

Quality Account 2019/20

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'm pleased to introduce our Quality Account for 2019/20 and to confirm that our Board of Directors agrees that it is an accurate reflection of our performance.

It's an exciting time at St Ann's, as we approach our 50th anniversary in 2021 and it's fantastic to be able to look back at such a busy year and see the tremendous progress made by colleagues and volunteers from across the organisation.

I'm incredibly proud to be part of a team which always prioritises our patients. The patients who come to the hospice often come to us at a really vulnerable time in their life and throughout almost half a century of providing care, they have always been at the very heart of everything we do.

This year we have been continuing to work hard to increase our reach so that even more people from our local communities can access hospice care when they need it. That could be via our hardworking community and Hospice@Home teams, or through innovative projects such as our Palliative Care Coordinator role for homeless people; our outreach services, or clinics held in collaboration with other organisations. I'm delighted that we are still striving to become an organisation of choice for local people – whatever their background or whichever community they come from.

This report just shows a small snapshot of just some of the work that has been going on right across the organisation. We are always looking at ways to improve our services, seize new opportunities, become more efficient and responsive to feedback, and to collaborate with others to achieve our goals.

As a charity, we simply couldn't have achieved so much without the amazing, unending support of our donors and supporters. Whether that's people who take the time to come to an event, set up a regular donation to support the hospice, or the small army of more than 700 volunteers who help us in so many ways, I can't thank everyone enough for their support. We're operating in an ever-changing and extremely complex environment, and it's fantastic to know that our local communities continue to take St Ann's to their heart.

It's extremely exciting to be part of such a dynamic, positive team, and this report has made me proud to look back at what has been achieved. But, as you'll see in the report, we also have exciting plans as we look ahead to the coming years, including work to ensure our hospice buildings can remain fit for purpose well into the next half century and beyond.

We will be relying even more on the kind support of our donors, local businesses, and loyal staff and volunteers as we move forward with plans. So, huge thanks to every single person who makes our work possible.

Feedback we receive from our patients and families shows how much they appreciate the care we provide, and on behalf of the Board and the whole team at the hospice, I want to say a heartfelt thank you for helping us.

Thank you.

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

About us

How we serve Greater Manchester

About St Ann's

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 work in partnership with acute hospitals, community services, local authority social care providers and voluntary organisations and deliver care that is special and unique to each individual person, supporting them right through their illness journey – from point of diagnosis, through treatment and beyond. We have a range of services which we deliver from our three sites in Heald Green, Little Hulton and The Neil Cliffe Centre in Wythenshawe Hospital, as well as via a range of community and outreach services. Around a third of our patients at St Ann's are discharged after treatment. Our specialist palliative care team helps manage pain and symptoms and maximises quality of life.



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.

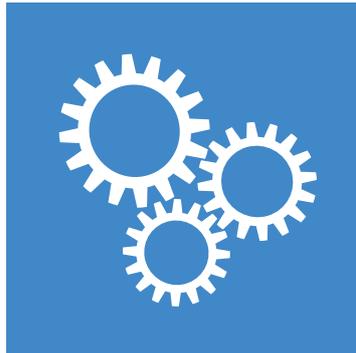
Core values

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 continued to work hard in collaboration with various regional organisations including the Greater Manchester Health and Social Care Partnership (GMHSCP), the Greater Manchester and Eastern Cheshire Strategic Clinical Network (GMECSN) and the Manchester Local Care Organisation. We have been focusing on quality improvement initiatives within our services ensuring that the care we deliver is evidence based and is driven through a quality governance framework. We are using the newly published Greater Manchester commitments to help shape and transform our services. Our Associate Medical Director was one of the key instigators behind the Greater Manchester Commitments, laying out what an individual with Palliative and End of Life Care needs should expect across Greater Manchester. Over the last year we have also been closely involved with partnership working with Macmillan to enhance provision out of hours.

Over the last year St Ann's has:

- In collaboration with the local Clinical Commissioning Groups (CCGs), completed an improvement initiative, known as Commissioning for Quality and Innovation or CQUINs on:
 - Continuing to embed Outcome Assessment and Complexity Collaborative (OACC) into day care, medical outpatients and supportive outpatients
- Been loud and proud as part of Greater Manchester's (GM) thriving hospice movement. Our strong, unified voice of GM Hospices has enabled us to influence the development of GM's Commitments and Framework for Palliative and End of Life Care. This milestone document, endorsed at the most senior level within GM's Health and Social Care Partnership, sets out the strategic vision and practical delivery plan for transformational improvements to the provision of palliative and end of life care within GM. Our work with GM's highly supportive Strategic Clinical Network for Palliative and End of Life Care has ensured that the vital role of hospices is firmly embedded in this plan. We remain a key partner to the NHS and others in the system, in ensuring the delivery of equitable, high quality care for those who need it most.
- Seen our Hospice@Home service increase the number of referrals in Trafford for people affected by dementia. The team is also working with Trafford CCG to identify those people who meet the criteria for accessing personal health budgets.
- Recruited an Advanced Nurse Practitioner for each of our hospice sites to bridge the gap between the medical and nursing teams, ensuring consistency and excellent communication. The role aims to respond to the challenges facing palliative care, addressing clinical and managerial difficulties, education and research.
- Introduced a Ward Liaison role to support patients on our inpatient unit.
- Continued to work closely with Stepping Hill Hospital Specialist Palliative Care Team to improve the services we provide for people with a learning disability who have a life-limiting condition.
- Purchased new specialist equipment to enable patients to maintain their independence and to provide support with rehabilitation, quality of life and patient goals.

- Embedded a new cross-site complementary therapy post, enabling better provision across all three sites Monday to Friday, and allowing recruitment and support of volunteers on additional days.
- Continued to collaborate with Manchester University NHS Foundation Trust (MFT) in regards to specialised support for Infection Prevention and Control, including training and audit.
- Embedded complementary therapy into the joint Motor Neurone Disease clinic in Heald Green.
- Achieved plans to provide 7-day access to the inpatient unit, including Consultant face-to-face review and the recruitment of Advanced Nurse Practitioners, which will help us achieve world-class care for our patients.
- Embedded 7-day working across hospital and community provision that is bespoke to individual need.

Community Specialist Palliative Care Team

- St Ann's Hospice continues to collaborate with our colleagues in regard to the Macmillan Manchester Programme which is well into its second year; spanning across the three clinical hubs in Manchester. The programme teams have been making great strides in developing an enhanced model of community palliative care.
- Salford Specialist Palliative Care services were chosen and funded by Macmillan to develop and test a pioneering 21 month transformation. The programme was based on new robust models for 7-day Specialist Palliative Care services proposed by the Association for Palliative Medicine, which are not currently met in Salford. It aimed to test and implement a gold standard service for patients and carers across weekends and bank holidays, underpinned by the availability of senior clinicians for face-to-face review and advice across care settings.
- The new service has delivered face-to-face senior review 365 days a year through the development of an innovative advanced Community Nurse Specialist role in which six new Band 8A staff undertook clinical skills training. The programme has been nominated for two prestigious national awards to date, nominated with Salford Royal Foundation Trust for Nursing Times Workforce Team of the Year, and Health Service Journal Acute Sector Innovation of the Year Award.
- The project has sought to promote advance care planning, help patients achieve preferred place of death (PPD), support death in usual place of residence (DiUPR) and avoid inappropriate hospital admission. The programme has provided additional scope for focused quality improvement initiatives in areas of high specialist palliative care need and resource use, including ED/EAU, COPD and care homes. We have developed our urgent response service, developed a process for mortality review within the team and supported GP practices regarding Quality Improvement and development of Gold Standard Framework meetings. The considerable impact of these projects has been very highly evaluated by both patients and staff. Three band 8a posts are now substantive in the Community Specialist Palliative Care Team.
- Lancaster University has evaluated the project and we are awaiting their report.

