

St Luke's

Quality Account  
2018-2019



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# 1 Statements from St Luke's Chief Executive



## Statement on quality from the Chief Executive

On behalf of St Luke's Executive Team and the Board of Trustees, it gives me great pleasure to present this, the 2018/19 Quality Account for St Luke's Hospice, Sheffield. This account gives us the opportunity to provide information on how we delivered last year's improvement priority, how we measure and gain assurance about the quality of our services, and to identify the quality actions we intend to introduce during the coming twelve months.

In summary, throughout 2018/19 we've continued to develop, grow and innovate our services, how they are delivered and how they are run, in support of our vision - **'Supporting and caring for everyone affected by terminal illness in Sheffield.'**

During the last year we've helped **1,834** individual patients through **2,866** spells of care, as well as providing support to their families and friends – around **6,000** people in total.

I am proud that St Luke's continues to demonstrate, and to be recognised for, its innovation in bringing new approaches to healthcare in its widest sense. This approach continues to bring improvements for our beneficiaries – in terms of the range of services we offer, the number of patients, clients and families we support, the quality of the care we give, and the accessibility of our services to our diverse community.

A year cannot be summed up in a few words, or even a report. A year at St Luke's is a mixture of care and emotion, dedication and compassion.

### National Health Service (NHS) funding and finances

Following years of 'zero inflation' on our contract funding from NHS Sheffield Clinical Commissioning Group (CCG), we are delighted that – following a detailed and comprehensive bid and review – we will see an increase in our funding for 2019/20, followed by a further minimum increase of 6% for 2020/21. This additional money is vital for us to maintain our services, and we thank NHS Sheffield CCG for their support and commitment. Our bid document detailed the incredible growth in the services offered by St Luke's to many more patients in recent years, and clearly demonstrated our value to the Sheffield health economy. It is true to say that the value given by St Luke's is many times the contract funding received. These increases will improve our position from being 23% NHS funded in 2018/19 to c.26% funded in 2020/21.

### Clifford House

Our new non-clinical support centre and service to help anyone affected by an illness with no cure, both those directly affected, and their families, friends and carers. Our quality initiative for last year, Clifford House centres on offering practical support and advice, as well as fun, relaxation and wellbeing – all free of charge - and which supported over **800** clients during the last year, proving there is a real need for the service.

### Succession planning

2019 will see the retirement of Judith Park our Deputy Chief Executive and Director of Care. Judith has been part of St Luke's since 2006, and has been a leading light in our transformation over the last ten years. We're sad to see Judith leave, but we're delighted that as of April 2019 she has been succeeded as Director of Care by Jo Lenton. Jo has worked at St Luke's for ten years, most recently as the Head of our Integrated Community Team. Jo is a nurse with a wealth of experience, a deep understanding of Sheffield and its people, and a champion of outstanding care. We know that Jo will maintain the traditions for caring, quality and human compassion that are fundamental to St Luke's.

## Healthcare governance frameworks

We continue to work with our colleagues and partners at NHS Sheffield CCG and Sheffield Teaching Hospitals to establish a strategy for end of life care in Sheffield, and a focal point from which this work can influence the wider integrated care system and accountable care partnership approaches. End of life care stretches across all ages and impacts all sections of healthcare, and whilst it is recognised as such in national guidance, its importance has not been reflected to date within the emerging new structures. This needs to be addressed, as good end of life care embedded throughout healthcare systems brings both positive experiences to services users, and saves the overall healthcare economy – particularly through avoided emergency admissions. St Luke's has a wealth of experience and data in this area, and we will continue to be a champion and a voice for those who so often go unheard.

## General Data Protection Regulations (GDPR) and Information Governance (IG)

St Luke's successfully implemented its GDPR processes in 2018, and we've appointed a Data Protection Officer to lead on these issues. We have had no reportable issues in the last year. We are also pleased to report that we have passed the NHS IG compliance requirements, effective as of 1 April 2019.

Other ongoing initiatives including our Extension of Community Healthcare Outcomes (ECHO) project, and diversity and inclusion are reflected later within this report.

## Quality

The Board of Trustees is fully focused on maintaining and improving the quality and extent of care we provide, and bases the decisions it makes on managing risk and serving our beneficiaries. This is reflected in our approach to corporate and healthcare governance which, in conjunction with operational groups, enables me to give assurance to our Board that the appropriate processes and procedures are in place to support our activities, and that these are regularly monitored and reviewed using key quality and performance indicators.

In all senses it is 'our people who are at the heart of St Luke's' – our patients, clients, families, volunteers and employees, and learning from their experiences is the key to success. I would like to thank all of our employees and volunteers for their achievements over the past year.

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

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

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



# Statement on governance and public benefit

## Overview of governance structures

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

A skills matrix based system is used by the Board in considering the adequacy of its trustee complement, reflecting the organisation's need for a balanced mix of skills, both clinical and non-clinical. This is reviewed on a regular basis, and proposed new trustees must undertake a 'fit and proper person' check, followed by a full programme of induction into all aspects of the organisation and their duties and obligations as a trustee, in line with Charity Commission guidance and best practice. Trustees serve in four year periods, to a maximum of ten years.

