Quality Account
2016/17
A report detailing the quality of health care services provided by St Ann’s Hospice, Greater Manchester
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Part One

Chief Executive’s Statement

On behalf of everyone at St Ann’s Hospice, I am pleased to introduce you to our Quality Account for 2016/17 and to confirm that our board of directors agrees that it is an accurate reflection of our performance.

It’s certainly been an exciting year of change at St Ann’s and it’s important to reflect upon everything that has been achieved.

At the hospice we are always striving to be the very best in everything we do. Against a backdrop of evolving political and economic landscapes, we know it’s important that we continue to shape our own future. We must always develop our services to ensure they remain fit for purpose for many years to come.

Regardless of those changing landscapes, one thing remains constant and that’s the most important factor of all – our patients, their families, friends and carers being at the very heart of the hospice. Ensuring the care they receive and their experience of St Ann’s is the very best it can be, is the reason we are all here and that will always remain our core purpose.

People come to us for care at different times and for different reasons. They access that care in a variety of different ways. Perhaps it’s at one of our three hospice sites; in their own home or out in the community; via a phone call to our advice line, or through a contact on our website. Whatever route is taken, it’s vital that people receive the highest quality of support possible.

This report gives a snapshot of some of our progress over the past year, as we strive to continue to provide excellent health and social care for people in our local communities. It illustrates ways in which we assess the quality and impact of our services, and also measures what we’ve achieved against our ambitious targets. The report also includes honest comments from our patients, their families and others. These are the most important comments of all and whilst we really appreciate all the positive feedback, we also embrace constructive suggestions on how we might improve our services.

Thank you to everyone who has helped us to achieve so much during the past year. The hospice will soon be approaching its fiftieth birthday and the landscape in which we operate has arguably never been so complex and so changeable. However, with your support, by working collaboratively, by being responsive and adapting to change, we will continue to provide the excellent care you deserve.

Dr Eamonn O’Neal, DL
Chief Executive
How We Serve Greater Manchester

Who we care for

St Ann’s cares for thousands of patients (over the age of 18) and their families and carers every year who are affected by life-limiting illnesses – both cancer and non-cancer. We deliver care that is special and unique to each individual person. We provide end of life care and also specialist palliative care for people who are living with a life-limiting illness but are not yet at the end of their life. Our specialist palliative care team helps manage pain and symptoms and maximises quality of life. Around a third of inpatients at St Ann’s are discharged after treatment.

Where we provide care

St Ann’s provides care on three sites and in people’s own homes, working in partnership with acute hospitals, community services, local authority social care providers and voluntary organisations.
St Ann’s Purpose And Core Values

Purpose
St Ann’s purpose is to provide excellent care and support to people living with or affected by life-limiting illnesses. Our purpose drives our clinical care and directs how we develop.

Core Values
Our core values are at the heart of what we do and we expect all staff to work in a way that demonstrates they are:

- **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.

We are working to embed the core values throughout all aspects of our work. Last year we incorporated a requirement for evidence of how staff demonstrate the values in our Performance Development Review programme. This year we have introduced values based interviewing to ensure that we employ people with values that align with ours.
Forward Direction and Progress Against our Strategic Goals

The three domains of Patient Safety, Clinical Effectiveness and Patient Experience are encompassed by our strategic goals in which we have set out our wider priorities for improvement between 2016 and 2018. These areas have been chosen because they encompass the care we provide, supporting our staff, reaching as many people as possible and ensuring our future.

1. Putting patients and their carers first

Over the last year St Ann’s has:

- in collaboration with the local Clinical Commissioning Groups (CCGs), completed two improvement initiatives – known as Commissioning for Quality and Innovation or CQUINs (p13) on:
  - Antimicrobial Stewardship
  - Outcome Assessment and Complexity Collaborative (OACC)
- worked hard to improve organisational processes for Information Governance, exceeding the percentage target for Level II compliance.
- progressed connections to local NHS Trust patient databases which facilitates continuity of care
- implemented EMIS – an electronic patient record system that enables information to be shared more efficiently
- reviewed and remodeled the drop in service at Heald Green and introduced a social group for patients discharged from day care
- set up a drop in style service – the Health and Wellbeing Hub - at Little Hulton for patients, carers or healthcare professionals to access advice and support
- made services more accessible for people living in Trafford by setting up an out-patient clinic at Trafford General Hospital
- provided specialist care for people with Motor Neurone Disease (MND) by setting up an MND palliative care clinic, in collaboration with Salford Royal Hospital NHS Foundation Trust, at the St Ann’s Heald Green site

Plans for next year:

- Next year’s CQUINs include implementing two more measures in the OACC suite
- St Ann’s will introduce an electronic incident reporting system to improve patient safety
- The Wellbeing Group – a six week self-management programme covering fatigue, healthy eating, spiritual care, how to cope with stress, breathlessness and relaxation – will start in 2017
2. Supporting and empowering our staff and volunteers

Over the last year St Ann’s has:

- Continued to enhance the nursing role and provided training in specific competencies, for example, intravenous and blood transfusion competencies
- Extended the content of the mandatory training to volunteers – 66.2% (497 out of 750 volunteers) completed it
- Held a learning week to showcase to staff the contribution that each department makes to the hospice
- Delivered a staff survey for the third year in a row
- Delivered Inspire – a leadership and management programme – to 8 new managers from across the organisation and all managers attended 3 additional masterclasses on Managing Meetings, Improvement Science and Conducting a Disciplinary Investigation
- Delivered Aspire – a leadership programme for people looking to develop their management skills - to 21 staff wanting to progress and become managers next year
- Piloted the use of, and developed, an interactive Human Resources (HR) database
- Embedded the Performance Development Review (PDR) process – an annual review process that helps nurses gather evidence for re-validation
- Upheld the Investors in People (IIP) standards accreditation

Plans for next year:

- The Inspire and Aspire programme is on-going for new members of staff and there are additional masterclasses for people who have been through the programme
- All nurses in a leadership position will take part in a Clinical leadership in Action programme
- The HR database will be rolled out to all staff. This will increase efficiency in recruitment, facilitate reporting and provide manager and employee self-service facilities
- Next year’s CQUINs include targets for improving staff health and wellbeing

3. Strengthening our foundations as a charitable organisation

- St Ann’s fundraising team continues to grow its income, maximising both its engagement and return from supporters across Greater Manchester. This is extremely important as around two thirds of our income comes from fundraising. The last financial year was filled with new events and next year looks to be the same too - the ObstaColour Run was more popular than ever, as was our business challenge - The Accumulator, which grew in income and size dramatically from last year.
- St Ann’s has restructured the executive team so that there is one director overseeing income generation and finance with the aim of expanding income opportunities.
4. Engaging with our communities

Over the last year St Ann’s has:

- continued its work with care homes across Trafford, successfully delivering a cohort of the ‘6 Steps’ programme, which aims to empower care homes to provide effective palliative care for their residents

- worked in partnership with the Christie NHS Foundation Trust (the Christie) to provide social workers for their complex discharge team

- taken part in the Nurse Exchange Programme with Central Manchester Foundation Trust (CMFT). St Ann’s nurses had a five day placement on haematology, gastroenterology, respiratory or cardiac wards and nurses from CMFT were offered a placement at St Ann’s

- continued the collaborative training with CMFT - including ‘Sage & Thyme’ communication skills training

- continued its partnership with the Myriad Foundation ‘My Hospice Buddies’ scheme where volunteers provide additional informal and much needed support to our patients

- held Christmas memorial services for approximately 3000 people in different localities across Manchester – including Manchester Cathedral. The BBC came to film at the Manchester Cathedral service and they followed the story of a family who had recently lost a loved one at St Ann’s. The film showed how valuable these services are for people to remember their loved ones

- held ‘Forget-Me-Not’ services and also bi-monthly services of celebration and thanksgiving at the Little Hulton site and at churches in Heald Green. These services are an opportunity for friends and families to reflect, celebrate and give thanks for the lives of their loved ones

- attended engagement events to feed into the work of the Greater Manchester Vanguard

- contributed to an Expert Reference Group in the Stockport area looking at the use of outcome measures

- yet again, actively engaged our communities with the fundraising team – resulting in donations from the wider community including the Cheadle Mosque Association. Some of the events put on this year include the Manchester Midnight Walk, fashion shows, Indian cookery nights, an obstacolour run as well as active participation in our corporate challenge

- introduced information afternoons for people who are interested in working or volunteering at St Ann’s – or for healthcare professionals who want to understand more about the services that the hospice provides
The communications and marketing team developed and launched a new website with the aim of helping local communities to find more information about the hospice, our services, our events and other activities. Feedback following the launch of the site has been very positive, and we are confident that as we continue to develop new functions, visitor traffic will continue to increase. We significantly increased our press coverage and social media following, including with harder to reach groups. Reaching out to a more diverse audience is something we are committed to, and will be continuing to work on as part of our communications strategy in the coming year. Our social media followers across Facebook, Twitter, Instagram, Linked In and YouTube have grown to 20,633. Shares and Page Likes are higher than ever before, and people are increasingly using our social media platforms to discuss our services, our fundraising activities, and other elements of our work. Our hashtag #StAnnsCare encourages sharing of comments or feedback about the care provided by the hospice, and engagement with the conversation is growing. This growth in our social media audience has enabled us to reach a younger audience, and, in addition, we have been able to point prospective patients or donors to appropriate hospice teams so they can benefit from – or support – our services.