Rehabilitation Team

- The team has developed twice yearly study/peer support days for volunteers to ensure they are able to update their skills and be supported in their roles.
- They have also designed a new volunteer role – a 'Physical Activity Motivator'. The aim is to expand the provision and access to lower level support with exercise/physical activity in the hospice. We currently have two volunteers who are undertaking competency based training to enable them to work alongside our Rehabilitation Assistant Practitioners to run the 'Energise' chair based exercise sessions and will also expand to support 1:1 programmes under the supervision of the Physiotherapist.
- The Lead Physiotherapist has commenced a Quality Improvement project with medical staff to introduce the use of Virtual Reality headsets into the hospice to support symptom management using a non-pharmacological approach. This project is in the early stages, a literature review has been completed and trials are being carried out with patients on the inpatient unit in Heald Green.

- A review of acupuncture services was undertaken as they were limited to NCC.. In response, a Physiotherapist has completed her training this year to be able to start delivering this in the organisation as a physiotherapy intervention. Over the coming year we will be launching access to acupuncture at both our Heald Green and Little Hulton sites.
- We have designed and delivered a new external study day for the hospice on the management of fatigue with contributions from all parts of the Rehabilitation Team. This has received positive feedback from the participants and consequently we will be running the training again this year.
- The Occupational Therapists have also worked with the Practice Development Centre to recommend external courses on anxiety management and sleep with the aim of them into the hospice using external speakers.
- A review of pressure cushions was completed in conjunction with the tissue viability lead and all cushions in the hospice have been replaced and standardised across both sites to support world-class patient care.
- The development of a reciprocal work based learning programme has been carried out with fellow Occupational Therapists at the Christie, to enable the sharing of skills from each site and support ongoing development of Occupational Therapy services through collaborative working across both organisations. The first pilot should take place in September 2020.
- We have also developed and embedded the use of the 'risk feeding' assessment process and care plan to support patients to make informed decisions about what they eat and the possible repercussions of this. This is an ongoing process of supporting culture change and proactive referral to Speech and Language Therapy for their expertise and advice.
- Awareness and education of nursing and catering staff around the new modified diet descriptors IDDSI has taken place to allow them to be embedded into daily practice.
- We have also had significant involvement in the development and delivery of the first Greater Manchester patient conference on lymphoedema, which was a huge success.
- A member of the team has been elected onto the board of the British Lymphoedema Society, to provide input into the national delivery of lymphoedema services.
- We have also participated in a Greater Manchester wide review of lymphoedema services involving data collection.
- A new role of Lymphoedema Assistant Practitioner has been developed at Band 4 level to support the two senior therapists. The Assistant Practitioner is undertaking competency based training and will commence their own clinics and services in the near future, enabling us to reach even more people in a timely way.



Redevelopment and relaunch of Day Therapy services

In October 2019 we launched The Being You Centre.

The previous model did not suit and meet the needs of all of our patients; we therefore often flexed the model to meet an individual's needs. We often had lengthy waiting lists, flow was poor and attendance figures often low due to patients being unwell, attending other appointments or for social reasons. The name Day Care did not truly reflect our activity and needed modernising.

The Being You Centre:

- Moves away from using the words 'Day Care' or 'Hospice', helping to break down barriers/fears of accessing services. It also enables people to access services earlier in their diagnosis of a life-limiting illness.
- Better represents a flexible, responsive, patient-centered service, with a holistic, MDT approach.
- Incorporates a rehabilitative approach to palliative day services as per Hospice UK guidance. It also meets the needs of people in an effective, timely, flexible and individualised manner.
- Offers a gentler introduction to the hospice setting. A key outcome for The Being You Centre service is to have a positive impact on quality of life. One of the important ways to achieve this is through empowering, promoting independence, and affirming life by providing people with physical, social, and emotional opportunity, and a sense of control in their own lives. To access the services offered by The Being You Centre, referrals will now need to be made to The Being You Centre, using the single point of access outlined below. This enables the team to set goals and act as coordinators. There is an updated referral form available on the St Ann's website.
- Once a referral is accepted, the patient will be invited for triage. This is an informal chat, either face to face or over the phone. It's an opportunity for patients, and those they rely on for support, to tell us their story, what matters to them, what they want to be able to do, and what is stopping them from achieving this. At this appointment, we will discuss our services and offer an individualised, goals based plan.
- Patients will initially be offered six weeks of the appropriate service/s. After the six week review, patients may be offered an extension, another Being You Centre service, or be discharged. Patients can access more than one service at a time, or they can choose to access one service at a time.
- Services cannot be for respite or social reasons only.
- We offer a drop-in service for people who would initially just like to come and see us and talk about what we do. This can also be beneficial for those patients who would benefit from support at the hospice, but have shown some reluctance. This can be arranged Monday to Friday. The patient/carer/family member should ring the hospice and arrange a mutually convenient time, often the same day/week. If there is time and if appropriate we can sometimes triage and proceed with offering appropriate support from these visits.

The services we now offer are below:

- Supporting You Programme is a six-week programme which is appropriate for people with advanced, deteriorating and/or symptomatic palliative and life-limiting conditions. Complex physical, social, psychological, emotional needs, will mean that participants require multiple MDT input.
- Relax and Unwind group is a five-week programme led by Complementary Therapists. It is an educational programme which aims to teach a variety of relaxation techniques, to promote self-management, and to promote relaxation into daily routines. The group is open to patients and carers.
- Breathing Space group is a five-week programme which aims to provide techniques to promote non-pharmaceutical breathlessness management. The programme follows the Cambridge University Hospital Breathlessness Intervention Service resources and is facilitated by Physiotherapy, Occupational Therapy and Dietetics.

