



Sheffield's Hospice

Quality Account
2015 – 2016

“An atmosphere of calm, peacefulness, courtesy, caring and efficiency which is felt from all members of staff and volunteers.

A wonderful place to come to terms with the end of life, both for the patient and their relatives.”

Quote from a patient's relative

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PART ONE

Statement 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 2016 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 priorities, 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 2015 we launched a new brand for St Luke's which you will see throughout this document. Just as importantly, we refreshed our vision, mission and values. Our vision – 'Supporting and caring for everyone affected by terminal illness in Sheffield' – is very broad, meaning that the majority of the adults dying in Sheffield each year could utilise our services, so long as they have a terminal illness.

The fact that we have seen an increase in our patient numbers to record levels shows that we are responding to that challenge. In particular, we have received additional recurrent expenditure to grow and reskill our community teams resulting in more people being supported at home – with our 7-day Rapid Response service being particularly in demand as it strives to help those in crisis to avoid admission to hospital. These services have been supplemented by a new group of community volunteers who act as the eyes and ears for the community nursing team in patients' homes and offers friendship and support. As well as new services such as the provision of home laundry and the delivery of nutritional homemade food to over 40 patients a week around the city. All our services are, of course, free of charge.

We have also been a pilot site for the Enhanced Community Palliative Support Services (EnComPaSS) project, which uses a new model of care that enables senior nurses to actively support and advise nurses 'in the field' through mobile technology.

We are the first healthcare provider to trial the technology in the UK and to couple this with the use of Patient Reported Outcome Measures (PROMs), allowing us to get a clear and objective picture of the changes in a patient's situation as their condition progresses. This allows for targeted treatment and support which is more efficient for the care provider and more effective for the patient.

Whilst all this work has been continuing, our In Patient Centre has risen to the challenge of the ever increasing complexity and frailty of those patients who need more than care at home. We have also seen record numbers of 'non-cancer' patients over the last year, which can sometimes add to challenges. We are always mindful to be safe in our ability to care for those we admit, and we are also spending more money on supporting the wellbeing of the dedicated teams who provide that care so well. This extends to all of those working and volunteering at St Luke's, who do such a terrific job in often very difficult circumstances.

In our last Care Quality Commission (CQC) report we were delighted to be rated as 'Good' overall (as well as in each category). At St Luke's, quality of care is vital. Coupled to our values – 'Dignified, Compassionate, Inspired and Pioneering' – we believe that we should be delivering 'people-care', not just healthcare. Our positioning statement sums it up very well:

'St Luke's Hospice 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.'

The Board of Trustees are fully focused on maintaining and improving the quality and extent of care we give, and base the decisions they make on managing risk and serving our beneficiaries.



Above all, we are about life, and enabling our patients and their loved ones to live theirs and die with dignity and respect.

This is reflected in St Luke's approach to Corporate and Healthcare Governance. In conjunction with operational groups, this 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.

This quality of care can only be achieved with the support and dedication of the team of employees and volunteers who put the words into action and are able to make the difference. In all senses it is "our people who are at the heart of St Luke's" – our patients, 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 and the part they have played in providing high quality care.

St Luke's has seen no growth in its NHS contract income for 6 years, which now represents just 26% of our total income. 2016 sees the end of a two year funding commitment from NHS Sheffield, and we are pleased that Sheffield Clinical Commissioning Group (CCG) have extended

this for a further two years. Despite this, the pressures of inflation, and the demand on growing services, St Luke's has managed to maintain a stable financial position – thanks to the hard work of staff and the support of those in our community who helped us to raise over £5.5m in the current year to keep St Luke's open. This is a great achievement.

At the start of 2016 St Luke's acquired Clifford House, a large property neighbouring our site at Little Common Lane. This is a multi-million pound investment for the long term, funded through reserves and very kind donor pledges. The intention is to create a centre for the support of patients, carers and families in the early phases of terminal conditions – something that we cannot do within our existing premises, and to share this facility with other like-minded organisations and charities in Sheffield. It is an exciting vision, and an opportunity that we could not miss. We hope to open this new centre in early 2017, and we would be delighted to share our vision with supporters and potential partners.

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 Hospice for the people of Sheffield.

Peter Hartland
Chief Executive

Statement on governance and public benefit

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 with a view to ensuring that the Board of Trustees contains an appropriate balance of experience relevant to the requirements of St Luke's.

The Board of Trustees works with Committees, which comprise a number of members of the Board of Trustees, members of the Executive and Management Group and, when appropriate, external members who are selected based on their particular expertise and appointed through approval by the Board.

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 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 (covering patient service areas), the Medical Director and the Director of Finance and Operations.

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

Governance and risk management arrangements

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:

- Clinical Governance - our Clinical Governance arrangements are modelled on guidance and good practice within the NHS. Clinical Governance is defined as the framework through which we will ensure continuous improvement in the quality of services for patients. This process is overseen by the Healthcare Governance Committee.
- Non-clinical Risk Management - the Resource and Finance Committee takes lead responsibility for non-clinical and business risk.

- The Board of Trustees - oversees St Luke's Risk Management Strategy, they are involved in the evaluation of our risk environment via the risk register, the assessment of risk appetite and the approval of the annual risk action plan. The Board works in conjunction with the Healthcare Governance Committee, the Resource and Finance Committee and the Executive Team in the delivery of the Risk Management Strategy. During the year there has been continued development of the strategy and the development of processes and monitoring systems. The Chief Executive has lead responsibility for the development of this approach.
- Financial Control - the Resource and Finance Committee monitors the application of good financial control and places reliance on the work of our auditors. The Honorary Treasurer provides support and advice in matters of financial strategy and reporting.

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 we provide a vital and free-to-access service to all people in the city of Sheffield. We are clearly meeting the requirements of the public benefit test - a charity providing benefits for the public and supported by the public.

PART TWO

Quality improvement priorities for 2016/17



New priorities

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.

During the year we reviewed and revised our vision, mission and values and our priority quality improvements for the coming year contribute and align to meeting these.

Our vision

Supporting and caring for everyone affected by terminal illness in Sheffield.

Our mission

To deliver the best possible palliative care in Sheffield, whilst developing and driving continual improvements for everyone affected by terminal illness.

Values

DIGNIFIED

In everything we do, we provide and nurture an environment that ensures a dignified, respectful and human experience for everyone in our care.