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

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

## Good governance and risk management

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

- Clinical governance – our clinical governance arrangements are modelled on guidance and good practice within the healthcare sector, overseen by the Healthcare Governance Committee.
- Non-clinical risk and financial control – the Resource and Finance Committee takes lead responsibility for non-clinical and business risk, with the Community Engagement Committee overseeing the interactions between St Luke's and its wider supporter base across our diverse Sheffield community. St Luke's is subject to an external independent financial audit each year.
- The Board of Trustees – oversees St Luke's risk management strategy, through its Audit and Risk Committee and interaction with other committees and Executive Team.

## Public benefit

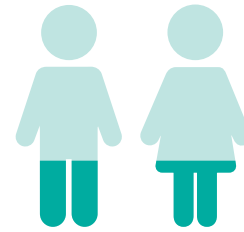
In planning and delivering our services and activities, the trustees and management of St Luke's have given due regard to the need to ensure that the service provides public benefit - following the Charity Commission's guidance on these matters. St Luke's charitable objectives and our annual declaration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

# 2 Review of services and quality improvement priority 2019/20

## Review of services

St Luke's provides palliative and end of life care for patients who have life limiting illnesses. This is not limited to patients who have cancer but includes neurological conditions like motor neurone disease, human immunodeficiency virus (HIV) and end stage heart, kidney and lung conditions. Care of patients with non-cancer illnesses has risen from 22.6% to **27%** over the past twelve months.

Overall our clinical teams (excluding Clifford House) helped **1,834** (2017/18: 1,784) individual patients, through **2,866** (2017/18: 2,751) spells of care in 2018/19. Demonstrating that St Luke's is clearly needed more than ever. Throughout the year we've seen an increase in activity across the board, this combined with the increasing complexity of our patient group, reinforces the pressures we are facing every day.



**27%**

of our patients have a non-cancer diagnosis



**1,834**

patients were helped by our clinical teams in 2018/19



During 2018/19 St Luke's provided the following services:

### 20-bed In Patient Centre



24-hour care and support by our team of specialist nursing and medical staff.



Over the last twelve month period we cared for **323** patients.



During the year we operated at an **85%** bed occupancy rate.



Due to an increase in the complexity of patients the average length of stay on the In Patient Centre increased from 16.8 to 19.6 days.

'I am just so grateful to you all. My husband's death was so calm, peaceful and painless, and the family were so well supported. Every single person at St Luke's contributed to this from hospitality, housekeeping, nurses, physios, wellbeing and reception staff.'

### Active Intervention Centre



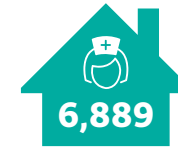
We provided tailored programmes of therapies, treatments and advice to **235** patients last year...



...welcoming **1,721** attendances, which is an increase of **41** attendances.

'I feel when I'm here I'm focused and everything revolves around me; it's my day. I love it, I feel safe here. Everyone's so kind and helpful.'

### Integrated Community Team



Last year our Community Team made **6,889** visits to patients in their own homes.

The team also received a total of **2,257** referrals for support.

2,257



**51%** of referrals were for patients requiring urgent care from our Intensive Treatment Team.

**98%** of patients who died under the care of our community service were supported to die at home or in a care home.

'Through the two years of my wife's treatment the community nursing team were responsive to her needs and requests for support and assistance. They listened, and were clear about what they could offer. All the members of the team that I met were proactive, empathetic and professional, and provided sound advice.'

## Therapy Services



**2,451** interactions with our Physiotherapy Team helped to improve the mobility of **330** of our patients.



**2,579** interactions with our Occupational Therapy Team helped to improve the independence of **321** of our patients.



**1,881** complementary therapy sessions improved the quality of life of **326** patients and carers.



**2,054** interactions with our Social Work Team provided support and guidance to **610** patients, carers and professionals.



**2,383** interactions with our Bereavement Service provided support to people both at St Luke's and out in the community.



**1,774** individual interactions with our Spiritual Team provided support to patients, families and friends.

'St Luke's provides a space, physical, psychological and spiritual, to process at a time when there is so much going on. In that way it's the most tremendously helpful place to be.'

## Quality improvement priority 2019/20

### Developing and implementing clinical supervision

Clinical supervision has long been utilised in healthcare settings to provide a safe and confidential environment to support staff in their personal and professional development and to reflect on their practices. However, due to shift patterns and the challenges of releasing nurses in busy inpatient settings, facilitating supervision meetings has notoriously proven difficult. We recognise the emotional challenges faced by our nursing staff of working in a palliative care setting, and to better support both our qualified and unqualified In Patient Centre nursing staff we are introducing a new clinical supervision programme. Held in addition to a range of other staff support mechanisms, the programme aims to provide a more formal process to support our nursing team.

