“St Gemma’s is what I can only describe as a magical establishment – the staff from every function of operational requirements are very special people ….they made a difference to me and my partner – a big difference”

“The care we received was absolutely first class – professional, genuine and really helped us cope with a difficult situation”
CONTENTS

PART ONE

Our Mission, Vision and Values ...................................................................................................... 1
Statement on Quality from the Chief Executive ........................................................................... 2

PART TWO

Priorities for Improvement 2013/2014 ............................................................................................ 3
Statements Relating to the Quality of the Services Provided .......................................................... 6
Review of Services ........................................................................................................................ 7
Statements from the Care Quality Commission (CQC) ................................................................. 10

PART THREE

Priorities for Improvement 2012/2013 ........................................................................................... 11
Review of Quality Performance .................................................................................................... 14
Patient and Family Experience of the Hospice .............................................................................. 17
Staff Experience of Working at the Hospice ................................................................................. 19

PART FOUR

Statements from:
Leeds South and East Clinical Commissioning Group ................................................................. 20
Leeds Healthwatch ......................................................................................................................... 20
Leeds Health and Wellbeing and Adult Social Care Scrutiny Board ............................................. 21

References, Glossary and Further Information ............................................................................. 21
Our Mission

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

Our Vision

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

Our Values

We strive to

Create

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

Respect

• each person’s life, their intrinsic value, privacy, dignity, culture, autonomy, faith and beliefs

• all colleagues, internal and external as we work together to enhance the service

Meet

• the physical, emotional, spiritual and social needs of patients and families by working in partnership with them

• the patient and families need for regular communication and information

Support

• patients in making informed choices and decisions about their care especially at the end of life

• families having their needs assessed

• families including children, to access a high quality bereavement service

• patients and their families using a range of services that are free to patients, through the efficient use of income

Promote

• rehabilitation and independence using multi-professional team skills and resources

• continuing education and research

• continuing learning and development for employees and volunteers

• audit and quality assurance activities

• involvement of users at all levels of our service

• standards of good practice and accountability within professional codes of conduct, Hospice policies and external audit
St Gemma’s is committed to delivering compassionate and skilled specialist palliative care of the highest quality to people with life-limiting illnesses within a welcoming, caring and safe environment, and to supporting their families and carers.

We have a robust clinical governance framework. We review and progressively build on our assurance and reporting of clinical outcomes and seek to capture effective data. Our culture is one of continuous improvement, achieved through a variety of means including seeking feedback from patients and families on their outcomes and their experiences, learning from incidents and complaints quickly and openly, undertaking a programme of clinical audits and monitoring a range of key performance indicators. We also learn from national reviews such as Mid Staffordshire, working collaboratively with other providers to uphold quality of care across the locality.

We review the efficiency and effectiveness of our services on an ongoing basis, which is particularly important in these challenging economic times. In 2013/14 we plan to implement a number of changes to our services to secure our Hospice for the future. These changes will preserve our ratios of doctors and nurses to patients and our priority remains the provision of the highest quality of care to patients and support to their families.

Our Academic Unit of Palliative Care, established in partnership with the University of Leeds, brings together clinical research, clinical effectiveness and palliative care learning and teaching. With quality of patient care at the forefront, the Academic Unit integrates patient care with expert theoretical knowledge. We have secured a major national research grant to develop and implement interventions for improving the management of pain for cancer patients. By contributing to research, sharing knowledge and good practice our aim is to improve patient care in all settings, whether being provided by generalist or specialist professionals.

In this our third annual Quality Account we report to the public on the quality improvements we have achieved in 2012/13 and set out what improvements we plan to deliver for 2013/14. The priorities for 2013/14 relate to developing spiritual care assessment, referral and care planning processes; continued development of the electronic patient record; further measurement of clinical outcomes for patients; and further development of education for our staff and volunteers.

This year’s account has been prepared by our Clinical Audit Facilitator. The Hospice Leadership Team has been closely involved in setting our priorities for quality improvement and in delivering improvements on the ground. The Board of Trustees has endorsed our Quality Account and I am able to confirm that the information contained in this document is, to the best of my knowledge, accurate.

Kerry Jackson
Chief Executive
At St Gemma’s we continually review our services and seek to improve and develop them. Our five year strategy, developed in consultation with patients, the public and staff, is supported by annual business plans.

Clinical and support teams are fundamental to the delivery of our strategy and business plans. This is achieved through effective communication between front line teams and the Hospice Leadership Team and Board of Trustees. The Chief Executive ensures delivery is monitored through mechanisms such as audit and project reports, activity data and feedback from patients and carers.

Priority 1 – Patient Experience Developing services in line with national quality standards – spiritual care assessment

The NICE Quality standard for end of life care for adults requires that “people approaching the end of life are offered spiritual and religious support appropriate to their needs and preferences”. Behind this statement lie a number of detailed standards and measures.

St Gemma’s places a high value on the provision of spiritual care to patients. Our spiritual care team includes staff and volunteers and we work closely with faith leaders in our local community to meet the needs of patients and their families. The multidisciplinary team provides holistic assessment of patients with assessment of spiritual care needs being an important component of this. From patient feedback and anecdotal evidence we believe that patients and their families are well supported in their religious and spiritual needs.

However, we have chosen this priority because a recent audit of the spiritual care component of our documentation has shown that the assessment, referral process and care planning could be improved to ensure and demonstrate effective care.

We plan to achieve and measure improvement in the following ways:

- Mandatory training sessions for all members of the multidisciplinary team to reinvigorate the requirements for completion of the current spiritual assessment tool and care plans

  ◊ Target 2013/14 - 100% of clinical staff will attend mandatory training

- Full review of the spiritual care assessment tool to assess its effectiveness as part of care planning and identify whether any improvements could be made

- Audit of outcomes to demonstrate improvement in the completion of the spiritual care assessment tool by the multidisciplinary team

  ◊ Target 2013/14 - 80% of assessments will be completed by members of the multidisciplinary team by the last quarter of the year.
Our electronic patient records system, SystmOne (S1), was deployed within the Hospice in April 2010. Day services and community services are now “paperlite”, using S1 to record the assessment and management of care of all patients. There have been considerable developments with the use of an electronic assessment pathway incorporating essential information related to end of life care planning.

