

St Luke's

Quality Account 2019/2020





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1 Statements from St Luke's Chief Executive



Statement on quality from the Chief Executive

On behalf of St Luke's Executive Team and the Board of Trustees, I am pleased to present this, the 2019/20 Quality Account for St Luke's Hospice, Sheffield. This account gives us the opportunity to provide information on the services we delivered, how we have focused on quality (including last year's improvement priority), how we measure and gain assurance about the quality of our services, and how we intend to focus on particular initiatives in the coming twelve months.

In summary, throughout 2019/20 we've continued to develop, grow and innovate our services, how they are delivered and how they are run, in support of our vision – **'Supporting and caring for everyone affected by terminal illness in Sheffield.'**

It is important, however, to recognise that as the year in focus ended, the Coronavirus pandemic had just commenced its significant impact on the UK. This has brought challenges for St Luke's from a perspective of safety, maintaining services, contributing to the local and regional Covid response, and our financial stability. On 23 March 2020 the majority of St Luke's financial income – that provided by our own means

through community support – effectively ceased. Recent months have therefore been a combination of fighting to deliver services whilst fighting for the organisation's future.

I am very glad to report that we're still here, and still caring for Sheffield. Through the commitment of our dedicated teams, the ongoing support from many donors, the pragmatic assistance of NHS Sheffield CCG, and some supportive government funding (effectively providing exceptional additional contractual funding to maintain the capacity of UK hospices across the lockdown period) we have confidence that we can sustain our services for the future. It will be a long path to recovery, however, and we will see reductions in employee numbers and a focus on cost management, together with a significant drawdown of our limited financial reserves before we expect to return to more normal times in 2023.

The pressures of the pandemic have been intense, and as a result this Quality Account is briefer than in recent years. That's not a reflection on the incredible work that has been – and continues to be done – by St Luke's staff, but a practical implication of the very lean way of working we're

currently following. At peak, St Luke's had 40% of its employees furloughed, and this still remains at 20% by September 2020.

Despite all this, I'm delighted to report that in 2019/20 St Luke's cared for **1,906** patients – 4% more than the previous year – covering **3,056** spells of care (and increase of 6% on the 2,866 in 2018/19). In addition, St Luke's supported over 700 clients affected by life-limiting disease at its Clifford House centre, helping many to cope with their situation better and live their lives more fully.

Healthcare governance frameworks

We continue to work with our colleagues and partners at NHS Sheffield CCG and Sheffield Teaching Hospitals and we meet together regularly in a city-wide end of life care forum, a focal point from which this work can influence the wider integrated care system and accountable care partnership approaches. St Luke's has a wealth of experience and data in this area, and we will continue to be a champion and a voice for those who so often go unheard.

End of life care stretches across all ages and impacts all sections of healthcare, and the need for collaborative and joined-up working has never been more crucial than through the coronavirus pandemic. St Luke's response, working in partnership with others, formed a crucial part of Sheffield's response to the emergency.

Information governance

St Luke's meets the requirements arising from both the Information Commissioner's Office (including General Data Protection Regulations) and the NHS's information governance code. During the year we have responded to enquiries from data subjects regarding the information we hold about them, and have respected their wishes in accordance with regulation. We have investigated potential breaches – including those arising from 3rd party suppliers – and follow the advice of our independent Data Protection Officer in ensuring that the actions we take comply with regulations.

Diversity and inclusion

St Luke's statement on diversity and inclusivity was approved by the Board of Trustees during the year. St Luke's strives to promote equality in all aspects of its services, operations, and governance – removing barriers wherever these arise.

Quality

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

In closing this introduction, I repeat the words of our 'promise':

'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.'

Delivering this promise is down to people, and I would like to thank all our employees and volunteers for their achievements in 2019/20, especially during the pandemic response.

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

Statement on governance and public benefit

Overview of governance structures

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

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

First line leadership of St Luke's is provided by the Chief Executive, who is charged with ensuring that St Luke's is run as a cost-effective and sustainable charity while providing the best possible care for patients and relatives. The Chief Executive is supported by an Executive Team, comprising the Director of Care, Medical Director,

Director of Finance & Chief Operating Officer, Director of Income Media and Marketing, and the Executive Lead for HR, Volunteering, Learning & Development. The Executive Team is also subject to 'fit and proper persons' review. The Executive Team is supported by a clear and accountable organisation structure focusing on leadership, accountability and empowerment.

