

# High Quality Care *for all*



## Quality Account April 2014 - March 2015

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

*"I do not know how to express my true gratitude to ALL the staff of St Luke's Hospice. You could not have done any more than you did to help! It is indeed a wonderful institution, the Hospice, Community Nurses and now the Crisis Team. All pulling together to ensure that every patient is lovingly cared for. Please accept my sincere gratitude."*

Patient's family January 2015

# Contents

## Page 3

Chief Executive Statement

## Page 4

About Us

## Page 8

What others say about us

## Page 10

What we're doing well

## Page 12

Patient reported experiences

## Page 15

Priorities for 2014-2015

## Page 18

Chairman's statement

*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. The hospice has faced financial challenges as fundraising continues to be difficult and the teams have had to adjust to the various changes we have made to our services and our working patterns. We have also completed some building works and commenced planning for vacating one of our sites and relocating to a more convenient and cost effective alternative. Despite all of this, we have continued to provide a professional, effective and supportive service for the local population.

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".

*Sally Taylor,  
Chief Executive, April 2015*

*"To the amazing staff at St Luke's, there are no words that fully express my gratitude for the wonderful caring way that both E and I were cared for during his stay. Nothing was too much trouble and throughout his care, he was able to retain his dignity and to feel he still had some measure of control and choice. I will always remember his last night when I stayed with him and the wonderful care that was given to me. Staff even re-arranged furniture so that I could be right with him and yet still comfortable. I was thus close beside him and holding his hand at the moment of his passing."*

*Wife, January 2015*

# About Us

Palliative care was defined by the World Health Organisation (WHO) in 2002 as:

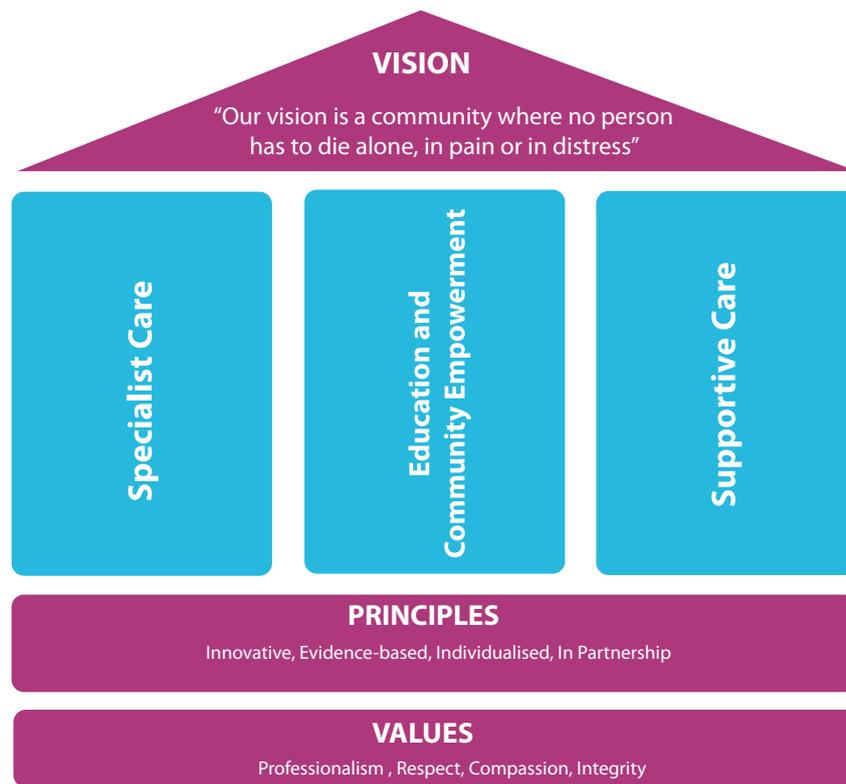
*"... an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care provides relief from pain and other distressing symptoms, affirms life and regards dying as a normal process, and intends neither to hasten nor to prolong death. Palliative care integrates the psychological and spiritual aspects of patient care, and offers a support system to help patients live as actively as possible until death. It also offers a support system to help the family cope during the patient's illness and in their own bereavement. Using a team approach, palliative care addresses the needs of patients and their families, including bereavement counselling if necessary. It enhances quality of life, and may positively influence the course of the illness."*

## 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.



# St Luke's Vision



## The Three Pillars of St Luke's Service Delivery

### 1. **Specialist Care - Symptom Control and last days of life care, for those with the greatest specialist need**

At the core of what we do is the provision of specialist care services. The focus of these services is on complex symptom control/terminal care. The service we provide includes:

- Inpatient specialist care service
- Community based specialist advisory service
- Hospital based specialist advisory service
- Medical Outpatients and domiciliary visits
- Crisis intervention service
- Telephone advice and support

### 2. **Education and Advice, Co-ordination, Community Engagement**

The End of Life Care Strategy for England (2008) identified workforce development as one of the essential factors to the future success of the strategy's implementation. We are in a unique position to provide this education and have already seen the impact some of our education projects are having on the end of life care provided by other organisations, for example, the Six Steps programme aimed at care homes and domiciliary care agencies.

