Quality Account 2014/15

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

Registered charity number 258085
Chief Executive Statement

On behalf of our board of Directors and staff working at St Ann’s Hospice, I am pleased to introduce you to our Quality Account for 2014/15.

At St Ann’s our patients, their families and carers are at the heart of everything we do, and this report is written to outline our progress over the past year in ensuring we are continuing to provide excellent care and support to local people living with or affected by life-limiting illnesses.

It is an honest account of what we have achieved over the past twelve months, and details the wide-ranging measures that we use and continue to develop in order to assess the quality and impact of our clinical services. This is all underpinned by the most important measures of all – honest comments from the patients and families we have cared for.

It is wonderful to see how much has been achieved in what is the third year of our three year strategic plan. There has been a continued focus this year on collaborations, working in partnership with others to ensure we are sharing learning, developing our techniques and ensuring we are providing the best care and services possible to the thousands of people we support each year.

This year we have reported on the Friends and Family Test, part of the Patient Survey Thermometer, and a ‘real time’ survey of our inpatients experiences, all of which produced excellent results.

I am pleased to confirm that the board of Directors has reviewed this Quality Account and that it is a true and accurate reflection of our performance. Many thanks to everyone who has contributed to our achievements this year, and we are now looking forward to a successful 2015/16 against the further ambitious targets we have set.

Jayne Bessant, Chief Executive
How we serve Greater Manchester

Who do we care for? St Ann’s Hospice cares for around 3,000 patients (over the age of 16) and their families and carers every year who are affected by cancer and non-cancer life limiting illnesses. We deliver care that is special and unique to each individual person. Around a third of inpatients at St Ann’s Hospice return home after treatment.

Where do we care? St Ann’s Hospice provides care on 3 sites and in people’s own homes, working in partnership with acute hospitals, community services, local authority and social care providers and voluntary organisations.
St Ann’s Purpose & Strategic Goals

Purpose

To provide excellent care and support to people living with or affected by life-limiting illnesses.

Core Values

- **Compassionate**
  Providing a safe, secure and a caring environment for everyone.
- **Professional**
  Aspiring to be the best in everything that we do.
- **Respectful**
  Treating everyone with dignity and respect.
- **Inclusive**
  Recognising and accepting that everyone is different.
This year’s progress against our Strategic Goals

1. Putting patients and their carers first

   - St Ann’s continues to work together with its local Clinical Commissioning Groups (CCGs), agreeing monitoring tools that assess the quality and impact of services in terms of outcomes and efficiency. These measures demonstrate the importance and need for our services with our commissioners, healthcare practitioners and user groups. This last year, we have reported on:
     - The Friends & Family Test (widely applied across the NHS)
     - Part of the Patient Safety Thermometer, measuring and reducing harm from pressure ulcers
     - A ‘real time’ survey of our inpatients experiences of our services
   - Again, we have worked hard to improve our organisational processes for Information Governance, exceeding our % target for Level II compliance. Connection to local NHS Trust patient databases facilitating continuity of care for patients is now in progress.

2. Supporting and empowering our staff and volunteers

   - St Ann’s has continued to deliver its training programme on compassionate care for its health care assistant staff. The certificate in compassionate care offers unregistered staff and opportunity to learn more about fundamental care principles over six half day sessions. Fifteen unregistered staff received training throughout 2014, with a further fourteen registered for the 2015 cohort, each cohort including a number of external delegates.
   - Over the summer of 2014, St Ann’s delivered a staff survey which included staff perceptions of working at St Ann’s. The survey has led to the formation of a working group, staff working together with managers and the executive team. For more information on the work streams that have arisen from the survey, please refer to the ‘What Our Staff Say About the Organisation’ section of this report.
3. **Strengthening our foundations as a charitable organisation**

- St Ann’s has restructured both its Information Technology and fundraising departments during 2014, with the fundraising team growing as a department, hoping to maximise both its engagement and return from its supporters across Manchester.
- We are continuing to work collaboratively with Macmillan Cancer Support, who via the Manchester Cancer Improvement Partnership (MCIP), are currently investing in improving patient cancer care pathways across the south, central and north Manchester localities. St Ann’s has continued to work in partnership with MCIP at several levels including strategic, service development and evaluation (more detail provided later in the report).

4. **Engaging with our Communities**

- St Ann’s has continued its work with care homes across Manchester and Trafford, delivering several more cohorts of the ‘6 Steps’ programme, which aims to empower care homes to provide effective palliative care for their residents.
- The partnership between St Ann’s and the Myriad Foundation continues to develop, with volunteers from the Myriad Foundation, represented across Manchester, deliver a new role as ‘My Hospice Buddies’. Such roles will provide additional informal and much needed support to patients who attend St Ann’s services.
- Our St Ann’s Christmas memorial services have also expanded in number last year, with services being held in localities across Manchester as well as in Manchester Cathedral, providing opportunities for more families and carers to participate in these highly valued events.

5. **Looking Forward**

Over the last year, St Ann’s has continued to adapt to the changing healthcare economy, reviewing service provision to ensure that we remain a leader in the delivery of specialist palliative care across Greater Manchester. We will develop priorities which:

- Maximise our effectiveness by delivering care to the right patients at the right time, in the right setting, to best meet both their and their families needs. This is exemplified by the review of Day Therapy Services throughout 2014/15, which now provides a drop in service to community based patients and their carers. Often, this new drop in service is a first point of contact into St Ann’s, providing opportunities for patients and their carers to learn more about the services and care that St Ann’s can provide.
- Improve patient, family and community engagement and experience of our services, particularly with hard to reach cultural and social groups.
• Ensure the continued safe delivery of care to our patients, by minimising the risk of avoidable harm through improvements in the monitoring of medicines management, patient falls and development of pressure ulcers. This reflects the current ‘Patient Safety Thermometer’ initiative across the NHS.
• Develop our inpatient service structure, including our nursing workforce so that we have the right nursing numbers and skill mix to ensure that we care effectively for increasing numbers of patients with complex need.

6. Striving to be the best at what we do

• St Ann’s continues to work hard to ensure that the services we provide continue to improve, delivering high quality care. Work streams are prioritised by organisational need such as training and education, clinical audit, evaluation, documentation development, effective governance meetings and engagement with many service providers across the locality. This ensures that we continue to strive to do the best for our service users, be they patients, carers or professionals.
• Salford Royal Hospital was recently awarded ‘Outstanding’ in their recent Care Quality Commission (CQC) inspection. St Ann’s Hospice contributed to this success through its collaborative working in the ‘Palliative and End of Life’ assessment category.
• This is the now the fourth year that we are publishing an account of our service quality – ‘Quality Accounts’, which is available on the NHS Choices website and on our St Ann’s Hospice website.
• We continue to proactively develop our clinical data reporting dashboards. These dashboards will provide St Ann’s with detailed information with which it can interrogate, challenge and develop its own practice. The dashboards also provide a platform for systematic reporting to our local clinical commissioning groups, improving monitoring and enhancing wider understanding of our services.
• St Ann’s is now committed to implementing an electronic patient information database and clinical records system. This will deliver improved capability within our organisation, but will also facilitate the sharing of relevant information with our key healthcare partners across the locality. This will improve the continuity of care of our patients and their carers as they interact between health care providers in community, hospital and hospice services.
Review of services

During 2014/15 St Ann’s Hospice provided the following services to palliative care patients and their carers and families from across Greater Manchester. St Ann’s services encompass the localities of Salford, Trafford, Manchester and Stockport, a total population of approximately 1.25 million people. Our services are based on three sites, St Ann’s Hospice Heald Green, St Ann’s Hospice Little Hulton and the Neil Cliffe Centre (based within the grounds of South Manchester University Hospital, Wythenshawe):

- In-Patient Units
- Daycare Services
- Supportive and medical outpatient Services
- Hospice at Home
- Community Palliative Care Nurse Specialist Service
- 24 Hour Advice Line
- Complementary therapy services, including an outreach service

St Ann’s Hospice has reviewed all the data available to us on the quality of care in all of these services. The income generated by the NHS represented 34% of the total income required to provide the services which were delivered by St Ann’s Hospice in the reporting period of 2014/15.