S1 is used within the In-Patient Unit but full implementation has been limited due to equipment and training issues – not least because there are considerably more users in this department than in other clinical areas.

We have chosen this as an area for improvement because we are committed to the continued development of the system to achieve a complete electronic patient record. This promotes best practice for patient care in the sharing of records with all professionals both within and external to the Hospice. An integrated record is essential for safe, high quality care.

This improvement will be achieved and measured by March 2014 in the following ways:

- Delivery of the first year of the S1 two year strategy commencing April 2013
- Modifying the environment so it is fit for purpose, by improving the layout of the ward administration area to enable easier access to the computers
- Development of a template for use in the MDT meetings
- Development of templates for care plans which will meet the requirements for reporting as well as the provision of care
- Audit of completion of Advance Care Planning documentation

Target 2013/14 - 75% of all patients will have a preferred place of care recorded and 85% will have a preferred place of death recorded (or noted why the discussion was inappropriate)

- Training and support for healthcare assistants (HCAs)

Target 2013/14 - 90% of HCAs trained and using S1
Giving patients and families a range of ways to express their views on the care received to which we can respond is essential. The experience of care is unique to the individual and we need to be able to act promptly regarding any concerns raised in order to enhance their personal experience. Identifying trends in patient and carer experience is also critical to our overall improvement of care services.

We recognise the difficulties encountered in developing tools to measure outcomes which are appropriate for use in end of life care. In 2012, following analysis of the SKIPP (St Christopher’s Hospice Index of Patient Priorities), which was completed by 31 Day Hospice patients, we were unable to conclude that this was a suitable outcome measure for long term use for this patient group. It allowed measurement of one aspect of care which the patient saw as the most important, but not the whole impact of the care experience. Continued use over a longer time period was felt to be necessary for a full evaluation. There were also difficulties in the recruitment and completion of the tool by patients in the community. We have therefore chosen to retain this priority in order to continue to build on our findings over the coming year.

Improvement will be achieved by March 2014 in the following ways:

- Continue the use of SKIPP in the Day Hospice in order to gather further data
- Target 2013/14 – completion by 50% of eligible patients

- Further data collection about outcomes from community patients using SKIPP
- Target 2013/14 – completion by 40% of eligible patients

- Pilot the use of SKIPP as a patient related outcome measure (PROM) in the In-Patient Unit
- Target 2013/14 – completion by 40% of eligible patients

- Review the pilot of outcome measures currently being explored by the Therapies Team

Priority 4 – Clinical Effectiveness

Further development of education

The Head of Teaching and Learning commenced in post in January 2013. We have chosen this as a priority for the coming year as we recognise that this individual will build on our current education provision, ensuring that the Hospice has staff and volunteers with the knowledge, skills and attitudes to provide high quality care for patients and families.

Improvement will be achieved by March 2014 in the following ways:

- Review of mandatory training for all clinical staff with an exploration of e-learning
- Delivery of training to enable:
  - Target 2013/14 - 100% of healthcare assistants to complete their Core Competencies

- Completion of a Training Needs Analysis for the development of management skills
- Review of training provided for volunteers with a view to implementation of an expanded training programme in 2014

Contributing to city wide, regional and national strategies is also essential, enabling the Hospice to remain at the forefront of all end of life development. This work includes strengthening our collaboration with Leeds University, continuing our teaching programme to external stakeholders for example GPs, district nurses and nursing homes. There are also plans to improve the audio-visual facilities in the Academic Unit of Palliative Care.
The Board of Trustees is assured by the progress made in 2012/13 and supports the quality improvements planned for 2013/14. The Board is committed to the provision of high quality care for patients, families and staff across all Hospice services.

The Trustees undertake unannounced quality assurance visits of patient services. Trustees speak to patients and families with their consent and also with staff. This assists Trustees in understanding the core business of the Hospice and gives the Board assurance of the quality of care provided. The most recent visit took place in April 2013. The service scored 54/57 which was deemed as excellent.

The Board of Trustees will continue to monitor the progress against the priorities for quality improvement, as well as additional quality monitoring information such as key performance indicators, complaints and incidents and the clinical risk register through the Clinical Governance Committee, a joint committee of Trustees and Clinical Directors.

Rosemary MacDonald
Chairman of the Board of Trustees
In the following review there are statements (in italics) required by regulations which have to be included in the report. There are also a number of statements which are not applicable to the Hospice. These are listed in the Appendix.

**During 2012/13 St. Gemma’s Hospice provided the following services**

- **In-Patient Unit** which provides 24 hour care and support by a team of specialist staff
- **Day Hospice** which gives patients extra support to manage symptoms, gain confidence at home and maximise quality of life
- **Out-Patient Service** – which provides specialist support and advice in a patient’s home
- **Community Service** – which provides specialist support and advice in a patient’s home
- **Therapies to support independence and promote comfort including:**
  - Physiotherapy
  - Occupational therapy
  - Dietetics
  - Complementary therapy
- **Social workers** provide specialist support and counselling
- **Bereavement services for adults and children**
- **Spiritual Care service** supporting patients and their families
- **Academic Unit of Palliative Care** – undertaking clinical research and reviewing clinical effectiveness to deliver continued improvement of care at the end of life as well as education and training for both Hospice and external staff

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

**Financial Considerations**

- **The income generated by the NHS services reviewed in 2012/13 represents 30% of the total income generated from the provision of NHS services by St. Gemma’s Hospice for 2012/13**
- **St. Gemma’s receives an annual grant from NHS Leeds; this is a fixed sum regardless of Hospice activity or the level of voluntary income**
- **100% of the financial support we receive from the NHS is spent directly on patient services**
- **The running costs of St. Gemma’s are forecast to be £8.9 million in 2013/14. The majority of this has to be raised through donations, legacies, fundraising initiatives and our chain of charity shops**
- **We review all our services on an ongoing basis to ensure we are delivering them as efficiently as we can and that we spend our money wisely. This is particularly important in light of the challenging economic climate we currently face. Expert care for our patients and their families remains our priorities**
Participation in Clinical Audits

Our focus is continually on the quality of life for patients and their families, ensuring a positive experience of our care, and treating and caring for people in a safe environment.

