



*every day makes a difference*

# Quality Account 2017/18

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



[www.sah.org.uk](http://www.sah.org.uk)

Registered charity number 258085

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## Chief Executive's statement



On behalf of everyone at St Ann's Hospice, I am pleased to introduce you to our Quality Account for 2017/18 and to confirm that our board of directors agrees that it is an accurate reflection of our performance.

I'm proud to say that St Ann's has been providing care to the people of Greater Manchester for almost half a century, working right in the heart of the local communities we serve to care for and support hundreds of thousands of people and their loved ones.

The care provided by hospices has changed significantly since we first opened our doors all those years ago. Our focus is no longer purely on caring for patients at the very end of their life. It's also about providing support for them right from the point of diagnosis, through treatment and beyond, and understanding the often complex nature of their illnesses. At St Ann's we're committed to reaching out to those who might benefit from our services, and working to make our specialist palliative and end of life care available to anyone in Greater Manchester, whatever their background and whichever community they are from.

One thing, however, has not changed over all those years, and that is our main purpose of providing world-class, holistic care for our patients, and support for their loved ones. We always treat people as an individual, respecting their own needs and wishes and that will always underpin everything we do.

This year has been an exciting one, with huge amounts of activity taking place right across the organisation in line with our five-year strategic objectives. The world we operate within has changed significantly in recent months and years, with many changes in the political, economic and healthcare landscapes that impact upon the work we do. But, I'm proud to say that St Ann's is always quick to adapt and innovate, leading the way and developing our services to ensure they remain fit for purpose well into the next century too.

This report is just a snapshot of the work that has been going on across St Ann's over the last year, illustrating the ways we have been striving to continue providing the very best health and social care for people in our local communities.

We are always challenging ourselves and measuring the impact of the work we do. This report illustrates some of the ways in which we assess the quality of that work, and highlights our progress against our pioneering strategic ambitions. It also includes honest feedback from people who have accessed care at St Ann's, and those are, in my opinion, the most important pieces of feedback of all. We are always keen to receive suggestions from those who come into contact with the hospice – to take on board both appreciative and constructive feedback, and implement any changes to services which may be required as a result. We're constantly evolving as an organisation as a result of that feedback, and that's exactly as it should be.

As a charity, we can't do any of this without the kind support of people from across Greater Manchester. Whether that's health care professionals we work closely alongside each day, those who commission our services, or members of the public whose generous donations mean we can continue to provide our care. We are hugely grateful to everyone who has been part of St Ann's over the last year, and are looking forward to an exciting year ahead – continuing to work collaboratively to provide world-class care to our patients and their loved ones.

Dr Eamonn O'Neal, DL  
Chief Executive, St Ann's Hospice

# About us

## 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. We also provide specialist palliative care for people who are living with a life-limiting illness but are not yet at the end of their life - around 40% of inpatients at St Ann's are discharged after treatment. Our specialist palliative care team helps manage pain and symptoms and maximises quality of life.

### 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..



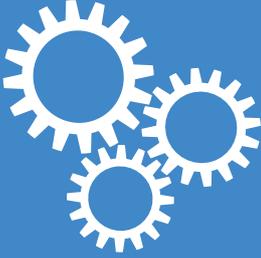
# St Ann's purpose and core values

## 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:

			
<b>Compassionate</b> <i>providing a safe, secure and a caring environment for everyone.</i>	<b>Professional</b> <i>aspiring to be the best in everything that we do.</i>	<b>Respectful</b> <i>treating everyone with dignity and respect.</i>	<b>Inclusive</b> <i>recognising and accepting that everyone is different.</i>

Our core values are embedded in all aspects of our work. To ensure that staff live the values we ask for evidence that demonstrates these behaviours within the Performance Development Review programme. We also use values based interviewing to ensure that we employ people with values that align with ours.



# Part Two

## 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 (page 13) on:
  - o Outcome Assessment and Complexity Collaborative (OACC)
  - o Staff Health and Wellbeing
- once again worked hard to achieve accreditation for the NHS Information Governance Toolkit
- established data sharing with other care providers, providing a joined up approach to care for all professionals with data sharing facilities
- provided a drop-in service at Heald Green and Little Hulton for patients, carers or healthcare professionals to access advice and support
- made services more accessible for people living in Trafford by providing a consultant led out-patient clinic at Trafford General Hospital
- provided specialist palliative care for people with Motor Neurone Disease (MND) via a joint clinic with neurology specialists from Salford Royal Hospital NHS Foundation Trust, at the Heald Green site
- provided transfusions and infusions for patients at Heald Green and Little Hulton
- increased access for dementia patients to our Hospice @ Home service
- introduced an electronic incident reporting system
- launched 'Energise' – an exercise group for day care patients provided by the physiotherapy team
- established a specific post for a safeguarding lead for the organisation

#### Plans for next year:

- next year's CQUINs include implementing OACC in day care, medical outpatients and supportive outpatients
- we plan to set up a nurse led satellite clinic to increase access to our Community Specialist Palliative Care Team



## 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
- held a learning week to showcase to staff the contribution that each department makes to the hospice
- created a 'Wonderwall' – training managers consulted with staff by asking them to write on the 'Wonderwall' what training and development they needed and in what format they find it most useful to receive training
- delivered a staff survey for the fourth year in a row
- delivered Inspire – a leadership and management programme – to new managers from across the organisation and all managers attended additional masterclasses on Managing Complaints, Values Based Interviewing, Health and Safety, and Incident Reporting
- delivered Aspire – a leadership programme for people looking to develop their management skills - to 11 staff wanting to progress and become managers next year
- embedded the use of an interactive Human Resources (HR) database
- provided 96% of staff with a Performance Development Review
- set up a staff engagement group 'Involve' to consult staff on issues such as pay
- provided 'Together' workshops for all staff to explore the organisation's values and how they help us work together
- ran a Clinical Leadership in Action programme for our 13 senior nurses
- introduced a new Staff Hub intranet site to encourage and enable greater communication across teams, departments and sites
- introduced Schwartz rounds - a forum for staff to talk about the emotional challenges of working at the hospice

### 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
- next year's CQUINs include targets for improving staff health and wellbeing
- we will be working towards Investors in People silver accreditation

