again in a national user satisfaction survey of bereaved relatives, organised by the Association for Palliative Medicine (APM). This evaluation was undertaken by specialist palliative care services across England, including hospice In-patient Units. Feedback from bereaved relatives was very positive with responses of 'satisfied' or 'very satisfied' for all aspects of care ranging from management of the patient's comfort to respecting dignity and responding to changes in the patient's care needs. These results compare very favourably with other hospices who participated in the survey.

## Audit

## Issues identified and actions taken

### Prescribing of steroid medication

Doses prescribed in keeping with local guidelines and reviewed regularly. Some patients admitted already taking steroids did not have a clear reason indicated and at times this was difficult to obtain. Screening for high blood sugars in the afternoons missed in 2 patients. This has been shared and acted upon.

### Hospice UK pressure ulcer audit tool

All policies and procedures in place and 99-00% of paperwork adequately completed for admission assessment, on-going care and discharge documentation

### Meeting nutrition and hydration needs of patients

Overall very positive patient experience, but some patients would prefer a wider range of drink options with meals, rather than just water. Also need to ensure patient preferences for portion size are communicated clearly with catering staff. These finding have since been fed back and acted upon.

### Peripheral cannula documentation

100% of documentation completed and cannulas reviewed on a daily basis to check is still needed or for signs of inflammation.

## Research

### Cancer Statistics – Yorkshire

In our last Quality Account we reported on the joint project between the Hospice, Public Health England and The University of York. This was to analyse referral patterns for cancer patients to Specialist Palliative Care services across Yorkshire, looking for under-represented areas of the population. Findings were published in 2017 showing that 45% of all patients with incurable cancer had some contact with palliative care services in the Vale of York, compared with 30% across the country. We also have above-average levels of access to our services for the elderly and most economically deprived, who are usually under-represented in the UK. Of interest the data demonstrates that those patients accessing our Hospice@Home team are much less likely to require a hospital admission in the last days of life, meaning they can remain in their preferred place of death.

### Hospice UK study into time between referral and death

In July 2017 a joint study between Hospice UK and the University of Leeds

assessed time from referral to hospice services until death. This is to see if patients are only accessing hospice services late in their illness and therefore too late to access all that is available for patients and their families.

The study used data for all referrals to St Leonard's Hospice in 2015, covering the In-patient Unit, Hospice@Home team, the day Hospice (since changed to the Sunflower Centre) and lymphoedema clinic. A total of 1057 referrals were received for 657 individuals, with a median time of only 20 days from referral to death, compared with a range of 7 to 219 days across the north of England.

The reason we have such a short average time is due to the large number of patients supported by the Hospice@Home team to remain in their home for the last days of life.

Also of note patients with a non-cancer diagnosis are referred on average later than those with a cancer diagnosis, which is also found across the country due to late recognition by professionals that they are nearing the end of life.



## What others say about us

St Leonard's Hospice employs 163 members of staff across the main Hospice site and the retail outlets. During 2017/18 there were 28 staff leavers and 35 new recruits. In addition to this there are 571 volunteers who give time to the various departments within the Hospice and retail outlets.

St Leonard's Hospice is required to be registered with the Care Quality Commission (CQC). The Hospice last received a CQC inspection in July 2016, with results published in November 2016. We were pleased to receive an overall 'Outstanding' rating. Please see the feedback from the CQC opposite.

## Data Quality

St Leonard's Hospice has continued to provide activity data to the local CCG. St Leonard's Hospice uses SystemOne to collect overall data on the Hospice's clinical activity and is working towards greater use of this electronic database to form part of our patient medical records. We also use York Teaching Hospital's Core Patient Database (CPD) for clinical information relating to

patients in our care in order to retrieve results and clinical letters, and to provide information on a patient's condition to other professionals. The Hospice shares recorded information in accordance with the Data Protection Act and monitors the handling of data through its Information Governance Working group.