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

- Clinical governance – our clinical governance arrangements are modelled on guidance and good practice within the healthcare sector, overseen by the Healthcare Governance Committee.
- St Luke's research activity is overseen by the Research Committee, ensuring that this is consistent with the object of the charity and follows appropriate codes.
- Non-clinical risk and financial control – the Resource and Finance Committee takes lead responsibility for non-clinical and business risk, St Luke's is subject to an external independent financial audit each year.

- The Board of Trustees – oversees St Luke's risk management strategy, through its Audit and Risk Committee and interaction with other committees and Executive Team.

Public benefit

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

2 St Luke's response to the coronavirus pandemic

Pandemic strategy

St Luke's commenced detailed planning for our response to the Coronavirus pandemic in January 2020, as the likely scale of the problem became apparent.

Our strategy during the pandemic can be summarised as follows:

- **Stay safe** – for patients and families, employees and volunteers, colleagues and the public; and working for the wellbeing of these groups.
- **Maintain vital services** – wherever possible, to keep core services running and 'step up' to deliver new services necessary during the pandemic.
- **Ensure sustainability** – by managing our financial and other resources through challenging situations to preserve services and the long-term future for the charity.
- **Looking out for our vulnerable colleagues and clients** – making sure that we care for those denied our normal services, as well as vulnerable employees and volunteers.

Each of these objectives has presented huge challenges, from the procurement of PPE, to supporting care homes in crisis, and securing critical income to maintain operations – and everything in between.

Services, initiatives and quality during the pandemic

Our response to the crisis has been built upon a true team-ethic, with representatives from all areas of the organisation meeting frequently throughout the pandemic to plan our response, and to consider how this will affect those for whom we care, and the quality of the care we provide.

Only two areas of service closed during the pandemic – our services at Clifford House and the day-centre aspect of our Active Intervention Centre. This was to minimise risk to vulnerable patients, visitors and volunteers. In both cases alternative support mechanisms have been introduced to provide continued contact and advice, which has been welcomed.

Throughout the pandemic St Luke's has maintained the capacity of its In Patient Centre and community-based services. The In Patient Centre has been adapted to provide four isolation beds with special access (to respond to the needs of Covid positive patients), and the Community team has maintained visiting to homes and care homes throughout. PPE has been sourced, with difficulty, to maintain safety and we're proud that none of our frontline team members has contracted Covid-19.

St Luke's has led and supported a number of critical initiatives in the city during the crisis, including:

- Extended working hours in community between May and June, to provide visits until 8pm and phone support for families and professionals until 10pm – helping the most vulnerable and those for whom normal healthcare provision was hard to access
- Introduced more extensive telephone and online support for community-based patients; in the period April-June 2020 this resulted in **2,348** individual contacts and consultations.

- ECHO – Using St Luke’s in-house expertise and resources, providing a range of support cross-system based on the ECHO tele-support system, including a) guidance for GPs and community workers on Advance Care Planning and Symptom Management; b) providing memorial services to care homes who experienced high numbers of deaths through Covid; and c) helping to train key workers supporting the homeless in safe use of PPE, and advising on safe practices within centres designated for care of the homeless community.
- ECHO Voices – Developing St Luke’s local expertise delivery of tele-mentoring and tele-support through ECHO technology, created ‘virtual clinics’ for care homes to attend to support with symptom management and provide the staff in care homes with emotional support. This was extended to bereavement services from St Luke’s to provide staff in care homes with emotional and bereavement support.
- Medicine Management – City-wide work to develop verbal order notifications on pink cards, develop medicine formulae to manage symptoms of Covid in the community, and support complex medication needs.
- CARiAD – championing and leading the development work to provide support for administration of medication in the home environment by carers – CARiAD ‘Carers administration of controlled drugs for patients in the community.’

St Luke’s continues to manage a Covid-secure environment across all its services and activities, based on a risk-assessment approach which is continuously updated and monitored.

Working with commissioners and regulators through the crisis

Throughout the pandemic St Luke’s has worked closely with NHS Sheffield CCG in its response, and in the management of day-to-day issues that have arisen – many of which led to the innovative responses mentioned above. The relationship with the CCG has been positive in helping to focus on how quality of care can be maintained for patients and families despite the difficulties posed by the restrictions in place.

The Care Quality Commission (CQC) has maintained regular contact with St Luke’s throughout the pandemic, under its new Emergency Support Framework put in place for the foreseeable future. The CQC has responded positively to St Luke’s work and strategic focus during this period.