Quality improvement and innovation goals with our commissioners

St Ann’s works closely with its local NHS clinical commissioning consortium. Each service provided has agreed annual quality performance measures.

St Ann’s NHS quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework for April 2014 to March 2015 were to:

**CQUIN Progress for 2014/15 Reporting Period:**
For 2014/15 the following CQUINs were agreed with our commissioners. There are three in total, reflecting both the national CQUIN agenda and that of Greater Manchester:

- The **Friends and Family Test**, implemented throughout NHS England in 2013, has continued (from initiation in 2013-14) in St Ann’s inpatient units. Over the last year, this was now also rolled out to other St Ann’s services including outpatients and day therapy. We also participated in the staff friends and family test which included two questions; first would they recommend the services to friends and family and secondly would they recommend the organisation as a place to work.
- Implementation of the **Patient Safety Thermometer** to measure and reduce harm from pressure ulcers: In 2014/5 St Ann’s will continue to record, investigate and report on new Pressure Ulcers (acquired 72 hours after admission) of grade 2 and above. Reports were provided to commissioners each quarter. St Ann’s also participated in the Stockport locality Pressure Ulcer Working Group.

- Survey in real time of **patients experience and expectations** of St Ann’s Hospice care. The survey has been based on the Better Care philosophy using 3 questions: *What worked well, what didn’t work well and what would you like to see in the Future*. The survey also included a question to identify whether St Ann’s patients are aware of how they can make a complaint. Quarterly reports were provided to Commissioners.

**Agreed CQUINS for 2015/16:**

**Effective discharge planning and communication:**
The aim of the CQUIN is to improve the discharge process with a specific focus on: reducing delayed transfer of care, improving timing of discharge letter to within two working days and improving the existing discharge summary. Quarterly reports will be provided to commissioners which include progress measures.

**Medications safety:**
Participation in data collection using the Medication Safety Thermometer is a positive step for organisations in reducing harm. Incentivising use of the Medication Safety Thermometer increases the participation in this data collection, establishes a baseline of performance on the four harms and provides information on the range of performance. The focus on polypharmacy as an area within medications safety will enable a culture of lessons learned around prescribing as well as identifying harm associated with polypharmacy and reducing the incidences therein.

Quarterly reports will include submissions of monthly survey data for all relevant patients and settings and on themes emerging, lessons learned, actions plans and the polypharmacy roll out.
What others say about us

Care Quality Commission (CQC)
St Ann’s Hospice is required to register with CQC. The CQC has the power to take enforcement action against health care providers if required and can implement special reviews or investigations.

There have been no CQC inspections for St Ann’s during the last Quality Account reporting period. The last on-site inspections were on 10th December 2013 for our Little Hulton site and 23rd September 2013 for our Heald Green and 19th September 2013 for our Neil Cliffe Centre. As for previous years, all three sites were assessed as fully compliant.

St Ann’s has, however, recently prepared and submitted its Provider Information Report, a new requirement from the CQC, in readiness for a future inspection of its services.

Patient Led Assessments of the Care Environment (PLACE)
PLACE puts patient assessors at the centre of the assessment process, and uses the information gleaned directly from patient views to report how well a hospital or hospice is performing in the areas of privacy and dignity, cleanliness, food and general building maintenance. Our first assessments were held in October 2013. Our last PLACE assessments were carried out in March and April 2014

<table>
<thead>
<tr>
<th>Place Assessment Findings</th>
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<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Cleanliness</td>
</tr>
<tr>
<td>Condition, Appearance and Maintenance</td>
</tr>
<tr>
<td>Privacy, Dignity and Wellbeing*</td>
</tr>
<tr>
<td>Food and Hydration*</td>
</tr>
</tbody>
</table>

*Please note that due to changes in the assessment methodology and scoring, the 2014 results for Food and Hydration and Privacy Dignity and Wellbeing are not considered to be directly comparable with 2013.

In summary:
- Both sites scored higher in 2014 than 2013 in all four categories
- Both sites scored higher than the national average in 2014 in all four categories except Little Hulton for cleanliness
Data quality

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

NHS Number and General Medical Code Validity
St Ann’s Hospice was not required to and did not submit records during 2014/15 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data.

Information Governance Attainment Levels

During 2014-2015 St Ann’s has embraced the Information Governance requirements of the Health and Social Care Information Centre. In June 2014 an Information Governance Lead was appointed. Following this, extensive work has been completed on the Information Governance Toolkit resulting in St Ann’s Hospice now attaining a 70% score which is 4% above requirement. This increase in adherence stems from St Ann’s achieving all criteria at level 2 and also satisfying some of the level 3 standards. During the overhaul of Information Governance it was decided that St Ann’s should adopt the NHS IG Training Tool to ensure that all staff were trained to a level which is fully endorsed by the Health and Social Care Information Centre.

We can now move forward to connecting to N3 (NHS National Network) confident that all systems are fully compliant and staff have a robust understanding of what is required of them from an Information Governance perspective.

Clinical coding Error Rate
St Ann’s Hospice was not subject to the Payment by Results clinical coding audit during 2013/14 by the Audit Commission.
Prior to publication, St Ann’s Quality Account has been shared with our lead locality service commissioner, Healthwatch Stockport and our local Health and Wellbeing Overview and Scrutiny Committee.

Feedback has been received from Healthwatch Stockport and Stockport Clinical Commissioning Group:

**Stockport Clinical Commissioning Group:**
Stockport are the lead commissioning group for St Ann’s Hospice.

**Healthwatch Stockport:**
Healthwatch is the new independent consumer champion created to gather and represent the views of the public, patients, relatives and carers. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

The full Healthwatch Stockport report and Stockport CCG report has been included at the end of this Quality Account report (Appendix A).
The following pages give an overview of the quality of the clinical services provided by St Ann’s Hospice and how we strive to improve the quality of care delivered to our patients, families and carers.

The Clinical Team:

Our clinical team at St Ann’s Hospice is led by our Director of Clinical Services and our Medical Director (who is also our Caldicott Guardian).

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

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

Clinical development initiatives are supported by our Practice Development Centre, which encompasses training & education, research & evaluation, quality & audit, incident reporting and user views.
Comparison with national quality measures

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

The National Council for Palliative Care produces an annual report called the ‘National Minimum Dataset for Palliative Care’.

The most recent report produced by the National Council covers the period April 2013 to March 2014, and compares St Ann’s Hospice with the national median values (the middle values) for all hospice services of comparable size from across the UK. St Ann’s Hospice currently has 45 beds and is one of the largest hospices in the UK.