## 3. Strengthening our foundations as a charitable organisation

- St Ann's fundraising and communications teams continue to reach out to our local communities across Greater Manchester, widening our reach and potential income streams to help grow our income. This is extremely important in order to maximise both engagement and return from supporters across Greater Manchester and beyond
- with only around a third of our funding coming from the NHS, it is more important than ever that we continue to provide and develop an attractive portfolio of events and other activities. Over the past year, events such as our Manchester Midnight Walk and Paws community dog walk have attracted large groups of supporters, all raising important funds for St Ann's
- our third party events and sporting challenges have proven popular, with local people literally going the extra mile to raise money for our patients
- a new Head of Fundraising has been appointed and started at the hospice in April 2018. This role will help to further develop the fundraising streams within the organisation, maximising opportunities and increasing income for St Ann's through a range of diverse and innovative tactics. They will also help to ensure the hospice is perfectly placed as a charity of choice in the years leading up to our 50th birthday

## Over the last year St Ann's has:

- worked in partnership with The Christie NHS Foundation Trust (The Christie) to provide social workers for their complex discharge team
- also worked collaboratively with The Christie by providing occupational therapists to deliver fatigue management sessions for their secondary breast cancer wellbeing days
- taken part in the Nurse Exchange Programme with Manchester University NHS Foundation Trust (MFT). St Ann's nurses had a five day placement on haematology, gastroenterology, respiratory, cardiac and renal wards and nurses from MFT were offered a placement at St Ann's
- held Christmas memorial services for approximately 3000 people in different localities across Manchester – including Manchester Cathedral
- 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
- increased the number of 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
- provided palliative care awareness training, including how to get support, for staff working with homeless people
- the rehabilitation team created and ran non-pharmacological management of breathlessness study days to support colleagues in the community

St Ann's communications and marketing team has continued development of the new hospice website this year, and has grown traffic and engagement coming out of it. A new Staff Hub has also been launched to act as an area for resources and news that all staff can access. This has helped to ensure all members of St Ann's, including those based off-site, and in the Trading Company can receive the same information and engage with colleagues. The team has continued to increase press coverage received regarding St Ann's activity, and has broadened out the list of media contacts to help reach a more diverse audience. A review of Friends magazine, our supporter newsletter, has also helped to engage and inform our supporters and service users in a different way about St Ann's. Our social media following across Facebook, Twitter, Instagram, Linked In and YouTube has grown to almost 22,000, with engagement across the platforms higher than ever before. The team has continued to try new and innovative ways of encouraging that engagement, and keep the conversation about St Ann's high up the local agenda. Our hashtag #StAnnsCare encourages sharing of comments or feedback about the care provided, and it is encouraging to see discussion continuing on those platforms. A Facebook marketplace shop has also been added this year to help drive more income from our digital platforms. Work to promote the St Ann's eBay and Amazon shops has also stepped up this year, with press coverage in particular helping to drive traffic and sales, whilst encouraging donations from across Greater Manchester and beyond.

## Plans for next year:

- St Ann's is planning to build on the work we have done providing training to staff working with homeless people. We are currently looking for external funding to create a palliative care coordinator role to enable the homeless population to access health and care services, to educate healthcare and hostel staff, and to improve access to bereavement support
- we will continue to broaden and diversify our media activity to help engage with new stakeholders from across Greater Manchester. Our social media activity will continue to grow and a new digital dashboard is being developed to help further improve the online journey of both supporters and potential/current patients
- work will also continue in the coming year to broaden the reach of key messages with harder to reach groups, including expanding media lists, and building relationships with key bloggers and influencers from across Greater Manchester. The communications and marketing team will work alongside St Ann's colleagues to ensure the message about hospice outreach and other initiatives reaches as wide an audience as possible.

## 5. Looking forward

Over the last year, St Ann's has worked hard to collaborate with other organisations including the Greater Manchester Health and Social Care Partnership (GMHSCP) and the Greater Manchester and Eastern Cheshire Strategic Clinical Network (GMECSCN). We have been involved in the locality plans regarding the self-assessments benchmarking against 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.

The Greater Manchester Hospice Alliance (GMH) is progressing under the influence of effective and collaborative leadership from St Ann's, and others. It is going from strength to strength and continues to build relationships across Greater Manchester. Over the coming year we will continue to develop our relationship with GMHSCP and the GMH to ensure palliative, supportive and end of life care services are at the forefront of the GM plan. The GMH has recruited a project manager to help it realise its ambitions - the inclusion, assimilation and commissioning of specialist palliative and supportive care provided by hospices - and prepare for future commissioning challenges.

In August 2017 we launched our five year strategy which outlines our new strategic aims that will take us forward to 2022. These strategic aims encompass the existing business objectives but re-align them to the changing health and social care landscape, the five strategic aims are:

- To provide world-class, innovative care
- To be an organisation of choice
- To continue to develop a values-based culture within which there are high-performing individuals and teams
- To develop appropriate environments and outreach services to facilitate world-class specialist palliative and end of life care
- To continue to be financially viable



During last year, the clinical strategy has come alive with our senior nursing staff embarking on a leadership programme with a focus on change management - Clinical Leadership in Action (CLiA) - to help realise the strategy. The clinical strategy has a robust action plan, which is reviewed on a quarterly basis and progress is reported to the Executive Leadership Team and the Board. As projects emerge from the clinical strategy action plan, resulting work streams become business as usual. The clinical strategy underpins the 5 Year Hospice Strategy that was launched during 2017. This has ambitious strategic business objectives and aspires to provide world class care for patients, families and carers. We need to ensure we remain financially viable as a charity and lead provider of palliative, supportive and end of life care. Therefore, we will look for new opportunities with our partners whilst ensuring we are efficient and effective in how we deliver our services and ensuring our estate, facilities and equipment are fit for purpose and the future.

## 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 seventh 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.



# Part Three

## 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 Wythenshawe Hospital). During 2017/18, 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 @ Home (Salford and Trafford only)
- Community Palliative Care Nurse Specialist Service (Salford only)
- 24 Hour Advice Line

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 35% of the total income required to provide the services which were delivered by St Ann's in the reporting period of 2017/18.

## 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 2017/18 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 2017 to March 2018 - reflect both the national CQUIN agenda and that of Greater Manchester and were to report on:

- **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 Integrated Palliative Care Outcome Scale (IPOS) and Views on Care from the suite in 2017/18 (page 19).

- **Staff health and wellbeing**

This CQUIN centred on improving staff's health and wellbeing as evidenced by St Ann's internal staff survey. It included improving the uptake of flu vaccinations for frontline clinical staff, improving compliance with mandatory training and improving completion of staff appraisals.

## Agreed CQUINS for 2018/19

- **OACC**

We are extending this CQUIN for another year with the aim of introducing OACC into day care, medical outpatients and supportive outpatients.

