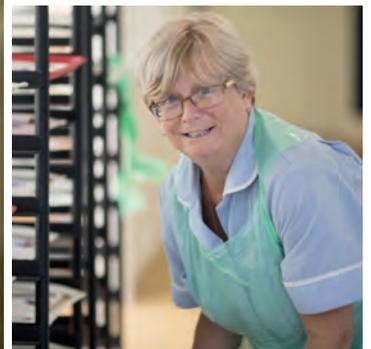


Quality Account 2018/19

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



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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 2018/19 and to confirm that our board of directors agrees that it is an accurate reflection of our performance.

It's been an exciting year at St Ann's, and I'm tremendously proud of the staff and volunteers from right across the hospice who have enabled us to achieve so much over the last twelve months. We're reaching more local people from more local communities than ever before, and we're providing a broader range of services than ever before too.

Hospice care has changed in many ways since St Ann's opened almost half a century ago. Our hospice sites in Heald Green, Little Hulton and The Neil Cliffe Centre at Wythenshawe Hospital, remain vitally important in allowing us to continue providing specialist palliative and end of life care to thousands of local people every year. But, in addition to what goes on inside our hospice sites, our care has broken through those boundaries, and is reaching out into our local communities too. We're providing holistic care which meets the individual needs and wishes of each of our patients and their loved ones, and we're increasingly doing that in a way that makes it even easier for them to access hospice care. Our community and outreach services mean we are reaching a new and diverse range of patients who previously might not have been able to take advantage of the health or social care support we provide – and feedback received shows that they really do appreciate us supporting them through what for many is such a difficult time in their life.

Our patients often have extremely complex needs, and we aim to be there for them not just at the end of their life, but right from the point of diagnosis, through their illness and beyond. We aim to provide this care irrespective of which community they are from. This year we've carried out a series of ground-breaking initiatives, working with communities such as homeless people, those with dementia, people with learning disabilities, and those with palliative care needs in prisons, to help them to understand how hospice care could help them – and also how they can access it.

This report shows only a small range of projects and activities that have been going on right across the organisation this year, as we continue to provide the very best care to our local communities.

The last twelve months have been extremely exciting, and we have bold ambitions for St Ann's over the next few years, as we approach our 50th anniversary in 2021 too. We want to continue to push boundaries, to lead the way in our field, and to share our knowledge and expertise with others to help further increase the number of patients and family members we can care for. We want to challenge ourselves and continue to report, measure and learn from the work we do to constantly improve and develop in line with our five-year strategic objectives.

We're always evolving, and as a charity we are hugely grateful to the people who support our work. As we need to fundraise around £20,000 each day to provide our services, we simply couldn't continue to care for our patients without the kind support of members of the St Ann's community, and we never take that for granted.

Thank you to everyone who has supported us over the last twelve months, and we're looking forward to another exciting year ahead, as we continue to work in partnership with others to ensure local patients receive the very best standard of care at a time when they need it most.

Thank you.

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 a third 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.

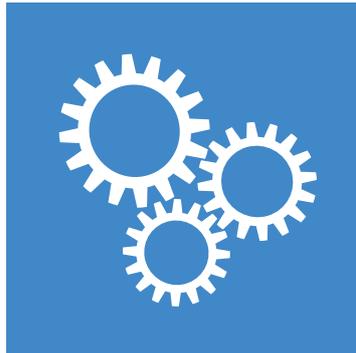
Core values

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:



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.

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.



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 2017 and 2022. 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. To provide world class innovative care

Over the last year, St Ann's has worked hard to continue 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 (GMECSN). 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.

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 16) on:
 - Outcome Assessment and Complexity Collaborative (OACC) where we have embedded OACC (IPOS) into day care, medical outpatients and supportive outpatients
 - Staff health and wellbeing
- Worked hard to achieve accreditation for the NHS Digital Data Security and Protection Toolkit
- Developed a more efficient referral process for Heald Green in-patient unit to reduce delays in admission
- Introduced complementary therapy to the joint Motor Neurone Disease clinic at Heald Green
- Embedded a Sensory link group into practice to ensure those patients who struggle to communicate are fully supported
- Purchased new specialist armchairs to enable more patients to get out of bed, support with rehabilitation, quality of life, patient goals etc.
- Developed a new cross site complementary therapy post to enable better provision across all three sites Monday to Friday, and allow recruitment and support of volunteers on additional days
- Introduced twilight shifts on the IPU at Little Hulton to provide staff with more flexibility and better staff continuity for patients
- Commenced a service level agreement with Manchester University NHS Foundation Trust (MFT) for the provision of specialised support for Infection Prevention and Control, including, training and audit
- Continued to work in collaboration with two Macmillan Projects across the Greater Manchester footprint - in Salford the project is looking at embedding 7 day working across hospital and community provision that is bespoke to individual need, and in Manchester the project aims to ensure the delivery of a more equitable service across this footprint and enhance community provision.

What are our plans for 2019 / 2020?

- To remodel day therapy to embed a rehabilitation approach
- To develop our Virtual Reality resources to allow people to go places and experience situations without leaving the hospice

- To transform the services at our Neil Cliffe Centre including setting up honorary contracts with MFT / (Wythenshawe) to allow hospice staff to work in collaboration with the hospital Specialist Palliative Care Team
- To embed a Palliative Care Coordinator for Homeless People in Manchester city centre
- To work in collaboration with South Manchester Palliative Care services to deliver training to Learning Disability organisations.
- To achieve 7 day access to the inpatient unit. This will include consultant face to face reviews, and the recruitment of advanced nurse practitioners which will help us achieve world class care for our patients.