Held within working hours, the meetings will offer our nurses an opportunity to reflect on their work on the In Patient Centre and the ways it challenges them emotionally, as well as a space to discuss development opportunities. To achieve this we plan to train six supervisors to facilitate the sessions and each of the supervisors will be assigned an individual supervisor themselves. Over the coming year we will be undertaking an evaluation with those involved to evaluate the impact of this new programme.





## Care Quality Commission (CQC)

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

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

The CQC has not needed to take any corrective action against St Luke's during 2018/19. St Luke's has not taken part in any special reviews or investigations by the CQC during 2018/19.

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

### Ratings

#### Overall rating for this trust

**Outstanding** ★

Is the service safe?

Good ○

Is the service effective?

Outstanding ★

Is the service caring?

Good ○

Is the service responsive?

Outstanding ★

Is the service well-led?

Outstanding ★

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

The full report can be viewed at:  
[www.cqc.org.uk/location/1-108415043](http://www.cqc.org.uk/location/1-108415043)

## Financial considerations

Our NHS contract funding in 2019/20 is budgeted to provide **25%** of the total income required to run St Luke's during the year, with the other **75%** being generated through donations, legacies, fundraising projects, our chain of charity shops and other activities.

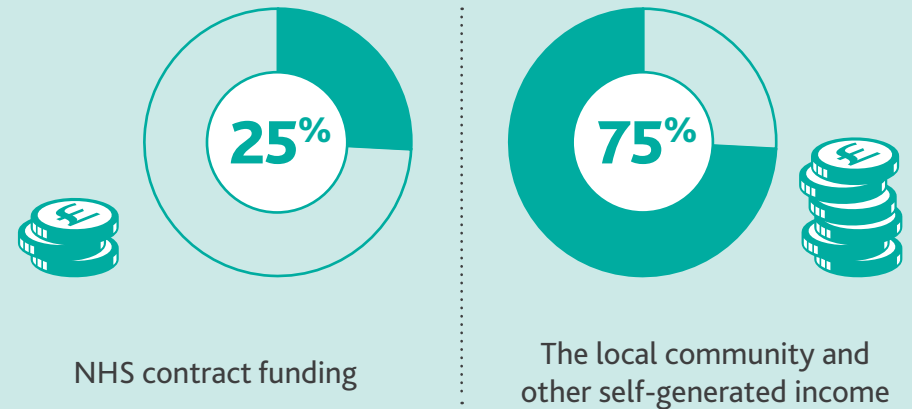
The normal day-to-day running costs of St Luke's for 2019/20 are expected to be around **£10M**.

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

We've managed to propose a small deficit budget (of c. -£35k) for 2019/20, but this is very finely balanced.

Over the last few years St Luke's has operated a two year funding deal with the CCG, allowing for clearer planning, which has been helpful. We are pleased that NHS Sheffield CCG has worked with St Luke's to provide a more sustainable funding level from 2019/20, recognising the important part played by the charity in Sheffield's healthcare system.

### Where our funding comes from...



### Normal day-to-day running costs for 2019/20

# £10 Million



## Research, audits and service evaluations

### St Luke's is a research active organisation and has integrated its research and audit activities into its wider governance framework through:

- Implementing a research governance process.
- Developing a formal decision tool which records the assessments we make as to whether research is appropriate for St Luke's, as well as template letters for authorisation.
- Maintaining a record of all studies, from the point where we are first approached, to completion, withdrawal or closure.
- Providing secure site-file storage.
- Introducing a process for informing our insurers of research taking place.
- Reporting activity to our Healthcare Governance Committee and the Board of Trustees.

### We have developed the research infrastructure and work closely with other organisations. Examples include:

- Our Consultant Senior Clinical Lecturer and Research Lead has integrated with the team at the University of Sheffield's School of Health and Related Research (ScHARR), and is collaborating on projects within Sheffield, within Yorkshire, and nationally.
- The Sykes Centre at St Luke's has now been converted to a multi-use space, with research staff and an e-learning suite.
- Our Consultant Senior Clinical Lecturer and Research Lead has attended and presented at the Sheffield Palliative Care Research Network.

### Our research activity over the past year has included:

- Avoiding Emergency Admissions in Palliative Care Patients (AEA-PCP) – a data analysis study hosted at ScHARR, and which our Consultant Clinical Lecturer is co-leading.
- Being a recruitment site for the Study of Opioid Induced Constipation, a multi-centre observational study. This work is being supported by time from a dedicated National Institute for Health Research (NIHR) Research Nurse.
- Being a recruitment site for the RESOLVE study, a large project funded by Yorkshire Cancer Research. The RESOLVE study aims to implement routine and systematic assessment and monitoring of symptoms and other concerns in palliative care practice to improve the health status and symptom experience of people living with advanced cancer.
- Hosting Masters and PhD student research.
- Working with the Medical Director and the Lead Community Consultant to develop research around Project ECHO.
- Supporting clinical staff in developing their own research ideas, including medical, nursing and allied health professionals.
- Publishing journal articles and posters.