- **Staff health and wellbeing**

This is a two year CQUIN. This year it will include our ambition to achieve silver accreditation with Investors in People as well as improving on the measures from last year in relation to flu vaccines, mandatory training and staff appraisals.

## NHS number and General Medical code validity

St Ann's was not required to and did not submit records during 2017/18 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 2017-18 St Ann's has embraced the information governance requirements of NHS Digital. We have once again achieved accreditation to the exacting standards of NHS Data Protection. 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.

We have a robust procedure in place to ensure that all staff are fully trained to the required standards before being allowed to access patient data. This is an ongoing qualification that requires renewal every year. St Ann's staff engage in this training and ensure that the knowledge learned is put into practice on a daily basis.

St Ann's connection to the NHS National Network (N3) allows our clinicians to instantly access patient data from those GP's who have activated data sharing and for those patients who give permission for such access. This ensures that any decisions made about patient care are fully informed with up to the minute information.

St Ann's is now working towards fine tuning its policies and processes in order to align with the even more stringent Data Protection demands which will be placed on all organisations when the EU's General Data Protection Regulation comes into force on 25th May 2018.

## Clinical Coding Error Rate

St Ann's was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission.



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.

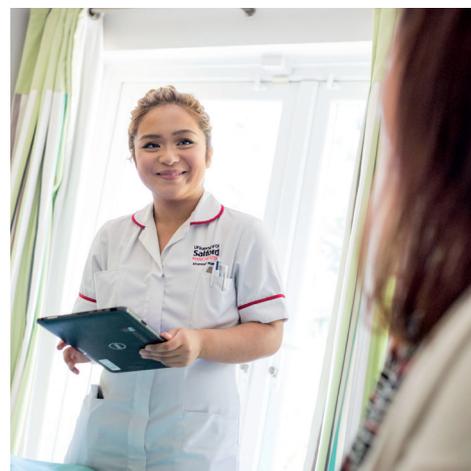
## Patient Led Assessments of the Care Environment (PLACE)

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 2017.

### PLACE assessment findings

	National Average %		St Ann's Heald Green %		St Ann's Little Hulton %	
	2016	2017	2016	2017	2016	2017
<b>Cleanliness</b>	98.1	98.4	96.2	97.8	100	100
<b>Condition, Appearance and Maintenance</b>	93.4	94.0	88.2	86.2	92.9	97.2
<b>Privacy, Dignity and Wellbeing</b>	84.2	83.7	87.8	95.2	92.7	95.4
<b>Food and Hydration</b>	88.2	89.7	96.7	98.6	96.7	98.5
<b>Dementia Friendly</b>	75.3	76.7	76.7	82.1	82.9	83.4
<b>Disability Friendly</b>	78.8	82.6	74.3	88.6	76.8	90.9

We have an action plan in place to improve the environment at both sites. We have an estates strategy that ensures that any work we do improves the environment and makes us more disability and dementia friendly.



## Lessons learnt

This year we introduced 'Lessons Learnt' meetings to:

- review deaths that occurred on the hospice IPUs - where the patient was in the dying phase - and to benchmark the care we provided against national standards
- review cases (not necessarily a death) where we consider we could have done things better

The purpose of the lessons learnt meeting is to:

- identify areas for learning
- ensure cross-site learning and to provide positive feedback where we have done things well

Through the lessons learnt meetings we have improved:

- how family members and also healthcare assistants can provide information about the patient to the medical team
- how our electronic record prompts us to record discussions with patients and family members
- the language we use when speaking to patients and families, being mindful not to speak in clinical jargon
- how we record and communicate patients' wishes for after their death
- communication and planning with the whole multi-disciplinary team via case conferences when an admission presents additional complexities
- how to prepare staff for, and respond to, unexpected haemorrhage



## Clinical effectiveness

The following pages give an overview of the quality of the clinical services provided by St Ann's and demonstrate how we strive to improve the quality of the 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 Risk Owner (SIRO)), and the Medical Director (who is also the Caldicott Guardian).

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

social workers, physiotherapists, occupational therapists, psychological support, a dietitian, lymphoedema practitioners, complementary therapists, a chaplain, pharmacists, creative therapists and 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 700 volunteers who contribute over 80,000 hours in total. They are a diverse workforce who bring a wealth of skills and experience. Our volunteers help in many ways including in our ward areas, charity shops, reception desks, bereavement support service, complementary therapy, 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).

24 hour advice line calls	April 2013-March 2014	April 2014-March 2015	April 2015-March 2016	April 2016-March 2017	April 2017-March 2018
<b>Total number of calls received</b>	717	690	642	583	574
<b>Source of calls</b>					
Health care professionals	372	391	352	258	249
Patients and Carers	290	252	237	277	275
Other (including unknown)	55	47	53	48	50
<b>Reason for call (more than 1 can be recorded)</b>					
Pain Control	227	237	202	162	170
Symptom control (excluding pain)	273	264	233	247	193
Service and referral information	108	109	87	97	87
Non clinical	20	19	18	19	15
Other *	168	150	154	129	124

\* 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. 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.





All 13 of St Ann’s senior nurses were part of the Clinical Leadership in Action Course (CLiA) – a leadership programme with a focus on change management – and they attended 24 study days over a 12 month period. The aim of CLiA was to develop self-awareness, resilience and leadership skills to ensure that we deliver high quality, person-centred care and to support learning and innovation.

Throughout the course, our senior nurses accessed coaching as a means of support and took part in exercises such as MBTI, building resilience and 360 feedback to enhance their leadership skills that will ultimately improve outcomes and the experience of our patients and families. They also had the opportunity to lead a clinically relevant project.

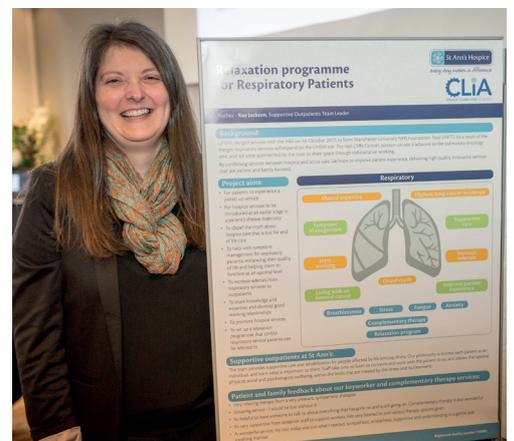
**Achievements:**

As a result of the CLiA projects we have:

- increased access to our Hospice at Home service for dementia patients
- increased access to our in-patient units for patients with liver disease
- improved access to advice about bereavement
- improved awareness of our in-patient services
- started a companion service for day care patients

**Other projects are still on going and include:**

- review of discharge processes
- improving transport for day care patients
- improving the staff rota system
- setting up nurse led satellite clinics
- rationalising our care plans
- building relationships with a local trust to provide infection prevention and control support
- reviewing nurses pay structure
- working collaboratively to extend the reach of our complementary therapy service.





