



St Gemma's Hospice

Quality Account 2010-2011

"I had never been to a hospice – thought it would be clinical and sad. But it was the total opposite. Fantastic!"

"I knew I would be welcomed and given good care"

Comments from Patients – In-Patient Unit Satisfaction Survey

"The care and support you provided was exceptional. I think the service you provide is outstanding and cannot praise you enough"

"I was pleased to meet the staff. I now know I can leave my wife in caring capable hands with no worries"

Comments from Carers – In-Patient Unit and Day Services

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Registered Charity Number 1015941

This Quality Account was endorsed by the St Gemma's Hospice Board of Trustees
29th March 2011

Our Mission

St Gemma's provides compassionate and skilled specialist palliative care of the highest quality, both in the Hospice and in the Community. We recognise each person's need for respect, dignity and independence as we care for adult patients, from all backgrounds, with active, progressive, advanced illnesses, and provide continuing support for their families and carers.

Our Vision

The vision of the Hospice is to promote life and enhance its quality within a welcoming, caring and safe environment. We work in co-operation with service users and colleagues to promote and influence high quality specialist palliative care locally, nationally and internationally. By contributing to research, sharing knowledge and good practice our aim is to improve patient care in all settings.

Our Values

We strive to:

Create

- an ethos and environment which is inclusive, welcoming, supportive and respectful of all, where hospitality and compassion are hallmarks of care

Respect

- each person's life, their intrinsic value, privacy, dignity, culture, autonomy, faith and beliefs
- all colleagues, internal and external as we work together to enhance the service

Meet

- the physical, emotional, spiritual and social needs of patients, families and carers by working in partnership with them
- the patient and family's need for regular communication and information

Support

- patients in making informed choices and decisions about their care especially at the end of life
- families and carers having their needs assessed
- families and carers, including children, to access a high quality bereavement service
- patients and their families using a range of services that are free to patients, through the efficient use of income

Promote

- rehabilitation and independence using multi-professional team skills and resources
- continuing education and research
- continuing learning and development for employees and volunteers
- audit and quality assurance activities
- involvement of users at all levels of our service
- standards of good practice and accountability within professional codes of conduct, Hospice policies and external audit

PART 1

Statement from the Chief Executive

I am very pleased to present the first Quality Account for St Gemma's Hospice. The quality of our services is at the heart of our Hospice. Our quality framework and quality monitoring systems are actively reviewed and developed each year.

We operate an open culture where staff, volunteers and service users are encouraged to report concerns. This culture, together with our broader user involvement and feedback, provides us with reassurance about the quality of care we are providing and helps us to identify areas where we can still make improvements.

We have made good progress in achieving our priorities for 2010-11, through improvement in medicines management, a focus on delivering care for patients in their preferred place, delivering our In-Patient refurbishment project, and improving our bereavement services.

For 2011-12 our priorities reflect our three main Hospice objectives of: caring for patients; supporting their families; and providing education and training. Our priorities for the year focus on improving infection control, establishing the St Gemma's Academic Unit of Palliative Care and further integrating our community and day services.

The Care Quality Commission last inspected our services in January 2009, at which time there were no action items for our attention. We continue to work with the Care Quality Commission to ensure we meet the new Essential Standards of Quality and Safety on an ongoing basis.

This report has been prepared with input from staff, patients and carers and to the best of my knowledge the information in the document is accurate.

Kerry Jackson
Chief Executive
June 2011

PART 2

1. Priorities for improvement 1st April 2011-31st March 2012

At St Gemma's we continually review our services and seek to improve and develop them. The Hospice has a 5 year strategy, developed in consultation with patients, public and staff which is supported by annual business plans. The strategy and plans outline our future vision and how we will achieve this. Reviewing service priorities and ensuring we continue to meet patient and carer needs at end of life is a continuous process.