We are committed to using the Quality Standards for End of Life Care from the National Institute for Health and Care Excellence (NICE) as the basis for audit criteria in order to assess and improve the quality of care we provide. A number of audits have taken place in the last twelve months as shown in this report, for example advance care planning and spiritual care assessment. Focus will also continue to be directed to audits which will support the effective use of outcome measures.

The Clinical Effectiveness Group at the Hospice oversees a programme of audit which includes the use of national audit tools (Help the Hospices*) and locally designed tools. There is a multidisciplinary approach to audit with dissemination of reports, monitoring of action plans and re-audit where necessary.

The reports of twenty seven local clinical audits have been reviewed in 2012/13 and the Hospice intends to take a number of actions as identified in the examples below to improve the quality of care. The majority are re-audits which demonstrates our commitment to continuous quality improvement.

<table>
<thead>
<tr>
<th>Audit</th>
<th>Result 2012/13</th>
<th>Result 2011/12</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicines Management*</td>
<td>97%</td>
<td>91%</td>
<td>Awaiting completion of Standard Operating Procedures</td>
</tr>
<tr>
<td>Controlled Drugs (CD)*</td>
<td>92%</td>
<td>90%</td>
<td>Review of procurement trail. CD cupboards to be reconfigured to improve storage</td>
</tr>
<tr>
<td>Positive Patient Identification</td>
<td>99%</td>
<td>80%</td>
<td>Missing NHS number rectified immediately</td>
</tr>
<tr>
<td>Infection Control – Hand hygiene</td>
<td>99%</td>
<td>91%</td>
<td>No significant action required</td>
</tr>
<tr>
<td>Use of Bedrails (documentation)</td>
<td>80%</td>
<td>58%</td>
<td>Further checks required to demonstrate documentation matches practice</td>
</tr>
<tr>
<td>Ensuring Safe Discharge Process (Discharge Pathway)</td>
<td>83%</td>
<td>79%</td>
<td>Review the documentation to support appropriate completion re discharge medication.</td>
</tr>
<tr>
<td>Accountable Officer*</td>
<td>96%</td>
<td>93%</td>
<td>Completion of Risk Assessment form for evidence that the assessment had been completed (frequency of controlled drug stock check)</td>
</tr>
<tr>
<td>Medical Team Documentation</td>
<td>95%</td>
<td>96%</td>
<td>Use of abbreviations to be reviewed</td>
</tr>
</tbody>
</table>

In addition to the audits above we have also undertaken reviews to demonstrate compliance with the requirements for documentation for nutrition screening on admission, spiritual care documentation, pain assessment and management, patients’ adherence to their medication in Day Hospice and the completion of documentation to ensure compliance with the prescription of oxygen. Action plans are in place.

In addition to clinical audit, two service evaluations have taken place.

**A Review of Medical Out-Patients December 2011 – February 2012.**

Fifty five patients had a total of 78 appointments – 32% of these were domiciliary visits. The main referrers were St Gemma’s Clinical Nurse Specialists. Waiting times for appointment were short (24 hours for a domiciliary visit and 48 hours for an Out-Patients appointment). The main reason for the referral was difficult symptoms with the main interventions being medication changes and complex decision making. There was a high level of patient satisfaction with the service.

**A Review of a Community Outreach Clinic (based in Wetherby) April – December 2012**

This clinic was facilitated by a Consultant in Palliative Medicine and a Clinical Nurse Specialist in Palliative Care. Thirty nine patients had a total of 80 appointments (26 domiciliary visits and 54 outpatient visits). For these services average waiting times were 1.5 and 3 days respectively. The main reasons for attendance were for the relief of difficult symptoms and the need for information. There was a high level of satisfaction for patients which included the ease of travel to the local clinic. The GPs in the practice where the outreach clinic is held have also benefitted from the advice they have been able to have from the specialist practitioners.
Participation in Research

The Academic Unit of Palliative Care, led by Professor Mike Bennett, has received a grant of £2million from the National Institute of Health Research for three projects which are currently underway in the IMPACCT study (Improving the Management of Pain from Cancer in the Community).

Patients at the Hospice have been recruited to the European Palliative Care Symptom Study and recruitment is currently taking place to the EORTC Spiritual Wellbeing Module (European Organisation of Research and Treatment in Cancer study).

There are also studies investigating the combination of drugs used in syringe drivers, as well as comparison studies, one of which considers a two-step versus three-step approach to the relief of cancer pain and a second study which is comparing a new morphine preparation with one in common use. There is also an investigation of inflammatory biomarkers in the prognosis of advanced cancer.

All studies have been approved by a research ethics committee.

The number of patients receiving NHS services provided or subcontracted by St Gemma’s in 2012/13 that were recruited to participate in research approved by a research ethics committee was sixty five.

Patients who are eligible to take part in projects always do so completely of their own volition and are free to withdraw at any time.
St. Gemma’s Hospice is required to register with the Care Quality Commission and its current registration is for the following regulated activities:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury

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

- Only treats people over 18 years of age
- Only accommodates a maximum of 34 In-Patients

The Care Quality Commission has not taken enforcement action against St Gemma’s Hospice during 2012/13.

St. Gemma’s Hospice has not participated in any special reviews or investigations by the Care Quality Commission during 2012/13.

St Gemma’s Hospice is subject to periodic review by the Care Quality Commission and the last review was 4th January 2013.

The CQC’s assessment of the Hospice following that review was: St Gemma’s Hospice Leeds was meeting all essential standards for quality and safety.

The areas reviewed by CQC and their assessment of compliance is as follows:

<table>
<thead>
<tr>
<th>Standards</th>
<th>Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards of treating people with respect and involving them in their care</td>
<td>✔</td>
</tr>
<tr>
<td>Standards of providing care, treatment and support that meets people’s needs</td>
<td>✔</td>
</tr>
<tr>
<td>Standards of caring for people safely and protecting them from harm</td>
<td>✔</td>
</tr>
<tr>
<td>Standards of staffing</td>
<td>✔</td>
</tr>
<tr>
<td>Standards of quality and suitability of management</td>
<td>✔</td>
</tr>
</tbody>
</table>

The Care Quality Commission reported that:

“People who used the service said they were happy with their care, treatment and support. They said they were well looked after. People said they understood their care and support and that staff had explained things well to them.