## 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 assesses a patient's own rating of their quality of life and their view of the impact of the service on their main problem and overall wellbeing.

## What have we done so far?

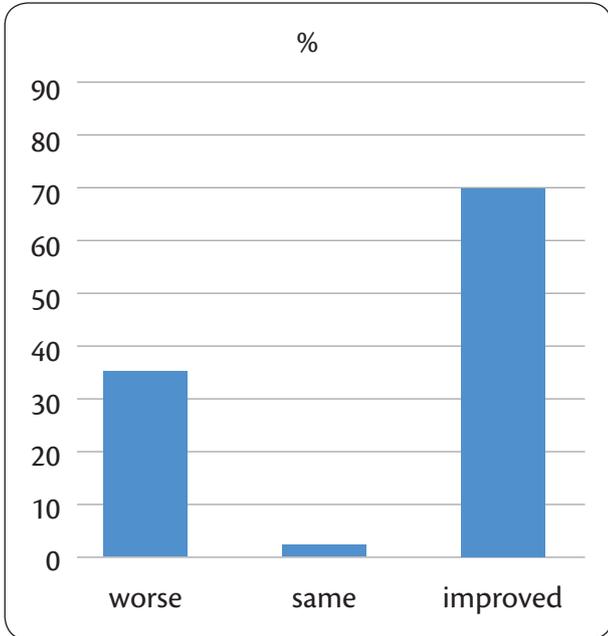
St Ann's introduced Phase of Illness and AKPS in 2016/17 and IPOS and Views on Care in 2017/18. In 2018/19 we will be introducing Phase of Illness, AKPS and IPOS to our day care, outpatient and supportive outpatient services.

Staff have embraced OACC and it 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 help the social workers identify who is working towards discharge. IPOS is also starting to embed and patients' IPOS scores are discussed at the weekly MDT and are therefore feeding directly into clinical care.

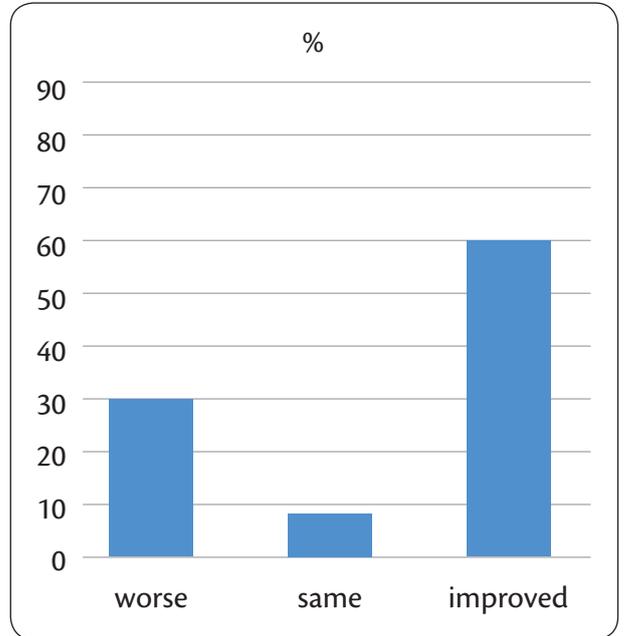
We found it difficult to collect robust data for Views on Care because staff felt there were sensitivity issues about asking patients about the impact that the care we provide was having whilst they were still on the inpatient unit. In addition, if a patient was too unwell to complete a form there is no staff version available to collect the data. After discussion with the OACC team, we discovered that other organisations around the country were having similar difficulties. Because of the issues people were having with Views on Care the OACC team removed it from the core set of measures. We therefore decided not to continue with Views on Care in 2018/19.



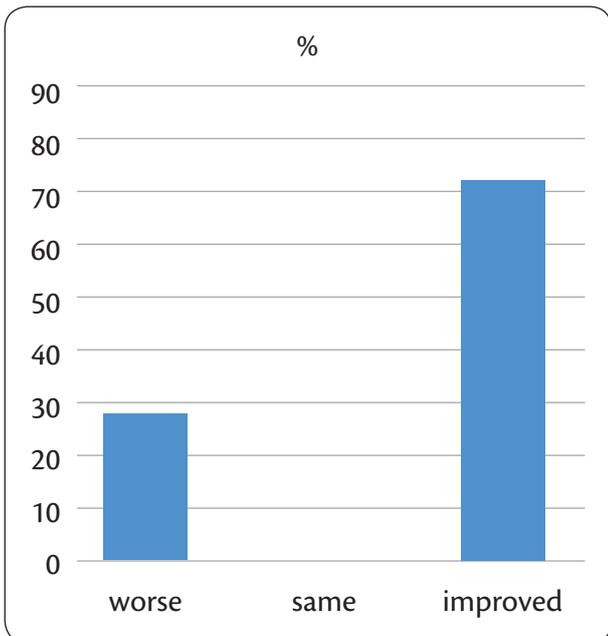
Little Hulton deceased patients Oct 17-Mar 18 who had more than one IPOS score - % patients whose total IPOS score was worse/stayed the same/improved.



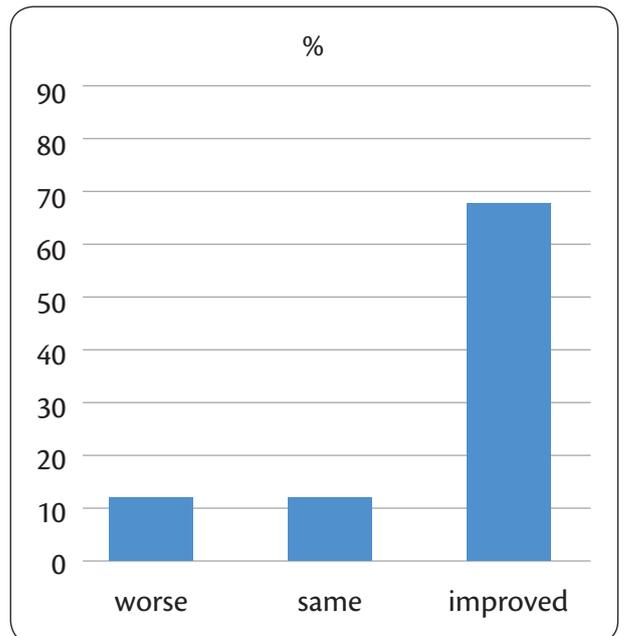
Heald Green deceased patients Oct 17-Mar 18 who had more than one IPOS score - % patients whose total IPOS score was worse/stayed same/improved.