- Creative Group is an individualised, project based six-week programme, encouraging creative expression.
- Living with Breathlessness is provided once a week to support the individual's specialist palliative needs beyond those of breathlessness, running concurrently with the educational programme.
- The Creative Group is often used alongside or as a step down from other Being You Centre services. It can now be offered to patients who will benefit from a gentler introduction to The Being You Centre, and is also appropriate for low level anxiety and/or low mood. The participant may benefit from purposeful diversional therapy, which can also be useful as a meditation or active mindfulness activity.
- Creative Mindfulness group is a four-week programme where participants explore their senses, learn how to practice mindfulness, self-evaluate their mood/feelings and reflect on their identity. Based on the five steps to mental wellbeing (connect - be active - take notice - keep learning - give), this programme aims to foster an increased sense of self-esteem and wellbeing, help participants to learn new skills or develop existing skills, enhance knowledge of self, think positively, promote enjoyment and appreciate the small things/moments.
- Supportive Outpatients is for where there is an indication for emotional support. Patients will be seen by a keyworker trained in Level 2 psychological support. This service is available for patients and carers.
- Dementia Café is held on the first Tuesday of every month (at Heald Green only at present). It is an opportunity for people living with dementia and their carers to receive advice and support. The café is led by the Stockport Pennine Trust Dementia Team and there are hospice staff available, including a Nurse, Chaplain, Creative Therapist, Complementary Therapist and Volunteers.
- We are now in the process of reviewing the changes and assessing what needs to be done next to evolve the service further. The hospice is involved in the NHS England's Personalised Care project. This strongly links in with our vision to provide more individualised flexible care/support. We have recently changed our triage assessment to reflect on what matters most to the person and establish agreed activity based goals from this.

What are our plans for 2020/2021?

- A Singing for Lung Health project - St Ann's Hospice has been awarded a music in healthcare grant by Thomas Dean Trust. The funding is being used to commission the design and delivery of a bespoke study programme which will be evaluated to explore if it is possible for an existing healthcare workforce to facilitate musical activities as part of their professional toolkit. Training will be provided to interested staff which aims to build confidence in utilising musical techniques to enhance patient care. The course will increase understanding of the therapeutic benefits music can have on health and wellbeing in palliative care settings.
- The Neil Cliffe Centre team has begun working collaboratively with the Manchester University NHS Foundation Trust Heart and Lung Directorate to further develop the services we offer, to benefit more people affected by life-limiting illnesses. This is still in the early stages, but changes will be made to both The Neil Cliffe Centre building and working practices.
- We will increase access to our psychology support services for both patients and their families.



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.
- Broadened the usage of our online learning platform 'Moodle' to include videos, access to the 'Royal Marsden' and a wide range of specific clinical information that acts to enhance and support face to face clinical training.
- Educated our own staff to deliver basic life support training allowing all staff, both clinical and non-clinical, to access the training.
- Enabled all volunteers to access face-to-face training sessions including Communication Skills, Manual Handling, Understanding End of Life Care, and Safeguarding Adults and Children.
- 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. In collaboration with Health Education North West and Spring Hill Hospice we produced a presentation to summarise the ten lectures, which could be used by organisations across the North West.
- Delivered mandatory training for all clinical staff.
- Continued to work with local Higher Educational Institutions (HEIs) and stakeholder trusts to deliver apprenticeship programmes to offer career progression for our own staff.
- Successfully recruited two Trainee Assistant Practitioners for Mental Health, a pilot project being run by Health Education England.
- Undertaken four clinical apprenticeships and one non-clinical apprenticeship demonstrating commitment to career development in the organisation. There are also three more clinical apprenticeships due to commence later this year (2020).
- Continued to strive to increase our current silver Investors in People rating.
- Implemented a Competency Framework for Staff Nurses to drive high performance and enhance career progression.

What are our plans for 2020/2021?

- Continue to scope out more apprenticeship opportunities to ensure full utilisation of the apprenticeship levy for clinical and non-clinical roles, specifically nursing degrees to provide staff with a clear progression route from entry at band 2 to a qualified nurse.
- Improve the IT and digital skills of all of our staff.
- Deliver psychological support training to all clinical staff.
- The Practice Development Centre and HR plan to collaborate to produce a set of career pathways to support individual and/or career transitions within the organisation.
- HR plans to track our new nursing staff's induction experience and evaluate this in order to develop further interventions to support staff retention.

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

- This year, 98% of staff had a Performance and Development Review (PDR) where goals were mutually agreed with their line manager.
- We developed a fundraising training pathway which includes an enhanced induction. New Fundraisers will shadow other teams across the hospice to develop an understanding of their work and consequently better communicate this to our supporters.
- A Fundraising Heroes scheme has been created to reward and recognise those staff who undertake fundraising activity to support the hospice.
- We continued to develop a culture of sharing and mutual support with GM's neighbouring hospices through the GM Hospices group. This spirit of mutual cooperation has enabled us to share best practice, and explore collaborative solutions to our respective challenges, at all levels of our organisations.
- October 2019 saw the launch of our Leadership Exchange Network (L.E.N) which brought around 50 of our leaders/managers together to share ideas, collaborate and network in one event. The aim of the L.E.N is to bring leaders together to collaborate, innovate and engage to support us providing world-class, innovative care.
- We evaluated the Together workshops that 204 employees attended over 20 sessions and celebrated success for the 438 individual accountable actions generated. The workshop was designed to encourage ownership for actions in line with the organisational values.
- The hospice's Involve group continued to flourish. Its aim is to gather feedback and involve staff in development of new ideas and projects. This group has been involved in supporting the design of the organisation leadership behaviours and e-learning review feedback.
- Engagement has taken place with Trustees, Executive Team members, other leaders from across the organisation and the Involve group to finalise a set of leadership behaviours that will be embedded across the organisation.
- Four individuals embarked on the Aspire programme which is for individuals who are aspiring to become our future leaders.
- The content of Inspire our internal Leadership and Development Programme has been overhauled and refreshed as it has been in place for a number of years. In November 2019, ten leaders from across the organisation commenced on the new content and they are on track to complete in Summer 2020.
- Due to the success of the 2019 Change Management Workshop we delivered a further workshop in March 2020 to 11 leaders of change within the organisation. The skills and knowledge acquired from the workshop will enable them to focus, develop and implement their own change project.
- A project group has been set up with the primary focus to develop IT and digital skills for all our staff. A skills assessment has been developed and is being trialed in one service area.



What are our plans for 2020/2021?

- A member of staff from the Catering Team has been given the opportunity to undertake a 12 month Chef City and Guilds qualification.
- We will continue to progress academic accreditation for the Clinical Leadership in Action (CLiA) programme, hoping that this partnership will evolve and go live during the next year. This has also enabled us to pursue the hospice being a university teaching hospice.
- We will evaluate the refreshed Inspire content once current delegates have completed the programme.
- We'll be continuing to track the impact of the change management projects that commenced in March 2020 and provide support to assist their implementation where required.
- We will use the IT/Digital skills assessment information to develop training and interventions (internal and external) to support the organisation to improve in this area.

