



Caring for local people since 1996

# Annual Report

## 2017-18



[www.woodlandshospice.org](http://www.woodlandshospice.org)

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Charity no: 1048934



# WELCOME

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Woodlands Hospice is a registered charity dedicated to providing hospice care for the people of **North Liverpool, South Sefton and Kirkby in Knowsley, covering a population of more than 330,000.**

Hospice care, also referred to as 'Specialist Palliative Care', aims to improve the lives of people who have a life-limiting illness. It helps them to live actively and be as independent as they can be and this support often extends to patients' carers, family and close friends.

Originally founded in 1996, we are situated in a modern, light and welcoming purpose-built building within the Aintree University Hospital campus.

Our care is 'holistic', which means that as well as taking care of patients' physical needs, their emotional, social and spiritual needs are also looked after.

# CHAIRMAN'S INTRODUCTION

**It seems that the time has flown over the last year as I sit down to write my second introduction as the Chair of Woodlands. It gives me great pleasure to introduce our Annual Report, which outlines the significant achievements of the Hospice over the last twelve months and the progress we have made against our strategic objectives.**

This has been the second year of a 2 year strategic plan and it is important to set the Charity in this context. 2017/18 has been a good year with very satisfactory results in an extremely challenging climate. Our annual patient and family satisfaction survey was very pleasing with a good return rate and overwhelming positive feedback with constructive thoughts for improvement and development.

Our Quality Account shows excellent results and together we have a clear idea of further developments and reviews. However these are still challenging times and we walk a difficult path.

Annual increase in costs bring their own challenges as we struggle to balance budgets. We are continuously reviewing our fundraising strategies to maintain our position and keep pace in a changing market. We remain confident that we will be able to generate sufficient income in the coming years to ensure our future sustainability.

The Woodlands voluntary Board of Trustees has a very diverse skill mix made up of many and varied talents, and as the Chair I enjoy working with them all greatly, each Board Member brings their own unique skills to assist the organisation. The Trustee involvement within the organisation is invaluable and helps to define the framework that Woodlands works within. The Board works closely with the Chief Executive and Senior Managers, and we are indebted to them for their skill and personal efforts that enables care to be delivered to such high standards. It is so rewarding to see the interaction between Trustees, staff and volunteers with the sole aim of providing the highest level of care to all our patients and their families.

Our Capital Projects Committee is looking to the future. Already programmed is the construction of a young people's facility, funded through generous Foundation Trust grants and other donations from individuals and organisations. There are also plans in the pipeline for changes to some internal areas. Woodlands are also in discussion with Aintree Hospital about the proposed development of the site, a project that will see the tired mix of car parking and old buildings that surrounds Woodlands transformed.

Woodlands has a great reliance on its team of dedicated volunteers and once again we have welcomed a number of new volunteers to the Hospice. The personal effort of our many supporters is appreciated by the whole organisation, and without this input we would not be able to do what we are able to do today. We are all very proud of the contribution that volunteers make to our organisation, and for that we thank them wholeheartedly.

Finally I would like to acknowledge the ongoing support of the NHS Clinical Commissioning Groups with whom we have strong, well established working relationships and who, I know, fully support the work of the Hospice.

I hope you will enjoy reading our Annual Report which I believe will give an ongoing assurance that Woodlands Hospice remains a well-respected, forward thinking and high achieving organisation totally dedicated and committed to the care of our patients and their families.



**Mr Barry Bartlett**  
Chairman

# CHIEF EXECUTIVE'S COMMENTS

**Our Annual Report always gives me a wonderful opportunity to review the year that has passed, acknowledge the challenges we have faced and celebrate the many successes and achievements of our dedicated team of staff and volunteers. 2017/18 is no exception and in many ways brought additional challenge particularly with funding.**

Our absolute first priority is always to ensure that our patients and families receive the highest quality of care, in a safe environment, delivered by competent staff. Every single day I am reassured that we do this as we receive so many compliments through cards, letters, social media and face to face when I speak with patients and families. It makes me very proud to hear that we have made such a difference to patients at the most vulnerable time of their lives and that we bring calm and peace to so many families. Our staff go the extra mile but that is what we expect of ourselves.

Our clinical services have once again clearly documented in the Quality Account (Appendix A) their many achievements and developments which ensure we keep pace with an ever changing healthcare arena and patient and family expectations. Our follow up visit from the Care Quality Commission in April, following a single breach on safeguarding the previous year, was a positive and very encouraging visit as the Inspector recognised fully the additional training and development the organisation had put in place and the high standards of care being provided.

The Well-being and Support Centre continues to develop and constantly explores new ways of working to meet changing patient need. This coming year we are looking to take some of our services out into our local communities to help break down barriers to attending the Hospice for care and support in the early stages of a patient's illness.

We continued in year with the Hospice at Home service in South Sefton which has helped so many patients to stay at home and avoid hospital admissions, giving much needed support to carers and families too. March 2019 sees the end of the current contract for this service but we are extremely hopeful of continuing this contract in the future but this will depend on the outcome to the bidding process for the new contract.

We are constantly looking to improve our facilities with limited funding but are delighted this year to have secured funding for a new children and young people's facility being built out in the rear garden in the style of a summer house. This will give them their own space which the Hospice currently struggles to provide. The development of this facility has brought great excitement for our young people and indeed for staff and the wider community.

Our Housekeeping staff continue to ensure our lovely surroundings are clean, bright and welcoming and our catering team never cease to make an impression with our patients and families.

No service can exist without the support of the non-clinical team, a very small and efficient team who work tirelessly in areas such as Facilities and Maintenance, Finance, Human Resources, Data and Quality management. They are in many ways the unsung heroes as they are not front line but beaver away behind the scenes every day.

No report will ever go by without me talking of our 200 strong, volunteer workforce who are rich in life's experiences and bring so much joy and laughter to the organisation. They give so freely of their time and take on many different duties and provide so much support to us all, patients, families and staff; my sincere thanks to them all for such dedication and compassion.

As always, funding continues to be a significant challenge and during the year we had a difficult period with retention of some of the NHS grant monies as they too struggle to keep pace with the austerity measures. We were fortunate in the end to keep the current level of funding for which we are especially grateful. This very real threat to funding has further sharpened our focus on fundraising and our trading company but with the amazing support of our communities we are confident we will achieve the required monies to secure the future of Woodlands Hospice. Our thanks to each and every one of you for your support; we are so very lucky to have you.

It only remains for me to say once again, thank you so much to everyone who has helped Woodlands Hospice to deliver the highest quality of personalised care to all our patients and their families throughout the year, it makes me very proud.

We look forward with our usual enthusiasm to the coming year and the fresh challenges that may bring.



**Mrs Rose Milnes**  
Chief Executive

# CLINICAL SERVICES

2017/18 was the second year of the two year strategy plan and the principal objectives for this second year were:

- Continue to provide the highest quality care to all our patients and their families and/or carers and receive excellent inspection reports from all statutory bodies e.g. Care Quality Commission, Environmental Health Agency and high standards of patient service measured against our quality markers.
- Maintain an average bed occupancy of greater than 85% and an average length of stay of 12-14 days and continue to be flexible with all admissions including weekends and bank holidays.
- Achieve our Quality Account Priorities for 2017/18.
- Develop approaches to falls prevention and management for Inpatients.
- Improve handover of information about patient care.
- Enhance the support for young people.
- Further develop the revised end of life communication records.
- Ensure individualised care plans and care packages for all patients.
- Ensure a robust audit programme (clinical and non-clinical) is carried out with documented evidence of high performance.
- Receive consistent positive feedback from all patients and their families/carers through a variety of collation methods including patient satisfaction surveys, comments, compliments, Patient Services Manager ward rounds and Trustee visits.
- Review and revise, if appropriate, services available within the Well-being and Support Centre (WBSC) to ensure increased occupancy levels to an average of 70% and optimisation of all facilities.
- Increase the number of patients in WBSC with a non-cancer diagnosis.
- Continue to work with Knowsley and Liverpool CCGs to encourage them to fund a Hospice at Home service to ensure consistency of service for all our patients.
- Continue to work with nursing homes in South Sefton to improve confidence in end of life skills and prevent unnecessary hospital admissions.
- Continually review the Quality Assurance Framework including all Board sub-committees and working groups.



The **Quality Account** evidences how well we have met our 2017/18 objectives in relation to patient services and also the priorities we set for improving patient safety, clinical effectiveness and patient and family experience. The Quality Account has been published, as required by the Department of Health, on NHS Choices website.

[www.woodlandshospice.org/quality-accounts](http://www.woodlandshospice.org/quality-accounts)

The Account shows the excellent progress made with the patient services objectives during this second year of our two year strategy, the majority of which have been achieved or developments evident.

Areas for further development in the forthcoming strategy include enhancing patient care in relation to the prevention and management of pressure ulcers. Current guidance and literature will be reviewed to ensure the Hospice policy reflects best practice.

Additional factors specific to palliative care will be considered and incorporated into skin assessment criteria. The combined data from monthly audit and root cause analysis of all pressure ulcer incidents in the previous twelve months will be reviewed to identify areas for learning and development. Staff training will be enhanced and the impact of the training evaluated through a competency assessment framework.



We will also be looking to ensure Hospice end of life care documentation demonstrates evidence based practice. A multi professional task and finish group will lead on this and action will include a baseline audit of end of life care documentation based on NICE 2017 guidance. Enhancement to the documentation will be made to incorporate any recommendations from the audit. We will review staff training on care of the dying adult and use of enhanced documentation.

Current practice in Woodlands, as with many inpatient settings, is that two registered nurses are required to administer controlled drugs. The nursing team has highlighted that this practice can lead to a delay for some patients waiting for breakthrough pain relief which has led us to consider single nurse administration as many Hospices have already introduced this to excellent effect. The Hospice medicines management group will lead on this priority and actions will include a review of the current literature and guidance in relation to the safe administration of Controlled Drugs. A risk assessment will be undertaken in accordance with all regulatory requirements and guidance. If this is deemed to be the appropriate and safe way forward the group will develop a progress plan for implementation including a robust training and competency framework to support the implementation.

Activity in the Well-being and Support Centre declined during this year although those who did attend stayed with us for longer. The number of patients with a non-cancer diagnosis rose to 25% from the previous year of 16%, reflecting the work the team did during the year in highlighting our services to many different consultants and specialities. Discussions commenced during the year regarding further changes to the service to attempt to break down some barriers that existed for patients not wishing to attend the 'Hospice' early on in their illness. The Hospice is now considering moving some of the Wellbeing and Support Centre services out into the community including medical/nursing clinics and work is currently underway to develop a new model. Outpatient clinics were steady and saw almost 2000 attendances during the year with group attendances also reaching almost 2000. These appear to be popular ways of delivering our service.

The Therapy led Outreach service in peoples own homes has also grown in year with 20% of those patients being patients with a non-cancer diagnosis. The team continues to experience an ever increasing number of referrals to this service which at times has put added pressure on the services that the therapy team are able to provide in-house. There clearly appears to be an unmet need in this area of our service which we will highlight with NHS Commissioners.

The Hospice at Home Team for South Sefton continues to operate well and consistently receives positive feedback. The Consultants have prevented many crises at home through attendance by all relevant services at weekly multi-disciplinary team meetings held at the Hospice. Our specialist sitting service has seen an increased number of patients this year despite there being a lower number of sits. This is thought to be because patients are referred prior to commencement of a care package; once the care package has commenced, input from Hospice at Home is reduced. 94% of our patients with Hospice at Home input died at home in accordance with their wishes.



We continue to have dialogue with Knowsley CCG as to the benefits of having a Hospice at Home service but have made no real progress with this during the year. Liverpool CCG have their own End of life Care in the Community programme and are tied into a 5 year contract for this so Hospice at Home is not an option there at the current time.