### We've received funding for our research from a number of sources:

- We secured part of a grant (receiving approximately £6,000) for the AEA-PCP project.
- With support from our Fundraising Team, we secured a total of £38,000 additional funding from other donors for the St Luke's research project.
- Through working with other researchers to explore next levels of funding when current projects are completed or in hand.

St Luke's has a register and programme of local audits, research and service evaluations, a range of which are mandated as part of a rolling programme. These include infection control, medical records, pressure ulcers, nutrition and hydration assessments, antibiotic use, pre-emptive medication and end of life care.

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

# 3 Review of quality improvement priority 2018/19

## St Luke's Clifford House; next steps

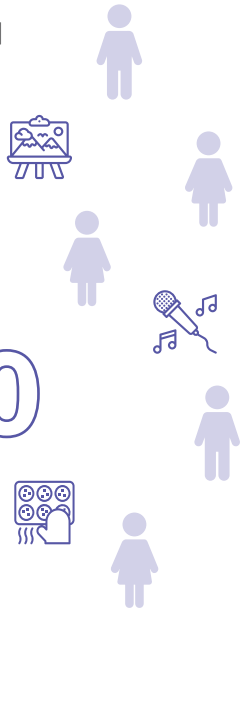
In its first year, Clifford House helped over

800

clients who took part in over

4,000

sessions of 37 different activities.



We reached people from all over Sheffield, with significant usage by the clients from our Asian communities. The testimonials we've received show that Clifford House forms an important part of maintaining a happy, fulfilled and (so far as possible) healthy life before the complexities at end of life become the prevailing factor. We continue to learn about the service and those using it, and as with all St Luke's services there is no charge for the activities and services we have on offer at Clifford House.

Full details on the activities and services on offer are available at: [www.stlukescliffordhouse.org.uk](http://www.stlukescliffordhouse.org.uk)

As part of the evaluation, surveys were undertaken to find out what clients think about the services and facilities provided, and to gather their views on areas for future development.

In total 122 clients completed the survey and when asked how they would rate their overall experience at Clifford House, **98%** of those who responded rated the service as either good or excellent. When asked for one thing they would change **48%** of respondents said that there is nothing they would change about Clifford House, or they made a positive comment.

**'It's impossible to change anything about Clifford House as it's a place that is unique and the most welcoming and amazing place that can possibly exist.'**

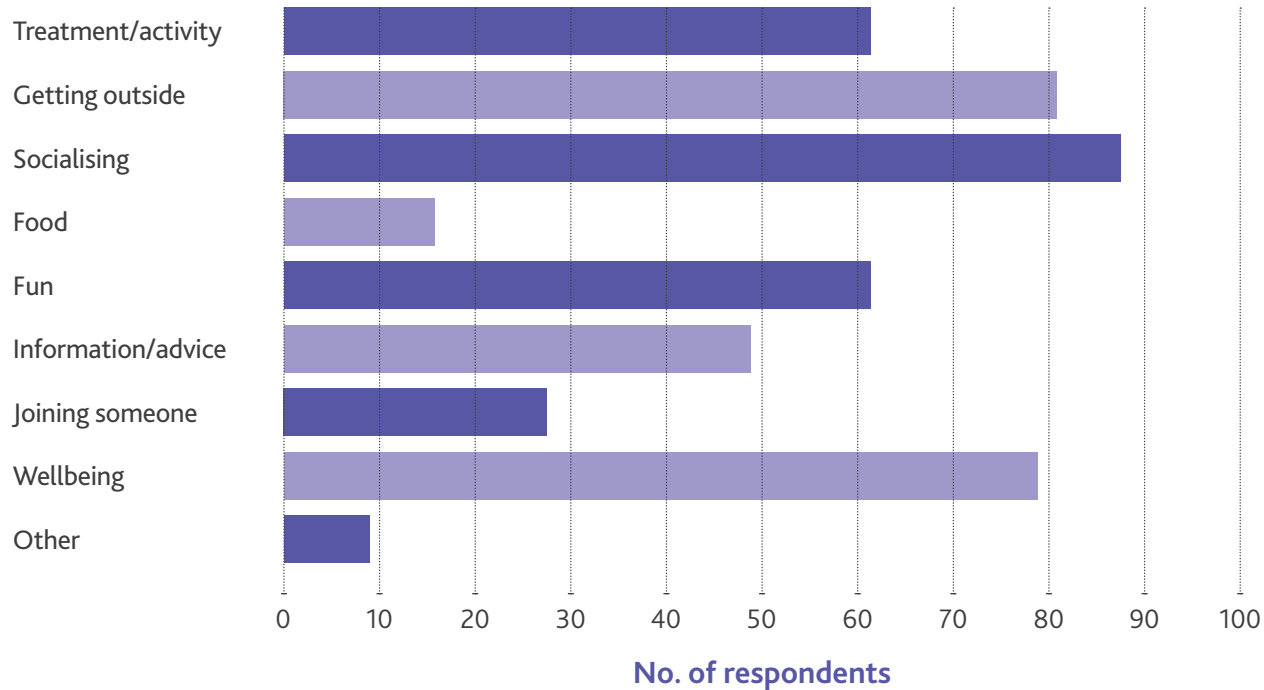
**'This is a really great resource where members of the "wider" community can come together. It's an escape for me and a really relaxed place where carers or those with illness can share experiences and have a laugh together.'**

Responders highlighted that booking onto activities could be simplified; and there were suggestions for more than 30 new activities, as well as to extend the days when Clifford House was open.