As identified in the End of Life Strategy for England (2008), critical to delivering effective care is a central co-ordinating facility that provides a single point of access through which all services can be co-ordinated. We are ideally placed to be involved in co-ordinating care our local community. We would envisage such a model as not only co-ordinating referrals on behalf of the NHS but as a central point of referral to our own services.

As part of the community in which we live, we will play a role in raising awareness and empowering the community to support itself. This will be achieved in a number of ways such as raising public awareness, and working with community groups to enable them to better support people at the end of life in their communities. In the ongoing development of this approach, wider public engagement, clear understanding of community development principles and partnership working are critical.

### 3. **Wider Service Provision – Supportive Care**

We know from dealing with our patients and their carers, they are often in need of supportive care. This support can be in many forms and does not all need to be delivered by paid staff. For those services that require paid staff, we would be looking for the majority to be commissioned either through public monies, grants or by patients themselves. Some examples of the services we run include our Domiciliary Care service, our Lymphoedema service and our Bereavement service.

# Our Values...

## Professionalism, Respect, Compassion, Integrity

At St Luke's we are proud of, and passionate about our history and the care we provide. These have been achieved by the hard work, dedication and commitment of all the staff and volunteers who have made St Luke's what it is today. Our values are at the core of all our services. They inspire us and drive us, to ensure we provide the best possible care to as many local people as we can reach; living and dying with a terminal illness.

### Professionalism

- Striving for excellence in everything we do
- Setting high standards and challenging ourselves to do our best
- Having the courage of our convictions
- Inspiring creativity, passion, optimism and fun

### Respect

- Taking time to say "thank you"
- Being fair and treating everyone with respect
- Embracing diversity; respecting the breadth of cultures, values and traditions
- Welcoming the opinions and ideas of all people

### Compassion

- Giving time to listen
- Giving time to care
- Offering hope, comfort and support when required
- Understanding a position from others' perspective

### Integrity

- Being positive and realistic about our abilities
- Keeping our promises
- Communicating information honestly, openly and straightforwardly
- Having the personal courage to take the right tough decisions

# Our Principles...

We aim for excellence and have agreed a number of principles which guide our strategy and our Action plans. We will be Innovative and our services will be Evidence based. Our staff will have the skills and knowledge to deliver excellent services, the motivation and passion to make a difference and the processes and structures that allow them to work in an integrated way. We will ensure that our services are Individualised (Based on need not diagnosis and delivered where patients need them) and we will work in Partnership with others; involving all stakeholders in decisions and avoiding duplicating services. We will deliver care but we will also provide education and support to those caring for patients at the End of Life.

# So what does a “Hospice without Walls” look like?

## Specialist Symptom Control and last days of life, for those with greatest specialist need

- Inpatient Unit specialist care beds
- Improved carer/family facilities within the Inpatient Unit
- Multi Disciplinary Teams in Hospital and Community
- Medically led outpatients and home visits
- Crisis Team
- Advice line for professionals (Hospital and community)
- Shaping local policy and influencing regional and national end of life care policy

## Co-ordination, Advice and Education

- Proactive education of professionals
- Driving excellence across care homes in end of life care
- Driving partnership working to coordinate and make the most of services
- Development and support of end of life care champions
- Advice/Support line for patients/carers

## Community Engagement

- Raising awareness about death, dying and caring for people in the last days of life in our community
- Working in partnership with existing care groups to empower individuals, groups and the wider community to care for people living and dying with a terminal illness
- Promoting and growing the concept of advance care planning to help address peoples future care needs and wishes to and achieve a good death
- Signposting to other support groups

## Wider Service Provision

- Services delivered by St Luke's Care to complement and enhance those services provided in a persons home
- Supporting and signposting carers to access relevant services
- Volunteers to support patients at end of life