Clinical and support teams are fundamental to the delivery of the strategy and two way communication between all teams and the Hospice Leadership Team, Board of Trustees and the Chief Executive ensures delivery is monitored through mechanisms such as audit and project reports, activity data and feedback from patient and carer forums. Engagement with patients and carers takes place through their respective forums which meet three times a year, in addition to continuous monitoring of levels of satisfaction via surveys.

1.1 Priority 1 - Patient Safety

Infection Control

This priority has been identified because good infection prevention and control is a fundamental requirement in palliative and end of life care. Our internal infection control audit demonstrated variable standards of practice and the Hospice seeks to achieve a consistently high standard across all clinical areas. This priority will be achieved through;

- Acting upon the action plans developed from the baseline audits;
- A comprehensive review of the training and education sessions for staff and the introduction of training for volunteers;
- Advanced infection control training for link nurses; and
- Revising all infection control policies to incorporate latest research evidence

Progress will be monitored by:

- Re-auditing and reviewing by the Clinical Effectiveness Group which reports to the Hospice Clinical Governance Committee; and
- A report against the action plan which will be submitted to the Clinical Governance Committee on a quarterly basis.

1.2 Priority 2 - Clinical Effectiveness

Professorial Post and Academic Unit

St Gemma's Hospice, in partnership with the University of Leeds, is establishing the St Gemma's Academic Unit of Palliative Care. It will be led by the St Gemma's Professor of Palliative Medicine. Academic sessions will be held at the Leeds Institute of Health Sciences, a teaching and research institute within the University's School of Medicine. Researchers will work with other academics in the University of Leeds to develop and evaluate innovative treatments aimed at improving the care of patients who have an incurable illness. It is hoped that the research will bring many benefits to patients not just at St Gemma's but nationally and internationally. The Professor will also contribute to teaching programmes so that doctors in training and clinicians of all backgrounds will be aware of the latest research in palliative care. The Professor will work as a Consultant at St Gemma's Hospice for two days a week. They will be involved in the direct care of patients and training clinical staff, as well as supporting important developments.

Caring for patients and their families remains our priority, however, St Gemma's Hospice believes that the key to making significant improvements in patient treatment is through advancements in medical and other healthcare interventions. This can only be achieved by undertaking high calibre research in the field of palliative and end of life care.

The success of this development will be measured in the following ways:

- Research productivity and quality determined by University standards;
- High impact publications;
- The transfer of knowledge into clinical practice;
- The growth of the Academic Unit; and
- The influence and profile of the Professor.

1.3 Priority 3- Patient Experience

Integration of Community and Day Services

Various factors have had an impact on both the community team and Day Services team recently. These include:

- An increase in referrals for patients with life-threatening illnesses other than cancer;
- Patients with cancer being offered more treatments;
- Patients and carers seeking more choices and information; and
- Patient needs varying through time, requiring both day services and community services at different times in their care.

To respond to this changing patient need, next year the services will become more integrated and new ways of working will be introduced:

- The Community Team Manager will lead the new integrated service;
- A Consultant in Palliative Medicine will work across the service;
- Nursing staff will have a more comprehensive understanding of both community and Day Services allowing flexibility in the workforce;
- Out-Patient clinics run by nurses will be expanded; and
- The Day Hospice will deliver and run new models of day services. Focusing on psychosocial care and providing support will enable patients to develop skills and knowledge, allowing them to live their lives to the maximum.

Developments will be evaluated by staff, patients and carers. The Day Services Steering Group will oversee these developments.

2. Priorities for Improvement April 1st 2010 – 31st March 2011

2.1 Priority 1- Patient Safety

Medicines Management

This priority was identified because the use of prescribed medicines is a key component of patient care. The whole process of management of medicines must be assured. With changes to medical education junior doctors in training require higher levels of supervision and support to minimise the risk of medication errors.