Little Hulton discharges Oct 17 -Mar 18 patients who had more than one IPOS score - % whose total IPOS score was worse/stayed same/improved.



Heald Green discharges Oct 17 -Mar 18 patients who had more than one IPOS score - % whose total IPOS score was worse/stayed same/improved.



## The use of PRN (pro re nata - as required) medication for in-patients

PRN medication is an essential aspect of symptom management for palliative care patients. It not only provides relief from symptoms but also guides prescribers in adjusting regular medication. However, our staff at the Heald Green site reported an increase in the number of PRNs given on the inpatient unit. This raised a question about the efficacy of the regular medication prescribed to patients and also about the use of valuable staff time.

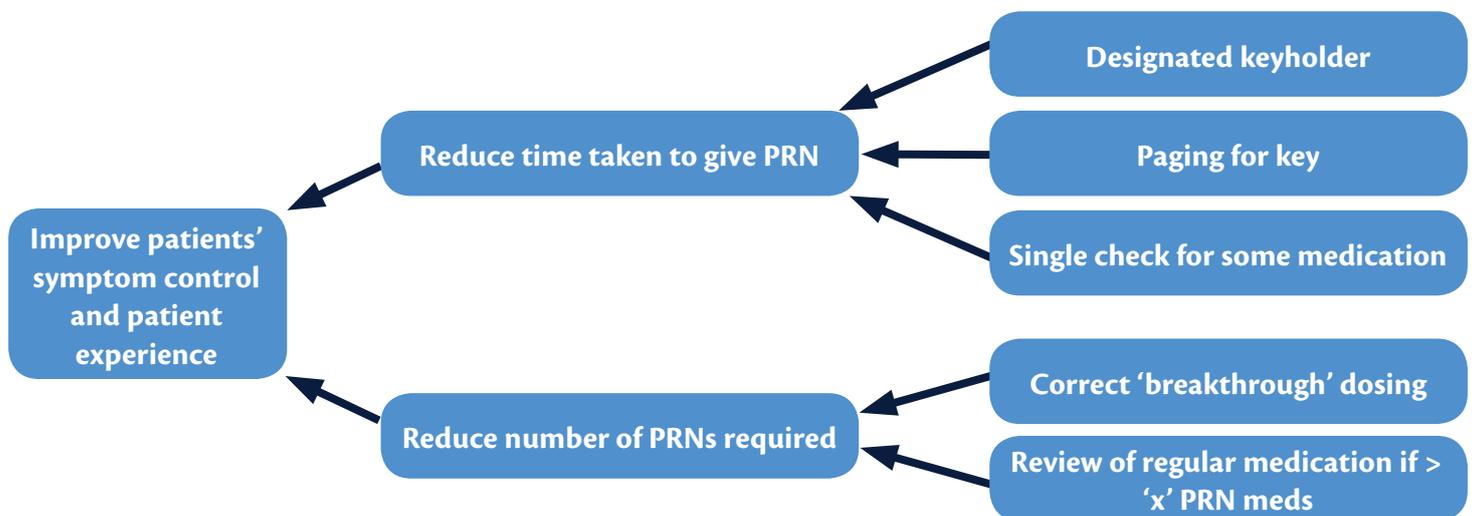
The associate specialist doctor, working on the in-patient unit at the Heald Green site, undertook a study of the use of PRN medications with the aim of understanding if we could improve how medication is prescribed and if we could save staff time. Over a 28 day period the study set out to:

- survey staff on their views around PRN medication
- compare data collected in 2015 to this study to establish any changes in PRN medication given
- look at what medications are given as PRNs and by what route
- see if there were any identifiable factors which correlated to the number of PRNs given
- collect data on the length of time taken to give a PRN medication on the in-patient unit

Summary of results:

- The use of PRN medication appears to have increased from 2015 to 2017
- The most frequent PRN medications given were oral opiates
- It took, on average, 8.6 minutes to give a PRN medication – taking up to 20 hours of nursing time per day
- There did not appear to be any correlation with the patient or staffing levels and there was no evidence of a weekend effect
- There was an increase in the use of PRN medication in the last two days of life

Suggestions, gathered via the survey, to improve symptom control and therefore decrease the need for PRN medication and also to improve processes to reduce the time to administer PRNs are illustrated in the driver diagram below:



In 2017/18 we benchmarked our practice in relation to PRN medication and we took immediate action and introduced a designated keyholder for controlled drugs – this resulted in a decrease in the amount of time taken, on average, to administer controlled drugs to 4.7 minutes. This has improved the patient experience as they are not waiting as long for their medication. The organisation has also benefited from more efficient use of staff time.

In 2018/19 we will complete a quality improvement project to address other aspects of the driver diagram to improve patients' symptom control and patient experience.



## Patient Safety

### Clinical Governance Committee

The structure of internal meetings has been revised this year. The Clinical Governance Committee was discontinued and a new Clinical Quality and Performance Committee now oversees clinical governance. This new committee will provide assurance to the Chair and Board of Trustees that the strategic governance framework manages performance, quality and risk in the clinical areas of the organisation.

### Incident reporting

In January 2018 an electronic incident reporting system was introduced by our Lead for Quality and Audit which replaced the paper system previously used and it is hoped to encourage reporting throughout the organisation. The electronic system continues to focus on actions agreed in line with the St Ann's learning culture.