Plans for next year:

- St Ann’s is planning to maximise its effectiveness, increase awareness and increase access to its services for everyone in Greater Manchester. This involves the Health and Wellbeing Hub going out into the community and providing a drop-in style service for patients, carers and professionals. The Health and Wellbeing Hub will go to areas that are either geographically hard for people to access our services or to marginalised communities that tend not to gain access to our services. A registered nurse will be available to provide support and advice to anyone who turns up on the day.

- St Ann’s is also in the process of setting up a palliative care training package that will be delivered to staff who work with rough sleepers across Manchester. The training is aimed at, but not exclusively for, non-clinical people such as hostel staff, keyworkers, dependency staff, housing staff, food bank staff, volunteers. The training will equip staff to recognise signs that someone is in the palliative phase of their life, to help them know what to say, what to do, who to contact and how to access help.

- St Ann’s plans to increase the social work provision for the Christie.

- St Ann’s will continue to develop the new website, to ensure it remains dynamic and to encourage returning visitors. A new blog and vlog function on the news section of the site will enable us to share useful information from both the hospice and third parties, and will enable us to share our knowledge and expertise as providers of specialist palliative and end of life care.

- Work will also continue in the coming year to broaden the reach of hospice key messages with harder to reach groups, including expanding media lists, building relationships with key bloggers and influencers from across Greater Manchester. The communications and marketing team will work alongside hospice colleagues to ensure the message about hospice outreach and other initiatives reaches as wide an audience as possible.
5. Looking forward

April 2016 saw the launch of the GMHSCP (Greater Manchester Health and Social Care Partnership) which means that 37 organisations are working together to deliver health and social care services across Greater Manchester. This includes the 10 local councils of Greater Manchester Combined Authority, 12 NHS Clinical Commissioning Groups and 15 Greater Manchester NHS Hospital Trusts and Foundation Trusts. GMHSCP has a devolved and pooled budget to ensure that the people of Greater Manchester can access the services they need – the aim is to improve the provision of both health and social care. During last year St Ann’s forged relationships with key colleagues to ensure that the needs of palliative and end of life care services have a strong position within the partnership.

There are 7 adult hospices and 2 children’s and young people’s hospices in Greater Manchester. Hospices are the leaders in the provision of palliative and end of life care and therefore all the hospices have come together as the GM hospice partnership to ensure that they have a strong and influential voice across Greater Manchester. The GM hospice partnership is in its infancy and can begin to look at the whole palliative and end of life care services as one body to ensure that as a group we can maximise our influence over service improvement and delivery. St Ann’s is also working alongside the Greater Manchester Strategic Clinical Network using the Ambitions for Palliative and End of Life Care: A National framework for local action 2015-2020 to ensure that patients receive the best possible care.

Over the coming year we will continue to develop our relationship with GMHSCP and the GM hospice partnership to ensure palliative and end of life care services are at the forefront of the GM plan. We will review how we can be more efficient and effective as a collective and work collaboratively for the benefit of patients and families.

St Ann’s has agreed a clinical strategy which was launched last year and which sets a number of goals aimed at improving palliative and end of life care through developing models and modes of delivery. The strategy recognises a range of limitations to which the existing estate configuration and model of delivery contribute. We recognise the Heald Green site is not purpose built and as responsible leaders we need to ensure that we are able to continue to provide our services in the future. This year St Ann’s is 46 years old and the original building is over 100 years old. We have been discussing the possible future options with staff and volunteers and also the board of Trustees. We have commissioned architects to carry out a feasibility study to look at how we can deliver our current and future services and what the estate should look like. We are passionate about staying in the Stockport area as that is where our heritage lies and also the immense support from the community. Once the feasibility study is complete we will then consider the options, challenges and opportunities this will bring.
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 and that we deliver high quality care. Work streams are prioritised by organisational need such as training and education, clinical audit, evaluation, documentation development, effective governance and also engagement with external providers. This ensures that we continue to strive to do the best for our service users, whether they are patients, carers or professionals.

This is the sixth year we have published the Quality Account. It is available on the NHS Choices website and on the St Ann’s website so that anyone can see this report on the quality of our service.

We continue to proactively develop our clinical data reporting dashboards. These dashboards provide St Ann’s with detailed information with which it can interrogate, challenge and develop its own practice. The dashboards also provide a platform for systematic reporting to our local clinical commissioning groups, improving monitoring and enhancing a wider understanding of our services.

We take quality seriously - after a reporting period for our CQUINs is complete, we continue to monitor the quality markers to ensure that any improvements are embedded in practice. For example, we continued to monitor pressure ulcer data this year even though it was only a CQUIN for the reporting period 2014/15.
Review of Services

St Ann’s services encompass the localities of Salford, Trafford, Manchester and Stockport, a total population of approximately 1.25 million people. Our services are based on three sites, St Ann’s Heald Green, St Ann’s Little Hulton and the Neil Cliffe Centre (based within the grounds of South Manchester University Hospital, Wythenshawe). During 2016/17 St Ann’s provided the following services to palliative care patients and their carers and families from across Greater Manchester:

- In-Patient Units
- Daycare Services
- Supportive and Medical Outpatient Services
- Hospice at Home (Salford and Trafford only)
- Community Palliative Care Nurse Specialist Service (Salford only)
- 24 Hour Advice Line
- Complementary Therapy Services, including an outreach service (Manchester)

St Ann’s 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 31% of the total income required to provide the services which were delivered by St Ann’s in the reporting period of 2016/17.

Quality improvement and innovation goals with our commissioners

St Ann’s works closely with its local NHS clinical commissioning consortium. A proportion of St Ann’s income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between St Ann’s and Stockport CCG.

St Ann’s NHS quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework for April 2016 to March 2017 reflect both the national CQUIN agenda and that of Greater Manchester and were to report on:

- Antimicrobial Stewardship
  Antimicrobial Stewardship is a national issue and is the subject of recent National Institute for Health and Care Excellence (NICE) guidelines. This improvement initiative focused on the documentation of the indication for prescribing, review dates, and obtaining microbiological samples.

- OACC
  The Outcome Assessment and Complexity Collaborative (OACC) is the national leading organisation on developing an evidence based outcomes framework for palliative care. OACC seeks to implement a suite of outcome measures into palliative care services to measure, demonstrate and improve care for patients and their families. St Ann’s implemented the first two outcome measures in the suite in 2016/17 (p23).
Agreed CQUINS for 2017/18

- **OACC**
  
  This is a two year CQUIN. The third and fourth outcome measures in the suite will be implemented in 2017/18.

- **Staff Health and Wellbeing**
  
  This CQUIN aims to improve staff health and wellbeing by monitoring and improving:
  
  - the response to the St Ann’s internal staff survey
  - uptake of flu vaccinations for frontline clinical staff
  - compliance with mandatory training
  - completion of staff appraisals.

**NHS Number and General Medical Code Validity**

St Ann’s was not required to and did not submit records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

**Information Governance Attainment Levels**

During 2016-17 St Ann’s has embraced the Information Governance requirements of NHS Digital (previously known as the Health and Social Care Information Centre). St Ann’s cares deeply about patient information and we have a strong ethos right across the organisation which ensures that individuals’ sensitive information is treated appropriately. Extensive work has been completed on the Information Governance Toolkit resulting in St Ann’s now attaining a 70% score which is 4% above requirement. This increase in adherence stems from St Ann’s achieving all criteria at level 2 and also satisfying some of the level 3 standards. St Ann’s has adopted the NHS Information Governance Training Tool to ensure that all staff are trained to a level which is fully endorsed by the Health and Social Care Information Centre.

St Ann’s has achieved N3 connectivity which allows clinicians to access the Electronic Palliative Care Co-ordination System for some of our core CCGs. The future implementation of an Electronic Patient Record and the associated N3 access has given St Ann’s the ability to pull patient information from GPs’ clinical systems.

**Clinical Coding Error Rate**

St Ann’s was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission.

**Data Quality**

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

The National Council for Palliative Care (NCPC) is the umbrella charity for all those involved in palliative, end of life and hospice care in England, Wales and Northern Ireland.

The NCPC produces an annual report called the National Minimum Dataset for Palliative Care.

The most recent report produced by the NCPC covers the period April 2015 to March 2016, and compares St Ann’s with the national median values (the middle values) for all hospice services of comparable size from across the UK.

St Ann’s currently has 45 beds and is one of the largest hospices in the UK.