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:

- Continued with our inreach and outreach clinics, including a joint palliative and motor neurone disease clinic in Heald Green, and continued with the community Trafford Consultant-led clinic and domiciliary visits.
- The Community Specialist Palliative Care Team has established nurse-led clinics in three sites across Salford Lanceburn, Irlam and Swinton, with two band 8as having completed clinical examination skills training and one band 7 due to commence the course imminently. In addition, six CNSs have qualified as Non-Medical Prescribers and one band 6 has started the training.
- In January 2020, the Homeless Palliative Care Coordinator started in their role. The post is peripatetic across Greater Manchester, working with Urban Village Medical Practice, Manchester City Council, MLCO and key hostels across Manchester. The evaluation of the role will be written in collaboration with Manchester University in the hope that the post will be substantiated after five years.
- We collaborated with our partners in the Greater Manchester (GM) Hospices group on a variety of joint initiatives, to help ensure our hospices survive, thrive and continue to play a vital role in ensuring that people from all corners of GM can equitably access specialist, supportive, high quality care when they need it. For instance, the hospices are working together with Dementia United to lead on the delivery of a bespoke education and training package to all GM localities, focusing on Dementia and End of Life Care; hopefully the project will benefit all people in GM affected by dementia at end of life, whether professionals or patients and their families. Other examples of joint working include sharing and benchmarking some of our key data sets, collaborating on staff and service user engagement, and coordinating a joint response to the unique challenges of coronavirus.
- Held six Light up a Life services at Manchester Cathedral, Heald Green and Little Hulton Hospice sites and St Peters' church in Hale. These services gave families the opportunity to come together and remember their loved ones in a supportive environment. The events were attended by thousands of family members.
- Held two Forget-Me-Not services, allowing family members to reflect on and celebrate the lives of their family members.
- Been actively involved in the work of GM Hospices and MLCO Clinical sub group.
- The hospice website also continues to be a useful way to engage with both patients/families and our fundraising supporters. The site receives around 10,000 unique visitors a month, and work continues to increase engagement and improve user experience. The hospice social media channels have also continued to grow in popularity, with

visitors interacting and sharing opinions and experiences. Facebook Donate was also launched on the site to give supporters a new way to help the hospice and is proving a popular donation tool. This year we also launched a Facebook and Instagram shopify store to sell new goods to those wishing to purchase products.

- The hospice's Staff Hub intranet site has continued to be a useful resource for staff and volunteers to access information, policies and procedures as well as news and other details of events across our sites. It's a helpful hub which holds all information in one place, and is accessible to all staff, including those based away from our hospice sites.
- Raising awareness and dispelling myths around hospice care remain important. Press coverage generated each month has increased to more than 110 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 continued this year 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 works 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.
- Our Friends magazine is sent to supporters three times a year and is a useful source of information, illustrating the breadth of support we provide to patients and their carers, as well as ways in which people can get involved in fundraising activities to support St Ann's.

Support Services

The Facilities Management Team provides essential services and is integral in enabling innovative, world-class care by developing appropriate environments, ensuring St Ann's is running smoothly and that patients, family and friends have a comfortable stay.

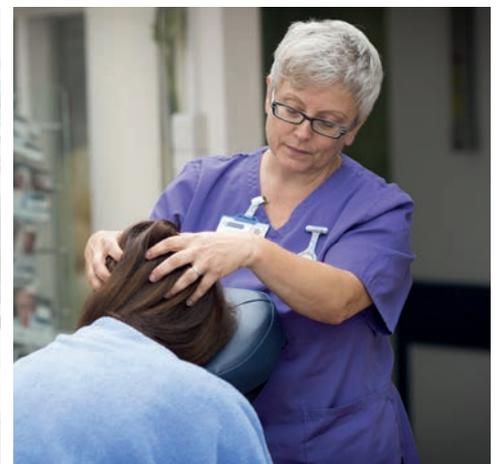
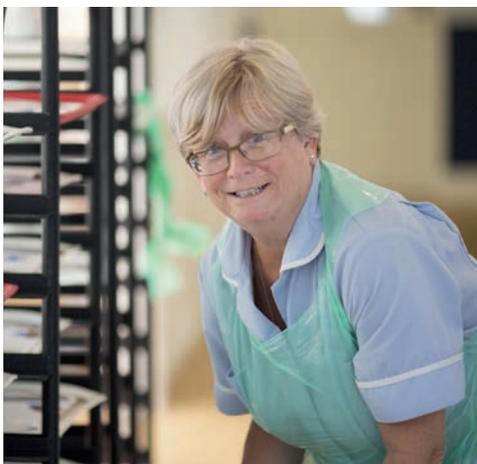
- During 2019 the Facilities Management Team oversaw 156 Planned Preventative Maintenance tasks and completed 2,230 reactive maintenance jobs.
- The Catering Teams at both sites received the highest possible accreditation for food hygiene standards. They also made 14,580 sandwiches and served 55,341 delicious patient meals.
- The Domestic Services Team supported the organisation in maintaining tirelessly high levels of cleanliness which was identified and acknowledged in the PLACE assessment results. In 2019, the team cleaned 1.4million m2 of floors and laundered 35,282 bedsheets.
- A new Ward Liaison - Food and Beverage role was created in coordination with the inpatient unit in Heald Green, to assist with patients' dietary and comfort needs. The intention was to alleviate pressure from the Clinical Team, link the Catering Team more formally to the ward and elevate the patient experience with a more focused approach to food service.
- The Support Services Team also coordinated 14,676 hours of voluntary gardening, reception cover and coffee-shop staffing.
- Material improvements were made with the nurse-call systems, the patient conservatory and the nurses' station in Heald Green. Much effort has been applied to ensuring the plans for a new-build consider all user needs, with the hope that the new hospice site when developed provides truly world-leading facilities.
- Work on building fabric and the grounds have ensured Little Hulton continues to be a well-cared-for oasis for patients and families. Much work has been done to develop a phased strategy for material improvement to the

site – beginning with Phase 1, the redesign of the reception, coffee-shop, trading and haven areas.

- Emergency interventions were required with flooding and storm damage during storms Dennis and Ciara.
- In July 2019 a local benefactor donated funds to enhance the grounds at Little Hulton. This included a woodland walk, a new patio area and easy to manage flower/plant beds. The planting of foliage has also enhanced the area.
- The IT Team completed 281 planned maintenance tasks and responded to 2,588 reactive jobs in 2019, coordinating responses to phone outages and broadband issues as well as supporting users in their day-to-day needs for hardware and end-user support. To assist in proactively managing the cascade of user-based queries, the IT Manager is working with the Learning Development Manager to elevate SAH's average IT end-user skillset.
- Finally, Support Services worked with the Fundraising department to secure a new ambulance for Little Hulton. This fantastic new vehicle replaces a much relied upon thirteen year old vehicle – and has been well received by The Being You Centre patients who depend on it and the Support Services staff who drive it. Andy Mitten deserves a mention here as his sponsored bike-ride from Barcelona to Manchester with friends and family in memory of his father Charlie (who was cared for at Little Hulton), paid for the Ambulance – thank you Andy, a real fundraising hero!

What are our plans for 2020/21?

