A report detailing the quality of health care services provided by St Ann’s Hospice, Manchester

Registered charity number 258085
Chief Executive Statement

As Chief Executive of St Ann’s Hospice I am pleased to set out our performance for 2012/13 in our Quality Account. This report is written to provide assurance to a wide range of stakeholders that the purpose and focus for St Ann’s is:-

“To provide excellent care and support to people living with or affected by life-limiting illness.”

The reporting period 2012/13 reflects the first year of our three year Strategic Plan and it is really pleasing to see how much progress has been made. The report highlights a wide range of measures that we use and continue to develop to rigorously assess the quality and effectiveness of our clinical services.

It is really important that we can demonstrate the benefits of the care we deliver, so the very positive evaluation of our supportive outpatient services by patients and carers is vital information, for not only us but also the commissioners of our services.

For the first time we have been included in the Patient Led Assessment of the Care Environment (PLACE) and this puts patients at the centre of the assessment process. I am pleased to report that all key elements of the hospice environment performed well.

The last year has seen rigorous inspections by the Care Quality Commission on all three sites. These inspections are unannounced and measure a wide range of standards. The inspectors not only check policies, procedures and reports but also speak to patients, carers and staff so that they can build up a very clear picture of the quality of services we provide. We achieved all the standards measured but are still committed to developing and improving care whenever we can. It is therefore vital we use a wide range of internal methods to measure our performance and I believe the following report evidences that and illustrates excellent care and areas for future development.

I am pleased to confirm that the Board of Directors has reviewed the 2012/13 Quality Account and that it is a true and accurate reflection of our performance.

Jayne Bessant
Chief Executive
How we serve Greater Manchester

Who do we care for? St Ann’s Hospice cares for around 3,000 patients (over the age of 16) and their families and carers every year who are affected by cancer and non-cancer life limiting illnesses. We deliver care that is special and unique to each individual person. Around a third of inpatients at St Ann’s Hospice return home after treatment.

Where do we care? St Ann’s Hospice provides care on 3 sites and in people’s own homes, working in partnership with acute hospitals, community services, local authority and social care providers and voluntary organisations.
St Ann’s Purpose & Strategic Goals

Purpose

To provide excellent care and support to people living with or affected by life-limiting illnesses.

Core Values

- **Compassionate**
  Providing a safe, secure and a caring environment for everyone.
- **Professional**
  Aspiring to be the best in everything that we do.
- **Respectful**
  Treating everyone with dignity and respect.
- **Inclusive**
  Recognising and accepting that everyone is different.

This years progress against our Strategic Goals

1. **Putting patients and their carers first**
   - St Ann’s has worked together with it’s newly formed local Clinical Commissioning Groups (CCGs) to develop monitoring tools that assess the quality and impact of services in terms of outcomes and efficiency (Commissioning for Quality and Innovation [CQUIN] goals).
   - We have also completed the first Specialist Palliative Care Peer Review in Spring 2013, where our multi-disciplinary teams were assessed as performing well for the patients and carers that they serve.

2. **Supporting and empowering our staff and volunteers**
   - Nine Assistant Practitioners have now successfully completed their Foundation degree and are embedded into their new roles across St Ann’s clinical services.
   - Clinical supervision has been reviewed through consultation with clinical staff to ensure that their needs are effectively provided for within available resources.
   - We continue to be creative and innovative in how we involve our volunteers to help us provide an excellent service.

3. **Strengthening our foundations as a charitable organisation**
   - St Ann’s is investing in its fundraising team, with the appointment of two new posts, hoping to maximise both its engagement and return from its supporters across Manchester.
• We are also working collaboratively with Macmillan Cancer Support who are currently investing in improving patient cancer care pathways across the south, central and north Manchester localities.

4. Engaging with our Communities
• Strong links have been established with the Muslim and Jewish community forums to encourage more equitable use of St Ann’s services. It is hoped that these relationships will develop further throughout the next year.
• St Ann’s continues to work with care homes across Manchester and Trafford, delivering the ‘6 Steps’ programme, empowering care homes to provide palliative care, often fulfilling resident’s wishes for preferred place of care.

5. Looking Forward
St Ann’s increasingly adapts to the localities changing healthcare economy, reviewing service provision to ensure that we remain a leader in the delivery of specialist palliative care across Greater Manchester. We will develop priorities which:
• Maximise our effectiveness by delivering care to the right patients at the right time, in the in the right setting, to best meet both their and their families needs.
• Improve patient, family and community engagement and experience of our services, particularly with hard to reach cultural and social groups.
• Ensure the continued safe delivery of care to our patients, by minimising the risk of avoidable harm through improvements in the monitoring of medicines management, patient falls and development of pressure ulcers.

6. Striving to be the best at what we do
• St Ann’s continues to work hard to ensure that the services we provide continue to improve, delivering high quality. Work streams are prioritised by organisational need such as training and education, clinical audit, evaluation, documentation development, effective governance meetings and engagement with many service providers across the locality. This ensures that we continue to strive to do the best for our service users, be they patients, carers or professionals.
• From our most recent Care Quality Commission (CQC) inspections, we continue to be fully compliant in all categories.
• This is the second year that we are publishing an account of our service quality –‘Quality Accounts’, which is available on the NHS Choices website and on our St Ann’s Hospice website.
Review of services

During 2012/13 St Ann’s Hospice provided the following services to palliative care patients and their carers and families from across Greater Manchester. St Ann’s services encompass the localities of Salford, Trafford, Manchester and Stockport, a total population of approximately 1.2 million people. Our services are based on 3 sites, St Ann’s Hospice Heald Green, St Ann’s Hospice Little Hulton and the Neil Cliffe Centre Wythenshawe:

- In-Patient Units
- Daycare Services
- Supportive and medical outpatient Services
- Hospice at Home (St Ann’s @ Home)
- Community Palliative Care Nurse Specialist Service
- 24 Hour Advice Line
- Complementary therapy services, including an outreach service

St Ann’s Hospice has reviewed all the data available to us on the quality of care in all of these services. The income generated by the NHS represented 34% of the total income required to provide the services which were delivered by St Ann's Hospice in the reporting period of 2012/13.

Quality improvement and innovation goals with our commissioners

St Ann’s works closely with a number of commissioning groups and each service we provide has a detailed service specification document which included quality performance measures. These measures are supported internally by the hospice’s Council and Executive board in their implementation and delivery.