2. To be an organisation of choice

Over the last year St Ann's has:

- Successfully delivered a flu vaccination campaign to patient-facing staff
- Embedded all training and development materials including mandatory e-learning onto 'Moodle', a virtual learning platform
- Enabled all volunteers to access face to face training sessions including Communication Skills, Manual Handling and Understanding End of Life Care
- Continued to deliver Schwartz rounds for staff to talk about the emotional challenges of working at the hospice
- Successfully ran a series of lectures across Greater Manchester pertaining to ten vulnerable populations and their specific needs around palliative care. This was delivered in collaboration with Springhill Hospice
- Increased the different levels of communication skills training that are available to staff to include two days enhanced communication skills training suitable for band 5+ staff
- Effectively delivered half a day of Dementia Awareness training to all patient facing staff and volunteers in appropriate roles
- Delivered mandatory training and Medicines Management Update for all clinical staff
- Collaborated with Bolton University and Stepping Hill to recruit and employ a Trainee Nursing Associate (Higher Apprenticeship Program)
- Achieved silver award in Investors in People accreditation
- Carried out annual Performance Development Reviews, with 98% of staff completing one
- Refurbished training rooms to enable video conferencing to reduce cross site travel.

What are our plans for 2019 / 2020?

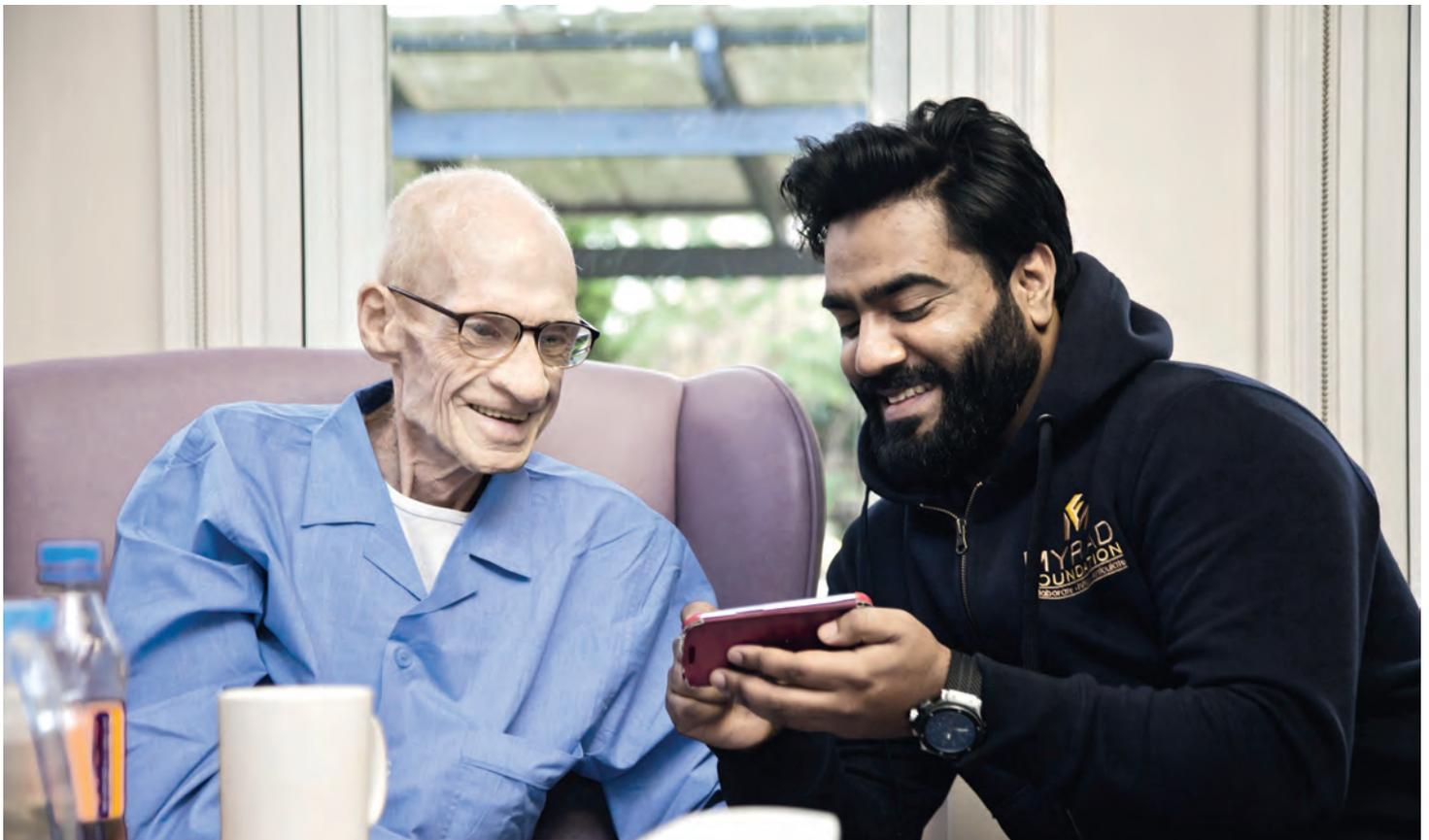
- Develop and support our own staff to progress onto an apprenticeship programme (clinical and non-clinical)
- Improve the IT and digital skills of all of our staff
- Deliver psychological support training to all clinical staff
- Next year's CQUINs include embedding IPOS into practice so it can inform and influence clinical practices
- Develop clinical skills around central line competencies.

