

Quality Account 2020/21

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



Contents

Part One:

| | |
|--|----------|
| Chief Executive's Statement | 4 |
| About St Ann's and how we service Greater Manchester | 5 |
| St Ann's purpose and core values | 6 |
| Summary of the quality of services provided | 7 |
| Our strategies | 8 |
| Progress against our strategic goals: | 8 |
| <ul style="list-style-type: none">• To provide world class innovative care.• To be an organisation of choice.• To continue to develop a values-based culture within which there are high performing individuals and teams.• To develop environments and outreach services to facilitate world class specialist palliative and end of life care.• To continue to be financially viable.• Our future plans, aspirations and forward direction | |

Part Two

| | |
|--|-----------|
| Our services | 17 |
| Statutory requirements | 17 |
| <ul style="list-style-type: none">• Services• Income• National clinical audits, local clinical audits and national confidential enquiries• Research• Quality improvement and innovation goals• Regulatory information | |
| Areas for improvement | 19 |
| <ul style="list-style-type: none">• Identified areas for improvement and how these will be measured• How areas for improvement will be reported• Progress made against areas for improvement since the last Quality Account | |

Part Three

| | |
|--|-----------|
| Collaborative working | 22 |
| Patient facing services | 23 |
| • Clinical teams | |
| • Medical teams | |
| • 24 hour advice line | |
| Patient safety | 27 |
| • Infection prevention control | |
| • Safeguarding | |
| • Incident management | |
| • Staffing | |
| • Wound care | |
| Quality | 31 |
| • Quality assurance | |
| • Quality improvement projects | |
| Training and education | 35 |
| • Training overview and clinical education | |
| • Medical education | |
| • Mandatory training | |
| • Non-mandatory training | |
| • External training | |
| Support services | 38 |
| Volunteers | 39 |
| Patient feedback | 39 |
| • Patient and carer feedback | |
| • Friends and family survey | |
| • Complaints | |
| • Social media | |
| Staff engagement | 42 |
| • Engagement with staff | |
| • Staff surveys | |

Annex

44

- Statement from Stockport Clinical Commissioning Group
- Statement from Healthwatch Stockport

Part One

Chief Executive's statement



On behalf of everyone at St Ann's Hospice, I'm pleased to introduce our Quality Account for 2020/21 and confirm that our Board of Directors agrees that it is an accurate reflection of our performance over the past year.

What a year it has been for all of us. I don't think any of us would have predicted what 2020 would hold, and looking back through this document I'm reminded of how everyone from the St Ann's community pulled together throughout the pandemic to meet the needs of local patients and their families.

Whether that was staff, volunteers, healthcare professionals locally, fundraising supporters, or numerous other kind-hearted individuals, I'm incredibly proud and humbled to be part of a team of people who ensured our patients remained at the heart of every decision made.

Something that is striking when reading the results in this document is that it was a challenging year, but despite all of the difficulties, the St Ann's team hasn't been content with maintaining the status quo. Instead we have tried to turn challenges into opportunities, developing our services and ensuring we have remained responsive, safe and compassionate throughout.

Collaborating with others has meant we've been able to do so much in the last twelve months, and I couldn't be prouder as I read just some of those achievements outlined in this Quality Account.

In 2021 we are celebrating our 50th anniversary and looking back through our archives, it's heart-warming to see the stories of the many, many thousands of families we've supported during that time. What strikes me most is that the ethos of the patient always being central to every decision we make has remained the same through the years, and will continue well into the next half century and beyond too. We always seek out and respond to feedback from those that access our services and come into contact with our organisation, learning lessons and seeking opportunities to grow and develop.

As we strive to continue to be an organisation of choice for people from across Greater Manchester, whatever their background and whichever community they come from, we're excited to be embarking on a new journey to create a new hospice for Manchester in Heald Green. Our current building is becoming no longer fit for purpose and in order to meet the needs of our patients and families, we need to move forward at pace to ensure that we can continue to provide specialist care into the future. But, as we push ahead to ensure that this ambitious project can become a reality, it's important to take time to reflect too.

This latest Quality Account has enabled me to do just that, and I'd like to take this opportunity to thank everyone who has made the numerous projects and activities carried out this year possible. Collaboration is so important to everyone at St Ann's – we simply couldn't do what we do without the wider St Ann's community that supports us.

Sincere thanks to everyone that has been part of our journey over the last twelve months, and, indeed, over the last half a century too.

We couldn't do what we do without you.

Rachel McMillan

Chief Executive, St Ann's Hospice

About St Ann's and how we serve Greater Manchester

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. We work in partnership with acute hospitals, community services, local authority social care providers and voluntary organisations to deliver care that is special and unique to each individual person. We support patients, families and loved ones right through their illness journey, from point of diagnosis through to treatment and beyond. We have a range of services which we currently deliver from two sites at Heald Green and Little Hulton. In addition, we have a range of community and outreach services. Over a third of our patients at St Ann's are discharged after treatment.



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 how we develop our services.

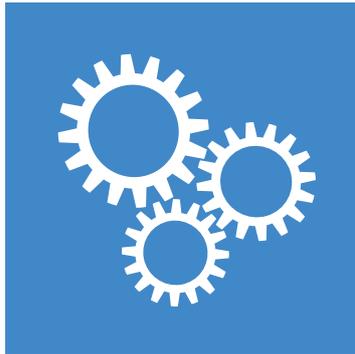
Core values

Our core values are at the heart of everything we do and we expect all staff to work in a way that demonstrates our values. The core values are:



Compassionate

providing a safe, secure and a caring environment for everyone.



Professional

aspiring to be the best in everything 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 (PDR) programme. We also use values based interviewing to ensure that we employ people with values which align with our own.



Summary of the quality of services

St Ann's puts patient safety and quality at the heart of everything we do. One of the key challenges we have faced during the reporting period 2020/2021 has been our response to the COVID-19 pandemic. St Ann's has implemented many changes to the core functions of our organisation to maintain quality and safety in accordance with the requirements set out by Public Health England (PHE) and NHS England (NHSE) during the last 12 months.

We have worked with Manchester University NHS Foundation Trust's Infection Prevention and Control (IPC) Team to implement changes across the organisation to support both patients and staff, either suspected or confirmed as COVID-19 positive. For example, the redeployment of clinical staff, providing the correct personal protective equipment (PPE) and training, redefining clinical areas and providing access to asymptomatic testing and vaccines.

Those we care for have needed us more than ever during the last year. Our teams have worked tirelessly, 24 hours a day, seven days a week to ensure that they can keep providing world class innovative care through our services. From sourcing PPE and holding hands with patients while wearing gloves, to thinking about how to protect their own families, life hasn't been easy for hospice workers during the COVID-19 pandemic. All hospices have had to dig deep. We've had to find innovative ways of not only trying to generate the funds we need to continue our services, but also seeking ways to adapt them to meet the ever changing COVID-19 guidance and rules, and the needs of our patients too.

Yet despite these challenges, we're providing more services now than ever, whether in our inpatient units or in support of NHS colleagues in the local community. We've rolled out video contacts with patients, online classes and therapies, and refurbished and opened a new outpatient facility to ensure a safe environment for clinics and services from our Being You Centre to be delivered in. We have even supported four weddings at our hospice!

During 2020/2021, St Ann's has provided the following services:

- Inpatient units
- Being You Centre and outpatient services
- Medical outpatient services
- Hospice@Home services (Salford and Trafford only)
- Community Palliative Care Nurse Specialist service (Salford only)

- Rehabilitation services
- Patient and family support services
- 24 hour advice line

Collaboration has been the key to ensuring we have been able to provide these services to patients, their loved ones and care givers. Throughout these unprecedented times, we have worked more closely with our local acute NHS Trusts, Clinical Commissioning Groups (CCGs) and the wider Greater Manchester (GM) network, strengthening relationships to ensure the quality and safety of our services for all.

We all know that there is still a lot of change ahead and that we will all need to continue to adapt, respond, innovate and most importantly, support each other to get through the coming 12 months. However, the past 12 months has taught us that together as a collaborative, we stand in good stead, for whatever comes next.



Our strategies

During the last year we have continued to work towards achieving our five year strategy as we approach our 50th anniversary. In addition, we implemented our new five year clinical strategy which aligns with and supports the organisational strategy and the five strategic aims within it.

In 2018, we commissioned Health Innovation Manchester to provide a report to focus on the current and predicted population-based palliative and end of life care needs assessment. This new clinical strategy has been developed in response to the Health Innovation Manchester report and GM 'Health and Social Care Commitments and Framework' for those people with palliative and end of life care needs.

As part of the delivery of the GM commitments, each locality will review their own self-assessment baseline review of their palliative and end of life care offer against the national 'Ambitions for Palliative and End of Life Care – A Framework for Local Action'.

Our strategies focus on the needs of our patients, their loved ones, volunteers, collaborators and key stakeholders. We will continue to work towards achieving our strategies in the coming year and we will use them as a benchmark to measure our progress and to identify and drive improvement.