St Ann’s NHS quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework for April 2012 to March 2013 were to:

Achieve Level II compliance with Information Governance Standards:
- During 2012-2013 St. Ann’s has been working in partnership with Dilys Jones Associates to progress towards achieving compliance with level II information governance requirements. We have achieved our quality improvement target set by our local commissioners and are now close to achieving Level II compliance. This gives St. Ann’s assurance that it’s systems for managing its clinical and corporate information are effective and secure. St. Ann’s will now soon be able to link into local NHS Hospital Trust information systems to improve the continuity of care that we can provide to our patients when they transfer between St. Ann’s and NHS services.
Use of the Liverpool Care Pathway for the Dying Patient:

- The Liverpool Care Pathway for the Dying Patient (LCP) is a model of care which enables healthcare professionals to focus on care in the last hours or days of life when a death is expected. It is tailored to the person's individual needs and includes consideration of their physical, social, spiritual and psychological needs.
- For 2012-2013 89% of patients who died at St Ann’s commenced the LCP.
- An audit of the LCP has also recently been completed, within which, a key element has been the assessment of the communication with carers and families on initiation of the LCP. Overall, the audit demonstrated an excellent level of compliance, indicating that the three elements of care within the LCP; assessment, ongoing and after death care, were delivered effectively.

Advance Care Planning (ACP) and the Preferred Priorities for Care (PPC) tool:

- From October 2012 to March 2013 St Ann’s has collected data on how many patients discharged from our inpatient services had both ACP discussions and PPC communications documented.
- ACP is a voluntary process of discussion and review to help an individual who has capacity to anticipate how their condition may affect them in the future and, if they wish, set on record choices or decisions relating to their care and treatment. Over the six month period, 83% of inpatients had ACP discussions documented prior to discharge. A key aim for the next year will be to monitor and increase the number of ACP discussions in Day Therapy services.
- The PPC is a document which facilitates discussion(s) around end of life care wishes and preferences, enabling communication for care planning and decisions across care providers. Over the six month period, there was documented evidence that 89% of inpatients had their preferred priorities for care communicated prior to discharge.

What others say about us

Care Quality Commission (CQC)
St Ann’s Hospice is required to register with CQC. The CQC has the power to take enforcement action against health care providers if required and can implement special reviews or investigations.

The last on-site inspections were on 28th December 2012 of our Little Hulton site and 6th February 2013 for our Heald Green and Neil Cliffe Centre sites. As for previous years, all three sites were assessed as fully compliant.

Stockport Health Watch (previously Stockport Local Involvement Network (LINk)) is a group of individuals comprising health service professionals and service users from across Stockport. Health Watch come together to ensure that health and social care services are planned and delivered to meet the need of the people that use them.
November 2011, LINk recommended that a discharge policy should be developed to support the hospices existing discharge processes and documentation. A St Ann’s multi-disciplinary working group was established to address this recommendation. Discharge documentation has now been reviewed and implemented. The supporting referral, admissions and discharge policy, awaits ratification at the next Clinical Governance meeting.

Patient Led Assessments of the Care Environment (PLACE) put patient assessors at the centre of the assessment process, and use the information gleaned directly from patient views to report how well a hospital or hospice is performing in the areas of privacy and dignity, cleanliness, food and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or staff behaviors.

St Ann’s first assessment was held in April 2013. Feedback from the PLACE assessment team was that all key elements of the hospice environment performed well. Results of the assessment are awaited and will be published in the public domain, driving any improvements to the environment identified and ensuring that St Ann’s remains accountable to the community it serves.

Data quality

In agreement with the Department of Health, St Ann’s Hospice submits a National Minimum Dataset (MDS) to the National Council for Palliative Care. St Ann’s Hospice also provided the MDS to our local Clinical Commissioning Group across Salford, Trafford, Stockport and Manchester (previously the Primary Care Trust Consortia).

NHS Number and General Medical Code Validity
St Ann’s Hospice was not required to and did not submit records during 2012/13 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance Attainment Levels
St Ann’s Hospice did not require an Information Governance Assessment Report and, therefore, did not have an overall score and grading for 2011/2012. However, as detailed above, during 2012/13 St Ann’s Hospice is now close to achieving level II compliance of the NHS Information Governance Toolkit, to both ensure that national guidance and standards for information quality and records management are maintained. Full compliance and connection to local NHS information technology systems is now planned for 2013-2014.

Clinical coding Error Rate
St Ann’s Hospice was not subject to the Payment by Results clinical coding audit during 2012/13 by the Audit Commission.

Peer Review
Prior to publication, St. Ann’s Quality Account has been shared with our lead locality service commissioner, Stockport Health Watch and our local Health and Wellbeing Overview and Scrutiny Committee.
Quality Overview

The following pages give an overview of the quality of the clinical services provided by St Ann’s Hospice and how we strive to improve the quality of care delivered to our patients, families and carers.

Comparison with national quality measures

The National Council for Palliative Care produces an annual report called the ‘National Minimum Dataset for Palliative Care’.

The most recent report produced by the National Council covers the period 1st April 2011 to 31st March 2012, and compares St Ann’s Hospice with the national median values (the middle values) for all hospice services of comparable size from across the UK. St Ann’s Hospice currently has 45 beds and is one of the largest hospices in the UK.
### In-Patient Unit

<table>
<thead>
<tr>
<th></th>
<th>SAH 09 - 10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>National Median 2011 - 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients</td>
<td>713</td>
<td>658</td>
<td>637</td>
<td>350 (N=58)</td>
</tr>
<tr>
<td>% New patients</td>
<td>91.9</td>
<td>91.3</td>
<td>91.4</td>
<td>90.2</td>
</tr>
<tr>
<td>% bed Occupancy</td>
<td>82.7</td>
<td>78.0</td>
<td>84.4</td>
<td>78.3</td>
</tr>
<tr>
<td>% Patient stays ending in death</td>
<td>64.2</td>
<td>67.9</td>
<td>68.1</td>
<td>57.4</td>
</tr>
<tr>
<td>% Patients discharged</td>
<td>35.8</td>
<td>32.1</td>
<td>31.9</td>
<td>42.6</td>
</tr>
<tr>
<td>Average length of stay-cancer</td>
<td>17.0</td>
<td>17.0</td>
<td>19.1</td>
<td>13.4</td>
</tr>
<tr>
<td>Average length of stay-non-cancer</td>
<td>15.0</td>
<td>17.1</td>
<td>20.2</td>
<td>12.6</td>
</tr>
<tr>
<td>% New patients with non-cancer diagnosis</td>
<td>6.4</td>
<td>8.0</td>
<td>6.2</td>
<td>9.8</td>
</tr>
</tbody>
</table>

**Commentary:**

The total number of patients indicates that St Ann’s is one of the largest hospice inpatient units in the UK. Bed occupancy has increased compared to the two previous years and is higher than the national average. This, combined with the lower percentage of patients returning home, likely reflects that the majority of patients who are admitted to St Ann’s inpatient units are increasingly complex specialist palliative care patients, indicating a busy unit.