**100%** of responders gave the reason they attended Clifford House, with the highest being for company and to meet people.

## Graph showing the reasons for attendance by clients at Clifford House

### Reason:



Client feedback is the most powerful demonstration of the impact Clifford House is having on their lives.

**'Over the last year Clifford House was a lifeline to us, then since my husband died it's allowed me to come out of the house into a safe environment where people understand my loss and sadness.'**

**'It's my life saver. I am a different person when I come to Clifford House. At home I am alone and sometimes my illness weighs heavy. At Clifford House I enjoy all the activities and particularly the wonderful company and support.'**

*Clifford House is funded through St Luke's charitable activities, and receives no NHS funding. It does not provide regulated services.*



A short video celebrating 12 months of Clifford House can be viewed at:

[www.stlukeshospice.org.uk/cliffordhouse1year](http://www.stlukeshospice.org.uk/cliffordhouse1year)



## Ongoing quality priorities

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

### Enhanced Community Palliative Support Services (EnComPaSS)

Utilising new and innovative technology developed in Canada, known as eShift, our EnComPaSS project enables one Senior Nurse or Doctor to monitor multiple patients in their own homes. Nurses use questionnaires to capture each patient's most important problems and needs and to identify changes in their condition. This is then relayed back in real-time to senior clinicians at St Luke's, who can advise our community nurses on any targeted treatment and delegate tasks whilst also coordinating with other health agencies.

We are the first healthcare provider to trial eShift in the UK, and introducing the technology has significantly transformed the way we deliver care in the community. More junior members of staff are now able to undertake home visits (a role previously undertaken by more senior members of staff), and we've widened the range of staff supporting the delivery of our care through the introduction of Assistant Practitioner (AP) roles. The technology has enabled in real-time more senior team members to be redirected to patients with the most complex needs and those requiring urgent care and support.

The results of the initial pilot project are currently being analysed and a paper on the findings is being prepared for publication. Emerging results suggest the technology is delivering comparable patient

outcomes in terms of quality of life, whilst also helping to reduce unnecessary hospital admissions and acute hospital bed days, which could equate to a potential saving to local NHS services of a massive £3.6M per year.

### Extension for Community Healthcare Outcomes (ECHO)

Project ECHO is an established not for profit, video mentoring programme that supports the training and education needs of health and social care staff in areas that are hard to reach. Delivered direct from St Luke's via a video link to multiple 'spoke' sites, ECHO creates a community of practice that supports service delivery, sharing of knowledge and support for staff.

The ECHO Project, continues to grow and develop, and we've now established it as a vital tool in Sheffield, extending to South Yorkshire. ECHO makes a difference in wider health and social care organisations and their staff, for whom traditional access to learning is extremely complex.

Only one of four ECHO superhubs in the UK, during the last year we've trained eight organisations including hospices, NHS Trusts and CCGs within the UK to become collaborative ECHO hub centres. The new ECHO hubs are now developing their own programmes of education and training for a variety of healthcare disciplines across the UK.

Since launching Project ECHO back in 2016, we've successfully delivered **68** ECHOs that have seen us providing end of life care training and education to health and social care professionals from across the region. In total the programme has received over **900** individual attendances.

During the last year we've launched a third phase of our nursing home network programme, that's seen us delivering palliative and end of life care training and education to **22** nursing homes across Sheffield. Through sharing our specialist knowledge and expertise the programme has empowered nursing home staff and helped to improve standards of end of life care provision to residents with palliative care needs. The programme has helped to increase awareness of St Luke's and the services we have to offer, and since launching the programme we've seen a significant increase in referrals from nursing homes in the local area - receiving a total of **272** referrals in the last year.

**'I feel more confident in referring to specialist agencies, St Luke's and other specialists for advice and support.'**

**'Sharing with co-workers the highs and lows, success, failings and frustrations has been enormously uplifting. Seeing them on screen has removed the bubble and isolation we sometimes put ourselves in.'**

In collaboration with the Yorkshire Ambulance Service (YAS), we've piloted the first ever community of practice to support paramedics with providing end of life care in the community in the world. Attended by over **27** paramedics and ambulance staff throughout the Yorkshire region, the sessions have helped to improve both their knowledge and confidence with caring for palliative care patients in the community. During the year we've presented the impact of the programme at both the Association for Palliative Medicine of Great Britain and Ireland's Supportive and Palliative Care Conference, as well as through a poster at the College of Paramedics conference.