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

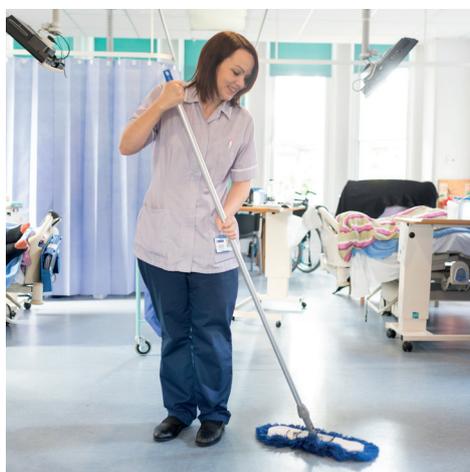
Information Governance (IG) incidents are routinely discussed at the regular IG meeting

The following summarises the type and number of incident/near misses reported during this period:

	2014/2015	2015/16	2016/17	2017/18
<b>Total incidents &amp; near misses reported organisationally</b>	448	459	387	468
<b>Total clinical incidents</b>	342	335	285	362

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

- healthcare assistant observation training now includes the importance of recording patients' weight to improve awareness of the need to weigh patients on admission
- patients daily menu request sheet was reviewed to improve communication of allergies / intolerances
- A training area with laptops has improved access for staff training



## 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 2017- March 2018

MRSA	0
MSSA	0
E Coli	4
GRE	0
CDI	3
CPE	2 (prior to admission)

We are working collaboratively with a neighbouring acute trust to ensure efficient compliance of safe and effective infection, prevention and control (IPC) across all clinical and non-clinical areas. Going forward into 2018/9 the acute trust will provide arms-length senior support and oversight to our practice, policies and reporting structures within St Ann's.

IPC is the responsibility of all staff and is part of their everyday practice. Towards the end of the year we had a confirmed Norovirus outbreak at the Heald Green site. The policies and procedures in place enabled the outbreak to be contained to a small number of patients and staff.

Monthly hand hygiene audits are undertaken

86% of our patient facing staff had a flu vaccine this year.

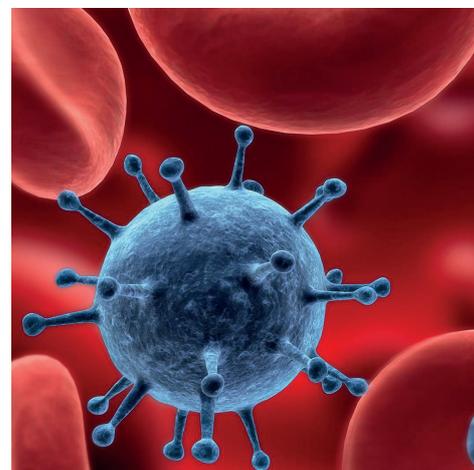


## Wound care

	March 2014- April 2015		March 2015- April 2016		March 2016- April 2017		March 2017- April 2018	
	Present on admission	Hospice Acquired						
<b>No of Pressure Ulcers</b>	<b>156</b>	<b>82</b>	<b>100</b>	<b>38</b>	<b>88</b>	<b>26</b>	<b>55</b>	<b>38</b>
<b>Hospice acquired pressure ulcers Grade 2+</b>	<b>48</b>		<b>22</b>		<b>19</b>		<b>30</b>	

All patients on admission to St Ann's receive a tissue viability risk assessment, followed by relevant preventative measures (for example, nursed on a pressure care mattress or referral to a dietician). However, many patients who are admitted to St Ann's inpatient wards can experience deterioration in their 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 four years. Any learning from the investigations is fed back to the ward.



## Patient experience

### Comments scheme

This scheme enables visitors, patients, volunteers and staff to make suggestions for improvement or comments 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. Monthly summaries are available to everyone in the organisation.

A total of 64 comments or suggestions were posted in 2017/2018.

#### Actions included:

- additional support handles are now in place to further improve bathroom safety
- external signage now includes directional signs to the garden area
- patient TV aerials have been upgraded
- longer leads have been ordered for TV headphones to maximise their use and minimise noise disturbance to other patients
- sofa beds that were reported to be uncomfortable have been replaced
- the car park security light has been readjusted to stop it dazzling into a patient's room.

### Patient/carer group

The Patient/carer group meets every two months and has a current membership of six patients and six 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 2017/18 patient/carer group views were sought for the following:

- carers research led by Salford University
- our new website
- potential communication issues for hospice patients, visitors and staff
- draft poster for public display
- patient information regarding smoking and the use of oxygen
- the use of external walkways at the Heald Green site
- patient/carer group blog for the website
- potential name for the reviewed Bereavement and Counselling Service



## Friends and Family Survey

The friends and family survey was introduced onto the ward (IPU) in 2013. It was extended to include day therapy services (DTU) in 2014, and community services in January 2016. These are the results received in 2017/18

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

	IPU	DTU	Community
<b>Extremely likely</b>	214	457	54
<b>Likely</b>	13	26	8
<b>Neither likely nor unlikely</b>	0	0	0
<b>Extremely unlikely</b>	0	0	0
<b>Don't know</b>	0	2	0
<b>Total completed surveys</b>	227	485	62

## Real Time Survey

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

### Number of interviews conducted in 2017/18:

Inpatients	30
Day Care	18
Visitor	20
<b>Total</b>	<b>68</b>

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. Actions that have been taken as a result of patient interviews are monitored through our monthly leadership walkrounds – for example ensuring that all the bins in patient areas were replaced with bins with soft closing mechanisms.

## I Want Great Care

I Want Great Care started on 1 June 2017 and is led by the Manchester Cancer Vanguard. It is a survey designed to gain patients' opinions about their experience and combines the friends and family test with patient experience questions. We are participating in a pilot of this survey for one year.

Reviews for St Ann's are available at [www.iwantgreatcare.org](http://www.iwantgreatcare.org)

Service	Number of returned surveys	Overall quality score out of 5
<b>Community Specialist Palliative Care Team</b>	38	4.49
<b>Day Care</b>	41	4.30
<b>General and Medical Outpatients</b>	24	4.31

## Complaints and Duty of Candour

	2013-14	2014-15	2015-16	2016-17	2017-18
Formal complaints	3	7	5	7	7
Informal complaints	7	8	8	6	6

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 openly display our 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 ensure that we fulfil our duty of candour we have ensured that the requirements to be open when things go wrong are explicit within our complaints and whistleblowing policies. All staff have refresher training about the duty of candour every year through the mandatory training.

## Staff health absence and turnover

	2013-14	2014-15	2015-16	2016-17	2017-18
Sickness and absence	4.7%	5.1%	6.7%	5.3%	4.4%
Staff turnover (no. of starters and leavers)	10.2%	17.0%	15.6%	16.9%	20.2%

St Ann's sickness and absence rates in 2017/18 have decreased compared to the previous year. St Ann's continually strives to minimise its sickness and absence levels by providing a healthy and productive environment, including clear organisational values and goals, within which its workforce can be supported and cared for. In addition, St Ann's conducted a staff engagement survey this year that actively sought ways to improve the working environment.