### Day Hospice

<table>
<thead>
<tr>
<th></th>
<th>SAH 09 - 10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>National Median 2011 - 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients</td>
<td>400</td>
<td>395</td>
<td>400</td>
<td>248 (n=47)</td>
</tr>
<tr>
<td>% New patients</td>
<td>77.8</td>
<td>78.0</td>
<td>78.0</td>
<td>66.1</td>
</tr>
<tr>
<td>% Places used</td>
<td>48.1</td>
<td>51.0</td>
<td>51.6</td>
<td>58.0</td>
</tr>
<tr>
<td>Discharges (and deaths)</td>
<td>357</td>
<td>355</td>
<td>356</td>
<td>157</td>
</tr>
<tr>
<td>Average length of attendances (days)</td>
<td>68.0</td>
<td>66.0</td>
<td>69.8</td>
<td>163.9</td>
</tr>
</tbody>
</table>

**Commentary:**

St Ann’s daycare is again one of the largest day hospice services in the UK. Higher levels of new, regularly reviewed and discharged patients, with a shorter length of attendance, compared to its counterparts, reflect the service’s emphasis on rehabilitation. A review of the service is planned for this year, ensuring that we respond to the needs of the communities we serve, through continued development and provision of optimised care to our patients and their carers.
<table>
<thead>
<tr>
<th>Outpatients</th>
<th>SAH 09 - 10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>National Median 2011 -2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>All clients</td>
<td>1,265</td>
<td>1,165</td>
<td>1,074</td>
<td>506</td>
</tr>
<tr>
<td>% New clients</td>
<td>40.3</td>
<td>38.8</td>
<td>44.2</td>
<td>48.1</td>
</tr>
<tr>
<td>% New patients with a non-cancer diagnosis</td>
<td>28.0</td>
<td>30.5</td>
<td>32.8</td>
<td>20.3</td>
</tr>
<tr>
<td>Attendances per patient</td>
<td>2.6</td>
<td>2.8</td>
<td>2.9</td>
<td>2.0</td>
</tr>
<tr>
<td>Attendances per clinic</td>
<td>1.6</td>
<td>1.6</td>
<td>1.5</td>
<td>2.6</td>
</tr>
<tr>
<td>% attendances with a Medical Consultant</td>
<td>11.5</td>
<td>9.4</td>
<td>8.5</td>
<td>9.4</td>
</tr>
</tbody>
</table>

Commentary:

St Ann’s outpatient services continue to support a higher proportion of non-cancer patients (non malignant disease, e.g. heart failure, multiple sclerosis) than its counterparts.

<table>
<thead>
<tr>
<th>Hospice at Home</th>
<th>SAH 09 - 10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>National Median 2011 -2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients</td>
<td>196</td>
<td>236</td>
<td>253</td>
<td>252</td>
</tr>
<tr>
<td>% New patients</td>
<td>93.4</td>
<td>89.4</td>
<td>87.4</td>
<td>88.1</td>
</tr>
<tr>
<td>% New patients with a non-cancer diagnosis</td>
<td>8.2</td>
<td>12.3</td>
<td>13.6</td>
<td>14.4</td>
</tr>
<tr>
<td>% home and care home deaths</td>
<td>80.8</td>
<td>78.6</td>
<td>71.4</td>
<td>77.2</td>
</tr>
<tr>
<td>Average length of care (days)</td>
<td>19.6</td>
<td>22.3</td>
<td>31.7</td>
<td>37.5</td>
</tr>
</tbody>
</table>

Commentary:

St Ann’s Hospice at Home is a growing service, caring for a larger number of specialist palliative care patients than for the two previous years.

The decrease in percentage of home and care home deaths, compared to the previous two years, may reflect the service’s closer working with the hospice’s multi-disciplinary inpatient services team, facilitating referrals from the home care team into hospice inpatient services. This trend will be further explored through the subsequent year’s data.
## Community Specialist Palliative Care Team (CSPCT)

<table>
<thead>
<tr>
<th></th>
<th>SAH 09-10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>National Median 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total patients</strong></td>
<td>489</td>
<td>627</td>
<td>634</td>
<td>690</td>
</tr>
<tr>
<td><strong>% New patients</strong></td>
<td>76.9</td>
<td>76.7</td>
<td>71.6</td>
<td>68.9</td>
</tr>
<tr>
<td><strong>% New patients with a non-cancer diagnosis</strong></td>
<td>14.4</td>
<td>12.9</td>
<td>15.0</td>
<td>16.2</td>
</tr>
<tr>
<td><strong>Average length of care (days)</strong></td>
<td>56.6</td>
<td>53.3</td>
<td>53.9</td>
<td>113.9</td>
</tr>
<tr>
<td><strong>Face to face visits per patient</strong></td>
<td>2.8</td>
<td>3.3</td>
<td>3.0</td>
<td>4.9</td>
</tr>
<tr>
<td><strong>Telephone contacts per patient</strong></td>
<td>4.1</td>
<td>4.8</td>
<td>4.4</td>
<td>4.4</td>
</tr>
</tbody>
</table>

Commentary:

Over the 2011-2012 period, St Ann’s CSPCT service has also cared for a larger number of patients than for the two previous years. Patient’s length of time within the service is lower that it’s hospice CSPCT counterparts, as are face to face contacts, indicating more active referral on to other services and/or discharge of its patients.

## Bereavement Support

<table>
<thead>
<tr>
<th></th>
<th>SAH 09-10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>National Median 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total clients</strong></td>
<td>94</td>
<td>149</td>
<td>153</td>
<td>152</td>
</tr>
<tr>
<td><strong>% New service users</strong></td>
<td>74.5</td>
<td>68.5</td>
<td>68.6</td>
<td>72.2</td>
</tr>
<tr>
<td><strong>Contacts per service user</strong></td>
<td>7.6</td>
<td>6.9</td>
<td>7.1</td>
<td>6.0</td>
</tr>
<tr>
<td><strong>Average length of support (days)</strong></td>
<td>126.0</td>
<td>172.6</td>
<td>172.4</td>
<td>138.3</td>
</tr>
<tr>
<td><strong>% Discharged</strong></td>
<td>50.0</td>
<td>65.8</td>
<td>69.3</td>
<td>50.5</td>
</tr>
</tbody>
</table>

Commentary:

Levels of service for 2011-2012 are comparable to the previous year. Bereaved carers receive slightly more support from the service than for its hospice counterparts, reflected in the number of contacts per client and length of support.
Clinical Governance

Clinical Governance Committee

St Ann’s Hospice’s Clinical Governance Committee meets quarterly. The committee is chaired by a hospice Trustee, with a multi-disciplinary membership from across clinical services, and also an external representative from our local Primary Care Trusts and Clinical Commissioning Group (CCG). The group oversees the approval of clinical policies and monitors the quality, safety and effectiveness of clinical service provision on an ongoing basis via a variety of reports and data dashboards.