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

A number of hospices from across the UK are working together to benchmark key clinical safety measures such as pressure ulcers and patient falls. It is anticipated that we will be able to compare St Ann’s Hospice to this new national benchmark as it develops in future years.
The National Council For Palliative Care: Minimum Data Sets For Palliative Care 2013-2014

<table>
<thead>
<tr>
<th>In-Patient Unit</th>
<th>SAH 09-10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>SAH 12-13</th>
<th>SAH 13-14</th>
<th>National Median 2013-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total patients</strong></td>
<td>713</td>
<td>668</td>
<td>667</td>
<td>608</td>
<td>626</td>
<td>360</td>
</tr>
<tr>
<td><strong>% New patients</strong></td>
<td>91.9</td>
<td>91.3</td>
<td>91.4</td>
<td>90.8</td>
<td>92.2</td>
<td>89.6</td>
</tr>
<tr>
<td><strong>% Bed occupancy</strong></td>
<td>82.7</td>
<td>78.0</td>
<td>84.4</td>
<td>79.1</td>
<td>79.0</td>
<td>80.8</td>
</tr>
<tr>
<td><strong>% Patient stays ending in death</strong></td>
<td>64.2</td>
<td>67.9</td>
<td>68.1</td>
<td>64.9</td>
<td>70.4</td>
<td>60.7</td>
</tr>
<tr>
<td><strong>% Patients discharged</strong></td>
<td>35.8</td>
<td>32.1</td>
<td>31.9</td>
<td>35.1</td>
<td>29.6</td>
<td>39.3</td>
</tr>
<tr>
<td><strong>Average length of stay- cancer (days)</strong></td>
<td>17.0</td>
<td>17.0</td>
<td>19.1</td>
<td>19.5</td>
<td>19.8</td>
<td>14.5</td>
</tr>
<tr>
<td><strong>Average length of stay- non-cancer (days)</strong></td>
<td>15.0</td>
<td>17.1</td>
<td>20.2</td>
<td>17.3</td>
<td>20.8</td>
<td>12.1</td>
</tr>
<tr>
<td><strong>% New patients with non-cancer diagnosis</strong></td>
<td>6.4</td>
<td>8.0</td>
<td>6.2</td>
<td>9.6</td>
<td>9.1</td>
<td>13.2</td>
</tr>
</tbody>
</table>

**Commentary:**
The percentage of patients discharged in 2013-14 has fallen compared to previous years and is also lower than the national average. This likely reflects that patient complexity at St Ann’s has increased over recent years, with increasing emphasis on terminal care provision.

<table>
<thead>
<tr>
<th>Day Hospice</th>
<th>SAH 09-10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>SAH 12-13</th>
<th>SAH 13-14</th>
<th>National Median 2013-2014</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total patients</strong></td>
<td>400</td>
<td>395</td>
<td>400</td>
<td>423</td>
<td>432</td>
<td>243</td>
</tr>
<tr>
<td><strong>% New patients</strong></td>
<td>77.8</td>
<td>78.0</td>
<td>78.0</td>
<td>76.6</td>
<td>74.1</td>
<td>66.7</td>
</tr>
<tr>
<td><strong>% Places used</strong></td>
<td>48.1</td>
<td>51.0</td>
<td>51.6</td>
<td>54.9</td>
<td>55.7</td>
<td>60.8</td>
</tr>
<tr>
<td><strong>Discharges (and deaths)</strong></td>
<td>357</td>
<td>355</td>
<td>356</td>
<td>382</td>
<td>336</td>
<td>204</td>
</tr>
<tr>
<td><strong>Average length of attendances (days)</strong></td>
<td>68.0</td>
<td>66.0</td>
<td>69.8</td>
<td>63.0</td>
<td>67.0</td>
<td>137.1</td>
</tr>
</tbody>
</table>

**Commentary:**
There is a small increase in the percentage of places used in Day Care hospice. Further work has continued into 2014-15 to improve this further.
### Outpatients

<table>
<thead>
<tr>
<th></th>
<th>SAH 09-10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>SAH 12-13</th>
<th>SAH 13-14</th>
<th>National Median 2012 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All clients</strong></td>
<td>1,265</td>
<td>1,165</td>
<td>1,074</td>
<td>1,069</td>
<td>1,090</td>
<td>(n=47) 632</td>
</tr>
<tr>
<td>% New clients</td>
<td>40.3</td>
<td>38.8</td>
<td>44.2</td>
<td>43.5</td>
<td>44.3</td>
<td>42.5</td>
</tr>
<tr>
<td>% New patients with a non-cancer diagnosis</td>
<td>28.0</td>
<td>30.5</td>
<td>32.8</td>
<td>25.6</td>
<td><strong>29.0</strong></td>
<td>19.8</td>
</tr>
<tr>
<td><strong>Attendances per patient</strong></td>
<td>2.6</td>
<td>2.8</td>
<td>2.9</td>
<td>3.4</td>
<td><strong>3.3</strong></td>
<td>2.4</td>
</tr>
<tr>
<td><strong>Attendances per clinic</strong></td>
<td>1.6</td>
<td>1.6</td>
<td>1.5</td>
<td>1.5</td>
<td><strong>1.5</strong></td>
<td>2.9</td>
</tr>
<tr>
<td>% Attendances with a Medical Consultant</td>
<td>11.5</td>
<td>9.4</td>
<td>8.5</td>
<td>10.8</td>
<td><strong>11.4</strong></td>
<td>12.4</td>
</tr>
</tbody>
</table>

**Commentary:**
Client throughput is comparable to previous years. Notable is the percentage of clients with a non-cancer diagnosis, indicating that this service reaches a number of patients who may not access other institution based hospice services.

### Hospice at Home

<table>
<thead>
<tr>
<th></th>
<th>SAH 09-10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>SAH 12-13</th>
<th>SAH 13-14</th>
<th>National Median 2012 - 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total patients</strong></td>
<td>196</td>
<td>236</td>
<td>253</td>
<td>251</td>
<td>410</td>
<td>(n=15) 494</td>
</tr>
<tr>
<td>% New patients</td>
<td>93.4</td>
<td>89.4</td>
<td>87.4</td>
<td>90.4</td>
<td><strong>88.8</strong></td>
<td>89.3</td>
</tr>
<tr>
<td>% New patients with a non-cancer diagnosis</td>
<td>8.2</td>
<td>12.3</td>
<td>13.6</td>
<td>18.9</td>
<td><strong>22.0</strong></td>
<td>20.4</td>
</tr>
<tr>
<td>% Home and care home deaths</td>
<td>80.8</td>
<td>78.6</td>
<td>71.4</td>
<td>72.0</td>
<td><strong>64.7</strong></td>
<td>83.7</td>
</tr>
<tr>
<td>Average length of care (days)</td>
<td>19.6</td>
<td>22.3</td>
<td>31.7</td>
<td>21.6</td>
<td><strong>46.5</strong></td>
<td>29.0</td>
</tr>
</tbody>
</table>

**Commentary:**
The service has expanded significantly in 2013-14, providing care at home for a larger number of patients that reside in Salford and Trafford localities. This also reflects the national trend for increased community/home provision for palliative care services.
### Community Specialist Palliative Care Team (CSPCT)

<table>
<thead>
<tr>
<th></th>
<th>SAH 09-10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>SAH 12-13</th>
<th>SAH 13-14</th>
<th>National Median 2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total patients</strong></td>
<td>489</td>
<td>627</td>
<td>634</td>
<td>584</td>
<td>688</td>
<td>832</td>
</tr>
<tr>
<td><strong>% New patients</strong></td>
<td>76.9</td>
<td>76.7</td>
<td>71.6</td>
<td>75.9</td>
<td>73.8</td>
<td>73.6</td>
</tr>
<tr>
<td><strong>% New patients with a non-cancer diagnosis</strong></td>
<td>14.4</td>
<td>12.9</td>
<td>15.0</td>
<td>15.1</td>
<td>15.0</td>
<td></td>
</tr>
<tr>
<td><strong>Average length of care (days)</strong></td>
<td>56.6</td>
<td>53.3</td>
<td>53.9</td>
<td>49.1</td>
<td>47.4</td>
<td>87.9</td>
</tr>
<tr>
<td><strong>Face to face visits per patient</strong></td>
<td>2.8</td>
<td>3.3</td>
<td>3.0</td>
<td>2.8</td>
<td>2.9</td>
<td>4.5</td>
</tr>
<tr>
<td><strong>Telephone calls to patients (average per patient)</strong> (new for 12-13)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>4.0</td>
<td>4.1</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Telephone calls to carers (average per patient)</strong> (new for 12-13)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>2.7</td>
<td>2.2</td>
<td>2.6</td>
</tr>
<tr>
<td><strong>Telephone calls to other health care professionals (average per patient)</strong> (new for 12-13)</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>5.9</td>
<td>6.6</td>
<td>4.7</td>
</tr>
</tbody>
</table>

**Commentary:**

The service has seen an increase in 2013-14 in the total number of patients for whom advice and support was provided, reflecting the national trend for increases in community service provision. The higher than previous years number of calls made to other professionals indicates that the service delivers a care coordination role for Salford patients referred to the Community Specialist Palliative Care Team.