3 Review of services and quality improvement priority 2020/21

Review of services

St Luke's provides palliative and end of life care for patients who have life limiting illnesses. This is not limited to patients who have cancer but includes neurological conditions like motor neurone disease, human immunodeficiency virus (HIV) and end stage heart, kidney and lung conditions. Care of patients with non-cancer illnesses has risen to **29.3%** for the 2019/20 year from **26.9%** last year.

Overall our clinical teams helped **1,906** individual patients (2018/19: 1,834), through **3,056** spells of care (2018/19: 2,866) – demonstrating that St Luke's becomes needed more than ever each year. This growth, combined with the increasing complexity of our patient group, reinforces the pressures we are facing every day.

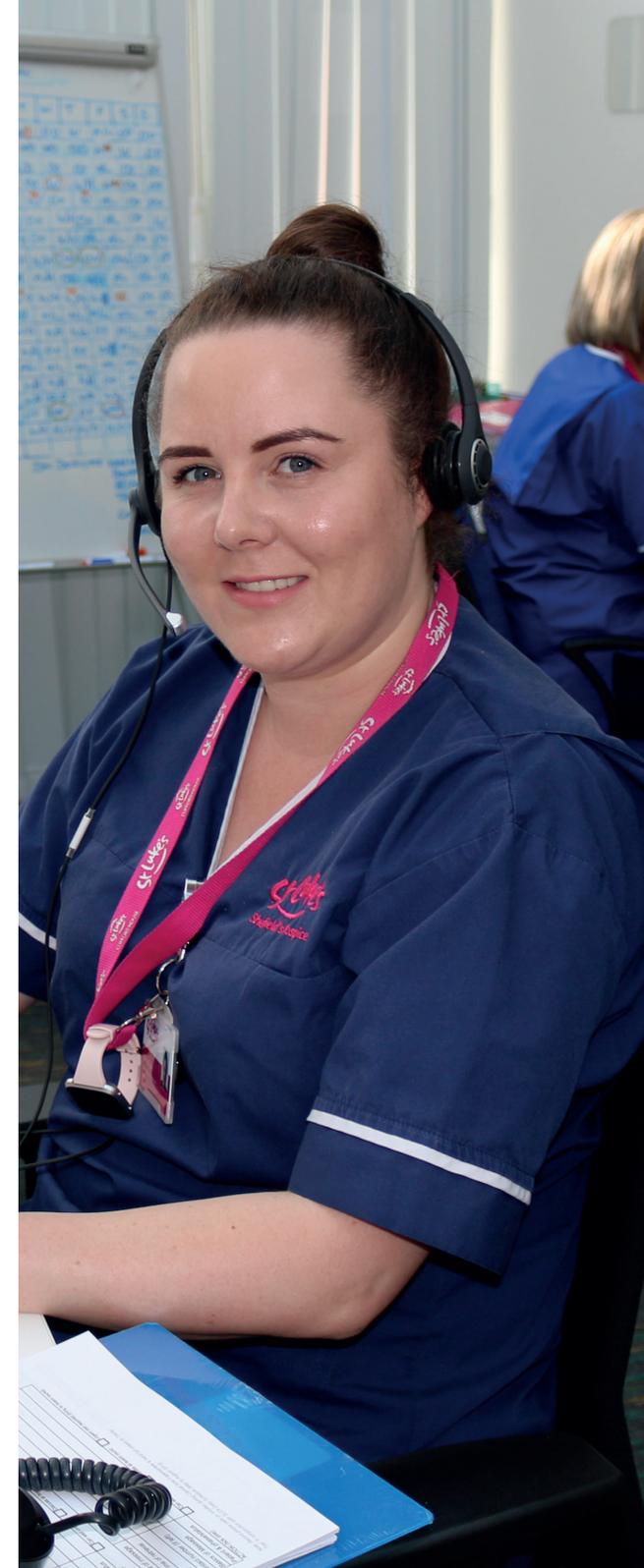


of our patients have a non-cancer diagnosis



1,906

patients were helped by our clinical teams in 2019/20



During 2019/20 St Luke's provided the following services:

20-bed In Patient Centre



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



Over the last twelve month period we cared for **345** patients.



During the year we operated at an **82%** bed occupancy rate.