# Inspire

## Leadership and Management Development Programme

### 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 each year since to include new managers. 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 - Managing Complaints, Values Based Interviewing, Health and Safety, and Incident Reporting - to enable managers to build a practical toolkit.

In 2016/17 we also introduced the Aspire programme for staff who are looking to progress into management positions which follows a similar format to Inspire. This has been equally successful and we re-ran Aspire in 2017/18.

All of our staff and volunteers complete mandatory training to ensure the highest standards for our patients. Subjects covered in 2017/18 included infection control, information governance and equality, diversity and inclusion.

## Clinical education

### Internal

In 2017/18 the Practice Development Centre (PDC) provided bespoke specialist training for both St Ann's staff and for community teams in the locality. Internal staff were offered a rolling program of clinical updates including sessions on enhanced communication skills, marginalised communities including the homeless and transgender, hydration and nutrition, tissue viability and tissue and organ donation.

Bespoke training sessions supported the clinical mandatory program, which was attended by 90% of staff, and included scenario based manual handling, resuscitation and emergency procedures. Bespoke training to run alongside the mandatory training programme will specifically address subjects that staff have asked for including de-escalation techniques, grief and bereavement, advanced communication skills and conditions other than cancer. Medicine management updates this year included nausea and vomiting, the use of Ketamine, Methadone and Niloxone and was attended by 93% of trained staff.

All staff have the opportunity to attend a half day dementia training session which covers types of dementia, patient centered care, memory, communication and practical solutions which can be embedded in day to day practice.

With regards to accredited training we continue to offer the level two Palliative Care Certificate to all our staff at bands 2-4, and in partnership with Hospice UK we have successfully supported those staff wishing to complete level six and seven end of life modules.

In order to gain more acute clinical skills, three nursing staff have invested time in an exchange program in collaboration with five wards from MRI (cardiology, hematology, gastroenterology, respiratory and renal).

As a hospice, we have 32 mentors who support over 100 students including nurses, medics, physiotherapists and counsellors. Educational audits during this year awarded the hospice 'Outstanding' for the support we offer the nursing students.

### External

From an external perspective we have delivered a wide range of bespoke training sessions to care homes in our local areas, which included the Level two Certificate in Palliative Care, Syringe Driver Training and Advanced Care Planning.

We are one of four hubs awarded funding to deliver, over two years, a train the trainer package relating to advanced care planning and communication skills across the Greater Manchester and Eastern Cheshire footprint.

In order to reach further into our local community we successfully secured funding from the Albert Hunt Trust to deliver eight Palliative Care training sessions to organisations supporting the homeless. These sessions have provided staff with information about symptoms of liver disease at the end of life, conversations around dying and grief and bereavement support.

We have recently started to deliver palliative care training to organisations who support individuals with learning disabilities. The training will help staff develop skills around advanced care planning, difficult conversations and grief and bereavement support, this work will continue next year.

Looking forward to 2018/19, St Ann's will launch its own Moodle - an on line learning platform for all education and learning material. It will be available to all staff as well as external staff who purchase courses from us.

St Ann's has successfully secured funding to work in collaboration with Springhill Hospice to deliver a series of lectures across Greater Manchester addressing inequalities at end of life.

## Medical Education and Training

The consultant team continue to be heavily involved in undergraduate and postgraduate medical education. Posts held by the consultant team include the Palliative Medicine Training Programme Director for the North West, Salford Foundation Training Programme lead. All our consultants are members of the North West Specialty Training Subcommittee and lead on Careers, Education, Less than Fulltime Training, Research, Audit and Simulation. Teaching has been delivered to Foundation, Core Medical and Higher Specialty Trainees and we contribute to communication skills training of the final year medical undergraduates.

We also led on a successful Palliative Care conference in association with Stockport Foundation Trust.

## 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. Along with internal 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) programme.

The following is the clinical audit activity from 2017/18:

### National blood transfusion audit

The Blood Transfusion service coordinated this audit and fed back the results to us in March 2018. We are currently considering the recommendations.

### NWAG depression audit

This audit measures standards relating to patients who are newly prescribed anti depressants. We have submitted data and are waiting for the results to be fed back.

### Monthly prescribing audit

This audit is a snapshot audit that highlights current prescribing issues via the ward meetings.

### Administration of medicines audit

An extensive audit took place in 2017 and a smaller re-audit is planned for April 2018 that will focus on our weaknesses and give timely feedback on planned improvements.

### Monthly weighing audit

A project last year highlighted that standard practice at St Ann's did not encourage routine weighing of patients on admission. However, many patients are prescribed medication where the dose is dependent on weight. Therefore, not weighing patients potentially limits our ability to meet best practice standards for medicine management and also nutritional assessments. We investigated both staff's and patients' opinions about routine weighing and we highlighted a misconception that patients do not like being weighed.

To encourage routine weighing of patients we introduced a monthly weighing audit, which is conducted by Health Care Assistants and Assistant Practitioners. This has successfully increased compliance to the standard of weighing patients from 60% in October/ November 2017 to 89% in March 2018. It has also highlighted a need to weigh patients who have an extended admission on a monthly basis.

## Quality Improvement Group

From April 2018, the Clinical Audit Group will broaden its remit to include other service development projects and provide a forum for coordinating and communicating both clinical audit and clinical service development projects across the organisation.

## Conferences

The weighing patients in palliative care audit was presented as a poster at the following conferences:

- Hospice UK – 22-24 November 2017
- Marie Curie at the Royal Society of Medicine – 6th October 2017

## Research and publications



### THE PiPS PROGNOSTICATOR



### 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 have done so far

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. Since March 2017, 120 St Ann's patients have consented 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. Recruitment of patients to the study is due to finish at the end of April 2018 across all participating sites, after which the data gathered will be analysed.