### Bereavement Support

<table>
<thead>
<tr>
<th></th>
<th>SAH 09-10</th>
<th>SAH 10-11</th>
<th>SAH 11-12</th>
<th>SAH 12-13</th>
<th>SAH 13-14</th>
<th>National Median 2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total clients</strong></td>
<td>94</td>
<td>149</td>
<td>153</td>
<td>150</td>
<td>144</td>
<td>159</td>
</tr>
<tr>
<td><strong>% New service users</strong></td>
<td>74.5</td>
<td>68.5</td>
<td>68.6</td>
<td>68.7</td>
<td>69.4</td>
<td>70.8</td>
</tr>
<tr>
<td><strong>Contacts per service user</strong></td>
<td>7.6</td>
<td>6.9</td>
<td>7.1</td>
<td>6.5</td>
<td>5.8</td>
<td>6.2</td>
</tr>
<tr>
<td><strong>Average length of support (days)</strong></td>
<td>126</td>
<td>172</td>
<td>172</td>
<td>140</td>
<td>159</td>
<td>147</td>
</tr>
<tr>
<td><strong>% Discharged</strong></td>
<td>50.0</td>
<td>65.8</td>
<td>69.3</td>
<td>65.6</td>
<td>34.0</td>
<td>59.1</td>
</tr>
</tbody>
</table>

**Commentary:**

The percentage of discharged clients has decreased from previous years and is lower than national average, partially reflected by an increase in the average number of days clients remain with the service.
Individual Plan of Care for the Last Days of Life

In 2014, St Ann’s Hospice worked collaboratively with other palliative care providers from across the North West region to develop new clinical documentation which would guide and document care in the last days of life.

The Individual Plan of Care and Support for the Dying Person in the Last Days and Hours of Life is a consensus document developed by the Greater Manchester, Lancashire and South Cumbria Strategic Networks Palliative and End of Life Working group.

The impetus for the Individual Plan of care was twofold. First was the recommendation of the Neuberger report (More Care, Less Pathway) that the widely used Liverpool Care Pathway should be withdrawn, due to inappropriate use. Second was the subsequent recommendation from the Leadership Alliance for the Care of Dying People (One Chance to Get it Right) that the care of people in the last days and hours life needed to be carefully recorded according to five priority outcomes:

1. The possibility that a person may die within the coming days and hours is recognised and communicated clearly, decisions about care are made in accordance with the person’s needs and wishes, and these are reviewed and revised regularly.
2. Sensitive communication takes place between staff and the person who is dying and those important to them.
3. The dying person, and those identified as important to them, are involved in decisions about treatment and care.
4. The people important to the dying person are listened to and their needs are respected.
5. Care is tailored to the individual and delivered with compassion – with an individual care plan in place.

St Ann’s Lead for Research & Development is now helping to evaluate the Individual Plan of Care, with colleagues at the University of Manchester, assessing whether the new documentation enhances patient care in their last days of life. We will also contribute to a planned regional clinical audit of the Individual Plan of Care.
Clinical audit activity

Quarterly meetings chaired by our Lead for Quality and Audit with clinical and medical representation from all service areas are held three monthly. A rolling plan for clinical audit is agreed and reviewed. Along within internally agreed audits, St Ann’s continues to participate in the North West Regional Audit Group (NWRAG) audit programme. The following is the clinical audit activity from 2014/15:

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration of Medicines</td>
<td>A regular audit conducted by the Practice Development Facilitators with a ward nurse. Progress on the agreed action plan from the last audit in August 2014 is facilitated through the clinical chart meeting.</td>
</tr>
<tr>
<td>Prescribing of Medicines</td>
<td>Audit conducted by pharmacists three times each year and results fed back to all doctors. This was replaced in January 2015 by the Medicines Safety Thermometer and may be reintroduced at a later stage.</td>
</tr>
<tr>
<td>NWAG Heart Failure Audit</td>
<td>Report and action plan finalised and posted on the intranet</td>
</tr>
<tr>
<td>Thromboprophylaxis at HG</td>
<td>Report and action plan finalised and posted on the intranet</td>
</tr>
<tr>
<td>NWAG Re-audit Nausea and Vomiting</td>
<td>Completed</td>
</tr>
<tr>
<td>Discharge Letter Audit</td>
<td>Completed</td>
</tr>
<tr>
<td>Sensory Impairment Assessment on admission</td>
<td>Completed</td>
</tr>
<tr>
<td>Non Malignant Referrals to CSPCT</td>
<td>Report and action plan being finalised.</td>
</tr>
<tr>
<td>Complementary Therapy Documentation</td>
<td>Results being analysed and will be fed back to the team and action plan agreed.</td>
</tr>
<tr>
<td>NWAG Steroid Audit</td>
<td>Results received and St Ann’s action plan to be agreed</td>
</tr>
<tr>
<td>NWAG VTE prevention</td>
<td>Awaiting report of findings from NWAG following which St Ann’s action plan will</td>
</tr>
<tr>
<td>TOPIC</td>
<td>STATUS</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>be discussed</td>
<td></td>
</tr>
<tr>
<td>Abstral Audit</td>
<td>Audit being set up</td>
</tr>
<tr>
<td>Monthly Antibiotic Prescribing Audit</td>
<td>This is a regular audit conducted by the Infection Prevention and Control Nurse.</td>
</tr>
<tr>
<td>Medicine Safety Thermometer</td>
<td>This is a monthly audit and is part of an agreed medicine safety CQUIN for 2015/16</td>
</tr>
</tbody>
</table>

There is also a comprehensive programme of infection control audits coordinated by the Infection Control and Prevention Nurse.

The Prescribing Audit and the Audit of Discharge Letters have been accepted for poster presentation at the European Association of Palliative Care Conference in May 2015.

An action from the discharge letter audit was to bid for the discharge process as a 2015 Innovation Science for Academics Quality Improvement Project. This has been accepted.

The Sensory Impairment audit was accepted for publication in the European Journal for Palliative Medicine.
Spotlight on Clinical Audit

Improving the Discharge Letter Process for St Ann’s Inpatient Units

An audit was conducted during 2014 to assess current adherence to the discharge letter template and to compare the template against the national guidance for hospitals. It also aimed to identify time taken for letters to be prepared post discharge and the agreement of a response standard.

Hospice patients often have complex needs, requiring many treatment changes during Admission, and likely need community services soon after discharge.

Discharge letters need to be of high quality and timely to ensure safe handover of care to community teams. In 2009 the Department Of Health recommended that hospital discharges were received by GPs within 24 hours of a patient’s discharge.

Outcomes from the audit aimed at improving the process for discharge letters included:

- The discharge letter template being revised to highlight the areas not completed well
- To try and reduce delay a new system has been proposed, involving doctors completing an electronic template. Ideally this will include an electronic signature.
- Agreement for target timeframe of 48 hours from discharge date for letter to be sent out.
- Education of new Doctors at induction.