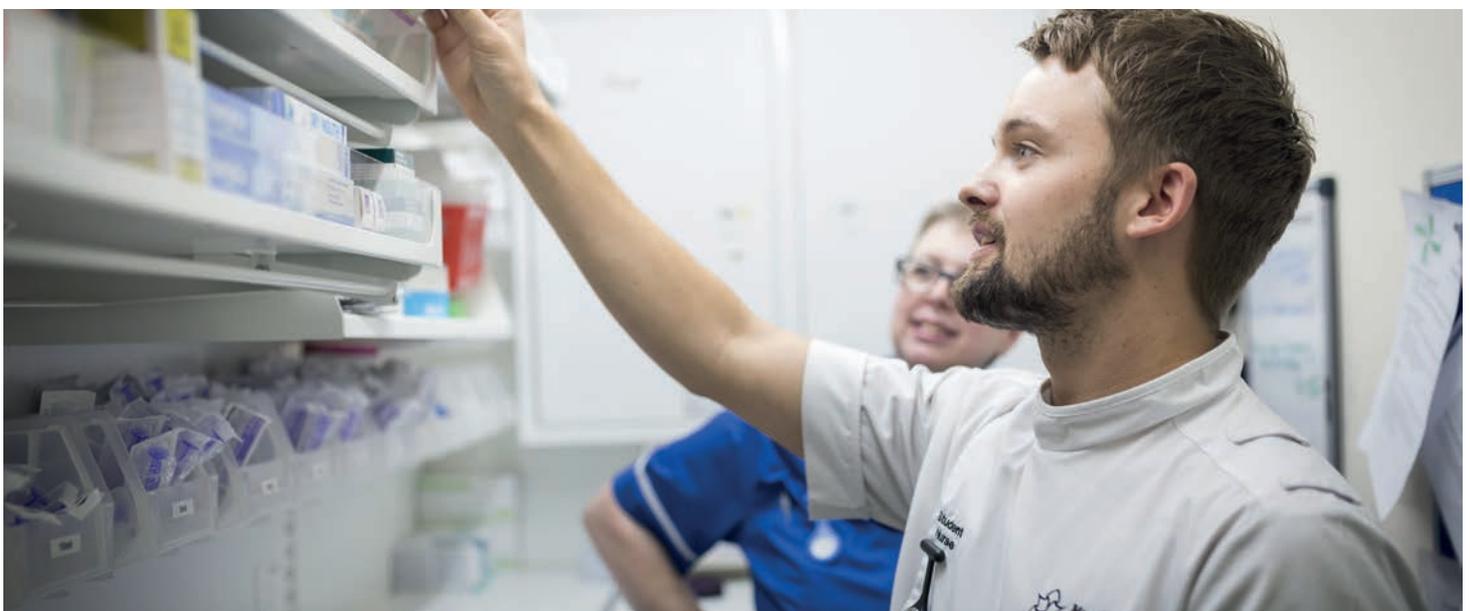
Progress against our five strategic aims

1. To provide world class innovative care

Over the last year, St Ann's has:

- Facilitated patients and visitors with choices around decision making which has been especially relevant in the last 12 months where we have had COVID-19 restrictions related to visitors. Patients have been offered the choice of video visits using a tablet or phone.
- Responded to national, regional and local guidance over the past year to support and maintain the ongoing delivery of services.
- Implemented the use of video and telephone consultations where appropriate.
- Introduced and embedded a culture of rehabilitative palliative care with a focus on personal priorities and goal setting.
- Adapted services and used innovative approaches to ensure the continued delivery of high quality specialist palliative care throughout the pandemic.
- Continued to be loud and proud as part of Greater Manchester's thriving hospice movement. Our strong, unified voice of GM Hospices has enabled us to influence the ongoing developments across GM including a successful funding bid for the hospice to implement community electronic prescribing over 2021.
- Tried and evaluated a number of different seven day consultant support models.
- Continued to embed seven day working across both the hospital and community provisions that is bespoke to individual need.
- Offered specialist telephone advice and support to the Nightingale Hospital during the COVID-19 pandemic.
- Continued to deliver joint neurology/palliative care clinics throughout the pandemic (virtually and then also face to face).
- Developed guidelines for remote consultations during the pandemic.
- Enhanced seven day Consultant support, providing more proactive senior review of patients on both inpatient units particularly at weekends.
- Developed the workforce.
- Facilitated multi-disciplinary meetings (MDT) and virtual ward rounds when our Consultants were unable to be on site due to COVID-19 restrictions.
- Implemented administration of medicines for our Associate Nurse Practitioner.
- Introduced our Ward Liaison role to bridge our Dietitian vacancy.

- Saw an increased number of discharges from our inpatient units supporting patient choice and partnership working with community colleagues.
- Launched and embedded St Ann's 'Safe Staffing Guidelines' to ensure safe staffing levels.
- Increased admissions as part of our access to seven day services work, particularly at weekends.
- Secured funding to facilitate and deliver the personalisation agenda in some care homes.
- Acted as was one of four hubs across the Strategic Clinical Network (SCN) to deliver advance care planning with a train the trainer model of delivery.
- Supported and worked in collaboration with care homes teams to improve access to specialist palliative care patients in care homes.
- Worked closely in supporting Salford's district nursing team to provide care to patients throughout the pandemic.
- Provided ongoing delivery of specialist palliative medicine virtual and clinic support to those living in the community but requiring this specialist support.
- Established our Lymphoedema Assistant Practitioner in their post who now supports with reviews and appropriate work which enables the specialists to be more responsive to new referrals and the waiting list.
- Proactively and successfully risk assessed restarting lymphoedema services early on in the pandemic with the outcome of reducing hospital admissions and deterioration of patient's condition, in collaboration with our partners in Greater Manchester
- Partnered with colleagues across the city leading work as part for a GM wide Macmillan Lymphoedema programme.
- Reviewed our Occupational Therapists resources and literature in collaboration with our Marketing and Communications Team in relation to the management of fatigue to produce a suite of resources called 'Taking Charge'. These resources will be used 1:1 and in groups with patients to enable them to gain skills to self-manage their fatigue.
- Transformed the occupational therapy and physiotherapy face to face 'Breathing Space' programme to a series of four videos to enable these to be used during and after the pandemic for patients who may not be able to access face to face services at the hospice.
- Introduced our Trainee Assistant Practitioner role in psychological therapies.
- Implemented our redesigned integrated psychological therapy service 'Let's Talk'.
- Provided final year social work student placement.
- Provided virtual psychological support/ counselling therapies.



2. To be an organisation of choice

Over the last year, St Ann's has:

- Provided a COVID-19 secure environment within all areas of hospice.
- Provided access to COVID-19 vaccinations for staff.
- Provided access to COVID-19 testing for patients, visitors and staff.
- Continued to deliver Schwartz Rounds for staff to talk about the emotional challenges of working at the hospice, particularly through the COVID-19 pandemic.
- Held a Wellbeing Festival in January 2021, which focused on the health, wellbeing and resilience of our staff and provided links to internal and external support resources and provision.
- Launched and implemented ten 'Mental Health First Aiders'; this staff support network was launched during our Wellbeing Festival in January 2021.
- Commenced the first non-clinical apprenticeship to support up-skilling our internal staff, within our support services (catering), which was completed in 2020.
- Commenced an additional six non-clinical apprenticeships in January 2021, with the funding being supported by two external companies. These non-clinical apprenticeships were in catering, housekeeping, finance and HR.
- Reviewed and upgraded our e-learning systems to support the learning experience.
- Completed IT/digital skills assessments and completed a workforce development plan for support services.
- Held our staff and volunteer long service awards (online) which recognised their contribution and commitment to the hospice.
- Continued to be included in a pilot for Trainee Nurse Associate Practitioners.
- Provided staff with MDT educational sessions to raise awareness and improve understanding.
- Continued to receive excellent feedback from trainees placed at St Ann's Hospice.
- Successfully delivered a flu vaccination campaign to patient-facing staff.
- Created a culture of support within our Community Specialist Palliative Care Team, despite remote working and the challenges this brings. The team as a whole and in its cluster has met regularly to support each other and identify early any issues or concerns during the pandemic.
- Produced a pocket guide to health and wellbeing services available to staff, which was shared with employees, including those on furlough, shielding or sick.



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

Over the last year, St Ann's has:

- Fully embedded our band 5 Registered Nurse competency framework into practice to support Registered Nurse development, skills and competence and to help ensure we have high performing Registered Nurses in our teams.
- Continued to prioritise learning and development of the teams throughout the pandemic; for example, our Community Nurse Specialists completing their non-medical prescribing.
- Re-established clinical supervision within our Community Specialist Palliative Care Team to allow time for reflection, learning/development but most importantly allow our Community Nurse Specialists to explore their own personal and emotional reactions to work.
- Fully established our band 8a Specialist Palliative Care Nurses within the Specialist Palliative Care Team.
- Continued to explore collaborative opportunities with NHS Foundation Trusts and other providers of health and care and share best practice through a heightened spirit of mutual cooperation during the COVID-19 pandemic.
- Continued to ensure our PDRs focus on our values and behaviors.
- Continued to measure our patient experience through our patient and family feedback systems to ensure a compassionate experience for our patients and visitors.
- Maintained a full programme of mandatory training throughout the past 12 months.
- Maintained a full program of medicine management updates for all clinical staff.
- Continued to deliver the 'Mayfly Advanced Care Planning' training both internally and externally to colleagues in the wider community.
- Implemented many diverse training sessions for all staff including IT platforms and clinical procedures.
- Finalised St Ann's 'Leadership Behaviours' which have been used as part of our recruitment process for leaders appointed within the hospice.
- Continued to deliver our Leadership Exchange Network through innovative approaches due to the pandemic to support our leaders.
- Refreshed our Inspire/Aspire leadership development programmes to include the element of 'Emotional Intelligence' (self and social awareness) which received positive feedback and became the most popular session during the past year. This element also supports our new leadership behaviours.
- Produced a 'Managers HR Toolkit' for all managers and leaders within the hospice, in order to further support them with HR related matters.
- Continued to ensure that our hospice values are embedded into all communications activity, both internally and externally.
- Continued with our 'Fundraising Team Awards' which recognise high performance at monthly meetings, these are peer nominated.
- Encouraged and enabled fundraising staff to attend online conferences throughout the pandemic, five members of fundraising staff presented at regional and national industry conferences.
- Successfully secured funding under the Apprenticeship Scheme to enable one member of the Finance Team to obtain a professional accountancy qualification.

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:

- Rapidly adapted to provide care safely during the COVID-19 pandemic with adherence to strict infection control measures, minimising cross-site working, increase use of technology to support patient care where appropriate to reduce risks to individual patients and the wider palliative care population.
- Collaborated with our partners in the 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.
- Maintained a full service during the pandemic of the homeless palliative care programme, providing support to this highly vulnerable population. This included the introduction of a new specialist counselling service for members of the homeless community.
- Delivered online dementia care training in collaboration with Springhill Hospice and Dementia United.
- Continued to deliver motor neurone disease (MND) outreach clinics at our Heald Green site.
- Led on a Salford wide working party looking at improving access to specialist palliative care services for patients with learning disabilities through our Specialist Palliative Care Team.
- Led on a Salford wide working party to improve the experience of patients from the Orthodox Jewish Community at end of life through our Specialist Palliative Care Team.
- Supported and worked in collaboration with the inclusion team and hostels to improve access to the specialist palliative care service for the homeless population through our Specialist Palliative Care Team.
- Provided safe visiting on the inpatient units throughout the pandemic and facilitated virtual visiting alongside, regularly reviewing and amending our visitor's policy in line with best practice guidance.
- Provided senior medical support for the development of our COVID-19 secure specific outpatient estate on our Heald Green site.
- Provided senior medical support in the planning applications for the new building at Heald Green and the refurbishment of the estate at Little Hulton.
- Continued to improve technology in all areas and facilitated new and innovative ways of working to deliver efficient and effective services.
- Continued to provide support to patients with their dietary choices offering a wide range of food and supplements, despite the challenges faced due to the pandemic.
- Installed a gated security entrance system at one of our sites.
- Relocated the 'Haven' and began other preliminary work at our Little Hulton hospice in preparation of the planned refurbishment of the site.
- Purchased new equipment to ensure the hospice is able to deliver high quality services for patients, visitors and volunteers including a dishwasher for the volunteers' kitchen, ironing press for the laundry and a new heated food trolley.
- Responded to changes to mandatory inspections such as the Environmental Health Office (EHO) inspection which was completed electronically.
- Found innovative solutions to estate challenges presented because of the pandemic; such as, continuing to complete projects within the grounds by using a local corporate volunteer and a professional landscaping company.
- Ensured key messages, revised messages and supportive information were delivered externally for patients, families and visitors via our website by our Marketing and Communications Team.
- Created online services as an alternative for our 'Light up a Life' and 'Forget Me Not' memory services which could not go ahead face to face. This enabled those who have been affected by the loss of a loved one to join together in remembrance.