COMPASSIONATE

Compassion is at the heart of St Luke's, expressed by human kindness and a selfless, benevolent concern for the wellbeing of everyone we care for no matter what their circumstances.

INSPIRED

Inspired by those we care for, we are proud to be part of our community and it is a privilege to support individuals and their families through many challenging and significant moments. We are always mindful of the trust and confidence invested in us by them.

PIONEERING

We aspire to be the best and to set new benchmarks for end of life care, inspired by the pioneering spirit of our founders. We are advocates for the terminally ill, we are their voice and their champions, and therefore we will never stop striving to improve what we do.

Priorities for improvement 2016/17



1 Early engagement with patients and carers

Quite often our Community Team deal with patients for along time before they need to make their first visit to St Luke's either to attend the Therapies and Rehabilitation Centre or to be admitted to the In Patient Centre.

Earlier contact with people with terminal illness would enable them to understand what services and support we could offer to them and their families, however, space constraints have limited the opportunities to undertake this in the past.

At the beginning of 2016 we aquired Clifford House, a large house with extensive grounds adjacent to our premises on Little Common Lane. We will develop this property into a centre for palliative care in Sheffield.

As part of its development the centre will focus on enhancing community contacts and support and will provide opportunities for a number of areas of quality improvement and innovation. Our plan is to develop a curriculum of sessions that will focus on helping and supporting people much earlier in their illness, delivered through a series of eight week long programme of activities.



“Time 4 You” Partnership working with the Brathay Trust

2



As an organisation we look to provide support to the whole family during their time with us whether in the In Patient Centre, Therapies and Rehabilitation Centre or community.

As part of that support we currently provide bereavement services for families and carers post bereavement, to people over the age of 18. We do not currently offer formal services to prepare people for their bereavement or a bereavement service to young people. We believe this is a shortfall in what we do, however it is an area in which we now have a fantastic opportunity to improve our services working in partnership with the Brathay Trust.

The Brathay Trust is a charitable organisation which specialises in working with young people, helping to empower them, improve their coping ability and help them to make positive contributions to society. They work with young people from all areas across Sheffield and from all ethnic groups. This venture, led by St Luke's will help bridge a gap in our service provision.

During 2016/17 we have commissioned combined services from the Brathay Trust to pilot a 12 week programme, that will be delivered at St Luke's by Brathay Trust staff with support from our volunteers.

The aim of the project will be to support young people to cope with bereavement and to look to the future.

The target age group will be 12-16 year olds and will provide a fun, interactive programme including art and outdoor activities, with the aim of improving confidence and self-esteem, development of aspirations with positive peer relationships and increased resilience and coping strategies. Brathay will provide a 12 week 'scheme of work' plan that will be adapted following feedback from the young people involved in the programme and their interests.

We will aim to engage young people both pre and post bereavement in order for them to be able to learn from each other and cope with the different stages of bereavement. Recruitment will be via our Community Nursing Team, Therapies and Rehabilitation Centre and In Patient Centre, with external advertising via General Practitioner (GP) forums and partner organisations.

The programme will be evaluated by the Brathay Trust with the evaluation technique varying depending on the age and ability of the young person. It will include self-evaluation where the young person will rate where they are at the start of the programme and again at the end of the programme to assess the impact. A staff evaluation will also be undertaken using interviews, journey plans and observations.

3

Implementing the ECHO project

End of life care is provided at home and in many health and adult social care settings. A key area is within residential and nursing homes within the city.

It is important that we are able to share our knowledge, skills and experience to further promote high standards of end of life care. In the past we have attempted to do this via a specialist nurse organising training sessions with nursing and care homes. This proved challenging and became unmanageable with around 88 care homes in Sheffield caring for around 3800 residents, the increasing complexity of care needs and poor attendances at face to face training sessions.

Project ECHO is a hub-and-spoke knowledge sharing, mentoring and support network, led by expert teams who use multi-point video

conferencing to providing training and support to other providers of end of life care. It provides a more flexible approach for training using tele mentoring and was developed to meet local healthcare needs by sharing medical knowledge and building a community of practice.

The opening of our new centre for palliative care at Clifford House will provide an excellent opportunity to develop a hub to pilot the project which in turn will improve access to education for nursing home and care agency staff.

Training will be made available and will mirror our 4-monthly rolling multi-professional education programme currently delivered within St Luke's.

As a pilot a full evaluation of the project will be undertaken before ongoing funding is considered.

4

Wider engagement with the black and minority ethnic (BME) community

Sheffield is a rich mixture of cultures and ethnicities and it is important that we engage with them all so that there is an understanding of what services are available and how to access them. We understand and respect that some cultures see caring, particularly palliative and end of life care, as a very private matter.

Our services and facilities are designed to be appropriate to a wide range of cultures and faiths. Our non-denominational chapel provides a quiet space for prayer, reflection or meditation, and contains a range of religious texts along with prayer mats. Our Spiritual Care Team offer support to people of all faiths and those who have none, and are able to contact local faith leaders should patients and families need it. Our Catering Team can source and prepare food to suit patients' cultural needs, for example Halal, vegetarian and kosher.

When our In Patient Centre was designed, we sought advice to make sure that it was appropriate to the main cultures and faiths in Sheffield. For example, for Muslim patients and families, we made sure that the pictures in the rooms are culturally sensitive, that families can take part in the ritual washing of a deceased patient should they wish, and that the bed in our viewing room faces Mecca.