- We are expanding our online tribute service to allow more people to create and share tributes to their loved ones digitally.
- 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 analytics and reporting tools to help better understand our audiences and their needs.
- Work will also continue in the coming year to broaden the reach of key messages with harder to reach groups. The Marketing and Communications 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. This will be vital as we move towards our 50th anniversary and to ensure we can continue to remain an organisation that people understand and can relate to well into the next half a century too.
- We will continue to review the estates provision at our Little Hulton site with the aim to improve service delivery. A proposal for a restaurant is also being considered, which would incorporate the potential for generating an additional income stream.
- 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

Fundraising

- 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 trialing innovative ways of raising money for the future. Contactless solutions to traditional cash-led giving are being rolled out across the portfolio.
- We have involved more volunteers in fundraising, supporting both income generation and behind the scenes with the administration of gifts and appeals.
- Forget Me Not tributes were digitally enabled to allow families the opportunity to donate online and share a message and photo in our 'Memory Meadow'.
- We developed our trust and foundation programme working closely with colleagues across the hospice to identify and fund projects in priority need, including a second ambulance for Heald Green, replacement beds and mattresses and other medical equipment.
- We have increased the cultivation and stewardship of supporters and donors including pre-event gatherings at the European Doctor's Orchestra and Manchester Midnight Walk.
- We have also developed our collections programme for more regular and high profile collections supported by our volunteer network.
- We have partnered with two organisations who can offer online Will services, included legacy messaging in our Bedside Booklet, and have begun to update our legacy materials to encourage new pledgers.
- We secured a two-year partnership with the Trafford Centre to generate funds and awareness of the hospice and its services.
- The Fundraising Team and capital campaign are now being led by one individual who is managing the strategy for delivery of both our ongoing running costs and new build campaign.
- A Fundraising Board has been established to support the generation of funds for the capital campaign.



Trading Company

An important source of income is derived from our Trading Company. In 2019, we have been working hard to improve service provision for our customers and increase income generation. Examples of our efforts include:

- Our second furniture store was opened in January 2019. Saturday collections and deliveries were also introduced.
- Our existing Edgeley shop was refitted in March 2019, increasing space by 30%, enabling the launch of a large children's department.
- A hospice discount shop has been introduced in Little Hulton.
- Our bridal offer has been expanded at our Cheadle store.
- Online listings of donated goods on eBay have increased, offering more items for sale than any other local charity in the North West.
- We have also introduced new goods for sale on our eBay and Amazon platforms.
- We have promoted new goods selling on Instagram.
- We also changed our lottery offer, introducing additional prizes and a rollover prize of up to £10,000.
- We successfully launched a donation drive-thru every month at our distribution centre.
- We also introduced the sale of newspapers and magazines in every shop.

Efficiency

- GM's hospices continue to work together to share our precious collective resources wherever we can, allowing us to reduce needless duplication and free up staff and cash for more value-adding activities which will benefit our patients and their families. For example, we are exploring ways to work together more creatively and efficiently to educate and train our collective workforce, whilst several of our neighbouring hospices have been sharing St Ann's Hospice's very own Data Protection Officer and Information Governance lead.

Future aspirations:

- The Greater Manchester Hospice alliance (GMH) continues to make sound progress 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 past year we have continued 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. Our fruitful partnership with GM's Strategic Clinical Network in particular has culminated in the vital role of hospices being well-recognised within the Commitments and Delivery Framework for Palliative and End of Life Care. The completion and endorsement of this document represents a key milestone both for the hospices and for palliative care more broadly in GM. Over the next year, and beyond, GM Hospices will ensure they take every action possible, as a collective, to help deliver the ambitions set out in this framework.
- In 2018 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. After two successful years achieved by the Project Manager it has been agreed that the post will be extended for yet another year, funded collectively by GMH and GMECSCN.
- We will further develop our legacy programme with cross-team staff training so that all hospice staff are able to speak confidentially about the need, and how a supporter can leave a gift in their Will should they wish.
- We'll develop our regular giving programme to increase donors and sustainable income.
- We'll continue to approach new sources of income and trial new fundraising methods to ensure future income for the charity.

- We will also continue to network and liaise with funding bodies to secure funding for our new hospice.
- In conjunction with our 50th anniversary we will produce a bespoke fundraising pack to encourage the communities in which we operate to raise funds for us.

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 has been shared with the wider health and care economy including directors of commissioning 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's health and care economy. This in turn will leverage future strategy, further enhance a cohesive and collaborative approach and influence future provision. One vital work stream underpinning this work involves the standardising and sharing of key data sets, to help ensure GMH are data driven organisations and credible partners with the wider system. Under the guidance and leadership of the Project Manager we have produced a new standardised clinical data collection template. This will help enable more accurate benchmarking, support strategic decision making individually and as a group, and ensure there is impactful evidence to back up future commissioning conversations. The 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 is doing with a national data set programme.

Striving to be the best at what we do

St Ann's works 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.

To assist us to continually improve, we proactively develop our clinical data reporting. Dashboards provide St Ann's with detailed information with which we can interrogate, challenge and develop our 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.

This Quality Account is available on NHS Choices and St Ann's website for public view.



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 2019/20, St Ann's provided the following services to palliative care patients and their carers and families from across Greater Manchester:

- Inpatient 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 2019/20.

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 2019/20 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 2019 to March 2020 - reflect both the national CQUIN agenda and that of Greater Manchester and were to report on:

- **OACC (Outcomes 2019/2020)**

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, Community Specialist Palliative Care Team, and supportive outpatients in 2018/2019. 2019/2020 focused on fully embedding the process into the day to day running of the services, to enable key data to be pulled off the electronic records system and to begin to look at some of the results in a broader context.

Agreed CQUINS for 2019/20

- **2019/2020 - OACC (Using outcome measures to influence care)**

This CQUIN allows St Ann's to improve systems so that clinical 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.

- **2020/2021 - Rehabilitative Palliative Care approach**

This CQUIN will allow St Ann's to benchmark themselves against the Hospice UK Rehabilitative Palliative Care standards and implement changes using a Quality Improvement approach. The approach is based on national best practice guidelines, which are part of a widespread move towards a rehabilitative approach to palliative care. It is a quality measure that will lead to service improvement, allow for better use of resources and develop further the specialist care that the hospice provides. The four main areas in the standards are: patient priorities and preferences, responding to the challenges of the future, evidence based practice and economic value.

NHS number and General Medical code validity

St Ann's was not required to and did not submit records during 2019/20 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 2019-20 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 an individual's 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 GPs. 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.

We are also working towards getting Cyber Essentials accreditation. Cyber Essentials is a Government backed scheme. By working to their standards (set out by the national cyber security centre) we will be protecting St Ann's Hospice against a whole range of the most common cyber-attacks.

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.