Working in partnership with a local Domiciliary Care Agency, we've piloted and delivered a tailored programme of education and training to **24** care workers to support them with providing end of life care to their clients.

In the coming year we will continue to expand our portfolio, aiming to deliver a further **75** ECHOs:

- **40** in nursing and residential homes including domiciliary care, focusing on end of life care.
- **10** focussing on nutrition and hydration, that we'll be delivering to both nursing and residential home staff.
- **20** YAS ECHOs – including two further phases of our end of life care programme, as well as a programme aimed at supporting specialist paramedics with complex decision making in home environments.
- **5** in the area of chronic obstructive pulmonary disease.

We've received grants from Health Education England and the South Yorkshire and Bassetlaw Local Workforce Action Board, as well as additional funding from NHS Sheffield CCG to develop Project ECHO both locally and across the region.

## Community engagement

We're delighted to see continuing results from our investment in a Community Engagement Worker, who is helping us to access communities who were traditionally reluctant to use hospice services. This is showing through in both the patient numbers for our clinical services, but also at Clifford House.

Throughout the year we've continued to increase our engagement with diverse communities. We've worked with local schools, given talks to healthcare professionals and community groups, held information stalls in various community languages at events and GP practices across the city, as well as having a major role in the organisation of an Eid festival within the city.

Our 'GupShup Club' a weekly 'chit-chat' drop-in at Clifford House, has continued to grow in popularity with our clients. The sessions provide a safe and welcoming environment for our clients from a South Asian background – many of whom do not speak English as their first language, with a space to meet, chat, share experiences, take part in activities and make new friends. Open to all, the club also offers our clients who do speak English as their first language, a chance to meet people from different cultural backgrounds and gain insight into diverse cultures.

To further support us with reaching more diverse communities, in the last year we've recruited and trained eight bilingual Community Engagement Volunteers. Our new volunteers are now supporting our Community Engagement Worker with holding our weekly GupShup Club and community and outreach activities and events, providing advice on available support services and translating information for those who need extra help.

To support the development of palliative care services in the community, we've been working in partnership with the Devonshire Green Medical

Centre, the Archer Project and the Salvation Army. Through this initiative we are hoping to extend our support to homeless people with palliative care needs and we've already been actively involved with providing end of life care to several members of this hard to reach community in 2018.

We've supported a number of national awareness campaigns throughout the year, including Dying Matters Week, Carers Week and Hospice Care Week. As part of our Dying Matters Week activities we launched a new animation entitled 'Dying to TALK'. The short animation was developed in partnership with CreativeMETAPHOR and aimed to encourage people to talk more openly about death, dying and bereavement. Dying to TALK can be viewed at [www.bit.ly/D2TALK](http://www.bit.ly/D2TALK)

## Oral history service

Our popular oral history service has continued to support our patients with making oral recordings of their life stories, and during the last year we've extended the service to our clients at Clifford House as well. It's been a year of records, we've seen a **35%** increase in patients and clients accessing the service, recorded our longest ever interview and recorded our **500<sup>th</sup>** interview overall. During the year our oral histories team have supported a client with making a video eulogy, assisted a deaf patient with writing their life story, created a CD of one of our patients singing their all-time favourite songs, and prepared a piece comprising of extracts from a patient's oral history and Desert Island Disc for a funeral.

**'You gave me and my family a lasting reminder of my father with recordings of his memories from his life. This is something we can never give you enough thanks for.'**

### Rehabilitative palliative care

We recognise the importance of delivering rehabilitative care that supports our patients to live as actively and as independently as possible, and during the last year we've implemented a number of new initiatives aimed at helping to maintain the mobility and function of our patients. We've implemented a tool, The Goal Attainment Scale (GAS) to enable our patients, increase understanding, and prioritise, set and achieve personal goals.

### Safe and Well Initiative

Proactive work by South Yorkshire Fire and Rescue (SYFR) has reduced the number of house fires, but they still have concerns that the people at greatest risk of fire related deaths or serious injury are from vulnerable or hard to reach groups and that many of these may already be known by healthcare and voluntary sector organisations.

Working in partnership with SYFR, our Integrated Community Team has been trained to identify increased fire risks during their routine visits. When spotted the team, with consent, can fast track a request for a home safety visit from SYFR services. To date the team have made **18** referrals into the service.

### Trainee Assistant Practitioners (TAPs)

The demands facing the nursing profession have increased not only as a result of an increase in patient complexity, but also as a result of national recruitment and retention problems for the nursing workforce. To ensure we are able to continue delivering our services effectively in the future, we've been participating in a new training programme designed to bridge the gap between registered nurses and healthcare assistants. During the last year two members of staff have completed the TAP Level 5 Diploma through Sheffield College in partnership with Sheffield Hallam University.