The National Council For Palliative Care
Minimum Data Sets For Palliative Care 2014-2015

<table>
<thead>
<tr>
<th>In-Patient Unit</th>
<th>SAH 11-12</th>
<th>SAH 12-13</th>
<th>SAH 13-14</th>
<th>SAH 14-15</th>
<th>SAH 15-16</th>
<th>National Median 2015-2016 (N=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patients</td>
<td>637</td>
<td>608</td>
<td>626</td>
<td>606</td>
<td>660</td>
<td>351</td>
</tr>
<tr>
<td>% new patients</td>
<td>91.4</td>
<td>90.8</td>
<td>92.2</td>
<td>90.9</td>
<td>83.5</td>
<td>90.9</td>
</tr>
<tr>
<td>% bed occupancy</td>
<td>84.4</td>
<td>79.1</td>
<td>79.0</td>
<td>80.7</td>
<td>75.6</td>
<td>79.4</td>
</tr>
<tr>
<td>% patient stays ending in death</td>
<td>68.1</td>
<td>64.9</td>
<td>70.4</td>
<td>73.0</td>
<td>72.3</td>
<td>62.6</td>
</tr>
<tr>
<td>% patients discharged</td>
<td>31.9</td>
<td>35.1</td>
<td>29.6</td>
<td>27.0</td>
<td>27.7</td>
<td>37.4</td>
</tr>
<tr>
<td>average length of stay- cancer (days)</td>
<td>19.1</td>
<td>19.5</td>
<td>19.8</td>
<td>20.7</td>
<td>19.2</td>
<td>14.8</td>
</tr>
<tr>
<td>average length of stay- non-cancer (days)</td>
<td>20.2</td>
<td>17.3</td>
<td>20.8</td>
<td>18.2</td>
<td>18.6</td>
<td>14.5</td>
</tr>
<tr>
<td>% patients with non- cancer diagnosis</td>
<td>6.2</td>
<td>9.6</td>
<td>9.1</td>
<td>9.7</td>
<td>13.5</td>
<td>13.1</td>
</tr>
</tbody>
</table>

Comment: The percentage of patients discharged is lower than the national average. It is likely that this is because the complexity of patients at St Ann’s has increased over recent years.
### Day Hospice

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Total patients</td>
<td>400</td>
<td>423</td>
<td>432</td>
<td>386</td>
<td>393</td>
<td>249</td>
</tr>
<tr>
<td>% new patients</td>
<td>78.0</td>
<td>76.6</td>
<td>74.1</td>
<td>74.4</td>
<td>74</td>
<td>62.6</td>
</tr>
<tr>
<td>% places used</td>
<td>51.6</td>
<td>54.9</td>
<td>55.7</td>
<td>56.8</td>
<td>60.3</td>
<td>59.9</td>
</tr>
<tr>
<td>discharges (and deaths)</td>
<td>356</td>
<td>382</td>
<td>336</td>
<td>382</td>
<td>288</td>
<td>181</td>
</tr>
<tr>
<td>average length of attendances (days)</td>
<td>69.8</td>
<td>63.0</td>
<td>67.0</td>
<td>67.1</td>
<td>70.6</td>
<td>129.5</td>
</tr>
</tbody>
</table>

Comment: We have continued the trend of increasing the percentage of places used in Day Care.

### Outpatients

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>All patients</td>
<td>1,074</td>
<td>1,069</td>
<td>1,090</td>
<td>1,061</td>
<td>1,369</td>
<td>662</td>
</tr>
<tr>
<td>% new patients</td>
<td>44.2</td>
<td>43.5</td>
<td>44.3</td>
<td>45.3</td>
<td>49.2</td>
<td>43.3</td>
</tr>
<tr>
<td>% patients with a non-cancer diagnosis</td>
<td>32.8</td>
<td>25.6</td>
<td>29.0</td>
<td>30.8</td>
<td>41.2</td>
<td>24.3</td>
</tr>
</tbody>
</table>

Comment: The data highlights that St Ann's is reaching out to a higher than average percentage of patients with a non-cancer diagnosis.
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<tbody>
<tr>
<td><strong>Hospice at Home</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Total patients</td>
<td>253</td>
<td>251</td>
<td>410</td>
<td>359</td>
<td>333</td>
<td>467 (n=25)</td>
</tr>
<tr>
<td>% new patients</td>
<td>87.4</td>
<td>90.4</td>
<td>88.8</td>
<td>88.0</td>
<td>85.0</td>
<td>90.1</td>
</tr>
<tr>
<td>% patients with a non-cancer diagnosis</td>
<td>13.6</td>
<td>18.9</td>
<td>22.0</td>
<td>21.7</td>
<td>29.1</td>
<td>26.0</td>
</tr>
<tr>
<td>% home and care home deaths</td>
<td>71.4</td>
<td>72.0</td>
<td>64.7</td>
<td>63.4</td>
<td>65.3</td>
<td>84.9</td>
</tr>
<tr>
<td>average length of care (days)</td>
<td>31.7</td>
<td>21.6</td>
<td>46.5</td>
<td>43.4</td>
<td>42.1</td>
<td>25.2</td>
</tr>
</tbody>
</table>

**Comment:** The Hospice at Home service provides care at home for patients that live in Salford and Trafford – and not across all our localities. This is reflected in the data in that we have a lower than average number of new patients.

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<tbody>
<tr>
<td><strong>Community Specialist Palliative Care-Team (CSPCT)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total patients</td>
<td>634</td>
<td>584</td>
<td>688</td>
<td>679</td>
<td>750</td>
<td>955 (n=8)</td>
</tr>
<tr>
<td>% new patients</td>
<td>71.6</td>
<td>75.9</td>
<td>73.8</td>
<td>74.8</td>
<td>71.9</td>
<td>70.2</td>
</tr>
<tr>
<td>% patients with a non-cancer diagnosis</td>
<td>15.0</td>
<td>15.1</td>
<td>19.0</td>
<td>25.9</td>
<td>23.1</td>
<td>23.1</td>
</tr>
<tr>
<td>average length of care (days)</td>
<td>53.9</td>
<td>49.1</td>
<td>47.4</td>
<td>43.6</td>
<td>29.9</td>
<td>78.1</td>
</tr>
</tbody>
</table>

**Comment:** The CSPCT only provides a service in Salford and not across all our localities and this is reflected in the data – our total number of patients is lower than the national average for large hospices. However, the service has maintained a year on year increase in the number of patients that it provides advice and support for, reflecting the national trend for an increase in community service provision.
### Bereavement Support

<table>
<thead>
<tr>
<th></th>
<th>SAH 11-12</th>
<th>SAH 12-13</th>
<th>SAH 13-14</th>
<th>SAH 14-15</th>
<th>SAH 15-16</th>
<th>National Median 2015-2016 (n=34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total clients</td>
<td>153</td>
<td>150</td>
<td>144</td>
<td>204</td>
<td>218</td>
<td>176</td>
</tr>
<tr>
<td>% new service users</td>
<td>68.6</td>
<td>68.7</td>
<td>69.4</td>
<td>52.9</td>
<td>40.4</td>
<td>69.7</td>
</tr>
<tr>
<td>Contacts per service user</td>
<td>7.1</td>
<td>6.5</td>
<td>5.8</td>
<td>4.3</td>
<td>3.3</td>
<td>6.4</td>
</tr>
<tr>
<td>Average length of support (days)</td>
<td>172</td>
<td>140</td>
<td>159</td>
<td>209.3</td>
<td>400.8</td>
<td>115</td>
</tr>
<tr>
<td>% discharged</td>
<td>69.3</td>
<td>65.6</td>
<td>34.0</td>
<td>27.9</td>
<td>38.5</td>
<td>61.9</td>
</tr>
</tbody>
</table>

**Comment:** The percentage of discharged clients remains lower than the national average – this is reflected in the higher than average number of days clients stay within our services.

Public Health England, NCPC and Hospice UK announced that the 2015-2016 report, due in spring 2017, will be the final publication from this data set. Data collection on the activities of all palliative care services is in need of major review. Over the next two years Hospice UK plans to develop and implement a Hospice Care Data Set that captures the full breadth of services offered by hospices, as well as meaningful data for hospices and key stakeholders.

Hospice UK is the national charity for hospice care, supporting more than 200 hospices in the UK.

A number of hospices from across the UK are working together to benchmark key clinical safety measures such as pressure ulcers, patient falls and medication incidents. It is anticipated that we will be able to compare St Ann’s to this new national benchmark as it develops in future years.
Patient Led Assessments of the Care Environment (PLACE)

PLACE puts patient assessors at the centre of the assessment process, and uses 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. Our last PLACE assessments were carried out in March and April 2016.

PLACE assessment findings

<table>
<thead>
<tr>
<th></th>
<th>National Average %</th>
<th>St Ann’s Heald Green %</th>
<th>St Ann’s Little Hulton %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleanliness</td>
<td>97.57</td>
<td>98.1</td>
<td>100</td>
</tr>
<tr>
<td>Condition, Appearance and Maintenance</td>
<td>90.11</td>
<td>93.4</td>
<td>94.19</td>
</tr>
<tr>
<td>Privacy, Dignity and Wellbeing*</td>
<td>86.03</td>
<td>84.2</td>
<td>95.65</td>
</tr>
<tr>
<td>Food and Hydration*</td>
<td>88.49</td>
<td>88.2</td>
<td>97.25</td>
</tr>
<tr>
<td>Dementia Friendly</td>
<td>74.51</td>
<td>75.3</td>
<td>81.75</td>
</tr>
<tr>
<td>Disability Friendly (new for 2016)</td>
<td>N/A</td>
<td>78.8</td>
<td>N/A</td>
</tr>
</tbody>
</table>

We have an action plan in place to improve the environment at both locations. We are in the process of replacing all the bathrooms at the Heald Green site. We have also appointed architects to undertake a feasibility study which will look at potential opportunities for a redevelopment of the Heald Green site and how any redevelopment will not simply improve the environment but also support the clinical strategy.
Clinical Effectiveness

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

The Clinical Team

The clinical team at St Ann’s is led by the Director of Clinical Services (who is also deputy chief executive and the Senior Information Responsible Officer) and the Medical Director (who is also the Caldicott Guardian).

The core nursing and medical teams are also supported by a wider team of allied health care professionals including:

- social workers, physiotherapists, occupational therapists, psychological support, complementary therapists, chaplains, pharmacists, creative therapists and of course many dedicated volunteers

Clinical development initiatives are supported by the Practice Development Centre, which encompasses training and education, research and evaluation, quality and audit, incident reporting, user views, and service development.