We saw that people who used the service were responded to promptly when they asked for any support or assistance. We saw that people received care and support in an environment that was safe and well maintained to a very high standard.

People who used the service were very complimentary about the environment.”

People’s comments included:

“Can’t fault the care and attention from all staff.”

“Lovely bedside manner from all staff, everything always explained really well.”

“Couldn’t come to a better place.”

Data Quality

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

Information Governance

St Gemma’s Hospice’s score for 2012/13 for Information Quality and Records Management, assessed using the Information Governance Toolkit version 10, is 69% which means the Hospice is fully compliant at level 2, the required national standard.

The Hospice, in improving patient safety, continues to develop an electronic patient record and continues to focus on becoming “paperlite” in all departments in 2014. The Hospice has shared records in accordance with the Data Protection Act and has in place Data Sharing Agreements. The Hospice continues to monitor handling of Personal Identifiable Data against the standards in the Information Governance Statement of Compliance.
PART THREE

Priorities for Improvement
1st April 2012 – 31st March 2013

Priority 1 – Patient Safety

A lack of conversation about dying with a loved one can be a family’s greatest regret, in that they did not know what their loved one’s wishes were. It is essential that all patients and, with consent, their family, have the opportunity to have discussion about their care and decision making towards the end of life, such as where they wish to die. This is often referred to as “advance care planning”. This will ensure that patients’ wishes are known, respected and communicated to those who need to know.

The targets for 2012/13 were as follows:

- **80% of patients will have a record in their clinical notes referring to an advance care planning discussion**
  
  **Result:** An in-depth audit of twenty records of patients who had attended Day Hospice, In-Patient Unit and Community Team reviewed a number of aspects of advance care planning including assessment of capacity, resuscitation status, preferred place of care (PPC) and preferred place of death (PPD). The extent of future planning discussion was also assessed.
  
  The overall result was 84% (Range 56%-94% Median 93%).

  There was excellent learning for the members of the multidisciplinary team from this audit, for example, the challenge of creating a record suitable for sharing with external partners and at the same time able to meet the needs of the Hospice team. An action plan has been drawn up and we will continue to monitor our records and improve on the results.

- **100% of patients who have expressed the wish not to be resuscitated will have a Yorkshire and Humber Regional Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place**
  
  **Result:** A monthly audit of the recording of resuscitation status has taken place on the In-Patient Unit. This achieved 100%.

- **80% of patients will have their preferred place of care (PPC) and preferred place of death (PPD) recorded**
  
  **Result:** Recording of PPC and PPD was 56% and 81% respectively. Although the target for PPC was not achieved it is evident that there may be reasons for this, for example, complex symptoms which require in-patient management or carer strain. There are also difficulties in supporting patients to achieve their preferred place of death, for example, bed availability and capacity of the In-Patient Unit.

- **Clinical Nurse Specialists support 80% of Gold Standards Framework (GSF) meetings and utilise Electronic Palliative Care Co-ordination System (EPaCCS) data**
  
  **Result:** There has been 96% attendance at Gold Standards Meetings. Reasons for non-attendance were cancellation of the meetings by GP and lack of cover for annual leave. This was a positive result indicating that specialist palliative care is part of GSF/EPaCCS meetings providing specialist symptom management advice and assisting with coordination of care.

- **All registered clinical staff will have received advance care planning training**
  
  **Result:** All staff have completed their training

- **Advance care planning will be considered as part of the patient feedback processes**
  
  **Result:** Within the tool selected (SKIPP), feedback on Advance Care Planning was not a core question. This will be addressed within Priority 3 of 2013/14 Quality Account.

- **Case review of patients who have made statements about their wishes to ascertain to what extent their wishes are met**
  
  **Result:** In January 2013 a review was undertaken of patients who had been unable to achieve their preferred place of death (PPD) or to identify why this had not been recorded. This revealed a number of complex issues which had led to patients not achieving their PPD as either home or the Hospice as they had indicated or the explanation as why a choice had not been recorded. These included:

  ◊ Sudden deterioration at home requiring urgent admission to the Hospice and preventing the patient achieving their wish to die at home
  ◊ Sudden death at home where “Hospice” had been recorded as PPD
Priority 2 – Clinical Effectiveness Feedback from Patients and Carers

This was considered a priority for improvement as the Hospice acknowledges the importance of feedback from patients and families to determine their experience of care received and of the environment. We need to understand the impact of our care on patients’ symptoms. Development of appropriate patient reported outcome measures (PROMS) is an essential part of the process.

Review and discussion of available outcome measures revealed a limited choice of reliable and valid measures for use with our patients. It was decided to further explore the use of the St Christopher’s Hospice Index of Patient Priorities (SKIPP).

The targets for 2012/13 were as follows:

- **Consultation with patients, families and staff resulting in a revised tool for gaining meaningful feedback from patients by March 2013 (40% of In-Patient Unit patients, 70% of Day Hospice Patients and 40% of community patients using the tool)**

  **Result:** The In-Patient and Community patient targets were not achieved. 40% of Day Hospice patients completed the SKIPP on their first visit.

- **Analysis, presentation and action plans resulting from the use of SKIPP in the Day Hospice**

  **Result:** A pilot study of the use of SKIPP took place in the Day Hospice. Thirty one patients completed both of the required questionnaires. Analysis of the responses has taken place. Although the results showed some benefits of the service for patients in aspects of symptom management, mood improvement and a small positive change in the patients overall quality of life, it could not yet be concluded that this was a suitable outcome measure. It has been decided to continue its use for a further six months so that data from a larger group can be analysed.

In addition to the progress made with the targets, there has been the implementation of an electronic discharge letter and the Hospice remains part of the team developing the Electronic Palliative Care Co-ordination System (EPaCCS) which supports essential communication between the Hospice, GPs, District Nurses and the Out Of Hours service.