Incident Reporting

St Ann’s produces an internal quarterly incident report. The report, which focuses on actions agreed is presented at regular organisational management meetings, promoting a learning culture.

Incidents that have an impact external to St Ann’s are reported and shared with our external commissioning and service providers.

The following summarises the type and number of incident/near miss forms received. This year we have added another category of those incidents that have an impact on both clinical and non clinical services to demonstrate the benefit of organisational reporting.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total incidents &amp; near misses</td>
<td>456</td>
<td>517</td>
<td>521</td>
<td>492</td>
</tr>
<tr>
<td>Total Clinical of these :</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- medicine related</td>
<td>381</td>
<td>413</td>
<td>433</td>
<td>403</td>
</tr>
<tr>
<td>- patient falls</td>
<td>103</td>
<td>96</td>
<td>88</td>
<td>87</td>
</tr>
<tr>
<td>Total Non Clinical</td>
<td>75</td>
<td>104</td>
<td>87</td>
<td>48</td>
</tr>
<tr>
<td>Total with impact on Clinical and non Clinical services</td>
<td></td>
<td></td>
<td></td>
<td>41</td>
</tr>
<tr>
<td>RIDDOR reports (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations)</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>* 0</td>
</tr>
</tbody>
</table>
* the reduction reflects the Health and Safety Executive changes in reporting criteria

**Actions from reported incidents & near misses throughout the 2012-2013 reporting period include:**

- Introduction of red aprons and alert notices to alert staff and visitors not to interrupt nurses administering medicines
- Monthly communication meeting held between daycare team leader and inpatient ward manager
- Pre admission checklist compiled
- Revision of MDT notes tracker system and filing crib list
- Review of use of heat packs instigated
- Content of Key cupboard reviewed along with access to keys out of hours
- Guidance for use of bank note checkers made available in charity shops
- Heald Green daycare clerical staff working hours modified to assist keeping up with clerical requirements
- CSPCT representative to attend District Nurses monthly meetings

**Clinical audit activity**

Quarterly meetings chaired by our lead for quality and audit with clinical and medical representation from all service areas are held 3 monthly. A rolling plan for clinical audit is agreed and reviewed. Along within internally agreed audits, St Ann’s continues to participate in the North West Regional Audit Group (NWRAG) audit programme. We will be participating in the Personal Excellence Pathway (PEP) scheme for medical students in 2013 which will potentially include involvement in audit activity.

The following is the clinical audit activity from 2012/13:

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration of Medicines</td>
<td>A regular audit conducted by the Practice Development Facilitators with a ward nurse. Progress on the agreed action plan from the last audit in July 2012 is facilitated through the clinical chart meeting.</td>
</tr>
<tr>
<td>Prescribing of Medicines</td>
<td>Ongoing 3 times each year The audit was presented at the European Association for</td>
</tr>
</tbody>
</table>

Quality Account 2012 – 2013, St Ann’s Hospice Manchester.
<table>
<thead>
<tr>
<th>TOPIC</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palliative Care conference in June 2012</td>
<td></td>
</tr>
<tr>
<td>Mouthcare Prescribing ( NWAG )</td>
<td>Final report with action plan circulated and posted on the intranet</td>
</tr>
<tr>
<td>Reaudit Hypercalcaemia Management</td>
<td>Final report with action plan circulated and posted on the intranet</td>
</tr>
<tr>
<td>Reaudit of Antibiotic Useage and prescribing</td>
<td>Report with action plan being compiled following organisational presentation.</td>
</tr>
<tr>
<td>Use of steroids - NWAG</td>
<td>Final report with action plan circulated and posted on the intranet</td>
</tr>
<tr>
<td>Audit of non medical prescribing</td>
<td>Final report with action plan circulated and posted on the intranet and was presented at “ Salfords Got Talent” external event . We also hope to have this project published in 2013</td>
</tr>
<tr>
<td>Community Specialist Palliative Care Team (CSPCT) Urgent Intervention</td>
<td>Final report with action plan circulated and posted on the intranet. Presented at the recent ‘Salford’s got talent’ event, we also hope to have this project published in 2013</td>
</tr>
<tr>
<td>Reaudit of LCP for the Dying</td>
<td>A regular audit. Report with action plan being compiled following organisational presentation</td>
</tr>
<tr>
<td>Low molecular weight Heparin Audit</td>
<td>Report with action plan being compiled</td>
</tr>
<tr>
<td>Week 1 assessment Documentation Audit</td>
<td>Report with action plan being compiled</td>
</tr>
<tr>
<td>Reaudit of use of fentanyl and opioids at the end of life ( NWAG )</td>
<td>Awaiting report of findings</td>
</tr>
</tbody>
</table>
Audit of the CSPCT Urgent Response Service

In February 2012 the Community Specialist Palliative Care Team (CSPCT) introduced an urgent response service, in response to the ‘Salford End of Life Care Business Case’. This aims to redesign locality services to enhance the care received by patients at the end of life and reduce inappropriate or avoidable admissions to hospital.

The new standard for the CSPCT urgent response service was to respond within an hour of receipt of a referral for patients with urgent specialist palliative care needs at home, delivering timely assessment, symptom control, care coordination and support to patients and families.

The audit was conducted for 162 patient urgent referrals for 8 months between February and September 2012.

Summary of findings:
- The 1 hour response time standard was achieved in 94% (152) of cases. The remaining 6% (10) were responded to within 2 hours.
- 97% of referrals were appropriate for urgent intervention by the CSPCT.
- Where recorded and relevant, a patient’s preferred place of care (PPC) was achieved in 97% (86) of cases.
- Preferred place of death (PPD) was achieved in 100% (30) of cases where the patient died within 48 hours of the referral for urgent response.
- Where recorded and relevant, symptom improvement was reported by the patient in 95% (75) of cases.
- Where recorded and relevant, symptom improvement was reported by the health professional in 94% (85) of cases.
- The Urgent Response Service has potentially contributed to the prevention of 45 hospital admissions.