This priority has been achieved by

- Introducing a graded near miss/error reporting system and continuing to actively report and share lessons learnt;
- Improved supervision and in house training support for junior medical staff;
- Increased pharmacy support for these doctors;
- Re-audit, using the Help the Hospices general and controlled drugs administration audits, to provide a benchmark for service improvement;
- Introduction of non medical prescribing by Advanced Nurse Practitioners;
- Introduction of comprehensive medication reviews for Day Hospice patients; and
- Review of existing policies and guidance and the introduction of Standard Operating Procedures as appropriate

2.2 Priority 2 - Clinical Effectiveness

Enabling patients to achieve their preferred place of care

Patient choice has always been very important within the Hospice. This has become more clearly recognised locally and nationally and the End of Life Care Strategy (Department of Health 2008) states that patients should be able to express and record their wishes and preferences regarding their end of life care.

We have focused on a number of key areas which contribute to patients having their preferences met:

- The community team working closely with both the multi-disciplinary team in the Hospice and other professionals involved with patients;
- The team providing education;
- Team members receiving extra education themselves; and
- The effective use of Day Hospice and Out-Patients.

In order to assure ourselves that members of the Hospice community team were discussing patient preferences, recording these and noting if these preferences were achieved, an audit of 140 patients was undertaken.

The results showed that the majority of patients (90%) had their preferences for end of life care recorded. The majority of these patients, 83%, achieved their preference. This was a significant increase from 49% last year. For those who did not achieve their preference it was clear as to the reasons why and included sudden unexpected deterioration of a patient's condition and patients and / or families being unable to cope.

2.3 Priority 3- Patient Experience

Refurbishment of patient rooms in the In-Patient Unit

It had been 10 years since our previous refurbishment and, taking into consideration patient safety, safe handling and moving, infection control and the general patient experience, there was a requirement to make improvements. Patients, staff, visitors and volunteers were invited to tell us what they felt would improve the rooms. A successful bid for Department of Health monies and an appeal enabled all In-Patient rooms to be refurbished.

- Carpets have been removed from the rooms and replaced with anti-slip vinyl covering with no corners and crevices. This is easier to keep clean to meet the exacting standards of infection control. It also reduces noise pollution as no vacuuming is

necessary. It allows equipment to be moved freely in the rooms, including beds and mobile hoists;

- Tracking hoists have been added to 8 of the bedded areas to facilitate safe handling and moving;
- Lighting has been improved. There is a good light for reading and a patient can control the lighting from the bed, reducing the risk of falls, particularly at night;
- A new air flow system enables fresh air without a draught and the rooms have been painted in pastels to maximise natural light;
- The shower rooms have shelves and shower caddies to promote patient independence and contrasting toilet seats minimize confusion in patients with dementia or visual impairment;
- Television specification has improved and there is now Freeview and a DVD for each patient. The televisions are suspended from the ceiling or wall in order to minimise trip hazards for patients and staff around the bed area; and
- New sofa beds have been added to the rooms for the benefit of patients and to enable their relatives to stay overnight if necessary.

There is good feedback from patients and families about the newly refurbished rooms.

Bereavement Services

Further development of the service was identified by the Social Work Team with four priorities agreed:

- To facilitate feedback for all clients using the bereavement service, a new evaluation form was developed and tested amongst 69 clients. Although the response rate was lower than we would have liked, 92% of respondents recommended use of the service.
- The Complex Grief Group had been running for two years and through the experience of the group leaders and their supervision it was decided to use a different model of delivery. The recruitment process to the group has been further developed to allow more insight and experience for prospective clients before committing to the group long term. Sessions will take place fortnightly rather than weekly. Evaluation of the new service is in progress.
- To provide more choice an evening bereavement support group has now been set up to allow those who may not be able to access the service during normal working hours to be able to benefit. Evaluation takes place when the participant decides attendance is no longer required.
- The Young People's Service, which is supported by a grant from Children in Need, has developed a new range of leaflets and a website especially for children and young people. The website www.stgemmasyps.co.uk is interactive with the opportunity to post questions which are answered and to post memories of people who have died.

3. Statements of Assurance from the Board

The following are statements that all services must include in their Quality Account. Many of these are not directly applicable to specialist palliative care providers. Explanations (in italics) of what these statements mean are given where appropriate.