◊ Patient and the family/carer having different views, patient wanting to be at home but the carer unable to cope leading to an acute admission when the patient’s condition deteriorated.

◊ Patients unable to communicate their wishes – PPD not recorded but “best interest” decisions made by the family and staff together

◊ Death taking place in a nursing home where “specialist” care was not required but the patient’s choice would have been the Hospice

This review indicates that circumstances can change considerably in the last weeks of life. These changes are due to the nature of a patient’s illness, the problems of carer strain and the need in some situations to make decisions in the patient’s best interests if the patient is no longer able to do so. Issues are also raised about the need for rapid response care in the home and ensuring that our shared record system can provide detail regarding PPC, PPD and, perhaps, the recording of “second choices” for preferred place of care. Bed availability at the Hospice can at times be problematic and there are instances where there is not a need for specialist care and appropriate palliative care can be provided in a nursing home.

These have been challenging targets and although they have not been fully achieved to our satisfaction, the understanding of the difficulties in selecting, using and analysing a tool to measure patient outcomes has been immensely useful for the clinical team.

It is felt that the use of SKIPP for In-Patients is likely to be suitable and a pilot of the measure is going to take place commencing April 2013.

We are again focusing on this area as a target for 2013/14.
Priority 3 - Patient Experience
Enhancing the Roles of Clinical Volunteers

The important role of volunteers is recognised as we aim to provide care for more patients and their families within a challenging economic climate. The Hospice has considered the need to explore new roles for volunteers, to optimise the skills they offer, allowing in the long term, clinical teams to care for more patients and continue to improve the patient experience.

The targets for 2012/13 were as follows:

- **Agreement of a volunteer strategy**
  **Result:** This has been completed, agreed and launched

- **Revised role descriptions completed in Day Hospice and therapy teams**
  **Result:** These have been achieved

- **Volunteer questionnaire developed**
  **Result:** These have been devised and are in use within the Day Hospice and Therapy teams

- **Clinical volunteers’ training fully explored**
  **Result:** This had been delayed until the appointment of the Head of Teaching and Learning. This will now take place during 2013/14.

Priority 4 - Patient Experience
Transport to the Day Hospice

Ambulance transport for patients to attend Day Hospice has been an area of concern for both patients and staff. Arrangements can sometimes be unpredictable with delays for patients in getting to and from the Hospice, along with occasional protracted journeys, causing patients to be very tired.

The targets for 2012/13 were as follows:

- **Audit to determine current service provision with action plans developed where indicated**
  **Result:** A detailed report showed that although many of our patients who require ambulance transport arrive on time or early, 27% arrived late during our review period. Data revealed that 45% of patients are picked up early for their homeward journey (before 15.00hrs) which impacts on the care delivered and appointments to see the doctor or Clinical Nurse Specialist. 16% of patients were picked up after 15.30hrs causing unnecessary delays for patients as well as problems for visits at home by District Nurses or carers.

- **Patient stories to gain their experiences of transport**
  **Result:** In October 2012 thirteen patient journeys were reviewed. Nine patients were satisfied with their journey. Eight journeys took between 10 and 35 minutes. The longest journeys were 1 hour 15 minutes and 1 hour 45 minutes. Although only a very small number, some patients had very long delays, with one patient’s transport being two hours late and another patient not arriving home until 19.00hrs.

The impact for the patients of transport problems requires ongoing consideration. The early arrival is an issue for many of our patients as they often find the morning difficult; they may have a lot of medication to take or suffer from fatigue and breathlessness.

Patients arriving late have a very short day and it is difficult for them to receive the full benefits of the Day Hospice, balancing the time for assessment and activities they like doing to improve their quality of life and well-being. When they cannot attend for the full 4-5 hours this can compromise their care, for example by limiting access to medical or Advanced Nurse Practitioner consultations.

Discussion has taken place at the Day Hospice Steering Group and the agreed action plan includes the ongoing collection of data, a meeting with the Yorkshire Ambulance Service and enquiry regarding the feasibility of using a private ambulance service. The problem has also been raised with the new Leeds South and East Clinical Commissioning Group. An update of progress with this important issue will be given in the Quality Account 2013/14.
Review of Quality Performance

The Hospice is committed to continuous quality improvement with leadership focused on professional development for the clinical teams, service improvements for the patients, planning, prioritising and ensuring best use of resources. The Hospice seeks to support patient choice and where possible deliver care where the patient wishes to be; either in their own home with Specialist Nurse support or in the In-Patient Unit.

Reporting systems are in place to ensure robust governance arrangements. A Clinical Effectiveness Group oversees clinical audit and clinical developments. This group reports to the Hospice’s Clinical Governance Committee that in turn reports to the Board of Trustees.

Monitoring Activity – A Review of Hospice Data

Hospice data has been submitted to NHS Airedale, Bradford and Leeds, on a quarterly basis. In future it will be submitted to Leeds South and East Clinical Commissioning Group.

The Hospice has previously submitted annual information to the National Council for Palliative Care (NCPC) and Help the Hospices. This enables comparisons with other specialist palliative care services locally and nationally. However it has been decided that data will no longer be submitted to NCPC for multiple reasons, primarily that it is not recognised as a nationally required dataset and therefore not supported by SystmOne reporting.

Out of Hours Service

We offer patients a 24/7 admissions service to the In-Patient Unit. Patients, their families, and professionals can access specialist telephone advice through the In-Patient Unit 24 hours a day, seven days a week. A nurse assesses each call and either gives advice or seeks support from the doctor on call.