PLACE assessment findings

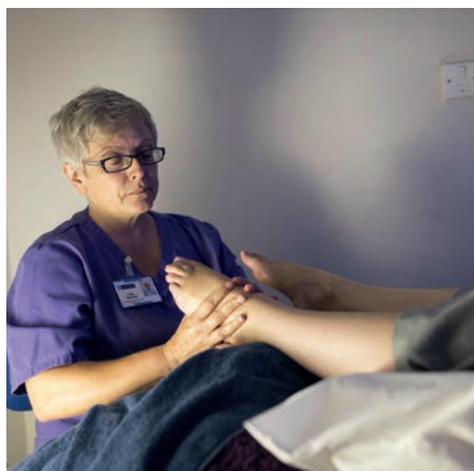
	National Average %		St Ann's Heald Green %		St Ann's Little Hulton %	
	2018	2019	2018	2019	2018	2019
Cleanliness	98.5	98.6	98	98.5	98.8	100
Condition, Appearance and Maintenance	94.3	96.4	89.3	91.67	94.6	95.77
Privacy, Dignity and Wellbeing	84.2	86.1	90.5	82.61	92.9	91.3
Food and Hydration	90.2	92.2	93.2	93.33	93.6	95.74
Dementia Friendly	78.9	80.7	76.48	78.49	84.1	90.66
Disability Friendly	84.2	82.5	80.8	72.39	85.7	85.42

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.

Heald Green was below the national average for cleanliness, privacy, 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.

Little Hulton scored below the national average for condition, appearance and maintenance. St Ann's has recently completed a study to identify adaptations to improve the environment and plans are in place to undertake these changes in the near future. In addition, a new analytic nurse call system has been installed at Little Hulton, enabling managers to: pinpoint areas of staff shift shortages, review the reaction time of staff to patient calls and provide litigation evidence should this be required. A new CCTV system has been installed at Little Hulton which provides a much clearer image and ensures a more secure environment for staff. A gated entrance to the hospice at Little Hulton has also been installed to provide additional security for staff and visitors.



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 more than 73,000 hours in total each year. They are a diverse group 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	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020
Total number of calls received	690	642	583	574	494	665
Health care professionals	391	352	258	249	223	285
Patients and carers	252	237	277	275	271	375
Pain control	237	202	162	170	147	214
Symptom control (excluding pain)	264	233	247	193	152	189
Service and referral information	109	87	97	87	61	57
Non clinical	19	18	19	15	11	13
Other *	150	154	129	124	130	169

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

Types of calls remain comparable with 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.





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 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 three 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 ten 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 four years St Ann's has introduced Phase of Illness, AKPS, IPOS and Views on Care. In 2018/19 we focused on fully embedding the process into the day to day running of the services, to enable key data to be pulled of the electronic records system and to begin to look at some of the results in a broader context.

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 Rehabilitation Team is 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 patient 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 four 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 allowed St Ann's to improve current systems so that ward and day care based staff have immediate feedback on a patient's 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 allowed an action or care plan to be created in order to manage the symptoms. Next year will be the time to start analysing larger groups of data to identify themes, along with making additional tweaks to the process in order to enable consistency between hospices across the nation so that data can be shared. The OACC team have supported this utilising the ECHO network where different hospices meet using Zoom to support each other and to compare our processes. The OACC team is also in the process of developing a platform to support the analysis of OACC data, for which a pilot is currently being undertaken.

In January 2020 an audit was completed of a small amount of OACC data. Some general themes were identified, highlighting the need for further analysis in 2020/2021.

General overview and themes taken from data

- More information can be gained from the completion of repeated IPOS, with a discharge IPOS being particularly helpful. Further training required regarding the completion of the discharge and death IPOS.
- St Ann's is particularly good at managing pain, shortness of breath, vomiting, loss of appetite, mobility and family anxiety.
- We could improve our management of constipation, fatigue, patient anxiety and depression, feelings of peace, ability to share feelings, provision of information and practical problem solving
- We appear to be addressing physical symptoms more effectively than emotional symptoms. St Ann's is already aware of this and is in the process of employing Trainee Associate Practitioners (TAP – mental health) for both sites.
- Improvement in physical symptoms may allow the patient to examine their emotional wellbeing, which could explain the change in focus from the impact of physical to emotional symptoms throughout the duration of their admission.

Patient safety

Safeguarding

At St Ann's Hospice we recognise that safeguarding adults at risk and children is everybody's business.

We provide all staff at the hospice with training about safeguarding that is relevant to their role. All staff and volunteers are responsible for alerting our Social Work Team to any concerns about, or suspected abuse of, an adult at risk, or a child.

We continually aim to provide high-quality care to prevent safeguarding concerns. However, if required we are to provide an effective response where harm or abuse does occur. We work collaboratively with other agencies, such as the NHS, Social Services and CQC to promote patient safety. Our Safeguarding Lead and Social Workers provide advice and support on matters concerning adults at risk and safeguarding children.

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:

	2016/17	2017/18	2018/19	2019/20
Total incidents and near misses reported	387	468	578	403
Total clinical incidents	285	362	345	121

Actions from reported incidents and near misses include:

- New nurse call buzzer system installed at Little Hulton inpatient unit, showing timely responses to patient calls
- Pod boxes have been purchased to store patient medicines next to the bed
- We have engaged a positive reporting culture regarding the ongoing developments of our EMIS electronic patient record system
- A variety of audits have been completed with the aim of improving prescribing and treatments for patients, such as the tissue viability audit and the prescription of oxygen.

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 2019- March 2020

MRSA	0
MSSA	0
E Coli	2
GRE	0
CDI	7 (5 admitted with, 2 hospice acquired)
CPE	0

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.

Monthly hand hygiene audits are undertaken.

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

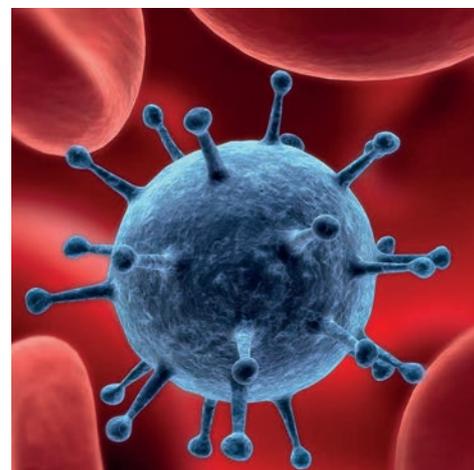


Wound care

	March 2016- April 2017		March 2017- April 2018		March 2018- April 2019		March 2019- April 2020	
	Present on admission	Hospice acquired						
No of pressure ulcers	88	26	55	38	25	18	35	30
Hospice acquired pressure ulcers grade 2+	19		30		12		15	

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 Dietitian). 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 Service Development Lead was responsible for managing the scheme and sending any comments received to the appropriate manager for consideration and ensuring a response if required.

A total of 40 comments or suggestions were posted in 2019/2020.

Actions included:

- Review of the disabled parking facilities
- Training update for volunteers on fire alarm procedure
- Provision of battery operated candles for the chapels

Patient and carer feedback

St Ann's is involved in a Greater Manchester Hospice-wide Involvement Group which aims to share current best practice in collecting patient and carer feedback. We are also working towards developing a process for seeking feedback from a wider cohort across the seven Greater Manchester Hospices when larger data is required.



Friends and Family Survey

The friends and family survey was introduced onto the ward (IPU) in 2013. It was extended to include The Being You Centres in 2014, and community services in January 2016. These are the results received in 2019/20

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

	IPU	Being You Centre	Community
Extremely	175	244	192
Likely	11	11	5
Neither likely nor unlikely	1	0	0
Extremely unlikely	1	0	0
Don't know	0	0	0
Total completed surveys	188	255	197

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 2019/2020:

Inpatients	11
Day Care	11
Visitor	6
Total	28

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.