3. To continue to develop a values based culture within which there are high performing individuals and teams

- Developed an Involve group which features representatives from teams across the organisation, and aims to gather feedback and involve staff in development of new ideas and projects
- Continued our successful Aspire programme, which launched in 2016. It is aimed at employees who are not in a leadership role, but are aspiring to become leaders.
- Delivered Together workshops to 204 employees, over 20 sessions. The workshop was designed to encourage ownership for actions in line with the organisational values. The key principles from this workshop have now been integrated into the organisation's face to face induction to ensure new employees are also aware of the key expectations
- Completed a change management workshop to 11 delegates who committed to various change management projects.

What are our plans for 2019 / 2020?

- Develop and implement a Leadership Exchange Network
- Progress academic accreditation for the Clinical Leadership in Action (CLiA) programme.



4. To develop appropriate environments and outreach services to facilitate world class specialist palliative and end of life care

Over the last year St Ann's has:

- Held Christmas memorial services for thousands of people in different localities across Manchester, including Manchester Cathedral, St Peter's Hale, and our Heald Green, Little Hulton and Neil Cliffe Centre hospice sites
- Held 'Forget-Me-Not' services and also bi-monthly services of celebration and thanksgiving at the Little Hulton site and in 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, Macmillan, and GM Hospices partnership
- 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 and delivered a lecture series for those working with vulnerable communities in Greater Manchester
- Delivered palliative care training to a range of Learning Disabilities Services across Greater Manchester
- Worked in collaboration with Greater Manchester Health and Social Care and Trafford CCG to deliver a project focusing on Person Centred Practice in End of Life Care to two nursing homes in Trafford
- Continued development of the new hospice website has enabled growth in both traffic and engagement. The site now receives around 10,000 unique visitors a month, and the average stay on the website totals 4 minutes
- Enabled staff to continue to use the hospice's Staff Hub to access information, policies and procedures, including those based away from our hospice sites
- Raising awareness and dispelling myths around hospice care remain important. Press coverage generated each month to more than 100 pieces, and work continues to ensure a diverse range of audiences receive information on hospice care and our services. The Marketing and Communications Team ensures key messages in line with our strategic objectives are threaded through all of the communications delivered both internally and externally, and a consistent brand and tone of voice ensures people can engage with St Ann's and know what to expect from the hospice. Work has also been carried out to help dispel myths around hospice care, to encourage those who may benefit from our services to get in touch. Perceptions around the support hospices provide have been built up over many decades, but the team work hard to try and break down barriers to access and to show that hospices are welcoming places that can support patients with a wide variety of life-limiting illnesses and their families
- Continued to send our Friends newsletter to supporters three times a year, and also aimed to show both the breadth of care that the hospice can provide, and the ways people can support St Ann's
- Worked in collaboration with the Alliance Manchester Business School at the University of Manchester as guest speakers at undergraduate programmes, and also the Intermediate Management Achievement course
- Grown our social media following across Facebook, Twitter, Instagram, Linked In and YouTube to more than 25,000 people, with engagement across the platforms higher than ever before. We have continued to try new and innovative ways of encouraging that engagement, and to keep the conversation about St Ann's high up the local agenda, we have also developed a new range of reports to help measure the success of digital communications activity

- Continued with our inreach and outreach clinics - Joint palliative and motor neurone disease clinic at Heald Green and continued with the community Trafford consultant led clinic. Also strengthened the community specialist palliative clinics in Salford led by our senior community nurses.

What are our plans for 2019 / 2020?

- 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 we will use our digital dashboard to help better understand audience usage, and inform future plans for both service promotion on social media, and also ways to generate income from the platforms
- Work will be carried out this year to continue to help dispel myths around hospice care, and a team from the University of Manchester will be supporting the hospice team to help reach a younger audience of 16-25 year olds via online tactics
- An intern project from the University of Manchester will also be supporting the communications team to help to leverage support and understanding from local bloggers, vloggers and influencers to further broaden our reach
- Work will also continue in the coming year to broaden the reach of key messages with harder to reach groups. 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
- In March 2019 we successfully secured Big Lottery funding for a five year project to employ a Homeless Palliative Care Coordinator, which will commence in the coming year
- In collaboration with MFT we will also deliver more in-depth Learning Disabilities education across a wider footprint
- We will take part in the national Patient led assessment of the Care Environment(PLACE)
- We will review the estates provision at our Little Hulton site to enable better delivery of day therapy services
- We will continue to push forward ambitious plans for a new building at the Heald Green hospice site.



5. To continue to be financially viable

- With only around a third of our funding coming from the NHS, and a competitive fundraising environment, it is more important than ever that we continue to provide and develop an attractive portfolio of events and other activities.
- A full fundraising team is now in position to deliver our existing and successful income streams whilst researching and trialling innovative ways of raising money for the future. Contactless solutions to traditional cash-led giving are being rolled out across the portfolio.
- Income received through channels with in-memory motivation continue to perform strongly and the Manchester Midnight Walk has once again attracted a large group of supporters. A review of our in-memory products including tribute funds will be undertaken to ensure that we are giving the best opportunities for these supporters to be part of the St Ann's family moving forward.
- Responsible for one third of our voluntary income, legacy giving has been an area of strength for the hospice and we wish to maintain this position and deliver growth in the future. Work will be undertaken to strengthen our position for the future in regard to legacy giving with refreshed marketing and a stewardship plan for our pledgers.
- The Fundraising Team will be working with the hospice's Capital Campaign Director to ensure that plans are in place, and timely work is undertaken, to ensure the hospice can continue to provide care through our 50th anniversary and beyond

Future aspirations:

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 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. Due to the first successful year the project manager has achieved it has been agreed that the post will be extended for a further year funded collectively by GMH and GMECSCN.

