

High Quality Care *for all*



Quality Account April 2013 - March 2014

"For what you have done for our Mum this year, you all do a wonderful job and our Mum said "thank you", In her own way. Also, thanks for looking after me in this sad situation."

Daughters, December 2013

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St Luke's Values

Professionalism

Compassion

Integrity

Respect



*Providing Specialist Palliative
and End of Life care to the
people of Plymouth,
South West Devon and
East Cornwall, since 1982*

Chief Executive's Report

Sally Taylor



Together with the Board of Trustees, I would like to thank all of our staff and volunteers for their commitment and hard work over the past year. Despite the current economic climate, the recent building works to the inpatient unit and the changes in service configuration that are under discussion and the financial challenges the hospice has faced, we have continued to provide a professional, effective and supportive service for the local people.

Quality is high on the agenda for the hospice. St Luke's Hospice Plymouth is recognised in the hospice and specialist palliative care world as being proactive and an innovator and has strong systems of clinical governance with a culture of continuous quality monitoring. Any shortfalls, real or potential, are identified and acted upon quickly.

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 our hospice. The safety, experience and outcomes for all our patients and their loved ones are of paramount importance to us. We continue to actively seek the views of our service users and to shape our services based on those views.

A handwritten signature in black ink that reads "Sally Taylor". The signature is written in a cursive, flowing style.

*Sally Taylor,
Chief Executive, April 2014*

"I am writing to say a big thank you to all the staff at St Luke's, especially the lovely nurses for looking after Dad. Everyone always has a smile on their face and such an upbeat attitude, which helped a lot in a very difficult time. Dad was a very proud man who never made a fuss and you made him feel and all the family welcome. The last days with dad were extremely hard and upsetting but there is certainly a feeling of calm within the Hospice. On the front of this card is the place where Dad lived (the farm which my brother now runs)."