Complaints and Duty of Candour

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Formal complaints	7	5	7	7	8	11
Informal complaints	8	8	6	6	2	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 provide feedback.

We have always encouraged openness and honesty, in line with 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	2019-20
Sickness and absence	5.1%	6.7%	5.3%	4.4%	3.8%	4.3%
Staff turnover (no. of starters and leavers)	17.0%	15.6%	16.9%	20.2%	20.2%	14.8%

St Ann's sickness and absence rates in 2019/20 have continued to remain low compared to the previous years. 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.



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. In 2019 given the initial content had been running for some time it felt timely to significantly review and refresh the content.

Remaining 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 focuses on each individual leader and focuses them on their own self and social awareness and it then moves on to look at practical tools and techniques to be an effective manager and leader.

Inspire consists of six modules:

- Introduction – Engaging Leadership (1 day)
- Exploring Emotional Intelligence – Self and Social Awareness (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 two masterclasses:

HR Toolkit – Management Essentials (1 day), which covers employment law basics every manager needs to know, HR processes and procedures, values based recruitment and interviewing, PDRs and conducting disciplinary investigations.

Change Management Workshop (1 day) - This workshop looks at change models, key principles of change management, stakeholder mapping and planning plus how to engage and communicate successfully to implement successful change initiatives

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 continue to re-run this programme year supporting around 4 – 5 individuals with their career aspirations to progress toward leadership and management.

Development of service:

- Embedding OACC Outcome Measures
 - Ensuring CQC compliance
 - Producing Quality Report
 - Maintaining all policies
- Support of departmental audits and projects
- Secured funding for a Greater Manchester Homeless Palliative Care Coordinator

Where are we going?

- Internal Automated External Defibrillation (AED) Train the Trainer
- Planning external conferences
- Supporting development workforce on IPU
 - Advancement of clinical skills
 - Promote Moodle
- Expand partnership working with local HEI and FTs

Supporting workforce

- Work experience
- Student nurses
- Trainee nurse associates
- Professional based placements including community staff and paramedics

External education projects

- Advance Care Planning
- Learning disabilities
- Vulnerable populations
 - Hospice exchange
- Personalisation in care homes

Training booked for 2020 for internal and external staff

- Anxiety management
 - Fatigue
 - Breathlessness
- Introduction to cancer
 - MND
- Complementary therapy
- Grief and bereavement
- Nutrition – Dining with dignity

Feedback from supporting workforce

- “An enjoyable placement and a great learning environment.”
- “Fantastic placement with outstanding pleasant staff who are a joy to work with.”
- “This was my best placement yet and I am so grateful I got to experience nursing here.”

2019 training

- Mandatory Training (including AED) - 93% of staff booked on or completed across both sites
- Medicine Management Updates - 94% of staff booked on or completed across both sites
- Medicine Calculation Assessment - 95% of staff completed across both sites
- Dementia - 5 sessions throughout 2019 – 51 staff attended
- Enhanced Communication Skills – 80% of places available were taken by staff
- Introduction to Cancer - 20 staff attended the one day session
- Conflict Resolution - 17 staff attendee across both sites
- Supporting Families to support Children - 22 staff attended across both sites
- Level 1 Psychological Support - 50 staff attended across both sites
- Level 2 Psychological Support - 18 staff attended across both sites
 - Hearing Impairment Training - 9 staff attended
- Anxiety Management - 28 staff attended (20 were external)
 - Fatigue - 17 staff attended (8 were external)
 - Breathlessness - 11 places booked (5 external)
- Lunchtime Bites - 57 staff attended one or more of the 6 sessions: Symptom Control, Palliative Care Emergencies, Dementia & End of Life, Communication Skills, Last Days of Life, Grief & Bereavement
- Information Afternoons - 9 sessions were held and 38 people attended

2019 training feedback:

- “Training was excellent, very useful.”
- “The course was excellent, exceeded my expectations and I have learnt so much.”
- “The day was absolutely brilliant, I learnt so much. It was taught in a really effective way.”

Clinical education

Internal

We have maintained our partnership with Manchester Royal Infirmary to allow us to offer nursing staff the chance to gain more acute clinical skills, through our exchange programme, run in collaboration with five departments: cardiology, hematology, gastroenterology, respiratory and renal). In 2019 five nurses participated in the exchange programme.

We continue to support students from a variety of backgrounds including Nurses, Medics, Physiotherapists and Counsellors. Educational audits during this year, again awarded the hospice 'Outstanding' for the support we offer nursing students. Due to the success of the Trainee Nursing Associate (TNA) at Heald Green we seconded one of our Health Care Assistants to the programme which is run in partnership with Bolton University and Foundation Trust, once again the programme has been extremely successful and it is hoped that this provision will continue to grow.

Moodle virtual learning platform

During 2019/2020 the Practice Development Centre (PDC) worked hard to grow the content on Moodle – the virtual learning platform - and ensure it is embedded in clinical practice. All staff have the opportunity to attend various training events on how to use the platform and suggest specific topics to be included. This has included the doctor's induction package and various tutorial videos from Kings College explaining best practice regarding the OACC suite of outcome measures. Our e-learning provision can be accessed through the Moodle platform.

Mandatory training

All of our staff and volunteers complete mandatory training to ensure the highest possible standards for our patients, whilst also ensuring our statutory requirements are met. Mandatory training is delivered via e-learning as well as through utilising more traditional face to face teaching methods.

Mandatory training face to face

Mandatory training has been well attended this year, with over 90% of staff attending the clinical update day and 100% of nursing staff attending the medicine management update day. Face to face mandatory training includes scenario-based moving and handling, basic life support and hospice emergency procedures. All registered Nurses also have to undertake an annual calculations assessment using SN@P. The pass mark is 100%. If required, they will get numeracy support from the Practice Development Facilitators.

The medicine management day is facilitated by a Pharmacist and Practice Development Facilitator. The Medicine management updates in 2019 have included sessions on learning from the Gosport Enquiry, illicit drugs, palliative care emergencies and an update session on medicine safety which included the medicine administration audit, oxygen monitoring, allergy bands and a practical tasting session on the Resource® Thickenup™ and the IDDSI Framework. The 2020 medicine management update will be based on a scenario of a patient's journey from admission to death covering the medicine management of different symptoms, administration of medications, medicine safety and destruction, conversions and calculations and the pharmacy service. An Introduction to Mandatory Medicine Management day has been developed for new registered nursing staff to the organisation. The day includes sessions on general introduction to the pharmacy service, medicines administration, waste management, symptom control: pain, constipation, nausea & vomiting and an opportunity to practice calculations and conversions using a palliative care case study.

We also have an ever evolving program of additional, non-mandatory internal training includes training delivered by our own staff including the non-pharmacological management of breathlessness, communication skills, grief and bereavement, symptom control and syringe pump training. We have also pushed ahead this year with face to face safeguarding training and this has been received well across the organisation and is delivered by one of our specialist teams.