# Our Strategic Priorities 2015/16

## 1. Hospice without walls

- a. To proactively engage with and respond to our local community in delivering palliative and end of life care
- b. To work collaboratively and creatively with other stakeholders to promote and deliver services ensuring equitable access to all
- c. To extend our care into a variety of contexts, providing care for more people, wherever they need it

## 2. Workforce development

- a. To ensure staff and volunteers have the skills, knowledge, motivation and behaviours to deliver a professional and efficient service to all users, now and in the future.
- b. To expand development pathways and programmes for staff and volunteers across the organisation
- c. To invest in organisational leadership through formal succession planning, coaching and talent development

## 3. Organisational effectiveness

- a. To identify and implement transformational change across the service to improve organisational efficiency and meet our vision and strategic aims
- b. To ensure staff have a shared understanding of the vision of St Luke's, its direction, values and standards of behaviour
- c. To invest in innovation and evaluation to develop new and effective ways to enhance our services and respond to emerging needs

# 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.

## Measurements of our Quality

The hospice receives many letters of thanks and compliments. These far outweigh the number of complaints received. 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 over the last 12 months.

### Summary of complaints/ incidents April 2014- March 2015

Report	No.	Resolved in timeframe	Responded to within timeframe
Organisational complaints*	49	100%	100%
Clinical complaints	11	100%	100%
Organisational incidents*	41	100%	100%
Clinical incidents	14	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.

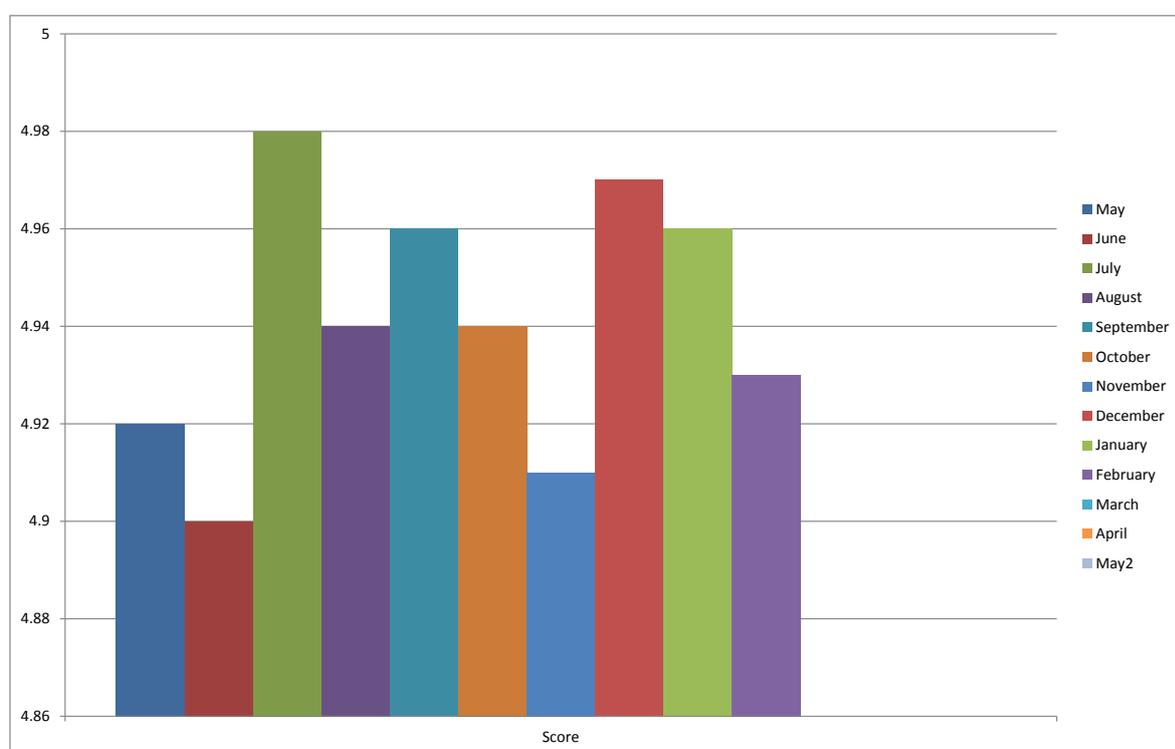
\*Organisational incidents and complaints cover all of St Luke's services including fundraising, retail, reception, Health and Safety and Maintenance. Clinical incidents and complaints cover all of our clinical services across all sites so include inpatient, outpatient, community and hospital services.