5. To continue to be financially viable

Over the last year, St Ann's has:

- Been responsive to being creative in looking at different ways to generate the income to maintain our services for patients, their families and loved ones.
- Applied for business grants which were available to support retail outlets which had to be closed due to the pandemic.
- Obtained income via an urgent public appeal for early mitigation of the potential lost income due to the pandemic to help keep our vital services operating. This delivered a legacy of new regular giving and lottery players.
- Obtained income via monthly finance returns for Hospice UK and the Department of Health and Social Care COVID-19 capacity tracker.
- Produced best/mid/worst case forecasts at the start of the pandemic to ensure senior management and our Board of Trustees were aware of the potential impact of COVID-19 on our services and to enable informed decisions to be made.
- Launched a telephone recruitment campaign for the St Ann's Hospice Local Lottery.
- Continued to operate our online shop.
- Continued to offer a house clearance service.
- Developed a mail order catalogue for new goods.
- Developed a 50th Anniversary range of products.
- Operated a click and collect service from the distribution centre.
- Constantly reviewed contractor costs to find savings to ensure we were able to continue to provide vital support services.
- Continued to develop our legacy giving program with a new strategy and refreshed materials.
- Worked in collaboration with GM Hospices to amplify the voice of legacy fundraising in the Greater Manchester area.
- Increased our sustainable income from regulars givers with two recruitment programmes and an uplift ask to existing donors.
- Innovated and offered alternative ways to fundraise including a weekly celebrity quiz, comedy night and online ladies lunch.
- Adapted our flagship 'Manchester Midnight Walk' event to be a virtual event.
- Applied to a number of COVID-19 response funds and achieved success in many of these.
- Secured £50,000 for our 50th birthday year in our 'Christmas Tree Collection Partnership' with JustHelping.
- Secured a partnership with Stockport Business Improvement District for the 2021 'Frogs Campaign'.
- Developed our partnership with the Trafford Centre ahead of our 50th birthday celebrations in which we will work closely with the Trafford Centre team to raise funds to continue our services.
- Continued to develop our donor journey through our strategic work to increase retention of donors, this has delivered a 25% decrease in lost donors over a three year period.
- Evaluate our 'tribute fund' product to ensure that it is the most suitable and accessible for those wishing to raise money in their loved one's name.

Our future plans, aspirations and forward direction

What are our plans for 2021/2022?

General:

- To review our hospice values to ensure that they are still reflective of the organisation.
- To strengthen our governance systems and processes.
- To explore further quality improvement work across the organisation.
- To continue to build on mutual support and collaboration which has been enhanced through the COVID-19 pandemic.
- To review our volunteer roles to ensure the most effective use of their skills and time.
- To continue to develop the Staff Hub (intranet) to ensure it meets the needs of employees and volunteers and continues to act as a central point for all important information across the organisation.
- To continue to work through the 'Investors In People Framework' to achieve the highest level possible when we are re-accredited in June 2021.
- To create a 'Forget Me Not' installation of a large birthday cake surrounded with 'Forget Me Nots' at the Trafford Centre. This will allow supporters to buy a steel 'Forget Me Not' and be part of the installation, afterward the flowers will be returned to them to keep in the gardens.
- To continue to offer online remembrance services alongside our face to face services to allow those who are unable to travel to the venues to share in the service and remember their loved ones.

Clinical:

- To continue to undertake our five year project which started in January 2020 to streamline services for the homeless community.
- To build on the initial work the Community Specialist Palliative Care Team has started in collaboration with our Homeless Palliative Care Co-ordinator.
- To facilitate collaborative working with acute NHS trust band 8a Specialist Palliative Care Nurses around service developments.
- To continue to deliver our external training and education projects and launch those which were placed on hold due to the COVID-19 pandemic.
- To implement our delirium guidelines to improve management of delirium within our services.
- To implement single nurse administration of controlled drugs to improve patient experience and outcomes.
- To expand our outpatient and Being You Centre hospice provision.
- To develop and deliver our clinical roadmap to recovery embracing all the positive changes we have adopted during the COVID-19 pandemic to ensure ongoing delivery of safe and effective care to patients across all settings.
- To develop Speciality and Associate Specialist (SAS) doctors within the organisation to ensure they have the opportunity to reach their full potential.
- To provide a new placement to a trainee General Practitioner (GP) over 2021.
- To take opportunities to work with the newly forming Integrated Care Systems (ICS) and clinical leadership structures across our localities and regionally.
- To explore opportunities to support other specialist clinics and links to other services.
- To maximise use of updated outpatient facilities at Heald Green.
- To review medical input to the Being You Centre to ensure patients can access specialist medical support in a timely manner and in collaboration with other members of the MDT.
- To implement electronic community prescribing for the hospice.
- To develop a new internal clinical education group to enable identification of training needs to retain a highly skilled workforce.
- To deliver a new method of ward based competencies using clinical skills educators on the wards. These educators will be supported to gain educational qualifications to support their training role.
- To recruit to the dietetic role which will enable further development of the ward liaison role to support patient's nutritional and hydration needs.
- In collaboration with Manchester University Foundation Trust's IPC team, to reintroduce an inpatient service for patients who require aerosol generating procedures as

this was suspended during the last 12 months.

- To continue to work towards achieving our agreed CQUIN.
- To look at how our community teams can continue to work collaboratively with District Nurses to continue to provide a cohesive, patient centred approach to palliative care and to enable patients to achieve their preferred place of death (PPD).
- To provide an urgent response service, reactive to need through our Hospice@Home Team.
- To create a toolkit for patients and healthcare professionals to use around the non-pharmaceutical management of pain.
- To develop and innovate our services within our Being You Centre.
- To transform our 'Relax and Unwind' programme into a virtual option to enable patients now and in the future to access these resources when they are unable to attend face to face.
- The Christie NHS Foundation Trust to design and deliver a set of easily accessible training videos suitable for care home and community staff.
- To develop self-management resources for anxiety and pain to further enhance supporting patients to proactively manage their own symptoms.
- To continue to work in partnership with a local University to develop the academic level 7 accreditation of the Clinical Leadership in Action (CLiA) Programme.
- To work with our two newly appointed consultants to develop new workstreams drawing upon

the new expertise and experience they bring.

- To review clinical research opportunities we may wish to explore and develop including areas for collaboration

Facilities management:

- To review, re-evaluate and drive forward with our plans to deliver a world-class facility at our Heald Green site taking into consideration all the learning we have obtained during the last 12 months of the COVID-19 pandemic.
- To continue our refurbishment of our Little Hulton site to ensure its future sustainability and security.
- To implement revised ways of working for our housekeeping teams in line with revised best practice guidance.
- To continue to review our costs to find savings and to ensure we were able to continue to provide vital support services.

Future aspirations:

- To relocate our bridal offering to the first floor at our Stockport shop.
- To expand our donation drive-through events to offer a weekly occurrence.
- To build on the success of our online retail department, using our multi-channel retail strategy, to deliver growth at pace and scale.
- To expand Facebook Marketplace as a platform for furniture/ large ticket items offering a click and collect service from our Distribution Centre.

- To review, develop and implement our Trading Company strategy.
- To continue with both traditional and telephone campaigns for lottery recruitment throughout this next financial year.
- In conjunction with Hospice UK, to participate in a national raffle for our supporters with a prize of £100,000.
- To introduce further mail order ranges for new goods.
- To explore pop-up shop opportunities within the high street.
- To reinvigorate community and fundraising events using our 50th birthday celebrations as a platform for this.
- To increase the number of volunteers supporting the Fundraising Team both in the office and the community.
- To further improve our communication and increase the opportunities for donors to continue supporting St Ann's.
- To use the knowledge, experience and expertise across our Finance, Communications, Trading Company and Fundraising Teams to support our Capital Campaign project to deliver a new world-class facility at our Heald Green site.

Forward direction:

St Ann's Hospice celebrates a history of success, being one of the oldest and largest hospices in the UK. We feel highly privileged to be able to provide care and support to patients, their loved ones and care givers and will continue to work towards providing world class palliative and end of life care for all of those people we support. We will continue to work towards achieving our five year strategy during the coming 12 months alongside embedding our clinical strategy, as we reflect back on our achievements and challenges and look towards the requirements for our next five year strategy in 2022.

We will continue to monitor, measure and reflect on the quality of the services we provide and actively seek new ways to obtain feedback and establish where improvements can be made. As we celebrate our 50th year, we want to ensure our work and the services we provide are high quality, effective, efficient and dynamic as we face the future together.

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



Our services

St Ann's works in partnership and our services are commissioned by seven CCGs, four of which are in a consortium led by Stockport and including Manchester, Salford and Trafford. This approach and cross-site setting provide opportunities and supports patient choice allowing us to deliver the best care and achieve good outcomes for the population regardless of diagnosis or care setting. Our services are currently delivered on two sites; Heald Green, and Little Hulton, as well as in the community. We serve a population of just over two million across Greater Manchester and East Cheshire.

Statutory Requirements

Services

During 2020/2021, St Ann's Hospice provided seven relevant health services.

St Ann's Hospice has reviewed all the data available on the quality of care in all seven of these relevant health services. This information can be found within part three of this Quality Account.