Regular reviews, evaluations and surveys continue to evidence consistently high standards of person centred care experienced by patients and their families/carers.

Our annual patient & family satisfaction survey was particularly pleasing with 37% return rate (an increase on previous year) and overwhelming positive feedback with constructive thoughts for improvement and development.

Our programme of regular 'Trustee visits' has continued during this period, with Trustees undertaking unannounced visits of all patient services examining policies, records and speaking to staff, patients and their families regarding their experiences. These visits were based on the Care Quality Commission Fundamental Standards of Quality and Safety. Excellent feedback has been received during these visits and any suggestions for improvements from observation by the Trustee or patient, their families or staff have been monitored to completion.

The Patient Services Manager has responsibility as the Care Quality Commission Registered Manager and undertakes regular ward rounds and observations of care to monitor standards. The comments received from patients and families in all services evidence the high quality of compassionate care that we aim to achieve and suggestions for improvement are encouraged and welcomed providing an opportunity to resolve any problems at the time.

Maintaining and improving, where possible, patient safety is paramount in the Hospice and our robust governance systems ensure that there is a proactive approach highlighting concerns and trends in patient safety issues. Our working groups such as infection prevention and control, medicines management, falls prevention, and tissue viability continually review Hospice practice in these areas, monitor national guidance and develop local strategies to improve patient safety.



Our Clinical Effectiveness Group, led by our Clinical Lead, comprises senior clinical staff and the Group meets regularly to steer clinical developments within the Hospice.

The Trustee-led Clinical Governance Committee keeps a keen watch on all clinical standards, activity and developments and has a key role in monitoring Quality Assurance.

This last year the Patient, Friends and Family Forum chaired by our Quality and Improvement Manager has unfortunately dropped in numbers but has remained active in its role. The group has reviewed content of various leaflets including advanced care planning information aimed at patients and also reviewed content for the new electronic information boards. Members again took part the Patient Led Assessment of the Clinical Environment (PLACE) review, with great endeavour. The Hospice is now actively looking for new group members to boost the group back to original numbers.

We believe that during the year we have continued, with our highly skilled, competent workforce, delivering high quality care to all.

# SUPPORT SERVICES

## Facilities and infrastructure

2017/18 was the second year of a two year strategic plan and the principal objectives for this second year were:

- Ensure the best possible environment for patients and visitors to ensure dignity and respect with quality and safety paramount.
- Further develop the PLACE (Patient Led Assessment of the Care Environment) process.
- Reconsider the feasibility of extending patients bedrooms and repositioning the en-suite bathrooms.
- Consider a replacement programme for ill-fitting Inpatient bedroom patio doors and windows.
- Draw up plans for the conversion of the Garden Room and Patio Room to be joined up and extended into the garden space to create a large room for Wellbeing and Support Centre Group activities.
- Review the space allocated for use by children and young people.
- Review and update the Business Continuity plan to ensure robust systems and procedures in place with heightened staff awareness.
- Work with Aintree University Hospital to join with them in their contingency arrangements should the water supply become interrupted.
- Review and update the contract for provision of laundry seeking alternative suppliers if appropriate.
- Reconsider opening times of café to accommodate patients and families at weekends and evenings.

The Hospice facilities are bright and fresh and patients and families often comment on the open and welcome approach on arrival. The housekeeping team pride themselves on high standards of cleanliness, which we believe is very important to patients and families. We do not currently have a paid caretaker role and rely heavily on our amazing small team of volunteer maintenance men who undertake many duties including decorating, minor repairs, high level cleaning of gutters etc. We are however now looking to employ a caretaker part time to lead on these duties on a more planned basis to ensure our expected high standards of environmental cleanliness and maintenance are continually achieved.



Our catering team prepare meals with fresh ingredients and we receive constant positive feedback about how much of a difference the chefs and catering staff make to a patient's wellbeing. The café continues to bring a sense of normality to patients and families as they enjoy a quiet sit and pleasant views of the gardens so meticulously maintained by our volunteers. We now open the café at weekends for a limited number of hours to ensure visitors and families can spend some 'down' time and enjoy a hot meal if required.

During our Trustees visits patients often talk about feeling safe in the Hospice and indeed their families also feel they are given the time to spend with their loved ones without worrying about their care and keeping them safe. Feedback collated is overwhelmingly positive and Trustees are proud of the standards achieved across all our services.



The members of our Patient, Family and Friends forum who undertook our PLACE assessment again this year reported a positive environment with some suggestions for improvement such as handrails being installed along the Well-being and Support Centre corridor for patient safety and also some changes to the baby changing room for ease.



The Capital Projects Committee has been looking at three main developments this year. Firstly, the children and young people's pavilion in the rear garden which has stimulated so much interest and support during the year. The required level of funding was raised by the year end from 14 different funders with contributions ranging from £10 to £17,000. The final plans were drawn up and work starts on the build in September 2018. The children and young people have been an integral part of the team developing this facility and are excited to see the finished building. Argos, on their corporate volunteering day, will be helping with areas such as painting and gardening. We all look forward to enjoying this much needed facility for the future.



Secondly we have been looking again at the merging of the Garden Room and Patio Room which has been put on hold a little whilst the pavilion has been in development, but we will look to picking this back up in 2018/19.

Finally, the Hospice is located on the Aintree University Hospital site and currently sits amongst a disused area of the Hospital site and is not a great path into our grounds at the current time. We are however delighted to have been involved this last year, as a key stakeholder, in the development of the Aintree Hospital site into a Health and Wellbeing campus for the future. This is an exciting positive development and includes an expansion of footprint for Woodlands Hospice which we will hopefully be able to use to improve our bedroom facilities and family facilities but will be subject to a successful capital appeal in the coming years.

The programme of renewing the bedroom doors and windows has progressed well with a number of rooms improved this year and we continue to submit grant applications to secure funding to complete this project.

The laundry contract was reviewed in year. Research into alternative providers did not prove to be viable and we were very happy to stay with the Aintree Hospital laundry with them also providing new curtains on an ongoing basis for the Hospice as part of the overall SLA without additional cost. This contract is now completed and working well. More homely bedding for patients is still a challenge due to the washing and infection control issues but softer colours at least are being considered.



The Business Continuity plan remains in place with no call for action during the year.

## Secretarial Services

A key role within the organisation, we must make mention of our only secretary, Carolyn, who supports the Chief Executive and Senior Managers.



## Patient Information Systems/Data Collection & Reporting

2017/18 was the second year of a two year strategic plan and the principal objectives for this second year were:

- Explore how data and intelligence can be improved to support continuous improvement to care and influence impact reporting.
- Play a key role in the development of the integrated patient information system across Liverpool (EPR).
- Further develop the Key Performance Indicators (KPIs) including the introduction of KPIs for Fundraising and Trading and share readily with all staff to celebrate success and address shortcomings.
- Actively participate in the EPACCS (Electronic Palliative Care Co-ordination System) liaising with other providers and the commissioners to share patient information in a timely manner and improve patient care.
- Continue to establish the use of Palliative Care Outcome Measures to help identify what is important to patients, and clinical decision-making and show the impact of care delivered.
- Continue to develop strong Information Governance processes and organisational culture.
- Respond to developments in the Data Protection Act due 2018.

Robust data collection and analysis is now embedded in daily routines and production of key reports for the Trustees and Commissioners an expectation. The reports were reviewed in year for Trustees and a new set of Key Performance Indicators (KPIs) developed for the Board giving overarching outcomes only with the full in-house set of KPIs being reviewed by Senior Managers and overseen by the Governance Committee. The full set is available for Trustees on request. The reports set up for CCGs were also reviewed during the year and some additional demographic information included with patients' stories and outcomes of audit added for impact reporting.

Patient information systems are changing locally to assist with sharing of patient information across many providers. The big system change due in 2019 is the integrated Electronic Patient Records (EPR) for Aintree Hospital and the Royal Liverpool Hospital once merged. Woodlands has participated fully in the development of the EPR as it relates to the Hospice and we are looking forward to the new system being implemented in due course. We have also continued to attend all meetings on the Electronic Palliative Care Co-ordination system (EPaCCS) which attempts to integrate data from GPs and Community Healthcare teams with Hospitals and Hospices. The Hospice again achieved Level 2 in the NHS Information Governance Toolkit as required by our NHS Commissioners.

We developed a Trustee led Task and Finish Group to address General Data Protection Regulations (GDPR) as they related to Fundraising and the Governance Committee oversaw the development across the Hospice for all other GDPR implications including general data, patient data and staff and volunteers data. The Hospice had a number of action plans running to address all developments for GDPR and has achieved the majority of actions at this stage with plans to complete during 2018/19.

# Human Resources

2017/18 was the second year of a two year strategic plan and the principal objectives for this second year were:

- Ensure the workforce is fit for purpose with clear leadership permeating through the Hospice supporting the ongoing development of a highly skilled, competent workforce fit to face the future challenges of specialist palliative care and end of life services.
- Actively recruit a new Chair of the Board of Trustees to ensure timely replacement of retiring Chair in March 2017.
- Review the skill mix of the Board of Trustees and actively recruit to identified gaps as vacancies arise and address succession planning.
- Develop an ongoing training and development programme for all Trustees to ensure confidence in their role and responsibilities.
- Review and implement leadership and management training across the senior teams to ensure appropriate qualifications, skills and knowledge exist to take the organisation forward in changing and uncertain times.
- Confirm and maintain robust staffing establishments for each service with appropriate policies and procedures for addressing varying staffing levels (e.g. through sickness absence, study leave, one-to-one nursing, etc.).
- Further review and revise the recruitment and induction programme for all staff and volunteers to ensure they are efficient and effective.
- Foster an environment of ongoing learning and development for all staff.
- Ensure ongoing appraisals and personal development reviews remain a priority in all teams.
- Review and revise contracts with healthcare professionals training organisations to ensure robust procedures in place for student placements.
- Review and revise the staff support systems in place to ensure a more transparent, accessible support system for all staff and volunteers.





Our new Chair of the Hospice, appointed in July 2017, has led the Trustees well during the year and continues to develop knowledge and experience in the challenges of Specialist Palliative Care in the current day.

We have actively recruited one new Trustee, a Senior Nurse, in the year and continue our search for a solicitor and a board member with fundraising experience.

The Board all attended a Masterclass, facilitated by Hospice UK, in November 2017 which addressed issues of accountability, effective Board meeting agendas, Trustee visibility and strategic leadership. The day was extremely informative and beneficial to both new and longstanding Trustees. We have subsequently developed an action plan to address issues raised and have already changed the Board agenda to ensure discussion on strategic issues at every Board meeting and timed sections for decision making and information sharing. We will see these actions through to completion during 2018/19.

Staffing levels are well established to ensure a safe service delivered by a competent workforce and systems in place for covering absences through holidays and sickness. There have been challenging times in the year due to a shortage of Palliative Care Consultants locally and nationally and recruitment and sickness amongst the nursing team. We have however maintained our occupancy levels and delivered safe and effective care.

Staff training and development remains a high priority for the organisation, including leadership and management training programmes. The Hospice delivered an in-house training programme over 5 days for the Inpatient senior nursing team with excellent evaluation and implementation of learning.

Training for that team also took place on writing and delivering robust appraisals and objective setting and improvements have been seen with these.

Unfortunately, the mandatory training programme is still very reactive and during the year a key online training tool originally shared with Aintree Hospital was withdrawn and Woodlands were no longer able to access the replacement system. A task and finish group is now being convened to address the whole of the training programme, including all online training to ensure a robust, proactive system is in place by the end of 2018/19.