3.1 Review of Services

During 2010-2011 St Gemma's Hospice provided and/or subcontracted the following services

- In-Patient Unit
- Day Hospice
- Out Patient
- Community Services
- Therapies
 - Physiotherapy
 - Occupational therapy
 - Complementary therapy
 - Dietetics
- Bereavement services for adults and children
- Education and training

St Gemma's Hospice has reviewed all the data available to us on the quality of care in all of these services.

The income generated by the NHS services reviewed in 2010-2011 represents 26% of the total income generated from the provision of NHS services by St Gemma's Hospice for 2010-2011. (Mandatory statement)

St Gemma's receives an annual grant from the NHS Leeds; this is a fixed sum regardless of Hospice activity or the level of voluntary income.

This means that 100% of the financial support we receive from the NHS is spent directly on patient services.

The running costs of St Gemma's Hospice are forecast to be £8 million in 2010-2011. The majority of this has to be raised through donations, legacies, fundraising initiatives and our chain of charity shops.

3.2 Participation in clinical audits

3.2.1 National

During the period 2010-2011 there have been no national clinical audits and no confidential enquiries relating to the services that St Gemma's Hospice provides. (Mandatory statement)

During 2010-2011 St Gemma's Hospice did not participate in any national clinical audits and national confidential enquiries. (Mandatory statement)

This means that the Hospice has not been eligible to participate in any national audits because they are not about our particular service.

3.2.2 Local

The Hospice is participating in the following regional audits

- The Clinical Effectiveness of the Specialist Palliative Care Team lead by the Yorkshire Sub-Regional Clinical Effectiveness Audit Group; and
- Yorkshire and Humber Do Not Attempt Cardiopulmonary Resuscitation Project

The reports of eleven local clinical audits were reviewed by the Hospice in 2010-2011. The Hospice intends to take the following actions to improve the quality of the healthcare provided:

- Continue to expand the use of the electronic patient record to improve record keeping standards;
- Provide further hand hygiene training for staff;
- Ensure hand washing is offered to patients prior to meals;
- Review our infection control policies;
- Introduce environmental “walk rounds” by the Ward Managers, housekeeping staff and maintenance staff to ensure a “spotless environment”;
- Review the documentation for the delivery of mouth care;
- Develop medicine policies into Standard Operating Procedures;
- Further develop patient information about medicines; and
- Develop a chaperone policy.

4. Research

The number of patients receiving NHS services provided or subcontracted by St Gemma’s Hospice in 2010-2011 that were recruited to participate in research approved by a research ethics committee was nil. (Mandatory statement)

This means that there have not been any national research projects in palliative care in which our patients were asked to participate.

The Hospice is providing data only for the following ethically approved research projects.

- A survey of complex wounds and their care: cross sectional study of a UK population. University of York;
- Diagnosis of depression in patients receiving specialist community palliative care: Does using a single screening question identify depression otherwise diagnosed by clinical interview? St Gemma’s Hospice; and
- A multi-centred questionnaire based study of hospice clinical staff attitudes, knowledge about and experience of corneal donation.

5. Goals agreed with commissioners

St Gemma’s Hospice’s income in 2010-2011 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because it is a third sector organisation. It was therefore not eligible to take part. (Mandatory statement)

6. What others say about the Hospice

Care Quality Commission (CQC) (Mandatory statements)

St Gemma’s Hospice is required to register with the Care Quality Commission and its current registration is for the following regulated activities:

Diagnostic and screening procedures
Treatment of disease, disorder or injury

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

Only treat people over 18 years of age
Only accommodate a maximum of 34 in-patients

The Care Quality Commission has not taken enforcement action against St Gemma’s Hospice during 2010-2011.

St Gemma's Hospice is subject to periodic review by the Care Quality Commission and the last review was 13th January 2009 in the form of a visit. A review of self-assessment was conducted in 2010.