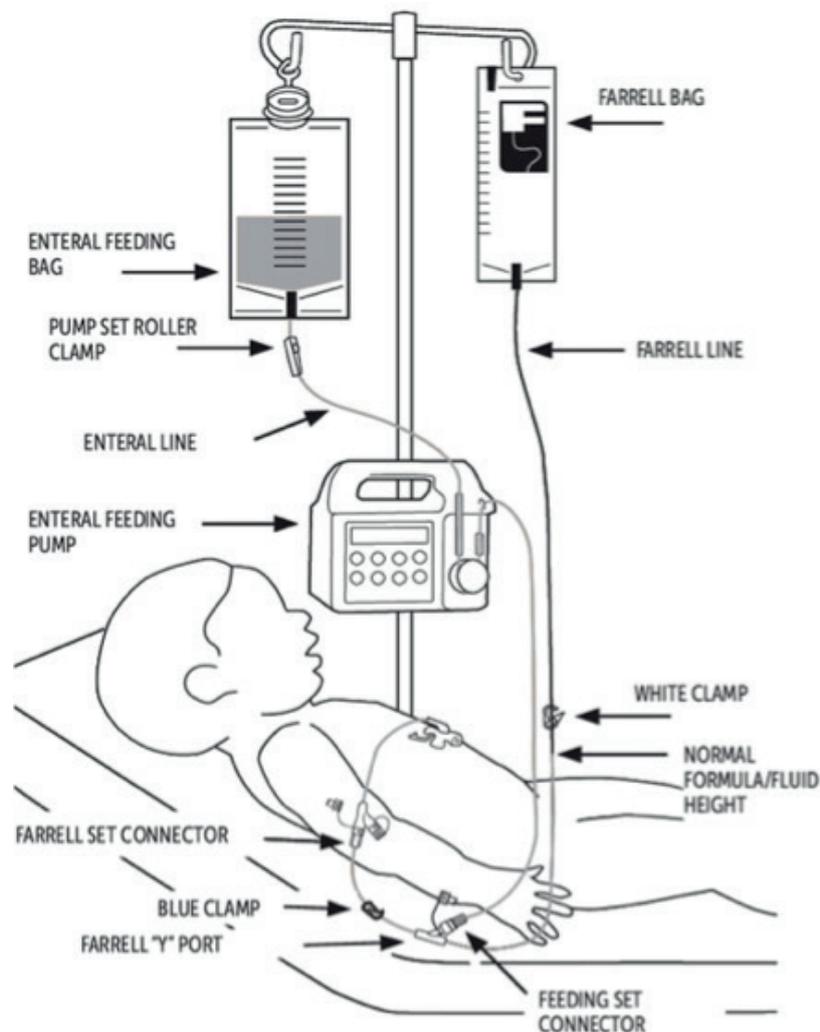


## Case report on the use of the Farrell valve

Dysphagia (difficulty swallowing) and weight loss are experienced by up to 80% of patients with motor neurone disease (MND).

Enteral tube feeding (via a tube directly into the stomach, duodenum or jejunum) can benefit these patients but side effects including fullness, bloating, diarrhoea and constipation are frequent and can lead to non-compliance. Changes in feed formulation, regimens and the use of medication can help but the side effects can be difficult to manage.

At St Ann's we worked collaboratively with Salford Royal Foundation NHS Trust to report on a single case where we used the Farrell valve – an innovative and simple device that works by displacing air from the enteral feed bag up into the Farrell bag and therefore preventing it entering the gastric system.



The British Medical Journal Supportive Palliative Care published St Ann's case report on the use of the Farrell valve. The outcome for a hospice inpatient with MND was that the Farrell valve decreased their symptom of bloating and this recurred when the Farrell valve was not used. The report suggested that this simple, non-pharmacological approach to bloating may provide opportunities for symptom relief in the palliative care setting but that further research is warranted.

# Feedback

## St Ann's engages its staff in consultation in several ways

- the Heads of Department meeting brings together managers from across all clinical and support services for shared learning across the organisation
- the Involve group meets quarterly, 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 fourth time in 2017/18.

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

Statement	Staff agreeing
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	87%
I enjoy the work I do	86%
I enjoy working with the people in this charity	82%
I believe in the aims of this charity	81%
I understand what this charity wants to achieve as an organisation	80%

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

Statement	Staff disagreeing
I feel that pay is handled fairly	62%
My pay is competitive in comparison to people doing similar work in the charity sector	55%
Morale at this charity is high	49%
Poor performance is dealt with effectively at this charity	47%
Communication between different teams / departments is effective	46%

### Other relevant statements:

Statement	Staff agreeing
I feel like I am making a difference	79%
I am proud to work for this charity	79%

## What others say

### Peer review

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

The following feedback has been received:

**"St Ann's Hospice provides high quality care and support for terminally ill patients, along with their friends and relatives. They work closely with local commissioners to ensure that they meet the needs of the local population effectively, offering a large range of services across in-patients, out-patients and day care. The commissioners are always impressed by the overwhelmingly positive feedback from those that have used the service and appreciate how fortunate local residents are to have such an excellent resource in their community."**

Stockport Clinical Commissioning Group

**"I'm pleased that whilst St Ann's successes are documented (rightly so), there is that strategic view being developed, which I hope will be to all our benefit."**

Councillor Tom McGee, Health & Wellbeing Board

**"We welcome the Quality Account from St Ann's Hospice and are encouraged by the high level quality care that is provided to the patients and their loved ones and the support that they offer. We are pleased to see they are adapting and developing in times of reduced resources. We enjoy a good relationship with the hospice and are proud to have such a compassionate and impressive organisation within reach of our local community."**

Healthwatch Stockport

## What people say about us on Twitter

### #StAnnsCare

St Ann's has a very active social media presence, and we encourage users to share their experiences of the hospice via the hashtag #StAnnsCare. On that hashtag, as well as receiving feedback from service users, we also share comments received via the St Ann's comments scheme and other forums anonymously. This encourages conversation and also helps to dispel myths around hospice care.

Comments received on the #StAnnsCare feed have been excellent. Here are some examples from recent months:

"We have been treated with nothing but kindness, dignity and compassion. The care has been world class."

"Fantastic therapist. She spoke to me and made me feel so less tense."

"The staff are brilliant, nothing is too much trouble."

"The best place ever. Extremely happy with all the care received."

"Very high standard of patient care. Wards are maintained to a high level and it's very comfortable."

"Kind, caring and answered any questions I had with care and understanding."

"Very professional. Kind, caring and supportive."

"Treated with utmost respect. So lucky to have this wonderful facility."

## 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 is Eamonn O'Neal.

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> 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

Safe	Good	●
Effective	Good	●
Caring	Good	●
Responsive	Good	●
Well-led	Good	●



## 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

Safe	Good	●
Effective	Good	●
Caring	Outstanding	☆
Responsive	Outstanding	☆
Well-led	Outstanding	☆

### 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.

## Neil Cliffe Centre

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

### CQC inspection area ratings

(Latest report published on 21 December 2016) visit date 21 September 2016

Safe	Good	●
Effective	Good	●
Caring	Good	●
Responsive	Good	●
Well-led	Good	●

### 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.