Sue Ryder

Quality Account 2017–18

Our quality performance, initiatives and priorities

Cover: Amanda, Staff Nurse at Duchess of Kent Hospice with a patient in the Lymphoedema clinic.

Contents

Joint statement from our Chief Executive and the Chairman of Trustees

Welcome to our annual Quality Account. Each year at Sue Ryder we review our performance against selected quality measures for the previous year, and set our objectives for continuing quality improvement. We are committed in our approach to delivering exceptional care for patients and their families. In line with national health and social care priorities, we want to deliver the highest quality of patient safety and clinical effectiveness and ensure the highest level of compassionate care. We strive to ensure that staff who have contact with service users are always developing through training that puts quality improvement processes at the heart of their approach to all care.

Below we celebrate some of the key achievements from staff around our organisation who have contributed to the continuing quality improvement of our care over the past twelve months.

'What Matters to Me': one year on

Sue Ryder's training programme 'What Matters to Me: a Human Rights Approach to End of Life Care' has been a resounding success in its first year. The free training programme teaches health and social care professionals about their legal duties under the Human Rights Act (1998) and explains how to protect a person's human rights at the end of life. To date we have successfully trained over 400 practitioners. Our 6-month evaluation of the training programme was extremely positive and showed that, after training, practitioners rated their confidence higher in using human rights in practice. In February 2018 we held our first Human Rights Conference at The Royal Society in London, which received very positive feedback from attendees. The success is continuing into 2018 with a full schedule of workshops already booked and plans for another conference underway.

'Excellent' service at Stirling Homecare

In May 2017, the Scottish Care Inspectorate graded our Stirling Homecare service as 'Excellent' at an inspection announced at short notice. The Homecare service was awarded the highest grade for both quality of care and support, and quality of management and leadership. Stirling's Homecare service delivers care to service users in the comfort of their own homes, which helps them to remain independent, be with loved ones and continue to be a part of the community. We currently support more than 500 people across Stirling and Falkirk each week. The Scottish Care Inspectorate report commended the staff at Stirling for providing person-centred care with a positive and compassionate approach to supporting patients.

Nettlebed Hospice graded as 'Outstanding'

Following an inspection in February 2017, our Nettlebed Hospice in Oxfordshire was graded 'Outstanding' overall during an unannounced inspection by the Care Quality Commission. The service was awarded 'Outstanding' for being caring, responsive to people's needs and well-led, and awarded 'Good' for the service being safe and effective. The staff were praised for speaking with patients and relatives in a respectful manner whilst intuitively responding to people's moods and anxieties. Nettlebed Hospice was recognised for going the extra mile to ensure people were able to receive their end of life care in the place of their choice. We are proud to report that all our other hospices, neurological care centres, supported living and homecare services are graded as 'Good' (UK) or 'Excellent' (Scotland).

Our Online Community continues to grow

The Sue Ryder Online Community and Support is a free online peer support service that helps people to cope with terminal illness, end of life questions and bereavement. The service is a nationwide platform for people to share their feelings and exchange messages with others in similar situations. There has been a huge amount of engagement on the Online Community during 2017: the site was visited more than 13,900 times each month and 720 new posts were posted on the site every month. In October 2017 we exhibited the Online Community at the

Conservative Party Conference with a view to raising the profile of bereavement support with key decision makers. The Online Community continues to evolve and flourish, and will remain a key priority for us in 2018 – 19 as we look to develop the service, and embed bereavement support as a key service alongside palliative and neurological care.

Expanding Dee View Court Neurological Care Centre

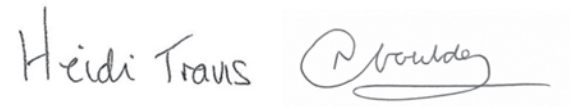
In June 2017 we launched a capital appeal to expand Dee View Court, our specialist neurological care centre in Aberdeen. We aim to raise £3.9 million to build new, specially adapted rooms and apartments at Dee View Court to give us the flexibility to care for up to 55 people a year. The appeal launched with a photography exhibition titled 'Don't Write Me Off', which showcased the stories of people living with neurological conditions at Sue Ryder neurological centres across the UK. Following the exhibition, the campaign has gained momentum and Her Majesty the Queen visited Dee View Court in September 2017. The campaign reached its first £1 million milestone in time for Christmas 2017 and we look forward to continuing the campaign through 2018.

'Rewrite the Future' report supported by the Scottish Government

In 2017 we published a follow-up report to our 2016 'Rewrite the Future' report, to review what progress had been made in providing neurological care and support to people in Scotland through the lens of health and social care integration. The 2017 'Rewrite the Future' report received strong support from the Scottish Government: First Minister Nicola Sturgeon MSP paid tribute to the 'fantastic work' of Sue Ryder in the First Minister's Question Time and committed to taking forward the report's recommendations on improving neurological care provision in Scotland. She also agreed to develop Scotland's first ever national action plan on neurological conditions. This is an exciting time for Sue Ryder as we are supporting this action plan via a working group, which will collate the lived experiences of people with neurological conditions, and we look forward to continuing this work in 2018.

Dementia support service wins HSJ award

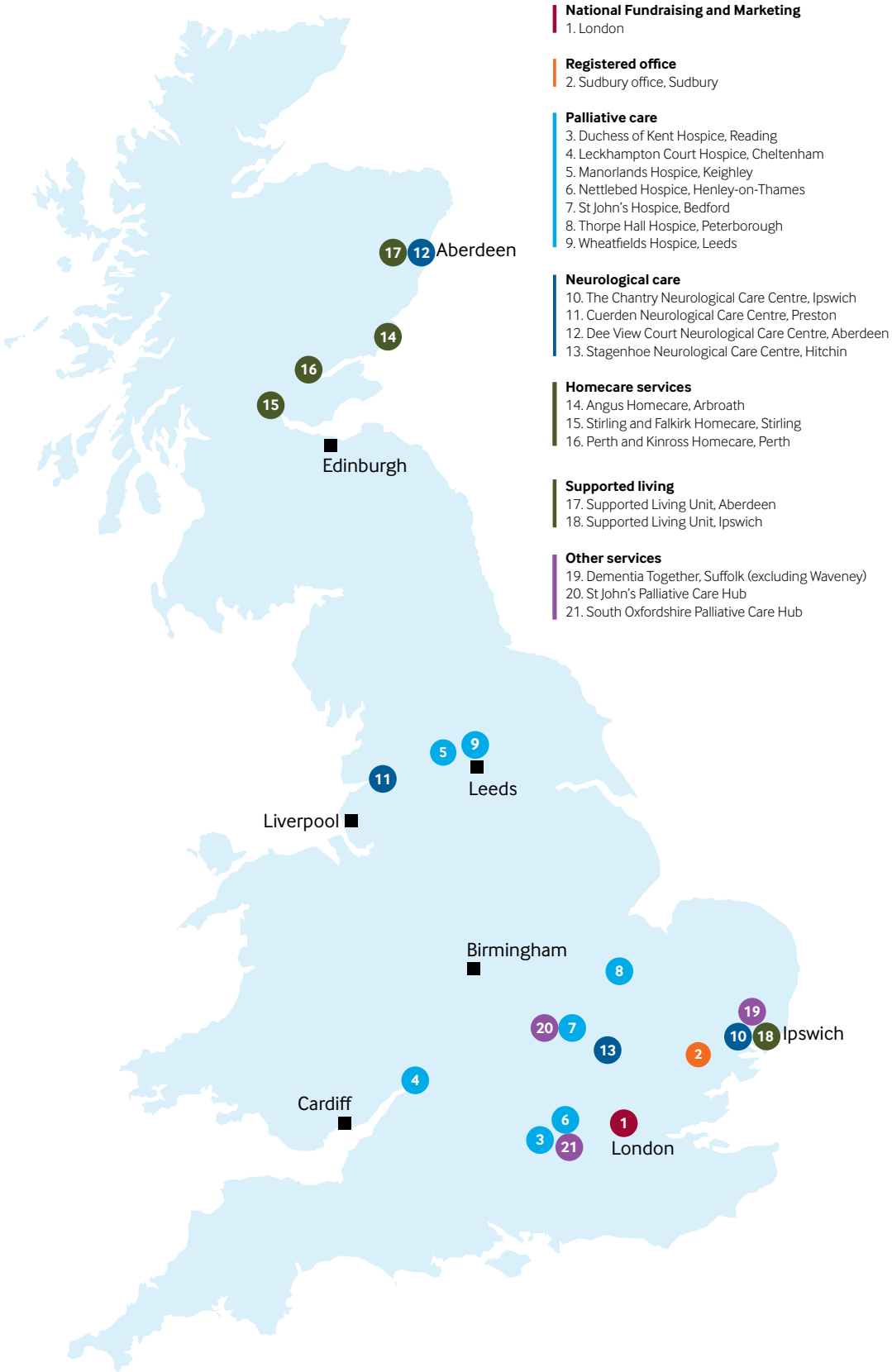
In April 2017 we launched Dementia Together, an innovative community service providing dementia support to people in Suffolk. Trained Navigators provide information and advice to people who are curious or concerned about the condition, those who are living with dementia and their carers. The Navigators signpost to local services and facilitate care co-ordination. The service won the prestigious HSJ award in the Integrated Commissioning for Carers category in November 2017.