Income

The income generated by the relevant health services reviewed in 2020/2021 represents 41% of the total income generated from the provision of relevant health services by St Ann's Hospice for the period 1 April 2020 to 31 March 2021.

National Clinical Audits, local clinical audits and national confidential enquiries

During 2020/2021 the number of national clinical audits and national confidential enquiries which covered the relevant health services that St Ann's Hospice provides was NIL.

The number of national clinical audits and national confidential enquiries that St Ann's Hospice was eligible to participate in during 2020/2021 was NIL.

The reports of six local clinical audits were reviewed by the provider in 2020/2021 and St Ann's Hospice intends to take the following actions to improve the quality of healthcare provided:

- Implementation of our developed delirium guidelines and re-audit.
- Single nurse administration.
- Development and improvement of our electronic patient record system including ensuring we have appropriate and safe care plans.

- Re-evaluation of building plans based on learning from revised IPC standards during the COVID-19 pandemic.
- Development of new methods of managing pain without the use of medicines.
- Amendments to referral documentation for clarity and improvement of positioning of key questions; for example, capacity.
- Improvement of standard of doctors discharge letters and re-audit.

Research

The number of patients receiving relevant health services provided or sub-contracted by St Ann's Hospice in 2020/2021 that were recruited during that period to participate in research approved by a research ethics committee was NIL.

Quality improvement and innovation (CQUIN) goals

St Ann's Hospice's income in 2020/2021 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because the operation of CQUIN has remained suspended for all providers until 31 March 2021 due to the COVID-19 pandemic. St Ann's was not required to implement the CQUIN requirements, carry out CQUIN audits nor submit CQUIN performance data. However, we have continued to actively participate in the CQUIN and further details are provided in part three of this Quality Account.

Regulatory Information

St Ann's Hospice is required to register with the Care Quality Commission and its current registration status is registered with no conditions attached to the registration.

The Care Quality Commission has not taken enforcement action against St Ann's Hospice during 2020/2021.

St Ann's Hospice has not participated in any special reviews or investigations by the CQC during the reporting period.

Information Governance

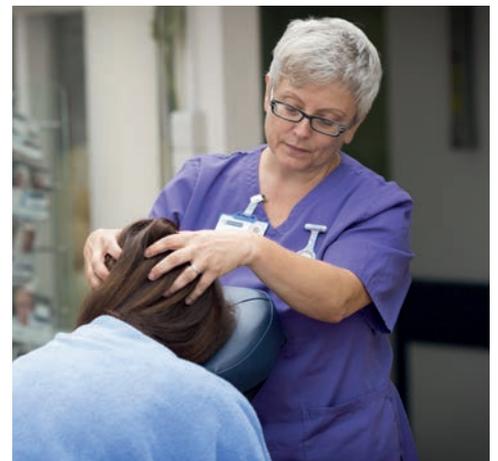
St Ann's Hospice did not submit records during 2020/2021 to the Secondary Uses service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

St Ann's Hospice's level for self-assessment of the Data Security Protection (DSP) toolkit for the reporting period is not due for submission until 30 June 2021. However, our previous submission showed that all standards were being met.

St Ann's Hospice was not subject to the Payment by Results clinical coding audit during 2020/2021 by the relevant authority.

St Ann's Hospice will be taking the following actions to improve data quality:

- Continuation of the monitoring and reporting of potential information governance incidents through our electronic incident system.
- Continuation of reporting of information governance incidents to the Information Commissioner's Office (ICO) where applicable.
- Continuation of visual management to remind staff to check three key identifiers when selecting patient records.
- More detailed monitoring of and recording of issues and concerns through our regular data reporting carried out by our Clinical Administration Team.
- Assessment and evaluation through audit of updated electronic patient record system training.
- Undertaking of quality improvement project within the next twelve months to review and update our electronic patient records system and care plans, to promote good record keeping, data quality and ensure compliance with national guidelines.



Areas for Improvement

Priorities for improvement 2021/2022

| Area | Aim | How we will measure ourselves | How we will report back on improvements |
|---------------------------------|---|--|--|
| Facilities Management (estates) | Progress the refurbishment of our Little Hulton site to ensure we have an appropriate environment in which to deliver care and treatment. | Progress will be measured against our schedule for refurbishment. | Internally during the refurbishment through the relevant meetings; for example, our Executive Leadership Team Meeting and our Facilities Management departmental meetings. |
| Facilities Management (estates) | Reassess and re-evaluate the development plans for our Heald Green site to ensure the plans meet the needs of our patients, families, visitors, volunteers and staff. Begin progress with development plans with a view to mapping out a schedule for the development. | Reassessment and re-evaluation will be measured by benchmarking against relevant legislation; for example, Health Building Notes and infection prevention and control standards (particularly in relation to COVID-19). Progress with development plans will be measured against timeframes set in agreement with the relevant bodies and the Board of Trustees | Through our website and our publications; for example, our quarterly 'Friends' magazine. |
| Clinical (inpatient Units) | Single nurse administration programme to improve patient care and treatment; for example, timeliness of pain control. | Initially this will be a pilot which will be evaluated through: <ul style="list-style-type: none"> • Audit of pilot • Incident reporting • Learning • Patient and family feedback | Initial pilot will be reported back internally through our Clinical Quality and Performance Committee, through the Board of Trustees and NHS England. |

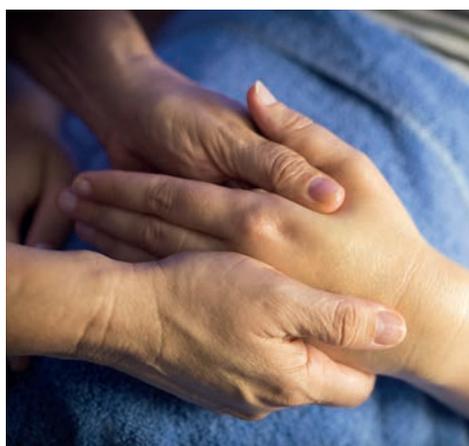




| | | | |
|-----------------------------------|---|---|---|
| <p>Clinical (patient records)</p> | <p>Continue to develop the operability of the electronic patient record system including ensuring we have effective care plans which are safe and appropriate for patients.</p> <p>Continue to develop our systems and processes to ensure that information is shared appropriately and in line with legislation.</p> | <p>Electronic patient record project map which will detail timelines and include multi-disciplinary input. Completed milestones will be audited and feedback sought.</p> <ul style="list-style-type: none"> • Audits • Incident reporting • Through GM hospice collaborative working • Data Protection Security (DSP) Toolkit | <p>Internally this will be reported through our Clinical Performance and Quality Committee and our Information Governance meeting.</p> <p>Publication of our DSP Toolkit.</p> |
| <p>Clinical (all areas)</p> | <p>Development and implementation of a 'clinical roadmap to recovery' which aims to look at accessibility to services, resuming services safely and learning from the COVID-19 pandemic. This will support our existing work stream around seven day services.</p> | <p>Progress against the roadmap will be measured by:</p> <ul style="list-style-type: none"> • Audit • Patient and family feedback • Referrer feedback • Benchmarking against best practice guidance • Collaborative working | <p>Internally this will be reported through our Clinical Performance and Quality Committee and Board of Trustees.</p> <p>The clinical roadmap to recovery will be published on our website.</p> |



| Area | Our aim was to... | We achieved... |
|--|--|---|
| Clinical (inpatient units and medical outpatients) | Increase access to seven day services. | <p>Funding approved and one full time equivalent Advanced Nurse Practitioner recruited to each site.</p> <p>Face to face consultant reviews seven days.</p> <p>Increased admissions over the weekend which has helped to reduce large waiting lists to the inpatient units on a Monday.</p> |
| Clinical (patient and family support team) | Increase access to our psychological services for both patients and their families. | <p>Launch of the 'Let's Talk' service which has supported patients their families in a number of settings throughout the pandemic.</p> <p>This service has also supported staff throughout the last year.</p> |
| Clinical (outreach services) | Improve outreach services by changing how we and other organisations work with homeless clients who have advanced ill health, giving them a better quality of life, the opportunity to choose their treatment, the chance to reconnect with loved ones, and the possibility to die in a dignified, comfortable way in a place of their choosing. | Adapted the service and maintained this initiative throughout the pandemic working with hostels and the inclusion team to improve access to specialist palliative care service for the homeless population. |
| Organisational development | Improve the IT and digital skills of all of our staff. | <p>IT/Digital skills assessments and a workforce development plan were completed in 2020.</p> <p>Requirement for digital champions has been established (due to the above) and will be launched in 2021 to support staff.</p> |



Collaborative working

The past year has seen St Ann's strengthen our alliances and enhance collaborative working with external partners, key stakeholders and the wider GM community. We have witnessed and participated in the coming together of organisations to support and guide each other during this turbulent time and the many challenges the pandemic has brought.

During 2020/2021, throughout the pandemic, we have participated in and collaborated in the following:

- Department of Health COVID-19 tracker, reportable to our lead CCG to help oversight of capacity within the system.
- Acting as a North West hub for the storage and distribution of personal protective equipment (PPE) during the pandemic for other hospices in the North West.
- Continuing our work with, and in support of our local Higher Education Institutes (HEIs) to deliver a cross section of clinical apprenticeships.
- Continuation of our relationship with Manchester Foundation Trust's IPC team, which has been pivotal in ensuring safe practice in line with national and local best practice guidance. This relationship has meant we have been able to respond quickly and effectively to changes and updates. We have also benefited from training, audit and onsite verification of our safe practice.
- Mutual aid collaboration with Manchester University NHS Foundation Trust and Stockport NHS Foundation trust.
- Our Medical Director has held a leadership role across Greater Manchester through being the Palliative Care Clinical Lead for Greater Manchester and Eastern Cheshire Strategic Clinical Networks.
- Collaborative, regular Greater Manchester wide virtual calls with other locality and palliative care leads to maintain best practice and share learning.
- Collaboration with partners in Greater Manchester to develop palliative care lymphoedema guidelines.
- Continuation of collaboration to work alongside the Strategic Clinical Network (SCN), to help organise online educational, palliative care resources for community teams.
- Working in collaboration with the Greater Manchester Hospices group, sharing best practice and providing support during the pandemic.
- Our Medical Director is a member of Greater Manchester Hospices Medical Director Forum.
- Taking part in chairing numerous lectures in the inequalities lecture series, this again was in collaboration with the SCN.
- Continuation of collaborative work through across Greater Manchester Health and Social Care Partnership (GMHSCP), GM Hospices and in conjunction with the SCN regarding seven-day access, changes to the palliative medical training curriculum and how all those variables may impact on hospice services.
- Continuation in the Macmillan project across Manchester which has included enhancing the community palliative care service. We have been informing the project steering group and project Board about the invaluable service Hospice@Home can provide, as well as showcasing all hospice services and benefits and opportunities we can contribute to the wider health and social care economy.
- Collaborative project with partners across GM to share expertise and look at ways to improve services to patients with primary and secondary lymphoedema.
- Collaboratively building links with local homeless community services to ensure we work in partnership and can deliver care that is tailored to the unique needs of each individual.