# I Want Great Care Feedback

I Want Great Care is a questionnaire used to gain regular patient and family feedback. We have combined with eight other hospices in the South West for this project. This will benefit individual hospices and the SW hospices together in the following ways:

- provide regular individualised monthly hospice reports on patient and family experience, including both quantitative and qualitative components
- provide standardised and tested metrics across all hospices in the South West
- provide all patients and families with the opportunity to give feedback either on paper or on-line through an agency independent of the hospice.

Summary of feedback received from patients and their carers received via IWGC providing the average scores of questions relating to dignity, respect, involvement, information provision, staff attitudes, confidence levels in staff, satisfaction of support received and the family friendly test. (Likert scale of 1-5).



Did you get  
great care  
today?  
iWantGreatCare.org



*"There is nothing to improve. The care is beyond expectations. Nothing is too much trouble, and everyone is so kind and understanding. Attention to detail and personal needs is outstanding. We are very grateful to everyone at St Luke's".*

# What our Organisation is doing well

We stated that our priorities for last year would relate to patient safety, clinical effectiveness and patient and family experience. Our achievements over the last 12 months are as follows

## Patient Safety

- We identified that we would 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.

We have developed a pathway for our staff by the development of a Clinical Passport. We have also ensured the Personal Development Review Process links with this and is competency based. We have also developed a Preceptorship role and are working on succession planning.

- We said we would 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.

New shift patterns were introduced in January 2015. We have commenced the active recruitment of more trained nurses in order to bring up the ratio of trained nurses to auxillary nurses from 40:60 to 60:40 as identified by research into the skills mix needs of the population we serve.

- We have signed up to the Hospice UK Quality Matrix and we will work in conjunction with them We have submitted comparative data quarterly throughout the year.

## Clinical Effectiveness

- 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.

The Crisis Team has been running since October 2014 and has seen 117 patients up to 31st March 2015

- 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.

These services have all achieved a further 2 modules relating to their areas of speciality.



## Patient/ Family Experience

- We will be involved with the piloting of a national system called "I want great care" which will allow our patients to rate the care they receive.  
[This has been on-going since May 2014 as reported above. A further contract for 2 years has been agreed.](#)
- 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.  
[Due to various restraints this approach has been re-thought. As a result of this the Social Care Team has been strengthened and a Community Development Lead has been appointed.](#)

## Other achievements

St Luke's new Induction Programme enables Health and Social Care Assistants, to gain the nationally recognised 'Care Certificate'. An Independent Review of the NHS and Social Care Settings (July 2013) found that preparation of healthcare assistants and social care support workers was inconsistent. The development of a National 'Care Certificate' was therefore recommended. This sets out 15 standards, which 'new-to-care' support workers need to be assessed against and deemed competent, as part of their induction into Health and Social Care. The Certificate is not mandatory but the CQC will expect all regulated providers to comply with the new standards.

St Luke's engaged with Care Certificate SW to pilot the National Care Certificate within a Hospice service. The pilot provided the opportunity for the Education Team to standardise Mandatory and Induction training whilst at the same time apply care certificate to service needs – e.g. with a Palliative/End of Life Care Focus. Learning and teaching materials were adapted and assessment documentation and processes developed to ensure HCAs were supported to gain knowledge and competence during a 12 week induction period.



# Patient reported experiences

## Community

*"I would just like to say, a huge thank you from myself and my family for helping my dad in his final hours at home. My dad who passed away on January 6th 2015 was able to be at home with his family where he wanted to be! One of his final wishes was that he stayed at home to be with us all. The team were so kind and considerate and treated my dad with such respect and dignity. If they were not there we would not have been able to sit with him as he passed away, it was only because of the fantastic nurses there, they were able to tell us he was going to pass very soon and to come and sit with him. Truly we thank you from the bottom of our hearts for helping us and making my dad's wishes possible."*

**Carer, March 2015**



## Inpatient

*"I just wanted to say thank you so much for all the support you have given me during my placement here. You are an amazing team that gives so much to the patients and families that come here and I feel really privileged to have been able to be a part of it. You have all helped me on my journey and given me the skills and confidence to move closer to becoming a qualified nurse. I'll miss you all but will hopefully keep in touch and will see you all again in the future."*

**Nurse placement, March, 2015**

## Hospital

*"My husband recently passed away after suffering from metastasized prostate cancer. I believe that it was through the dedication and care from his hospice nurse and his palliative care hospital nurse in the last weeks of Brian's life when he was in Derriford Hospital that gave him the strength to keep fighting, kept him mentally strong and ultimately helped to give him the best quality of life possible."*