Heidi Travis
Chief Executive

Neil Goulden
Chairman of Trustees

Our service map



National Fundraising and Marketing
1. London

Registered office
2. Sudbury office, Sudbury

Palliative care
3. Duchess of Kent Hospice, Reading
4. Leckhampton Court Hospice, Cheltenham
5. Manorlands Hospice, Keighley
6. Nettlebed Hospice, Henley-on-Thames
7. St John's Hospice, Bedford
8. Thorpe Hall Hospice, Peterborough
9. Wheatfields Hospice, Leeds

Neurological care
10. The Chantry Neurological Care Centre, Ipswich
11. Cuerden Neurological Care Centre, Preston
12. Dee View Court Neurological Care Centre, Aberdeen
13. Stagenhoe Neurological Care Centre, Hitchin

Homecare services
14. Angus Homecare, Arbroath
15. Stirling and Falkirk Homecare, Stirling
16. Perth and Kinross Homecare, Perth

Supported living
17. Supported Living Unit, Aberdeen
18. Supported Living Unit, Ipswich

Other services
19. Dementia Together, Suffolk (excluding Waveney)
20. St John's Palliative Care Hub
21. South Oxfordshire Palliative Care Hub

Putting our work in context

Sue Ryder provides specialist palliative, neurological and bereavement support. Our approach to care is based on seven key principles:

With these principles at the heart of everything we do, we aim to provide high-quality, person-centred and compassionate care that delivers national healthcare priorities as outlined in key documents such as the Five Year Forward View (NHS, England, 2014), the Ambitions for Palliative and End of Life Care: A national framework for local action 2015 – 2020 (The National Palliative and End of Life Care Partnership, 2015), the Health and Social Care Delivery Plan (Scottish Government, 2016), and our internally-developed Personal Outcomes Framework for people living with neurological conditions.[1]

These documents highlight the need for individuals to have greater choice and control over their care, and the need for more innovative, integrated care models with stronger focus on multidisciplinary approaches. They prioritise supporting people to live at home or in the community as independently as possible. They also set out the importance of having competent, confident staff, and the need for co-ordinated care that responds to individual needs and ensures maximum wellbeing and fulfilment.

At Sue Ryder we see the person, not the condition. We work with residents and patients to find out what's important to them and support them to achieve their personal goals and reach their full potential. Turn to page 11 to read about how staff helped JJ take a trip to Malta, and find out on pages 10, 16 and 17 how we are using 'I statements' and Real Time Feedback to give people greater control over their care and ensure we are responding to their physical, emotional and social needs.

Traditional methods of delivering care are evolving and we are making changes to adapt to and influence this development. In 2017 we relaunched our palliative care and co-ordination service at St John's Hospice under the new name of the St John's Palliative Care Hub, which now includes a Fast Track element, and we also developed a South Oxfordshire version of this service. Read on page 13 about how we worked with local commissioners in Oxfordshire to develop a care model tailored to local need.

Our focus on education and training means our staff are equipped to provide expert and compassionate care. Our MAPA training this year has enabled staff to respond more effectively to behaviours that challenge (page 19), and we have been continuing the roll out of our innovative 'What Matters to Me' training, which teaches a multi-disciplinary, human rights approach to care. Find out on page 15 about the progress this programme has been making.

[1] This holistic and person-centred framework has been developed internally in the absence of an official national framework across neurological care. We have chosen to refer to the other two documents because we believe they are the leading documents driving person-centred and ambitious palliative and neurological care in the UK at this time.

Infection Prevention and Control (IPC) annual statement

Outbreaks of Infection	Please see table on page 30
Audits	Corporate Compliance Audit Sue Ryder Corporate Core Audit was completed in September 2017 and all services achieved compliance. Benchmark compliance is 90%. Local hand washing audits are completed in all centres monthly. Actions to be completed following the audits are included in the service Quality Improvement Plan and are followed up in quarterly performance review meetings. Each hospice has a Service Level Agreement (SLA) with their local IPC team for timely advice and support, including independent IPC audit. Neurological services use both the Sue Ryder IPC lead and seek advice as required from Public Health England (PHE). All neurological centres and hospices have an internal IPC lead who is a registered nurse. The annual audit is completed by the local IPC lead.
Risk assessment	IPC actions are added to the Quality Improvement Plan and reviewed monthly at the Quality Improvement Group.
Training	Infection Prevention and Control eLearning modules are completed by all clinical staff annually. Individuals must pass these courses and overall the services must achieve 90% compliance. The internal IPC lead will attend IPC link meetings and additional training annually. The organisational IPC lead has received training at Sheffield Hallam University.
Review and update of policies, procedures and guidance	Sue Ryder Policy for Infection Prevention and Control is due for review in July 2020. There is a national IPC lead in place (the Deputy Chief Nurse). Local policies and procedures are supplied by the local IPC teams as part of the SLA and their effectiveness is audited as part of a planned audit programme.
Actions taken (following an outbreak)	All actions are completed following advice from the Lead IPC and local teams and compliance with the Sue Ryder Policy. Root cause analysis is completed and shared with the national IPC lead and the local IPC team.
Communication	Clear communication plans are in place for all staff and visitors during any IPC outbreak with specific information regarding responsibilities held at reception and the inpatient unit. As part of the communication plan, and as detailed in IPC policy, there will be daily updates provided to all staff, volunteers and visitors, the local IPC lead and Public Health England until such an outbreak is finished.

Progress against our priorities for improvement 2017 – 18

Our priorities for improvement for 2017 – 18 were:

Priority 1: Service user experience	Ensure that the Real Time Feedback (RTF) process is further developed for neurological residents and their families and those attending day services. 1. Review outcome measures as a means of capturing feedback and review our approach to putting information on Real Time Feedback (RTF). 2. Develop feedback processes for day therapy and community services in our palliative care services.
Priority 2: Service user experience	Continue to work on managing the risk of harm from falls, with local targets in palliative care aiming for a year on year decrease in harm from falls at each specific site. 1. Target palliative care services that have a number of falls above 10 per 1000 Occupied Bed Days (OBDs) and ensure that local measures are in place for consistency of safe and seen processes, multifactorial risk assessment and appropriate use of equipment. 2. Support all services to display data and work with the Sue Ryder Data Analyst to standardise local reports for display in clinical areas.
Priority 3: Effectiveness	Roll out our national training programme on a human rights approach to end of life care. 1. Share expertise in human rights across all neurological and palliative care sites. 2. Identify local champions to ensure that individual centres communicate effectively about this programme both internally and across their health and social care communities. 3. Support staff to use a human rights approach to ensure that personalised care is consistently delivered and to demonstrate the impact of a human rights approach via local measurement tools.
Priority 4: Service user experience	Monitor learning from our complaints policy and 'I statements', linking these to local visible feedback processes in individual centres. 1. Ensure each concern and complaint is logged. 2. Review 'I statements' via the Datix complaints module and publish feedback locally. Address any shortfalls in experience via local action plans, which will be reported at Quality Improvement Groups and reviewed via performance management meetings.
Priority 5: Service user and staff safety	Reduce the risk of serious harm or injury to service users and employees through effective management of behaviours that challenge service delivery. 1. Create a supportive learning environment tailored to the specific needs of our service users and to each of our sites. Deliver a training programme in our neurological care centres, in partnership with a specialist training provider. 2. Embed debriefing post-incidents into working practice. 3. Monitor the effectiveness of debriefing through incident reporting.

Priority 1: Service user experience

Ensure that the Real Time Feedback (RTF) process is further developed for neurological residents and their families and those attending day services.

We said we would: review outcome measures as a means of capturing feedback and review our approach to putting information on RTF.

We did. We have worked with our neurological residents and their families to complete the real time surveys to enable us to receive feedback on how we are doing and also how we can improve our services. We have received positive feedback from our residents and their families.

We are working with each of our residents to identify personal goals and how we can help them achieve these outcomes. This information is being captured as part of the residents' regular reviews.

We said we would: develop feedback processes for day therapy and community services in our palliative care services.

We did. We have worked with our day therapy teams to produce a survey which captures feedback from the day therapy patients regarding the service. The surveys include all aspects of care, activities provided and the meals they receive. We have received very positive feedback regarding our day therapy services.

We are currently working with our Community teams to develop a survey for patients receiving our care in the community. This will be piloted in one hospice in Summer 2018.

Case study: Helping individuals achieve their personal goals

Aspiring

Empowering

JJ, a tenant in the supported living accommodation at The Chantry Neurological Care Centre, had a personal goal to go on holiday abroad. The staff at the centre worked with her to make it happen, and went with her to Malta.