The CQC's assessment of the Hospice following that review was:

"This establishment has been assessed as not needing an inspection during the period 1 April 2009 to 30 March 2010. We have reviewed a range of information about this establishment during the year, including information provided by the establishment and information about it from other sources. When we reviewed all this information we did not identify any serious issues that indicated we should inspect the establishment. The establishment will continue to provide information to us during the year 1 April 2009 to 31 March 2010 to help us identify any risks to its compliance with the National Minimum Standards. If during the year we identify serious risks that the establishment is not meeting the National Minimum standards, we may decide to inspect it to check compliance with the standards. Where the Care Quality Commission has carried out on-site inspections, these are available on our website. This service was last subject to an on-site inspection on 13 January 2009."

St Gemma's Hospice intends to take the following action to address the following points made in the CQC's assessment. No actions identified.

St Gemma's Hospice has made the following progress by 31st March 2011 in taking such action. Not applicable

St Gemma's Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2010-2011

7. Data Quality

St Gemma's Hospice did not submit records during 2010-2011 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data. (Mandatory statement)

This is because we are not required to submit data to this system.

The Hospice deployed SystemOne in April 2010. This system supports an electronic patient record which can be shared with other external users of the system, for example, general practitioners and district nurses. The Hospice has internal arrangements to monitor the quality of the data. The system uses the NHS number as the key identifier for patient records.

7.1 Information Governance

St Gemma's Hospice's score for 2010-2011 for Information Quality and Records Management, assessed using the Information Governance Toolkit version 8, was 54%. (Mandatory statement). The target score for level 2 compliance against version 8 is 66%.

The Hospice is considered level 1 compliant. We have an action plan in place with a date for achievement of level 2 compliance by March 2012. The Hospice, in improving patient safety, has introduced electronic records. To ensure a patient's information is fully protected we have been required to complete the Information Governance Statement of Compliance (IGSoC). The Hospice has shared records in accordance with the Data Protection Act. The IGSoC provides additional standards which the Hospice is working towards in order to enhance its handling of personal identifiable data.

St Gemma's Hospice was not subject to the Payment by Results clinical coding audit during 2010-2011 by the Audit Commission. (Mandatory statement.)

PART 3 Quality Overview

8. Review of quality performance

The Hospice is committed to continuous quality improvement with leadership focused on professional development for the clinical teams, service improvements for the patients, planning, prioritising and ensuring best use of resources. Reporting systems are in place to ensure robust governance arrangements. A Clinical Effectiveness Group oversees clinical audit and clinical developments. This group reports to the Hospice Clinical Governance Committee that in turn reports to the Board of Trustees.

8.1 Monitoring activity A review of Hospice data

Hospice data is submitted to NHS Leeds, on a quarterly basis.

The Hospice also submits annual information to the National Council for Palliative Care (NCPC) and Help the Hospices. This enables comparisons with other specialist palliative care services in England, Northern Ireland and Wales. The data for 10-11 has been submitted to MCPC however a final report will not be available from the council until May 2012, thus national comparison cannot be made of the 10-11 data.

National Council for Palliative Care (NCPC) – Minimum dataset (MDS) 2009-2010 - Comparison			NCPC – MDS 2010-2011	
	St Gemma's Hospice	National Median	St Gemma's Hospice	National Median
In-Patient Unit				
New patients	439	301	481	Not available
% patients aged 16-24	0.0%	0.3%	0.0%	Not available
% patients aged 25-64	27.6%	30.1%	22.0%	Not available
% patients aged 65-84	58.5%	57.2%	60.7%	Not available
% patients aged over 84	13.9%	12.3%	17.3%	Not available
% patients age not recorded	0.0%	0.1%	0.0%	Not available
Cancer diagnosis	93.6%	91.2%	440	Not available
Non-cancer diagnosis	6.4%	8.8%	41	Not available
Average length of stay -	13.2	14.4	15	Not available
% patients returning home	45%	38.5%	36.4%	Not available
% occupancy	76%	73%	75.9%	Not available

The Hospice seeks to support patient choice and where possible deliver care where the patient wishes to be; either in their own home with specialist nurse support or in the In-Patient Unit