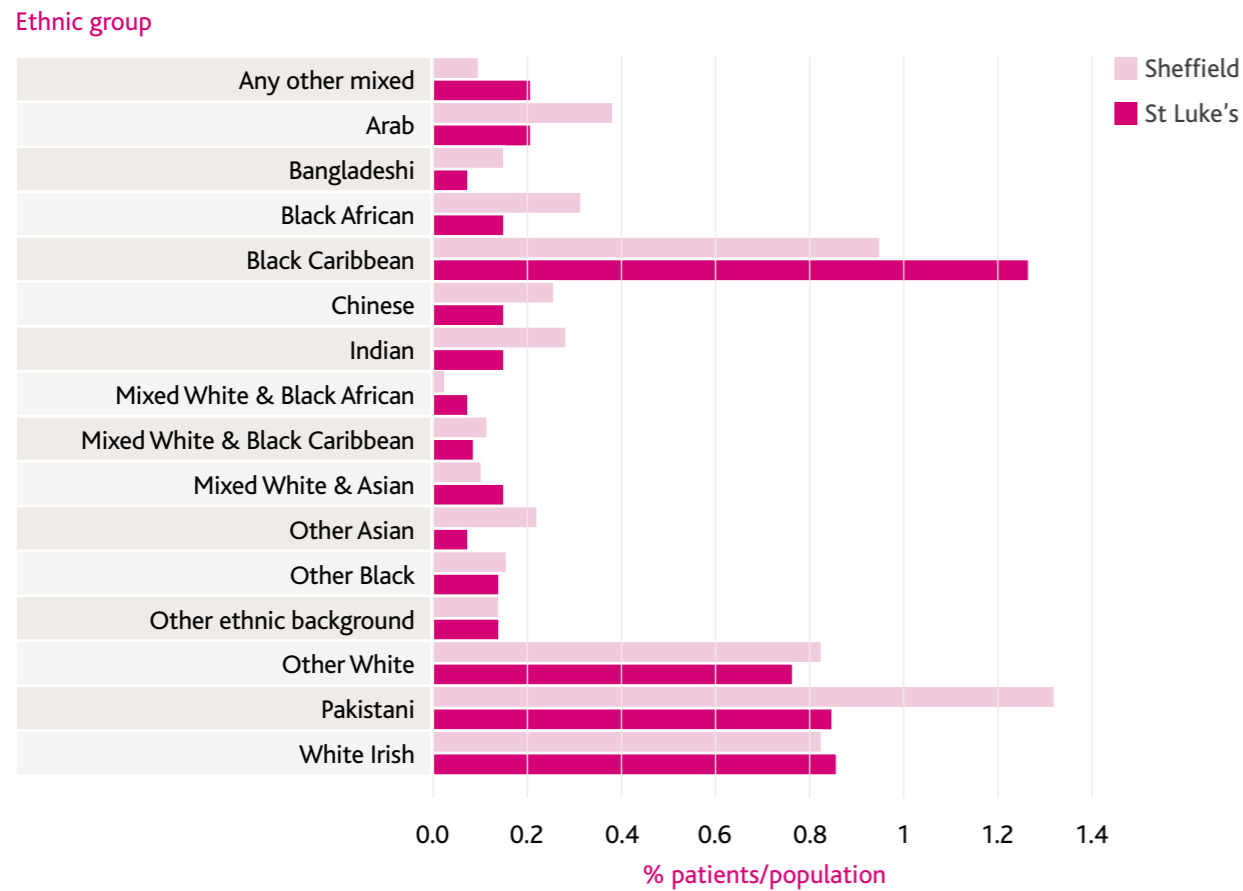
We are also aware that despite the facilities that we have on site, some cultures prefer to look after terminally ill family members at home. However, local services may not always be able to support this – research shows that Pakistani and Bangladeshi people over the age of 65 are more likely to die in hospital than White British people of the same age. In these situations our Community Team can offer help and support, allowing the family to care for their loved one at home and enabling a home death if this is the place of choice.

Community development work at St Luke's

Despite the measures we have put in place, and the fact that around 19% of Sheffield's residents come from a BME group, the number of BME patients being admitted to one of our services has always been small. This may in part be due to the fact that the BME population in Sheffield tends to be of younger age while palliative care patients tend to be older; within Sheffield just 4.6% of people aged 65 and over are from a BME group. Additionally, despite efforts to widen provision, the vast majority of our patients have a cancer diagnosis, a disease that has lower occurrence rates in the BME population.

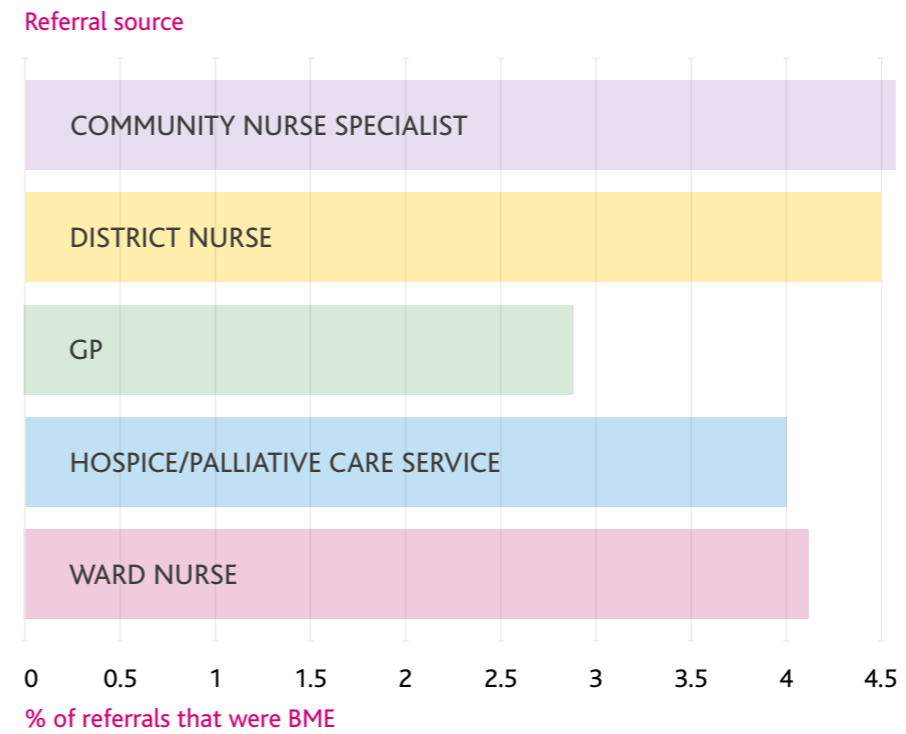
Considering the local picture, an analysis of our patients aged 55 and over in 2015 – which included over 91% of our patients - showed that 94.76% were White British, compared with 93.83% of the Sheffield population aged 55 and over in 2011 (the most recent data). Looking at the other main ethnic groups in the local 55+ population, the biggest difference seen is in the Pakistani community, as shown in the chart below:

Figure 1: Percentage of St Luke's patients aged 55 and over in 2015 in each ethnic group compared with Sheffield residents aged 55 and over in 2011.