JJ recounts her trip: "I went on holiday to Malta. While we were there, we went on a boat to Gozo, an island off Malta. It was fantastic. We went to markets and did some karaoke, which was great fun. I enjoyed everything about the holiday and being able to go abroad. I used to love going abroad - in the past I went to India, but I hadn't been for a long time. It was really important to me to go abroad, because I love the sun and visiting different places.

"We didn't meet anyone else there who was in a similar situation to me, so it felt quite ground-breaking. I felt completely comfortable and calm while I was there, not anxious at all. I had support from my mum, who helped me with the packing, and from my support workers, Juliet and Carrie, who helped with the planning and bookings. The travel company were really helpful with sorting the rooms, and the airport staff were really supportive too. They gave us lots of assistance in the airport and on the plane, and with our transfers.

"Now that I'm back, I feel happy and refreshed. I think it's good to take a holiday like that once a year. Next time I want to go to Spain!"

JJ's support worker, Juliet, adds, "We had a fantastic holiday. It all went really smoothly and we'd definitely do it again. I'm pleased we made it happen, that we showed people that you can do this, that it's always possible. On to the next adventure!"

JJ with her support workers, Julie and Carrie, in Malta.

Priority 2: Service User Experience

Continue to work on managing the risk of harm from falls, with local targets in palliative care aiming for a year on year decrease in harm from falls at each specific site.

We said we would: target palliative care services that have a number of falls above 10 per 1000 Occupied Bed Days (OBDs) and ensure that local measures are in place for consistency of safe and seen processes, multifactorial risk assessment and appropriate use of equipment.

We did. We have worked with all the Senior Nursing teams to ensure that safe and seen processes are used consistently for patients identified at risk. All patients receive a multifactorial risk assessment on admission to our hospices and, if identified as high risk, we develop a personalised care plan with them to manage the risk of falls. We are currently piloting different medical equipment designed to support the management of patients who are at risk of falls. Following this pilot, we will analyse the data in order to identify which specific equipment is most effective.

We said we would: support all services to display data and work with the Sue Ryder Data Analyst to standardise local reports for display in clinical areas.

We did. We have produced a Quality dashboard to allow our neurological centres to display their quality information. This information allows our residents, families and visitors to access information regarding the quality of our service easily. The information within the Quality dashboard is updated on a monthly basis.

Case study: Working in partnership to develop a new model of care

Expert

Enduring

Background

In 2017 we reviewed the care that we are delivering across our centres and the way in which we deliver it. The trend across many of our locations shows that there has been a continued increase in demand for our community services, some of which have moved to a seven day service.

We discussed our findings with the Oxfordshire Clinical Commissioning Group and Oxford Health to understand if this trend was common across the area, and to understand the CCG's priorities for palliative care delivery for the future. It was apparent that there were gaps in the provision of good quality end of life care for patients in the community across Oxfordshire.

Developing a palliative care hub for South Oxfordshire

As experts in delivering outstanding palliative care in this area (our Nettlebed Hospice was graded as 'Outstanding' overall in 2017) we wanted to help fill some of these gaps by developing a new model for delivering care. This new model is centred around a palliative care hub that provides a single point of contact for patients, families, carers and healthcare professionals across South Oxfordshire offering advice or, if necessary, face-to-face visits either rapidly or through planned care at home.

Working in partnership

To secure support for our model and to ensure the service would be sustainable, we developed a pilot in collaboration with the CCG. This involved developing a robust service specification and a detailed phasing plan. Collaboration with other palliative providers and stakeholders is essential, so we have held individual meetings to discuss how we will work together as well as workshops with 40 representatives from across a number of services to agree ways of working.

By launching this hub we aim to provide patients with the opportunity to receive the care they want in the place they want to receive it – be that in their home, in an inpatient bed, or a mix of both. By working with other professionals we aim to deliver the right support for patients, families and other providers to help avoid unnecessary hospital admissions and calls to emergency services.

Feedback so far

Initial feedback on the Palliative Care Hub has been very positive. The local MP for Oxfordshire, John Howell, has commended Sue Ryder on our approach and our ambition to expand care into the community.

Stakeholders from local palliative care teams, including the hospital at home team, have said that they are excited to be working with us on this pilot as they believe there is a strong need for it and they anticipate it being a great success. The Commissioners continue to be enthusiastic and supportive of the work we are doing to change the focus of palliative care delivery and are keen to use the findings from our pilot to help shape future care for the whole of Oxfordshire.

Our vision for the service

We aim to pilot this service for one year. During this time we will be gathering information on the need across South Oxfordshire and measuring the impact the services we are delivering are having on end of life care provision on a monthly basis. Throughout the year we expect to modify and develop the service to ensure we are adding value where it is proven to be needed the most.

Nurses at the new South Oxfordshire Palliative Care Hub.

Priority 3: Effectiveness

Roll out our national training programme on a human rights approach to end of life care.

We said we would: share expertise in human rights across all neurological and palliative care sites.

We did. We have delivered workshops at all seven of our hospices and at two of our neurological care centres, with plans to deliver training at the remaining neurological centres in 2018. We have trained 152 palliative care staff and 6 neurological staff between 1st April 2017 and 31st March 2018..

We said we would: identify local champions to ensure that individual centres communicate effectively about this programme both internally and across their health and social care communities.

We did. We have agreed that all Practice Educators and Clinical Educators will act as local champions in their workplace. All of the Educators and some other Sue Ryder staff who have a responsibility for education and who have been established in their posts for more than six months, have attended the Registered Workforce Workshop. Seven of those have gone on to be trained to deliver the human rights workshops locally themselves; all of them have now delivered their first workshop, and they have incorporated further workshops into their local 2018 Education and Training Plans. We have plans to extend this network of Sue Ryder trainers in 2018.

We said we would: support staff to use a human rights approach to ensure that personalised care is consistently delivered and to demonstrate the impact of a human rights approach via local measurement tools.

We did. We have measured the impact of training through pre- and post-workshop questionnaires, collecting both quantitative and qualitative data to measure the knowledge and confidence of practitioners before and after the training. We have completed an analysis of the first six months of the project, from March 2017 to September 2017, and this analysis demonstrates an overwhelming improvement in both knowledge and confidence, along with many insightful comments about the barriers to implementing human rights in practice and ideas for further improvements. We have shared this extensively with key strategic stakeholders and it is available on our website at www.sueryder.org/humanrightsevaluation.

Case study: putting humanity at the heart of end of life care

Inclusive

Empowering

Elaine Bygrave, Head of Spiritual Care at Thorpe Hall Hospice, was able to use the human rights framework to gently challenge a family who were not respecting their mum's human rights.

"Even though the family were making decisions out of kindness, I was able to support the family to understand that their mother, who had decision-making capacity, should be allowed to make her own decisions about what she wanted at the end of her life – not what they thought was best for her.

"I was able to use the knowledge I'd gained on the workshop and I was able to speak up, confident in this knowledge. Most importantly, both the family and I were able to respect the mother's wishes to ensure care was personalised to the end."

Jacqui Graves, Human Rights Lead, delivering a training workshop.

Priority 4: Service user experience

Monitor learning from our complaints policy and 'I statements', linking these to local visible feedback processes in individual centres.

We said we would: ensure each concern and complaint is logged.

We did. In our reporting system we have a specific module where we are able to record all our complaints. In addition we are able to record the investigation of the complaints and the preventative actions and learnings we have implemented into our service following the complaint.

We said we would: review 'I statements' via the Datix complaints module and publish feedback locally. We also said we would address any shortfalls in experience via local action plans, which will be reported at Quality Improvement Groups and reviewed via performance management meetings.

We did. All the complaints are reviewed locally in all our hospices and neurological centres during their Quality Improvement Meetings, which are held on a monthly basis. The actions that have been implemented for prevention are recorded on the local Quality Improvement plan. All complaints are reviewed on a quarterly basis at the Health Governance Meetings to analyse and identify any potential themes for further improvement action.

Case study: Responding to service user feedback

Inclusive

Holistic

At our hospices and care centres, we regularly collect feedback from patients, residents and their loved ones and use 'You said, We did' boards to display how we have responded to it. Here are some examples from Nettlebed Hospice.

YOU SAID	WE DID
You wanted a quiet welcoming space	We revamped 'The Sanctuary' with cushions, throws, fairy lights and inviting displays
You enjoyed the homemade snacks for sale	We have a weekly trolley selling cakes, apple turnovers and fudge
You wanted to feed the ducks	We bought some duck food

Penny, Staff Nurse at Nettlebed Hospice, pictured with the hospice's 'You said, We did' board in reception.

Priority 5: Service user and staff safety

Reduce the risk of serious harm or injury to service users and employees through effective management of behaviours that challenge service delivery.

We said we would: create a supportive, in-house learning environment that can be tailored to the specific needs of our service users and the environments in which we provide care. We said we would achieve this through an organisational training programme within our neurological care centres, in partnership with a specialist training provider.