Next steps: In 2015, St Ann’s will continue to improve its processes for discharge, in a new quality improvement project. This is also now a Commissioning for Quality and Innovation (CQUIN) performance target for St Ann’s. The Aim of the CQUIN is to improve the discharge process with a specific focus on: reducing delayed transfer of care, improving timing of discharge letter to within two working days and improving the existing discharge summary. Quarterly reports will be provided to commissioners.
24 Hour Advice Line

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

Calls to the Hospice 24 Hour Advice Line Service

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of calls received</td>
<td>704</td>
<td>698</td>
<td>690</td>
<td>717</td>
<td>690</td>
</tr>
<tr>
<td>Source of calls</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health care professionals</td>
<td>349</td>
<td>372</td>
<td>341</td>
<td>372</td>
<td>391</td>
</tr>
<tr>
<td>Patients and carers</td>
<td>297</td>
<td>272</td>
<td>303</td>
<td>290</td>
<td>252</td>
</tr>
<tr>
<td>Other (including unknown)</td>
<td>58</td>
<td>54</td>
<td>46</td>
<td>55</td>
<td>47</td>
</tr>
<tr>
<td>Reason for call</td>
<td>(more than 1 reason can be recorded)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pain control</td>
<td>223</td>
<td>210</td>
<td>220</td>
<td>227</td>
<td>237</td>
</tr>
<tr>
<td>Symptom control (excluding pain)</td>
<td>270</td>
<td>307</td>
<td>265</td>
<td>273</td>
<td>264</td>
</tr>
<tr>
<td>Service and referral information</td>
<td>87</td>
<td>96</td>
<td>81</td>
<td>108</td>
<td>109</td>
</tr>
<tr>
<td>Non clinical</td>
<td>36</td>
<td>33</td>
<td>30</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Other*</td>
<td>147</td>
<td>149</td>
<td>173</td>
<td>168</td>
<td>150</td>
</tr>
</tbody>
</table>

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

The total number of calls received remains comparable to previous years. Types of calls remain comparable to previous years, excepting a slight decrease in calls directly from patients. The majority of calls request advice on both a patient’s pain and symptom control. Over thirteen calls are received each week, 36% of which are from patients and carers. Advice given may help patients to avoid unnecessary crises referral to hospital, and has the potential to enable patients to stay in their home.
Over the next 12 months we will be implementing a comprehensive leadership and management development programme for all of our directors, managers and team leaders. The purpose of the programme is to ensure that leaders lead the hospice and manage staff consistently and effectively. It will run over a period of 12 months and include group and individual elements. Practical in approach, the programme will have a strong emphasis on development planning aimed at improving performance and leadership capability. Initially there will be a focus on leadership behaviours and building awareness about the potential positive and negative impact these can have on others. It will then move on to look at practical tools and techniques to be an effective manager and leader. The programme will run in four different cohorts with around 70 participants.

Inspire consists of six Modules:

<table>
<thead>
<tr>
<th>Module</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Leadership and Management Development</td>
<td>2 days</td>
</tr>
<tr>
<td>Managing People</td>
<td>1 day</td>
</tr>
<tr>
<td>Managing Self</td>
<td>½ day</td>
</tr>
<tr>
<td>Interacting with Others</td>
<td>½ day</td>
</tr>
<tr>
<td>Strategic and Financial Awareness</td>
<td>½ day</td>
</tr>
<tr>
<td>Reflection and Evaluation</td>
<td>½ day</td>
</tr>
</tbody>
</table>

The six modules will be supported by Masterclasses on the following subjects:
- Recruitment and Selection
- Individual Performance Reviews
- Managing Poor Performance
- Incident Reporting
The palliative care education team provides specialist training and development to staff working for the hospice organisation and for hospital and community colleagues wishing to increase their confidence and expertise in a range of issues relevant to palliative care.

Throughout the last year, the education team has provided numerous internal and external comprehensive training packages current to the needs of the patients. This has included the incorporation of dementia care training, highlighting an increasing emphasis on increasing knowledge and skills in non-malignant conditions, in addition to cancer.

The 6 Steps programme for care homes has continued to be successful, with several care home cohorts from across Manchester and Trafford participating in the program. 6 Steps embeds the North West End of Life model into care homes, impacting positively on care delivery and documentation, including advance care planning, ensuring that care standards are met and maintained.

Clinical colleagues at St Ann’s have also been working on a competency training workbook and study day for nursing staff. As part of this initiative, links to intra-venous training and ongoing support are in place as intra-venous competency rolls out across the organisation are being initiated.

Our clinical and medical teams have continued to support the new Manchester Medical School “Personal Excellence Paths” scheme for third year students. In May 2014 we had our first experience of students working with us to develop patient information leaflets in relation to the themes of use of medications out of licence and advance care planning.

There continues to be a strong focus on the future delivery of educational initiatives and programs for the hospice both internally and externally, in partnership with our clinical professionals and organisations from across the geographical area of Greater Manchester.
Mapping and Reducing Polypharmacy in St Ann’s Hospice

Over the last year, a St Ann’s project team has mapped the levels of polypharmacy and implemented strategies to reduce this in our inpatient wards, using a quality improvement approach.

Polypharmacy is the prescribing of multiple medications to one individual. The UK’s Kings Fund report (2013), ‘Polypharmacy and medicines optimisation’, recommends research to improve medicines management. There are no guidelines specific to the field of specialist palliative care, where medication regimens likely pose a significant burden on patients, prescriber and service (cost and manpower). Yet, the extent of ‘inappropriate polypharmacy’ in palliative medicine is unknown.

After collecting data on the average number of medications, tablets and liquids our patients receive on a daily basis, we implemented a series of approaches and assessed whether these led to improvements in patient care. These focused on education and guidelines on the use of paracetamol, laxatives and knowledge of dose sizes.

We have now demonstrated that polypharmacy has reduced in our patient population by 16%-number of medications, 30%-number of tablets and 30%-volume of liquid medicines, without affecting the quality of care that we provide to patients.

Moving forward into 2015, the hospice team are now hoping to lead on the generation of accredited guidelines on polypharmacy specific to the field of palliative medicine and its care settings.
The key aims are to expand the opportunities available for the delivery of supportive care to a wider patient group, ensuring that St Ann’s reaches out to and meets the needs of as many supportive and palliative care patients and their carers as is possible. Following on from information shared within last year’s Quality Account report, we are pleased to inform this year’s report that the project commenced at the start of February 2014. To date the following objectives approved within the business plan have been delivered, with all services showing signs of growth / improvement.

**Heald Green Day Care**

- Delivery of Traditional Day Care model over a three day period, moving patients from a Monday appointment to that of either Wednesday through to Friday of each week.
- Reintroduction of Team Leader role and recruitment to full workforce plan.
- Introduction of a Drop in Centre facility on a Monday, commencing on time in November 2014
- Step Up and Step Down process for Day Therapy
- Partnership working with long term condition specialists
- Transport portfolio and access to community transport facilities
- Reduction in the number of Do Not Attend appointments
- Increase in capacity and access to services
Neil Cliffe Centre

- Increase the accessibility, flexibility, availability and capacity of Key Workers.
- Reintroduction of Team Leader role and recruitment to full workforce plan
- Introduction of a flexible no appointment Drop in facility
- Introduction of Group Sessions such as Yoga and Creative Therapy
- Invest in the redecoration and design of on-site facilities
- Partnership working with long term specialists

A number of focus groups, individual interviews and questionnaires with patients, carers, staff and volunteers have further informed the current and ongoing strategy. This has been delivered in conjunction with away days and strategy days for the centres. Future developments will focus upon facilities, capacity, communications and the introduction of non-malignant palliative care support.
The Macmillan Cancer Improvement Partnership is bringing together all cancer care providers in Manchester to improve the experience of everybody affected by cancer at every stage of their cancer journey.

The partnership is led by Macmillan and the Manchester North, Central and South Clinical Commissioning Groups and working with organisations across primary, community, acute and end-of-life care.

Together we’re making sure services in Manchester link up to support people through their whole cancer experience.