National Council for Palliative Care – Minimum dataset 2009-2010 - Comparison			NCPC – MDS 2010-2011	
	St Gemma's Hospice	National Median	St Gemma's Hospice	National Median
Day Hospice				
New patients	111	124	142	Not available
% patients aged 16-24	0.0%	0.5%	0%	Not available
% patients aged 25-64	23.4%	32.2%	26.8%	Not available
% patients aged 65-84	66.7%	55.7%	59.8%	Not available
% patients aged over 84	9.9%	10.8%	13.4%	Not available
Unknown age	0%	0.8%	0%	Not available
Cancer diagnosis	90.1%	86%	81.0%	Not available
Non-cancer diagnosis	9.9%	14%	19.0%	Not available
New female patients	51.4%	55.6%	53.5%	Not available
New male patients	48.6%	44.3%	46.5%	Not available
Unknown gender	0%	0.1%	0%	Not available
% places used (Mean)	54%	74% (48-100 range)		Not available
Average length of attendance (days)	76.1	172	53	Not available

National Council for Palliative Care – Minimum dataset 2009-2010 - Comparison			NCPC – MDS 2010-2011	
	St Gemma's Hospice	National Median	St Gemma's Hospice	National Median
Community Clinical Nurse Specialists				
New patients	717	771	792	Not Available
% patients aged 16-24	0.3%	0.4%	0%	Not Available
% patients aged 25-64	25.0%	29.6%	23.0%	Not Available
% patients aged 65-84	58.6%	55.3%	60.2%	Not Available
% patients aged over 84	15.9%	13.6%	16.8%	Not Available
% age not recorded	0.2%	1.1%	0%	Not Available
Cancer % diagnosis	91.4%	89%	89.3%	Not Available
Non-cancer diagnosis	8.1%	10%	9.9%	Not Available
Not known	0.5%	1%	0.8%	Not Available
Average length of care (days)	107.1	119.0	69.5	Not Available

Bereavement Service

Difficulties have been encountered in gathering information for this service using SystemOne (Electronic Patient Records system) for 2010-2011. This is currently being rectified.

Using data from 2009-2010 the service receives an average of 20 new referrals a month, with 6 new assessments taking place and 27 follow-up appointments.

Out-Patients' Service

We are currently starting gathering data using SystemOne

Out of Hours Service

We offer patients a 24/7 admissions service to the inpatient unit. Patients, their families, carers and professionals can access specialist telephone advice through the inpatient unit out of hours. The nurse assesses each call and either gives advice or seeks support from the doctor on call. Monitoring this service is ongoing in order to determine if there is a need to extend the face to face service to seven days a week. The community team service provides a face to face service 08.30 -17.00 Monday to Friday.

An evaluation November 2009 – October 2010 was reported as follows:

Out of Hours Service Nov 2009 – Oct 2010	
Total calls	587
Average calls per month	48
% calls on Saturday/Sunday	63%
% calls from health care professional	28%
% calls from patients	10%
% calls from carer	55%
% call origin of caller not recorded	7%
Call resulted in admission to the Hospice	53
Call resulted in symptom control advice	167
Other advice given	367

8.2 Key Quality Indicators

We have chosen to measure our performance against the following:

Key Quality Indicator	2010-2011	2009-2010
Number of patients on an End of Life Care Pathway	78%	79%
Complaints		
Total number of complaints	3	1
Number of complaints upheld	2 Partial	1
Number of complaints not upheld	1	0
Patient Safety		
Drug incidents/ near misses	29	46
Number of slips, trips and falls	98	107
Number of patients developing pressure ulcers Grade 2 and above	25	24
Number of patients admitted with MRSA	2	4
Number of patients infected with MRSA during admission	1	3
Number of patients admitted with clostridium difficile	1	4 (unknown if transferred or acquired)
Number of in-patients who contracted clostridium difficile	0	ditto

The Hospice encourages the reporting of drug incidents which may be near misses, internal incidents or external incidents e.g. dispensing incidents or incidents witnessed in the community. A grading system for incidents was introduced in October 2009 to demonstrate the range of incidents reported and the level of patient harm. The majority of incidents in the Hospice are near misses, this means there has been no patient harm and an incident has been avoided due to an error being identified before an incident occurred. Lesson from near misses are shared and practices modified as a result. All incidents are discussed by the pharmacy group and a report submitted to the Clinical Governance Committee.