On average, each inpatient stayed on the In Patient Centre for **18** days, with **30%** able to be discharged home after specialist intervention treatment.

'Don't change anything. Everything was wonderful. The people, the care, the love and laughter that you don't expect. My father's last days were calm, pain-free and loving. Everyone did their best. Thank you.'

Active Intervention Centre



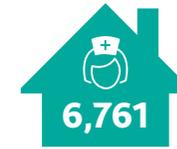
We saw **1,799** attendances at the Centre, providing a tailored programme of therapies, treatments and advice.



Our therapy teams provided **6,767** interactions with patients, covering physiotherapy, occupational and complementary therapies.

'The support we received from St Luke's was invaluable, both for mum and for the family. It made a huge difference to the final, difficult months.'

Integrated Community Team



Last year our Community Team made **6,761** visits to patients in their own homes, following **2,060** referrals into our service.

Nearly one third of visits were to patients who required urgent care from our Intensive Treatment Team.



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

'St Luke's made everything possible for us to care for our mum at home. If there was a problem they found a way round it, nothing was too much trouble for them. They made Mum feel special and she enjoyed their visits. The doctor from St Luke's was the same – caring and kind. Words cannot say how grateful I am for St Luke's.'

Quality improvement priorities 2020/21

1. Responding to emerging needs from the pandemic

St Luke's has made significant changes to its services during the pandemic to ensure that vital care can be provided to a growing number of patients, many of whom have been denied access to normal healthcare services as a result of the pandemic.

We have no idea how the future will look, but it seems certain that the disruption caused by coronavirus will continue for many months and possibly years, and so there will be a need to continuously adapt to meet the new environment facing patients, families and providers.

St Luke's immediate aim is to make the changes necessary to maintain the high quality of care to which our charity aspires to the widest group of patients, in whatever setting. This will involve the development of new policies and procedures, training in new practices and technology, revised guidance to patients and families – and other health professionals – and where necessary updated governance and quality assessment tools.

We believe that this change process will develop throughout the remainder of the 2020-21 year.

2. Preparing for Winter 2020/21 – influenza vaccinations for critical staff

Winter 2020/21 is expected to be even more challenging regarding pressures than previous years, given the prospect of a second or third Coronavirus wave in the UK and the impact of this upon demand for services and on the available workforce to cope with that demand.

It is therefore vital that winter flu does not significantly impact upon the availability of clinical and essential support staff who will be needed throughout the peak season. After recent successes in increasing the number of vaccinations given to these staff, St Luke's is setting a target to achieve 80% vaccination rate for eligible staff by November 2020. Eligible staff includes the target group excluding those who have an acceptable reason for declining the vaccination (such as allergy or recognised vulnerability).

St Luke's is procuring vaccines and will cover the cost for all staff, making it possible for everyone to be vaccinated on-site and during the working day. The Human Resources team is managing the process, in partnership with clinical leads, and will be monitoring numbers applying for and receiving the vaccine to help us achieve (and exceed) our target.



Care Quality Commission (CQC)

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

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

The CQC has not needed to take any corrective action against St Luke's during 2019/20. St Luke's was last inspected in

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

Ratings

Overall rating for this trust

Outstanding ★

Is the service safe?

Good ○

Is the service effective?

Outstanding ★

Is the service caring?

Good ○

Is the service responsive?

Outstanding ★

Is the service well-led?

Outstanding ★

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

The full report can be viewed at:
www.cqc.org.uk/location/1-108415043

As mentioned on page 6 St Luke's receives regular monitoring liaison with the CQC under the Emergency Support Framework put in place during the pandemic.

Financial considerations

In March 2020 St Luke's set a budget for the financial year to March 2021 with the expectation of recording a small financial deficit for the year. This was based on NHS contract funding providing **c.26%** of the total income required to run St Luke's during the year, with the other **74%** being generated through donations, legacies, fundraising projects, our chain of charity shops and other activities. We thank NHS Sheffield CCG for providing an increase in funding of 7% on prior year, this being in line with year two of a three-year proposal by St Luke's to increase NHS funding and help to redress an eight year period where no inflationary uplifts had been granted. Even with this increased funding St Luke's remains in the bottom quartile in England with regard to NHS contract funding as a percentage of total income.

In March our financial model was critically undermined following the imposition of lockdown, which **'turned off' nearly 75% of our income overnight**. We worked closely with NHS Sheffield CCG and other bodies and took advantage of all available government schemes to manage the situation. We were grateful to the HM Government's decision to provide support to the hospice sector by 'procuring' the unfunded portion of our capacity for a period from April to July, the cashflow from which enabled us to stay open and operational.