Staff support systems are critical to Hospices and the Family Support Team offer ongoing support to all staff. The senior managers continue to work with the published Hospice UK publication regarding resilience in Hospices including emotional resilience.

A new funding system has been introduced by NHS England for the healthcare student work placements which has considerably increased income from this source but reflects more accurately the amount of time and effort put into these student programmes by our qualified staff which we know is greatly appreciated by our University colleagues. The administration systems supporting student placements are also under review to ensure detailed agreements are in place and liabilities fully understood.

# VOLUNTEER SERVICES

2017/18 was the second year of a two year strategic plan and the principal objectives for this second year were:

- Review and revise the contribution of volunteers to all services, expanding to new areas as appropriate, in particular, to assist nursing roles on the In-patient Unit.

Woodlands has over 200 volunteers undertaking a wide variety of roles across the Hospice and in our charity shops. Their strong presence throughout the Hospice in supporting roles is a key strength for the organisation and enables staff to concentrate on the care of the patient. Our charity could not exist without this 'additional workforce' and we welcome volunteers from all age groups with varying knowledge, skills and experience.

The Hospice has further increased its number of volunteers over the last year mainly due to the opening of our fourth charity shop but a concerted effort to also recruit additional volunteers to Hospice roles proved very successful and provides for better cover in peak holiday times.

The 15 strong Family Support volunteer team, recruited and set up last year has continued to develop its remit and added additional support to our Inpatients and their families and is now a key strength within that team. We have recruited a small team of Ward Assistant volunteers to man the nurses station and allow nursing staff to allocate their precious time to our patients and families. This role requires further development during 2018/19. We will be looking to develop a community based Volunteers Companion scheme during the next 2 years which we know will be of significant benefit to patients and families in their own homes.

The Hospice remains extremely thankful and very appreciative of the support provided by all our volunteers.



# INCOME GENERATION

2017/18 was the second year of a two year strategic plan and the principal objectives for this second year were:

- Revisit the fundraising strategy to ensure future sustainability, incorporating significant growth in the trading activities and corporate fundraising.
- Review and enhance the events programme to maximise return on investment.
- Develop a legacy strategy to optimise support from the public via gifts in wills.
- Develop and implement a full marketing & PR strategy.
- Recruit to a revised Patrons and Ambassadors Programme to engage public support.
- Respond positively to developing Fundraising Regulation following the Etherington Review.

## Fundraising

Following the Etherington Review the regulations have helped to restore public confidence in charities although there is a great deal of work still to be done for all charities.

Woodlands Hospice voluntarily registered with the Fundraising Regulator in the summer of 2016 and set up a separate Trustee-led Task and Finish Group to review the revised Regulations and take appropriate action to ensure ongoing compliance and also to review the forthcoming changes to data protection. With all actions virtually completed the Task and Finish Group has now been disbanded and oversight for the Fundraising Regulation will be given by the Governance Committee moving forward.

Our Income Generation sub-committee chaired by the Treasurer with Trustee support and the Trustee led Task and Finish Group for Fundraising Regulation, minutes of which are shared with the Trustees at Board meetings, have ensured a full understanding by all Trustees of the activities and approaches the Hospice uses in its fundraising efforts. The Trustees are satisfied that Woodlands Hospice is ethical in its approach and has developed required processes and procedures with supportive training to ensure complete transparency to all donors.

Following the resignation of the Head of Income Generation who left in September 2016 the Chief Executive assumed leadership of the Fundraising and Trading teams during 2017 pending the outcome of a full and in-depth review of the Hospice's Fundraising and Trading structures and strategies. This review resulted in a new structure with a required Head of Income Generation Role (Senior Management level) together with separate Head of Fundraising and Head of Trading roles.

Unfortunately at the current time the Hospice did not feel it could afford all three roles so opted for the Trustee led Income Generation Committee to assume the responsibilities of the Head of Income Generation (setting the strategic direction, achieving income targets and overseeing the operational matters). A Head of Trading was already in place and a new Head of Fundraising was appointed in January 2018. The structure is now deemed to be appropriate for achieving the growth required in voluntary income and a Head of Income Generation will be recruited at some point in the future when the income is at a sufficient level for viability.

The income generated during the year was slightly more than that raised in the previous year. The overall growth in fundraising income expected was not achieved, resulting in a shortfall on internal budget of £74k. With a higher than predicted level of legacies received, including an amazing legacy of £190k, the overall income generated was £173k above target, and considerably higher than the previous year where legacies were low. Savings on fundraising salaries more than outweighed the underachievement in income, giving an overall net improvement on return on investment for fundraising.

During the year the fundraising team continued with a number of high profile events including our annual moonlight walk, the John Parrott golf tournament and our fourth Strictly for Woodlands dance event. We also staged, for the first time, a Lip Sync battle for our younger supporters.



The Events Manager role became vacant in the Autumn of 2017 and we took that opportunity to reconsider the events programme moving forward and have decided it would be wise to stage four big events each year and spend time engaging with our communities to host third party events in aid of the Hospice and encourage more people to undertake sponsored challenges.



We had a record number of challenges undertaken last year and we are eternally grateful to all those who have helped to support us in this way. We would not be able to provide the services that we do without the ongoing support of those in our communities and we are extremely grateful for their ongoing generosity and kindness.





This last year has seen increased support from local organisations in the form of corporate volunteering and teams have assisted with activities such as gardening, painting, leaflet drops etc. This really helps the Hospice and the teams always report enjoyable days beneficial to them as team building exercises.



During the year our Community Fundraising Manager has been looking to recruit new Community Fundraising Groups to regularly hold smaller community events such as coffee mornings, bingos, cake sales etc and who would help to bring in regular income for the Hospice. We have started conversations with two ladies who wish to create these groups in their localities and we look forward to supporting them in the coming year.

Funding received from Grant Making Trusts was lower than anticipated during the year as applications were fewer due to a concentrated effort on raising monies for the children's pavilion. This coming year it is imperative the Hospice concentrates on submitting applications for revenue funding from these Trusts.

## Legacies and Wills

In 2017/18 we were extremely fortunate to receive unexpected legacy income of £245k including one legacy of £190k. Without the generosity of these supporters who kindly made these bequests, we would not be able to continue to provide the services we do for our patients and their families and as always we remain extremely appreciative of their kindness. Our Make a Will campaign enables people to prepare a standard will with participating solicitors/professional will writers in exchange for a donation to Woodlands Hospice. We are very grateful to all the practices which have taken part and for all donations received.

**Woodlands Hospice**

**Charity Will Month**

Have your will professionally drawn up in return for a donation to Woodlands

April 2018

## Lottery

The Hospice Lottery provides a simple, low cost way to support the work of Woodlands through membership of the weekly draw. The income from this helps to provide a source of sustainable revenue that the Hospice can rely on to plan future budgets to continue to care for patients.



Having seen a growth in lottery membership in 2016/17 attributed to the third party canvassing organisation we contracted with, unfortunately the retention rates of these new sign ups have proven to be low and many of those signed up have discontinued their membership over the last 12 months.

We recruited our own lottery canvassers in the autumn of 2017 and whilst the retention rate on these is very good, there is insufficient growth overall being seen. New ways of recruitment are currently being considered as lottery membership is recognised as a sustainable form of income for the Hospice.

Our digital presence for lottery online sign ups is currently being developed as we believe this will certainly make joining easier and quicker for potential players.

## Charity Shops



In 2014/15 the Board of Trustees approved a retail strategy to open five shops in the following three years as Woodlands currently trails behind other Hospices in securing much needed income from trading activities, particularly in relation to charity shops.

With three shops already open in Orrell Park, Old Swan and Maghull we identified a fourth property in Norris Green during 2017, which opened in August 2018.



The Head of Trading set up a number of operations in the existing three shops, sourced the premises at Norris Green and is keenly chasing properties in Kirkby for 'Pop up shops' testing the area and viability of a longer term investment in property in Kirkby.

It remains our intention to have the fifth shop as a furniture shop which other Hospices report as good income generators but there will need to be sufficient cash in the trading company before we can invest in such a big venture.

The shop gift aid scheme introduced in Old Swan and Maghull shops in 2016 showed early signs of additional income for the trading company but further education is required to ensure the system is robust moving forward.



The performance of the charity shops has been somewhat mixed during the last year with a decision having now been made to withdraw the paid management position from the Maghull shop and develop a Volunteer led model, similar to that of the shop in Orrell Park, to ensure financial viability. This will entail the recruitment of many more volunteers for this shop and, in order to allow time for growth, the shop was closed over the summer months awaiting reopening on the new volunteer model in September.

The charity shops remain a good source of income growth and improved presence on the high street and our anticipated strategy to open more shops will continue.

## Hospice Shop

The trading subsidiary also has a small gift shop located within the Hospice reception which is supported by dedicated volunteers, who also give up their time to attend events and outside activities to promote sales. The shop makes a small profit which could possibly be increased with additional outlets for sales.

We will be proactively looking for new locations during 2018/19.



# Marketing and Communications

The Trustees recognise that the Hospice currently lacks a robust marketing and communications strategy and recruited a Trustee with marketing and communications experience in 2016/17. Her input has been invaluable to the Board who recognise that we need to commission time from a marketing and communications consultancy to develop a robust strategy and coach and educate existing staff to implement the strategy.

The recruitment process took place early 2018/19 but did not result in appointment, which has led to the strategy now being written by the Chief Executive with the support of the Trustee on an unpaid basis. Training and education is being considered under a separate commission.

The Hospice continues to improve its digital presence and has engaged more proactively with all forms of social media and has started to develop on line platforms for fundraising and lottery. There is much more work to be done with this.





# EXTERNAL RELATIONSHIPS AND COLLABORATION

2017/18 was the second year of a two year strategic plan and the principal objectives for this second year were:

- Work with key partners and organisations to consider the future and help influence the direction of the next two years for end of life care to ensure that everyone approaching the end of life has access to high quality care with their needs and wishes being met, as far as is practicably possible.
- Ensure that end of life care is a core priority within the reformed health and social care services.
- Ensure active participation in all local and regional strategic network groups addressing end of life priorities and issues. (This includes discussion around the planned merger between Aintree University Hospital and The Royal Liverpool Hospital).
- Develop and implement more robust strategies for integration with all providers including the community to ensure a better joined up service for all our patients across their end of life journey.
- Actively participate in local and regional groups regarding Advance Care Planning working together with other providers to ensure the ACP is a live document and acted upon appropriately wherever the patient may be.
- Increase the profile of the Hospice with local clinicians and the public.

It has been pleasing this last year to start to reintegrate with all health care providers locally as organisations emerge from a difficult two years of change and austerity. The realisation that working together will improve outcomes for patients and perhaps be more cost effective has driven the desire to re-engage and Woodlands has played an active role in the redevelopment of a number of networks. Our Chief Executive, Clinical Lead and Patient Services Manager have participated in all CCG strategic development groups and in particular taken an active role in a fundamental End of Life Review across the City of Liverpool. The model of care emerging from this review is exciting and provides opportunities for Woodlands further development if funding is secured for the delivery of the model.

Positive initial discussions have taken place between the Palliative Care Consultants in Aintree Hospital and the Royal Liverpool Hospital prior to the impending merger. Whilst Palliative Care will continue to be delivered locally the teams will join together for education and research which is an essential way forward. Our Chief Executive is a Public Governor of Aintree Hospital and as such is fully informed as to the plans for the merger and will ascertain how these may impact on Woodlands Hospice.

Woodlands Hospice understands fully that we need to actively participate in the local and regional networking and look for new ways of working together across our localities.

During the year we invited a number of MPs into the Hospice to inform them of our services and plans for development and also to discuss ongoing funding issues.