Volunteers

The success of the organisation is supported by more than 750 volunteers who contribute over 80,000 hours in total. They are a diverse workforce who bring new skills and experience. Our volunteers help in many ways including in our ward areas, charity shops, reception desks, bereavement support service and administration support.
24 Hour Advice Line

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of calls received</td>
<td>690</td>
<td>717</td>
<td>690</td>
<td>642</td>
<td>583</td>
</tr>
<tr>
<td>Source of calls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care professionals</td>
<td>341</td>
<td>372</td>
<td>391</td>
<td>352</td>
<td>258</td>
</tr>
<tr>
<td>Patients and carers</td>
<td>303</td>
<td>290</td>
<td>252</td>
<td>237</td>
<td>277</td>
</tr>
<tr>
<td>Other (including unknown)</td>
<td>46</td>
<td>55</td>
<td>47</td>
<td>53</td>
<td>48</td>
</tr>
<tr>
<td>Reason for call (more than 1 reason can be recorded)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain control</td>
<td>220</td>
<td>227</td>
<td>237</td>
<td>202</td>
<td>162</td>
</tr>
<tr>
<td>Symptom control (excluding pain)</td>
<td>265</td>
<td>273</td>
<td>264</td>
<td>233</td>
<td>247</td>
</tr>
<tr>
<td>Service and referral information</td>
<td>81</td>
<td>108</td>
<td>109</td>
<td>87</td>
<td>97</td>
</tr>
<tr>
<td>Non clinical</td>
<td>30</td>
<td>20</td>
<td>19</td>
<td>18</td>
<td>19</td>
</tr>
<tr>
<td>Other*</td>
<td>173</td>
<td>168</td>
<td>150</td>
<td>154</td>
<td>129</td>
</tr>
</tbody>
</table>

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

Types of calls remain comparable to previous years although the total number of calls has decreased this year. The majority of calls request advice on both a patient’s pain and symptom control. More than eleven calls are received each week from both healthcare professionals and patients and carers – the advice given may help patients to avoid unnecessary crisis referrals to hospital, and has the potential to enable patients to stay in their home.
Workforce study

The workforce study was a project delivered in partnership with Keith Hurst (Leeds Acuity-Quality database) and St Ann’s. Since the launch of the project in 2009 more than 85 hospices across the UK have participated in the study.

The study compares hospice nurse staffing levels and skill mix against other benchmarked wards and specialties within the NHS which exist within the Leeds Acuity-Quality database. The database is a tested (validated) software-based model for nursing workforce planning applicable for use across the UK’s hospice movement and wider (hospital specialist palliative care units). The final report of the study provides recommendations for optimal or best practice nurse staffing levels, skill mix, and activity appropriate for specialist inpatient palliative care delivery.

We used the study at St Ann’s to evaluate the current inpatient nursing team size and skill mix in relation to specialist palliative care inpatient dependency levels and comparative data on nurse staffing levels and skill mix from hospices across the UK. We also used the study as a quality audit. The audit looked at overall care and included assessment of the patient, care planning, implementation and evaluation of care and also the environment.

St Ann’s first completed the study in 2009 as part of the original project. In 2015 we repeated the study because our clinical workload had increased - the 2015 report was subsequently used as part of our three year Business Objectives.

The study showed we needed to change staffing numbers in the following areas:

- Direct care (face to face) – we needed a significant increase on all wards.
- Indirect care (patient related activity one step removed from the patient) – minimal change was needed
- Associated care (hotel type work) – we needed an increase on two wards based at the same site and a decrease on the other site
- Personal care (unproductive to the patient) – we could work with a significant decrease on all wards

The quality aspect of the 2015 study clearly demonstrated that the changes St Ann’s made following the first study in 2009 had a positive effect on patient care. Recommendations from the 2015 study were implemented and the impact is being continuously monitored.

In October 2015, two wards at Heald Green were amalgamated creating a significant change to the working environment. In October 2016 we repeated the study so that we could analyse the impact of the changes on the staff numbers and skill mix required. The results will formulate a further action plan as the teams continue to look at working patterns.
Outcome Assessment and Complexity Collaborative

OACC

The OACC project was launched in 2013. It is led by a team at the Cicely Saunders Institute, King’s College London, and works in partnership with Hospice UK, to improve services and outcomes for patients receiving palliative care and their families.

The OACC project has collated a suite of fit-for-purpose measures designed to capture and demonstrate the difference that palliative care services make. These measures can be used to improve team working, drive quality improvement, deliver evidence on the impact of services, inform commissioning and, most importantly, achieve better results for patients and families.

The OACC suite of recommended measures reflects the key domains of palliative care and holistic assessment. These include the phase of illness, the patient’s functioning, symptoms and other important concerns, and the impact palliative care services are having on the patient’s and family’s quality of life.

What are the OACC measures?

- **Phase of Illness**
  Phase of Illness describes the distinct stage in the patient’s illness. Phases are classified according to the care needs of the patient and their family, and give an indication of the suitability of the current care plan. The phases are classified as stable, unstable, deteriorating, dying and deceased.

- **Australia-modified Karnofsky Performance Status (AKPS)**
  The patient’s overall performance status is assessed in 3 dimensions: activity, work and self care. The measure results in a single score between 0 and 100%, based on observations of ability to perform – if a patient performs normally with no complaints and no evidence of disease they score 100% and if a patient dies they score 0%.

- **Integrated Palliative care Outcome Scale (IPOS)**
  The IPOS is a means of assessing all key domains of palliative care. It is a measure of global symptom burden which includes items that measure physical, psychosocial, social and spiritual domains in line with a holistic assessment. It allows patients to list their main concerns, to add other symptoms they are experiencing, and to state whether they have unmet information or practical needs. IPOS includes 10 questions that are scored on a scale of 0–4. Preferably patients complete the IPOS questionnaire themselves but if they are unable to do this staff can complete a staff version of the IPOS on their behalf.
• **Views on Care**
  
  This measure complements IPOS by assessing a patient’s own rating of their quality of life, their view of the impact of the service on their principal problem and their overall wellbeing. In order to improve reliability, Views on Care also asks patients to recall how they felt at an earlier time and to make their own comparison with how they feel currently.

• **Barthel Index**
  
  The Barthel Index is a measure of the patient’s ability to perform 10 common activities of daily living relating to use of toilet, mobility and eating.

• **Carer measures**
  
  The Carer Interview is a caregiver-reported measure of family (unpaid caregiver) strain.

### What are we introducing and when?

St Ann’s introduced Phase of Illness and AKPS in 2016/17 and will introduce IPOS and Views on Care in 2017/18. Once the first four measures have been implemented St Ann’s will look at the benefit of introducing the Barthel Index and the Carer measure.

### Progress to date

Staff have embraced OACC and the first stage has embedded well. Phase of Illness and AKPS help to describe the complexity of the patients and staff have reported that knowing the phase of illness and AKPS allows for more targeted interventions. For example if a patient is stable with an increasing AKPS the rehab team are aware to orientate treatment towards discharge and equally if a patient is deteriorating and the AKPS is decreasing they know to orientate treatment towards maintaining function and focusing on issues such as positioning. Equally the phase of illness and AKPS helps the social workers identify who is working towards discharge.

Before starting the training phase for IPOS and Views on Care in April 2017 we looked at the quality of the data we were producing for Phase of Illness and AKPS – in March 2017, across both in-patient units, we captured 98% of the required data for Phase of Illness and also 98% of the required data for AKPS.
EMIS – Egton Medical Information Systems

St Ann’s identified that to keep moving forward we needed to move from paper documentation to an electronic system. St Ann’s underwent a thorough tender process in 2015-16 in order to ensure that we adopted the best electronic system for our needs that would enable us to share information appropriately with as many relevant GPs and other healthcare providers as possible. From that initial piece of work we signed up with EMIS.

On 1 September 2016 St Ann’s went live on EMIS Web. The project team and all members of hospice staff worked really hard to make electronic records, reporting and GP data sharing a reality. No electronic system is ever completed and onward development of St Ann’s own bespoke implementation continues.

Some immediate benefits have been instant access to GP data and better Information Governance. Further benefits will be identified and quantified as time progresses. These will include a substantial cost saving both in terms of time and materials. A full end of project report is currently being developed and this will be made available for wider distribution once completed.
Patient Safety

Clinical Governance Committee

St Ann’s Clinical Governance Committee meets quarterly. The committee is chaired by a hospice trustee, with multi-disciplinary membership from across clinical services, plus external representation from our local CCG. The committee oversees the approval of clinical policies. It also monitors the quality, safety and effectiveness of clinical service provision via a variety of data dashboards and reports on incidents, patient feedback and complaints.

Incident reporting

A paper based organisation wide incident / near miss reporting system was introduced in 2004. The Lead for Quality and Audit compiles a summary report on a quarterly basis that focuses on actions agreed in line with the learning culture at St Ann’s. Organisational training on the use of the incident / near miss reporting process is on-going and was included in the staff leadership training for 2016/17.

The Lead for Quality and Audit has completed a scoping exercise for an electronic incident reporting system. St Ann’s aims to introduce electronic incident reporting across the organisation by the end of 2017.

All medicine related incidents are discussed at the quarterly medicine safety meeting - attendance includes representation from pharmacy, medicine, quality and clinical managers.

Information Governance (IG) incidents are now routinely discussed at the regular IG meeting.