We did. We have partnered with the Crisis Prevention Institute (CPI) to deliver Management of Actual or Potential Aggression (MAPA). MAPA training courses were completed in April, May and October 2017 and February 2018. The initial training was followed up by a bespoke one-day consolidation course in October to ensure that all our certified MAPA Instructors were confident and ready to roll out the MAPA training together, providing peer support to one another. The first MAPA training was successfully piloted in September 2017 and the training continues to be rolled out to all our staff across our neurological centres.

We said we would: embed debriefing post-incidents into working practice.

We did. Through the MAPA Instructors training we have ensured that the MAPA-certified trainers follow the post-crisis model for action that will help bring about necessary closure, debriefing, and the re-establishment of a positive and productive relationship with the individuals involved. By teaching the MAPA programme to our staff, the trainers aim to supervise learner practice, provide learner feedback and undertake a review/debrief of learner practice. We have created an action plan to ensure that this is fully implemented and that debriefing post-incidents is fully embedded into working practice.

We said we would: monitor the effectiveness of debriefing through incident reporting.

We did. Our incident reporting system is being used to review and monitor the effectiveness of the debriefing process.

Case study: Service user and staff safety

Expert

One of our residents is known to display anxiety and agitation triggered by blood sugar results, for example 'lashing out' when blood sugar levels are high. Preventative approaches are key to reducing this behaviour for the safety of the resident and staff.

Following the MAPA Instructors training programme, a safety and support plan was put in place and continually updated to ensure it remained accurate according to the resident's behaviours and needs. Implementing this approach enabled staff to get to know the resident's needs in-depth and helped staff to create a guide for those who have not worked with the resident before.

The outcome is that staff are well-informed and confident in managing the resident's needs, including where regular blood sugar measurements and administration of insulin are required. The MAPA safety and support plan has provided advice on preventing fear, and reducing the risk of harm to the resident and staff during interventions that are required to maintain the resident's health and well-being.

The MAPA safety and support plan gives specific advice as to where staff should stand and what they should do if the resident becomes agitated. It uses MAPA language to encourage staff to apply the right approach and embed it into practice so that it becomes familiar to all. This is achieved by regular meetings with staff, which ensure the plan is discussed at every handover and that observation charts are completed throughout the day.

This helps to ensure that everyone is prepared to support this resident appropriately, in a personalised manner and with the aim of preventing behaviours that challenge.

Quality driven by research

Our research activity aims to support discovery and implementation of the best possible care for our patients and service users. It helps us determine which interventions and care models are best clinically and which are most cost effective. It also gives us the evidence we need to support necessary change.

Our Research Governance Group is made up of representatives from across Sue Ryder and provides expert oversight of all research activity within Sue Ryder. This ensures that our research governance is robust and meets the necessary legal, ethical and regulatory requirements that safeguard the rights, dignity and well-being of all research participants.

As an established and respected provider of excellence in palliative and neurological care, Sue Ryder continues in its ambition to become an influential member of the wider palliative and neurological research communities. We have made great strides in achieving this through actively seeking and establishing mutually supportive partnerships with our research peers, including universities and other academic institutions, the NHS, other hospices and fellow charities. We also participate in nationwide palliative care research stakeholder consultations.

We are working collectively within the organisation to embed an inclusive, well-informed research culture that creates enthusiastic, research-aware staff, volunteers and service users that ultimately turns research from 'something that is done' into 'something that we do'. Research working groups within palliative and neurological care are taking shape and are creating forums for generating research ideas, sharing knowledge and expertise and championing research as a core activity across Sue Ryder.

Staff at Wheatfields Hospice.

Research activity 2017 – 18

Acupressure Study: Does acupuncture help reduce nausea and vomiting in palliative care patients?
This is a randomised trial to determine whether acupressure at the P6 site can help in the treatment of nausea and vomiting suffered by palliative care patients. Sue Ryder is working in partnership with Gloucestershire Hospital NHS Foundation Trust.

PecFent/Epistatus: An open label, randomised controlled feasibility pilot study to evaluate whether nasal fentanyl alone and in combination with buccal midazolam give better symptom control to dying patients when compared with standard as needed medication.
This is a pilot study which aims to establish how best to conduct a definitive randomised controlled trial. Sue Ryder is working in partnership with Gloucestershire Hospital NHS Foundation Trust.

SIP Study: Exploratory study of behaviours of patients who take their strong opioids as unmeasured sips.
This is a prospective, observational study wherein a patient or relatives/carers are trained to use a simple scale to measure the mass of a bottle of the opioid before and after two doses of breakthrough strong opioid has been taken in unmeasured sips. Sue Ryder is working in partnership with Gloucestershire Hospital NHS Foundation Trust.

PIPS2: The Prognosis in Palliative Care, study 2.
The overall aim of this research is the validation of models of survival to improve prognostication in advanced cancer care, to validate PIPS-A&B prognostic tools and to compare PIPS-B against clinicians' predictions of survival. Sue Ryder is working in partnership with the University College London (UCL).

OPEL: Optimum Hospice at Home (H@H) Services for End of Life Care, Phase 2.
(Phase 1 now complete).
A three year, mixed methods study exploring H@H care models including: their impact on patient and carer outcomes, the costs and resource implications of patient care in different H@H models; experiences of patients, family carers, providers and commissioners; enablers and barriers to embedding H@H models. Sue Ryder is working in partnership with the University of Kent.

Dementia Together Evaluation.
This evaluation aims to evaluate the outcomes of the Suffolk Dementia Together service. Sue Ryder will be working in partnership with Norfolk and Suffolk Dementia Alliance, Purple Tuesday and the University of Suffolk to offer a single point of contact for people curious or concerned about Dementia, so that people only have to tell their story once. The evaluation study adopts a mixed methods approach which draws on both quantitative and qualitative frameworks to meet the aims of the evaluation. It adopts the underlying principles of highly appropriate evaluation and research methodological approaches.

Our priorities for 2018 – 19 are:

Priority 1: Service user experience	Further embed the practice of capturing and acting on personal outcomes for our neurological residents. Continue to measure clinical outcomes in our palliative and neurological centres. 1. Capture personal outcome measures and planned actions using existing technology. 2. Work in collaboration with our palliative and neurological services to implement validated clinical tools to measure outcomes.
Priority 2: Service user safety	Continue to manage the risk of harm to service users by reducing incidents, with particular focus on falls, medicines and pressure ulcers within palliative care, and on falls, medicines and behaviours that challenge within neurological care. We will set local targets to aim to achieve a year on year decrease for each site. 1. Agree specific measurements to reduce the number of incidents that cause harm per 1,000 Occupied Bed Days (OBDs) following detailed analysis and benchmarking. 2. Ensure that each palliative and neurological service has a detailed quality improvement plan to achieve this.
Priority 3: Service user effectiveness	Continue to roll out the national educational programme on a human rights approach to end of life care and build a sustainable model for the project. 1. Continue to share expertise in human rights across all neurological and palliative care sites. 2. Increase the number of trainers who will ensure this work is shared across their health and social care communities. 3. Support staff in using this approach as way of ensuring that personalised care is consistently delivered and to support staff in demonstrating impact via local measurement tools.
Priority 4: Service user experience	Explore and utilise assisted technology to enhance resident and patient experience in our neurological and palliative centres. 1. Identify the assisted technology that would be appropriate for our residents and patients. 2. Pilot this technology and evaluate the effectiveness on resident and patient experience.
Priority 5: Service User and Staff Safety	Embed the management strategies for behaviours that challenge in our service delivery. 1. Embed effective management strategies within our neurological centres in partnership with a specialist training provider. 2. Monitor the effectiveness through incident reporting in our neurological centres. 3. Explore how these strategies and training can be utilised in our palliative centres.

1 Service user experience – all services

1.1 Neurological care 2017 – 18
1.2 Palliative care 2017 – 18
1.3 Community support and homecare services 2017 – 18
1.4 Formal complaints about care 2017 – 18

2 Safety

2.1 Number of incidents affecting service users 2017 – 18
2.2 Number of medicines incidents 2017 – 18
2.3 Regulatory inspection results 2017 – 18

3 Effectiveness

3.1 Number of Healthcare Acquired Infections (HCAI) 2017 – 18
3.2 Number of Healthcare Acquired Infections (HCAI) by service 2017 – 18
3.3 Pressure ulcers 2017 – 18

1.Service user experience – all users

We use Real Time Feedback (RTF) to measure service user experience in the following ways:

- Percentage of service users who rated overall care as 'Good' or 'Excellent'
- Percentage of service users who responded 'Yes, always' or 'Yes, usually' when asked whether overall they were treated with respect and dignity
- Percentage of service users 'Likely' or 'Extremely Likely' to recommend the service to friends and family (the Friends and Family Test)

1.1 Neurological care 2017 – 18

In our neurological centres we support people with complex conditions, many of whom have communication difficulties and therefore are not able to respond to the survey questions. To increase service user feedback we have introduced a survey for relatives to complete on their behalf. We will be reviewing other ways to support our service users to have their say.