As a result of one of these visits Woodlands and Hospice funding generally became the subject of a Parliamentary debate in the House of Commons. Raising the profile of the role of Hospices within Health and Social care is critical to our future sustainability.



We were delighted to welcome during the year Everton ambassadors Graeme Sharp, Ian Snodin and Graham Stuart, who took time to visit our patients, staff and volunteers and we are appreciative of their ongoing support.



**Everton FC ambassadors Ian Snodin, Graham Stuart and Graeme Sharp**

# EDUCATION AND RESEARCH

2017/18 was the second year of a two year strategic plan and the principal objectives for this second year were:

- Deliver robust education programmes to a variety of audiences and help improve their understanding and delivery of specialist palliative care.
- Continue to collaborate in the production of a local education strategy which will outline in more detail the education programme to be delivered.
- Work with other local providers participating in joint education programmes.
- Gain a full understanding of the role the Hospice can play in local research programmes.
- Participate in identified research projects as appropriate.

Education about Palliative Care is a key responsibility of hospices in order to increase the confidence and competence of health professionals in managing patients with Palliative Care needs that they encounter in their areas of work. Woodlands takes this very seriously and professionals working at Woodlands participate in educational activity through the Aintree Specialist Palliative Care Services Education Group chaired by Dr Kate Marley, Woodlands' Clinical Lead. Dr Marley is also a member of the Cheshire and Merseyside Palliative and End of Life Care Network Education strategy group which drives education provision in Palliative Care for the region. Full details of Woodlands educational programme last year can be found in the Quality Account.

The Hospice has a policy to cover inclusion in research but, during this period, there was no appropriate national, ethically approved research study in palliative care in which it could participate.

The Cheshire & Mersey Palliative and End of Life Care network continue to look for general research opportunities in palliative care in the region and Woodlands awaits a suitable opportunity to participate in a research project.

A weekly journal club enables members of staff to keep up to date with Palliative Care research.

# FINANCIAL SUMMARY

2017/18 was the second year of a two year strategic plan and the principal objectives for this second year were:

- Develop a more robust financial strategy to ensure future sustainability.
- Ensure contingency planning for the possibility of reduced funding through Clinical Commissioning Groups (CCGs) cost improvement programmes.
- Consider further cost savings programmes in house.
- Review, revise and streamline the financial processes as appropriate to ensure best value for money.
- Ensure that the Hospice is fulfilling its duties in terms of both the auto enrolment pension schemes and also the NHS pension scheme.
- Implement systems to ensure that the Hospice makes the best use of the Hospice VAT reclaim scheme.

## Principal Funding Sources

Woodlands Hospice relies heavily on its own fundraising efforts but also on the grants that it receives from the local NHS and other grant making trusts. It is therefore important to ensure that the services we deliver provide public benefit without prejudice. This is demonstrated in the services of the Hospice being free at the point of delivery and accessible to all through clear referral criteria based on clinical need.

As mentioned earlier, the fundraising team at Woodlands Hospice, led by the Chief Executive in the prolonged absence of a Head of Fundraising, together with six months absence of an Events Manager, achieved a good year end result with growth on the previous year of just below 5%. Unfortunately this fell short of its target income of £700K for the year. However, the savings in the salary costs due to the vacancies did negate the shortfall in income. Legacy income was ahead of its budget throughout the year and the Hospice was delighted to receive notification of a significant legacy of £190k in the latter half of the year. The legacy was brought into the financial statements for 2017/2018 in line with current accounting regulations and the actual money was received in the first months of the financial year 2018/2019.

Achieving £1 million in voluntary income is a result of the ongoing generosity of our wonderful supporters, and their dedication, enthusiasm and hard work in raising money for the Hospice. We are so grateful to everyone who helped raise this income. Moving forward we will continue to engage proactively with all our communities and endeavour to introduce new and exciting ways in which people can support us and focus on growing sustainable income streams to enable us to continue to provide our specialist palliative care services in the future.

Due to the history of the Hospice with the transfer of the Inpatient Unit beds from Aintree University Hospital NHS Foundation Trust in 2009, Woodlands receives higher than average NHS grant funding for core services which is currently under significant pressure nationally. Any reduction in funding from the NHS would seriously threaten the viability and future sustainability of all current services. The Hospice will continue to negotiate with the Clinical Commissioning Groups (CCGs) to ensure sustainable funding for the services provided whilst making every effort to continually improve its income from fundraising and trading. We remain very appreciative of the NHS Grant monies received from South Sefton, Liverpool and Knowsley CCGs paid to the Hospice under Conditional Grant Agreements.

In the year to March 2017 South Sefton CCG approved a further two years to the Hospice at Home funded contract (£240,000 pa) within the original tender arrangements. The funding for this service is therefore agreed up to 31st March 2019. This service enables us to provide specialist palliative care to the residents of South Sefton in their own home should this be their preferred place of care and Woodlands has earned a highly respected reputation out in the community for this specific service. The contract for the service will be due for retender in September 2018 and Woodlands keenly awaits the specification for this tender. Assuming there is little change to the service requirements moving forward the Hospice will retender for this highly valued service. There has however been some thought that the specification may change to incorporate all care for patients at the end of their lives but this has not been substantiated by the CCG and the Hospice therefore will await the details in due course.

South Sefton CCG also fund a Care Homes End of Life Facilitator who is employed at the Hospice. This funding has now been incorporated into baseline funding from the CCG and will be included in usual funding negotiations as a key aspect of our service for South Sefton.

The Hospice at Home service and the Care Homes support enhances Woodlands presence in the South Sefton community.

## Significant Events

### Cuts to NHS funding

It is well publicised nationally that the NHS funding has been under serious pressure over recent years due to the austerity measures put in place by the Government. Local Commissioners are all looking for ways to streamline services and reduce funding wherever possible particularly for Non-NHS services. Whilst Woodlands Hospice has always been aware of the risk of having higher levels of NHS funding than other Hospices, it is only in recent years that the vulnerability of this funding has come to the fore. It was, however, still a shock to the organisation to be visited in June 2017 by Liverpool CCG advising of an intended reduction in current year funding of £100k.

The Hospice was requested to produce an impact assessment of this intended reduction for presentation to the CCG within a very short timescale. A thorough assessment was undertaken by the Medical Consultants, Chief Executive and Patient Services Manager with the active support of all Trustees and a detailed presentation delivered to the CCG as requested.

Having already undertaken a major cost savings exercise in Autumn 2016 ensuring the costs of the Hospice had been stripped back as far as was safely able to do so, the Trustees knew that a sudden reduction of £100k in income would mean a change to services. After appropriate assessment the Hospice advised the CCG that their proposed funding cuts would mean a closure of 5 beds for the Hospice which in turn would put additional pressure on the local acute Hospital Trust whose bed status was already at breaking point.

After careful consideration the CCG confirmed that funding for 2017/18 would remain untouched but requested the Hospice actively partake in a Liverpool-wide End of Life review to try and develop new models of care for patients at the end of their lives, avoiding duplication in the system and encouraging collaboration of all services. Woodlands Chief Executive and its Clinical Lead have subsequently become prominent and proactive members of the Task and Finish Group addressing this review.

During the year also, South Sefton CCG questioned the value for money on the Hospice at Home contract as data collected in year did not fully reflect the robust service in place. A new report, developed by the Hospice, with key data particularly showing the avoidance of Hospital admissions and patients dying in their preferred place of care only because the Consultant led Hospice at Home service was available. This report demonstrated the high value of the service and funding was retained.

Having been through these difficult times during the year, of protecting the NHS monies, the Hospice is ever more aware of the vulnerability of this funding and seeks to raise additional funding through other means, in particular through its trading company which is still young in its development compared to other Hospices in the North West but undoubtedly has potential for growth.

## **Investments Portfolio - Realisation of gains**

As a result of the reported deficit at the end of the reporting period to March 2017 and subsequent notice given on potential reduction in current levels of funding from Liverpool CCG in the reporting year, the decision was taken in the year by the Trustees to realise £120K from the investment portfolio which had performed extremely well in previous years. The Trustees felt that realising some of the gains back into the net current assets of the Charity would provide greater security for meeting the running costs of the Charity in the next financial year given the uncertainty around the funding from the local CCGs. Ultimately, with the receipt of the large legacy previously mentioned and no cut to the Liverpool CCG funding in year this additional £120k was not actually needed for cash flow this year but will help to address predicted shortfall in next year's accounts.

## VAT Review

In the previous year the decision was made to take independent VAT advice and the Hospice subsequently registered retrospectively for VAT. The specialist worked with the Finance Manager to ensure that the Hospice was maximising its VAT recovery, including the newly introduced Hospice VAT recovery scheme and the Capital Goods VAT scheme following a refurbishment in 2014. After liaising with HMRC regarding the schedule of payments, the Hospice was satisfied that the VAT position was now very strong and historical issues addressed well.

## Fundraising Regulations & General Data Protection Regulations(GDPR)

During the year the Trustee-led Task and Finish group for Fundraising Regulation and GDPR met on a number of occasions and worked to detailed action plans to ensure all new and updated regulations were addressed in a positive manner.

The Hospice felt that the GDPR changes were a key opportunity to tidy up the supporters' databases (Fundraising and Lottery) which held much historical data and start to develop fresh relationships with supporters. Woodlands decided that it would rely on Explicit Consent for Fundraising and on Legitimate Interest and Contract for the lottery database. After three separate mailings to the more recently active 4000 members of the fundraising database, the number of supporters with explicit consent reduced to 1200. Whilst this poses a risk to reduced engagement for any events or appeals the Hospice feels that it will reduce cost in sending information to members who never respond and it is in the Hospice's best interest to start to develop a new database of engaged supporters with rewarding donor experience. The fundraising team are now challenged with asking every person they interact with, moving forward, if they would like to stay on Woodlands database and how they wish to be communicated with. This is a positive action and one which is believed to be the right way forward in the spirit of GDPR. Many other charities who have taken this stance have shown that income is not reduced as a result of explicit consent but supporters feel more valued.

The Task and Finish Group also addressed the new Fundraising Regulations putting revised policies, systems and processes in place to ensure full compliance. This agenda should serve only to improve charities reputation with the public and Woodlands is confident it will not impact on the income.

GDPR also applied generally across the Hospice but no actions taken here have any impact on the Financial position of the Hospice as compliance is good and it is highly unlikely that any penalties or fines would emerge.

## Overall result

The final position for the Hospice Charitable Group at the end of the financial year reports a surplus of £93K against a predicted deficit of £226K for the year.

The turnaround can be attributed predominately to the unexpected legacies of £245k in the year which for the third consecutive year have helped to bridge the gap in the shortfall on the donations income target. Without such generous legacies received in the year the year end result would not have been so positive.

However, it must be noted that the Fundraising Team (excluding legacies) have reported an increase in the return on investment from 2.28% to 2.58% as a result of underspend on costs in the year mainly due to vacancies in the team. The team performed well to still improve on last year's income and also make 90% of its targeted income.

The surplus in year can be summarised into total income of £3.98M (2017: £3.81M) an increase of 4.4% from the previous year, and total costs of £3.89M (2017: £3.96M) a decrease of 1.6% on the previous year. Gains on investments against this result took the final surplus to £93K (2017: £60K deficit).

## Total Funds and Free Reserves

At the end of the reporting period the Hospice Charitable Group held a total fund balance of £3.5M, which includes a tangible fixed asset value of £2.2M which would only be realised on the disposal of such fixed assets. The remaining fund balance of £1.3M includes restricted funds of £100K, of which £16K is to be spent on the core running costs of the Hospice in the year to March 2019, £42K is to fund capital projects and equipment, and £34K is hosted on behalf of a regional palliative care network which Woodlands is a key member of and will benefit like all participants from this funding for training. Free reserves, including the assets held as the investment portfolio, account for the final £1.2M of the Hospice Charitable Group fund balance.