Analysis of the percentage of referrals coming from each of the main referral sources from 2012-2016 show that GPs make 38% fewer referrals of BME patients than the next main referral source; clearly an area that needs further investigation.

Figure 2: Percentage of BME patient referrals from each main referral source from 2012-2016.



In order to explore these issues further and increase our engagement with the BME community, we have been working with local community groups such as the Pakistan Muslim Centre and Roshni Asian women's resource centre, and plan to recruit a Community Development Worker in 2016/17. The worker will initially target the South Asian/Muslim community – the largest BME group in Sheffield. The job profile is still being developed, but part of the role will likely be to target GP practices to develop pathways of care, and to develop a community engagement programme to support patients and carers. They will also explore ways to communicate and tailor information about our services to the community and make sure that our facilities, services and workforce are fully able to meet cultural needs.

Review of services

St Luke's provides palliative and end of life care for patients who have terminal 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.

During 2015/16 we provided the following services:

20-Bed In Patient Centre	Consisting of fourteen single rooms and two three-bedded multi occupancy rooms, which provide 24 hour care and support by a team of specialist staff.
Therapies and Rehabilitation Centre	Which provides medical, clinical and therapeutic day care services from Monday to Friday to give patients extra support to manage symptoms, to live independently at home and maximise their life quality. Each person who attends has an individual programme of therapies tailored to their needs.
Community Nursing Team	Who provide support at home and specialist support, guidance and advice to: <ul style="list-style-type: none"> • Patients and families at home • District Nurses • GPs • Nursing homes <p>As well as providing a Rapid Response Service for patients in crisis.</p>
Therapy Services	To support independence and promote comfort including: <ul style="list-style-type: none"> • Physiotherapy • Occupational Therapy • Wellbeing Services and complementary therapies • Nurse and doctor led clinics • Group work including circuit fitness and fatigue management
Social Work Team	Who provide support and guidance to patients and their families.
Bereavement Services	Providing support and counselling services.
Spiritual Care Services	Providing support to patients and their families.
Service User Coordinator	Who works with patients and families to ensure their needs are being met and to ensure their full involvement in service developments.
Oral History Service	That allows patients to make an audio recording of their life story.

Financial considerations

Our NHS contract funding in 2016/17 is budgeted to provide 26% of the total recurrent income required to run our services during the year.

74%

Of our income being self-generated by ourselves through fundraising and other activities.

The normal day to day running costs of St Luke's for 2016/17 are expected to be over £8.5m.

More than £6m must be raised to cover these costs through donations, legacies, fundraising projects and our chain of charity shops. We rely on a wide variety of donations, from those who donate money, to those who actively go out and raise money on behalf of St Luke's. Thousands of people across the city donate in a large or small way each year. Our Fundraising Team support donors wherever possible and generate income from a wide variety of income streams.

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 seek to develop new working partnerships within the healthcare and business community and continue to identify future income streams, by further growing our retail chain and through the original and creative efforts of our Fundraising Team.

As a charity we continually strive to move forward, maximising the use of our resources to benefit the community and add quality to life for all - patients, families, friends, carers, employees and volunteers. The importance of providing care centred on the needs of the patient and their family, supported by employees and volunteers who are valued and respected, is central to the future development of St Luke's Hospice.

Our contract with the NHS through the CCG is a major element of our funding, but the funding received has been a fixed monetary value for a number of years now. Each year we set notional targets with the CCG for activity, however, St Luke's is only partly funded through the NHS. The service provided by St Luke's has an economic value significantly larger than the funding provided by the state would ever allow and we deliver this service through our unique ability to generate funding and voluntary support from the people of Sheffield. Despite this model, the CCG reflects the importance of St Luke's services in our contract, where many aspects of our work are referenced as being of high importance.

All our key strategic aims have been built around this central theme and underpin our aim to add quality to life.

Research, audits and service evaluations

St Luke's understands the importance of clinical audits and is committed to taking part in relevant studies. During 2015/16, no national clinical audits and no national confidential enquiries covered NHS services relating to palliative care. St Luke's Hospice only provides palliative care.

National research

St Luke's is fully aware of the importance of research in helping to improve and develop services and quality care for patients, and we are committed to taking part in appropriate studies. However during 2015/16 there were no appropriate national, ethically approved research studies in palliative care in which we could participate.

The number of patients receiving NHS services provided or sub-contracted by St Luke's Hospice in 2015/16 that were recruited to participate in research approved by a research ethics committee during that period was nil.

Local audits, research and service evaluations

Whilst not involved in national audits, we have 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
- Advance care planning
- Oxygen prescribing
- Drug cards
- Psychological assessment
- Antibiotic use

To promote audit, research and service evaluations, we have developed a simple handbook to assist proposers through the required stages. All trainee doctors who undertake placements at St Luke's are required to complete an audit as part of a quality improvement programme.

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

Care Quality Commission

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
- Providing supportive and palliative care for adults

The CQC has not needed to take any corrective action against St Luke's Hospice during 2015/16.

St Luke's Hospice has not taken part in any special reviews or investigations by the CQC during 2015/16.

St Luke's has not undergone an inspection during 2015/16 and its status against the key questions remains as follows:

Key questions

Is the service safe? **GOOD**

Is the service effective? **GOOD**

Is the service caring? **GOOD**

Is the service responsive? **GOOD**

Is the service well-led? **GOOD**

**OVERALL
RATING
GOOD**

The CQC report confirmed that we are meeting the required standards and that no corrective measures were required.

The full report can be found at the following website
www.cqc.org.uk/location/1-108415043

Following the last inspection we have worked in partnership with Hospice UK and a small number of other hospices to share our experiences and help other hospices prepare for inspections, as well as working with Hospice UK and the CQC to engage nursing and residential care homes in the assessment process.



PART THREE

Review of quality improvement priorities in 2015/16



Priorities for improvement 2015/16

1 Improving access

St Luke's fully understands that the patient experience begins at the first point of contact with them, for many this will be with a member of the Community Team caring for them in their own home. It is important that when patients and their families arrive at St Luke's for either admission as an in-patient, to attend the Therapies and Rehabilitation Centre or as a visitor that their first thoughts are one of a friendly, welcoming and accessible environment that will inspire confidence in the care they or their loved ones will receive.