Carer, December 2014



# Other Feedback

## Stakeholder

*"Many thanks to all of you for your help on this. We appreciated greatly your expertise and professional approach to providing training. I have looked through the feedback forms and will let my boss know how well it went. We did know that we would be presenting quite a challenge as we had to nominate people right across the CCG, and the experience they then brought was very mixed. But one of our goals was to alert all staff to the needs of patients and staff and the resources and good practice available. I am sure we have achieved that. We will be discussing with the main front line groups of staff what future needs we will have. We have also recommended you as a provider for other trusts considering running bereavement training."*

**Commissioner, December 2014**

*"Thank you for your time in allowing me join your team on 03/02/2015. I enjoyed seeing how your team work and the high standard of care and compassion given by Michelle and Nick on the visit to one of your patients. It was also lovely to meet Rosie and Jenny and I wish you and your team well."*

**Colleague from Plymouth Community Healthcare CIC (Jan), February 2015**



# Priorities for 2015-2016

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 but we will detail these using the 5 questions that the Care Quality Commission will be using when they assess the quality of a service. We will monitor the progress of the planned improvements through our Community Development, Clinical Review, Health and Safety, Senior Management and Board of Trustee groups.

## Patients Safety

1. We will further develop a pathway for staff thus ensuring that they have the skills and competencies required for their roles. In order to achieve this we will continue to develop the "Clinical Passport" for staff . We will also role out preceptorships and succession planning across the organisation and embed this in our culture.
2. We will continue to increase the proportion of trained nurses to auxiliary Nurses to 60:40 in line with the findings of research into the needs of the population we serve
3. We have signed up for a further 2 years to the Hospice UK Quality Matrix and we will work in conjunction with them and other hospices across the country in order to benchmark three quality measures.
4. We will redesign and implement new Falls management documentation and ensure this is embedded in the unit.





## **Clinical Effectiveness**

1. Having developed processes for Mental Capacity and Best Interests Decision making processes we will embed this throughout the organisation with Dementia training being a priority.
2. We plan to move our Personal Development Review from a paper based format to an electronic version ensuring that compliance with completion becomes easier to monitor. This will ensure that staff are competent in their roles.
3. We will be part of the national pilot for the development of a Palliative Care currency.

## **Caring**

1. We will place a stronger focus on nutrition and hydration in the training provided to clinical staff.
2. We will pilot and implement place mats on food trays in order to provide information that may be of use to patients and their families.
3. We will ensure that feedback received from our "I Want Great Care" questionnaires is used to improve our services where appropriate.

## **Responsive**

1. We will be developing a Social Care hub where social care teams, including volunteers are brought together into one department. This will ensure we can respond to needs effectively and promptly allocating the most appropriate staff member or volunteer to the patient or carer.
2. We will be co-locating all our community services onto one site which will then become a central point of contact for patients. This will improve the co-ordination of care that our patients receive.

## **Well led**

1. We will use our resources more effectively by installing a contents management system thus reducing duplication and encouraging cross departmental working.
2. We will further develop partnerships between us, Marie Curie, commissioners, NHS and other health care providers in order to enhance the patients experiences
3. We will empower our staff, encouraging coaching skills, thus devolving responsibility and accountability down the organisation.
4. Team nursing will be introduced over the next 12 months in order to spread both skills and workloads across the full 24 hour period.

# Chairman's Statement

Stuart Elford



After much research and planning the Hospice has launched its long awaited Crisis Team, a first and very important step in delivering St Luke's concept of a 'hospice without walls'. This bold move has taken careful consideration and was not possible without changing some of the ways and places in which we work; especially in the light of an ageing population that continues to have ever more complex needs.

However, evidence shows that people want choice in where and how they are cared for when suffering from life-limiting illnesses. The Hospice must respond to demand for its services with innovative solutions that enable us to support patients, their families and carers, no matter where or when it is needed. This cannot happen without the dedication of the staff and volunteers whose professionalism and integrity remain undimmed. They understand the need to adapt if St Luke's is to remain at the forefront of delivering quality palliative care.

The Board of Trustees have charged the Senior Management Team with ensuring St Luke's Hospice maintains the highest standards and delivers its services with compassion and respect to all those that are in need, wherever they may be. It is only by doing this that the Hospice can realise its vision of a community where no person has to die alone, in pain or distress.

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

Mr Stuart Elford

**Chairman of the Board of Trustees, April 2015**



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

*...only with your help*

Reception: 01752 401172

Fundraising: 01752 492626

[www.stlukes-hospice.org.uk](http://www.stlukes-hospice.org.uk)

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Working in  
partnership  
with