Outcomes:
- The audit clearly demonstrates that the new rapid response service is highly effective in responding urgently to referral requests, with almost all referrals assessed as appropriate.
- Patient symptom improvement and preferences for place of care and/or death were achieved in almost all cases.
- The CSPCT service will now explore additional measures to assist with the recording of hospital admission prevention facilitated by the team.
### Infection Control Data

<table>
<thead>
<tr>
<th>TYPE OF INFECTION</th>
<th>Apr 09 – Mar 10</th>
<th>Apr 10 – Mar 11</th>
<th>Apr 11 – Mar 12</th>
<th>Apr 12 – Mar 13</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA (localised infection and colonisation)</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td><em>Clostridium difficile</em> toxin positive</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2 (hospice acquired)</td>
</tr>
<tr>
<td>Bacteraemias (blood stream infections)</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1 (non-MRSA)</td>
</tr>
<tr>
<td>Extended spectrum beta-lactamases</td>
<td>n/a</td>
<td>n/a</td>
<td>7</td>
<td>Data no longer recorded</td>
</tr>
<tr>
<td>Carabapenem producing coliforms and other significant organisms</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Surveillance data for the period April 2012 – March 2013:

(St Ann’s infection control reporting is informed by Health Protection Agency guidance)

Infection/colonisation rates as with previous years remain very low. For MRSA infection/colonisation rates, not all patients are screened on admission, therefore, true figures for colonisation (rather than infection) are likely to be higher than reported. However, patients infection status is obtained from referring services (e.g. General Practitioners, Nursing Homes and Hospital Trusts), and management strategies are implemented on patient admission. Rates of *Clostridum difficile* infection (CDI) are likely to be a true reflection of incidence due to the associated symptoms. This year rates of CDI data recording reflects whether the infection originated during hospice admission, or was evident on admission which is in line with reporting to commissioners. Due to the large anticipated increase in Extended spectrum beta-lactamase (ESBL) positive specimens, surveillance of these organisms is no longer recorded as most have little impact on patient management. Emphasis is now placed on organisms which cause concern such as carbapenem producing coliforms (CPCs) and other organisms of significance within healthcare (Health Protection Agency guidance).
### Wound Care Data April 2012 – March 2013

<table>
<thead>
<tr>
<th></th>
<th>April 2011 – March 2012</th>
<th>April 2012 – March 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Present on admission</td>
<td>Hospice acquired</td>
</tr>
<tr>
<td></td>
<td>(from hospital/home/</td>
<td>(St Ann’s)</td>
</tr>
<tr>
<td></td>
<td>Other)</td>
<td></td>
</tr>
<tr>
<td><strong>PRESSURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ULCERS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade I</td>
<td>47</td>
<td>29</td>
</tr>
<tr>
<td>Grade II</td>
<td>85</td>
<td>52</td>
</tr>
<tr>
<td>Grade III</td>
<td>19</td>
<td>0</td>
</tr>
<tr>
<td>Grade IV</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>155</td>
<td>82</td>
</tr>
<tr>
<td><strong>WOUNDS (not</strong></td>
<td><strong>including</strong></td>
<td></td>
</tr>
<tr>
<td><strong>pressure ulcers)</strong></td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

*Wounds as categorised include forms of wound associated with palliative patients’ conditions and exclude pressure ulcers.*

All patients on admission to our hospice receive a tissue viability risk assessment, followed by relevant preventative measures (e.g. pressure care mattresses). However, many patients who are cared for by St Ann’s Inpatient wards experience deteriorating symptoms due to the progression of their condition and poor circulation. For example, many patients are prescribed steroid medication, which increases the risk of diabetes and pressure ulcers thereafter. This is why in some cases, pressure ulcers can develop while a person is under St Ann’s care, despite preventative measures being taken. In such cases, specific management strategies are used, including the use of care plans and dressings to minimise discomfort and maximise quality of life.

Overall rates for both pressure ulcers and other wounds have fallen in 2012-2013 compared to the previous year (2011-2012). While the numbers of pressure ulcers present on admission to St. Ann’s has fallen slightly (7%), the most marked decrease is in the rates of pressure ulcers acquired by patients during their inpatient stay at St. Ann’s, with a reduction of 23%. This is likely due to the continued work of the hospice’s tissue viability link nurse group and the implementation of improvements in wound care monitoring, prevention and management.
24 Hour Advice Line

The Hospice’s 24 hour advice line provides telephone support for both health care professionals and patients and their carers from across Manchester (Salford, Trafford, Manchester and Stockport).

**Calls to the Hospice 24 Hour Advice Line Service**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of calls received</td>
<td>724</td>
<td>704</td>
<td>698</td>
<td>690</td>
</tr>
<tr>
<td>Source of calls</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care professionals</td>
<td>364</td>
<td>349</td>
<td>372</td>
<td>341</td>
</tr>
<tr>
<td>Patients and carers</td>
<td>306</td>
<td>297</td>
<td>272</td>
<td>303</td>
</tr>
<tr>
<td>Other (including unknown)</td>
<td>54</td>
<td>58</td>
<td>54</td>
<td>46</td>
</tr>
<tr>
<td>Reason for call (more than 1 reason can be recorded)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain control</td>
<td>200</td>
<td>223</td>
<td>210</td>
<td>220</td>
</tr>
<tr>
<td>Symptom control (excluding pain)</td>
<td>259</td>
<td>270</td>
<td>307</td>
<td>265</td>
</tr>
<tr>
<td>Service and referral information</td>
<td>138</td>
<td>87</td>
<td>96</td>
<td>81</td>
</tr>
<tr>
<td>Non clinical</td>
<td>36</td>
<td>36</td>
<td>33</td>
<td>30</td>
</tr>
<tr>
<td>Other*</td>
<td>134</td>
<td>147</td>
<td>149</td>
<td>173</td>
</tr>
</tbody>
</table>

* Includes carer support, (e.g. advice/reassurance, support re. Liverpool Care Pathway) and information regarding external health care professionals and equipment loans

Levels and types of calls remain comparable to previous years, with the majority requesting advice on both a patients’ pain and symptom control. Over thirteen calls are received each week, half of which are from health care professionals. Advice given may help patients to avoid unnecessary crises referral to hospital, and has the potential to enable patients to stay in their home.
Liverpool Care Pathway

Inpatient Use of the Liverpool Care Pathway

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of inpatient deaths</td>
<td>483</td>
<td>507</td>
<td>460</td>
<td>440</td>
</tr>
<tr>
<td>Inpatients placed on LCP</td>
<td>425 (88%)</td>
<td>444 (88%)</td>
<td>414 (90%)</td>
<td>392 (89%)</td>
</tr>
<tr>
<td>Inpatients not placed on LCP</td>
<td>58 (12%)</td>
<td>63 (12%)</td>
<td>46 (10%)</td>
<td>48 (11%)</td>
</tr>
</tbody>
</table>

When a patient’s condition changes and indicates to the inpatient ward team that the patient is dying, the Liverpool Care Pathway (LCP) is used. The LCP is a document that outline’s the best quality care at the end of life and using the LCP helps to achieve this.