St Ann’s continues to participate in the Hospice UK Benchmarking pilot for Pressure Ulcers, Falls and Medication Incidents.
The following summarises the type and number of incident/near miss forms received.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total incidents &amp; near misses</td>
<td>492</td>
<td>541</td>
<td>448</td>
<td>459</td>
<td>387</td>
</tr>
<tr>
<td>Total clinical of these:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- medicine related</td>
<td>403</td>
<td>411</td>
<td>342</td>
<td>335</td>
<td>285</td>
</tr>
<tr>
<td>- patient falls</td>
<td>87</td>
<td>97</td>
<td>98</td>
<td>106</td>
<td>112</td>
</tr>
<tr>
<td>Total non-clinical</td>
<td>48</td>
<td>52</td>
<td>55</td>
<td>80</td>
<td>71</td>
</tr>
<tr>
<td>Total with impact on clinical and non-clinical services</td>
<td>41</td>
<td>78</td>
<td>51</td>
<td>44</td>
<td>26</td>
</tr>
<tr>
<td>RIDDOR reports (Reporting of Injuries, Diseases and Dangerous Occurrence Regulations)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

**Actions from reported incidents and near misses include:**

- Introduction of unlicensed medicine register to prompt appropriate recording
- Swipe card access to dispensary which improves security and addresses issues where the lock was faulty out of hours
- Additional nurse calls added in the bathrooms to ensure access from showers
- Room booking system modified to ensure only those who have booked the room have the authority to delete
- EMIS mobile has been introduced for use by ward staff which will allow access to critical information in the event of “outages”
- All complementary therapists to be included in mandatory moving and handling training
- Guide to management of suspected MSFC to be developed
- Film to be added to glass panels in ward office to ensure privacy of previously visible sensitive patient information
Infection control

St Ann’s collects infection surveillance information in line with Public Health England (PHE) guidance. It is a mandatory requirement that the following healthcare associated infections are reported to PHE:

- All cases of methicillin resistant Staphylococcus aureus (MRSA), methicillin sensitive Staphylococcus aureus (MSSA) and Escherichia coli (E coli) bacteraemia.
- The total number of Glycopeptide resistant enterococci (GRE) bacteraemia.
- All cases of clostridium difficile infection (CDI) where the specimen is diarrhoeal in nature and positive for toxin presence.

**Surveillance data for April 2016 – March 2017:**

<table>
<thead>
<tr>
<th>Infection</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA</td>
<td>2 (prior to admission)</td>
</tr>
<tr>
<td>MSSA</td>
<td>0</td>
</tr>
<tr>
<td>E coli</td>
<td>1 (prior to admission) in urine</td>
</tr>
<tr>
<td>GRE</td>
<td>0</td>
</tr>
<tr>
<td>Gram positive staphylococcal</td>
<td>1 (prior to admission) in urine</td>
</tr>
<tr>
<td>CDI</td>
<td>4 (prior to admission)</td>
</tr>
<tr>
<td></td>
<td>2 reactivated during admission</td>
</tr>
<tr>
<td>CPE</td>
<td>2 (prior to admission)</td>
</tr>
</tbody>
</table>

This year the Senior Clinical Team reviewed the staffing requirements within infection, prevention and control (IPC) to ensure efficient and continued compliance of safe, effective IPC across all clinical and non-clinical services. Liaison with neighbouring acute trusts is underway to establish the feasibility of a joint contract whereby the acute trust provides senior support and oversight to our practice, policies and reporting structures within St Ann’s.

There have been no significant infection issues reported over the year. All IPC precautions have been observed and the CQC did not raise any significant IPC issues as a result of their inspections in September and October 2016. Monthly hand hygiene audits are undertaken.

As part of the 2017/18 CQUIN for staff health and wellbeing a rigorous flu vaccination plan will be developed and documentation will include those staff accessing a flu vaccine outside of the organisation so that we capture an accurate picture of every staff member’s vaccination status. We aim to demonstrate a significant improvement in the number of front line staff who have the flu vaccine. This figure currently sits at 30% of the paid workforce.
Wound care

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Present on admission (from hospital/home/Other)</td>
<td>Present on admission (St Ann’s)</td>
<td>Present on admission (St Ann’s)</td>
<td>Present on admission (St Ann’s)</td>
<td>Present on admission (St Ann’s)</td>
</tr>
<tr>
<td>Grade I</td>
<td>40</td>
<td>23</td>
<td>40</td>
<td>34</td>
</tr>
<tr>
<td>Grade II</td>
<td>123</td>
<td>61</td>
<td>106</td>
<td>47</td>
</tr>
<tr>
<td>Grade III</td>
<td>13</td>
<td>1</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Grade IV</td>
<td>9</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Unstageable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td>185</td>
<td>85</td>
<td>156</td>
<td>82</td>
</tr>
<tr>
<td>Wounds (not including pressure ulcers)*</td>
<td>65</td>
<td>33</td>
<td>55</td>
<td>16</td>
</tr>
</tbody>
</table>

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

All patients on admission to St Ann’s receive a tissue viability risk assessment, followed by relevant preventative measures (for example, pressure care mattresses). However, many patients who are admitted to 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. This is why in some cases, pressure ulcers can develop while a person is under St Ann’s care, despite preventative measures being taken. For any patient who has a pressure ulcer, specific management strategies are used, including the use of care plans and dressings to minimise discomfort and maximise quality of life.

We have monitored, recorded and investigated new pressure ulcers (acquired 72 hours after admission) of grade II and above for the last three years. We also participated in the Stockport locality Pressure Ulcer Working Group – as result the number of hospice acquired pressure ulcers more than halved in 2015. In 2016-7, because of a generous donation, we were in a position to provide pressure relieving air-flow mattresses for all patients and as a result the number of hospice acquired pressure ulcers has continued to decrease.
Patient experience

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 any comments received to the appropriate manager for consideration and ensuring a response. The responses are collated and approved at an organisational meeting and monthly summaries of the comments are distributed organisationally.

A total of 90 comments or suggestions were posted in 2016/2017.

Actions included:
- Reminding staff not to use patient parking areas at the front of the hospice
- Use of soft closing bins and modifying door closures to reduce noise at night
- Changed system for bringing breakfast trays onto the ward to minimise early morning noise.

Patient/Carer Group
The Patient/Carer Group meets every two months and has a current membership of 4 patients and 6 carers who have all had experience of services provided by St Ann’s. The group continues to provide an invaluable contribution to the ongoing development of our services.

During 2016/17 Patient/Carer Group views were sought for the following:
- Style and content of leaflets including use of strong opioids, resuscitation, bedside information and mouthcare
- Review of the Heald Green drop in service
- The proposed drop in and buddy service at Little Hulton
- The revised format of the recent Forget Me Not fundraising appeal
- The style of St Ann’s annual report
- The current Friends Magazine
- Words to describe St Ann’s for use on our upgraded website
- Snack leaflet for the Inpatient Unit

External Involvement
- The group’s views continue to be sought by researchers at Salford University and included the style and content of the end of life carers questionnaire
Friends and Family Survey

The friends and family survey was introduced onto the ward (IPU) in 2013 and extended to include day therapy services (DTU) in 2014, and community services in January 2016. These are the results received in 2016/17

How likely are you to recommend St Ann’s to friends and/or family members if they needed similar care or treatment?

<table>
<thead>
<tr>
<th></th>
<th>IPU</th>
<th>DTU</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extremely likely</td>
<td>195</td>
<td>501</td>
<td>114</td>
</tr>
<tr>
<td>Likely</td>
<td>16</td>
<td>26</td>
<td>13</td>
</tr>
<tr>
<td>Neither likely nor unlikely</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Extremely unlikely</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Don’t know</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Total completed surveys</td>
<td>211</td>
<td>531</td>
<td>127</td>
</tr>
</tbody>
</table>

Real Time Survey

Volunteers have continued to conduct structured 1:1 interviews with ward patients and visitors on topics including hospice cleanliness, staff attitudes, the environment, privacy and dignity, and information.

**Number of interviews conducted in 2016/17:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Inpatients</td>
<td>26</td>
</tr>
<tr>
<td>Day Care</td>
<td>33</td>
</tr>
<tr>
<td>Visitor</td>
<td>16</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>75</strong></td>
</tr>
</tbody>
</table>

The results continue to give positive feedback on the services provided at St Ann’s by both clinical and support services and suggestions are processed through the comments scheme and quarterly action plan.
Complaints and Duty of Candour

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</tr>
</thead>
<tbody>
<tr>
<td>Formal Complaints</td>
<td>2</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Informal Complaints</td>
<td>16</td>
<td>7</td>
<td>8</td>
<td>8</td>
<td>6</td>
</tr>
</tbody>
</table>

We encourage people to make a complaint if they feel something has gone wrong because we want to learn from people’s experiences and improve our services. We have updated and distributed the complaints leaflet to encourage people to complain.

We have always encouraged openness and honesty, in line with the Francis report and the duty of candour. To embed the duty of candour we have reviewed the complaints and whistleblowing policies so that the duty of candour – the requirement to be open when things go wrong - is mentioned explicitly.

We have introduced a complaints handling masterclass for managers - this includes a section on the duty of candour: what it is and how to comply with it. We also added a module about the duty of candour to the mandatory e-learning training that all staff complete.

Staff Health Absence and turnover

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</tr>
</thead>
<tbody>
<tr>
<td>Sickness and absence</td>
<td>5.2%</td>
<td>4.7%</td>
<td>5.1%</td>
<td>6.7%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Staff turnover</td>
<td>7.7%</td>
<td>10.2%</td>
<td>17.0%</td>
<td>15.6%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

St Ann’s sickness and absence rates in 2016/17 have decreased compared to the previous year. Sickness was at a rate of 3.7% across the organisation but when maternity and other absence was included this rose to 5.3%. Staff turnover has increased compared to the previous year. St Ann’s continually strives to minimise its sickness and absence levels by providing a healthy and productive environment, including clear organisational values and goals, within which its workforce can be supported and cared for. In addition St Ann’s conducts a staff engagement survey and actively seeks ways to improve the working environment.
Education and Training

We have continued to provide Inspire - a comprehensive leadership and management development programme for all directors, managers and team leaders.