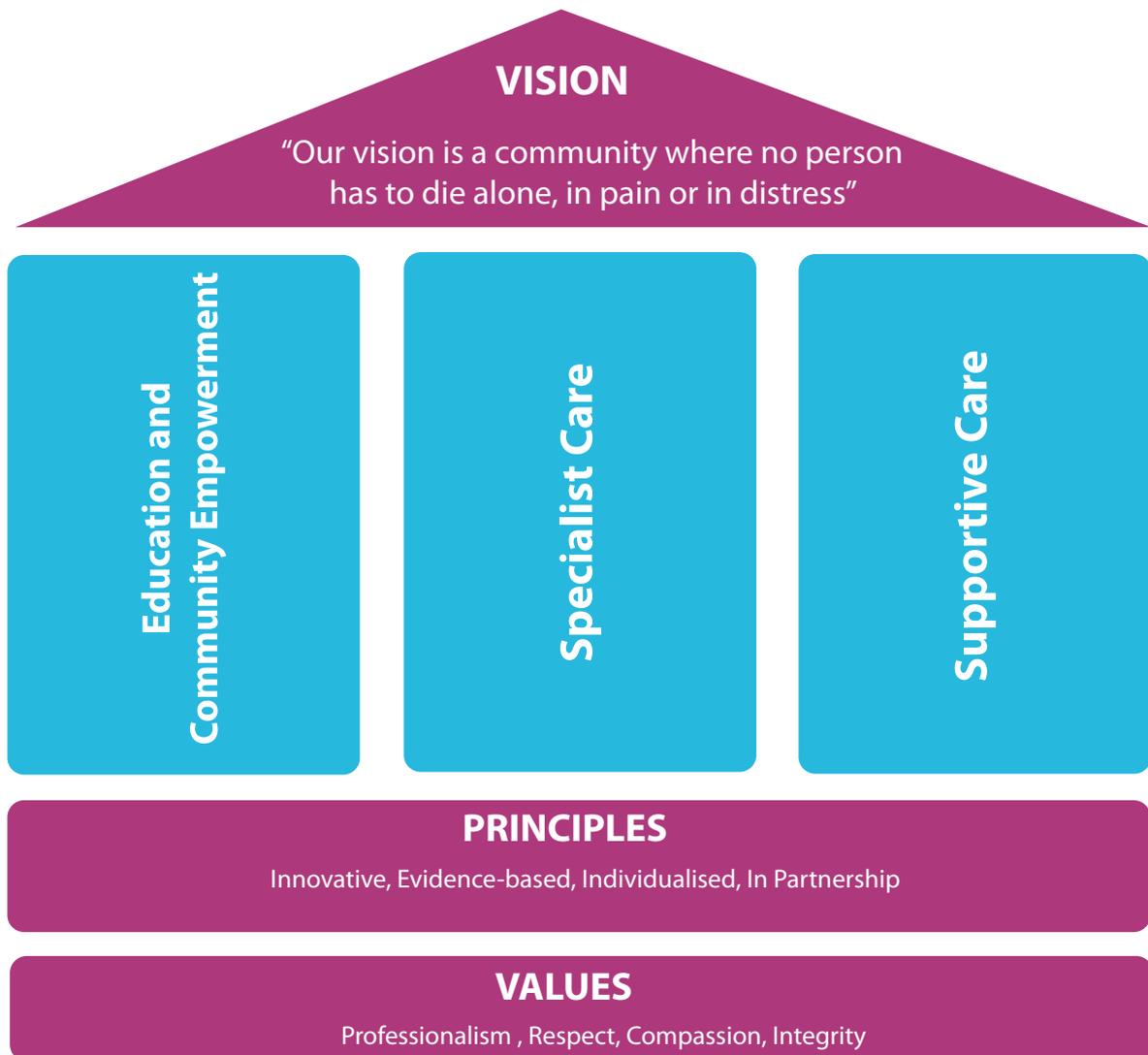
Daughter, March 2014

About Us

Background

St Luke's Hospice provides Specialist Palliative Care for the population of Plymouth, South West Devon and East Cornwall and aspires to be a National Leader. We work in Partnership with others, delivering the Education and Support, ensuring the provision of excellent End of Life Care. We aim to increase resources into the Services through Innovation and Enterprise and to be an 'Employer of Distinction', achieving Best Practice professionally throughout the service.

Our vision is a community where no person has to die alone, in pain, or in distress



We aim for excellence and our principles can be summarised as:
Innovative, Evidence-Based, Individualised and in Partnership

The Underlying Principles which guide us are:

We will be:

1. Innovative
2. Efficient
3. Evidence based

We will ensure that our services are:

4. Those needed by the individual and their loved ones
5. Delivered where they need them
6. Based on need not diagnosis

We will ensure that our staff will have:

7. The skills and knowledge to deliver excellent services
8. The motivation and passion to make a difference
9. The processes and structures that allow them to work in an integrated way

We will:

10. Ensure public and user involvement and consultation
11. Work in partnership with the NHS, Social Services and other stakeholders
12. Avoid duplicating services available elsewhere
13. Provide education and support to those caring for patients at the End of Life
14. Develop new sources of income to support new initiatives
15. Build our reserves to 6 months expenditure to safeguard our services

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Innovative, Evidence-Based, Individualised and in Partnership

What others say about us

St Luke's Hospice is required to register with the Care Quality Commission and its current registration status is unconditional. We are subject to periodic reviews by the Care Quality Commission and our last inspection was undertaken in December 2013 when the site at Pearn was reviewed and March 2014 when the site at Turnchapel was assessed. No actions to take were identified as no points were made in the reports. The service was judged as being fully compliant and rated as low risk. We are fully compliant with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. As such, the Board did not have any areas of shortfall to include in the priorities for improvement.

We are recognised as an "Investor in People" and meet all the requirements of this standard, holding the accreditation since 2003.

Measurements of our Quality

In accordance with agreement with the Department of Health, SLH submits a National Minimum Dataset (MDS) to the National Council for Palliative Care. SLH provides the MDS to the Local Commissioning Groups. This showed that we enabled a higher number than the national median to return home following in patient care.

The number of patients seen by our Day Hospice, Community Specialist Palliative Care Team and Hospital Specialist Palliative Care Service is higher than the regional and national median value.