Monitoring and evaluation of the telephone advice

<table>
<thead>
<tr>
<th>Review of Hospice Data</th>
<th>2012/13</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall Service – Patient Care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>First referrals to In-Patient Unit, Community and Day Hospice</td>
<td>938</td>
<td>956</td>
</tr>
<tr>
<td>% cancer diagnosis (new referrals)</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>% non-cancer diagnosis (new referrals)</td>
<td>16%</td>
<td>15%</td>
</tr>
<tr>
<td><strong>In-Patient Unit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of admissions</td>
<td>616</td>
<td>603</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>12.9</td>
<td>14.4</td>
</tr>
<tr>
<td><strong>Day Hospice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attendances</td>
<td>1393</td>
<td>1657</td>
</tr>
<tr>
<td>% places used</td>
<td>58%</td>
<td>72%</td>
</tr>
<tr>
<td><strong>Community</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Nurse Specialist and Advance Nurse Practitioner face to face</td>
<td>3371</td>
<td>3130</td>
</tr>
<tr>
<td>Medical face to face consultations</td>
<td>610</td>
<td>548</td>
</tr>
<tr>
<td>Gold Standards meetings attended</td>
<td>324</td>
<td>Not Available</td>
</tr>
<tr>
<td><strong>Clinical Support Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Work referrals</td>
<td>374</td>
<td>Not Available</td>
</tr>
<tr>
<td>Adult bereavement contacts</td>
<td>1130</td>
<td>1458</td>
</tr>
<tr>
<td>Young People’s Service contacts</td>
<td>658</td>
<td>683</td>
</tr>
<tr>
<td>Complementary therapy contacts</td>
<td>2912</td>
<td>Not Available</td>
</tr>
<tr>
<td>Physiotherapy, occupational therapy and dietetics contacts</td>
<td>2815</td>
<td>Not Available</td>
</tr>
</tbody>
</table>
service continues to demonstrate that this remains a valuable service and continued monitoring has helped to clarify the different aspects of the service. A number of recommendations are being addressed which include introduction of competencies and enhanced educational requirements, in line with national standards for Hospice nurses receiving calls, monitoring the quality of nursing and medical advice and use of the medical consultant on call.

The community team service provides a face to face service 08.30 - 17.00 Monday to Friday. It is recognised that extending the community service to weekends and Bank Holidays would be preferable and there will be negotiation with the Leeds South and East Clinical Commissioning Group about this issue.

Key Quality Indicators (KQI)

Assurance of quality of patient care through multiple measures is central to patient safety. Visibility by senior nurses and unannounced inspections by Trustees provide “hands on” quality assurance in addition to clinical Key Quality Indicators.

The Hospice has an extensive range of KQIs; those of greatest significance are set out below. Information for KQIs is gained primarily from the patient’s electronic record, incident reporting data and microbiology for infection incidents. Further measures are sought to measure impact on specific symptoms as outlined in Priority 3 for 2013/14. To enable benchmarking the Hospice is supporting Help the Hospices in the development of a national quality tool. This incorporates the majority of KQIs already measured but will put them into a format that will enhance commissioner understanding and allow comparison with other hospices.

The Hospice promotes an open reporting system, recognising that patient safety is everybody’s business. The majority of incidents in the Hospice are near misses; this means there has been no patient harm and a potential incident has been avoided due to a risk being identified before an incident occurred. Lessons from near misses are shared and practice modified as a result. The Hospice works with other health and social care organisations where an incident has been reported to or observed by the Hospice and warrants further investigation. All incidents are discussed by the Clinical Risk Group and a report submitted to the Clinical Governance Committee where further recommendation may be made to the agreed actions.

<table>
<thead>
<tr>
<th>Key Quality Indicator (KQI)</th>
<th>2012/13</th>
<th>2011/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of in-patients whose care was recorded using an End of Life Care Pathway (Liverpool Care Pathway)</td>
<td>88%</td>
<td>83%</td>
</tr>
<tr>
<td>Number of patients achieving preferred place of care/ death (where preferred place recorded)</td>
<td>67%</td>
<td>not captured</td>
</tr>
<tr>
<td><strong>Complaints</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of clinical complaints</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Number of complaints upheld</td>
<td>3 + 1 partial</td>
<td>2</td>
</tr>
<tr>
<td>Number of complaints not upheld</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Patient Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug incidents / near misses (internal)</td>
<td>24 / 12</td>
<td>30</td>
</tr>
<tr>
<td>Number of slips, trips and falls</td>
<td>80</td>
<td>110</td>
</tr>
<tr>
<td>Number of patients developing pressure ulcers Grade 2 and above</td>
<td>67</td>
<td>37</td>
</tr>
<tr>
<td>Number of patients admitted with MRSA</td>
<td>1 (1 unknown if transferred or acquired)</td>
<td>1 (1 unknown if transferred or acquired)</td>
</tr>
<tr>
<td>Number of patients infected with MRSA during admission</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Number of patients admitted with clostridium difficile</td>
<td>2</td>
<td>3 (unknown if transferred or acquired)</td>
</tr>
<tr>
<td>Number of in-patients who contracted clostridium difficile</td>
<td>2</td>
<td>(as above)</td>
</tr>
</tbody>
</table>
KQI - Liverpool Care Pathway
The Liverpool Care Pathway (LCP) has caused much controversy in the media. The Hospice uses the LCP to record the care it has provided to patients. It does not negate the need for clinical decision making. Providing patients and their family with high quality care at end of life is imperative. The pathway prompts the team to assess symptoms such as pain, nausea and agitation at a minimum of 4 hourly intervals and act where the patient is symptomatic. Patients continue to be offered food and drink where they are able to take this. The pathway helps the team to ensure all care is provided including reference to the needs of the family both prior and after the patient’s death. The Hospice continues to use the LCP and will respond to the results of the National Review being conducted by Baroness Julia Neuberger which are expected in September 2013.

KQI - Preferred Place of Care/ Death
The Hospice supports patients to achieve their preferred place of care. This was a key objective in the Quality Account 2012/13 and continues in the 2013/14 objectives. Recording a patient’s wishes and sharing those with the patient’s family where the patient gives their consent, is becoming integral to practice. As shown in the case review a patient’s views can change and it is important we do capture these changes. Sometimes we cannot meet their preferred place of care, for example where a patient wishes to be in a Hospice but we have no beds available. Around two thirds of our patients whose wishes were recorded achieved their preferred place of care / death.

KQI - Clinical Complaints
During 2013/14 we received four clinical complaints. These related to:

◊ Reduction in availability of services at the weekend, both from St Gemma’s and primary care services
◊ Communication between healthcare professionals and patient/ carer (2)
◊ A minor injury to a patient resulting from treatment by an external health worker

These complaints were fully investigated and were found to be upheld or partially upheld. The complaints were considered by the Clinical Governance Committee and action plans were agreed for remedial actions, including for example the provision of additional communication skills training for one member of staff and discussions with our new Clinical Commissioning Group and our internal team about how to make a step change in the provision of specialist palliative care over 7 days a week.