The purpose of the programme is to ensure that St Ann’s leaders lead and manage staff consistently and effectively. The programme initially ran during 2015/2016 and has been re-run to include new managers to the hospice. Practical in approach, the programme has a strong emphasis on development planning aimed at improving performance and leadership capability. Initially the programme focuses on leadership behaviours and building awareness about the potential positive and negative impact these can have on others. It then moves on to look at practical tools and techniques to be an effective manager and leader.

Inspire consists of six modules:

- introduction to leadership and management development (2 days)
- managing people (1 day)
- managing self (½ day)
- interacting with others (½ day)
- strategic and financial awareness (½ day)
- reflection and evaluation (½ day)

These were supported by masterclasses on specific topics to enable managers to build a practical toolkit.

We have also introduced the Aspire programme for staff who are looking to progress into management positions which follows a similar format to Inspire. Twenty-one staff attended Aspire during 2016/17.
Clinical education

In 2016 / 17 The Practice Development Centre (PDC) provided bespoke specialist training for both hospice staff and for community teams in the locality. Internal staff were offered a rolling program of clinical updates including sessions focusing on spirituality, mental health, lymphoedema, breathlessness and tissue and organ donation. The programme ran alongside the clinical mandatory training, which all clinical staff attended and the medicine management update (MMU), which all qualified clinical staff attended. In order to replace the paper based drugs calculation test which was carried out during MMU, we introduced an online drugs calculation test (SN@P) which is now embedded in the mandatory e-learning.

In 2016/17 we offered the Level 2 Certificate in Palliative Care for all new clinical staff (bands 2+) in order to support them in their first months at the hospice. This is delivered via 6, 2 hour sessions covering basic key areas in palliative care, including advanced care planning, pain and symptom control and bereavement support. In light of the funding changes from the CCG, we have been able to offer the Level 2 Certificate in Palliative Care out to care homes in our surrounding communities and intend to expand the training into home care organisations.

In order to empower our healthcare assistants, a programme led by the PDC and supported by the advanced practitioners on the ward means that all clinical staff bands 2-4 will have completed their Care Certificate by the end of April 2017. As from January 2017 all new healthcare assistant staff will complete their Care Certificate in the first 6 weeks of employment, if they have not already done so.

From an external perspective we were commissioned by Trafford CCG to deliver the Six Steps Program to 9 Care homes in the area. In spite of the program being highly successful with 85% attendance and 89% success rate, funding has not continued into next year.

Looking forward into 2017/18, the programme for internal training will be slightly different. Clinical mandatory training will be rolled out to all patient facing staff; the manual handling session has been extended to include more basic manoeuvres which will help the community and social work teams; and a session on communication skills has been added. The MMU will also include an update on ECG and blood transfusions procedures, which will allow day therapy to facilitate more transfusions and infusions.

Due to successfully securing a funding bid, we will be starting The Alzheimer’s Society train the trainer program in the spring, the program will train 12 members of staff who will then go on and roll out the training with a view to empowering all hospice staff to support our dementia patients.
Clinical Audit Activity

St Ann’s Lead for Quality and Audit chairs quarterly clinical audit meetings – where a rolling plan for clinical audit is agreed and reviewed. Clinical and medical staff from all service areas are represented at these meetings. As well as internally agreed audits, St Ann’s has participated in a National audit of blood transfusions and continues to contribute to the North West Regional Audit Group (NWAG) audit programme. The following table shows the clinical audit activity from 2016/17:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Summary</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly audit of antibiotic prescribing</td>
<td>This was a CQUIN and measures compliance to recommended standards relating to prescribing, administering and review of antibiotics and contributed to medicine safety. Actions included a need for vigilance in recording antibiotic completion/review dates which has been included in the monthly prescribing audit.</td>
<td>Completed</td>
</tr>
<tr>
<td>Monthly Medicines Safety Thermometer Audit</td>
<td>This measured the prescribing of high risk medications including opioids, sedatives, insulin, anticoagulants and anti-infectives (includes antibiotics and anti fungals). Actions included an additional sheet in the medicine chart that records the reason for any missed doses and actions taken to prevent this, for example, checking medicine has been ordered.</td>
<td>Completed</td>
</tr>
<tr>
<td>Resuscitation</td>
<td>This measures compliance to national standards for discussing and recording the discussion, decision, review and communication of whether a patient is appropriate for resuscitation. Actions included adding a section in the patient record to document discussion with patient and/or those important to them</td>
<td>Completed</td>
</tr>
<tr>
<td>NWAG End of Life audit</td>
<td>This measures the agreed standards of care provided at end of life against the national standards published after the Liverpool Care Pathway was withdrawn. Actions included the introduction of a mortality/ morbidity meeting to promote regular learning from case reviews.</td>
<td>Completed</td>
</tr>
<tr>
<td>Medicines management and patients weight</td>
<td>This measured if patients, whose medication dose is tailored to their weight, were weighed. The project also included interviewing patients and clinical staff about their views on weighing patients and highlighted a misconception that patients do not like being weighed. Actions included the introduction of routine weighing for all patients or a documented reason for not doing so. An interactive session is included in medicine updates for doctors and nurses demonstrating the risk and inaccuracy of guessing weights.</td>
<td>Completed</td>
</tr>
<tr>
<td>National Blood Transfusion Audit – awaiting report</td>
<td>This is coordinated by the Blood Transfusion service who are currently analysing the results. When received they will be presented and an action plan agreed if required.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>NWAG Depression – awaiting report</td>
<td>This audit measures standards relating to patients who are prescribed anti-depressants for the first time. The data has been submitted and the results are being analysed. The results will be fed back and any actions discussed.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Monthly prescribing audit</td>
<td>This audit replaces the medicine safety thermometer and was recommenced in January 2017. It is a snapshot audit that highlights the current prescribing issues via the ward meetings.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Publications

‘Weighing Patients in Palliative Care’ - the audit about medicines management and patients’ weight - has been published in the European Journal of Palliative Care.

Conferences

We presented our project ‘Weighing patients in palliative care’ at the National Institute for Health Research - Supportive and Palliative Care Conference in November 2016. We also took two posters to this conference:

- CSPCT – recording of medication history.
- Use of Audit in Medicine management.

The following projects were also accepted for poster presentations at the Association for Palliative Medicine Conference in March 2017:

- Weighing patients in palliative care
- Use of Audit in Medicine management
- The introduction of the electronic record system - EMIS
- The Nurse Exchange Programme
- Workforce study
Research and Evaluation

The Prognosis in Palliative care Scales (PiPS)

What is PiPS

The PiPS prognostic scoring algorithms were generated following a prospective study of over 1000 palliative care patients with advanced cancer. PiPS takes into account the patient’s diagnosis, severity of symptoms, general health and blood test results. It then categorises patients into three groups: those with a survival of “days”, “weeks” or “months”. The PiPS scores aim to be at least as good as a multi-professional survival estimate but their use in clinical practice has not yet been properly evaluated.

What we are aiming to achieve

The study that St Ann’s is undertaking is led by University College London. It is a multicentre research study involving 56 palliative care units and both the inpatient units at Heald Green and Little Hulton are participating in this project. The aim is to assess the accuracy of the PiPS tool against clinicians’ estimation of survival of patients with advanced incurable cancer.

From March 2017, all patients admitted to the two inpatient units will be screened for eligibility to take part in the study which also involves a blood test if the patient has not had those tests within the last 24 hours. A researcher will then consent eligible patients who agree to enrol into the study.
Gentleness study

St Ann’s day care team at the Little Hulton site participated in a gentleness study conducted by research fellows from the University of Manchester.

What was the aim of the gentleness study?
The objectives of the project were to:

- Investigate how employee gentleness occurs as part of the everyday care-giving
- Understand how patients experience employee gentleness as part of their everyday care
- Understand how employee gentleness is shaped by the organisational, social and managerial context
- Use the research findings to develop and pilot an on-line training programme on gentleness to help practitioners learn about and reflect on their care-giving

What are the benefits?
The research is expected to:

- Provide a more detailed understanding of how employees are gentle in organisations
- Develop a more in-depth understanding of how patients experience gentleness within the context of the care they receive
- Provide further insight into how the social organisational context fosters gentleness
- Provide insight into the contexts or situations in which being gentle might be problematic for staff and patients

How was the study conducted?

A researcher was on-site at the hospice observing work in day care and interviewing staff between July and September 2016. The researcher studied what gentleness means for people as they interact with each other in their daily working lives and routines.

The researchers are due to attend St Ann’s, to feedback the results of the study, in May 2017.
Mapping and Reducing Polypharmacy at St Ann’s

In May 2014, a St Ann’s project team started a project mapping the levels of polypharmacy at our Heald Green site and then implementing strategies to reduce this in our inpatient wards, using a quality improvement approach.

Polypharmacy is the prescribing of multiple medications to one individual. The UK’s Kings Fund report (2013), ‘Polypharmacy and medicines optimisation’ highlights research into polypharmacy and makes recommendations to improve how medicines are prescribed. However, there are no guidelines specifically for specialist palliative care - where medication regimens are likely to pose a significant burden on patients, prescribers and services (cost and manpower) – and the extent of inappropriate polypharmacy in palliative medicine is unknown.