St Ann’s Hospice is a key partner within the improvement partnership and has participated in a number of ways over the last year including:

- Representation on the Palliative and End of Life Care Steering Group from our Chief Executive Officer
- Engagement in community palliative care workforce development across North Manchester locality by our senior clinical Operational Manager, St Ann’s Little Hulton site: Delivery of training on prognostic indicators at end of life, holistic care and medicine update; manning of the 24 hour advice line for the ‘palliative care hub’; supporting the Alexian Brothers Nursing home delivering palliative care in North Manchester
- Design and delivery of a palliative care learning & development needs questionnaire survey to the generalist health and social care community workforce across Manchester, involving Dr Dai Roberts, St Ann’s Lead for Research & Development (in partnership with Dr Vanessa Taylor and colleagues at the School of Nursing, University of Manchester)
- St Ann’s Communications Department is also helping with communication and branding to encourage sign up to these new services
PATIENT SAFETY

Clinical Governance Committee

St Ann’s Hospice’s Clinical Governance Committee meets quarterly. The committee is chaired by a hospice Trustee, with multi-disciplinary membership from across clinical services, plus external representation from our local Clinical Commissioning Group (CCG). The committee oversees the approval of clinical policies and monitors the quality, safety and effectiveness of clinical service provision via a variety of reports and data dashboards.

Incident Reporting

- An organisation wide incident / near miss reporting system was introduced in 2004 and has been reviewed four times in response to the feedback from its users. A quarterly report is compiled, which focuses on actions agreed in line with the learning culture.

- All medicine related incidents are discussed at the quarterly medicine management meeting. Attendance includes representation from pharmacy, medicine, quality and clinical operational managers and meets the recommendations in the alert “improving medication error reporting and learning” received in March 2014.

- St Ann’s participated in the Hospice UK Benchmarking pilot for Pressure Ulcers, Falls and Medication Incidents

- Further organisational training on the use of the incident / near miss reporting process is planned as part of the leadership training for 2015/16
The following summarises the type and number of incident/near miss forms received.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total incidents &amp; near misses</td>
<td>517</td>
<td>521</td>
<td>492</td>
<td>541</td>
<td>448</td>
</tr>
<tr>
<td>Total Clinical of these:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- medicine related</td>
<td>413</td>
<td>433</td>
<td>403</td>
<td>411</td>
<td>342</td>
</tr>
<tr>
<td>- patient falls</td>
<td>96</td>
<td>88</td>
<td>87</td>
<td>97</td>
<td>98</td>
</tr>
<tr>
<td>Total Non-clinical</td>
<td>104</td>
<td>87</td>
<td>48</td>
<td>52</td>
<td>55</td>
</tr>
<tr>
<td>Total with impact on Clinical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>and non-clinical services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RIDDOR reports (Reporting of</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injuries, Diseases and Dangerous Occurrence Regulations)</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

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

- Flooring repaired due to recurring trips & falls.
- Introduction of industrial shredding machine instead of confidential waste bins that are managed by an external shredding company.
- Information Governance clause to be added to future contracts with external companies.
- Post procedure to be replaced with a policy and include how post marked confidential is managed when staff are on leave or absent.
- Protocol to be introduced for viewing of CCTV recording.
- Additional low rise beds and bed sensors ordered.
# Infection Control and Wound Care

## Infection Control Data

<table>
<thead>
<tr>
<th>TYPE OF INFECTION</th>
<th>Apr 09 – Mar 10</th>
<th>Apr 10 – Mar 11</th>
<th>Apr 11 – Mar 12</th>
<th>Apr 12 – Mar 13</th>
<th>Apr 13 – Mar 14</th>
<th>Apr 14 – March 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA (localised infection and colonisation)</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td><em>Clostridium difficile</em> toxin positive</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>2 (hospice acquired)</td>
<td>2 (hospice acquired)</td>
<td>3 (hospice acquired)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1 (On admission)</td>
<td>2 (on admission)</td>
<td>1 (on admission)</td>
</tr>
<tr>
<td>Bacteraemias (blood stream infections)</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1 (non-MRSA)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Extended spectrum beta-lactamases</td>
<td>n/a</td>
<td>n/a</td>
<td>7</td>
<td>Data no longer recorded</td>
<td>Data no longer recorded</td>
<td>Data no longer recorded</td>
</tr>
<tr>
<td>Carbapenemase-producing enterobacteriaceae (CPE)</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
</tbody>
</table>

**Surveillance data for the period April 2013 – March 2014:**
(St Ann’s infection control reporting is informed by Public Health England). Infection/colonisation of MRSA data is collected although not a requirement under PHE standards. This was considered beneficial to the hospice because not all patients are screened on admission and it gives some insight into incidence.

Information about infections/colonisation is also obtained via referring services (e.g. General Practitioners, Nursing Homes and Hospital Trusts), and management strategies for these cases can then be implemented on patient admission. This is particularly evident for cases of carbapenem producing coliforms where our laboratory surveillance data is zero for this reporting period but there have been several referrals and subsequent admission made for patients known to be colonising these organisms and are able to be managed appropriately due to the referral process. With the large increase in extended spectrum beta-lactamase (ESBL) positive specimens, broad surveillance of these organisms is no longer recorded as many have little impact on patient management.

The data for CDI rates reflects whether the infection originated during hospice admission, or was evident on admission which is in line with reporting to...
commissioners. All cases of bacteraemia are recorded not just those associated with reportable organisms such as *E coli* and MRSA. There has been an increase in the number of Carbapenemase-producing enterobacteriaceae (CPE) isolates during the past 12 months due to patient referrals from hospitals experiencing CPE outbreaks.

**Wound Care Data April 2014 – March 2015**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PRESSURE ULCERS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade I</td>
<td>47</td>
<td>38</td>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>Grade II</td>
<td>85</td>
<td>79</td>
<td>123</td>
<td>106</td>
</tr>
<tr>
<td>Grade III</td>
<td>19</td>
<td>14</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Grade IV</td>
<td>4</td>
<td>1</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>155</strong></td>
<td><strong>144</strong></td>
<td><strong>185</strong></td>
<td><strong>156</strong></td>
</tr>
<tr>
<td><strong>WOUNDS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(not including pressure ulcers)*</td>
<td>100</td>
<td>89</td>
<td>65</td>
<td>55</td>
</tr>
</tbody>
</table>

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

All patients on admission to our hospice receive a tissue viability risk assessment, followed by relevant preventative measures (e.g. pressure care mattresses). However, many patients who are cared for by St Ann’s Inpatient wards experience deteriorating symptoms due to the progression of their condition and poor circulation. For example, many patients are prescribed steroid medication, which increases the risk of diabetes and pressure ulcers thereafter. This is why in some cases, pressure ulcers can develop while a person is under St Ann’s care, despite preventative measures being taken. In such cases, specific management strategies are used, including the use of care plans and dressings to minimise discomfort and maximise quality of life.

Hospice acquired pressure ulcers during 2014-15 have remained comparable to the same reporting period for 2013-14. There is now high confidence that reporting of pressure ulcers and wounds is consistent across its two inpatient sites.
# Staff Health, Absence and Turnover

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sickness and absence</td>
<td>4.6%</td>
<td>4.3%</td>
<td>5.2%</td>
<td>4.7%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Staff turnover</td>
<td>6.4%</td>
<td>10.8%</td>
<td>7.7%</td>
<td>10.2%</td>
<td>17.0%</td>
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</table>

St Ann’s sickness and absence rates in 2014/15 are comparable to previous years. Staff turnover has increased compared to the previous year. St Ann’s continually strives to minimise its sickness and absence levels by providing a healthy and productive environment, including clear organisational values and goals, within which its workforce can be supported and cared for. In 2014/15 this was supported by a staff survey which included staff perceptions of working at St Ann’s. The survey has led to the formation of a working group – for more information on the work streams that have arisen from the survey, please refer to the ‘What Our Staff Say About the Organisation’ section of this report.

**Volunteers**

The success of the organisation is supported by over 800 volunteers who contribute over 80,000 hours in total. They are a diverse workforce who bring new skills and experience. Examples of how our volunteers help include in our ward areas, charity shops, reception desks, bereavement support service and administration support.
PATIENT EXPERIENCE

1. Comments Scheme

This scheme enables visitors, patients, volunteers and staff to make suggestions for improvement or comments they have about our services. The Lead for Quality and Audit is responsible for managing the scheme and sending comments received to the appropriate manager for consideration and a response. The responses are collated and approved at an organisational meeting, posted on the hospice intranet along with organisational distributions of monthly summaries.