The main reception area and the front of St Luke's have undergone a major redevelopment ranging from the planting of a natural screen to improve

privacy, double width automatic doors installed to aid accessibility, creation of both open and social spaces in the reception area, improvements to the reception desk to aid accessibility and secure access to improve patient security.

We have received positive feedback from patients and visitors, as well as suggestions on ways we might further improve access for patients arriving in ramped wheelchair adapted vehicles. Service user and staff feedback about the changes have also been very positive.

St Luke's serves all the people of Sheffield, whether of a faith or no faith.

2 Community engagement and volunteering

Volunteering

St Luke's has more than 700 volunteers who do a wide variety of jobs for us; and who bring a broad range of skills and experience to their work. During 2015 a volunteer survey was completed and the results showed:

95% of our volunteers will continue volunteering for us in the future.

95% of people surveyed would recommend a friend to volunteer at St Luke's.

94% of people surveyed are proud to tell their friends and family.

We identified that social contact was of great importance to patients and we have undertaken projects to explore if extending the role of volunteers to visit patients both in the community and on the In Patient Centre can help reduce patient social isolation.

We currently have 7 Community Support Volunteers and 10 In Patient Centre Volunteers. Further volunteer recruitment programmes are also planned for the near future.

Community Volunteers undertake a mandatory training plan of over nine hours of taught sessions covering an introduction to St Luke's, risk management, infection control, equality and diversity, how the role will support the Community Team, communication skills, working with seriously ill people, skills for the community and an open discussion forum.

Volunteers on the In Patient Centre are supported by a senior member of the nursing team and receive both mandatory and targeted training that is relevant to their role.

"The volunteer seemed to know what my husband wanted and adopted a gentle approach, not a pressurised one. It is a wonderful service."

Work placements

St Luke's has also worked with individuals with little or no work experience, or who have been unemployed for some time and they are seeking a change in their career to gain employment.

The experience of undertaking a work placement has made a real difference to those individuals involved and quite often we have seen a major improvement in both their confidence and social skills. Many have also stayed on as core volunteers after the end of their placement because they feel it has been such a positive experience.

We work in partnership with the Department for Work and Pensions and offer work placements in their retail outlets to people wanting to gain further skills and experience. Individuals are selected for the placements through an interview process and trained on the various tasks within the retail sector over a 4, 8 or 26 week period.

We also provide help with curriculum vitae (CV) preparation, supply references to prospective employers and encourage them to apply for paid employment with us. One individual who took part in the work placement scheme has since been successful in becoming a paid St Luke's employee.

Young volunteers project

We have completed a young volunteer's project however, the results were not as positive as we had originally hoped. From the feedback we have received we have learnt a clearer brief for the volunteer's role was needed, as well as providing greater access to mentors to support their role. We have taken these comments on board and will take them into account when planning future ventures.

Biz Kids

St Luke's seeks to involve schools as early as possible and one example of this is the 'Biz Kids' scheme that aims to promote the work of St Luke's at primary school level whilst achieving a range of learning objectives as part of an enterprise challenge.

Learning objectives include:

- Team Work
- Communication
- Problem solving
- Positive attitude
- Product service and design
- Financial literacy

"The children were full of energy, commitment and dedication to the enterprise. They didn't want it to end."

The scheme involves partnering schools with a business that loan the pupils a £100 'seed' fund and provide mentoring to help them develop a charitable enterprise.

St Luke's provides each school with a volunteer School Ambassador to ensure good mentor support, provide practical support and to answer any questions.

25 schools have been involved since 2013 with some participating on a regular basis. The schools have been from a wide geographical area across Sheffield with schools from Sheffield 2, 5, 6, 8, 9, 10, 11, 12, 17 and 35 postcode areas.

At the end of the challenge pupils work together in their groups and give a short presentation (no more than 10 minutes) explaining what they did, how much they raised and how they met their key learning objectives.

A judging panel then chooses an overall winning group based on which group they believe have most met their key learning objectives. The runners up group are the pupils who have raised the most money for St Luke's.

"It was so inspiring to hear children saying they would rather work towards the goal of fundraising for a worthwhile charity than have spare time in the playground."

Quotes from a volunteer involved in the project

3 Food and laundry services

One of our priorities from last years' Quality Account was to pilot a food and bed linen service for people in the community who had been identified by our Community Team as being likely to benefit from the services.

The pilot programme was a huge success, particularly relating to the provision of soup, bread, fruit juices, smoothies and cakes, made and nutritionally balanced in our kitchens. We have continued making deliveries using our in-house transport services on Tuesdays and Fridays and since mid-February we have extended the service to include deliveries on Thursdays.

Up to the end of February this service has benefitted over 800 'service users' in the community who have received some or all of the available foods and drinks free of any charge with no cost to them.

In total we produced and delivered over 2,886 items of food and on average each service user ordered and received an average of 3.6 items from the menu.

The table below shows the number of food deliveries in 2015/16 and how the service is increasing:

Apr	May	Jun	Jul	Aug	Sept
34	71	77	65	45	78
Oct	Nov	Dec	Jan	Feb	Mar
89	67	83	78	113	133

The linen and laundry service has been used less frequently, although has provided benefit to 15 patients by the delivery of hospital bed packs, waterproof bed packs and towels.

"I've been eating more regularly, because at lunchtimes I know I have something to eat that is going to be enjoyable."

Ask the Chef!

St Luke's realised that family dynamics may change when someone is being cared for at home or in the In Patient Centre; either because people are caring and cooking for someone with a terminal illness or cooking for themselves for the first time in a long time.

To help people gain and develop new cooking skills we have started a free six week cooking course that is held in our kitchen and café. At the end of each session the participants sit down together in the café and enjoy eating the food they have prepared, as well as adding a social occasion to the experience.

Week 1	Introduction to food safety and getting to know each other
Week 2	Soup and smoothie week
Week 3	Main course cooking
Week 4	One pot cooking
Week 5	Crumbles and scones week
Week 6	Dinner cooked for participants by our chef

At the end of the course participants get an 'Ask the Chef' recipe book and even get to keep their St Luke's apron.

"It was so nice to have the course to look forward, to focus on something enjoyable and give me some valuable 'time out'."

4 Patient dependency

The complexity of patients admitted to the In Patient Centre has increased and will continue to do so with many patients having a terminal diagnosis, as well as other medical conditions.