In addition to the above, we also received and investigated a clinical complaint entirely relating to events arising with another provider.

KQI - Internal Drug Errors/ Near Misses
The Hospice manages a high volume of patients’ medicines, including controlled drugs. In a period of 3 months the In-Patient Unit will conduct over 3000 patient medicine checks on stock controlled drugs. All drug errors are graded; 0 = near miss through to Level 6 = Fatality. The highest grade of internal error in 2012/13 was Level 2. The Hospice encourages reporting near misses to enable lessons to be learnt; near misses account for 1/3 of internal drug errors. The Hospice detects a significant number of external errors (19). These are errors which are caused by another organisation such as a chemist, GP practice, hospital or community service. We share such errors with the external organisation and where appropriate offer support, for example through training.

KQI - Slips Trips and Falls
There has been a reduction in slips, trips and falls this year. Falls assessments are fully embedded in practice and staff proactively involve physiotherapy and occupational therapy with those patients who are high risk.

KQI - Pressure Ulcers
The number of patients developing grade 2 pressure sores and above has increased significantly. The incidence of pressure sores grade 2 and above is 11% compared to 7% in 2011/12. There was only one Grade 3 ulcer acquired during 2012/13. The number of patients who have transferred with pressure sores in situ has risen from 28% in 2011/12 to 35% in 2012/13. In addition the Hospice has begun to record the number of pressure sores that have improved; this commenced in August 2012. Between August 2012 and March 2013, of the patients who had a pressure sore, 18% had improvement i.e. sore reduced from level 2 to level 1 or healed completely. The Hospice assesses all patients for pressure area damage within 6 hours of admission and their level of risk for developing new/ further sores is determined using a Watkinson’s score which is recorded on SystmOne (patient electronic record). A range of pressure relieving equipment is used where indicated. All grade 3 pressure sores are reported immediately to nursing management and the Care Quality Commission. There is also reporting to a monthly meeting of senior nurses and team leaders and a quarterly Clinical Governance Committee.

Reporting methods for pressure sores were changed and improved in August 2012. The Hospice is keen to be able to compare data with other healthcare organisations.

KQI - Infection rates
Generally infection rates are very low in the Hospice. Patients are admitted with infections and are nursed in a single room. It is not always possible to identify if they have acquired the infection at the Hospice or were admitted with the infection in situ; currently swabbing all admissions to the Hospice is not indicated. Infection control training is part of mandatory training; hand hygiene is continually promoted throughout the Hospice.
The Patient and Family Experience of the Hospice

Feedback received in 2012/13.

In-Patient Unit

The Hospice is currently reviewing its formal feedback processes but the following are a few of the comments received:

Day Hospice Patients

“We were given a guided tour of the Day Service and felt a smile rise to our hearts as soon as we went home, at last we were not on our own. The Day Service Team gave him a focus away from his deteriorating mobility, a chance away from me and to be himself – and me to be me with a little time to myself” (relative of a patient referred to this service)

Community Patients

Feedback from Out-Patients who were seen at the Hospice or at Wetherby Outreach Clinic were all very positive

“Wonderful warm greeting at the door. Also asked if we would like a cup of tea. This was worth its weight in gold”

“No complaints at all – Very nicely arranged”

Carers

Thirty eight feedback forms were received from carers from April to December 2012.

Overall, carers agreed that staff introduced themselves, they were given the opportunity to discuss the reason for their relative’s admission and to ask questions. They felt able to raise concerns and to discuss how they were feeling. They also felt they were kept informed about their relatives care. Comments included:

There were a number of comments that expressed concern about the problems with parking at the Hospice. Although this is free and there is provision for disabled parking, there are very busy times particularly during weekdays when visitors have had difficulty. This has been addressed by meeting with the local Councillors and residents. A parking improvement scheme has been agreed and implemented outside the main Hospice entrance in 2013.
A small project which explored the Perceived Benefits of Palliative Day Care Services to the Carer demonstrated the importance of being able to discuss with the staff concerns about their relative’s condition and how to care for them and also to receive support and general advice. It was also important for some of the carers to have some time to themselves knowing that their relative was being cared for at the Hospice.

Bereavement Service Evaluation

Feedback from the Children’s Bereavement Service “Day to Remember” included the following superlatives “amazing”, “fablos”, “fun, cool, brillint”? The Pamper Evening was also a great success - “a lovely break and change from routine”, “wonderful event, I feel soooooo pampered”, and a “fantastic evening”. The Memorial Services were attended by 585 people.

Written feedback included “we thought the service was beautiful and the readings and candles was so nice and would not have missed it for the world” and “the service was very good, very calm and welcoming. It was good to meet others in the same situation and hear their views… may your work continue forever”. The Bereavement Services has benefitted from the creation of two new rooms for the purpose of support and counselling.
The next Staff Survey is due in 2014. As a result of the last survey in 2011 methods of communication have been developed further. All staff are now invited to meet with the Chief Executive on a quarterly basis. Feedback from the Board of Trustees is given at this meeting and questions for the Chief Executive are invited. There are also monthly meetings of the Heads of Departments, a Staff Representative Forum and a monthly Staff Bulletin. There have been further developments with management training with the provision of a structured programme for some middle managers.

As the Hospice looks towards the future it is intended there will be some restructure within the clinical teams during the next twelve months. This will enable the Hospice to continue to develop the service in line with the needs of patients and families. There will be support for staff throughout this process.

Staff turnover in 2012 was 10% (9.6% in 2011) and sickness absence was 5.4% (3.2% in 2011). Staff are supported by access to an Occupational Health Service, complementary therapy service and clinical supervision. The latter has been extended to group supervision sessions which will include registered nurses (Band 5), therapists and health care assistants.