We completed our research and implementation of changes in 2015-6 and reduced the number of regular medicines our patients were prescribed by 16%. We also reduced the number of regular tablets our patients were given by 30% and the volume of regular liquid medicines by 30%. Our research showed that the quality of care we provided to patients was not affected by reducing the number of medicines we prescribed and patients were not requesting more ad- hoc medication.

St Ann’s clinical staff attended the European Association for Palliative Care 14th World Congress in Copenhagen in 2015 to present this project. In addition, our staff presented sessions at this conference on ‘Managing Parkinson’s disease in last days of life’ and ‘Discharge letters – improving the process in a UK hospice’. A poster of the research project was presented at the Palliative Care Conference in March 2016 in Glasgow and a paper on the research was accepted for publishing in May 2016 in the European Journal of Palliative Care. In March 2017 the paper ‘Identifying, highlighting and reducing polypharmacy in a UK hospice inpatient unit using improvement Science methods’ was published in the British Medical Journal Quality Improvement Reports.
Improving Access to Specialist Palliative Care at St Ann’s

iTASC Project

In June 2015 a team from St Ann’s applied to Haelo - an innovation and improvement science centre which provides coaching in service development via the ‘Model for Improvement’ – to collaborate on a project looking at access to inpatient specialist palliative care beds.

Our project ‘Improving Timely Access to Specialist Palliative Care (ITASC)’ aimed to improve access to the Inpatient Unit at Little Hulton by 5% by June 2016 and for appropriately referred patients to be admitted in a timely manner.

Initially the project team collected and analysed data on the number of referrals, reasons for referrals, diagnosis, number of admissions, length of stay, number of deaths and discharges. The data highlighted areas requiring improvement which in turn led to identifying three strands of work that the project team worked on:

• the discharge pathway and processes
• education, communication and culture
• external agencies and cross boundary working

Throughout the project the team co-opted other members of the multi-disciplinary team to complete small projects, enabling the fundamental principles of the ‘Model of Improvement’ to be embedded within the whole organisation at St Ann’s.

Through the work of the ITASC project, access has improved to the inpatient unit at Little Hulton as per the table below:

<table>
<thead>
<tr>
<th></th>
<th>Referrals</th>
<th>Admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2015 - June 2015</td>
<td>89</td>
<td>58 (65%)</td>
</tr>
<tr>
<td>July 2015 – June 2016</td>
<td>357</td>
<td>287 (80%)</td>
</tr>
</tbody>
</table>

This was due to numerous factors including the work done around educating healthcare professionals about appropriate referrals, development of electronic communication both internally and externally, and education about our services.

The team presented a series of masterclasses to managers and aspiring managers - enabling the methods for quality improvement to be shared and implemented in all areas of the hospice. Two members of the team also attended an update at Haelo to ensure our practice and knowledge is current.
Feedback

St Ann’s engages its staff in consultation in several ways:

- the One Organisation Group brings together staff from across all clinical and support services for shared learning across the organisation
- the staff representatives committee meets bi-monthly, representing the views of grass roots staff from across the organisation
- the executive team holds open meetings for all staff, at each site, three times a year and all the directors hold regular one-to-one director surgeries to maximise staff consultation and engagement
- the chief executive publishes a weekly brief and staff are encouraged to contribute with updates and key messages

What our staff say:

To gain anonymous views from the staff about what it is like to work at St Ann’s, we conducted a staff survey for the third time in 2016/17.

The most agreed with statements from this year’s survey were:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Staff agreeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>I enjoy the work I do</td>
<td>89%</td>
</tr>
<tr>
<td>I enjoy working with the people in this charity</td>
<td>87%</td>
</tr>
<tr>
<td>I believe in the aims of this charity</td>
<td>86%</td>
</tr>
<tr>
<td>If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation</td>
<td>86%</td>
</tr>
<tr>
<td>I understand what this charity wants to achieve as an organisation</td>
<td>82%</td>
</tr>
</tbody>
</table>

The most disagreed with statements from this year’s survey were:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Staff disagreeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that pay is handled fairly</td>
<td>58%</td>
</tr>
<tr>
<td>Morale in this charity is high</td>
<td>56%</td>
</tr>
<tr>
<td>My pay is competitive in comparison to people doing similar work in the charity sector</td>
<td>53%</td>
</tr>
<tr>
<td>Communication between different teams / departments is effective</td>
<td>52%</td>
</tr>
<tr>
<td>Communication between staff and senior management is effective</td>
<td>52%</td>
</tr>
</tbody>
</table>

Other relevant statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Staff agreeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the last year I have not been bullied at work</td>
<td>74%</td>
</tr>
<tr>
<td>I feel supported in developing my career</td>
<td>43%</td>
</tr>
<tr>
<td>I am treated with fairness and respect</td>
<td>57%</td>
</tr>
<tr>
<td>Diversity is valued at this charity</td>
<td>61%</td>
</tr>
</tbody>
</table>
What others say:

Peer Review

Prior to publication, St Ann’s Quality Accounts was shared with our lead locality service commissioner, Healthwatch Stockport and our local Health and Wellbeing Overview and Scrutiny Committee.

Feedback has been received from NHS Stockport Clinical Commissioning Group:

’It is an excellent and comprehensive report ... I would congratulate you on the quality of your care which is borne out by this report’

Dr Karen McEwan,
Macmillan GP Cancer Care Commissioning Lead,
NHS Stockport Clinical Commissioning Group

What people say about us on Twitter

Throughout the year, the hospice has been encouraging people to share their experiences of St Ann’s on social media, via the hashtag #StAnnsCare. The hospice communications team also shares comments received via the hospice comments scheme and other forums anonymously on this hashtag to encourage conversation.

Feedback received has been excellent, and some examples of comments shared on our social media accounts include:

“The work they do is just amazing. They are the most caring people they can be.”

“Without St Ann’s I wouldn’t be in a good place like I am now.”

“The service is the best, helps me stay calm.”

“It was a place of laughter and friendly faces which created its own family of members - the staff always knew everyone’s names.”

“From past experience the care and attention was beyond belief. When my time comes I would like to be here.”

“I will never forget the total focus on my mum and her family - nothing was too much trouble and all was explained.”

“Friendly staff and volunteers. Excellent facilities. Food is of brilliant quality.”
What our regulators say about us

Care Quality Commission (CQC)

St Ann’s is required to register with the CQC and its current registration status is to carry out the following legally regulated services:

- Treatment of disease, disorder or injury, transport services, triage and medical advice provided remotely,
- treatment of disease, disorder or injury, diagnostic and screening procedures. The registered managers are Victoria Scott Entwistle and Sian Alison Burgess and the responsible person for these services during 2016/17 was Rachel McMillan (April – July 2016) and Eamonn O’Neal (from July 2016).

The CQC has the power to take enforcement action against health care providers if required and can implement special reviews or investigations.

The CQC inspected St Ann’s in October and November 2016. They visited the Neil Cliffe Centre on 21 September 2016, Heald Green site on 5 October 2016, and the Little Hulton site on 19 and 20 October 2016. As for previous years, all three sites were assessed as fully compliant. (Further information and full reports can be obtained via the following link: [http://www.cqc.org.uk/provider/1-101635010](http://www.cqc.org.uk/provider/1-101635010) and a summary of the reports can be found in Annex A of this report).
Annex A

CQC Summary reports

What the CQC icons mean

Inspection ratings

We rate most services according to how safe, effective, caring, responsive and well-led they are, using four levels:

⭐ Outstanding – the service is performing exceptionally well.

🟢 Good – the service is performing well and meeting our expectations.

⚠️ Requires improvement – the service isn’t performing as well as it should and we have told the service how it must improve.

🔴 Inadequate – the service is performing badly and we’ve taken enforcement action against the provider of the service.

➡️ No rating/under appeal/rating suspended – there are some services which we can’t rate, while some might be under appeal from the provider. Suspended ratings are being reviewed by us and will be published soon.

St Ann’s Hospice Heald Green
St Ann’s Road North, Heald Green, Cheadle, SK8 3SZ

CQC inspection area ratings
(Latest report published on 16 November 2016) visit date 5 October 2016

<table>
<thead>
<tr>
<th></th>
<th>Good</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effective</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responsive</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well-led</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Summary

St Ann’s Hospice provides in-patient hospice care and a day hospice from one site. It is part of a wider organisation with two other sites in the Greater Manchester area providing hospice care. The hospice holds condition specific clinics, has a bereavement support service, therapy services, a fundraising department and a team of volunteers all based on-site.

The service is a registered charity with a board of trustees. Day to day the service is run by an executive management team drawn from all departments within the hospice. There was a new chief executive who had been in post for several months who had been meeting with all staff and users of the service as part of their induction into the role.

There was a registered manager employed for this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was experienced in providing palliative care and had joined the organisation within the last two years.

People and professionals spoke highly of the complementary therapies that were available to both people who used the service and relatives. The hospice provided family support, counselling and bereavement support and we saw the service helped people carry out specific wishes such as providing a Christmas party for someone with their family at the family’s request.

People told us that staff were caring, compassionate and listened to them. People we spoke with who received personal care felt the staff were knowledgeable, skilled and their care and support met their needs.

The service had recently introduced a new electronic recording tool called EMIS (Egton Medical Information System). Although this was still relatively new, staff we spoke with were positive about the training they had to support this new approach and stated it was, “useful and efficient.”

People’s health care needs were met by the in-house medical team. This included consultants, GP’s with a special interest in palliative care, an occupational therapy team, a physiotherapist, social worker, dietician and chaplain.