The hospice receives many letters of thanks and compliments. The number of compliments far outweighs the number of complaints. Many families and friends along with the local community show their appreciation of the care by funding nearly 70% of our services.

The quality of the service provided is of paramount importance to the service. All letters of complaint received are investigated thoroughly and note taken of any trends. Where shortfalls are identified, immediate action is taken to minimise the risk of recurrence. The service has reached resolution with every complainant.

Summary of complaints/ incidents April 2013- March 2014

Report	No.	Resolved in timeframe	Responded to within timeframe
Organisational complaints	64	100%	100%
Clinical complaints	8	100%	100%
Organisational incidents	27	100%	100%
Clinical incidents	17	100%	100%

A complaint in this context has been defined as an expression of discontent and an incident as an occurrence that could potentially lead to a serious consequence.

Organisational incidents and complaints cover all of St Luke's services including fundraising, retail, reception, Health and Safety and Maintenance. Clinical incidents and complaints cover all of our clinical services across all sites so include inpatient, outpatient, community and hospital services.

What our Organisation is doing well

Over the last twelve months we have reorganised our assessment and measurement of quality issues. We have decided to continue this year with the indicators we identified for last year. These are patient safety, clinical effectiveness and patient and family experience. Our achievements over the last 12 months are as follows:

Patient Safety

- We said we would prioritise benchmarking the percentage of falls and medical administration incidents with other regional hospices in order to identify learning and sharing best practice and comply with new legislation.
We have compared this information monthly across hospices in the South West . This shows our incidents of falls across hospices are comparative but we have fewer drug errors than other hospices. We will continue to review this area in order to monitor and improve our processes.
- We said we would prioritise benchmarking the measuring and recording of pressure sores with other regional hospices in order to identify learning and sharing best practice and comply with new legislation.
We have compared this information monthly across hospices in the South West. This shows that we are comparative to other hospices in this area. We have changed our processes so that now all incidents of pressure ulcers are reported to and discussed at the monthly Senior Management Team meeting and 6 weekly at the Clinical Review Group.
- We said we would We will reconfigure the patient bathrooms ensuring moving and handling facilities are improved but also improving the sensory experience if we can access funding.
We have renovated all our bathrooms following the receipt of a grant from the Department of Health. All now have new baths and ceiling tracking hoists in place and we also have a sensory bathroom. The layout of the bathrooms was designed with the needs of our patients in the future in mind e.g. they are Dementia friendly.



Before renovation



New sensory bathroom

Clinical Effectiveness

- We will undertake a review of current practices by each clinical area utilising the “Productive Ward” series. We have commenced the Productive Ward Series in the community services, hospital, lymphoedema and inpatient unit. These areas have now completed 2 modules each releasing time for our clinicians to spend with the patients.
- We will develop a dependency scoring system (RAG) covering all clinical areas in order to identify the appropriate staffing levels and skills mix. A RAG system covering all clinical areas is now in place and is posted on public notice boards on all three sites. This information is used to identify the appropriate skills mix and staffing levels needed in each area.
- We will implement the “Safe Needle” process in line with the European guidance. The “Safe Needle” process is now in place.
- We will trial nurse led clinics. We trialled nurse led clinics in the city and rural locations and found that this is not a service which our patients found of benefit therefore they have been discontinued .

Patient/ Family Experience

- We will further develop the process for interviewing patients and their carers about their experience of the service. Interviews with patients on arrival to the in-patient unit have been undertaken in order to identify any specific needs of patients transferred from the acute setting.
- We will obtain patient and carer views on the use of different technologies in order to improve communication (eg. Video conferencing, Skype) We are currently using iPads on the in-patient unit following a project co-ordinated by our Education Team in the usefulness of assistive technology in promoting the quality of life of our patients. We have enabled the use of Skype so that families could communicate more effectively. We are in the process of convening a group who will take responsibility for this long term and we will continue to work on this next year.
- We will review the current documentation used by clinicians to identify what is used and how, in order to improve this area by rationalisation. Ongoing reviews of the use of clinical systems with new functionality have been carried out by the Clinical Administration Team and efficiency savings have been found.
- We will redesign our website enabling ease of access to our information for our service users. Our website has been re-designed and now all patient information leaflets can be accessed from this site. This work is also on-going.
- We will improve our spiritual space We are in the process of renovating our spiritual space following the receipt of a grant from the Department of Health.
- We will work with other stakeholders on the Volunteering in Partnership Project increasing the use of volunteers in supporting our patients. We have been working with our local District General Hospital and Age Concern on this project and have currently recruited 77 volunteers to work in all 3 areas.