	Percentage of service users who rated overall care as 'Good' or 'Excellent'		Percentage of service users who responded 'Yes, always' or 'Yes, usually' that overall they were treated with respect and dignity		Percentage of people 'likely' or 'extremely likely' to recommend the service (Friends and Family Test)		No. of survey responses			
							Residents	Relatives	Residents	Relatives
	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**
Cuerden Hall	87%	**89%**	0%	**83%**	100%	**91%**	0	8	18	1
Dee View Court	91%	**88%**	95%	**100%**	94%	**100%**	21	13	9	0
Holme Hall*	90%	**94%**	100%	**100%**	95%	**88%**	18	4	13	5
Stagenhoe	93%	**90%**	92%	**100%**	96%	**87%**	14	17	12	21
The Chantry	90%	**90%**	88%	**33%****	96%	**89%**	9	13	3	7

*A business decision was taken to close this centre. All residents have been rehomed to suitable care providers.
**Only 10 people were able to respond to this survey. We are looking at new methodologies for collecting feedback to enable more residents to share their views.

1.2 Palliative care 2017 – 18

	Percentage of service users who rated overall care as 'Good' or 'Excellent'		Percentage of service users who responded 'Yes, always' or 'Yes, usually' that overall they were treated with respect and dignity		Percentage of people 'likely' or 'extremely likely' to recommend the service (Friends and Family Test)		No. of survey responses	
	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**
Duchess of Kent (West Berkshire services)	98%	**96%**	98%	**98%**	100%	**98%**	50	**55**
Leckhampton Court	99%	**98%**	100%	**97%**	98%	**99%**	101	**78**
Manorlands	96%	**100%**	100%	**100%**	98%	**96%**	97	**55**
Nettlebed	100%	**100%**	100%	**94%**	100%	**100%**	17	**18**
St Johns	100%	**97%**	100%	**98%**	100%	**98%**	46	**53**
Thorpe Hall	96%	**100%**	96%	**100%**	100%	**100%**	63	**28**
Wheatfields	97%	**98%**	100%	**100%**	100%	**98%**	43	**75**

1.3 Homecare services 2017 – 18

	Percentage of service users who rated overall care as 'Good' or 'Excellent'		Percentage of service users who 'agreed' or 'strongly agreed' with the statement 'I am respected and treated as an individual'		Percentage of people 'likely' or 'extremely likely' to recommend the service (Friends and Family Test)		No. of survey responses	
	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**
Angus Homecare	87%	**87%**	98%	**98%**	95%	**89%**	66	**83**
Stirling Homecare	85%	**90%**	94%	**100%**	92%	**88%**	54	**86**

1.4 Formal complaints about care 2017 – 18 Q3

We define a formal complaint as 'an expression of discontent to which a response is required'. With reference to our complaints policy, the complaint is considered formal when it is received orally, in writing or electronically and cannot be resolved within 24 hours of receipt.

There were 14 formal complaints about care during 2017–2018. The target in the complaints policy for the initial holding response to complaints is three working days. Where the complaint was initially received by a service, and where the complaint was by a named complainant, 93% were acknowledged within the timescale.

The target in the complaints policy for the final written response to a complaint is 20 working days. However, the policy does acknowledge that in some instances this is not possible. This would usually be where the investigation is complex. In these cases all services aim to maintain contact with the complainant, giving a report of progress and in all cases sending a holding reply within 20 working days. Of those complaints where the complainant requested a formal response, in 10 out of 14 instances the 20 working day target was met. Where the target time was not met, the complainant was in all cases sent a holding letter to explain the delay.

Neurological Care

	Formal complaints 2016 – 17	**Formal complaints 2017 – 18**	Acknowledged within three days	Responded to in 20 days	Upheld / not upheld	Partially upheld
Cuerden Hall	2	0	-	-	-	-
Dee View Court	4	2	2x Yes	2x Yes	1x Upheld	1x Partially upheld
Holme Hall*	4	4	3x Yes 1x No	3x Yes 1x No	1x Upheld	3x Partially upheld
Stagenhoe	0	2	2x Yes	2x No	1x Upheld 1x Ongoing	-
The Chantry	0	0	-	-	-	-

*A business decision was taken to close this centre. All residents have been rehomed to suitable care providers

Palliative Care

	Formal complaints 2016 – 17	**Formal complaints 2017 – 18**	Acknowledged within three days	Responded to in 20 days	Upheld / not upheld	Partially upheld
Duchess of Kent (West Berkshire services)	0	0	-	-	-	-
Leckhampton	2	0	-	-	-	-
Manorlands	2	0	-	-	-	-
Nettlebed	2	1	Yes	Yes	Upheld	-
St John's	0	0	-	-	-	-
Thorpe Hall	3	1	Yes	No	Ongoing	-
Wheatfields	1	0	-	-	-	-

Community, home care and supported living services

	Formal complaints 2016 – 17	**Formal complaints 2017 – 18**	Acknowledged within three days	Responded to in 20 days	Upheld / not upheld	Partially upheld
Community Services Suffolk	1	0	-	-	-	-
Nettlebed Community Service	1	0	-	-	-	-
Newbury community services	0	0	-	-	-	-
Manorlands Community Service	1	0	-	-	-	-
Wokingham Community Service	1	2	2x Yes	2x Yes	-	2x Partially upheld
Angus Home Care	0	0	-	-	-	-
Stirling Home Care	0	1	Yes	Yes	Not upheld	-
Four Ways Supported Living	1	1	Yes	Yes	Not upheld	-

The themes from complaints are very important. They help us to learn and to improve the overall experience for individuals using our services. The number of complaints across all service areas is low, but we have reviewed those received and the following themes have been identified (please note there may be multiple issues in one complaint):

- Communication to relatives
- Staff attitudes/behaviours
- Poor care

Examples of some learning outcomes from complaints include:

- Retraining staff in medicines management
- Improved communication processes and channels

All complaints are raised within local Quality Improvement Groups at individual services. Feedback to the local teams regarding improvement measures are monitored locally.

2.Safety

2.1 Number of incidents affecting service users 2017 – 18

	Neurological Care		Palliative Care		Home Care	
	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**
Number of incidents resulting in death	0	**0**	0	**0**	0	**0**
Number of incidents resulting in permanent or long-term harm	0	**0**	0	**0**	0	**0**
Number of service user falls resulting in harm (severity of moderate or worse)	7	**8**	11	**3**	11	**5**
Number of reports under RIDDOR	0	**0**	3	**3**	0	**0**

Four of the falls resulting in harm at our homecare services relate to incidents where the service user had an unwitnessed fall in their own home and were found by a member of our homecare staff when they visited.

The 3 incidents reported to RIDDOR in 2017 – 18 were reported at service level which did not meet the criteria for a RIDDOR reportable incident. The Sue Ryder guidance to services has been updated with reference to seeking information from the Health and Safety team prior to reporting.

2.2 Number of medicines incidents 2017 – 18

Neurological care

	Minimum harm, person required extra observation or minor treatment	Moderate (short term) harm person required further treatment
Cuerden Hall	2	1
Dee View Court	1	0
Holme Hall*	9	1
Stagenhoe	13	0
The Chantry	7	0
Total	32	2

*2018. A business decision was taken to close this centre. All residents have been rehomed to suitable care providers.

Palliative care

	Minimum harm, person required extra observation or minor treatment	Moderate (short term) harm person required further treatment
Duchess of Kent (West Berkshire services)	4	0
Leckhampton Court	2	0
Manorlands	3	0
Nettlebed	4	0
St John's	14	0
Thorpe Hall	8	0
Wheatfields	2	0
Total	37	0

Homecare services

	Minimum harm, person required extra observation or minor treatment	Moderate (short term) harm person required further treatment
Angus Homecare	0	0
Stirling Homecare	0	0
Total	0	0

2.3 Regulatory inspection results 2017 – 18

Neurological care

	Date of last check from CQC	Overall rating	Is the service safe	Is the service effective	Is the service caring	Is the service responsive	Is the service well led
Cuerden Hall	12/02/18	Good	Good	Good	Good	Good	Good
Fourways Suffolk	10/11/17	Good	Good	Good	Good	Good	Good
Holme Hall*	30/01/17	Good	Good	Good	Good	Good	Good
Stagenhoe	23/05/17	Good	Good	Good	Good	Good	Good
The Chantry	02/11/16	Good	Good	Good	Good	Good	Outstanding

*A business decision was taken to close this centre. All residents have been rehomed to suitable care providers

Palliative care

	Date of last check from CQC	Overall rating	Is the service safe	Is the service effective	Is the service caring	Is the service responsive	Is the service well led
Duchess of Kent (West Berkshire services)	01/12/15	Good	Good	Good	Good	Good	Good
Leckhampton Court	19/10/16	Good	Good	Good	Good	Good	Good
Manorlands	30/08/16	Good	Good	Good	Good	Good	Requires Improvement*
Nettlebed	02/02/17	Outstanding	Good	Good	Outstanding	Outstanding	Outstanding
St John's	12/04/16	Good	Good	Good	Good	Good	Good
Thorpe Hall	22/05/15	Good	Good	Good	Good	Good	Good
Wheatfields	20/07/17	Good	Good	Good	Good	Good	Good

*We implemented an improvement plan to address the feedback from this inspection, and we have already completed all the actions in this plan. The feedback was in relation to the clarity of some of our processes, which have now been updated..