In 2016 the Hospice submitted a self-assessment score for the NHS Information Governance Toolkit. The Hospice is fully compliant at Level 2 and had been working towards Level 3 compliance over 2017/18. With the new General Data Protection Regulations (GDPR) introduced in May 2018, the NHS IG toolkit has been replaced by the Data Protection and Security Toolkit, and the Hospice is working to ensure we are compliant with these new requirements.

## Review of Quality Performance

This section of the account will present the information for St Leonard's Hospice. This is in keeping with the activity data previously collected nationally on hospice activity as part of the Minimum Data Set (MDS).

## Feedback from the CQC in 2016

“The standard and quality of care was very good. We received positive feedback about the service and staff from everyone who spoke with us.”

“Staff were motivated to provide compassionate care. The Hospice used a holistic assessment for each person who used the service. These not only incorporated the needs of the person using the service, but those of the people who were important to them allowing relatives and people of significance to the person to express their views and share their insights. People and relatives told us that the staff were extremely caring.”

“Dignity and privacy was maintained to a high standard throughout ... The staff showed kindness and respect towards the service users and people told us that the staff were polite, respectful and protected their privacy.”

“Exceptional management and leadership was demonstrated at St Leonard's Hospice. Our discussions throughout the inspection demonstrated that there was an open culture with staff empowering people to plan and be involved in the high quality care provided at this service. This meant that people continuously had a say in how they wanted their care to be delivered.”

### In-patient Unit Services

The Hospice has 20 in-patient beds providing short term care for patients requiring management of complex symptoms, emotional support, end of life care and respite care when there is

a carer crisis. We have a wide variation in the length of stay due to the diverse range of needs of our patients, their life expectancy and sometimes because of delays in discharge waiting for social care and nursing home beds.

#### In-patient Unit Services

	2016/17	2017/18
Total Number of patients	281	316
% Occupancy	73%	73%
% Patients discharged	33%	32%
Average length of stay for in-patients	17 days	17 days

### Sunflower Centre

Attendances have risen annually since the launch of the Sunflower Centre, which has provided a welcoming and often informal introduction to the

Hospice. The Friday 'Drop-in' day has proven a great success where patients and their families can attend without a referral for a chat, support and advice where needed.

#### Sunflower Centre

	2016/17	2017/18
Total number of referrals	116	175
Attendance at complementary therapies	397	407
Attendances at therapeutic groups	123	202
Attendance at volunteer visitor service	54	73
Attendance at drop-in service (for referred patients, non-referred patients and families)	413	1126

### Hospice@Home Service

The service continues to work from 8am to midnight supporting families and other carers at home with a combination of healthcare assistants and staff nurses

who can administer medications when needed. The team are also increasing the number of 'meet and greet' visits for patients being discharged home from the Hospice and hospital.

#### Hospice@Home Service

	2016/17	2017/18
Total number of patients	498	513
Number of referrals in normal hours (8am to 6pm)	348	377
Number of referrals in extended hours (6pm to midnight)	150	136

### Bereavement Services

The Hospice has recently trained more volunteers to support the bereaved either in their own home or by attending one of the support groups held monthly in the

Sunflower Centre. Bereavement services are accessible to anybody in the region, and not just to those who have previously accessed other Hospice services.

#### Bereavement Services

	2016/17	2017/18
Number of new referrals	58	70
Number of cases closed	32	49
Attendance at remembrance and reflection events	243	197
Number of visits	239	438
Number of phone calls	191	80
Attendance at 2-monthly bereavement drop-in	85	179

## Lymphoedema Service

Our specialist nurse works two days a week seeing a combination of new patients and follow-up appointments,

and will liaise with other clinical teams in the hospital and community to co-ordinate their care.