The proportion of inpatients placed on the LCP over the last four years has remained constant. For most patients who were not placed on an LCP, the reason was due to sudden death, or rapid deterioration.

Staff Health, Absence and Turnover

<table>
<thead>
<tr>
<th></th>
<th>2010-2011</th>
<th>2011 - 2012</th>
<th>2012 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness and absence</td>
<td>4.6%</td>
<td>4.3%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Staff turnover (number of starters and leavers)</td>
<td>6.4%</td>
<td>10.8%</td>
<td>7.7%</td>
</tr>
</tbody>
</table>

St Ann’s sickness and absence rates have increased slightly, while staff turnover has decreased compared to the previous year. St Ann’s continually strives to minimise its sickness and absence levels by providing a healthy and productive environment, within which its workforce can be supported and cared for.

The success of the organisation is supported by volunteers. In 2012 we had over 700 volunteers working a total of 80,000 hours, a number which is increasing year on year. They are a diverse workforce who bring new skills and experience to helping us in our continuous strive for high quality care.
Education

Supporting quality at St Ann’s Hospice through education
The education team provide a support and development service for clinical and non clinical staff working for the St Ann’s Hospice organisation. In order for the hospice to achieve its goal to deliver high quality, holistic and accessible care the workforce needs to be well educated and delivering innovative, evidence based support and interventions. The clinical and non clinical training leads have worked together to ensure that a wide range of training is available to staff. All training is evaluated and reviewed on a yearly basis.

Mandatory training workbook
All staff working for St Ann’s Hospice have completed their yearly mandatory training workbook which ensures they have up to date knowledge on the processes and procedures that will keep all within the hospice safe from harm. Topics within the workbook include; safeguarding awareness, equality and diversity awareness, fire and health and safety procedure, infection control and their responsibility with regard to client confidentiality.

Mandatory medicines management update
All clinical staff who administer medications have attended their yearly mandatory medicines management training and have successfully completed their mandatory examination of mathematical competence.

Moving and handling training
The moving and handling clinical teams are very busy ensuring that all staff, clinical and non clinical, are trained and competent to move and handle within the organisation appropriately.

Safeguarding training for managers and senior staff
Safeguarding training has been provided for all clinical managers and senior staff.

The Library Facility
The library resource has been reviewed at Heald Green, to ensure that staff and students have access to current literature. This review is about to begin at Little Hulton site. E resources are available via Athens and through NHS evidence. Computers are available across sites for staff to access up to date information and resources.

Staff training
All managers are asked as part of the Individual Performance Review process to consider the educational needs of their staff. Identified training needs are discussed with the education team who provide or organise appropriate levels of training for the staff.
All staff have attended clinical mandatory training; (basic life support, moving and handling, confidentiality and emergency procedures training).

Training to meet identified learning needs of staff provided last year or planned for this year include:

- Understanding Cancer for clinical and non clinical staff
- Leadership skills for clinical and non clinical staff
- Enhanced communication skills
- Dementia at the end of life
- Advanced heart Failure; supporting the patient and their family.
- Advanced respiratory disease; supporting the patient and their family.
- Advanced kidney disease; supporting the patient and their family.
- Advanced liver disease; supporting the patient and their family.
- Mentorship updates for staff
- Assistant Practitioner updates
- Management of lymphoedema
- Wound care
- Clinical examination skills-chest examination
- IV skills training
- Complementary therapies training
- Breathlessness management
- Symptom management training

The hospice has also supported clinical staff members to attend relevant external training. This year, St Ann’s Hospice has supported staff successfully completing the following;

- Assistant practitioner foundation degree
- Degree in Healthcare Studies
- PHD
- Nurse Prescriber qualification
- Masters level programmes
- Advanced symptom management programmes

**Student Nurses**

Staff at the hospice provided mentorship to nurses at all stages of their training and have received excellent feedback. This year Hospice mentors will build on this role by becoming a final placement for qualifying nurses.

**External provision**

The clinical education team provide support and education to the wider community. Activity this year also includes; end of life training to care and nursing homes across Manchester and Trafford, end of life training to domiciliary care workers in Stockport, Dementia awareness training to front line care workers; and training by the Specialist Palliative Care Team to Salford and Trafford community teams.

St Ann’s will continually strive to ensure that all those providing care and support are trained to the highest standard and therefore have the skills to make the St Ann’s experience of the highest quality.
Research

Workforce Modelling in UK Hospices

Led by St Ann’s, the project assesses patient dependency, occupancy, nursing activity and workload in hospice inpatient units, making evidence based recommendations for nursing staffing numbers and skill mix. Initiated in 2010, the project has continued to be active during 2012-2013, with 42 hospice inpatient units from across the UK now having received recommendations for staffing and skill mix. Compared to most hospices in the 42 unit dataset, St Ann’s has one of the highest workloads and highest levels of quality care. The project has informed workforce modelling within St Ann’s and the across the other 40 inpatient units. Income generated by the project during 2012-2013 has totalled £61,000.

An article was published detailing the workforce project in the peer review journal *Palliative Medicine*:

Syringe Driver Site Reactions

A further article reporting the findings of a research project led by St Ann’s into understanding the reasons for subcutaneous skin site reactions due to the use of syringe drivers for the delivery of medication was published in 2012. This article makes evidence based recommendations to minimise patient’s skin site reactions when syringe drivers are being used:


Supportive Outpatient Evaluation

A service evaluation of St Ann’s supportive outpatient services has been completed. The evaluation demonstrates that clients who attend St Ann’s outpatient services differ from those who attend inpatient and daycare services. Outpatient services attract a younger cohort of clients compared to the other services (median age 55 years), 80% of who are female. 25% of clients who access are carers, while for the patients who attend, the majority are newly diagnosed, on active treatment or in remission rather than palliative care patients. Use of a validated health related quality of life patient reported outcome measure demonstrated that for the patients who completed pre and post intervention/therapy questionnaires, significant improvements in quality of life are achieved from attending the service.
What our Service users say about us

Complaints & Compliments

Complaints and Compliments Received 2009/2010 to 2012/2013

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal complaints</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Informal complaints</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Compliments (via letters, cards, comments cards and emails)</td>
<td>Not collected for this period</td>
<td>481</td>
<td>467</td>
<td>540</td>
</tr>
</tbody>
</table>

Complaints:

- The number of formal complaints remains low for this reporting period, while the number of informal complaints has increased. This is partly due to the improved reporting process that St. Ann’s has implemented over the last year. We hope that this will ensure that all informal complaints are now also reported and actioned to ensure that care is improved for those current and future patients and carers. We will continue to monitor this over the next year.