Care plans were personalised to include people’s wishes and views. People and relatives told us they were consulted about their care and treatment and that they regularly had the opportunity to speak to medical and nursing staff. Care plans were regularly reviewed in a multi-disciplinary framework. We observed staff caring for patients in a way that respected their individual choices and beliefs.

Staff recruitment processes were followed with the appropriate checks being carried out. There were sufficient staff on duty to meet people’s needs. The hospice had experienced some shortness of staff recently although this had not impacted detrimentally on the people using the service. The hospice had a bank of staff who they could contact if they needed additional staff. The registered manager told us they had recently tried to recruit additional nursing staff but felt the calibre of applicants wasn’t right. They were going to review their advert and recruitment process to try and attract further applicants. Staff and volunteers received a thorough induction and regular training to ensure they had the knowledge and skills to deliver high quality care and support.
Staff followed risk assessments and guidance in management plans when providing care and support for people in order to maintain people’s safety.

People were protected by the service’s approach to safeguarding and whistle blowing. People who used the service told us that they were safe, could raise concerns if they needed to and were listened to by staff. Staff were aware of safeguarding procedures, could describe what they would do if they thought somebody was being mistreated and said that management listened and acted on staff feedback.

Staff told us they were very supported by the management team and could get help and support if they needed it at any time. Staff received regular and meaningful supervision and appraisals. Staff members told us they felt part of a team and were proud to work for the hospice.

Staff worked within the principles of the Mental Capacity Act where appropriate. People had choices about their care and their consent was sought by staff.

People were supported to receive a nutritious diet at the service. Their appetite was assessed through talking to them, which guided staff to give the person the type and amount of food they would be able to eat. There was a choice of menu on the day we inspected and drinks and snacks were available at any time. The service also provided a café for people, families and staff to enjoy a drink or snack. All food was freshly prepared on site and we saw people being given the opportunity to choose what they wanted to eat or drink.

The staff undertook the management of medicines safely and in line with people’s care plans. The service had health and safety related procedures, including systems for reporting and recording accidents and incidents. The care records we looked at included risk assessments, which had been completed to identify any risks associated with delivering the person’s care and their environment.

The registered provider had a system in place for responding to people’s concerns and complaints. People and carers and families were asked for their views and were involved in a group that considered ideas and developments at the service.

There were effective systems in place to monitor and improve the quality of the service provided. The service was going through a period of transition with new staff members at senior levels and new service developments such as the EMIS care planning system and the implementation of the Outcome Assessment and Complexity Collaborative (OACC) tool. This will enhance the care planning process by ensuring that outcomes for people are clearly recorded. The service also had other new ideas they were developing such as introducing a dementia champion and they had introduced a management training programme Staff told us that the service had an open, inclusive and positive culture.

Accidents and incidents were clearly recorded. There was an embedded culture of learning from mistakes and sharing of action plans for improvement work within the service.
St Ann’s Hospice Little Hulton
Peel Lane, Little Hulton, Worsley, Manchester, M28 0FE

CQC inspection area ratings
(Latest report published on 7 January 2017) visit dates 19 and 20 October 2016

<table>
<thead>
<tr>
<th>Safe</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective</td>
<td>Good</td>
</tr>
<tr>
<td>Caring</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Responsive</td>
<td>Outstanding</td>
</tr>
<tr>
<td>Well-led</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>

Summary

This inspection took place on 19 and 20 October 2016 and we provided 48 hours’ notice of our visit to ensure the registered manager would be available to facilitate our inspection. The service was last inspected in December 2013 and was found to be meeting all the regulations we reviewed at that time.

St Ann’s Hospice is situated in the Little Hulton area of Salford, Greater Manchester and is registered as a charity. The hospice provides palliative and supportive care services to people with life limiting illnesses. Services provided include Hospice at Home, day therapy, inpatient care and a CSPCT (Community Specialist Palliative Care Team). An extensive garden area is available for the benefit of patients and visitors. Off street car parking is available and the location is well served by public transport routes.

St Ann’s Hospice is registered with the Care Quality Commission (CQC) to provide care for up to 18 people on the inpatient unit. At the time of our inspection there were 12 people being cared for on the inpatient Unit and approximately 250 people receiving care and support in the community. Of these 250 people, the manager told us that provision of personal care was limited.

There was a registered manager employed at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe when accessing services provided by the hospice. People who used the hospice told us staff would not hesitate to go the extra mile when caring for them. We saw the importance staff at the hospice placed on supporting families and carers of people with life-limiting illnesses in order to improve the well-being of all concerned. This included the provision of carer and bereavement support, complementary therapies and counselling.

Staff treated people with sensitivity, dignity and respect. People’s emotional and spiritual needs were met by staff who were knowledgeable and confident to care for and comfort them. Families and those that mattered to the person were supported to spend quality time with them.

All staff had received training in safeguarding adults. In addition the hospice had developed a culture in which staff were supported to report any concerns, no matter how small, to senior staff.

There were sufficient numbers of staff available to provide tailored, individual support to people, both in the hospice and in the community. Staff and volunteers had been safely recruited, such as ensuring DBS (Disclosure Barring Service Checks) were in place.

People received excellent care, based on best practice from an experienced and consistent staff team. Staff were supported through training to develop the knowledge, skills and confidence to be able to meet people’s needs in an individualised manner.
All staff and volunteers completed a comprehensive induction programme. Staff were expected to complete online training to demonstrate knowledge in all the topics covered. A comprehensive training programme was also in place to help ensure staff had the skills they required to communicate effectively with people who used the hospice, families and professionals.

Good systems were in place to ensure the safe handling of medicines. People were cared for in a safe, secure and clean environment. People were protected because risks were identified and managed. The risks of cross infection for people were reduced through training for staff and robust infection control procedures. There were high quality fixtures and fittings throughout the building, ensuring people’s comfort and privacy was catered for.

People had access to high quality food and their nutritional and hydration needs were met by excellent catering services. We noted there was a commitment to further improving the range of meal options available to people throughout the day and we saw catering staff asking people for their preferred choice of food and drink.

People’s legal rights were respected because staff understood their responsibilities in relation to the Mental capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People knew how to complain and were confident any concerns would be taken seriously. Staff were committed to learning and responding to people’s feedback and experiences.

People who used the hospice were supported to make choices and to have as much control as possible about what happened to them both before and after their death. They and their family members were consulted and involved in planning their care. People were also supported to discuss and make decisions on their preferred place of care at the end of their life. Staff were aware of the action to take to uphold a person’s rights should they be unable to consent to their care and treatment in the hospice. The skills staff developed through the hospice’s innovative communication training programme enabled them to have difficult conversations with people in a sensitive and caring manner.

The hospice was proactive in reaching out to communities who did not traditionally access their services, including people who identified as lesbian, gay, bisexual, transgender and people from minority ethnic communities.

People told us the leadership team in the hospice were excellent in the care and support they offered to staff, volunteers and everyone who accessed the service. We were told there was an open and transparent culture in the hospice which encouraged people to express any concerns or complaints they had.

People received a consistently high quality of care because senior staff led by example and set high expectations about standards of care. Staff and volunteers spoke positively and passionately about working at the hospice. They told us they received excellent support and guidance from all the managers in the service. We saw staff had regular team meetings and other informal opportunities to enable them share good practice.

The leadership team in the hospice demonstrated a commitment to service improvement. Staff, volunteers and people who used the hospice were regularly asked for their views and ideas about improvements which they felt could be made. We saw that action had been taken to respond to ideas and suggestions people had made. This demonstrated people who used the service, their families and carers, staff and volunteers were all involved in shaping the future of the service.

There were robust systems in place to monitor the quality of care provided in the hospice; these included lessons learned sessions from accidents, incidents or complaints, which were shared across the service.
CQC inspection area ratings
(Latest report published on 21 December 2016) visit date 21 September 2016

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Summary
This inspection took place on the 21 September 2016 and was unannounced. The service was last inspected in July 2014 and found to be compliant in all areas.

The Neil Cliffe Centre is based at Wythenshawe Hospital, Greater Manchester and provides a day support service to people with a life limiting illness. It is part of the wider organisation that is St Ann’s Hospice which provides inpatient care and treatment at two hospice sites in Heald Green and Little Hulton. People are able to self refer for a variety of treatments including complementary therapy, counselling and physiotherapy. At the time of our inspection there were 90 people on the centre’s case load. Not all of the 90 people would be accessing the service at any one time; for instance people may only have one hour aromatherapy or physiotherapy session a week.

Staff we spoke with knew how to keep people safe and knew when and how they could report concerns. There was an up to date safeguarding adult’s policy and staff had received appropriate training in this area.

There were sufficient staff who had received appropriate training in order to support people who accessed the Neil Cliffe Centre for treatment. Staff recruitment was completed by the provider for the hospice service and did not take place at the centre. Please see inspection reports for Little Hulton and Heald Green further details.

People were involved in deciding what treatment they accessed from the service and how this was recorded. For example, one person did not want a care plan for the treatment they received, however they were happy for the service to keep a record of any treatment they had. Staff were knowledgeable about the Mental Capacity Act and obtaining people’s consent.

Staff treated people with dignity and respect and people felt supported to make choices about the support they received. People’s needs were reviewed regularly and plans changed to meet their needs.

Staff received supervisions, but these were held at one of the other hospice sites. There were weekly team meetings held to discuss any new referrals. Staff told us they felt supported.

We saw the service had appropriate policies and procedures in place which were up to date. Audits were completed regularly and we saw action had been taken when necessary.

The Neil Cliffe Centre did not support people with meals or medicines so we are not able to report on these areas.