During 2017/2018, senior nursing staff embarked on a leadership program with a focus on change management - Clinical Leadership in Action (CLiA). In 2018/2019 this staff group led a series of change management projects to truly embed the hospice clinical strategy into day to day clinical practice. 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



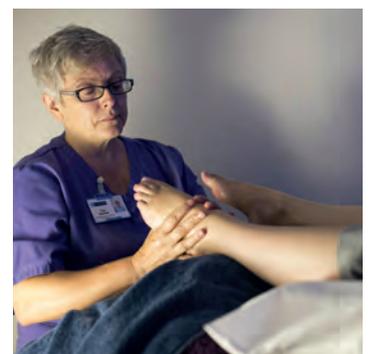
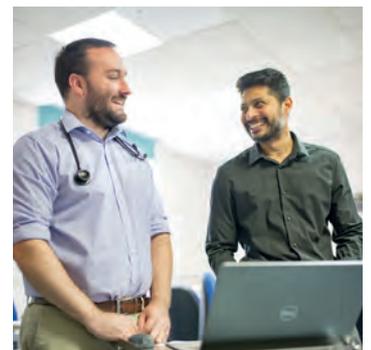
financially viable as a charity and lead provider of palliative, supportive and end of life care. Therefore, we will look for new opportunities with our partners whilst ensuring we are efficient and effective in how we deliver our services and ensuring our estate, facilities and equipment are fit for purpose and the future.

Population based needs assessment

As part of our strategic objectives and aspirations and to ensure the hospice is fit for purpose we need to plan our service provision not just now but so that it meets the needs of our future patients and their families. One element of these plans is to review the population based palliative and end of life care needs assessment and build upon the work that has been done in 2005 and again in 2012. Therefore during the latter part of 2018 we commissioned a report from the NHS Utilisation Management Unit. This report looked at the existing data and clinical activity relating to the population needs assessment using our own data and also attempt to predict future requirements for the next 10-15 years. This report will be shared with the wider health and care economy and will undoubtedly be informative and useful for providers and commissioners of palliative and end of life services across Greater Manchester.

Greater Manchester Hospices Data sets

Over the last 12 months GMH (Greater Manchester Hospices) have gone from strength to strength and worked in collaboration to co-produce and create a cohesive strong voice in GM health and care economy. This in turn will leverage future strategy, further enhance cohesive and collaborative approach and influence future provision. The group has a project manager and one work stream is to ensure GMH are data driven organisations. Under the guidance and leadership of the project manager we have produced a new standardised clinical data collection template. This is to enable more accurate benchmarking, support others and ensure there is evidence to future commissioning conversations. This is to support wider strategic key performance indicators and other outcome measures. The agreed data set is agreed by the GMH group and therefore the collection, indicators and analysis use the same methods to ensure a standard approach. This is also supported by the clinical lead for the Greater Manchester and Eastern Cheshire Strategic Clinical Network. The new data set is also aligned with the work Hospice UK are doing with a national data set programme.



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 Quality Account 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, Stockport, Bolton, Wigan and Eastern Cheshire, 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 2018/19, 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 33% of the total income required to provide the services which were delivered by St Ann's in the reporting period of 2018/19.

Quality improvement and innovation goals with our commissioners

St Ann's works closely with its local NHS clinical commissioning consortium MTSS. A proportion of St Ann's income in 2018/19 was conditional on achieving quality improvement and innovation goals agreed between St Ann's and Stockport CCG, as the lead clinical commissioning group for the consortium.

St Ann's NHS quality improvement and innovation goals - through the Commissioning for Quality and Innovation (CQUIN) payment framework for April 2018 to March 2019 - reflect both the national CQUIN agenda and that of Greater Manchester and were to report on:

- **OACC (Outcomes 2018/2019)**

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 and successfully extended this to day care, medical outpatients and supportive outpatients in 2018/2019.

- **Staff health and wellbeing (Outcomes 2018/2019)**

This two year CQUIN (March 2017-March 2019) was successfully completed, the outcomes 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 (75%) for frontline clinical staff, improving compliance with mandatory training (90%) and improving completion of staff appraisals (98%).

Agreed CQUINS for 2019/20

- **OACC (Using outcome measures to influence care)**

This CQUIN allows St Ann's to improve systems so that ward and day therapy based staff have immediate feedback on a patient's symptoms so that they can see what the IPOS (Integrated Palliative Care Outcome Scale) score was on admission and is at a second point in time. This will allow them to set an action plan to manage the symptoms. This CQUIN will use the Outcome Measures within OACC, IPOS, Phase and AKPS.

NHS number and General Medical code validity

St Ann's was not required to and did not submit records during 2018/19 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 2018-19 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 Health and Social Care Network (HSCN) 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 has appointed a Data Protection Officer embracing the European Union's new General Data Protection Regulation and the Data Protection Act 2018. Such is our credibility in this field that we provide out-sourced services to other hospices. As always St Ann's places the privacy and dignity of our patients as a core component of the care that we provide.

Clinical coding error rate

St Ann's was not subject to the Payment by Results clinical coding audit during 2018/19 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, disability and dementia friendliness, food and general building maintenance. Our last PLACE assessments were carried out in April and May 2018.