External

Some training for our staff has been delivered by external facilitators include Anxiety Management, Sleep Management, Breathlessness, Conflict Management, Conditions other than Cancer and CRUISE Bereavement Training. All training sessions are free to St Ann's staff but are chargeable to those working outside the organisation and acts as a source of revenue for the hospice.

In addition to receiving training from external organisations, St Ann's has been involved in providing external training to other agencies. 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. The education department have also continued to 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 are advertised on the website.

We were 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. This project was completed at the end of 2019 and was evaluated as a great success across the Greater Manchester and wider North West footprint. St Ann's will continue to provide this training free of charge to internal and external delegates.

We were funded by Health Education England to provide a presentation as a summary of the vulnerable population lectures, this has been partially completed by producing a summative Sway presentation, work continues on this with a digital marketing partner to produce a short cartoon style presentation that will be used by the network during Dying Matters week.

Palliative care training to organisations who support individuals with learning disabilities has been expanded this year and was delivered alongside South Manchester's Palliative Care Staff. This much needed training has helped staff develop skills around advanced care planning, difficult conversations and grief and bereavement support. The work has highlighted the needed for a Palliative Care Coordinator to be available to these teams for more complex patients.

Medical education and training

The Consultant Team continues to be heavily involved in undergraduate and postgraduate medical education. We led on the third successful Specialist Palliative Care conference in association with Stockport Foundation Trust. 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.



Clinical audit and service development activity

The hospice holds quarterly clinical audit meetings where a rolling plan for clinical audit and service development is agreed and reviewed. Clinical and medical staff from all service areas are represented at these meetings. Along with internal audits, St Ann's continues to contribute to the North West Regional Audit Group (NWAG) programme.

The following is some of the clinical audit activity from 2018/19:

Audit of mental capacity and best interest documentation

This audit measured the completion of mental capacity documentation completed by the referrer. As a result Mental Capacity Assessment documents were made available on EMIS and EMIS Coordinators have agreed to run a quarterly report from EMIS.

NWAG syringe pump use

This NWAG audit was a Greater Manchester funded survey following the Gosport enquiry which highlighted the over use of syringe drivers. Data collecting for the Gosport survey on syringe drivers was completed at Heald Green.

Monthly prescribing audit

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

Metastatic spinal cord compression project

This is a project to improve identification and management of spinal cord compression. As a result, an EMIS template has been created for staff completion and to prompt best practice, including log rolling moving and handling techniques. We plan to add training to our electronic education platform Moodle and for staff to trial the Metastatic Spinal Cord Compression (MSCC) transfer proforma when we admit any recently confirmed MSCC patients.

Prescribing audit

This is a monthly audit which looks at documentation and prescribing areas. A group has been set up to consider new methods of engagement to ensure that lessons are learnt.

Quality Improvement Group

The Clinical Audit Group has broadened its remit to include other quality improvement and service development projects. The group provides a forum for coordinating and communicating development activity across the organisation. A toolkit has also been compiled to assist staff undertaking new projects.



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
- Staff are able to send in comments and suggestions through the Staff Hub

What our staff say:

The hospice took part in Birdsong's annual staff survey.

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

Statement	Staff agreeing in 2019
I am clear about what is expected of me in my role	95%
I am proud to work for this charity	95%
I believe in the aims of this charity	95%
I enjoy working with the people at this charity	94%
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	94%

The five biggest improvements compared with 2018 are:

Statement	Staff agreeing in 2019
My pay is competitive in comparison to people doing similar work in the charity sector	68%
I feel that pay is handled fairly	53%
Working for this charity contributes positively to my health and well-being	61%
I am happy with the personal development opportunities here	68%
I am not concerned about my job security	67%



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:

I am pleased to receive the Quality Accounts on behalf of Stockport CCG. It is clear that St Ann's Hospice continues to provide a high quality service to those in need of palliative care and their loved ones. Over the past year, I have been particularly impressed by the commitment to developing a new service providing palliative care to homeless people and also in developing 'The Being You Centres', with a particular focus on enhancing quality of life.

There is strong leadership in place, which ensures a close working relationship with clinical commissioning groups, other local hospices and a multitude of health care providers. I am always impressed by the overwhelmingly positive feedback from service users and their obvious high regard for the service. This is mirrored by local health care professionals.

Over the last few months, with the unprecedented challenges that the Covid-19 pandemic has brought, St Ann's Hospice has once again proved that it can adapt and respond to changing needs, continuing to provide an outstanding level of care, despite the difficult circumstances.

I am excited to see how the plans for a new building in Heald Green develop over the next couple of years and am confident that this will ensure ongoing 'First Class' palliative care for the future.

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, and we welcomed St Ann's Hospice invaluable contribution in our ongoing piece of work around end of life, and focus groups that we held during the past year.

We are so pleased to see how the organisation continues to develop as reaches into its 50th year, and adapts to the needs of the local communities it serves, especially communities which are usually not heard and we praise the work being done around homelessness. The services St Ann's Hospice provides we feel continues and strives to reach further into new communities and allows 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 widen involvement across Greater Manchester, we hope that Healthwatch Stockport and our Healthwatch colleagues across Greater Manchester can support St Ann's Hospices moving forward.

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 Members

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:

"Reduced my isolation, fantastic socialising, I feel cared for and relaxed."

"Friendly staff and volunteers, excellent facilities, food is of brilliant quality."

"Very welcoming and encouraging, listened and supportive."

"The service has been fantastic and has really helped me to cope with the issues I've had since dad passed away."

"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. Everyone is well looked after and on the ball. You are made to feel welcome and comfortable at all times."



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 Emma Dixon and Sian 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.

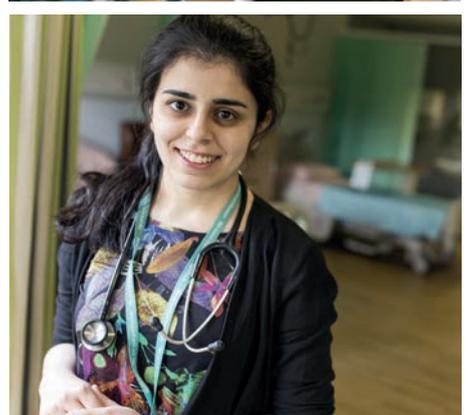
People were involved in deciding what treatment they accessed from the service and how this was recorded. For example, one person did not want a care plan for the treatment they received, however they were happy for the service to keep a record of any treatment they had. Staff were knowledgeable about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



Contact details

St Ann's Hospice

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St Ann's Hospice

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Little Hulton, Worsley,
Manchester M28 0FE
Tel: 0161 702 8181

Neil Cliffe Centre

Wythenshawe Hospital,
Southmoor Road, Wythenshawe,
Manchester M23 9LT
Tel: 0161 291 2912

www.sah.org.uk www.facebook.com/StAnnsHospice [@StAnnsHospice](https://twitter.com/StAnnsHospice) [@StAnnsHospice](https://www.instagram.com/StAnnsHospice)