Even with this support, together with a number of cost reduction measures, we expect to record a deficit of **c.£600k** for the 2020/21 financial year, and we expect a further deficit in 2021/22 as income streams take time to recover. However, we believe that by using our reserves we will be able to get through this difficult period, although it is likely that we will need to continue in cost-saving 'mode' until 2023. But our objective remains the continuation of services and support for the healthcare system in Sheffield.

Our three-year proposal to NHS Sheffield CCG for a correction in funding commencing from April 2019 included an uplift for the 2021/22 year as the final part of the adjustment to baseline. Whilst the CCG has committed to a three-year contract with us from April 2020, for which we are very grateful, we have not yet seen that final year uplift approved, and we will be reiterating its importance to the CCG. St Luke's will work tirelessly to restore its hard-won financial sustainability, with stakeholders and supporters across the city, but we hope that the NHS will also play its part in helping us achieve that sustainability.

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

£10 Million



Expected financial deficit as a result of COVID-19 impact

£600k

in 2020/21





Research, audits and service evaluations

St Luke's is a research active organisation and has integrated its research and audit activities into its wider governance framework, now formally reflected through the creation of its Research Committee in March 2020.

This Committee is chaired by Professor Rob Coleman, who has a long and distinguished career in the research field, and is recognised internationally for his work – both at The University of Sheffield and Weston Park Hospital.

Rob is joined on the Committee by Professor Diana Greenfield and Dr Toni Schwarz.

The establishment of the Committee will support the continued development of St Luke's research programme, focussed on initiatives that will benefit people in the city of Sheffield. The programme is led by Dr Sam Kyeremateng (Medical Director) and Dr Paul Taylor (Senior Clinical Lecturer at the School of Health and Related Research at The University of Sheffield, and Consultant in Palliative Medicine).

4 Review of quality improvement priority 2019/20

Developing and implementing clinical supervision

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

Held within working hours, the meetings offer our nurses an opportunity to reflect on their work on the In Patient Centre and the ways it challenges them emotionally, as well as a space to discuss development opportunities.

The emergence of the pandemic in January 2020 meant that the final elements of the implementation of this scheme had to be postponed, and this was followed by absences of key staff through shielding. We therefore still need to complete the training plan to fully implement the scheme, and the evaluation is also delayed because of the secondment of the relevant person to another external role during the pandemic response.

During the pandemic a range of alternative supportive measures have been put in place for clinical staff, including referrals to third party organisations, online resources, active telephone and on-site support, and opportunities for group reflection.



Ongoing quality priorities

St Luke's strives to see quality improvement across its services, and this Quality Account can only represent a small reflection on the initiatives we undertake.

Looking at some important initiatives we're following to improve the quality of our services and those in the community around us:

Extension for Community Healthcare Outcomes (ECHO)

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

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

Only one of four ECHO superhubs in the UK, St Luke's has now provided training to 18 organisations including hospices, NHS Trusts and CCGs within the UK to become collaborative ECHO hub centres. This has included three organisations to become a

Yorkshire-wide Transitions Network. The new ECHO hubs are now developing their own programmes of education and training for a variety of healthcare disciplines across the UK.

Through the pandemic, the ECHO programme has proved an invaluable tool, and St Luke's has undertaken ECHOs with nursing and care homes, homeless support charities and organisations, and a wider variety of healthcare services – allowing communities of practice to develop and spread learning, skills and experience – increasing the overall quality of services delivered in the city and beyond.

On a 'business as usual' basis, ECHO has now had participation from 46 nursing homes in the city, has a separate Care Home Managers' Forum, and has a series of regular sessions with Primary Care teams (GPs, practice nurses, district nurses) which is attracting up to 70 participants per session on a wide variety of topics. The Ambulance Service ECHO established in 2018/19 also continues.

Clifford House

Whilst Clifford House suspended activities in March 2020 in response to the dangers of coronavirus for the vulnerable clients and volunteers, the second year of activity has once again demonstrated the vital role that support for those facing the early stages of an end of life diagnosis, or living with the impact of a life limiting condition, can play. A focus on friendship, practical support and

advice, relaxation and wellbeing, and 'fun,' can enhance quality of life and offer preparation for the more complex illness phase to come.