PLACE assessment findings

	National Average %		St Ann's Heald Green %		St Ann's Little Hulton %	
	2017	2018	2017	2018	2017	2018
Cleanliness	98.4	98.5	97.8	98	100	99.8
Condition, Appearance and Maintenance	94.0	94.3	86.2	89.3	97.2	94.6
Privacy, Dignity and Wellbeing	84.7	84.2	95.2	90.5	95.4	92.9
Food and Hydration	89.7	90.2	98.6	93.2	98.5	93.6
Dementia Friendly	76.7	78.9	82.1	76.48	83.4	84.1
Disability Friendly	82.6	84.2	88.6	80.8	90.9	85.7

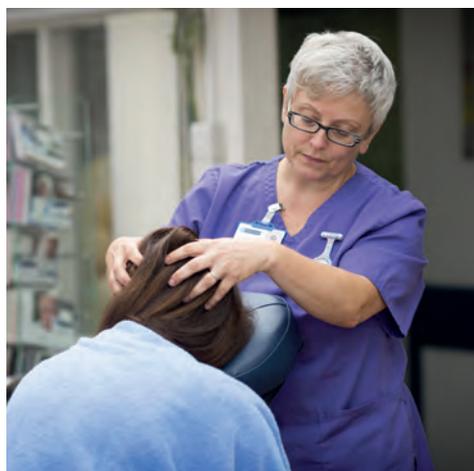
We have an action plan in place to improve the environment at both sites. We have an estates plan that ensures that any work we do improves the environment and makes us more disability and dementia friendly.

Both sites were above the national average for food provision and privacy, dignity and wellbeing.

Heald Green was below the national average for dementia, disability and condition, appearance and maintenance. A lot of work has been completed following the assessment to bring the Heald Green building up to and above the standard of the PLACE report, being mindful that a feasibility study is currently underway to assess the suitability of the Heald Green site and potential developments and build opportunities, in order to safeguard future sustainability.

Work has been completed to make toilets in patient areas disability friendly to allow wheelchair users full independent access, thus allowing more dignified use and areas of flooring that were highlighted in the report have now been significantly improved. Heald Green has also seen new cleaning rosters and more in depth and frequent cleaning audits.

Over and above the report a brand new nurse call system has recently been installed at HG (IPU) and alongside improvements being made to the ventilation systems.



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 73,000 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 2014-March 2015	April 2015-March 2016	April 2016-March 2017	April 2017-March 2018	April 2018-March 2019
Total number of calls received	690	642	583	574	494
Health care professionals	391	352	258	249	223
Patients and Carers	252	237	277	275	271
Pain Control	237	202	162	170	147
Symptom control (excluding pain)	264	233	247	193	152
Service and referral information	109	87	97	87	61
Non clinical	19	18	19	15	11
Other *	150	154	129	124	130

* 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 seven 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.





Over the course of 2017/2018 all 13 of St Ann's senior nurses from across all three sites took part in the Clinical Leadership in Action Course (CLiA). This programme was the first of its kind and not only aimed at developing the leadership knowledge, skill and talent of the senior nurses but it had a focus on enabling the implementation of the Clinical Strategy.

In light of this there was a common theme throughout the programme focusing on change management. Projects that were successfully implemented during this time included, increased access to our Hospice at Home service for dementia patients, increased access to our in-patient units for patients with liver disease and an improved awareness of our in-patient services by our surrounding community. Since completion of the program further projects have been successfully embedded including a full review of the band 5 pay structure and competency framework, re-examination of discharge processes and a collaboration with a local NHS Trust to provide support with infection prevention and control.

Due to the positive external evaluation report and also looking forward to 2019 / 2020, the Executive team is exploring opportunities with a local University to achieve accredited status for the programme at academic level 7 and therefore the program will available to wider health and social care organisations.





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?

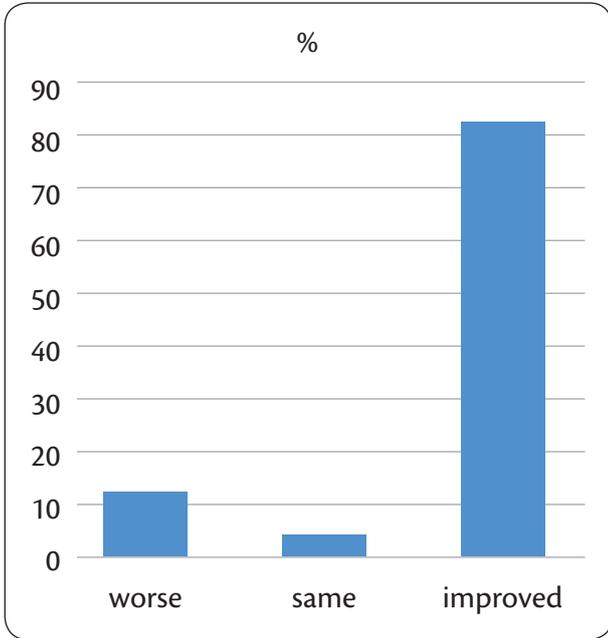
Over the past three years St Ann's has introduced Phase of Illness, AKPS, IPOS and Views on Care. In 2018/19 we introduced Phase of Illness, AKPS and IPOS to our day care, outpatient and supportive outpatient services.

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.