### Lymphoedema Service

2017/ 2018

Number of new referrals

53

Number of appointments

254

## Specialist Palliative Care nursing service to Pocklington

Having commenced in October 2017, Ally Skelton has worked alongside local GPs and district nurses to deliver

specialist palliative care as part of a 2-year project. So far this is being received well by patients, and will continue into 2019/20.

### Specialist palliative care nursing service to Pocklington

October 2017 to September 2018

Number of new referrals

77

Number of face-to-face contacts (patients and carers/relatives)

254

Number of telephone contacts (patients and carers/relatives)

172

## Quality markers we have chosen to measure

### Complaints

In addition to the limited amount of quality data submitted as part of the minimum data set, St Leonard's Hospice also monitors the number of complaints received as a measure of quality.

During the period 2017/18 St Leonard's Hospice received no formal written complaints. The Hospice did deal with one verbal complaint and one sent via social media, but following further communication, the complainants decided not to raise this as a formal written complaint.



## Patient Safety Indicators

Patient safety indicators		
	2016/17	2017/18
Number of patient slips, trips and falls	55	48
Number of falls resulting in fracture	0	0
Number of patients who were admitted with pressure ulcers reportable to the CQC	11	25
Number of patients who develop pressure ulcers in our care	9	17
Number of patients who developed a healthcare acquired infection in our care		
1 MRSA	1	0
2 Clostridium difficile infection	0	2

As highlighted earlier, we are looking closely at a number of safety indicators and assessing whether the introduction of safety huddles will have an impact on the rate of falls, medication errors and incidence of pressure ulcers. Whilst the overall numbers are relatively low we must ensure that preventable incidents are kept to an absolute minimum. Changes to the incident reporting process have made this simpler and more timely (online system T100), and we are now confident that all incidents are being reported promptly. We will also focus over the next 12 months on which pressure ulcers that develop whilst under our care are deemed avoidable.

## Responses to St Leonard's Hospice Quality Account 2017/18:

### Vale of York Clinical Commissioning Group

NHS Vale of York Clinical Commissioning Group is the lead Commissioner for St Leonard's Hospice and I am pleased to be able to review and comment on the Quality Account for 2017/18.

The Quality Account provides a clear and concise summary of the invaluable work of the staff and volunteers at St Leonard's Hospice over the past 12 months and NHS Vale of York Clinical Commissioning Group is especially pleased to note the following achievements:



- The implementation of safety huddles across the in-patient service to embed continuous quality improvement
- Development of improved measurement of palliative care outcomes for patients so that care needs can be understood and appropriately responded to
- Leadership in support of improving services for young adults accessing the hospice in collaboration with Martin House and Together for Short Lives

## NHS East Riding of Yorkshire Clinical Commissioning Group

Despite what has been a very sad year for the Hospice, I am pleased to see the continued focus on delivering high quality care for our residents. The introduction of safety huddles seems a positive development, I look forward to seeing the effectiveness of these meeting once they have been evaluated. The partnership working with Martin Hospice and younger people is very encouraging and will help with the transition of care.

I also note the quality areas that you are looking to improve during 18/19; antibiotic Stewardship and the enhanced staff support to improve the health and wellbeing of the people that work for you. The comments that you have received both from patients and the local CCGs show the quality of care that you deliver to our patients.

### Johanne Evans

Commissioning Lead – Community Services Transformation & Commissioning

### Healthwatch York

No response was received from Healthwatch York

The priorities identified in the Quality Account for 2018/19 clearly identify and focus on quality improvement in particular:

- Intrathecal Pain Management Pathway
- Antibiotic Stewardship
- Enhanced Staff Support

As the Executive Lead for Quality for NHS Vale of York Clinical Commissioning Group I commend this Quality Account for its accuracy, honesty, and openness. I recognise that St Leonard's delivers excellent palliative and end of life care for patients, and I look forward to working with the hospice to bring about further service developments and improvements in quality in the future.

### Michelle Carrington

Executive Director for Quality and Nursing

**St Leonard's Hospice**  
Caring for Local People

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