At the end of March 2018 the level of free reserves held by the charity including the investment portfolio equated to just £1.2M (2017: £1M). Historically the reported free reserves have been calculated excluding the investments held by the Hospice and as such in years prior to the year ended March 2017 would appear much lower than those currently reported. The decision was taken by the Trustees in the previous year to include the investments as part of free reserves based on the liquidity of the portfolio held.

The level of free reserves reported represent approximately 4 months running costs of the Charitable Trust alone excluding any Fundraising expenditure. The documented aim of the Trustees in the year to March 2013 was to reach a level of free reserves equating to six months running costs of the organisation within the next three years. In the time since this documented aim was set the free reserves (including investments) have increased from £1.08M to £1.22M.



Whilst the trading strategy and fundraising strategy combined could potentially restore the levels of free reserves in time to required levels the Trustees are considering the impact on the levels of free reserves of the very real threat of cuts in funding received from the CCGs. The Trustees have given consideration to this as a part of the recognition of principal risks and uncertainties facing the Hospice and their management going forward.

## Investment Policy

At the end of the reporting period the Charity held an investment portfolio (including cash held in the portfolio) valued at market value of £564K (2017: £661k). The reduction in value is mainly due to the decision taken to realise £120K from the portfolio into the Hospices free cash reserves in light of the risk of funding cuts. The objectives of the investment policy, as documented by the Trustees, is for the funds held in the portfolio to provide an above market average income from the surplus capital of the Charity, and to achieve a balanced return from income and capital growth. The policy states that an income should be strived for of approximately 4% of the capital value and in the reporting year to March 2018 the portfolio had a total return of 3.54% which the Trustees considered to be acceptable against a benchmark performance of 1.22%.

The investment policy of the Trustees documents a medium level of risk for the portfolio.

Whilst the Trustees do consider the ethical implications of the investments held in the portfolio by placing restrictions on direct investments in entities that may be in conflict with the charitable objects of the Hospice, they do understand that by using a collective approach it is impossible to avoid some sectors.

## Plans for the Future

The key developments for 2017/18 include the continuing implementation of the revised fundraising strategy, particularly in relation to the retail strategy and the growth of the lottery supported by the marketing and communications strategy which will include increased focus on the digital aspects of marketing and communications. We will also concentrate on a proactive legacy strategy to ensure our supporters are aware of the impact a small gift in their will could have on the Hospice services.

The overall clinical strategy will include the formal review of specialist palliative care services and end of life care across our communities and the need to work in collaboration or partnership with other providers to ensure future sustainability.

# GOVERNANCE AND STATEMENT OF INTERNAL CONTROLS

## Governance

The charitable and company status of Woodlands Hospice Charitable Trust, along with the Trust Deed and the Memorandum & Articles of Association, define the responsibilities of the Trustees.

## Charity Commission

Woodlands Hospice Charitable Trust is a charity, registered with the Charity Commission (registration no: 1048934), and bound by the Charities Act.

The governing body of the charity is the Board of Trustees, which comprises 12 members (during 2017/18 there have been vacancies which the Hospice has proactively addressed).

An annual return is filed with the Charity Commissioners each year.

## Companies House

Woodlands Hospice Charitable Trust Ltd. is also a company limited by guarantee (registration no: 3063721) and bound by company law. The governing body of Trustees are also Directors of the limited company.

Woodlands Hospice Ltd. is the Hospice's subsidiary trading company (registration no: 3278425) through which the Hospice shops and lottery are operated. All profits from the trading company are covenanted to the charity.

Annual returns are filed for both companies with the Companies House each year.

In addition, the Trustees must ensure that the trust is fully compliant with a number of other statutory agencies.

## Care Quality Commission (CQC)

The CQC carried out its regulatory responsibilities under the Care Standards Act (2000) until 30th September 2010. From 1st October 2010 the Health and Social Care Act (2008) became the governing legislation and as a result all health care providers registered with the CQC were required to re-register.

An initial Self-Assessment in 2010/11 was completed successfully at the time of re-registration, designed to identify possible risks or non compliance with standards, although no formal inspection by the CQC was carried out at that time.

Woodlands Hospice had a formal CQC inspection in May 2016 resulting in an overall 'Good' classification although one isolated incident with regard to the handling of a safeguarding situation resulted in the area of 'safe' being classified as 'Requires Improvement'. An action plan was developed and completed to set timescales and the situation rectified as a priority.

A re-inspection by the CQC in April 2017 found all improvements to be in order and all areas restored to 'Good' classification, with an overall 'Good' classification.

## Other Statutory Bodies

### Regulation by MONITOR

There was no further contact from Clinical Commissioning Groups in the year with regard to nominating Woodlands Hospice as a Commissioner Requested Service.

### Merseyside Fire and Rescue Service

There was no formal review undertaken this year but the usual Fire Risk Assessment was undertaken by the Fire Safety Officer at Aintree University Hospital in June 2017. Actions identified were low risk and have been completed.

### Liverpool City Council

The last formal inspection took place on 1st February 2017 and we achieved a 5 star rating from Environmental Health.

### Health and Safety Executive

There were 2 RIDDOR reportable injuries reported to the HSE during this period, although no further action was required.

## Umbrella and Professional Organisations

Woodlands Hospice is a member of Hospice UK, a national charity which supports the work of independent hospices. During the year Hospice UK merged with the National Council for Palliative Care ensuring a much stronger representation for hospices nationally.

Individual members of staff are members of professional organisations such as National Association of Fundraisers, National Association of Voluntary Services and the Association for Palliative Medicine.

In 2016/17 Woodlands Hospice voluntarily registered with the National Fundraising Regulator and are proud to abide by their principles for Fundraising.

Woodlands Hospice is registered with the online "Disclosure Services" for checking and processing of Criminal Records Disclosures.

# Statement of Internal Controls

**The Board of Trustees met 6 times during the year. In advance of these meetings the Trustees each received the detailed reports on the financial position, clinical services, personnel and fundraising.**

The Board has established formally constituted sub-committees, each with specific terms of reference and functions, delegated by the Board and with a Trustee as Chair:

- Personnel Committee - met 5 times during the year
- Finance Committee - met 3 times during the year
  - Income Generation Committee - met 5 times during the year (overseen by the Finance Committee)
- Clinical Governance Committee - met 6 times during the year
- Capital Projects Committee - met 3 times during the year
- Governance Committee - met 6 times during the year
  - Staff/Health & Safety Committee - met 3 times during the year (overseen by the Governance Committee)
  - Task and Finish Group for Fundraising Regulator and GDPR - met 7 times during the year (overseen by the Governance Committee).

An induction programme is provided to all new Trustees to ensure that they are aware of the charity's objectives, strategy and activities and their responsibilities as Trustees.

The Trustees delegate the day-to-day management of the Hospice to the Chief Executive who works with the Clinical Lead and Patient Services Manager as a Senior Management Team.

As detailed in the Quality Account (Appendix A) the Trustees continued with their rolling programme of reviews of the compliance with Care Quality Commission standards during this year.

## Risk Management

### Principle risks and uncertainties

**The Trustees have reviewed and identified the major risks and uncertainties that could impact on the Hospice. These are:**

### Reduction in NHS Funding

As described earlier in this Report the Hospice has experienced, in year, the very real threat of NHS funding cuts. With Woodlands Hospice relying so heavily on NHS funding due to its history, the Trustees have significant concerns at the current time for the ongoing viability and sustainability of the Hospice in the future should NHS funding be reduced significantly. This serves only to highlight that new strategies will need to be considered in order to maximise future voluntary income streams.

With the Hospice senior leadership participating in the Liverpool CCG city-wide formal End of Life review and South Sefton and Knowsley CCGs following swiftly on with similar strategies, Woodlands will possibly need to work differently moving forward. We will need to secure NHS funding and the Trustees and Senior Management are very responsive to these changes providing they are in the best interest of patients and families.

The Hospice has developed a new income strategy for the years 2018/19 and 2019/20 including a new Trading Strategy where growth is expected and certainly achievable together with a revised Fundraising Strategy incorporating a new Legacy Strategy. A recent benchmarking exercise for North West Hospices finances shows growth is needed in these areas for Woodlands. The Hospice is however very young compared to those Hospices and steady growth has been seen consistently over recent years.

The Hospice is confident in its financial strategy and the finances are scrutinised in the Trustee led Finance sub-committee meetings and the Trustee led Income Generation sub-committee with regular reports back to the Board of Trustees.

### **Minimal Free Reserves**

As detailed earlier in the free reserves section of this report, the Trustees remain alert to the low levels of free reserves, especially in view of predicted deficits in annual finances. A watching brief will be kept on the financial position and services reduced if necessary to stay within the financial viability of the Hospice.

### **Medicines Management**

Due to the complex nature of our patients and the high usage of controlled drugs on the inpatient ward, medicines mismanagement could be considered to be a risk to this organisation. However the organisation has robust policies and procedures in place supported by a system of continual internal auditing of such procedures to ensure maximum efficiency and effectiveness.

We have a strong culture within the organisation of reporting any drugs incident, however minor, to ensure continual learning. Medicines policies and procedures are reviewed consistently by the Medicines Management working group and the Trustee led Clinical Governance Committee. Our established safe staffing levels are always appropriate to the patient numbers and dependency. We feel that this risk is mitigated by way of our systems and controls in place.

### **Planned merger between Aintree University Hospital and The Royal Liverpool Hospital**

This merger is gathering pace and is now scheduled for July 2019. There have been early positive meetings between the Consultant led Palliative Care teams in each Hospital and services are expected to run locally as now but joint education and research programmes are planned and no impact is envisaged on the Hospice.

Discussions are underway regarding the Service Level Agreements shared with Aintree Hospital to ensure they continue without problem in the new merged entity. The Consultants and Chief Executive are involved in appropriate discussions and the Trustees will keep a watching brief.

## **Shortage of Medical Consultants in Palliative Care**

Regrettably there is a national shortage of Palliative Care Consultants with many additional short term vacancies due to maternity leave as Palliative Medicine has a high proportion of female Consultants. Vacancies and sickness have impacted on Woodlands Hospice this year with a small number of bed closures needed in the summer of last year, but the overall occupancy for the hospice maintained at 85% so no effect seen on funding. Locum cover is actively being sought and new models of delivery being explored including increased responsibilities for speciality grade doctors.

## **Recruitment of Trained Nurses**

Due to the national shortage of trained nurses the Hospice has, at times during the year, struggled to recruit to vacancies on the Inpatient Unit. The Patient Services Manager has, over the year, recruited to a Hospice 'bank staff' which has now become vulnerable due to improved rates of pay and terms for bank staff in the local NHS Trust attracting staff away from the Hospice.

The Hospice is able to utilise the Hospital bank staff but at a much more expensive rate of pay which in turn puts added pressure on the finances. Uncertainty remains about future recruitment which may impact on service provision if safe staffing levels are to be maintained. The Trustees discuss these issues in Personnel sub-committee and the Clinical Governance sub-committee meetings.

## **Increasing Salary Costs**

Agenda for Change is the current NHS grading system and pay system for NHS staff excluding doctors, dentists, and very senior managers. Currently the Hospice mirrors the Agenda for Change pay scales for all of its clinical employees and operates a separate pay scale for all its non-clinical employees. In the post balance sheet period healthcare unions voted overwhelmingly to accept the proposed changes to the Agenda for Change system, agreeing to new pay scales and enhanced rates of pay for the three years up to March 2021.