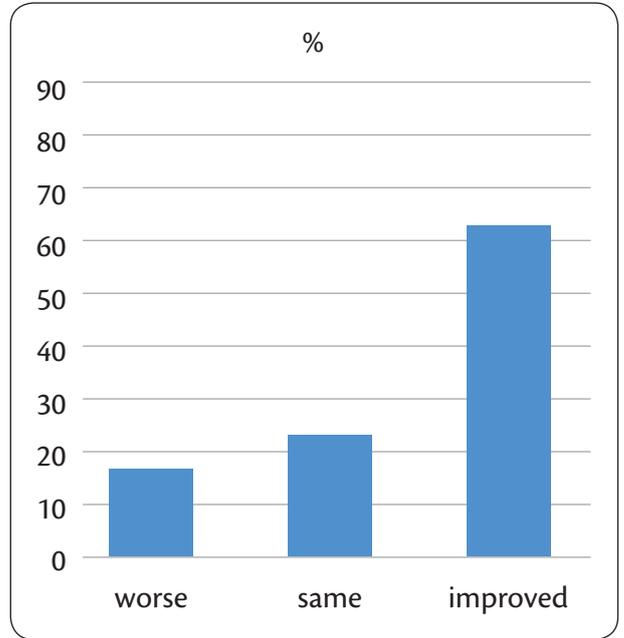
IPOS measures specific physical symptoms such as pain, breathlessness, lack of energy or poor appetite alongside psychological symptoms such as anxiety being worried or depressed. To date St Ann's has analysed total IPOS scores and pain as an individual symptom, which has consistently shown across the last three years an improvement in pain management for patients who die with us or who are discharged from our in patient service. The 2019/2020 CQUIN allows St Ann's to improve current systems so that ward and day care based staff have immediate feedback on a patients symptoms both physical and psychological so that they can see what the IPOS score was on admission and is at a second point in time. This will allow an action or care plan to be created in order to manage the symptoms.



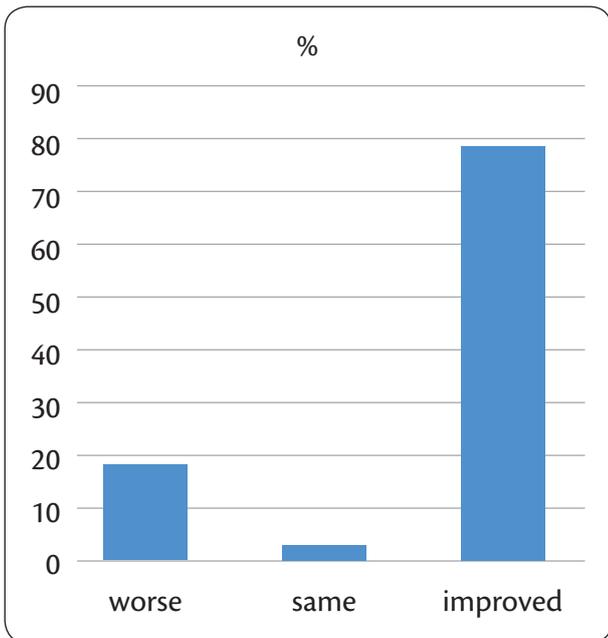
Little Hulton change in total scores for deceased patients



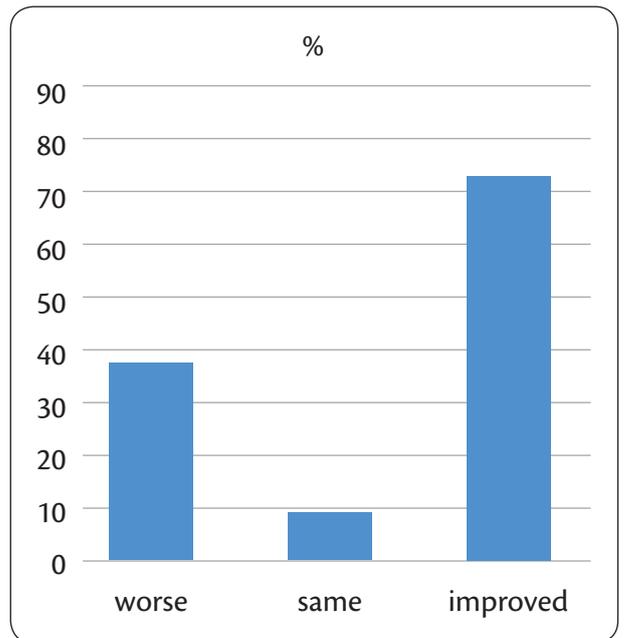
Heald Green change in pain scores for deceased patients



Little Hulton change in total score for discharged patients



Heald Green change in total scores for discharged patients



Patient safety

Incident reporting

The hospice reports all incidents through an electronic incident reporting system and uses the actions agreed to inform future practice 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:

	2015/16	2016/17	2017/18	2018/19
Total incidents & near misses reported organisationally	459	387	468	578
Total clinical incidents	335	285	362	345

Actions from reported incidents and near misses include:

- New nurse call buzzer system installed at Heald Green IPU, showing timely responses to patient calls
- In light of a Campylobacter infection (unknown source) we now record patient menu choices and all coffee shop sandwich selection
- Further to safety concerns, we have invested in security patrols at both sites
- We have carried out a review of our infection prevention and controls in the inpatient unit resulting in investment to install additional hand washing facilities at the entrance and exit to both inpatient units
- We have engaged a positive reporting culture regarding the ongoing developments of our EMIS electronic patient record system
- We will be exploring new and innovative safe mechanisms to administer controlled drugs in line with the regional Local Intelligence Network and accountable officers for controlled drugs.