Slip, trips and falls are monitored and each incident is reviewed to ensure all efforts have been made to minimise the risk of falls whilst maximising the patient's level of independence. Trends have been monitored and effort taken to improve the patient environment to minimise the risk of falls as outlined in Section 2.3. A falls screening assessment has been introduced on admission, as the majority of patients have multiple factors that make them more vulnerable to falls e.g. reduced mobility, confusion, poly pharmacy (take more than 4 drugs) and reduced mobility. Physiotherapist and Occupational Therapists undertake an assessment. If a patient scores 2/5 or greater on the assessment, then a care management plan is implemented to minimise risk, in partnership with nursing staff.

Predominantly patients admitted to the Hospice are at end stage disease, and are high risk for developing pressure ulcers. All patients are assessed within 6 hours of admission, this is audited, and a Watkinson score calculated. Pressure relieving equipment is provided where indicated and the care management plan reflects the high risk status and the nursing interventions required to minimise the risk of development of a sore.

8.3 Clinical Audit

The Clinical Effectiveness Group oversees a programme of audit which includes the use of national audit tools (Help the Hospices) and locally designed tools. There is a multidisciplinary approach to audit with dissemination of reports, monitoring of action plans and re-audit where necessary. In total 19 clinical audits have been completed. The following are examples with their outcomes.

Clinical Audit 2010-2011	
Audit	Outcome
Management of controlled drugs	Report due end of March
Management of general medicines	Six modules – average 92% (3 modules attained 100%). Action plan in place to develop policies in to Standard Operating Procedures and further develop patient information.
Record keeping	58%. Action plan in place to address the shortfalls which were using abbreviations, omitting signatures, dates and times.
Positive Patient Identity	100%. All patients wearing correctly completed identity bands. All staff questioned had appropriate knowledge to ensure safe care.
Privacy and Dignity	Patients overall satisfaction: Excellent 70%, very good 30%. Patients felt listened to, cared about and had control over decisions: (100%). Issues to be addressed – hand washing offered to patients prior to meals, reducing staff interruptions whilst with patients and the development of a chaperone policy.

Infection Control Audits (Help the Hospices Audit Tools)			
Audit	Result	Audit	Result
Hand hygiene	95%	Domestic rooms	95%
Clinical rooms	70%	Use of gloves and aprons	100%
Patient toilets	88%	Ward kitchens	82%
Sluice/dirty utility	89%	Care of sharp instruments	88%
Environment	96%		
<p>Areas of concern which required an action plan were dusting and storage. Good hand hygiene by all staff is essential and as part of the audit, staff were observed washing their hands. Out of 94 observations using this tool there were only three that caused concern. It is essential to achieve 100% in this audit and the Hospice is reviewing the audit tool, implementing further training with a re-audit taking place in April 2011.</p>			

8.4 The Patient and Family Experience of the Hospice

The Patient and Carer Forums each meet three times a year. Discussions during 2010-2011 included the Quality Account, feedback from the Privacy and Dignity audit, development of a medicines information record for Day Services patients and a discussion about the “Dying Matters” leaflet.

In the In-Patient Unit two questionnaires are routinely used. Feedback is requested from both the patient about their stay in the In-Patient Unit and from carers/relatives about the Hospice. 79 questionnaires were received from carers and 46 from patients from January to December 2010. Satisfaction levels were high. Of particular note were the high scores for the involvement and support for carers.

Comments included “*superb care, friendly staff*”, “*I cannot praise highly enough the wonderful care and compassion given to both my friend and her family and friends*”, “*I cannot praise too highly the holistic care given to my husband and myself. We both felt involved in all aspects of his care and treatment*”.