In July 2018 the Board of Trustees agreed that the Hospice must continue to mirror the Agenda for Change pay scales in order that the Hospice can retain and recruit clinical staff. The agreed three year pay deal means that clinical employees at the Hospice will receive increases over the three year period of between 6.5% and 22.7% depending on their Band and length of service. The Board of Trustees also agreed a two year pay increase of 3% per annum for its non-clinical employees in order to keep pace with new National Minimum and National Living wage limits and retaining the appropriate differential between grades and responsibilities.

There is a possibility of receiving additional funding from the Department of Health to cover the increased costs for year 1 of the pay deal for those employees who were TUPE transferred from Aintree Hospital in 2009 and remain protected on the NHS terms and conditions post transfer (eleven in number, as at 31 March 2018). These employees account for approximately 10% of the Hospice workforce. No additional funding will be received from the NHS for the increased costs of meeting the new pay scales for the remaining 90% of the workforce. The risk is that the costs of the Hospice become too great to be met by current NHS funding levels and the Hospices own income streams, and services may need to be reduced.

The Trustees feel that there are no further principle risks identified. The services Woodlands provides are a key part of the National End of Life strategy and necessary for our local communities. We have a highly skilled workforce and the premises are on a long term lease and have recently been refurbished to make them fit for purpose for the future.

**The Board of Trustees recognise that processes are needed to mitigate any risk to the organisation:**

- Policies and procedures are developed, approved by the Trustees or delegated sub-committees and reviewed at defined intervals - or sooner if circumstances change.
- There is a scheduled Clinical Audit programme together with a Non-Clinical programme and audits are regularly carried out, documented and fed back to staff, sub-committees and the Board e.g. medicines management, falls, documentation, infection control, tissue viability, dignity, fitness of premises, fire safety.
- Risk Register - the formal Risk Register is monitored by the Governance Committee and overseen by the Board of Trustees at every Board meeting.
- Staffing - care is taken to ensure that staff are employed with the required skills, knowledge and experience. all staff complete an induction programme and annual mandatory training in accordance with statutory requirements.

# BOARD OF TRUSTEES AND SENIOR MANAGEMENT STRUCTURE

## Board of Trustees

**Mr B Bartlett**  
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## Chief Executive

**Mrs Rose H Milnes**

## Senior Management Team

**Mrs Rose H Milnes**

Chief Executive

**Dr Kate Marley**

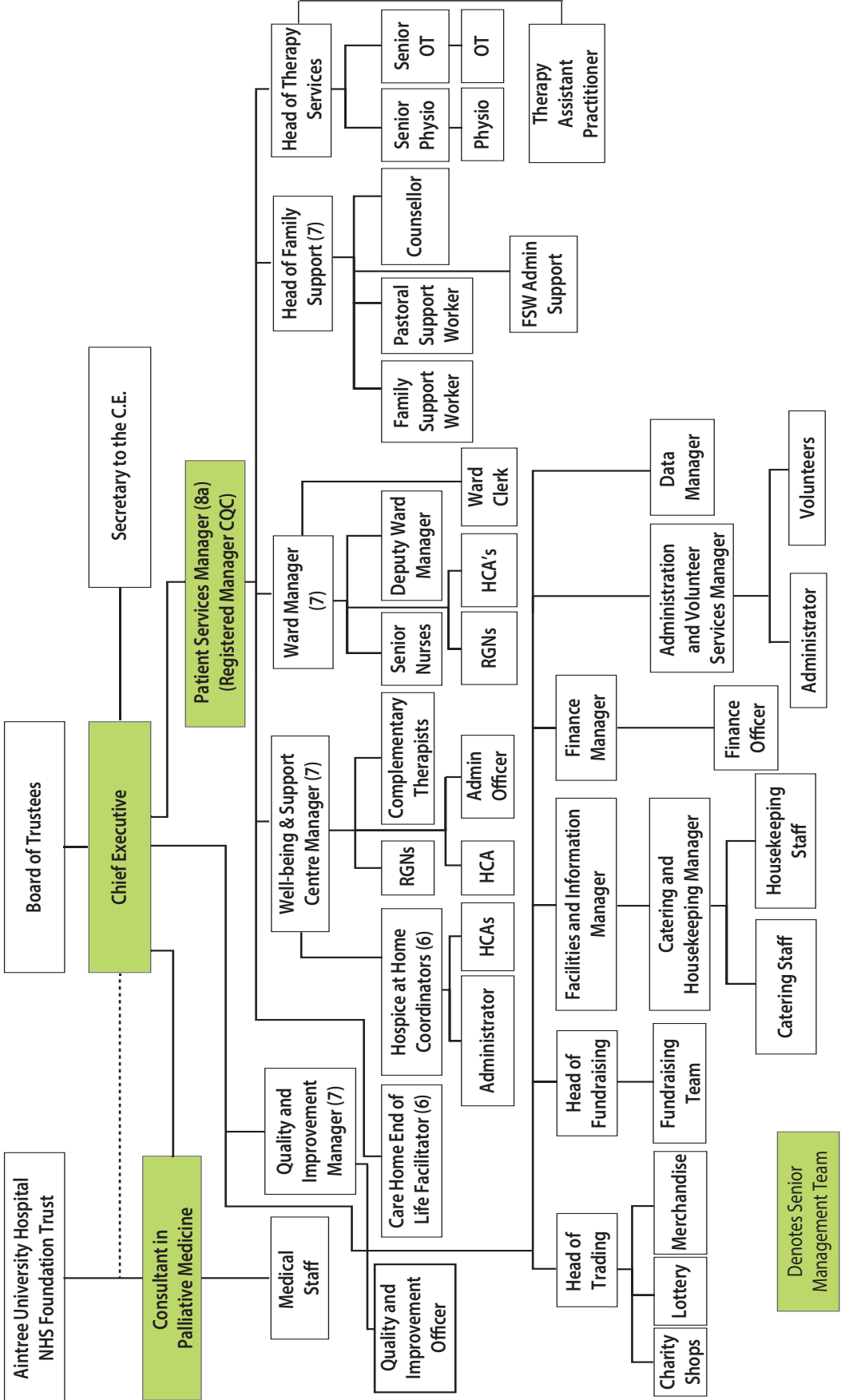
Clinical Lead and Consultant in  
Palliative Medicine

**Ms Carole Slocombe**

Patient Services Manager



# WOODLANDS HOSPICE ORGANISATIONAL STRUCTURE



## APPENDIX A



# Quality Account

2017-18

Incorporating priority areas for 2018/19

[www.woodlandshospice.org](http://www.woodlandshospice.org)

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# CHIEF EXECUTIVE'S STATEMENT



**Rose Milnes, Chief Executive**

Woodlands Hospice Charitable Trust is an independent charity committed to delivering the best possible practice and development in specialist palliative care for people with cancer and other life limiting illnesses. It honours people's right to dignity and respect at whatever stage of their illness by its aim to improve the quality of life for patients, their families and carers. Woodlands is based in North Liverpool and covers a population of over 330,000 in North Liverpool, South Sefton and Kirkby in Knowsley.

Our key priority here at the Hospice is to ensure high quality care for all patients and their families and we pride ourselves on the excellent standards achieved on a consistent basis.

Every year we set ourselves three main priorities to continually improve our patients' experience as well as undertaking many audits and reviews to ensure high standards are always maintained.

The first of our priorities was our work with falls prevention and management and I am delighted that we achieved so much in this area including our new multi-professional approach with the multifactorial risk assessment tool. A campaign to keep patients from falling and new equipment to improve monitoring of those at greater risk have all contributed to a 16% decrease in falls this year.

Our next priority was to improve the handover of information about patient care between shifts to ensure high standards of individualised care. The task and finish group set up to achieve this priority researched others models and tools and successfully implemented a new process which the multi professional team all feed into.

Our final priority this year was to enhance the support we provide for young people in bereavement. The developments to this service have been quite inspirational and we are proud of the help and support we give to our young people. We have agreed to build a new facility for the young people next year as a summer house in the garden to give them their own space and we have been very successful with grant applications for this purpose. It will be an exciting project for us all.

During the year we have continued to develop the clinical working groups set up specifically to look at key areas of the Hospice where we expect the highest quality standards e.g. Infection control, medicines management and tissue viability and each of these groups have reported on many positive developments.

Our patient outcome measures working group is a fairly new group for us but a very positive one and has already demonstrated through its audit this year that the outcome score reduces by an average of 7-8 points during an inpatient admission, reflecting an improvement in the level of patients' holistic concern and distress.

Our programme of Trustees Visits has continued throughout the year and the details of some of their visits contained in this report show the high level of care we have consistently provided to patients and families together with recommendations for improvement or development. We are very grateful to our Trustees for undertaking this longstanding programme of review and value their honest and transparent feedback. The Patient, Family and Friends Forum has continued to provide their support and input to a number of activities and once again led on our PLACE assessment with excellent feedback. To have an open and honest view on services, facilities, leaflets etc is important to the Hospice and what better view could we have than from those who utilise the services.

The follow up visit from the Care Quality Commission in April this year resulted in our 'Good' classification being restored in all areas of our services having completed our robust action plan on safeguarding.

The high number of compliments we continue to receive is always very pleasing and the examples of patients and relatives comments included in this report reflect the commitment and dedication of our kind and caring workforce of staff and volunteers. On occasion we are not able to meet everyone's expectations and any complaints are dealt with quickly and efficiently to bring resolution. For a short period during the year verbal complaints appeared to escalate which was a source of concern for the senior managers and additional support to the inpatient nursing team during a period of staff and ward management changes was put in place. By the end of the year the number of comments and complaints had fallen considerably..

Our key priorities for 2018/19 include the ongoing prevention and management of pressure ulcers, improved end of life documentation and improving the timeliness of breakthrough pain relief for hospice patients.

Woodlands Hospice is absolutely committed to delivering the highest standards of quality and safety for all our patients and we have a strong ethos of ensuring dignity and privacy at all times. We continue to strive for continuous quality improvement whilst maintaining the high standards we are very proud of.

**I confirm that to the best of my knowledge, the information contained within this Quality Account is a true and accurate account of quality at Woodlands Hospice Charitable Trust.**



**Mrs Rose H. Milnes, Chief Executive**

# SECTION 1: PRIORITIES FOR IMPROVEMENT

## 1.1 Priorities for Improvement 2018-19

The quality improvement priorities for 2018/19 are set out below. They have been identified by the Senior Management Team following feedback from patients, carers and staff.

### PATIENT SAFETY

**Priority 1: To enhance patient care in relation to the prevention and management of pressure ulcers**

#### How was this identified as a priority?

The Multidisciplinary Team, supported by the Tissue Viability Working Group is committed to providing appropriate intervention, specialised equipment and expertise to optimise the prevention and management of pressure ulcers for all patients. All hospice inpatients have their risk of pressure ulcer development assessed on admission and regularly throughout their stay; however the current pressure ulcer risk assessment tool is not specific to palliative care patients.

The team recognises that skin changes at life's end may lead to unavoidable pressure damage (SCALE, Skin Changes at Life's End, 2009) and this should be considered when caring for Hospice patients; however skin deterioration is not accepted as inevitable and the aim remains to promote patient comfort and dignity and prevent avoidable skin damage.

The hospice will review its processes and procedures for the prevention and management of pressure ulcers to ensure they reflect the complexities of palliative care patients.



## How will this be achieved?

This priority will be led by the Tissue Viability Working group, focussing on the following actions:

- Review current guidance and literature to ensure Hospice policy and procedures reflect best practice
- Consider additional factors specific to palliative care that may increase a patient's risk of developing a pressure ulcer (e.g. phase of illness), and incorporate these into skin assessment criteria
- Review the combined data from monthly audit and root cause analysis of all pressure ulcer incidents in the previous twelve months to identify areas for learning and development
- Enhance staff training to incorporate:
  - o Learning from the literature review and audit results
  - o Any resulting changes to practice and procedure
- Evaluate the impact of training through a competency assessment framework.