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 2018- March 2019

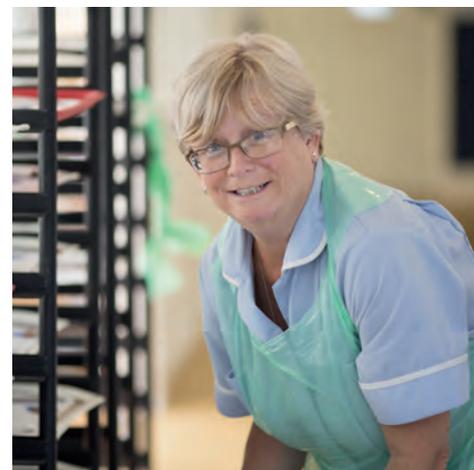
MRSA	0
MSSA	0
E Coli	2
GRE	0
CDI	6 (5 admitted with, 1 hospice acquired)
CPE	3 (all admitted with)

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 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. During August 2018 we had a confirmed Norovirus outbreak at the Little Hulton 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.

100% of our patient-facing staff staff who chose to and were eligible had a flu vaccine this year.

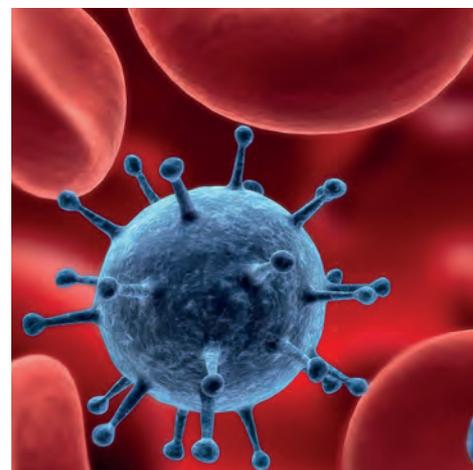


Wound care

	March 2015- April 2016		March 2016- April 2017		March 2017- April 2018		March 2018- April 2019	
	Present on admission	Hospice acquired						
No of pressure ulcers	100	38	88	26	55	38	25	18
Hospice acquired pressure ulcers grade 2+	22		19		30		12	

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 was responsible for managing the scheme and sending any comments received to the appropriate manager for consideration and ensuring a response if required. Monthly summaries are available to everyone in the organisation.

A total of 27 comments or suggestions were posted in 2018/2019.

Actions included:

- Noisy doors at night on the IPU at Little Hulton have been addressed
- Reviewing volunteer cover in the coffee shops to allow longer opening hours
- Patients are aware of the selection of talking books available
- Bio-friendly cutlery now being used in the coffee shops

Patient/carer group

The Patient/carer group met every two months and had a membership of six patients and six carers who all had experience of services provided by St Ann's. In November 2018, after lengthy discussions with the group, it was decided to set up a GM Hospice-wide Involvement Group, in order to collect ideas and views from a wider cohort across the seven Greater Manchester Hospices. It is expected that this group will be established by Summer 2019.



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 2018/19

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
Extremely	98	132	12
Likely	3	2	1
Neither likely nor unlikely	0	0	0
Extremely unlikely	0	0	0
Don't know	0	0	0
Total completed surveys	101	134	13

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 2018/19:

Inpatients	32
Day Care	14
Visitor	5
Total	51

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. All Heads of Department will conduct patient interviews in 2019-20. This will enable us to capture more feedback, which will in turn help us with developing future services and achieving our objectives.

Complaints and Duty of Candour

	2014-15	2015-16	2016-17	2017-18	2018-19
Formal complaints	7	5	7	7	8
Informal complaints	8	8	6	6	2

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 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

	2014-15	2015-16	2016-17	2017-18	2018-19
Sickness and absence	5.1%	6.7%	5.3%	4.4%	3.8%
Staff turnover (no. of starters and leavers)	17.0%	15.6%	16.9%	20.2%	20.2%

St Ann's sickness and absence rates in 2018/19 have continued to decrease 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.





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)

The six modules are supported by masterclasses – performance and development reviews (PDR), managing poor performance, recruitment and selection (including values based interviewing), managing meetings, conducting a disciplinary investigation and other masterclasses can be introduced to enable managers/leaders 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. As the programme has been running for four years now a review and evaluation will take place later this year, subject to the outcome of this, there may be some alterations to the programme in line with the needs of the organisation in 2019/2020.

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, safeguarding, information governance and equality, diversity and inclusion.

Clinical education

Internal

In 2018/19 the Practice Development Centre (PDC) introduced Moodle – a virtual learning platform to the hospice, which allows all learning and development material to be kept in one place and can be accessed remotely by all staff. Moodle includes our own training videos on bladder scanning and tube feeding as well as course material for all the training sessions we deliver and links to external sites and organisations. Moodle is in place to support and enhance face to face training, not to replace it. As in previous years we have 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 led by either our own facilitators or external trainers these included sessions on Learning Disabilities, Diabetes management and complex line management.

Mandatory training for all clinical staff includes 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, palliative care emergencies and ANTT (anti-septic non touch techniques) clinical skills

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.

The education department offer bitesized education sessions over lunchtime, which are free to St Ann's Staff and are chargeable to those outside the organisation, topics include symptom control, palliative care emergencies and care of syringe pumps. These sessions run once a month and our advertised on the website.

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 support over 100 students each year including nurses, medics, physiotherapists and counsellors. Educational audits during this year again awarded the hospice 'Outstanding' for the support we offer the nursing students. This year we have successfully employed a Trainee Nursing Associate (Nursing Apprentice), a program which we deliver in collaboration with Stockport Foundation Trust and Bolton University. It is hoped that we will grow this provision in the next few years, to address workforce deficits.