Patient facing services

Clinical teams

- Our clinical teams at St Ann's are led by the Director of Clinical Services who is our Senior Information Risk Owner (SIRO) who is supported by our Heads of Clinical Services at each respective site. Our clinical teams consist of:
 - Inpatient unit teams including Ward Managers, Ward Sisters, Charge Nurse, Advanced Nurse Practitioners, Nurses, Associate Nurse Practitioners, Assistant Nurse Practitioners, Healthcare Assistants, Ward Liaison
 - Being You Centre teams including Team Leaders, Key Workers, Healthcare Assistants, Creative Therapists and a Music Facilitator.
 - Hospice@Home teams including Team Lead, Nurses and Healthcare Assistants
 - Community specialist palliative care nurse service which includes Advanced Clinic Nurse Specialists, Clinical Nurse Specialists, Social Worker and Occupational Therapist.
 - Rehabilitation teams encompassing a wide team of both allied health care professionals and therapists including Physiotherapists, Occupational Therapists, Dietitian, Lymphoedema Practitioners, Assistant Practitioners and Complementary Therapists.
 - Pharmacy services including Specialist Palliative Care Pharmacists and Pharmacy Technicians.
 - Homeless Palliative Care Co-ordinator.
 - Patient and Family Support Team including the Bereavement Team, Chaplaincy Team, Counsellors, Social Workers and Trainee Assistant Practitioners.

- Clinical Administration Team including Clinical Administration Co-ordinators, Medical Secretaries, Clinical Services Secretaries, Ward Clerks and an Admissions Officer.
- Clinical volunteers

Our clinical teams have worked hard throughout the pandemic to maintain our services, being flexible and adaptable to the changes requested of them. We have endeavoured to make the safety of our patients, visitors, staff and volunteers a priority, redeploying clinically vulnerable staff to other areas within our hospice services and maintaining a rolling programme of risk assessments to ensure the safety of everyone.

Our inpatient units have continued to operate a full inpatient service, throughout the last 12 months and we have seen an increase in admission numbers. This has been particularly evident at weekends and bank holidays due to our continuing work around access to seven day services. Our staff have continued to support patients and their families with all aspects of their care, providing them with information to make informed choices including preferred priorities of care and preferred place of death (PPC & PPD), nutrition and hydration, medicines and visiting.

Our Being You Centre has continued in a virtual format over the last 12 months. These services have continued to include key worker reviews, signposting and psychological support. Our Being You Centre Team has been pivotal in supporting patients who would normally access services but have had to shield due to the COVID-19 pandemic. Feedback from patients had indicated that this has supported well-being and mental health throughout the last year. Our creative and music therapies have continued on our inpatient units and virtually, and



the teams have used video recordings to reach out to our patients. In addition, our Being You Centre staff implemented and rolled out our regular staff and visitor COVID-19 testing.

Our Community Specialist Palliative Care Team has continued to provide a full face to face service during the last 12 months and have seen an increase in referrals during this time. The team has delivered specialist clinical leadership and expertise for patients, our staff and acute hospital staff throughout the past year. The team has adapted services when required to include video and telephone consultation.

Our Homeless Palliative Care Co-ordinator has maintained a full face to face service throughout 2020/2021. During this period, this service directly assisted 28 people in need of palliative care support across the GM footprint. In addition the service directly supported 42 people who had been impacted by loss. In addition, our Co-ordinator has worked collaboratively with our Community Specialist Palliative Care Team to make inroads into reaching out to this vulnerable population, working with the wider Greater Manchester homeless network.

Our Hospice@Home Team has maintained a full service throughout 2020/2021. This service has successfully continued to triage referrals within 48 hours, assess the needs of patients at each visit and continued to provide ongoing emotional and psychological support for patients and their families, alongside collaborating more than ever with the District Nursing Teams.

Our Rehabilitation Teams have maintained the majority of services throughout 2020/2021 with some services being reintroduced in the latter part of the pandemic. All teams have risk assessed and adapted services wherever possible in order to continue providing these vital roles. For example, the 'Breathing Space' programme which was adapted to support patients was moved to a video format and the team was able to continue to refer externally for assessment and support with swallowing and communication (facilitated virtually). Our Complementary Therapists were able to provide services from the mid to later stage of the pandemic which is a huge success for the team as many other hospices had been unable to provide any of these services during 2020/2021.

Our Patient and Family Support Team has continued to support our patients, their families, volunteers and staff

during 2020/2021. The team has adapted services to offer virtual psychological support and counselling therapies to meet the needs of our patients, their loved one and families. They have supported the implementation of our ten Mental Health First Aiders and the continuation of Schwartz Rounds for staff. Schwartz Rounds provide a structured forum in which staff can regularly come together to discuss the emotional and social aspects of working in healthcare. In addition, the team has introduced a Trainee Assistant Practitioner role in psychological therapies and secured the provision of a final year social work student placement.

Our Pharmacy Team has continued to provide pharmacy services, throughout 2020/2021 under our service level agreement with Salford and Wythenshawe. This team, with support from our Advanced Nurse Practitioners and Medical Team, has helped to maintain pain management, symptom management, medication administration and discharge planning, throughout the pandemic.

The Clinical Administration Team has supported the Clinical and Support Services teams by working innovatively and collaboratively throughout the pandemic whilst maintaining the administration of the clinical services and data collection.

Sadly, all clinical volunteers have remained stood down from their roles. The initial decision to stand down volunteers was taken in response to social distancing and lockdown measures posed by the pandemic and also as many volunteers are in a vulnerable category. This has been reviewed regularly by the Heads of Department and we hope to reinstate our clinical volunteers, who provide vitally important roles to our clinical services during the forthcoming year.

Medical team

Our Medical Team at St Ann's is led by the Medical Director who is our Caldicott Guardian and is supported by our Associate Medical Director. Our Medical Team consists of:

- Palliative Care Consultants
- Associate Specialist
- Rotational Doctors
- Speciality Doctors
- Our consultant-led Medical Teams has continued to provide care across both our inpatient units, seven days a week and led MDT meetings at each

site. In addition, our Consultants have provided support to our Community Specialist Palliative Care Team, Salford Integrated Community Team and have participated in our local acute hospital's MDT meetings.

- During the last year, our Medical Team has undertaken a review of the second 'on-call' Consultant role and developed this to be more of a pro-active role within our medical service.
- Our Medical Teams has maintained regular medical out-patients clinics at each site, including motor neurone disease (MND) clinics. These clinics have been adapted by using a blended approach of telephone, video and face to face consultations because of the pandemic.
- Medical support has been provided to our Being You Centres at both sites, with virtual support for patients and families and the team has also supported our 24 hour advice line.
- Our Medical Teams has continued to support Outcome Assessment and Complexity Collaborative (OACC) through the pandemic.
- 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.

OACC Outcome Data and Themes for the period 2020/2021

Outcome Data

- Pain Management reduced by 14% from admission for severe or overwhelming pain.
- Family Anxiety reduced by 12% in terms of relatives experiencing severe or overwhelming symptoms.

Themes

- Fatigue
- Family Anxiety
- Pain Management
- Mobility

24 hour advice line

St Ann's 24 hour advice line is manned by a Registered Nurse with support from our Medical Team and is provided 24 hours a day, seven days a week. The service has been maintained throughout the last 12 months and provides telephone support for both healthcare professionals and patients, families and care givers from across Greater Manchester (Salford, Trafford, Manchester and Stockport). The table below shows the number of calls received by the advice line for the current reporting period and previous four years of reporting periods.

| St Ann's 24 Hour Advice Line | | | | | |
|----------------------------------|-----------|-----------|-----------|-----------|-----------|
| Descriptor | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 |
| Total number of calls | 583 | 574 | 494 | 665 | 634 |
| Healthcare professionals | 258 | 249 | 223 | 285 | 208 |
| Patients and carers | 277 | 275 | 271 | 375 | 426 |
| Pain control | 162 | 170 | 147 | 214 | 179 |
| Symptom control | 247 | 193 | 152 | 189 | 199 |
| Service and referral information | 97 | 87 | 61 | 57 | 59 |
| Non clinical | 19 | 15 | 11 | 13 | 15 |
| Other* | 129 | 124 | 130 | 169 | 155 |

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

The table shows that call volumes to the advice line remain comparable to previous years with the exception of calls from patients and carers where there has been a significant increase in calls to the advice line over the past twelve months. The majority of calls were around patient pain and symptom control. Advice given may be able to help patients to avoid unnecessary admissions to hospital and assist in delivering patient centred care that is appropriate to the patient. St Ann's will look to this important data to inform future care, treatment and services within the next reporting period.



Patient safety

Infection prevention and control

Infection prevention and control has been the predominant focus of our services during 2020/2021 due to the COVID-19 pandemic. All our teams across the hospice have worked tirelessly to ensure the safety of our patients, families, visitors, volunteers and staff. We have responded proactively to comply with PHE guidance throughout the past year, to continuously risk assess and to implement new ways of working as we have faced the challenges that the pandemic has brought.