## How will progress be monitored and reported?

Progress against this priority will be reviewed and monitored by the Clinical Effectiveness Group. Reports of progress against the above actions will be submitted to the Clinical Governance Committee every two months (the minutes of this Board sub-committee are circulated with each Board agenda for information and comment).

## CLINICAL EFFECTIVENESS

### Priority 2: To ensure Hospice End of Life Care Documentation demonstrates evidence-based practice

#### How was this identified as a priority?

The hospice continually strives to provide the highest quality of care to patients in the last days of life; this care is extended to family and friends significant to the patient and has been demonstrated through patient and family feedback, internal and external audit, and the 2016 CQC inspection which resulted in an overall rating of 'Good'.

In March 2017 NICE updated guidance on care of the dying adult in the last days of life. The clinical team felt this was an opportunity to review current hospice documentation for recording care given to patients in the last days of life. This will enable the team to better demonstrate that quality standards are being met.

### **How will this be achieved?**

A multi-professional task and finish group will lead on this priority. Actions will include:

- A baseline audit of end-of-life care documentation, based on NICE 2017 guidance
- Enhancement of current end-of-life documentation to incorporate any recommendations from the audit
- A review of staff training on care for the dying adult and use of enhanced documentation
- A pilot of the revised documentation in use, inviting feedback from staff
- Re-audit of end-of-life care documentation against baseline
- Final adjustments to the document based on audit findings and feedback.

### **How will progress be monitored and reported?**

Progress against this priority will be monitored by Woodlands Clinical Effectiveness Group. Reports of progress against the above actions will be submitted to the Clinical Governance Committee every two months (the minutes of this board sub-committee are circulated with each board agenda for information and comment). The team will continue to monitor documentation of care against quality standards through the clinical audit programme.

## **PATIENT EXPERIENCE**

### **Priority 3: To optimise the timeliness of breakthrough pain relief for hospice inpatients**

#### **How was this identified as a priority?**

Patients with life limiting conditions are often admitted to the Hospice for pain assessment and management requiring the use of Controlled Drugs (CD's). During this period of assessment patients will frequently be prescribed regular slow acting pain relief medicines (usually CDs) to manage their background pain.

In addition to their regular pain relief medication, patients may require fast-acting CD pain relief as and when they experience breakthrough pain. Breakthrough pain can be described as 'spikes', or 'flare-ups' of pain that patients experience between their regular doses of pain relief.

Current practice in Woodlands, as with many inpatient settings, is that two registered nurses are required to administer CDs. The nursing team has highlighted that current Hospice CD administration procedures can lead to a delay for some patients waiting for breakthrough pain relief. In addition, the time taken for two nurses to check and administer each CD may impact on the availability of trained nurses to provide other aspects of patient care.



There is no legal requirement or evidence-based rationale for the routine involvement of two nurses to administer CDs, in fact evidence suggests that this practice enhances neither safety nor care (International Journal of Palliative Nursing, 2015).

The Department of Health states that healthcare organisations should assess the risk to determine the requirement for double-checking (Department of Health 2007)".

The Hospice aims to review its processes and procedures for CD administration in order to ensure patients are receiving breakthrough pain relief in a safe and timely manner and that the skills of trained nurses are used effectively.



### **How will this be achieved?**

The Hospice Medicines Management Group will lead on this priority. Actions will include:

- A review of the current literature and guidance in relation to safe administration of CDs
- An audit of the safety and effectiveness of the current CD administration procedures
- Findings of the literature and guidance review, and audit, to be presented to the Clinical Governance Committee with recommendations for action.

When actions are agreed, the group will:

- Develop a progress plan for implementation
- Develop a training and competency framework to support the implementation
- Evaluate the effectiveness of any changes to practice using agreed quality and safety measures.

### **How will progress be monitored and reported?**

Progress against this priority will be monitored by Woodlands Clinical Effectiveness Group (supported by the Medicines Management Working Group). Reports of progress against the above actions will be submitted to the Clinical Governance Committee every two months (the minutes of this Board sub-committee are circulated with each Board agenda for information and comment).

## 1.2 Priorities for 2017-18 review of progress

### PATIENT SAFETY

#### Priority 1: Developing Approaches to Falls Prevention and Management for Inpatients

The clinical team identified a focus on falls prevention and management as its patient safety priority for 2017/18. The multi-professional team had started to see an increase in the number of younger patients admitted to the inpatient unit; the team wanted to assure itself that methods of falls prevention and management were as appropriate for this group of patients as for older patients.

As suggested in the NICE Clinical Guideline (CG 161 (2013)), the Hospice wanted to develop and promote the use of a multifactorial risk assessment to identify individual patient risk factors, thereby enabling a personalised plan of care to be developed for each patient.

#### Activities undertaken throughout the year included:

- The development of a multi-professional approach to falls prevention and management, led by the Therapy Team and including nursing and medical colleagues, as well as the Falls Prevention Link Nurses
- A full review of the Hospice Falls Prevention Policy, resulting in a revised policy being approved by the Clinical Governance Committee
- A review of falls-related side effects of frequently used palliative care medicine was carried out by the Medicines Management Working Group. Findings from the review were incorporated into nurse training
- The development of a multifactorial risk assessment tool now included in the revised policy and in use for every inpatient on admission and throughout their stay. This assessment includes consideration of patient footwear, gait, mobility aids and other influencing factors
- The development of a separate version of the multifactorial risk assessment tool, now in use with all Well-being & Support Centre and Outreach patients as part of their initial assessment
- Training for all relevant staff to support the implementation of the revised policy. This included training in multifactorial risk assessment and the use of new equipment
- Prompt cards, developed for nurses as an aide memoire to documentation requirements and incident reporting, following a patient fall
- 'How to manage the falling patient', incorporated into mandatory manual handling training for all clinical staff
- A new patient information leaflet, 'Woodlands Guide to Staying Steady', developed in conjunction with Woodlands Patient, Family & Friends Forum, the Falls Working Group and the Clinical Effectiveness Group. This leaflet is now included in admission packs for all inpatients and Well-being & Support Centre patients.

- A full review of falls prevention equipment in use on the Inpatient Unit; additional advice was sought from Aintree University Hospital's Falls Practitioner. Where necessary, equipment was replaced with the latest models - this included chair and bed pad alarms, and monitor brackets installed in every patient bathroom.
- 'Call! Don't Fall' signs displayed in all patient bedrooms to encourage patients and families to call for nursing assistance when helping patients to move.
- A 'Focus on Falls Fortnight', held throughout the Hospice, aimed at patients, relatives and staff to highlight awareness of falls prevention. The 'focus campaign' included information and advice for patients and families, staff training, quizzes, information boards and prompt card 'aide memoires' for staff.

## CLINICAL EFFECTIVENESS

### Priority 2: Improving Handover of Information about Patient Care

Improving handover was identified as a priority following feedback from multi-professional staff (including their concerns about the existing handover and ideas of how this could be improved), and a review of current literature on the safe transfer of patient information, including the productive ward toolkit.

#### How was this achieved?

- A multi-professional task and finish group was established to lead on this priority and engage with the wider inpatient team. The group considered the 'SBAR' (Situation, Background, Assessment, and Recommendation) communication tool as a guide for developing a handover template for the inpatient unit
- A further exercise, based on the SBAR tool was carried out with the multi-professional inpatient team to identify the key information required for an effective handover at Woodlands
- Members of the task and finish group visited other local hospices to see how their handover was conducted, and to see how a 'white board' could be used to enhance handover
- An audit tool was developed and a baseline audit of handover was carried out at different times over a two-week period, including weekends, to ensure all shift change handovers were included
- From the information gathered, the task and finish group recommended the purchase of a white board to be used to support safe transfer of patient information
- The 'Handover Board' was marked up to include the key information headings agreed by the team

(cont...)

- To preserve confidentiality of patient information, the handover board was sited in a room accessible only to staff using a keypad lock. Windows in the room are blacked out from the outside and the board can be closed when not in use. A 'No Entry, Handover in Progress' sign was prepared to deter unnecessary interruptions
- Staff were guided and supported through the changes to procedure and a new hand over template was developed, in conjunction with staff, to encourage safe and effective handovers. The whole team, including Healthcare Assistants, were encouraged to update the board with the most recent information for each patient
- Following implementation, the new handover system was again audited with good results. Feedback from the multi-professional team has been good and ongoing monitoring of the process will continue through regular audit.

## PATIENT EXPERIENCE

### Priority 3: Enhancing Support for Young People

An increase in the number of referrals for children and young people requiring pre-bereavement and bereavement support prompted the Hospice to focus on enhancing the support offered to young people. This was led by the Family Support Team, through the development of an individual child-centred model.



Family Support working with young people

## How this was achieved:

- **Individual child-centred support:** An individual agreement is now completed with every child or young person referred to service. This in turn forms the development of a plan for support and intervention depending on the wishes of the child/young person. The plan might include legacy work, a memorial or a remembrance piece of artwork. Throughout the creative activity, children/young people are encouraged to talk through their feelings and emotions so that the team can direct support to their individual needs
- **Considering children as carers:** Children can often find themselves in an unofficial carer role for family members receiving palliative care at the Hospice. This caring role often goes unrecognised although children in this position can have additional needs in pre-bereavement and post-bereavement situations. Throughout 2017/18, the Family Support Team has been working with children, their guardians and carers to ensure their needs are recognised and the right support is given
- **Spiritual and pastoral care:** the team has been working with children to identify their spiritual and pastoral needs to ensure they are given an outlet to express their feelings and emotions in an appropriate way. Again this may involve creative activity but children are also given quiet space to enable them to reflect. In December 2017 the team put on a 'Children's Festival' for bereaved children. The festival included a short reflective service where candles could be lit, creative and reflective activity areas, and a family quiz. The festival was well attended and supported by staff and volunteers
- **Involving children in service development:** During the reporting period a Children and Young Person's Forum was developed. The forum has been heavily involved in the plans for the development of a children and young people's summer house which is due to be completed by September 2018. A nominated representative has met with the hospice Chair and architect for the project to express ideas. The forum is currently deciding on a name for the summer house as well as the interior design and furnishings
- **Developing age-appropriate group and peer support:** Individual support is always provided in an age-appropriate way in conjunction with the needs of the child. The children and young people's forum is aimed at children aged between 10 and 15 years. A second group will be developed in 2018/19 to enable younger children to participate in similar activities, and access peer support and facilitated groups.



The Family Support Team has established protocols and good practice in relation to environmental factors to ensure the safety, privacy and confidentiality of the children and young people they work with. Consent has been reviewed in line with the General Data Protection Regulations and an updated consent form has been devised.

An information leaflet aimed specifically at children aged 13 and over is currently in development to give them further information on the process of consent and the use of their data.

## OTHER QUALITY IMPROVEMENTS 2017/18

### Monitoring Quality:

- The Care Quality Commission (CQC) undertook a focused follow-up inspection on 12 April 2017. See section 3.2 for details of their report
- Woodlands' clinical audit plan was followed throughout 2017/18, supported by clinical working groups (see following section). A range of audits were scheduled throughout the year to monitor standards related to topics such as infection control, tissue viability and falls. Results of clinical audits were reported to the Clinical Governance Committee and associated actions monitored to completion
- The hospice existing non-clinical audit plan was followed through 2017/18. This included monthly fire safety and environmental audits which were carried out throughout this period with results being reported to, and reviewed by, the governance committee. Any resulting actions required were monitored to completion. The non-clinical audit plan will continue to be enhanced through 2018/19
- As in previous years, Hospice Trustees carried out visits throughout the year, talking with patients, families and staff about their experience of Woodlands and ideas for improvement. Visits focussed largely on key areas identified by CQC as the things that matter most to people, i.e. safety, effectiveness, responsiveness, being caring and well-led. Examples of some of the recommendations made by trustees during 2017/18 can be seen in Section 3
- As well as trustee visits, the Chief Executive and Patient Services Manager continued to take every opportunity to meet and talk informally with patients and families from all hospice services, gaining valuable feedback and enabling speedy responses to any improvement opportunities

(cont...)