Patients were very satisfied with their involvement in the planning of their care and that their individual needs were met. They felt staff listened to them, explained what they were doing and involved them in decisions about their care.

Some areas of concern have been discussed and addressed where possible. These were parking at the Hospice (20%) and the lack of awareness about the following - the information folder (18%), the refreshment facilities (16%) and the possibility of staying overnight (25%). Day Hospice patients have the opportunity to provide feedback at the end of each visit. Satisfaction with this service is high. 258 questionnaires were completed between May and July 2010 – 68% gave the service 10 out of 10 and 23% scored 9 out of 10. Some long standing issues with externally organised transport continue to be a problem. Two new volunteer drivers have been recruited which will help to resolve these.

8.5 The Staff Experience

The last Staff Survey took place in November 2008 and this will be repeated in 2011. The survey in 2008 had a 77% response rate with 90% of staff having job satisfaction and 100% agreeing that the Hospice is a good place to work.

30% of those staff who responded to the survey and who had had an Individual Performance Review (IPR) had not found this helpful and some managers expressed concern at their competence when conducting an effective IPR. Further training has now taken place with managers and the Investors in People assessment in November 2010 noted that the IPR

process was well developed in the Hospice. The medical team have also undergone a strengthened appraisal process.

Staff turnover is 7% and sickness absence is 3.9%. Staff are supported by access to an Occupational Health Service, clinical supervision, complementary therapy service and they have a voice through the Staff Representative Forum which meets quarterly.

Following successful implementation of clinical supervision in the Community Clinical Nurse Specialist team this has been extended to all the clinical teams from February 2011.

PART 4

9. The Board of Trustees' Statement

The Board of Trustees is fully committed to the provision of a high quality service at the Hospice. The Hospice has a well-established governance structure with members of the Board playing an active part in ensuring activities take place in accordance with its Statement of Purpose.

Board of Trustees
March 2011

10. Statement from Primary Care Trust

NHS Leeds commissions palliative care services from St Gemma's Hospice and welcomes the opportunity to comment on this Quality Account.

We believe the Account to be a fair reflection of the quality of services provided by St Gemma's.

We support the priorities outlined for 2011-2012, and note with interest the proposals for the establishment of a professorial post and academic unit. We are also pleased to note the commitment to further improve infection control measures, even though the level of infections for 2010-2011 was very low. We note with interest the proposals to better integrate day care and community services.

We also acknowledge and commend the achievements against the priorities previously outlined for 2010-2011, including a reduction in falls and medicines incidents. We would suggest building on the introduction of the near miss/error reporting through linking with the NHS Leeds Medicines Management Team to support consistency of reporting in Leeds. We are pleased to note the high numbers of patients who had their preference for end of life care recorded and that a similarly high number achieved this preference. This work reflects similar priorities across Leeds for this key aspect of end of life care. We also note the sustained or improved performance against the chosen key quality indicators in general and feel the account would further benefit from some clear and measurable objectives that would demonstrate the progress made against priorities for the forthcoming year.

We note and commend St Gemma's Hospice for its continued work in patient and staff opinion and engagement and high rates of satisfaction with the service. We note the actions taken to address areas of concern.

NHS Leeds supports St Gemma's in its ambition to promote and enhance the quality of life, and acknowledges this Quality Account as part of that ambition; we thank St Gemma's Hospice for forwarding this account to us for comment.

Philomena Corrigan
Director of Commissioning
June 2011

11. LINK

The Quality Account has been submitted to the LINK organisation who this year, do not have any comment. It is intended that St Gemma's Hospice and LINK will develop a closer relationship during the next twelve months.

12. Statement from the Scrutiny Board (Health)

The Scrutiny Board is grateful for the opportunity to comment on the Hospice's Quality Account for 2010/2011. However, as there has been no other interaction over the course of the year, the Scrutiny Board is unable to offer any informed comments.

Reference

Department of Health (2008) End of Life Care Strategy: Promoting High Quality Care for all Adults at the End of Life. The Stationery Office, London.

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_086345.pdf