Scottish services
Care Inspectorate in Scotland

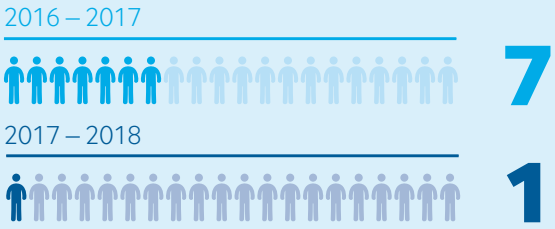
	Date of last check from Care Inspectorate in Scotland	Quality of care and support	Quality of environment	Quality of staffing	Quality of management and leadership
Angus Homecare	20/12/17	6- Excellent	Not assessed	6- Excellent	Not assessed
Dee View Court	01/08/17	6- Excellent	Not assessed	Not assessed	6- Excellent
House 7 – Dee View Court	06/07/17	6- Excellent	Not assessed	6- Excellent	6- Excellent
Stirling Homecare	08/05/17	6- Excellent	Not assessed	Not assessed	6- Excellent

3.Effectivness

3.1 Number of Healthcare Acquired Infections (HCAI) 2017 – 18

	Neurological Care		Palliative Care		Total acquired within own service	
	Acquired within own service	Acquired external to service	Acquired within own service	Acquired external to service	2016 – 17	**2017 – 18**
Clostridium Difficile	0	1	0	9	5	**0**
Norovirus	0	0	0	0	0	**0**
MRSA (infection)	0	0	0	3	1	**0**
MRSA (colonised)	0	0	0	6	0	**0**
ESBL (infection)	1	0	0	2	1	**1**
ESBL (colonised)	0	0	0	1	0	**0**
Hepatitis (A, B or C)	0	0	0	0	0	**0**
Tuberculosis	0	0	0	0	0	**0**
Influenza	0	0	0	2	0	**0**
Total	1	1	0	23	7	**1**

Number of Healthcare Acquired Infections (HCAI) acquired within own service



3.2 Number of Healthcare Acquired Infections (HCAI) by service 2017 – 18

Includes those acquired within Sue Ryder and external to the service

Neurological care

	Clostridium Difficile	Norovirus	MRSA (infection)	MRSA (colonised)	ESBL (infection)	ESBL (colonised)	Hepatitis (A,B or C)	Tuberculosis	Influenza
Cuerden Hall	0	0	0	0	0	0	0	0	0
Dee View Court	0	0	0	0	1	0	0	0	0
Holme Hall*	0	0	0	0	0	0	0	0	0
Stagenhoe	0	0	0	0	0	0	0	0	0
The Chantry	1	0	0	0	0	0	0	0	0
Total	1	0	0	0	1	0	0	0	0

*Data to January 2018. A business decision was taken to close this centre. All residents have been rehomed to suitable care providers.

Palliative care

	Clostridium Difficile	Norovirus	MRSA (infection)	MRSA (colonised)	ESBL (infection)	ESBL (colonised)	Hepatitis (A,B or C)	Tuberculosis	Influenza
Duchess of Kent (West Berkshire services)	2	0	0	0	0	0	0	0	0
Leckhampton Court	0	0	1	3	0	0	0	0	2
Manorlands	1	0	1	0	0	1	0	0	0
Nettlebed	1	0	0	1	0	0	0	0	0
St John's	1	0	0	0	0	0	0	0	0
Thorpe Hall	4	0	1	2	2	0	0	0	0
Wheatfields	0	0	0	0	0	0	0	0	0
Total	9	0	3	6	2	1	0	0	2

3.3 Pressure ulcers 2017 – 18 (Grade 2 and above)

Next year we will be reporting on avoidable and unavoidable harm within pressure ulcers.

Total pressure ulcers 2017 – 18 (Grade 2 and above)

	Acquired within own service		Acquired external to service	
	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**
Neurological care	13	**14**	3	**1**
Palliative care	152	**108**	290	**239**

Number of pressure ulcers acquired within own service (Neurological)

2016–2017

13

2017–2018

14

Number of pressure ulcers acquired within own service (Palliative)

2016–2017

152

2017–2018

108

Neurological care by service

	Acquired within own service		Acquired external to service	
	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**
Cuerden Hall	1	**3**	0	**0**
Dee View Court	0	**2**	0	**0**
Holme Hall*	7	**2**	1	**0**
Stagenhoe	1	**2**	1	**1**
The Chantry	4	**5**	1	**0**
Total	13	**14**	3	**1**

*Data to January 2018. A business decision was taken to close this centre. All residents have been rehomed to suitable care providers.

Palliative care by service

	Acquired within own service		Acquired external to service	
	2016 – 17	**2017 – 18**	2016 – 17	**2017 – 18**
Duchess of Kent (West Berkshire services)	12	**5**	35	**33**
Leckhampton Court	28	**16**	47	**43**
Manorlands	17	**24**	40	**48**
Nettlebed	24	**10**	39	**28**
St John's	12	**6**	41	**20**
Thorpe Hall	26	**18**	39	**24**
Wheatfields	33	**29**	49	**43**
Total	152	**108**	290	**239**

Annex 1

Financial statement

Neurological care

Our neurological services are mostly funded by statutory agencies, such as the NHS and local authorities. This funding provided 82% of the total costs in 2017 – 18 with the balance funded by fundraising and income from shops. The funding percentage was lower in 2017 – 18 due to the closure of Holme Hall and associated costs. The plan is for all neurological services to be self-funding going forward to enable further investment and development of this important support.

	2016 – 17 Expenditure Actual	**2017 – 18 Expenditure Actual**	% Statutory Funded	% Charity Local Fundraising	% Charity Other Funding	% Charity Central Fundraising	% Charity Retail Funding
	£'000	£'000					
Cuerden Hall	-3,108	**-3,247**	74%	0%	1%	1%	24%
Dee View Court	-2,250	**-2,518**	87%	0%	1%	6%	6%
Holme Hall*	-2,718	**-2,941**	61%	0%	0%	0%	39%
Stagenhoe	-3,516	**-3,987**	96%	0%	0%	0%	4%
The Chantry	-3,125	**-3,534**	86%	0%	8%	0%	6%
Total (Average %)	-14,717	**-16,227**	82%	0%	2%	1%	15%

*A business decision was taken to close this centre. All residents have been rehomed to suitable care providers..

Palliative care

The Palliative care provided from our hospices is partially supported via Statutory income from local NHS bodies. However, this funding covers only 37% of the costs leaving a significant funding shortfall to offer the range of support we believe is required. We are dependent on charitable donations, fundraising efforts and income from our shops to enable us to maintain our current services.

	2016 – 17 Expenditure Actual	**2017 – 18 Expenditure Actual**	% Statutory Funded	% Charity Local Fundraising	% Charity Other Funding	% Charity Central Fundraising	% Charity Retail Funding
	£'000	£'000					
Duchess of Kent	-5,395	**-5,399**	67%	13%	0%	13%	7%
Leckhampton Court	-3,669	**-4,340**	30%	21%	4%	31%	14%
Manorlands	-3,900	**-4,050**	30%	34%	2%	25%	9%
Nettlebed	-3,853	**-3,919**	20%	29%	3%	19%	29%
St John's	-3,700	**-3,993**	35%	16%	1%	28%	20%
Thorpe Hall	-3,543	**-3,866**	26%	25%	4%	22%	23%
Wheatfields	-4,895	**-4,468**	41%	16%	3%	30%	10%
Total (Average %)	-28,955	**-30,034**	37%	20%	2%	24%	17%

Annex 2

There is a legal requirement to report on this section.