Examples of compliments received:

**Inpatients**

- I would like to thank all the staff from the doctors to the young volunteers for the superb treatment which I have received. Without exception all were kind, sympathetic and nothing was too much trouble.

- I have been so surprised at the Hospice and words cannot truly describe how wonderful a place it is and one hardly feels that you are a patient. The staff and volunteers are all so friendly and helpful and nothing seems too much trouble for them.

- From being taken into Little Hulton Hospice I felt very safe, secure and well cared for. All staff were pleasant and caring, would make you feel important and always approached with a smile.
Daycare

- The staff have been extremely helpful; they could not do enough for me. This has helped me immensely as without their continued support I could not have progressed as much as I have.

- I find coming here is very relaxing and staff and helpers are very kind and considerate. The painting and making of things is very relaxing also.

- The nursing staff are special gifts from God, nothing is too much for them and the volunteers are also very special. They treat you with the greatest love and respect you could ever have. All the staff are wonderful.

NCC

- I’ve had huge benefits from the support offered at the Neil Cliffe Centre.

- Everyone is so caring and we do appreciate all the help and understanding in this difficult situation.

- The services that I have received over the last two years have been of the most professional, compassionate and friendly level.

User Involvement

St Ann’s is committed to gaining and using the views of its patients and carers to contribute to the ongoing development of its services as per the Care Quality Commission (CQC) outcome 1.

Patient / Carer Group

The patient/Carer group meets every 2 months and has a current membership of 11 patients and 6 carers who have all had experience with services provided by St Ann’s Hospice.

The group provides an invaluable contribution to the ongoing development of the hospice services.

Their work in 2012/13 included:
- Review of actions from previous signage surveys
- Opinions on staff training needs in palliative care
- Ideas for the Carers Support Group Programme

Comments on the following:
- draft research proposal “prognosis in palliative care”
- bedside booklet
• bereavement leaflet
• publicity consent form

Their views sought on:
• dignity standards relating to their experience with St Ann’s Hospice
• new fundraising initiatives and their associated promotional material

Macmillan nurses from a local Trust requested their views on the title for their revised medicine chart used for patients in the dying phase

Comments Scheme

This scheme enables visitors, patients, volunteers and staff to make suggestions for improvement or comments they have about our services. The Lead for Quality and Audit is responsible for managing the scheme and sending comments received to the appropriate manager for consideration and a response. The responses are collated and approved at an organisational meeting and then feedback via the hospice newsletter and website along with organisational distributions of monthly summaries.

A total of 132 comments or suggestions were posted in 2012/2013

The scheme now includes practice development ideas in line with practice development being embedded into the organisations culture.
The system for ensuring comments cards are available in the bedside booklet for ward patients has been reviewed and improved. An envelope is now provided for immobile patients to place the completed card in to reduce inhibitions.
Posters advertising the changes that have been introduced as a consequence of posted comments are now displayed by the posting boxes
The comments boxes have been lowered to improve accessibility for wheelchair users.

Actions implemented in 2012/2013 include:
• Improved process of delivering newspapers ordered by patients.
• Sign displayed indicating location of the baby changing facilities
• Holes punched in clinical documents prior to their distribution to improve filing in patients notes
• Blinds fitted to patients bathroom that overlooks a public pathway to supplement privacy from frosted glass
• Update of the room signage that had been changed during the HG Hospice refurbishment
• Gel cushions for bedpans made available.

Questionnaires

• Help the Hospices Patient Satisfaction Survey

The current 2012/13 survey is the fifth and last in a series of 2 yearly surveys on patient satisfaction with inpatient and daycare services carried out by Help the Hospices and the Centre for Health Services Studies at the University of
Kent. All hospices across the UK were invited to take part and 20 hospices are participating.

The method of data collection is a self-completion questionnaire, with one questionnaire for users of daycare services and another for inpatient services. Each hospice is distributing a questionnaire and an accompanying information letter to inpatients at discharge and daycare patients at discharge or after 2 months of attending daycare between November 1\textsuperscript{st} 2012 and May 31\textsuperscript{st} 2013. A report of findings will be made available by the end of November 2013. St Ann’s Hospice’s Lead for Quality and Audit chairs the Help the Hospice working group that coordinates this initiative. A report of findings including a collaboratively agreed action plan will be circulated organisationally and a poster summarising the findings for St. Ann’s will also be displayed on all 3 hospice sites and on the hospice intranet and website.

- **Physiotherapy led Exercise Class Evaluation Questionnaire**

An anonymous questionnaire was sent to daycare patients who had attended a minimum of 4 exercise classes between March and September 2012 at Heald Green Hospice site. A report of findings and action plan has been circulated organisationally and posted on the intranet. Findings were positive and actions include obtaining ankle and hand weights to increase effort depending on individual patient need.

- **Heald Green Choice Menu Evaluation**

This evaluation included 1:1 interviews with patients, and group discussions with nursing and catering staff (these were conducted separately). For financial reasons it was not possible to action some of the suggestions but the findings of the evaluations will be held for future developments.

- **24 Hour Advice Line Evaluation**

This report relates to the dedicated 24 hour advice line which has been available for healthcare professionals since 2000. It is operated from St Ann’s Hospice at Little Hulton and Heald Green and funding was extended to include non healthcare professionals use.

The phone is held by an allocated nurse for each shift and it is part of their daily responsibility (along with ward duties) to respond to any calls received during the time they hold the phone.

This is the fourth evaluation of the views of callers by the circulation of an anonymous questionnaire to all callers sent for a period of 6 months between September 2011 and March 2012. A report of findings and action plan was agreed and circulated organisationally and posted on the intranet. Findings were pleasing and actions included gaining the view of the nurses who provide the advice via the advice line. This has been agreed and an anonymous questionnaire will be circulated in May 2013.
• **Staff Evaluation of Clinical supervision**

St Ann’s Hospice recognises the value of clinical supervision and is committed to continuing this support for staff. To ensure staff views are considered in the ongoing planning of clinical supervision provision, an anonymous questionnaire was sent to all clinical staff in December 2011. A report of findings and action plan was circulated and included the development of a Clinical Supervision Policy and consideration of a pilot to develop identified senior clinical staff to provide clinical supervision for health care assistants and Assistant Practitioners.