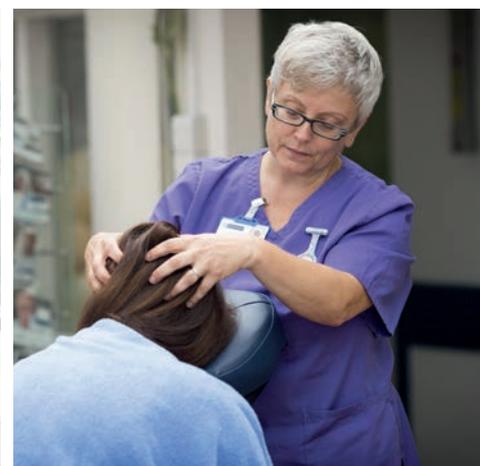
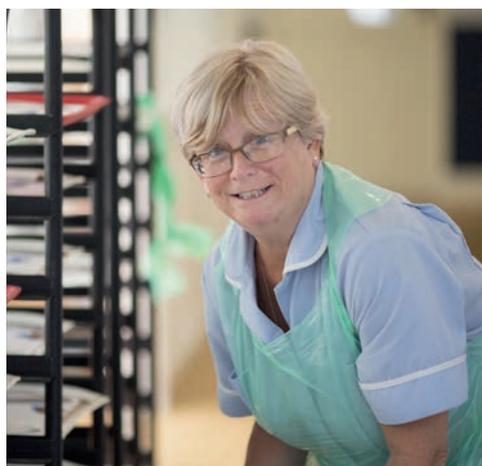
At the end of the reporting period, we had successfully vaccinated 83% of staff with their first COVID-19 vaccination and 53% of staff with both doses of the COVID-19 vaccination.

In addition, we had successfully vaccinated 90% of staff who were eligible to receive their flu vaccination.

We have continued to collect surveillance data in line with the requirements of PHE, NHSE and our lead CCG. The table below details that surveillance data for the period 2020/2021.

Surveillance Data April 2020-March 2021

| | |
|--|---|
| Hospice acquired COVID-19 | 2 |
| COVID 19 Outbreak (meeting PHE criteria) | 1 |
| MRSA | 0 |
| MSSA | 0 |
| E-Coli | 0 |
| GRE | 0 |
| CDI | 0 |
| CPE | 0 |



Safeguarding

St Ann's Hospice remains committed to ensuring safeguarding is part of its core business and recognises that safeguarding children, young people and adults at risk is a shared responsibility with the need for effective joint working between partner agencies and other professionals.

We recognise our responsibility to uphold individual human rights, treat individuals with dignity and respect and safeguard them against abuse, neglect, and discrimination. Our Safeguarding Lead and Social Work Team strive to ensure that all staff are knowledgeable, confident and equipped with the skills to deal with processes and procedures when concerns arise relating to safeguarding and patient safety. This is reflected through our policies, incident management system, audits and training programmes.

Our safeguarding lead in collaboration with our clinical leads produces a hospice safeguarding strategy every three years, which aligns with our clinical strategy and sets out goals and objectives to work towards strengthening and improving our safeguarding arrangements across the organisation where possible. Our current strategy spans 2019-2022. In addition, we produce an annual 'Safeguarding Adults and Children' report which aims to provide assurance that we continue to protect patients, their families and loved ones.

Incident management

All incidents, accidents and near misses are reported at St Ann's via our electronic incident management system. Staff are supported by a suite of policies, procedures and guidance around incident management within the organisation.

Incidents are discussed at relevant meetings; for example, team/ward meetings and clinical leaders meetings for clinical incidents.

We have always encouraged openness and honesty, in line with duty of candour. Our culture encourages candour, openness and transparency across all departments within the hospice and in any communication with patients and families in relation to both notifiable safety incidents and non-notifiable safety incidents. We have ensured that the requirements to be open when things go wrong are explicit within our complaints, incident management and whistleblowing policies.

The table below details the number of incidents, accidents and near misses which were reported during this reporting period and any incidents which required notification to external bodies:

| Descriptor | 2019/2020 | 2020/2021 |
|--|-------------------|-------------------|
| Total | 403 | 406 |
| Clinical | 279 | 313 |
| Non-clinical | 124 | 93 |
| Notifiable safety incidents (RIDDOR) | 4 | 4 |
| COVID-19 notifiable incidents (RIDDOR) | N/A | 29 |
| Notifiable safety incidents (CQC) | 3 | 5 |
| Duty of Candour Discharged | 1 of 1 applicable | 1 of 1 applicable |

Actions taken as a result of incidents, accidents and near misses during the reporting period include:

- Implementation of environmental walk-rounds.
- Introduction of new falls monitors.
- Introduction of visitor lateral flow device (LFD) testing.
- Improvements in communication and feedback.
- Improvements in sharing of learning between teams.

Staffing

St Ann's is committed to ensuring our staffing levels are safe so that patients are able to receive the person centred care and treatment they need. We review staffing levels daily, across sites and safe staffing is managed via our safe staffing guidelines which encompass medium and high-risk pathway guidance and cross-organisational working for both nursing and medical staff.

Staffing has remained a challenge during the last 12 months because of the pandemic, despite improvements in staffing numbers which has seen both sites reach full nursing establishment. Our teams have worked flexibly and we have redeployed and retrained staff across the organisation to make sure there are enough suitably qualified staff.

In addition, we have used the following measures to monitor, assess and improve our staffing levels to ensure patient safety during the last 12 months:

- Tracking input via the Department of Health and Social Care COVID-19 tracker.
- COVID-19 organisational risk register.
- Regular collaboration with our lead CCG regarding staffing levels and admission requirements.
- COVID-19 risk assessments.
- Return to work interviews for staff.
- Asymptomatic lateral flow device (LFD) and polymerase chain reaction (PCR) testing.
- COVID-19 vaccination programme.
- Increasing the number of bank medical staff.
- Medical staff acting down when necessary to fill gaps in rotas.
- Increase in medical sessional time overall provided by speciality doctors.
- Implementation of the on call rota when required.
- Continuation of training of our Advanced Nurse Practitioner roles at each of our hospice sites to bridge the gap between medical and nursing teams.
- Use of our Ward Liaison role to facilitate nutritional and hydration needs whilst we recruit to the Dietitian post.
- Successfully recruited to our medical team vacancies including consultant posts.

| | 2016/2017 | 2017/2018 | 2018/2019 | 2019/2020 | 2020/2021 |
|----------------------|-----------|-----------|-----------|-----------|-----------|
| Sickness and absence | 5.3% | 4.4% | 3.8% | 4.3% | 4.8% |
| Staff turnover | 16.9% | 20.2% | 20.1% | 14.8% | 15.4% |



Wound care

All patients admitted to St Ann's are assessed on admission for their risk of skin damage and appropriate preventative measures are put in place. Managing skin integrity and wounds within a palliative care environment can often be challenging. Many patients who are admitted can experience deterioration due to progression of their condition. Our aim is to stabilise existing wounds, prevent new wounds (where possible) and manage any symptoms to improve patient comfort, well-being and quality of life. We provide education and training for our staff and monitor, record and investigate new pressure sores acquired 6 hours after admission which are grade 2 and above. We use the data we collate to seek improvements and feedback any learning from investigations to staff.

The table below shows the data collected for the current reporting period and the previous three years.

| | 2017/2018 | | 2018/2019 | | 2019/2020 | | 2020/2021 | |
|---|----------------------|------------------|----------------------|------------------|----------------------|------------------|----------------------|------------------|
| | Present on admission | Hospice acquired |
| Number of pressure ulcers | 55 | 38 | 25 | 18 | 35 | 30 | 63 | 24 |
| Hospice acquired pressure ulcers Grade 2 or above | 30 | | 12 | | 15 | | 21 | |



Quality

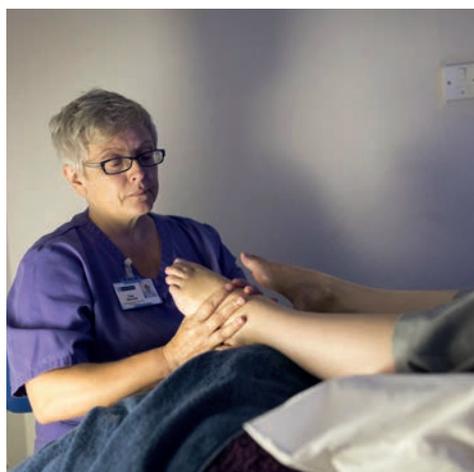
Quality assurance

St Ann's measures the quality of the services provided in various ways to ensure that the care we are providing is safe, effective and of the best possible standard in line with our strategic aims.

The table below sets out two methods of quality assurance employed by St Ann's during the period 1 April 2020 to 31 March 2021. The information described within the table formed part of the data reviewed for this reporting period as part of the statutory requirements detailed in part two of this report.

| Reports and Audits | | | | |
|--|---|---|------------------------------|---|
| Name | Owner | Purpose | Frequency | Governance |
| Quality Account | Quality Lead | Review of the quality of services provided | Annual | Lead CCG, Health-watch, Board of Trustees, Executive Leadership Team |
| Data Sets | Director and Heads of Clinical Services | To report on key performance indicators (KPIs) and national benchmarking to provide quality assurance | Quarterly (reviewed monthly) | All CCGs, Hospice UK, Clinical Quality and Performance (CQP), Executive Leadership Team Committee, Board of Trustees. |
| IPU Safety Audits | Site Facilities Managers and Heads of Clinical Services | To provide assurance of compliance with best practice guidance and legislation | Monthly | Heads of Department Meeting Safety Assurance Group (SAG) |
| Clinical Performance and Quality Reports | Heads of Clinical Services | Review all clinical services for quality assurance includes staffing, incidents and IPC | Quarterly | CQP Committee which includes a nominated Trustee, exceptions are reported to the Board of Trustees |
| Local Intelligence Network (LIN) Reports | Heads of Clinical Services | Safe use of Controlled Drugs assurance | Ongoing | CQP Committee LIN WEBSITE |
| Safeguarding Annual Report | Safeguarding Lead | Review of safeguarding services for assurance | Annual | Lead CCG Stockport Metropolitan Borough Council |

| | | | | |
|--|---|--|--|--|
| Safeguarding Audit Assurance Tool | Safeguarding Lead | Review of safeguarding incidents and services for assurance | Quarterly | Lead CCG |
| Outcome Assessment and Complexity Collaborative Measures | Quality and Governance Lead | Monitors outcome measures as defined to inform improvements | Quarterly (reviewed monthly) | Lead CCG, CQP Committee Board of Trustees |
| Incident Reporting | Area specific | Monitoring the number of incidents and/or near misses to identify themes, trends and areas for improvement | Quarterly | Heads of Department Meeting, CQP Committee, SAG Meeting |
| Complaints Reporting | Director of Clinical Services | To monitor clinical complaints, identify themes and trends for improvement | Quarterly (as part of Board report) | CQP Board of Trustees |
| EMIS Access Reports | Information Governance Lead | Monitoring safe access to patient records to give assurance and comply with legislation | Quarterly | Information Governance Meeting |
| Post COVID-19 Hand Hygiene and PPE Audit | Ward Manager | To comply with COVID-19 OUTBREAK guidance | For 28 days post outbreak | Outbreak Committee CQP Committee |
| IPC Hand Hygiene Audits | Team Leads | Ensure compliance with IPC hand hygiene best practice | Monthly | Clinical Leaders Meeting and ward/department team meetings |
| Medicines Reports/ Audits | Head of Clinical Services & Pharmacists | Ensure the safe management of medicines and legislation | Quarterly | SAG LIN |