A total of 118 comments or suggestions were posted in 2014/2015

Actions agreed in 2014/2015 included:

- Introduction of soft closing bins in the clinical areas
- Regular communication meetings between the coffee shop volunteers and catering team to discuss further improvements of the food provision available in the coffee shop

2. Patient/Carer Group activity

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

During 2014/15, their views have been sought for the following:

- Advance care plan leaflet and recording document
- Medicines at St Ann’s leaflet
- Unlicensed medicines leaflet
- My Hospice Buddy flyer
- Nutritional Guidance Leaflet
- The role of the Fundraising Volunteer Coordinator

External Involvement

The group’s views have been requested via invitations to events led by Manchester Cancer and Macmillan Cancer improvement Partnership (MCIP)
3. Friends and Family Survey (inpatient unit)

This was introduced onto the ward in October 2013 and extended to include Day Therapy services at LH in July 2014 and Day Therapy services at HG in July 2014. These are the figures after the pilot had completed.

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

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<thead>
<tr>
<th></th>
<th>IPU</th>
<th>DTU</th>
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<tbody>
<tr>
<td>Extremely likely</td>
<td>140</td>
<td>292</td>
</tr>
<tr>
<td>Likely</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Neither likely nor unlikely</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Extremely unlikely</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Don’t know</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total completed surveys</td>
<td>149</td>
<td>299</td>
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4. Real Time Survey

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

Patient experience interviews were conducted at Little Hulton and Heald Green during this period and an interview for visitors was introduced in January 2015.

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<table>
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<tbody>
<tr>
<td>Inpatients</td>
<td>66</td>
</tr>
<tr>
<td>Day Care</td>
<td>45</td>
</tr>
<tr>
<td>Visitor</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>124</strong></td>
</tr>
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</table>
The results continue to give positive feedback on the services provided at the hospice by both clinical and support services and suggestions are processed through the comments scheme and quarterly action plan.

Actions includes the reintroduction of hand wipes on patient’s meal trays to improve access to hand washing for patients who are not independently mobile. The findings for the last quarter has demonstrated 100% improvement in this.

Findings have also highlighted a need to pursue a volunteer to work with the creative therapist in Day Care to ensure this valued service is continued during annual leave or absence.

**Personal Excellence Pathway (PEP)**
St Ann’s continues to participate in the PEP scheme for medical students and their involvement includes audit activity and gaining the views of patients.

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### Complaints & Compliments

#### Complaints and Compliments Received 2009/2010 to 2012/2013

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

**Complaints:**

- The number of informal complaints remains low for this reporting period, while the number of formal complaints has risen since last year. St Ann’s has during this reporting period introduced a leaflet for patients and carers on ‘How to Make a Complaint’. All complaints received have been managed in accordance with hospice policy and within agreed time frames.
What our staff say about the organisation

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

- We hold a ‘One Organisational Group’ bi-monthly meeting which brings together staff from across all clinical and support services (catering, HR, finance, fundraising, trading company) for shared learning across the organisation.
- A Staff Reps committee meets bi-monthly, representing the views of grass roots staff from across the organisation.
- Regular open meetings are held with the Executive team and all staff at each site three times a year. These are backed up with more regular 1:1 ‘Directors surgeries’ to maximise staff consultation and engagement. For 2014/15 these have included an informal walkabout approach to reach more staff.
- Our Chief Executive also publishes a weekly brief and staff are encouraged to contribute with updates and key messages.

Organisational Staff Survey:

In the summer of 2014, St Ann’s Hospice conducted a survey to gain the views of all staff on working at St Ann’s. Findings form the survey, have led to the formation of a staff working group, who over the course of several workshops, working closely with the Executive Team have helped the organisation to develop priorities for development. These fell into four main categories:

1. The organisation and communication
2. Morale and work life balance
3. People management
4. Development and reward

The St Ann’s Executive Team have subsequently developed an action plan which focuses on key elements within these four themes. The action plan is now ongoing throughout 2015, while several key actions have been already reviewed and completed, including:

- A pay award for all staff
- Review of salary scales
- Development and delivery of an organisational leadership development training programme (see Education & Training section)

In addition, during 2015, the staff survey will be resent to all staff to regain their views on working at St Ann’s Hospice.
What our regulators say about us

St Ann’s services are regularly reviewed by the Care Quality Commission (CQC).

St Ann’s has not received a Care Quality Commission inspection during this last year’s Quality Account reporting period.

St Ann’s has, however, contributed to Salford Royal Hospital’s recent inspection, published on the 27th March 2015, which received Outstanding assessment grades for both its overall standards and also specifically for End of Life Care, to which St Ann’s specialist community palliative care services contributed towards.

Here are two exerts from Salford’s report that highlight the effectiveness of the shared working between St Ann’s and Salford Royal Hospital:

‘End of life care services provided by the trust were well integrated with the services of other providers, such as those of a local hospice. This allowed for relatively seamless care when people transferred between services, supported the rapid discharge of patients from hospital to their preferred place of care as they approached the end of their lives. Good communications between trust staff, other agencies and providers ensured comprehensive care was, generally, provided in line with national guidance whilst avoiding duplication and wasted resources.’

‘The integration of palliative care services across both the acute hospital and the community allowed for a sharing of expertise, a clearer overview of the management of individual patients through shared multi-disciplinary meetings and improved discharge planning where patients expressed a preference to transfer home or to a hospice to die.’

During 2014, St Ann’s Heald Green site received a visit from ‘Educate’. Educate are a body who advise on creating dementia care friendly environments to maximise their suitability for dementia patients.

A visit was also received from our Clinical Commissioning Group, the NHS body that provides 34% of the hospice funding.

St Ann’s has also recently prepared and submitted its Provider Information Report, a new requirement from the CQC, in readiness for a future inspection of its services.

Further information and full reports can be obtained via the following link: http://www.cqc.org.uk/
What the CQC icons mean

✔ All standards were being met when we inspected the service. If this service has not had a CQC inspection since it registered with us, our judgement may be based on our assessment of declarations and evidence supplied by the service.

❌ At least one standard in this area was not being met when we inspected the service and we required improvements.

❌ At least one standard in this area was not being met when we inspected the service and we have taken enforcement action.

A key aspect of the inspection process is to ask our patients their views on their care received.

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

Date of Inspection: 23 September 2013
Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services ✔
Safeguarding people who use services from abuse ✔
Safety and suitability of premises ✔
Staffing ✔
Assessing and monitoring the quality of service provision ✔
St Ann's Hospice is an independent adult hospice. The hospice is registered for 34 inpatient beds but is currently operating on 27 beds as agreed with their commissioners. The hospice also runs a day care centre four days a week and an outpatient clinic twice a week. The hospice has an enclosed garden, a coffee shop, a small number of lounges and a small multi-faith room.

Summary of the inspection:
We visited St Ann’s Hospice on 23 September 2013 at the time of our visit there were 24 in patients. At the time of our visit the manager was unavailable; the inspection was assisted by the Clinical director, Ward Manager, Training Officer and the lead for quality and audit. We saw staff caring for patients with respect and compassion. Staff were heard speaking with patients in a calm and friendly manner. We saw appropriate policies and procedures in place, staff we spoke with were aware of how to access them and the correct procedures to follow. We looked at two patients’ records which contained relevant and factual health information. Patients’ wishes and preferences were recorded and patients were included in discussions about their care and treatment. We spoke with three patients and ten relatives. One patient said “This is a wonderful place; all the staff are so kind and caring I can’t praise them enough. They make sure I am not in any pain. The food is very good and nicely presented.” Another patient told us “The care is excellent, I am very comfortable.” A relative said “People worry about having to go into a hospice but the care here is excellent, 10 out of 10. The staff have time to talk to us and give us as much information and support we need as a family”. Another relative said, “The standard of care is first class”. We spoke with four members of staff who were aware of the safeguarding procedures and had an understanding of mental capacity issues and best interests decision making. Staff told us they were well supported by management and told us that there was an open door policy and everyone was approachable. Staff meetings were held regularly, training and professional development was on-going and annual appraisals were undertaken. Any complaints were taken seriously and followed up appropriately we saw evidence that regular audits were undertaken.
We inspected the following standards as part of a routine inspection. This is what we found:

- Respecting and involving people who use Services
- Care and welfare of people who use services
- Cleanliness and infection control
- Safety, availability and suitability of equipment
- Assessing and monitoring the quality of service provision

St Ann's Hospice is situated in the Little Hulton area of Salford, Greater Manchester and is registered as a charity. The hospice provides palliative and supportive care services to patients with life threatening illnesses. Services provided include hospice at home, day therapy and inpatient care. An extensive garden area is available for the benefit of patients and visitors. Off street car parking is available and the location is well served by public transport routes.