**Real time surveys**

We are in the process of piloting a system for volunteers conducting weekly structured surveys of patients and visitors on topics including hospice cleanliness, staff attitudes, the environment, privacy and dignity and information. Their feedback will be collated and feedback through graphs displayed within the Hospice and specific comments will be processed through the comment scheme.

**What our staff say about the organisation**

St Ann’s Hospice engage its staff in consultation in several ways:

- We hold a ‘One Organisational Group’ monthly meeting which brings together staff from across all clinical and support services (catering, HR, finance, fundraising, trading company) for shared learning across the organisation.
- A Staff Reps committee meets bi-monthly, representing the views of grass roots staff from across the organisation.
- Regular open meetings are held with the Executive team and all staff at each site three times a year. These are backed up with more regular 1:1 ‘Directors surgeries’ to maximise staff consultation and engagement.
- Our Chief Executive also publishes a weekly brief and staff are encouraged to contribute with updates and key messages.
What our regulators say about us

St Ann’s services are regularly reviewed by the Care Quality Commission (CQC). Further information and full reports can be obtained via the following link:

http://www.cqc.org.uk/public/reports-surveys-and-reviews

Key to CQC checks on standards

✅ Green Tick - All standards were being met when we last checked. (If this service has not had a CQC inspection since it registered with us, our check may be based on our assessment of declarations and evidence supplied by the service itself.)

❌ Grey Cross - At least one standard in this area was not being met when we last checked and we required improvements.

❌ Red Cross - At least one standard in this area was not being met when we last checked and we have taken enforcement action.

A key aspect of the inspection process is to ask our patients their views on their care received.

Please Rate Your Experience With Us:

| Excellent | □ |
| Good      | □ |
| Average   | □ |
| Poor      | □ |
Summary of the latest checks on the standards you have the right to expect:
(The last check was on 6th February 2013)

Standards of treating people with respect and involving them in their care ✓
Standards of providing care, treatment & support which meets people's needs ✓
Standards of caring for people safely & protecting them from harm ✓
Standards of staffing ✓
Standards of quality and suitability of management ✓

The hospice provided symptom management, rehabilitative and palliative care for people whose preferred place of care and choice for end of life care was the hospice and to support people to remain at home.

During our visit to the hospice we spoke to three people who were receiving care. We also spoke with the Registered Manager and other members of the staff team. One of the people we spoke with who was using the service told us; “They do what they can to ease you, we get an allocated nurse who always sits with you and has a chat, they do so much for you mentally as well as physically, staff are friendly and calm in their approach to people”. The person also said that they enjoyed talking with the volunteers and liked the friendly banter between one of volunteers in particular. Another person told us that the hospice had given them a safety net and that the staff, nurses and auxiliary’s could not do enough for you and were very kind. They also said that there were other resources such as occupational therapists, physiotherapists, and social workers. The person told us that the Hospice concentrated on the person as a whole rather than just their medical needs.
Summary of the latest checks on the standards you have the right to expect:
(The last check was on 28th December 2012)

Standards of treating people with respect and involving them in their care ✔

Standards of providing care, treatment & support which meets people's needs ✔

Standards of caring for people safely & protecting them from harm ✔

Standards of staffing ✔

Standards of management ✔

Throughout the course of the inspection we found that people had been well cared for and that they were comfortable, relaxed and that their pain had been managed appropriately. We also saw through discussions, how families had been made to feel at ease through the quality of service that had been provided.

As part of the inspection we spoke with four people using the service who all spoke very highly about the care that they had received during their time at the hospice:

One person told us “They help me with everything, I only have to ask the staff and they will assist me with what I need. I only arrived at the hospice last week and I can’t fault it so far”. Another person who used the service said “Nothing is ever too much” and “They go over and above”. We also spoke with five relatives who were visiting on the day of the inspection and their feedback was also positive. One relative told us “I feel so re-assured now that my ‘x’ is being looked after here” and “I had been struggling to find a specific Christmas gift recently and the staff helped to find it. It meant going out of their way, but that is just how they are here”.
Neil Cliffe Centre

Wythenshawe Hospital, Southmoor Road, Manchester, Greater Manchester, M23 9LT

The Neil Cliffe Centre offers a supportive outpatient service to people with life limiting illnesses and their carers, promoting individualized care through a range of services to enable people to cope better with their situation and improve their quality of life through assessment and review of their physical, psychological, emotional, social and spiritual needs.

Summary of the latest checks on the standards you have the right to expect:
(The last check was on 6th February 2013)

Standards of treating people with respect and involving them in their care ✔
Standards of providing care, treatment & support which meets people's needs ✔
Standards of caring for people safely & protecting them from harm ✔
Standards of staffing ✔
Standards of quality and suitability of management ✔

The people who used the service and their carers said they were very happy with the service they received. They described the staff as “excellent” and said their care needs were fully met. They said the staff were very respectful and they were always involved in any decisions made about their care. They said the centre was very well managed.

Their comments included: “When I started using the service a detailed assessment of my care needs was carried out. The staff talked about the options available to me and listened to what I had to say. I was fully involved in this process and any decisions made about my care. The staff always treated me with respect.”
“Nothing was ever too much trouble. As a carer I was offered respite and counseling. The person I met with was amazing, very kind and understanding. The nursing staff were outstanding and exceptional. They always keep me informed about what was going on, which was very important to me.”

“This is quite a unique service, it is very different to any other care service. Everyone was so gentle which was the strength of the place. The staff taught me new ways of managing my illness and listened to what I had to say, now I am gentle to myself. The key-worker system worked very well; I knew who to go to if I had any questions.”

“The centre was very well managed. I was given information about the service when I first visited and a feedback form to complete afterwards. The staff were very knowledgeable about my care needs and talked about the options available to me.”

Health care professionals spoke very highly of The Neil Cliffe Centre and the services they provided. They considered the centre to be very well managed and had no concerns to raise. They said communication systems were efficient and they were kept up to date with people’s welfare in a timely manner. They said they worked well as a team and staff took on board each others views and ideas. They said the staff were professional and knowledgeable about people’s care needs.

One healthcare professional said The Neil Cliffe Centre provided an “excellent service”. Another said, “The centre provides an excellent complimentary service which we couldn’t do without”.