| | | | | |
|--|---|--|---|--|
| Planned Preventative Maintenance Audit | Site Facilities Managers | To give assurance around monitoring of planned preventative maintenance work and reactive maintenance work | Quarterly presentation (monthly collation) | Specialised meeting with Director of Organisational Development and Support Services |
| Facilities Management Spot Check Audits | Site Facilities Managers | To give assurance around the services being provided by our housekeeping, catering and estate teams of compliance with best practice and legislation | Monthly | Head of Facilities Management |
| Doctor's Discharge Letter Audit | Medical Team | Assurance and seek improvements around clarity of discharge letters | One audit (to be repeated post improvements) | Medical Director, Clinical Leaders Meeting, CQP Committee |
| Referral Completion Audit | Heads of Clinical Services | Assurance and seek improvements around requested information and layout of document | One audit (to be repeated post any improvements made) | Clinical Leaders Meeting |
| Management of Delirium Audit | Medical Teams | Assurance and seek improvements around how delirium is managed within the IPU | Audit carried out x 2 to be re-audited post implementation of delirium guidelines | CQP Committee |
| Contribution to North West Audit Group (NWAG) COVID-19 Audit | Medical Director delegated responsibility to Associate Medical Director, Associate Specialist (site respective) | To understand what medications were being used, doses and types for symptom control | One audit | GMEC Strategic Clinical Network and Hospice QI Group |
| NWAG Regional Audits | Medical Teams | Collaboration in various regional audits relating to a number of topics which are based on literature reviews and common standards. Data collection and action planning related to the results are undertaken locally. | Throughout 2020/202 | Hospice QI Group |



Our reports and audits produce detailed assurance around the quality of our services. As part of our quality assurance these findings are discussed at the relevant governance meetings which enables us to share information, best practice, challenge practice and seek improvement, across the organisation. Meetings form part of our robust shared governance system at St Ann's. The meetings which were implemented during the reporting period/pandemic and standard governance meetings which continued throughout 2020/2021 are listed below:

- COVID-19 sit rep calls.
- Clinical Quality and Performance Committee (including nominated Trustee attendance).
- Regular CQC engagement with no recommendations or actions (external attendance).
- Safety Assurance Group (including external governance attendance).
- Clinical Leaders Group.
- Executive Leadership Meeting.
- Board of Trustee Meetings.
- Quality Improvement Group.
- Heads of Department Meeting.
- Infection Prevention and Control Committee (including external governance attendance).
- Information Governance Committee.
- Safeguarding Assurance Meetings.
- Departmental Meetings.

St Ann's is able to gain further assurance around the quality of the services we provide through a number of other methods; for example, clinical dashboards, risk register reviews, and benchmarking against national standards (Hospice UK).

During the pandemic, we have also implemented additional measures to ensure the quality of our services meets with national and best practice guidance. For example, development of COVID-19 checklists and monitoring tools, risk assessments and daily Public Health England (PHE) guidance reviews. All information regarding changes or implementation of new guidance has been communicated to staff via COVID-19 information boards, meetings and electronically. Our Heads of Departments have monitored these measures

throughout the last 12 months to provide assurance to our staff, patients, visitors, volunteers and stakeholders.

Quality Improvement Projects

CQUIN

St Ann's Hospice undertakes CQUIN projects each year in collaboration and agreement with Stockport CCG, as the lead CCG for the consortium. CQUIN projects set targets which are performance managed against a set criteria to ensure achievement and development within services. The CQUIN framework helps make quality part of the commissioner-provider discussion and allows us to look at the quality of our services and ensure that quality continues to improve.

During the last year, due to the COVID-19 pandemic the operation of CQUIN has remained suspended for all providers as detailed in part two of this Quality Account. However, we have continued to implement CQUIN requirements, carry out CQUIN audits and record CQUIN performance data for projects which were already agreed prior to 1 April 2020.

During the period 2020/2021 the following CQUIN projects were carried out/continued:

2020/2022 – Rehabilitative Palliative Care Approach

The rehabilitative palliative care CQUIN is looking at how as a hospice, we deliver care and support and ways in which we can further empower and enable patients, it is being supported by the rehab team but the changes are being led by other staff within the hospice to help support this significant culture change. As part of this work a cross site steering group has been developed to lead the changes across the whole organisation in line with the aims of the clinical strategy.

Achievements this year:

- Completion of benchmarking both inpatient units against the hospice UK rehabilitative palliative care guidance/standards. This was done by holding three separate multi professional meetings to ensure full hospice representation into the scoring process. Each inpatient unit had a similar outcome that approximately 40% of current practice was felt to be aligned with the standards.
- A steering group was created to help guide the whole project and oversee the changes that are being made

across the organisation. A driver diagram created and a target aim of increasing the score to 75% by March 2022.

- Innovative approaches to the project have been taken across sites. For example, initiating a change idea around increasing patients sitting out of bed for their lunch time meal if they were able to and this was their wish. They used the slogan 'Eat out of bed to help out' which linked with the government initiative at the time. Another example is working towards displaying goals which have been discussed with patients on daily basis on their bedside boards.
- Data collected for the inpatient unit dashboards indicate that length of stay has reduced and this could be contributed to the changes being made and having a more focused approach to patient goals.

Other Internal Quality Improvement Projects

Despite the challenges the last 12 months has brought due to the COVID-19 pandemic, St Ann's has remained focused on quality improvement within our services. During 2020/2021 we have carried out the following quality improvement projects:

- Implementation of a redesigned integrated psychological therapy service – 'Let's Talk' Service.
- Improving the use of pro re nata (PRN) medication on the inpatient units, published in the American Journal of Hospice and Palliative Medicine.
- Improving doctor discharge letters.
- Raising staff awareness around dashboards, quality improvement measures and quality board.
- Implementation of St Ann's Hospice Nurse Safe Staffing Guidelines
- Falls prevention and reduction.
- Implementation of palliative care lymphoedema guidelines.
- Development (ready for implementation in 2021/2022) delirium guidelines.

Training and education

Training overview and clinical education

Both our practice development centre (clinical training) and our Organisational Development and Training

Manager (non-clinical) have continued to provide reduced programmes of training and education for staff throughout 2020/2021.

We have adapted our training and worked innovatively to ensure that learning and education has remained a priority for our workforce. For example, our organisational induction programme has been adapted virtually to ensure new starters have been fully supported and our medical teams have facilitated monthly training sessions for all staff on a variety of relevant topics.

Despite set-backs faced because of the COVID-19 pandemic, the remaining modules in the Inspire/Aspire Leadership Development Programme were adapted for virtual delivery and 13 individuals successfully completed the programme in February 2021. In addition, our Heads of Departments completed their external coaching support during 2020 and each gave positive feedback indicating that the programme was beneficial. Other training programmes which we were unable to deliver will be rescheduled for the forthcoming year.

Our Practice Education Facilitators (clinical) have continued to support staff throughout the pandemic to support clinical education and deliver training as needed. Sadly, due to the pandemic, we have been unable to facilitate our hospice exchange programme or invite student nurses to work within the hospice as part of their placements because of the pandemic; however, we are hopeful we will be able to do so within the coming 12 months.

Additionally, as an organisation through the early part of the pandemic, we retrained our staff as part of our re-deployment efforts to ensure that we had adequate numbers of staff, with the relevant skills and experience to continue to provide services during 2020/2021. Each redeployed staff member was supported with a buddy or mentor from the department they were redeployed to.

Medical training and education

Our Consultant Team has continued to support and be heavily involved in both undergraduate and postgraduate medical education throughout 2020/2021. Our Consultants have continued to support the North West Palliative Medicine Training Programme through participation in trainers meetings, representation at the Annual Review of Competency Progression (ARCP), panels and attendance at regional teaching sessions (virtual).

Sadly, we have not been able to facilitate any medical students on placement during the pandemic; however, our Medical Team has been able to provide support to second year medical students virtually. In addition, the team has continued to support specialty training and other training of multiple grades of medical staff including Palliative Medicine Specialty Trainees, GP Specialty Trainees (GPSTs) and Internal Medicine Trainees (IMTs). Trainees have given excellent feedback during 2020/2021 as part of this process.

Mandatory training

During 2020/2021 we have maintained our mandatory training programme and medicine management update training. We have successfully achieved a 93% compliance rate at the end of the reporting period. We have facilitated mandatory training through blended learning of both face to face (maximum of six staff) and online learning. Feedback from staff in relation to online mandatory training has been addressed and we have ensured online learning is accessible to all staff and that leaders are able to access real time reports to drive improvement.

External training

During 2020/2021 our practice development centre has maintained a limited programme of training, externally to the hospice. External training has been adapted to enable the team to deliver modules and this has been completed in collaboration with our external partners.

The following programmes were delivered during the last year:

- Dementia care training
- Mayfly advance care planning training
- Homeless palliative care training and education sessions (attended by 239 professionals across GM)
- Personalisation agenda training

The practice development centre will look to relaunch external training and implement education and training programmes which were placed on hold during the coming year.





Support Services

St Ann's Clinical Team is supported by a number of services and teams within the organisation who enable us to keep functioning to deliver world class, innovative palliative and end of life care to patients, their loved ones and care givers.

These services include:

- Facilities Management including Catering Team, Maintenance Teams, Housekeeping Team and our IT Team
- Fundraising Team
- Human Resource Team
- Finance Team
- Marketing and Communications Team
- Training Company Team
- Volunteers

All teams (with the exception of our volunteers) have continued to deliver services throughout 2020/2021. Like our Clinical Team, the teams have adapted and innovated throughout the pandemic to make sure the high quality of the support services provided has been maintained ensuring the safety, comfort and financial viability of St Ann's.

The list below details examples of the services delivered during the last year and examples of improvements which have been made alongside the running of standard functions.

- Upgraded the current HR database to increase functionality and centralise volunteer records.
- Site Facilities Managers delivered a 'Health and Safety' awareness workshop and a medical gases safety awareness course for staff.