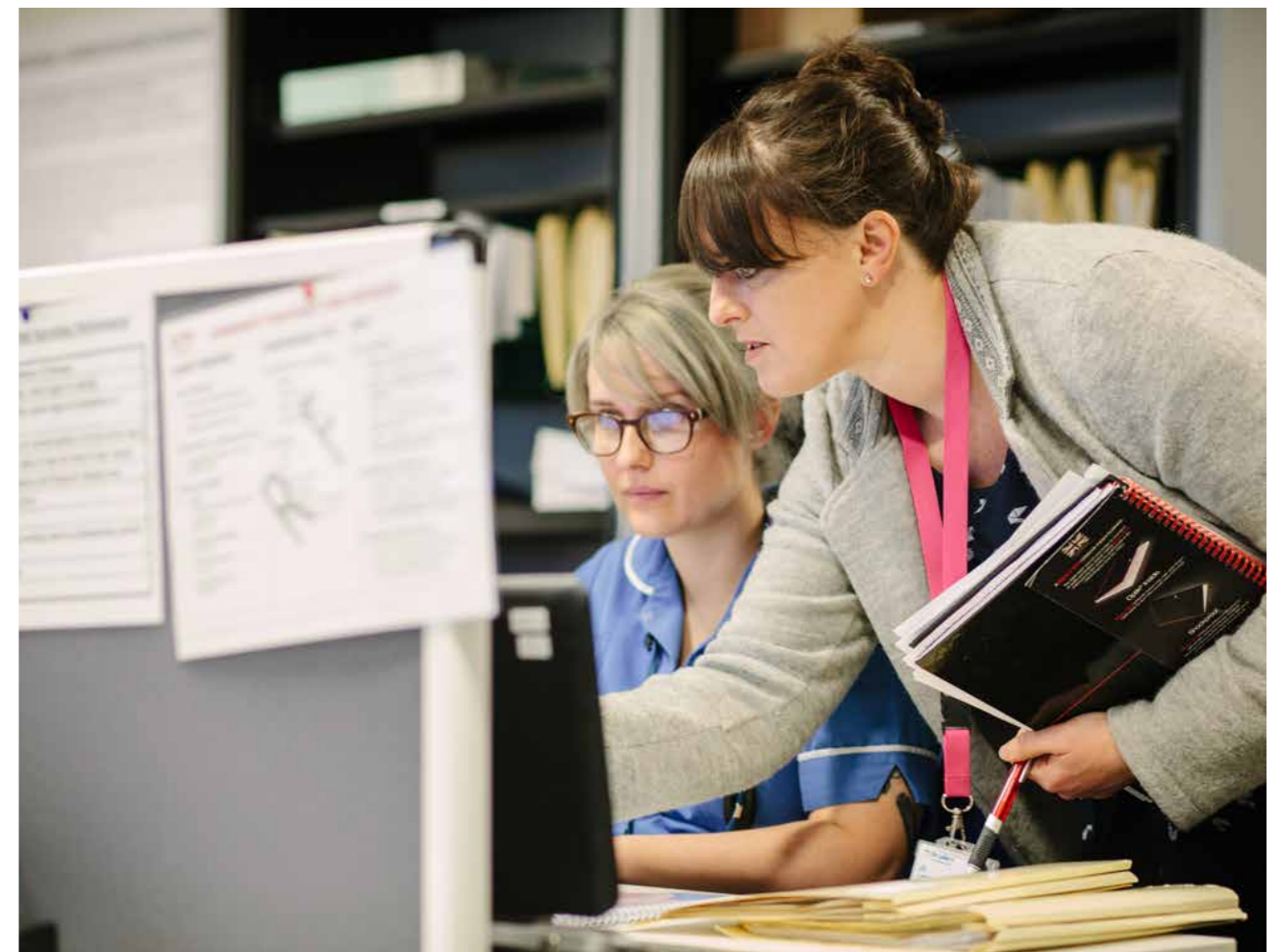
To support our aim of caring for not only patients but supporting their families and friends, we have looked at the impact all of this has in relation to the numbers of nurses and healthcare assistants we need at any one time.

We collected details of what a normal 24 hour period of time would look like in terms of patient need and other demands on nursing time. Using this data we developed a tool to guide staffing levels and the skill mix needed to deliver safe, effective, compassionate care to all our patients and provide support to their families and friends.

It has enabled us to focus on what is most important to patients and their families and to develop care plans that address each individual's particular needs.

There are many challenges in healthcare, not least the issues around the shortfall in Registered Nurses, but we see this as a real opportunity to be involved in this work as it has the potential to affect future workforce planning in the hospice and possibly other areas of healthcare.

This is still work in progress and we are currently working with Sheffield Hallam University to help us develop this work further and to ensure we are keeping our patients and families wishes and needs at the heart of all we do. It is hoped that this continued work will lead to the development of a validated tool.



Enhanced Community Palliative Support Services (EnComPaSS)

The challenges of an aging population and the increase in long term conditions means the number of people requiring palliative care is set to increase greatly and we need to be prepared for that.

EnComPaSS uses a new model of care developed in Canada using technology, which has been proven to deliver effective and cost-efficient care and support for terminally ill patients and their families.

Using new technology known as E-shift, one Senior Nurse or Doctor can monitor multiple patients in their own homes from a remote setting, providing direction to our Community Nurses working with patients and their families in patients' homes.

St Luke's Community Nurses use secure computers and tools such as the Integrated Palliative care Outcome Score (IPOS) to collect patient clinical data at the bedside. IPOS captures patients' most important problems and increases understanding of patient experience, status and their needs and strengths at a particular time.

Data collected is displayed via an online dashboard on tablets and mobile phones and improves both communication and sharing of information across the service.

It is hoped EnComPaSS will:

- Improve care quality and provide greater levels of end of life care for patients in their homes.

- Reduce unnecessary hospital visits and admissions by as much as 40-52%.
- Help more people to stay at home for longer and to die with dignity in a place of their own choosing.
- Improve the scope and extent of services we can provide.

St Luke's is the first healthcare provider to trial the technology in the United Kingdom, working in partnership with Western University in Canada, Sensory Technologies of Canada and the University of Sheffield, a partner in the National Institute for Health Research, Collaborations for Leadership in Applied Health Research and Care, Yorkshire and Humber.