Other achievements

The Education Department has developed a programme called The Six Steps + programme. This is the first hospice accredited course to promote the best End of Life Care outside of the hospice environment. The St Luke's course offers care homes, domiciliary agencies and supported living environments the opportunity to develop their skills in End of Life Care based on the nationally recognised Six Steps approach.

The programme includes a series of workshops, incorporating local systems practice within the national framework, End of Life Dementia and Learning Disabilities. There are additional workshops in recognition of the challenge of providing high quality care to the frail elderly and the cognitively impaired.

The Six Steps + Dementia programme has now become a prerequisite for any organisation to obtain the Dementia Quality Mark (DQM), integrating the quality standards for Dementia and End of Life Care. The Six Steps + programme is mapped to EOL Qualification Credit Framework (QCF) awards, meaning that evidence in individual Six Steps portfolios will meet some of the EOL QCF requirements which will accredit their work at Level 2 and Level 3.

In March this year this programme was awarded runner up in "Best Provider of Learning and Development" by "Skills for Care".



Patient Reported Experience

Patient reported experiences have been via letters, cards, completion of a suggestions form or the annual questionnaire.

Patient questionnaire

The hospice routinely sends out questionnaires to our patients, to ask them about their experience of the service provided and to determine if there were any areas for improvement.

Between the months of November and May our patients in the Day Hospice and In Patient Unit were involved in a project hosted by Help the Hospices. All were given satisfaction questionnaires which were analysed independently and the results reported back to St Luke's Hospice.

Patient reported experience	2012-2013
% who knew how to call for help	100%
% who felt that the information leaflet booklet was helpful	100%
% who had confidence in the staff caring for them	95.4%
% who felt that they were dealt with, with dignity and respect	95.6%
% who felt they had time to ask questions when they wanted to	95.4%

By looking at trends we have identified areas for improvement

Patient reported experiences

Patient reported experiences have been via letters, cards or the questionnaire

Community

"On behalf of my wife and her family, I personally, would like to thank you and your team for the care and treatment she received throughout her illness whilst under your care and leadership.

You in particular knew what a difficult period in our lives her illness was. However, it was made more bearable by your professional and personal caring approach. The care, help and advice you delivered was excellent and very comforting to me and my family. Indeed I feel, nothing more could have been done. By personally getting involved as you did, demonstrated to me you went an extra mile throughout my wife's illness. Your dedication, care, and attention to detail is worthy of high praise. Thanks to you, my perception and appreciation of the medical care and treatment received throughout her illness has risen as a result of your personal involvement.

I am pleased to say my wife passed away peacefully with dignity, and knowing everyone done their best. Although sadly my wife lost her life, I feel better having met you and knowing you cared for her the best you could.

My heart is aching at this time, but thinking about how you and your team managed the whole process makes life a little bit more bearable to face the future without my lovely wife. For this I Thank you.

I sincerely hope you can continue to make a difference to someone else's life like you have for me and my family. Once again, I thank you!"

Carer, August 2013



Hospital

"I would like to thank you and your team for the care of my mother. You helped my mum greatly, not only with her physical pain but also with the anxiety surrounding her disease and therapy. The palliative care nurses supported mum, myself, dad and my siblings. Their care and knowledge was such a comfort when we were struggling. Anna and Sharon were brilliant. We couldn't have looked back at the end of mum's life with any sense of peace if it hadn't been for your team. Thank you so much.