- During the period of this report, 1 April 2017 to 31 March 2018, Sue Ryder provided NHS-funded community care services in our hospices and some care centres and NHS-funded nursing care in most of our centres. Sue Ryder had seven adult inpatient units within hospices, eight day hospices, two hospice at home service, four community nursing services, and five care homes with nursing. In addition to these services we also delivered care within two supported living services.
- Sue Ryder has reviewed all the data available to it on the quality of care in all of the above services.
- The percentage of NHS funding is variable depending on the nature of the service and ranges from 20% to 96% of the total cost of providing the service. The shortfall is met from Sue Ryder charitable income.
- During the period from 1 April 2017 to 31 March 2018 there were no national clinical audits or national confidential enquiries covering the NHS services that Sue Ryder provides. Sue Ryder sets an annual core audit programme that runs from April to March each year.
- The core audit programme is risk-driven, and for hospices and neurological care centres includes record keeping, medicines management, falls prevention, manual handling, pressure ulcer assessment and management, infection prevention and control including environmental and hand hygiene audit. The monitoring, reporting and actions following these audits ensure care delivery is safe and effective. Each service reports audit findings into their local internal Quality Improvement Group. The Health Governance Committee for Sue Ryder receives a quarterly overview of audit results and actions taken in response. Learning from audits is summarised and shared across health and social care via learning for safety memos.
- Out of the five (5) research studies and one (1) evaluation approved by the Research Governance Committee from April 2017, all the studies and evaluation recruited participants. The number of patients receiving NHS services provided or sub-contracted by Sue Ryder in 2017 – 18 that were recruited during that period to participate in research approved by a research ethics committee was 84.
- In this reporting period, Sue Ryder income for one hospice was conditional on achieving quality improvement and innovation goals agreed via local commissioning groups through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 1 April 2017 to 31 March 2018 and for the following 12 month period are available on request from healthandsocialcare@sueryder.org. Sue Ryder is required to register with the Care Quality Commission and the Scottish Care Inspectorate. Conditions of registration include the management by an individual who is registered as a manager in respect of that activity at all locations and maximum number of beds for its services in the following regulated activities:
  - accommodation for people who require nursing or personal care
  - diagnostic and screening procedures
  - personal care
  - transport services, triage and medical advice provided remotely
  - treatment of disease, disorder or injury
- Sue Ryder has not participated in any special reviews or investigations by the CQC during the reporting period.
- Sue Ryder was not required to submit records during the period from 1 April 2017 to 31 March 2018 to the secondary uses service for inclusion in the hospital episode statistics.
- Sue Ryder has submitted evidence based on self-assessment information for quality and records management, assessed using the Information Governance (IG) toolkit as a 'NHS Business Partner'. The evidence submitted was based on self-assessment and scored 66% for a 'Satisfactory (Level 2 or above)' rating.
- Sue Ryder was not subject to the Payment by Results clinical coding audit during the period 1 April 2017 to 31 March 2018 by the Audit Commission.
- Sue Ryder will be taking appropriate actions to improve data quality through:
  - increased awareness in the importance of reporting
  - training, including how to use our documentation templates
  - identifying trends through a balanced scorecard reporting system
  - 'learning for safety' memos for when systems and processes change

Some of the people we support may be local authority funded, depending on their needs. Sue Ryder has a Monitor licence to provide NHS-funded services from 1 April 2014 onwards. None of Sue Ryder's services have been designated as commissioner requested services.

Annex 3

Statements from Lead Clinical Commissioning Groups (CCGs)

Feedback from NHS Leeds Clinical Commissioning Group and Healthwatch Leeds

Thank you for providing the opportunity to feedback on the Quality Account for Wheatfields Hospice for 2017 – 18. This report has been shared with key individuals across the newly formed Leeds Clinical Commissioning Group (formerly Leeds West CCG, North CCG and South & East CCG) and with Healthwatch Leeds and this response is on behalf of both organisations.

The main account is well presented and the layout and language are very easy to read and understand, although it would be helpful to have some images, symbols or graphs in addition to show the data pictorially. The local account is very brief and does not give a real flavour of the hospice or the approach to quality. We acknowledge that the report you provided for review and comment is in draft form and additional information will be added and amendments made before final publication, so please accept our observations on that basis.

We would like to congratulate Wheatfields for the 2017 CQC overall rating of 'Good' with all domains achieving this rate, which demonstrates significant progress from the previous rating of 'Requires Improvement' in 2016. We commend the hospice for their continued high standards in the provision of palliative care for the residents of Leeds and hope that this trajectory of improvement can be continued over the coming year.

We welcome the introduction of the single point of access for referrals into the service to support the improvement of patient experience. The number of referrals is impressive, so clearly a worthwhile service. The introduction of a single point of contact for family services is highly commended. The need to navigate complex and numerous systems to gain help or information is frequently cited by service users as frustrating and a poor experience in healthcare in general, so we welcome the hospice's initiative to improve this and take a multidisciplinary approach to providing the right level of support for individuals.

The organisation should be commended for embracing a collaborative approach to working with other providers and being active within the Palliative Managed Clinical Network. It would be useful to see how the work of the Clinical Network has specifically impacted on quality and improvement at Wheatfields.

There is evidence of a significant increase in FFT responses in 2017 – 18 compared to 2016 – 17, and of maintaining the consistency in positive responses which is very encouraging. The report provides some good assurance in relation to patient experience and safety by demonstrating a reduction of formal complaints to zero and a continued low number of serious incidents causing harm. We note the steady decrease in grade 2 pressure ulcers and look forward to seeing this decreasing trajectory in 2018 – 19.

The introduction of new ways of working on the in-patient unit to ensure care is more patient and family focused is impressive, and we look forward to seeing the evaluation from the various new initiatives and improvements made. It is good to see so much positive patient feedback; however, it would be useful if examples were included of any changes that had happened as a result of that feedback. The use of patient stories is acknowledged good practice and we recommend that they are presented to the Hospice Boards if they are not done so already.

We would have liked to have seen more information about the local indicators, particularly around the pressure ulcers for example and whether these occurred in the hospice or prior to admission. We feel that it would be useful if the local Quality Account could include the data lines from the national one, or at least a summary sentence to provide more information and demonstrate more detail about all the good work that is apparent in the national account.

We are supportive of the national 2018 – 19 quality priorities which are strong and we look forward to seeing the progress made with the local service development pilots being launched over the next year. We would particularly encourage the focus on specific work to minimise falls and pressure ulcers. This seems an ongoing challenge and we look forward to seeing actions taken to reduce the prevalence of pressure ulcers.

We appreciate the opportunity to review the report and hope that this is accepted as a fair reflection. We look forward to seeing the progress made over the coming year.

Jo Harding
Executive Director of Quality and Safety/Governing Body Nurse

Stuart Morrison
Team Leader, Healthwatch Leeds

Annex 3

Our response to the feedback we received:
Many thanks for your feedback on our Quality Accounts. They are all really useful comments.

Kate Bratt-Farrar,
Hospice Director at Wheatfields

Feedback from Gloucestershire Clinical Commissioning Group

Gloucestershire CCG are pleased to have the opportunity to comment on the Leckhampton Court Quality account.
We note that Leckhampton Court benchmarks favourably against the other 6 Palliative Care Hospices in terms of quality and safety. The CCG are aware of the quality improvement work that has been undertaken to improve particular areas of care and have welcomed the transparent nature in which this has been undertaken.

Leckhampton Court have responded to patients' and families' needs in a timely way, in particular their new Day Hospice programmes and Hospice at Home within one of Gloucestershire's urban areas. The team at Leckhampton Court are active members of the Gloucestershire STP approach to improving end of life care in the county and their input is invaluable. Leckhampton Court consistently receives a high standard of feedback from patients' families and system partners.

The CCG note the Sue Ryder quality priorities for 2018 – 19 and look forward to working with the team at Leckhampton Court in the coming year.

Hannah Williams
Senior Commissioning Manager (EoLc Clinical Programme)
Senior Quality Manager

Our response to the feedback we received:
Thank you for your response to our Leckhampton Court Hospice Quality Account 2017 – 18. We too appreciate and benefit from our open and transparent relationship with Gloucestershire Clinical Commissioning Group (CCG). Such a working relationship enables our hospice services to be responsive to the needs of the people of Gloucestershire. We constantly monitor our services through ongoing and timely audits in order to sustain and improve the delivery of high quality care. Our services are benchmarked with the other six Sue Ryder Hospices to ensure our services are current and effective. We strive to put the patient at the heart of all we do; the service user voice is captured and incorporated in our decision making through ongoing realtime feedback and an active service user group.

We appreciate being members of the End of Life Programme Board implementing the Gloucestershire End of Life Strategy.

We look forward to continuing to work with Gloucestershire CCG, meeting palliative care needs across the county.

Elise Hoadley
Hospice Director at Leckhampton Court

Feedback from NHS South Lincolnshire Clinical Commissioning Group

NHS South Lincolnshire Clinical Commissioning Group (the commissioners) welcomes the opportunity to review and comment on the Sue Ryder National Annual Quality Report 2017 – 18 and supporting local summary for Thorpe Hall based in Peterborough.

The Quality Report provides comprehensive information on the quality priorities the organisation has focused on during the year including improving patient safety through work on medication management and pressure ulcers. The organisation has also ensured that the patient voice is heard and used to improve services via the patient feedback mechanisms detailed in the report. Examples of improvement are detailed throughout the quality account and the commissioners acknowledge the efforts made. Of particular note is the 'Opioid Conversion Workbook' introduced at Thorpe Hall in response to ongoing high incidence of medicine errors detailed within the local summary and the positive impact this has had upon the reduction in number of medicine errors.