Summary of the inspection:
As part of our inspection we focused on the inpatient unit at St Ann's Hospice as well as the community based services team which provided care to people in their own homes. During our inspection, patients made positive comments about the service they received whilst at the hospice. The people we spoke with told us they were comfortable and their pain was well managed. Comments included; “The hospice is fantastic. Staff help me with personal care and keep my pain under control. The staff are brilliant and the food is fantastic” and “I have been very well looked after since I have been here. I get treated with respect and would definitely recommend it to other people and their families”. We looked at how patients were involved in the care they received and if they were treated with dignity and respect by staff. One patient told us; “Staff treat you so well here. Thankfully I can still do things for myself but staff recognise that and allow me to have a go on my own first”. We spent some time speaking with the lead for infection control and found the premises were clean, tidy and odour free. We also checked equipment was fit for purpose and available in appropriate quantities. We found equipment had been serviced regularly and stored safely. We found there were appropriate
systems in place to monitor the quality of service provided. This included regular auditing and the use of patient surveys which were analysed.

Neil Cliffe Centre

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

Date of Inspection: 19 September 2013
Date of Publication: October 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment ✓
Cooperating with other providers ✓
Requirements relating to workers ✓
Complaints ✓
Records ✓

The Neil Cliffe Centre is based at Wythenshawe Hospital, Greater Manchester and provides a day support service to people who require treatment. There is a medical outpatient clinic held once a week at the centre.

Summary of the inspection:
We spoke with two people on the day of inspection. Both confirmed that the staff had explained the care and treatment options to them and staff had asked for their consent. The people we spoke with were very complimentary about the staff and services provided. One person said “The care is phenomenal; I loved the place from the moment I walked in”. Another person told us “The staff are caring, professional and very thoughtful”. The people we spoke with confirmed that the centre had put them in touch with other services and gave them valuable support. One person told us “I was allocated a keyworker who devised a programme and explained everything to me”. Both people confirmed they didn’t have any need to make any complaints and felt the staff would accommodate any issues or concerns that may arise.
APPENDIX A

Healthwatch Stockport response to St Ann’s Hospice Quality Account 2014/15

About Healthwatch Stockport

Healthwatch is the new independent consumer champion created to gather and represent the views of the public, patients, relatives and carers. Healthwatch plays a role at both national and local level and makes sure that the views of the public and people who use services are taken into account.

Healthwatch Stockport is a membership organisation run by volunteers with an interest in health & social care. They are supported by a team of staff to offer help to members carrying out activity on behalf of the organisation.

Healthwatch Stockport has, amongst others, the following responsibilities;

- Promote and support local people to be involved in monitoring, commissioning and provision of local care services
- Obtain local people’s views about their needs for and experience of local care services
- Tell agencies involved in the commissioning, provision and scrutiny of care services about these views
- Produce reports and make recommendations about how local health and care services could or should be improved

Introduction

- Healthwatch Stockport welcomes the opportunity to comment on this Annual Quality Account (as seen in draft). We recognise that Quality Account reports are a useful tool in ensuring that NHS healthcare providers are accountable to patients and the public about the quality of service they provide. We fully support these reports as a means for providers to review their services in an open and honest manner, acknowledging where services are working well and where there is room for improvement.
- We share the aspiration of making the NHS more patient-focussed and placing the patient’s experience at the heart of health and social care. An essential part of this is making sure the collective voice of the people of Stockport is heard and given due regard, particularly when decisions are being made about quality of care and changes to service delivery and provision.
- Our wish is therefore that Healthwatch Stockport works with its partners in the health and social care sector to engage patients and service users effectively and to ensure that their views are listened to and acted upon. We look forward to continuing to work alongside St Ann’s Hospice to making sure that the voice and experience of patients and the public form is heard throughout the provision of services.
- Healthwatch Stockport commends the St Ann’s Hospice on the many areas where, through hard work and dedication quality improvements have been demonstrated.
St Ann’s Hospice Quality Account

Healthwatch Stockport are pleased to note that Jayne Bessant, Chief Executive focuses on both collaboration and patients, families and carers being at the heart of everything they do within her Statement. Healthwatch Stockport supports this position and the work the hospice is carrying out to achieve it including focus groups, individual interviews, questionnaires in addition to away days and strategy days in the centres.

Healthwatch Stockport is pleased to see that St Ann’s Hospice are working towards connecting to local NHS Trust patient databases facilitating continuity of care for patients.

Healthwatch Stockport are pleased to see the success of the new drop in service to community based patients and their carers and the improvements in medicine management, and patient safety.

Through our working relationships, Healthwatch Stockport took part in the PLACE (Patient Led Assessments of the Care Environment) in March/April 2014 the results of which were particularly good, and congratulate St Ann’s Hospice on the results of this assessment.

We are pleased to see that the St Ann’s Lead for Research & Development is helping to evaluate the Individual Plan of Care, with colleagues at the University of Manchester, assessing whether the new documentation enhances patient care in their last days of life and will be contributing to a planned regional clinical audit of the Plan.

Healthwatch Stockport would like to congratulate St Ann’s Hospice on their Prescribing Audit and Audit of Discharge letters being accepted for poster presentation at the European Association of Palliative Care Conference in May 2015.

Conclusion

Healthwatch Stockport thanks the St Ann’s Hospice for the opportunity to comment on this document and request consistency in reporting next year to enable a direct comparison of the information.

If members of the public have any queries or questions or concerns resulting from this report or annex, Healthwatch Stockport can be contacted by e-mail at info@healthwatchstockport.co.uk, telephone on 0161 974 0753 or you can visit our website at www.healthwatchstockport.co.uk.

Healthwatch Stockport

Stockport Clinical Commissioning Group response to St Ann’s Hospice Quality Account 2014/15

Subsequent to receipt and review of the Annual Quality Report 2014/15, Stockport Clinical Commissioning Group (SCCG) would like to acknowledge St Ann’s Hospice achievements for 2014/2015. We would like to congratulate St Ann’s on remaining committed to improving quality and driving forward service improvements through collaborative working and proactively seeking new ways of working.
St Ann’s have shown commitment to the quality improvement programme of CQUIN, achieving an increased focus on patient safety by utilising the Safety Thermometer system to record levels of harm. We can see evidenced a clear enthusiasm for monitoring and reducing pressure ulcers, medication errors and falls. Similarly, there has been a clear enthusiasm for improving patient and staff feedback and utilising this rich information to positively change and improve care for patients.

When compared to the national average, St Ann’s have recognised that their length of stay has risen and patient discharges have reduced, however, they are proactively addressing these issues by implementing a discharge quality improvement CQUIN work programme and ensuring robust analysis of the data in order to formulate a greater understanding. Equally, St Ann’s have shown a commitment to employing clinical audit as a driver for positive change and development.

SCCG recognise the achievements made by St Ann’s in the last year and look forward to working with them to further improve patient experience, patient safety and clinical effectiveness for patients.