- Member of our Catering Team successfully completed a 12 month Chef City & Guilds Qualification.
- Modified all areas as guided by our infection prevention control lead and PHE guidance; for example, installation of acrylic screens and sanitizing stations.
- Completed 116 planned preventative maintenance jobs.
- Completed 3,222 reactive facilities service jobs.
- Worked with Manchester Metropolitan University on a project to help better understand how we could engage younger audiences with our services, our work, and our fundraising activity.
- Continued to grow our hospice media list which helps us to share stories, dispel myths around hospice care and engage with harder to reach audiences. Our press coverage achieved now reaches more than nine million people a month.
- Held a thank you webinar at Christmas for our corporate supporters who had supported during the year.
- Sent a monthly update to our fundraising volunteers and invited them to two online quizzes with the team and a volunteer thanking session.
- Held 2 'Keep in Touch' meetings for our major funders including individuals and trusts and foundations to keep them abreast of the challenges faced within the pandemic and how we were mitigating these challenges.



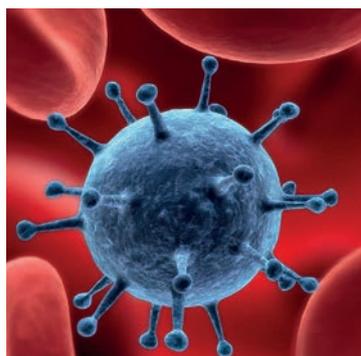
Volunteers

The success of the organisation is supported by more than 700 volunteers who provide invaluable help and support in so many ways. 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.

Volunteer job roles were assessed at the start of the pandemic when all volunteers were stood down from their roles. We adapted wherever possible during this time; for example, where business critical volunteers were risk assessed as being unable to fulfil their roles, redeployed staff were able to bridge these gaps. These staff were supported with the necessary training.

We have been able to gradually bring some of our volunteers back as restrictions eased; for example, some volunteer gardeners and reception staff from October 2020. Our volunteers in our hospice shops worked with an adaptable approach in line with government restrictions/lifting of restrictions for shops opening/closing. In addition, a number of volunteers were able to provide support for our virtual 'Being Together Group' delivered by our Being You Centre from October 2020. The popularity and demand for this group resulted in an additional group being delivered from November 2020 which has continued.

Looking forward, we have developed guidance to support our volunteers and all volunteers have been and will be risk assessed prior before they return to the hospice. All volunteers will have the opportunity to be briefed on changes and new ways of working to ensure they feel safe and supported before they return to us. We are looking forward to being able to welcome back all our loyal volunteers within the very near future.



Patient feedback

Patient and carer feedback

Patients, relatives and care givers can provide feedback to us in many ways; for example, comment cards, verbally, in writing or via our website. Some of the comments received during the reporting period 2020/2021 are detailed below.

"Mum was really well looked after from admission to discharge home, staff are very kind"

"Very supportive even under COVID-19 times."

"Talking to the bereavement counsellor has made things much easier."

"Very kind and listened to my concerns and gave me confidence to look at options."

"Good to have someone to talk to during this hard time"

"Staff are wonderful, so kind and caring."

"I have never come across such dedicated staff as I have in here, I have full confidence which makes me feel comfortable."



Friends and family survey

The friends and family survey was introduced on our inpatient units in 2013, being you centres in 2014 and our community services in 2016.

During the last 12 months because of the pandemic, to ensure feedback on the quality of our service was maintained we moved feedback forms online, including the friends and family test.

The results for the reporting period 2020/2021 are detailed in the table below:

Thinking about your stay in the hospice, overall, how was your experience of our service?

| | IPU | Being You Centre | Community |
|-----------------------|-----|------------------|-----------|
| Very good | 191 | 27 | 54 |
| Good | 6 | 4 | 1 |
| Neither good nor poor | 0 | 0 | 0 |
| Poor | 0 | 0 | 0 |
| Very poor | 0 | 0 | 0 |
| Don't know | 0 | 0 | 0 |
| Total completed | 197 | 31 | 55 |



Complaints

As an organisation, St Ann's continues to take complaints seriously, investigate appropriately and manage complaints compassionately. We encourage people to make complaints if they feel something has gone wrong because we want to learn from people's experiences and improve our services wherever possible. We encourage openness and honesty and our staff are supported by our complaints and whistleblowing policies.

The table below details the formal and informal complaints made to St Ann's Hospice over the past five years including the current reporting period.

| | 2016-17 | 2017-18 | 2018-19 | 2019-20 | 2020-21 |
|----------------------------|---------|---------|---------|---------|---------|
| <i>Formal complaints</i> | 7 | 7 | 8 | 11 | 3 |
| <i>Informal complaints</i> | 6 | 6 | 2 | 2 | 7 |

We openly display our complaints leaflet within the hospice sites and information around making a complaint is detailed on our website.



Social Media

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 include:

"We are very lucky to have this facility."

"Personal attention and kindness."

"Fantastic care shown and given by all staff. Keep up the awesome care and work."

"The staff and volunteers are all extremely professional and friendly. Thank you for all your help!"

"The staff go above and beyond to make sure you're safe, comfortable and treat you as an individual.."

Staff Engagement

Engagement with staff

St Ann's remains committed to ensuring that engagement with staff remains a priority, to ensure that we have a workforce who feel valued and fulfilled in their roles. During 2020/2021 communication and engagement with staff has been more important than ever as we have faced the challenges and changes that the pandemic has brought.

The list below details the methods of engaging and communicating with staff and also additional support which was put into place during 2020/2021.

- The Involve group meets quarterly, representing the views of grass roots staff from across the organisation.
- 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.
- Ten Mental Health First Aiders have been trained and appointed. This support network was launched during our Wellbeing Festival in January 2021.
- Afternoon team huddles are an opportunity to check on staff welfare across teams in the organisation.
- Leaders were responsive to staff and also introduced wobble rooms at each site.
- The CEO has produced blogs about resilience, wellbeing and we also had a Wellbeing Festival in January which staff were able to access lots of support from different sources.
- Our Wellbeing Matters newsletter was dedicated to the Wellbeing Festival and signposted staff to different events and links for further support.
- Individual COVID risk assessments have been introduced and regularly reviewed and these include questions about wellbeing as well as determining other risk factors.
- Team meetings and 1:1 meeting with the line manager.
- Clinical 'Keeping In Touch' (KIT) meeting introduced.
- Clinical supervision for staff.
- Individual approach for staff who are unable to work from home.
- HR surgeries held every month.
- HR support for staff.
- Staff survey via Birdsong & thermometer survey for staff conducted.
- Relaxation sessions – virtual / face to face including meditation
- Schwartz Rounds.
- Absence monitored by HR; wellbeing checked during return to work interview.
- Access to the GM resilience hub representatives have attending team meetings – staff have accessed

the services and this continues to be funded and the Pennine Care team have offered to attend any additional team meetings going forward.

- We have Care First; an employee assistance programme and all staff have been encouraged to access this and share their thoughts with their manager or colleague.
- We launched the Cycle to Work Scheme in January 2021 and several members of staff have taken this up.
- Departmental team meetings are held to discuss any ideas or improvements which could be made to further support staff across the organisation.
- Our fundraising teams introduced online social activity as a means to keep in touch, including 'prosecco nights', 'murder mystery', 'horse racing' and 'bingo'.
- A fortnightly podcast club for staff.

Staff survey

Our annual staff survey was completed via Birdsong and was delayed due to the pandemic. In addition to the annual survey, we also undertook a 'check in questionnaire' where all staff were invited to share their feedback on working through the COVID-19 pandemic.

Both surveys had an overall response rate of 40% which was similar to engagement rates with previous staff surveys. The results of the survey were encouraging as staff feel supported by their managers, they receive updates about changes in the way they need to work and they have the equipment and resources they need to do their job.

However, it was clear some staff were understandably anxious when they were at work. The response to the statement "I do not feel anxious when I am at work" had the lowest number of positive responses.

The response to our 'check in' survey resulted in wellbeing for staff being kept a priority over the last 12 months and will remain so throughout the next year. Another action taken from the survey was to restart giving finance updates to staff each quarter, as the survey showed that staff felt concerned about the financial impact of the pandemic on the hospice.



ANNEX

Prior to publication, St Ann's Quality Account was shared with our lead locality service commissioner and 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.

Despite it having been a difficult year for all aspects of healthcare, having to deal with the demands of the Covid pandemic, St Ann's has continued to offer an excellent service. The hospice has adapted well to the additional challenges, continuing to provide high quality care to patients and relatives with dedication and empathy, whilst following Covid guidelines and keeping their patients safe. I have been particularly impressed by their lead on an innovative project, offering palliative support to homeless people across Manchester.

The hospice has a strong leadership team, which not only focusses on excellent patient care, but also staff health and wellbeing. They work closely with commissioners and other partners to share good practice, with a commitment to continual improvement. This ethos is evident throughout the organisation. Feedback from service users is always overwhelmingly positive, with St Ann's being highly valued by patients, health care professionals and commissioners.

I am excited to learn that planning permission for the new build in Heald Green has been approved and look forward to seeing these plans progress, ensuring that St Ann's will continue to provide a First Class service to palliative patients for the foreseeable future.

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

We welcome the Quality Account for 2020/2021 from St Ann's Hospice. We are pleased to read about and review the high quality care which has remained in place during the past twelve months, despite the challenges faced by the COVID-19 Pandemic.

It is evident from reading this report that the services have had to adapt and change throughout the last year. The team at St Ann's have embraced these changes and prioritised the safety of patients, their families, visitors, volunteers and staff to ensure that they were able to continue to deliver these vital services throughout the Greater Manchester footprint. It is apparent that St Ann's has continued to set an example, to act as a pioneer and to support other organisations wherever possible. It has not come as a surprise to us that the team have used the challenges faced during the pandemic to improve services and we have no doubt that there will be many positive changes and adaptations which will be carried forwards long after the difficulties have subsided.

The leadership team have continued to focus on ensuring staff have felt valued and have looked for innovative ways to continue to provide and increase support for staff during these difficult times. It is a testament to the staff that they have continued to maintain so many services throughout the last twelve months including those vital services which could easily have been suspended such as the community homelessness project.

We are pleased to learn that the new build project has continued to progress and that planning permission has been approved for the new site at Heald Green. We will look forward to seeing these plans move forward and remain proud to have such an impressive organisation supplying these much needed palliative and end of life care services within our local community

Stockport Healthwatch



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