A number of key patient safety indicators are contained within the report including pressure ulcers and medication incidents; however, as with the 2016 – 17 report the commissioner believes that more information including themes and whether Duty of Candour requirements have been implemented would be useful.

Looking forward to 2018 – 19 the commissioner recognises that a number of the Quality Priorities are continuing into the coming year and the commissioner supports the delivery of these activities throughout Sue Ryder nationally.

The commissioner confirms that to the best of our knowledge the accuracy of the information presented within the local supporting information for services commissioned.

Annex 3

The commissioner can confirm that this Quality Report has been critically appraised against the 2010 Quality Account Regulations and subsequent additions to the regulations in 2017 and 2018. The results of this appraisal have been issued to the organisation.

NHS South Lincolnshire Clinical Commissioning Group looks forward to working with the organisation over the coming year to further improve the quality of services available for our population in order to deliver better outcomes and the best possible patient experience.

Rebecca Neno
Deputy Director of Nursing and Quality
NHS South Lincolnshire Clinical Commissioning Group

Our response to the feedback we received:
Thank you for taking the time to read through our quality account and forwarding your feedback. Particular thanks to Paul for clarifying the final comments. It is very much appreciated.

Allison Mann
Hospice Director at Thorpe Hall Hospice

Feedback from NHS Airedale, Wharfdale and Craven, Bradford City & Districts CCGs
Thank you for sharing your draft quality accounts with us. They are very helpful and it's good to see that you're able to promote the good work you're doing with communities in the local report.

We would be grateful to receive an update on:

1. Pressure sore incidence – this seemed high. More detail on this would be helpful and what action is in place to reduce the incidence.
2. CQC 2016 report – this awarded 'Good' in all areas except 'Is the service well-led?', which was awarded 'Requires improvement'. What actions have been taken to address this?

Polly Masson
Senior Commissioning Manager

Our response to the feedback we received:
Many thanks for your response and your questions. Please find attached our response to the well-led issues raised at the time of the last inspection [the action plan was attached to this correspondence]. We have enacted all actions and further developed our processes.

We have not been re-inspected as we gained 'Good' overall; however, the inspection framework is migrating to a healthcare framework for the next inspection and we have a date scheduled in to meet the new inspectors in June.

We can discuss the pressure ulcer figures when we meet, unless you would like us to respond to this specific point prior to the meeting.

I look forward to meeting with you and Sarah, our Registered Manager.

Lizzie Procter
Hospice Director at Manorlands

Feedback from Angus Health and Social Care Partnership
Thank you for sending me your Local Quality Account. There is a lot of very positive information within this – particularly the service user feedback and results from your patient survey.

It would be good to get further information in relation to the Care About Physical Activity Programme once you are able to share this.

I would be interested to know more about how you use this document – does this get sent to service users/families/carers?

Pauline Reid
Project Lead, Help to Live at Home

Our response to the feedback we received:
Thank you, Pauline, for your comments. I initially share it with commissioners, and following feedback, it is published in the format of a leaflet that we give to existing and new service users. It also forms part of our National Quality Account.

Lorraine Linton
Operations and Development Director

Annex 4
Feedback from our service users

From a service user at Manorlands Hospice

In the main document, two sites are mentioned as 'Excellent' or 'Outstanding'. It makes me wonder, what about the rest? I appreciate we may then need to give some thought as to how we tell the story. On page 9 the acronyms RTF and OBD's are used, and it's not clear what they mean. I can't add anything to the local document, but it feels a bit light on achievements given the great work you do.

Our response:

Thank you for taking the time to look over the quality accounts. I will feed your comments back to the organisation. Regarding your comments about the local account, the size of the publication limits the total word count. However, I very much appreciated your recognition that we do indeed have many achievements that we could have written about. Once again thank you for your time looking at this for us your input is very much valued.

Lizzie Procter
Hospice Director at Manorlands

Actions taken prior to final publication as a result of this feedback:

We have reviewed the whole document to ensure that where abbreviations are used, they are explained in full. In the introduction where we highlight the achievement of being award 'Excellent' and 'Outstanding' inspection results at two of our sites, we have included a reference to the inspection results of our other hospices and centres. We always publish the full inspection results of all sites in Part 4 of this document, and the individual results are published in each site's local quality account. We have plans to review the format of our local accounts for 2018 – 19.

From a service user at Manorlands Hospice

I am interested in one point made by the CQC – the question 'Is the service well-led?' was marked as 'Requires Improvement'. I wonder what has been/is being done about this? Otherwise I am impressed by all the information in these documents.

Our response:

Thank you for your time in looking over this for us. With respect to your comment about requiring improvement in the well-led section of the CQC inspection report – this was related to some processes we had in place that were not overly clear, such as a clinical supervision spreadsheet we were using, Senior Management Team minutes not clearly defining actions with timelines, and some support service logs.

The report is in the public domain if you would like to look at the detail. However, we have tightened our processes in response to this feedback and we hope this will be shown in the next inspection round.

Do please feel free to come back to me if you have any specific questions or queries. Once again thank you for taking the time to look at this for us.

Lizzie Procter
Hospice Director at Manorlands

Actions taken prior to final publication as a result of this feedback:

We have included a note underneath the 'Requires improvement' mark of Manorlands Hospice CQC report in both the national and local quality accounts to explain what action we have taken in response to this inspection result.

From the Service User Group at Leckhampton Court Hospice:

We were happy with the priorities and felt they were in the right order.

Priority 2 – we were pleased to see that this was a priority as this supports the delivery of high quality care.

Priority 5 – we wondered if staff have conflict resolution training?

Priority 5 – this paragraph is quite long-winded – could it be made clearer?

Our response:

Dear Service User group,

Thank you very much for your feedback on the draft Sue Ryder Quality Accounts. Our aim is to put the service user at the heart of all we do and I am pleased you have identified this within the priorities we have set.

Staff working for Sue Ryder do have conflict resolution training available to them, and within our neurological centres this training will be increased, as said in priority 5.

Your comments will be taken into consideration when finalising these Quality Accounts, including your request for the wording around priority 5 to be changed into a more comprehensive sentence. Thank you for your time and valuable feedback.

Elise Hoadley
Hospice Director at Leckhampton Court

Actions taken prior to final publication as a result of this feedback:

We have edited the paragraph referred to in priority 5.

Annex 5

National service offer for palliative care (service lines)

Inpatient services:
- 24/7 admissions through a range of access points and inclusive of the 'hard to reach'
- beds managed by both consultants and community nurses
- offering physiotherapy, occupational therapy (OT), complementary therapies, social workers and a chaplaincy
- delivering individual programmes of care linked to personal goals and performances

Hospice at Home:
- enabling by technology (eg. self management applications)
- domiciliary visits
- medical and family support

7/7 CNS service:
- community nurse prescribers
- delivering choice across the range of community services

Day therapy:
- delivering flexible, responsive 'packages' tailored to individual need
- outpatients
- specific clinics, 'pop in' visits
- long term conditions programmes
- delivering the lymphedema service nationally
- medical outpatients with interventions

Patient co-ordination:
- Palliative Care coordination
- delivering co-ordinated and seamless access and transition through all services and settings

Hospital and care home in reach service

Respite service:
- as an extension of carer support
- offering a range of options: inpatient, day provision, night sleepers

Carer and family support:
- bereavement, spiritual and social

Providing access to psychology

24 hour co-ordinated palliative care advice:
- signposting advice and guidance
- support for individuals to navigate the system
- 'one stop' nurse clinics

Befriending:
- maximised by the use of volunteers

Bereavement services:
- development of a 'best practice' bereavement model

Providing transition for young adults

Transport services

National service offer for neurological care (service lines)

Complex care – residential:
- support for challenging behaviour via links to mental health teams
- behaviour psychology provision
- slow stream rehabilitation
- ventilated/respiratory support
- support for more complex needs (acquired brain injury)
- physiotherapy, occupational, speech and language therapies
- providing social and recreational activities that enhance wellbeing and quality of life
- medical and pharmacy services
- end of life care

Patient co-ordination:
- delivering co-ordinated and seamless access and transition through all services and settings

24/7 day service provision

Specialist day services

Condition–specific re-ablement programmes

Provide specialist outreach services

Self-management and preventative programmes:
- telehealth
- telemedicine
- community services

Respite provision:
- client's home
- residential centre

Befriending:
- escort service
- family/carer support service

Care co-ordination service

Supported living

Community day services
- neuro cafes
- dementia service/cafes

Sue Ryder provides hospice and neurological care for people facing a frightening, life-changing diagnosis. It's not just expert medical care we provide. It's the emotional support and practical things we take care of too. We do whatever we can to be a safety net for our patients and their loved ones at the most difficult time of their lives.

Not only do we treat more conditions than any other UK charity in our hospices, neurological care centres and out in the community; we also campaign to improve the lives of people living with them. We see the person, not the condition, taking time to understand the small things that help that person live the fullest life they can.

For more information about Sue Ryder

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This document is available in alternative formats on request.

incredible hospice
and neurological care