With over 700 clients in the year, a growing number of clients from Clifford House eventually made the transition to St Luke's end of life care services as patients, and in each case the experience of being at the House helped to alleviate their natural worries and concerns about 'end of life care.' Additionally, we saw a growing number of clients referred to Clifford House directly by GPs, and we saw engagement from highly vulnerable groups, such as those suffering from Motor Neurone Disease.

The suspension of services at Clifford House has prevented a qualitative analysis of the benefits from the service, which is entirely funded by St Luke's. We expect to see services begin again in Spring 2021, subject to the coronavirus pandemic starting to reduce in scale and impact. Whilst we don't expect to recommence in the same way as we ended in March, we look forward to providing supportive activities in a special place for those who are commencing a journey to end of life, and we anticipate growing interaction with St Luke's clinical services.

Looking at how we monitor and manage the quality of our services:

Managing incidents

St Luke's clinical teams take a collective approach to dealing with incidents, investigating issues and how each team has played its part – and determining how these can be mitigated or prevented in future.

At March 2020 St Luke's was reviewing three serious incidents which had occurred in the 2019/20 year, all of which had been formally reported in accordance with requirements.

The root cause analysis has been undertaken with the involvement of the wider team – reviewing the evidence, reflecting on actions, and identifying improvements for the future. None of these incidents was in respect of a complaint, none was subject to any claim or litigation, and each was 'called' by the team members themselves. We believe that it is important for colleagues to feel confident in reporting incidents, knowing that the culture is one of support rather than blame, and that they can be involved with the process of learning and improvement that develops from this.

Maintaining a safe environment

Following an episode of *Clostridium Difficile* on the In Patient Centre which we feared could spread to the whole building, we researched innovative options and identified a cleaning product which has a 72 hour 'reactive barrier.' This means that if any germs land on the treated surface and try to reproduce, the product activated and it killed the germ.

The solution was identified as a collaborative exercise between clinical, housekeeping and support teams, and was implemented within 36 hours of the positive test result. The whole building was protected within 48 hours, and no patients were denied care. This came at a small financial cost to St Luke's, but is now established as a protocol and process meaning that it can be implemented at any time necessary in the future. We liaised with NHS Sheffield CCG and Public Health England through this process, to their satisfaction.

We have had no further instances of *Clostridium Difficile* since we made this change.

Surveys and quality monitoring

St Luke's monitors the quality of its services as seen by service users through two principal tools:

- ELCQUA is a real-time survey to understand how patients on the In Patient Centre and Active Intervention Centre view St Luke's. It enables us to act quickly on any concerns and ensure the quality of our services remains high at all times while being able to look at trends and themes across the weeks.
- FAMCARE is a national palliative care bereavement survey that we send out to patients' next of kin. It asks them questions about how we cared for their loved one, and we use the information – which can be anonymous if people wish – to feedback good news to staff, make service improvements where required, and shape future ideas for services.

The results from both ELQUA and FAMCARE are reported to St Luke's Healthcare Governance Committee for governance oversight – in conjunction with ongoing review of quantitative measures of performance regarding accidents, incidents, errors, complaints and compliments (amongst a wide suite of matters reported each quarter).

The quotes throughout this report are derived from the FAMCARE survey.

‘Obviously I’d rather not have needed your services at all! But as we did, I’m so glad that my wife was able to be treated and looked after by yourselves for the last months of her life. There are a couple of stand out memories for me, but it would be unfair of me to pick anyone out as, without exception, everyone we came across in St Luke’s was outstanding. Calm, patient, professional, compassionate... I could go on and on.’

‘My opinion of St Luke’s and all the staff that work there is very high. You were literally the only people that really helped us, you were there every step of the way. Since my mum sadly passed away, we as a family have been offered support by St Luke’s, which has really helped. I appreciate everything you did for us and continue to do. I cannot say thank you enough, for all you did for my mum. Your organisation is wonderful, keep up the amazing work. I would not hesitate to recommend you to anyone.’

Opportunities for learning

St Luke’s is keen to take every opportunity to improve the quality of service that it provides and places a great deal of emphasis on patient, family and carer feedback. This is reflected within the work of the Patient Experience and Clinical Quality Officer – satisfaction surveys, audit reports, inspection reports and through the formal and informal management of incidents, complaints, comments and compliments – all of which are overseen by St Luke’s Clinical Quality and Risk Manager. In line with good practice we make every attempt to resolve concerns at a local level and during the period to drafting covered by this quality account we received only 22 complaints set against the many hundreds of positive comments and appreciation cards received. Each of these complaints has been resolved through communication with the complainant.