The newly qualified APs are now undertaking duties previously undertaken by our registered nurses, such as cannulation, catheterisation, taking bloods and performing electrocardiograms. Going forward we will be following the University of Sheffield's Trainee Nurse Associate (TNA) Apprenticeship route and we currently have a member of staff undergoing training to become a Nurse Associate.

### Summer school

Following on from the success of our first ever summer school programme in 2017, we held our second programme in partnership with Barnsley College. Attended by college and sixth form students from across the city, the programme explored everything from physiotherapy and occupational therapy, to working more closely with patients and the skills and attitudes needed to work in end of life care environments. By the end of the course, all of our summer students attained a Level 2 Awareness in End of Life Care Award.

### The University of Sheffield's social accountability project

For the third year running we've participated in The University of Sheffield's social accountability project, which sees Medical School students undertake a project to give something back to the local community. This year's students were tasked with developing a product to support our Wellbeing Therapists with performing hand therapies on patients whose hands have contracted into a clawed fist position. Adhering to the necessary criteria the students successfully developed a prototype product that acts as a wrist and hand rest, outstretching and splaying all fingers.







## Review of quality performance

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

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

St Luke's has governance arrangements to review and monitor performance quality through its Healthcare Development and Healthcare Compliance Groups using a range of key quality indicators and clinical dashboards. These groups report to the Healthcare Governance Committee which in turn reports to the Board of Trustees.

## Quality assessment

Over the past 12 months a quality assessment to understand what patients and carers think and feel about the quality of the end of life care we provide has been completed. This involved a series of questions for patients and carers, as well as specific questions for bereaved relatives.






'Exceptional care and consideration by all staff on our frequent visits – way beyond our expectations from start to finish. Thank you is not enough but it's from the bottom of our hearts.'

'The staff at St Luke's were truly amazing. We as a family were supported, my dad was given fantastic care and when he passed away, he did so with dignity and that was very important to him. We will forever be thankful to every member of staff for making the worst time of our life more bearable.'








Overall 112 inpatients and 88 day centre patients took part in our patients' survey. The results below show what our patients said about our care:

### Active Intervention Centre

-  **100%** were very satisfied or satisfied with the way staff had communicated with them.
-  **100%** were very satisfied or satisfied in how their physical needs had been met.
-  **100%** were very satisfied or satisfied with how their psychological needs had been met.
-  **100%** were very satisfied or satisfied with the support they had been given to maintain their independence.
-  **99%** were very satisfied or satisfied with the help they had been given to support their social situation.






### In Patient Centre

-  **99%** were very satisfied or satisfied with their level of physical comfort.
-  **99%** were very satisfied or satisfied with the level of knowledge staff had about their condition.
-  **97%** were very satisfied or satisfied with how any crisis or urgent care needs were met.
-  **98%** were very satisfied or satisfied with the reliability of the care they received, whether during the day or at night.
-  **100%** were very satisfied or satisfied with the support they had received when making decisions about their care.








Overall 98 relatives of our patients who experienced bereavement on our In Patient Centre and 153 relatives of patients who experienced bereavement elsewhere completed our bereavement survey. The results below show what they said about our care:

### In Patient Centre

-  **100%** were very satisfied or satisfied with the patient's comfort.
-  **100%** were very satisfied or satisfied with the way in which the team respected the patient's dignity.
-  **100%** were very satisfied or satisfied with how effectively the team managed the patient's symptoms.
-  **100%** were very satisfied or satisfied with the team's response to changes in the patient's care needs.
-  **99%** were very satisfied or satisfied with the way the family was included in care and treatment decisions.

### Community

-  **99%** were very satisfied or satisfied with the patient's comfort.
-  **99%** were very satisfied or satisfied with the way in which the team respected the patient's dignity.
-  **97%** were very satisfied or satisfied with the attention to the patient's description of symptoms.
-  **94%** were very satisfied or satisfied with the way in which the patient's condition and progress had been explained.
-  **94%** were very satisfied or satisfied with the team's response to changes in the patient's care needs.

## Key quality indicators

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

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

We continue to collect and submit data, using the Patient Safety Thermometer, to the Health and NHS Digital as part of the Harm Free Care scheme and have completed the fourth year of Hospice UK's national benchmarking in relation to patient safety and quality, which measures data relating to incidents that occur involving patient falls, pressure ulcers and drug incidents.

Each year St Luke's submits data to the National Council for Palliative Care and Hospice UK to enable specialist care services to be compared, both locally and nationally, and support care commissioners with understanding the needs of people in the area in relation to palliative care.

St Luke's dashboard contains the following key quality indicators including activity, clinical incidents, drug incidents, end of life care, ethnicity, hospice acquired infections and the patient safety thermometer and harm free care.

2.5% of St Luke's NHS income in 2017/18 depended on achieving quality improvement and development goals through the Commissioning for Quality and Innovation payment framework. Formal status and quality monitoring reports are provided to the commissioners each quarter. All these indicators are monitored by our Executive Team and reported via its governance arrangements.