Staff are well supported with an internal education programme. 98% of clinical staff attended mandatory training in 2012/13. The following are some examples of the additional opportunities which have been available to staff in the last twelve months:

- Sessions addressing the complex needs of patients with dementia or other forms of cognitive impairment
- Courses for Level 3 and Advanced Clinical Communication Skills
- Management training - Leaders and People, Leaders and Organisations and Leaders and Communication
- Further training for nursing staff about the care and management of patients with motor neurone disease
- Further training for supporting bereaved people
Statement from NHS Leeds South and East Clinical Commissioning Group

“Leeds South and East Clinical Commissioning Group welcomes the opportunity to comment on this clear, concise and easy to read Quality Account. We are also providing comment on behalf of Leeds North CCG and Leeds West CCG who also commission palliative care services from St Gemma’s Hospice.

We are supportive of the priorities for the forthcoming year, particularly as they have been identified through audit or recognition that improvements already introduced could be improved or developed further. The introduction and further development of the electronic patient record and outcomes measurement tool is particularly welcomed. Outcomes measurement is an increasingly important measure of healthcare but the development of comprehensive tools has proved to be challenging in many organisations. We welcome the continued commitment of St Gemma’s to this aim.

We also welcome the proposals to improve training to support a skilled workforce, and note in particular the proposal to review training for volunteers, a group whose needs are often overlooked.

We note and commend the hospice on the significant improvements achieved in clinical audits, and of the positive outcome from the Care Quality Commission Inspection undertaken in January 2013.

With regard to the review of progress made against last year’s priorities we note and commend the improvements achieved in Priority 1 – Patient Safety. We note the challenges encountered with the outcomes tool presented in Priority 2 – Clinical Effectiveness and look forward to the outcomes of the work described in the priorities for 2013-14. We also note the success relating to the enhancement of the role of volunteers and the information gained from the audit of ambulance transport.

The performance improvements made in the majority of Key Quality Indicators in comparison with last year’s performance are commendable, particularly in relation to the reduced number of falls. However we share the hospice’s concern in relation to the significant increase in the number of pressure ulcers. The incidence of new pressure ulcers is a good barometer of quality of nursing care and proposals to address this as part of the forthcoming year’s priorities would have been welcomed. We will continue to monitor this as part of our existing performance monitoring arrangements.

We note the comments made by service users and carers, and pleased to note the addressing of concerns such as car parking.

St Gemma’s Hospice provides a high standard of service to the people of Leeds, and we look forward to the continued improvements in the forthcoming year. Thank you for offering Leeds CCGs the opportunity to comment on this Account. ”

Statement from Leeds Healthwatch

“We note the centrality of collaboration with service users to your vision, and of service user involvement to your values. We welcome your commitment to quality of patient care and continuous improvement, and the prominence you give to learning from service user feedback, including direct feedback from service user evaluation.

We note the extensive progress you have made with your 2012-13 priorities for improvement, including adherence to patients’ wishes around end of life; and your openness in relation to Priority 2 – feedback from patients and carers – and your commitment to finding or developing a truly appropriate Patient Reported Outcomes Measure. We were encouraged to hear of your use of patient stories to illustrate the patient experience of transport.

We note your commitment to national quality standards and to clinical audit.

We note your four priorities for improvement for 2013-14 - Patient Experience: Developing services in line with national quality standards – spiritual care assessment; Patient Safety - electronic patient record; Understanding the needs of patients - measuring clinical outcomes; Further development of education/training and your rationale for choosing them. However it is unclear to what extent patients or the public have influenced the choice of priorities, and how patient concerns feed into the process of choosing priorities: this may be an area for specific comment in your next QA. Finally, we welcome your collection of patient feedback and quotations of comments, and would be interested to see some specific examples of how you have used or plan to use the feedback to influence decision-making on what and how services are provided. We would welcome specific examples of how patient and public feedback is harnessed to generate improvement and change.
In the coming QA year, we would like to explore ways in which such patient and public feedback can help you further to improve quality and service design, and for Healthwatch Leeds to be “part of the solution” to improving the quality of the patient experience. Over the coming year, Healthwatch Leeds will seek to discuss with you how we can support and enable local people to contribute to your consideration of quality priorities for 2014-15. We are committed to helping all of our health and social care partners to learn the lessons from the Francis Report. We would be interested to hear any reflections from St Gemma’s on specific changes which have been made in response to Francis – e.g. around whistle blowing arrangements? We are keen to publicise and champion the actions and responses of all health and social care leaders in Leeds, to reassure the public, and to ensure similar events could not happen in Leeds. We hope these comments are useful and look forward to a future dialogue in relation to the QA for 2013-14, and quality improvement more generally.”

Leeds Health and Wellbeing and Adult Social Care Scrutiny Board

Following the offer for comment the Scrutiny Board felt unable to offer an endorsement or otherwise as there is currently no involvement with the services at the Hospice.

Appendix 1

The following are required by law to be included in the Quality Account. They currently do not apply to the Hospice.

◊ The number of national clinical audits and the number of national confidential enquiries
◊ The proportion of income conditional on achieving quality improvement and innovation goals agreed through the Commissioning for Quality and Innovation payment framework.
◊ The Hospice was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.
◊ Records submitted to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

References


National Institute for Health and Clinical Excellence (2011) Quality standard for end of life care for adults

Both documents are available on the internet.

Glossary

CQC  Care Quality Commission
This is the independent regulator of health and social care in England. It regulates health and adult social care services provided by the NHS, local authorities, private companies or voluntary organisations.

NCPC  National Council for Palliative Care
This is an organisation for all of those involved in providing, commissioning and using hospice and palliative care services.

NICE  National Institute for Health and Care Excellence
NICE provides guidance which helps health and social care professionals to deliver the best possible care based on the best available evidence.

Further information

For further information about this Quality Account or to request a copy in large print please contact our Clinical Audit Facilitator, Edwina Gerry:
edwinag@st-gemma.co.uk or 0113 218 5500.
St. Gemma’s Hospice
329 Harrogate Road
Moortown
Leeds
LS17 6QD

Hospice 0113 218 5500
Fundraising 0113 218 5555

postmaster@st-gemma.co.uk
www.st-gemma.co.uk

Registered Charity No. 1015941
Company Number 2773867

Community
Palliative Care

Day Services

In-Patient Care

Bereavement Support

Clinical Teaching and Research