‘St Luke’s staff were amazing. Dad was cared for at home by myself and my daughter who are both experienced registered nurses, St Luke’s community nurses listened and respected us both in our care for dad, the result being a totally peaceful and ‘text book’ death for dad – something that I will always remember, and made dad’s passing so much easier for the whole family, who were with him at this time. I have so much respect for St Luke’s and always will. Thank you so very much to all of you.’

Key quality indicators

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

Quarterly and performance meetings with the CCG provide an external assurance that our quality performance is satisfactory. We continue to collect and analyse data, using the now-retired Patient Safety Thermometer metrics, as part of day-to-day quality monitoring activity, and have completed the fourth year of Hospice UK’s national benchmarking in relation to patient safety and quality, which measures data relating to incidents that occur involving patient falls, pressure ulcers and drug incidents.

5 Statements from stakeholder organisations

NHS Sheffield Clinical Commissioning Group

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

St Luke's provides a high level of specialist care to patients reaching end of life, often in the face of complex co-morbidities. A combination of In-patient and Community services deliver patient focussed care in the most appropriate setting. St Luke's have been supporting care home education by the use of technology with their Extension for Community Healthcare Outcomes (ECHO) programme. This work is valued by the Clinical Commissioning Group and we have supported its extension.

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

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

The onset of the COVID-19 pandemic towards the end of 2019-20 created new challenges for the local health economy. St Luke's responded flexibly to these changing needs, focusing resources as necessary to ensure continued provision of compassionate end of life support to patients and their families during these exceptional times.

Sheffield Healthier Communities and Adult Social Care Scrutiny Committee Board

Thank you for sending me a copy of your 2019/20 Quality Account. I understand fully why this is less detailed than in previous years.

On behalf of the Healthier Communities and Adult Social Care Scrutiny Committee I want to pay tribute to you and your staff for the continuing support that you have provided for vulnerable people in Sheffield at an incredibly challenging time. I do not underestimate how difficult that is.

I commend the way in which your team have continued to work in an innovative and responsive way to support people in the community as well as providing in-patient care. The use of ECHO to support Care Homes, Nursing Homes and others during the pandemic is an outstanding model of good practice.

We look forward to hearing about your on-going developments and wish you well in securing sustainable funding for your crucial work.

Sheffield Healthwatch

Thank you for sending this report to us. We would like to take this opportunity to congratulate St Luke's on their achievements, and to extend our thanks to all those who have been working hard to support patients and their families through the Covid-19 pandemic.

Our response to this account includes comments from volunteers, who were able to bring a public perspective to the findings.

We acknowledge that this report is shorter than normal due to reduced capacity in the organisation. Despite this, the work to make the report accessible, including the use of infographics and explaining most acronyms, has been successful.

It is clear from the Quality Account that St Luke's is performing well across a number of key areas. We have heard positive recognition of the work that St Luke's has been doing in care homes in particular.

We are happy to see that the organisation works to gather patient and public feedback in various ways, and think the inclusion of quotes and case studies is very helpful to demonstrate the organisation's impact. It would be helpful to see some more examples of learning from this feedback (as well as from the 22 complaints that arose) to see how this has informed change. It would also be helpful to see how this compares to previous years as an indication of the overall progress of St Luke's.

End of life care is a particularly sensitive issue, and it's important to know that people's end of life preferences are central to their care. It seems that information about this is captured in the FAMCARE surveys – this is an area where it would be especially helpful to see any learning and improvements made.

Overall we have been impressed by the Quality Accounts this year, and acknowledge that some of the areas we feel are lacking may be due to reduced capacity to write the report given current circumstances. We would like to thank St Luke's for their continued hard work, especially in the face of funding challenges – performing well despite being in the bottom quartile of NHS contract funding in England as a percentage of their total income.

Acronyms

CARiAD	Carers administration of controlled drugs for patients in the community
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
ECHO	Extension of Community Healthcare Outcomes
ELCQUA	End of Life Care Quality Assessment
GDPR	General Data Protection Regulations
HIV	Human Immunodeficiency Virus
IG	Information Governance
NHS	National Health Service
PPE	Personal Protective Equipment





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St Luke's Hospice Limited

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The stated address is the registered office of the company.