External

From an external perspective as with last year we have delivered a wide range of bespoke training sessions to care homes in our local areas, which included, 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.

St Ann's successfully delivered a series of lectures to a wide range of Health and Social Care staff across Greater Manchester addressing inequalities at end of life. All lectures can be viewed on Youtube.

We have worked in partnership with the Greater Manchester Health and Social Care Partnership to deliver Personalised Care training to 3 Nursing Homes in the Trafford area, this project has been successful in 2 out of the 3 homes and we hope to continue the relationship will all three homes after the project is completed in May 2019.

Palliative care training to organisations who support individuals with learning disabilities, will be expanded this year and will be delivered alongside South Manchester's Palliative Care Staff. The training will help staff develop skills around advanced care planning, difficult conversations and grief and bereavement support, this work will continue next year.

We have successfully secured funding from the Big Lottery for a five year post for a homeless palliative care coordinator, which will hopefully take affect from autumn 2019.

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 Sub-committee 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

The hospice holds 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 2018/19

Audit of the National pilot of Bereavement Service Standards

This is a national audit tool, rolled out through the regional ABSCO meeting with an aim to present finding at the July ABSCO conference.

NWAG Neurological pain management audit

This audit measures inpatients suffering from Neurological pain. 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.

Re-audit of Non-Malignant referrals to Community Specialist Palliative Care Team

This is a reaudit of the process of referral, assessment and management of non-malignant cases.

Quality Improvement Group

From April 2018, the Clinical Audit Group 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.



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 drop-ins to maximise staff engagement
- The Chief Executive publishes a weekly brief and staff are encouraged to contribute with updates and key messages

What our staff say

In 2018 we were successfully awarded a silver award from Investors in People, as part of this award IIP conducted their own staff survey.

The statements that were strongly agreed with and agreed with were:

Statement	Staff agreeing
My behaviour reflects the organisations values	92%
I am trusted to make decisions in my role	66%
My role enable me to work well with others	81%
My skills are well used in my role	68%

The statements that were either disagreed with or strongly disagreed with were:

Statement	Staff disagreeing
I get feedback on how I behave in line with the organisation's values	15%
I have the right level of responsibility to do my job effectively	8%
People are selected for their roles based on their skills and abilities	13%
I am responsible for improving the way we do things	12%

Other relevant statements:

Statement	Staff agreeing
My organisation has a positive impact on society	88%
I take responsibility for monitoring my performance against my objectives	74%



What others say

Feedback from our collaborators

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 continues to provide a high quality service for those in need of palliative care, working closely with clinical commissioning groups and a range of health care providers. There is strong leadership in place, with a willingness to adapt and evolve to meet the changing needs of the local population. Their involvement in the Investors in People Programme demonstrates their commitment to service and staff development. Collaboration with other Greater Manchester hospices has shown St Ann’s to be at the forefront of improving and developing palliative care services more widely. Feedback from service users is overwhelmingly positive and the service is highly valued by both primary and secondary health care professionals.”

Karen McEwan, Stockport CCG, Planned Care GP Lead, Macmillan GP Cancer Commissioning Lead

“We welcome the Quality Account from St Ann’s Hospice and we are again encouraged by the high level of quality care that is provided to their patients and their loved ones, and the support that they offer. The services that St Ann’s provide are vital to our local community and it is important we look after and protect them. End of Life is everybody’s business, as we found when we undertook our own piece of work around end of life, where we received very positive feedback about St Ann’s Hospice as we talked to people about end of life care.

We are so pleased to see how the organisation has developed over the last 12 months, particularly in new and innovative services and its fundraising efforts. Hospice at Home and the Advice Line are welcomed services, we hope they will continue to reach further into new communities and allow people to maintain decisions about their choice of where to die peacefully.

St Ann’s clearly looks after its staff, volunteers and external staff, providing much needed training, career development opportunities and information sessions. We are pleased to see they are also continually evaluating their patient and family engagement and are looking to widen involvement across Greater Manchester and we hope that Healthwatch Stockport and our Healthwatch colleagues across Greater Manchester can support this new involvement group as it develops.

We hope that as St Ann’s reaches its 50th Birthday that the next 50 years are as successful. We are proud to have such a compassionate and impressive organisation within reach of our local community. Keep doing what you are doing! ”

Healthwatch Stockport

What people say about us on social media

#StAnnsCare

The hospice has a strong community on social media, and users are encouraged to share their experiences of St Ann's via the hashtag #StAnnsCare. We receive feedback from a range of service users and also share comments on this hashtag which have been received via the St Ann's comments scheme and other forums anonymously. This helps to open up conversation about hospice care, and engages local people in discussions about St Ann's.

Comments received in recent months include:

"Patients are well looked after and staff are very willing to listen to any concerns you may have."

"Extremely good medical care and consideration of family members."

"As close to home as you can get in these circumstances."

"In my experience as a visitor, the staff are very caring and compassionate. They make patients and visitors as comfortable as possible."

"The staff and volunteers are so friendly. They bend over backwards to help and always have a smile on their face."

"The staff go above and beyond to make sure you're safe, comfortable and treat us as an individual. I don't want to leave."



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.

In February 2018 we invited our new CQC relationship owner to introduce her to St Ann's and staff, volunteers and patients. This was a positive meeting, and will help to build an effective relationship and produce a successful inspection within the hospital inspection process.



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.



Contact details

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St Ann's Hospice

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Neil Cliffe Centre

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