## Opportunities for learning

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

In line with good practice we make every attempt to resolve concerns at a local level and during the period to drafting covered by this quality account we received only 6 complaints set against the many hundreds of positive comments and appreciation cards received.

**'The most amazing peaceful place where our family was able to be just that, a family, and able to cope with our situation in a loving, caring and dignified way.'**



# 4 Statements from stakeholder organisations

## NHS Sheffield Clinical Commissioning Group

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

St Luke's provides a high level of specialist care to patients reaching end of life, often in the face of complex co-morbidities. A combination of inpatient and community services deliver patient focussed care in the most appropriate setting. St Luke's is working with health partners on an ongoing basis to increase the quality of palliative care patients receive in the community, using technology to bring their expert care to a much wider population. The recent expansion into provision of wellbeing support for patients and families earlier in the care pathway remains valued by those receiving the service.

A variety of patient experience surveys are used by St Luke's to ensure they are identifying patients' and families' needs on an ongoing basis and feedback confirms this is being achieved.

The CCG has increased funding in 2019/20 and 2020/21 in recognition of the cost pressures identified by St Luke's and in support of its role both as a provider of care and as a champion for quality improvement for end of life care in Sheffield.

## Sheffield Healthier Communities and Adult Social Care Scrutiny Committee Board

As Chair of Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny Committee for 2018/19, I welcome the opportunity to comment on St Luke's Quality Account on behalf of the Committee.

During the course of our scrutiny work this year, we haven't been made aware of any concerns relating to service delivery or performance of St Luke's. Indeed, the report makes for inspirational reading, particularly the positive feedback that St Luke's receives from patients and family members.

I am pleased to see the developments around Clifford House, as well as the range of projects that St Luke's is running in the community, and look forward to hearing about progress on the 2019/20 quality priorities in next year's report.

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

## Sheffield Healthwatch

We support the 2019/20 quality priority of clinical supervision; providing a reliable source of emotional support for staff members is clearly positive.

We welcome the progress made against the 2018/19 quality priority of developing Clifford House. We are pleased that improvements suggested to Clifford House in surveys by service users, such as simplifying the process of booking onto activities, have been highlighted in the Quality Account. We look forward to seeing further progress at Clifford House in next year's account.

This year, St Luke's have included clients at Clifford House and relatives who have experienced bereavement in their surveys. It is positive to see that feedback is now being gathered from across all services and people in contact with services.

We are also encouraged that survey feedback from inpatients and day centre patients continues to be overwhelmingly positive. Similarly, it is very encouraging that clients at Clifford House and patients' relatives also gave very positive feedback.

There is a wealth of testimonials from service users and relatives throughout the account. This includes a new section on 'What patients and families say about St Luke's', which illustrates people's experiences of services.

We are pleased that the funding received by St Luke's from the NHS Sheffield Clinical Commissioning Group has increased from 23% to 26% through to the end of 2020/21. This contrasts with the previous freeze on funding increases. We commend St Luke's for continuing to generate their remaining funds themselves.

We welcome the progress on the ongoing quality priorities for 2018/19, including the Extension for Community Healthcare Outcomes (ECHO) programme. We are pleased St Luke's have achieved their 2017/18 objective, to pilot the first initiative for training paramedics to provide end of life care in the world with Yorkshire Ambulance Service. The programme has also been delivered to 22 of the proposed 44 nursing homes, and we look forward to this continuing, as it has already had a clear impact on the number of referrals to nursing home.

St Luke's have made positive steps in community engagement, such as training bilingual volunteers to support engagement with Black and Minority Ethnic (BME) communities. This has had a positive impact, with Clifford House being used substantially by people from Asian communities, building on the initiatives reported in the 2017/18 Quality Account. As this approach has been successful, we would encourage St Luke to use this approach and focus on other BME communities.

St Luke's provide a vital source of treatment, care and support for patients, clients and their relatives. We look forward to continuing to work with St Luke's in the coming year, and value our continuing positive relationship with them.

## Acronyms

<b>AEA-PCP</b>	Avoiding Emergency Admissions in Palliative Care Patients
<b>AP</b>	Assistant Practitioner
<b>CCG</b>	Clinical Commissioning Group
<b>CQC</b>	Care Quality Commission
<b>ECHO</b>	Extension of Community Healthcare Outcomes
<b>EnComPaSS</b>	Enhanced Community Palliative Support Services
<b>GAS</b>	Goal Attainment Scale
<b>GDPR</b>	General Data Protection Regulations
<b>HIV</b>	Human Immunodeficiency Virus
<b>IG</b>	Information Governance
<b>NHS</b>	National Health Service
<b>NIHR</b>	National Institute for Health Research
<b>SchARR</b>	School of Health and Related Research
<b>SYFR</b>	South Yorkshire Fire and Rescue
<b>TAPs</b>	Trainee Assistant Practitioners
<b>TNA</b>	Trainee Nurse Associate
<b>YAS</b>	Yorkshire Ambulance Service





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