Carer, June 2013



Inpatient

"This is a special heartfelt thank you to each and every member of the nursing staff who looked after my darling through all his suffering and who helped make him comfortable and happy during his last days. He did appreciate all of your hard work and he loved all the banter and laughs he shared with you! My special thanks also to those (you know who you are!) who shared my tears and were so positive and caring to me and my children. I was going to try and write you names but would hate to have left anyone out! I have spent a whole month coming to the hospice every day to be with K so will miss it in a strange way!! With love to you all."

Carer, October 2013

Other Feedback

Stakeholder

"I have seen Miss K. . . . today, who very sadly has extensive recurrent disease as you know following radiotherapy to her squamous carcinoma for floor of mouth cancer. As you know she is inoperable and has extensive disease. My principle purpose of writing is to thank you for all the care that has been given to her so far. She is very appreciative. The pain that she has recently been dealing with is now much improved, although she still has some discomfort on the left side of the jaw. The pain that she was struggling with on the right appears to have resolved completely. I believe she is being seen jointly with the St Luke's team, and similarly I am very grateful for their input into her on-going management, I have not made any further formal arrangements for her to be seen at the hospital, although I would be delighted so if I can be of any further help."

Consultant, August 2013



Priorities for 2014-2015

We will continue to commit ourselves to the prioritisation of patient safety, clinical effectiveness and the enhancement of the patient and carer experience of our services. We will monitor the progress of the planned improvements through our Involvement, Clinical Review, Health and Safety, Senior Management and Board of Trustee groups.

The following are our priorities for this coming year:

Patients Safety

1. We will set up a cross-organisational working group to review future work force planning needs within Clinical Services by July 2014 in order to ensure that our staffing requirements remain at a level to maintain a safe and quality service.
2. We will oversee the implementation of a new shift pattern for nurses working within the IPU by October 2014 to ensure that we have the correct mix of nurses to meet the needs of our patients.
3. We have signed up to Help the Hospices Quality Matrix and we will work in conjunction with them and other hospices across the country in order to benchmark three quality measures.





Clinical Effectiveness

1. We will roll out a hands on community based nursing team by October 2014 that will support patients and carers in times of crisis. This is the first stage of developing a hospice without walls.
2. The Community, Lymphoedema, Hospital and In-patient Unit teams will all undertake two further modules from the Productive Ward Series releasing more time to care for our patients.

Patient/ Family Experience

1. We will be involved with the piloting of a national system called "I want great care" which will allow our patient's to rate the care they receive.
2. We will develop a new directorate of specialist supportive care whose focus will be on supportive care for our patients and their families and carers. A main focus of this directorate will be on developing Carer support and User Involvement.

Chairman's Statement

Stuart Elford



It has been an exciting and challenging year with much change and still more to come. As the In-Patient Unit and reception at the Hospice undergo radical improvements courtesy of a Department of Health grant, the accommodation of all the other teams has also been reviewed. Despite moves, building works and all the disruption that brings, St Luke's has continued to provide a quality service to its patients, families and care givers. This is testament to the stoic and committed legions of staff and volunteers who have always put the patient first.

The St Luke's Hospice Board of Trustees has challenged the Senior Management Team to deliver on the new vision with innovative and forward-thinking strategies that will widen the care we provide to many more people in the community we serve. Rapidly responding to need and delivering care in new settings will not be without its challenges, but the Board of Trustees and Senior Management Team are united in their resolve to ensure we take the highest standards of care, for which the Hospice is known and loved, and deliver it to all those that are in need without compromising the quality of the patient journey.

The Board of Trustees takes its governance responsibilities very seriously and maintains a careful guiding watch to ensure the Hospice continues to lead the way in 2014-2015.

A handwritten signature in black ink, appearing to read 'Stuart Elford', with a horizontal line extending to the right.

Mr Stuart Elford

"Thank you so much for having me as part of your team over the last 4 months. I really have loved being here and it's been a wonderful learning environment. Please continue to keep up the amazing job that you all do for the patients and their families. I feel very honoured and proud to have worked with you all at St Luke's."

Doctor in training, February 2014

Caring for the people you love when they need us most...

...only with your help

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Fundraising: 01752 492626

www.stlukes-hospice.org.uk

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Working in
partnership
with