Development and testing of the specific information needed, preparation and training for staff has taken a significant amount of time. Staff taking part in the pilot were trained in early January and the pilot started on 18 January 2016. The pilot was expanded and the remaining Community Nurses received training on the technology in March. Since 21 March 2016 all 17 Community Nurses have been using the technology when visiting patients out in the community.

The project will continue to be evaluated in the future.

Review of quality performance

St Luke's is committed to a process of continuous quality improvement. The Executive Team focus is 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 Community Teams or within the In Patient Centre.

We have 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.

Key quality indicators

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

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

St Luke's continues to collect and submit data, using the Patient Safety Thermometer, to the Health and Social Care Information Centre as part of the Harm Free Care scheme and has completed the second year of Hospice UK's national benchmarking in relation to patient safety and quality.

Each year we submit 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. The final report from the National Council for Palliative Care is available on the following website: www.ncpc.org.uk/mds

St Luke's dashboard contains the following key quality indicators:

- Drug incidents
- Clinical incidents
- Hospice acquired infections
- Activity
- End of life care
- Ethnicity
- Patient safety thermometer and harm free care

2.5% of our income in 2015/16 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.

The table shows data comparing activity across St Luke's services:

IN PATIENT CENTRE			
Performance indicator	2013/14	2014/15	2015/16
Available bed days	6472	7300	7320
Bed occupancy	92.2%	85%	81%
Admissions	301	327	343

THERAPIES AND REHABILITATION CENTRE			
Performance indicator	2013/14	2014/15	2015/16
Day care attendances	1988	1797	1491
New patients	298	247	287

COMMUNITY TEAM			
Performance indicator	2013/14	2014/15	2015/16
New patients	1483	1534	1448
Community visits	5249	5787	5938

Help the Hospices National Benchmarking Programme

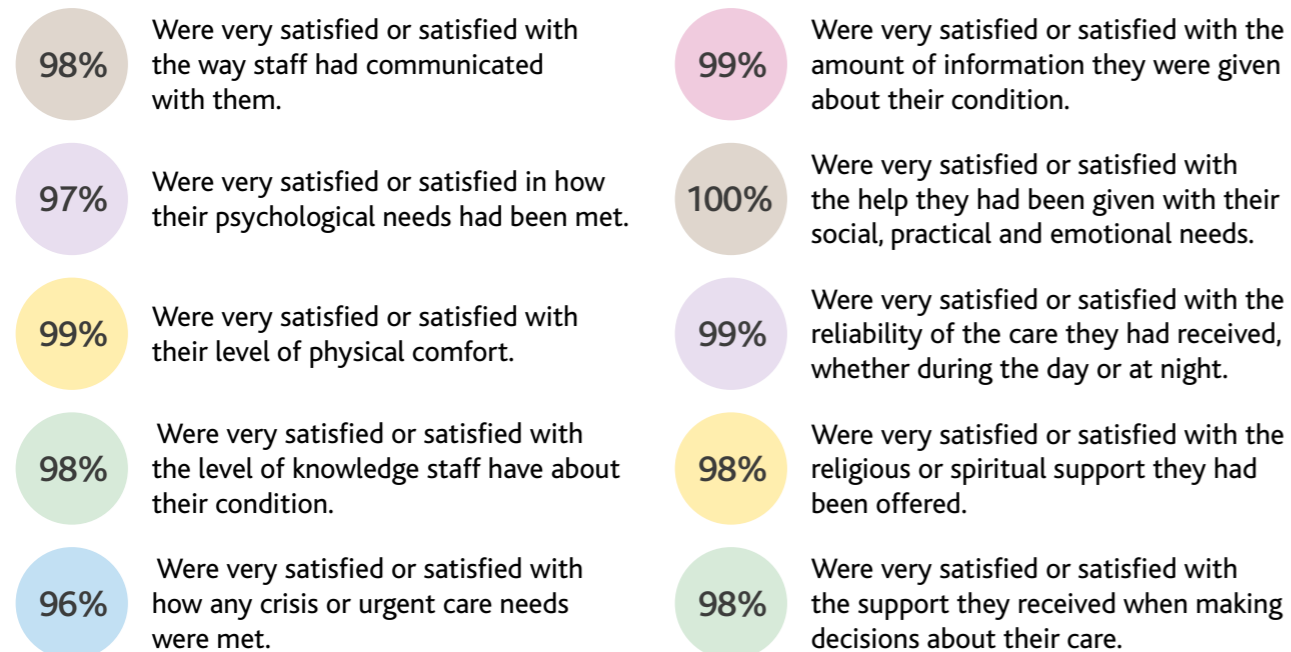
The Help the Hospices National Benchmarking Programme focuses on all incidents that occur relating to patient falls, drug incidents and pressure ulcers. St Luke's has taken part in the programme over the past 12 months and we will continue to do so over the coming 12 months.

The programme will enable similar sized hospices to be compared (currently 28 organisations) and give a national average of all the hospices taking part (currently 110 organisations).

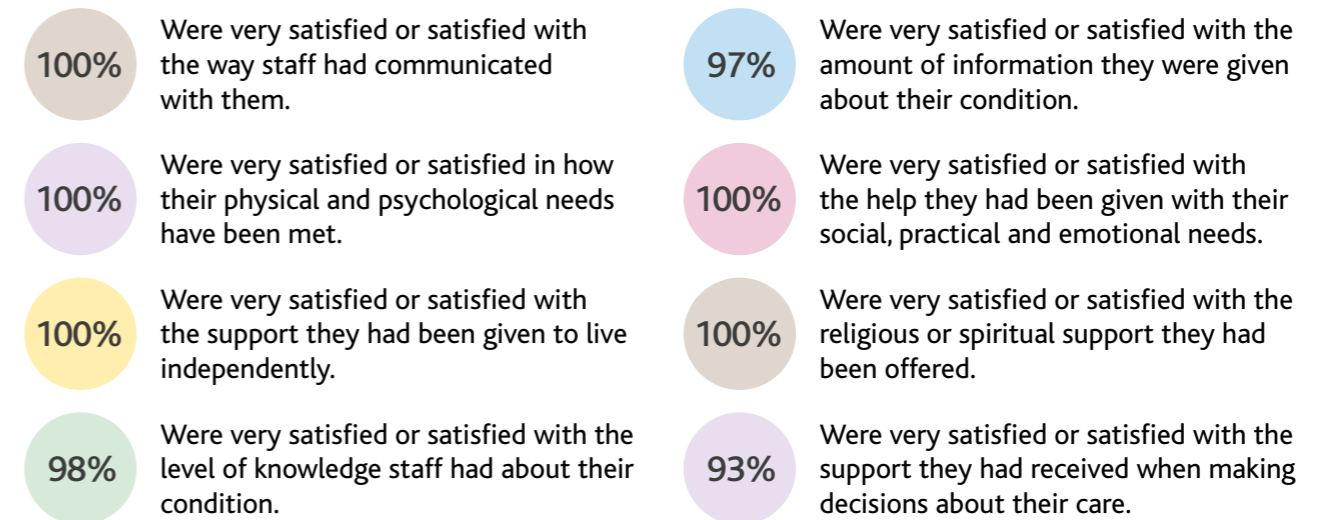
End of Life Quality Assessment Toolkit

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 was undertaken as part of the Commissioning for Quality and Innovation initiative agreed with Sheffield CCG and involved a series of questions for patients and carers, as well as specific questions for bereaved relatives. Overall 330 inpatients and 36 day centre patients took part in the survey.

The In Patient Centre results showed:



The Therapies and Rehabilitation Centre results showed:



As on all occasions St Luke's understands that a high level of satisfaction still means a very small percentage of patients were dissatisfied. However, no patients were very dissatisfied. All concerns raised, where identifiable, were checked and locally resolved.

Opportunities for learning

St Luke's is always 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 twelve months covered by this Quality Account we have received only 6 written negative comments. During the same period 218 formal letters of compliment were received, as well as many hundreds of appreciation cards which are shared locally but not collated centrally. All policies, including incident management and compliments, comments and complaints are subject to an annual check to ensure they remain current.

We have developed a Multi Professional Learning programme which runs on a four weekly cycle throughout the year. The programme covers sixteen key areas of palliative and end of life care, and the sessions are open for all members of staff to attend. All members of the clinical teams are required to complete identified relevant sessions, with the programme supplementing the already established mandatory training programme.



"The consultant was exceptional. He was great at communicating & showed true empathy & compassion."

"Sheffield is lucky to have such a world-class resource."

"Lovely, supportive atmosphere & a feeling that everyone is working together."



"The food is delicious! Beautifully presented."



"It's one of the best things that's happened for me since my illness, to be around people who are going through the same thing. I look forward to it every week & it gives me something to focus on."

"Amazing place with fantastic staff."

PART FOUR

Statements from stakeholder organisations



Sheffield Healthier Communities and Adult Social Care Scrutiny Committee Board

Sheffield City Council Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee are pleased to provide the following comments on the Quality Account 2015/16 for St Luke's Hospice, Sheffield:

Overall the Committee are very pleased to see St Luke's constantly seeking to improve. We can see that your priorities build on previous progress and extend the service offer for the people of Sheffield. St Luke's Hospice is an example of Sheffield working for Sheffield and excellent practices. Following on from last year's Quality Account we would have liked to have seen further feedback on the innovative 'is there one thing' service user feedback approach.

The Committee welcome your response to our comment last year about the diversity of the city. We are pleased to see analysis of BME population accessing St Luke's, the service it provides for the population of Sheffield.

The success of 2015/16 priorities is encouraging; for 'Improving Access' priority we would have liked to see publication of evidence to support the statement of knowing it works; we are pleased to see you adopt community engagement approaches that are beyond reach of some healthcare providers, particularly work placements, engaging with schools and the support for volunteers, there is an impressive number of volunteers at St Luke's Hospice; we are pleased to see the increased use of laundry and food delivery and will be interested to see how this progresses over this next year, the 'Ask the Chef' initiative is an excellent innovation, with the added value of reducing social isolation for carers; the Enhanced Community Palliative Support Services (EnComPaSS) management system is noted and we are interested in feedback on its impact and outcomes and look forward to seeing the evaluation referred to.

Sheffield Clinical Commissioning Group

NHS Sheffield Clinical Commissioning Group (CCG) continues to recognise and appreciate the high quality of the care which St Luke's Hospice provides as part of the overall end of life care pathway in Sheffield.

The successful development of their inpatient and community based services has reinforced our view that St Luke's Hospice continue to be healthcare innovators both within Sheffield and beyond; including the use of technology. We are proud that the people of Sheffield have access to such compassionate and caring healthcare, delivered by the Hospice's dedicated staff.

The CCG has maintained its funding commitment in 2016/17 and looks forward to continuing to work with the hospice in its role as both a provider of care and as a champion for quality improvement.

Submitted by Beverly Ryton on behalf of:

Jane Harriman
Deputy Chief Nurse

and

Jim Millns
Assistant Director of Contracting
NHS Sheffield Clinical Commissioning Group

June 17th 2016

Sheffield Healthwatch

Healthwatch are once again pleased to be able to comment on this Quality Account. We feel that St. Luke's have made particular effort to make the document as user friendly as possible, and that they have succeeded in this.

We agree with the priorities for 2016/17, and are particularly pleased to see earlier engagement on the agenda. By purchasing a neighbouring building, they have a real opportunity to extend more effectively into the wider community, and more importantly, to offer more people the opportunity to benefit from the services on offer. We note also with interest the intention to reach out to the BME community and extend an offer to utilise our existing networks and links to help them to do this.

We are pleased to see the extension of funding from Sheffield CCG, yet we note that this remains a very small proportion of the total funding needed. We are clear that this is something that needs careful monitoring.

St. Luke's appears to have delivered very strongly on last year's targets, they continue to work in an innovative way, and the BizKids and Ask the Chef projects seem particularly good examples of these.

Healthwatch Sheffield has always had an incredibly positive relationship with this organisation who we find to be open, innovative and sharing, and we look forward to this continuing in 2016/17.

Acronyms

BME	Black and Minority Ethnic
CQC	Care Quality Commission
CV	Curriculum Vitae
EnComPaSS	Enhanced Community Palliative Support Services
GP	General Practitioner
HIV	Human immunodeficiency virus
IPOS	Integrated Palliative care Outcome Score
NHS	National Health Service
PROMs	Patient Reported Outcome Measures
UK	United Kingdom



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St Luke's Hospice Limited

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