- The Senior Management Team, Governance Committee and Board of Trustees continued to use the Risk Register as an essential management tool to focus attention on highlighted areas of concern. Areas of risk were monitored throughout the year and related actions prioritised until completed
- The Hospice Clinical Lead continued to chair the Clinical Effectiveness Group (CEG) regularly throughout the reporting period. The CEG includes operational clinical leads from all areas of the hospice and is responsible for ensuring clinical effectiveness and monitoring quality of care through out the organisation. The CEG met monthly to review and advance clinical priorities
- Clinical and non-clinical incidents continued to be reported throughout the year. The hospice has an open and honest culture surrounding incident reporting and uses the learning from them to support improvement. No Serious Incidents (as defined by NHS England, 2015) occurred during 2017/18.

### Sharing Improvements:

Three posters were accepted for presentation at the Hospice UK conference in November 2017. These included:

- What's in a message? A Hospice project led by the Family Support Team to provide opportunities for people to release emotions and support and comfort each other
- Musical Chairs. Led by the Hospice Therapy team, who developed an established exercise group to introduce 'Love to Move' (an age and dementia-friendly programme), Tai-Chi, and music in the form of a group playlist where all group members selected a song that was special to them. These were then used as the background music for the exercises.

The third poster is described in the Patient Outcome Measures section (p. 17).



Images from two of the posters displayed at Hospice UK conference 2017

## CLINICAL WORKING GROUPS

Clinical working groups, consisting of staff from a range of different professions, and representative of different areas of the hospice, meet regularly throughout the year to support specific key work-streams. Reports from the groups are reviewed by the trustee-led Clinical Governance Committee which requires groups to meet at least quarterly.

In December 2017 a decision was taken by the Clinical Governance Committee to reduce the number of working groups. This was in order to enable teams to secure regular attendance and participation at meetings, and maintain meeting regularity of the remaining groups, thereby enabling them to fully support the clinical agenda across the hospice.

The Clinical Governance Committee agreed to discontinue the following working groups:

**Dignity:** the Hospice promotes a culture of dignity and respect for all throughout every aspect of its work for patients and relatives, volunteers and staff. It was agreed that dignity and respect should continue to be owned by everyone and be demonstrated in our daily lives at the Hospice.

**Documentation:** documentation will continue to be reviewed and revised as needed across the Hospice but this work will be undertaken by relevant team members of individual Hospice services/departments as required.

**Nutrition:** the clinical team will continue to closely monitor nutrition and hydration individually for every patient, in conjunction with the catering team and this group will reconvene if there is any specific focus to be addressed.

The Chair of the Clinical Governance Committee thanked these teams for their hard work and assured them that commitment to ensuring quality in these areas would continue. Reports from the remaining groups follow.

### Infection Control:

The group met 4 times during 2017/18, activities undertaken included:

- Mandatory infection prevention and control training; this continued to be delivered annually and on induction for all new staff and volunteers. The training is role-specific with clinical staff receiving in-depth training to ensure current guidance and best practice is always followed
- A review and update of the Carbapenemase-producing Enterococci (CPE) policy and procedure to reflect changes to guidance
- The completion of the annual infection control audit programme; results were reviewed with monthly audits regularly achieving the approved pass rate. Issues identified were acted on immediately and any requiring an improvement action plan were monitored to completion
- The identification and training of a new Hospice Inpatient Link Nurse
- Hospice Link Nurses attended regular updates with the Infection Prevention and Control Team in Aintree University Hospital.



### **Tissue Viability:**

The Tissue Viability group met three times during the reporting period; the Group Chair also met with individual members of the clinical team to further develop work on the prevention and management of pressure ulcers. Activities undertaken included:

- Monthly audit of pressure ulcer incidence and outcome for patients continued throughout the year. Root cause analysis of Hospice acquired pressure ulcers did not highlight any omissions in care
- A detailed, in-depth review of the incidence of pressure ulcers was commenced, this is still being improved and the findings will be used to support the patient safety priority for 2018/19, 'To enhance patient care in relation to the prevention and management of pressure ulcers'
- The Tissue Viability Link Nurse continued to attend external updates and training (a second Link Nurse was identified towards the end of the year to support the work of the Group)
- The Tissue Viability Link Nurse led training and education in the prevention and management of pressure ulcers within the hospice.

### **Medicines Management:**

The Medicines Management group met seven times during 2017/18, work undertaken by the group included:

- The development of the Bennion scoring system to support the management and monitoring of medicines-related incidents
- Monitoring and reviewing medicines-related incidents and audit results
- Supporting the implementation of national and local medicines management guidance e.g. the management of illicit substances
- Monitoring monthly expenditure on drugs to ensure the continuing use of cost-effective options
- Revising the content of mandatory medicines management training e.g. understanding medicines incidents, self-administration of medicines, and controlled drug administration
- Supporting the delivery of the mandatory medicines management training programme for nursing staff
- Undertaking preliminary investigative work to enable the consideration of the following initiatives:
  - o The introduction of a medicines management technician role to enhance multidisciplinary involvement in medicines management of the inpatient unit
  - o The introduction of electronic prescribing at the Hospice to enhance the quality of patient care
  - o A review of the benefits of single-nurse controlled drug prescribing with particular reference to enhancing the management of breakthrough pain for patients.



### **Patient Outcome Measures:**

The Outcome Measures group is led by one of the hospice consultants and meets in accordance with member availability and outcomes from regional meetings.

- The Outcome Assessment and Complexity Collaborative (OACC) suite of Outcome Measures has continued to be utilised across the Hospice in the Well-being & Support Centre (WBSC) and the Inpatient Unit (IPU). This includes the use of three outcome measures:
  - o The Integrated Palliative care Outcome Scale (iPOS), Performance Status, and Phase of Illness. Data is collected weekly in the WBSC Multidisciplinary Team (MDT) meetings and is also discussed and documented weekly at the IPU MDT meeting
  - o A recent audit was undertaken on the IPU at the Hospice, which was able to demonstrate the positive impact of inpatient care through outcome measure use. The audit results showed that the iPOS score reduces by an average of 7-8 points during an inpatient admission, reflecting an improvement in the level of patients' holistic concern and distress. The audit also highlighted that the phase of illness changed from 'unstable' (indicating complex and unpredictable care needs) to 'stable' (indicating a more stable condition and effective plan of care) for the majority of patients within a week of admission. A poster demonstrating the positive impact of the use of outcome measures was accepted for presentation at the Hospice UK annual conference in November 2017
  - o Work is currently ongoing to increase uptake of iPOS completion on admission to the IPU to fully capture the impact of inpatient care. Data is also now collected weekly from the IPU MDT regarding iPOS, Performance Status and Phase of Illness with a plan to expand this to the WBSC in the next 12 months.

## Falls:

The falls group met three times during the year, although specific group members met several more times to review and plan work and activities in support of the patient safety priority for 2017/18 (developing approaches to falls prevention and management for inpatients). Activities undertaken included:

- Supporting the review and development of the Falls Prevention Policy and the Multifactorial Risk Assessment Tool
- Reviewing and delivering training to support the implementation of the revised policy and assessment process
- Input into the development of the patient information leaflet 'Woodlands Guide to Staying Steady'
- Input into the selection and purchase of new falls prevention equipment
- Supporting the delivery of the 'Focus on Falls Fortnight' campaign, to raise awareness of this important aspect of patient safety and the measures that can be taken to reduce risk
- Reviewed incidents of falls for the year in order to identify any recurring themes.

The falls group plans to repeat the 'Focus on Falls Fortnight' campaign in February 2019 to continue to promote the importance of falls prevention with patients, family and staff.



### **Patient Information:**

During 2017/18 the hospice was very pleased to receive grant funding for the purchase of electronic information screens to be placed around the hospice displaying information for patients, families and visitors. These screens will be populated during summer 2018/19 with a wide range of information for patients, their families, carers and visitors and will include information about quality and improvement at the hospice.

Several patient information leaflets have been developed in this period including: The Woodlands Guide to Staying Steady and a leaflet for the public about hospice services.

## Education:

Education of staff, volunteers, and healthcare professionals working in other settings is a priority for the Hospice. This ensures that patients with Palliative Care needs receive a high standard of care from a skilled and knowledgeable workforce, irrespective of the healthcare setting. In addition to its rolling programme of training and education, the Hospice team delivered the following educational programmes in 2017/18:

- The 'Six Steps to Success' programme, facilitating end-of-life education for care home staff in South Sefton
- 'Opening the Spiritual Gate' - a series of 1-day workshops, (or an e-learning option provided by Queenscourt Hospice), exploring spirituality at end of life
- Grief and bereavement training developed and delivered by the Hospice Family Support Team. This was initially aimed at Hospice staff, and has subsequently been extended to hospital, community staff and other hospices
- The Hospice Family Support Team has also provided a comprehensive training programme for its group of Family Support Volunteers
- Education and training on supporting people near the end of life, and their families, was developed and delivered by the Hospice Clinical Lead and Head of Family Support to newly qualified social care staff. The session was extremely well evaluated; it is hoped the training may be repeated in the future.
- The Hospice is committed to supporting the Specialist Palliative Care education of the next generation of healthcare professionals by offering student placements in all service areas.

The education sub-group of the Palliative Care Services Group is chaired by the Clinical Lead for Woodlands Hospice and is hosted by the Hospice. In conjunction with community and hospital colleagues, the Hospice also contributes to various educational events arranged by Aintree Specialist Palliative Care Services Group.

Training and education delivered in this way in 2017/18 included:

- Working in conjunction with Willowbrook Hospice and Marie Curie Hospice, a collaborative programme about Advance Care Planning, was delivered for a third time to a wide range of healthcare professionals
- Communication Skills Training for healthcare professionals providing palliative care in hospital and community settings
- In November 2017, a national Cancer Pain Management Study Day was held at Aintree University Hospital by the Hospice Clinical Lead and Pain Management Consultants from the Walton Centre. It provided learners with an opportunity to hear about the joint working between Pain and Palliative Medicine specialists which is so beneficial to the patients in this area. The day was attended by specialists working in Pain and Palliative Care and it is hoped that it will inspire similar close working relationships between the two specialties in other areas
- The Hospice has once again been asked to host a morning session on the European Pain Federation (EFIC) Winter Cancer Pain School international course in October 2018; planning for this is underway.

## Community Engagement:

Engagement with patients, carers, healthcare professional, and members of the public continued throughout 2017/18 to increase awareness and improve ease of access to Specialist Palliative Care services.

Activities undertaken throughout the year included:

- Attendance and input into Sefton Motor Neurone Disease Professionals Group
- A fact-finding visit from Clinical Nurse Specialists from Liverpool Women's Hospital NHS Foundation Trust
- Attendance and input into Aintree Integrated Clinical care Group
- Attendance and input into Sefton Council for Voluntary Services
- Participation in Dying Matters Week 2017 with a Hospice stand and leaflets on the theme "What Can You Do?"
- Attendance and input into a Knowsley Stakeholder Event
- Talks to District Nurse groups in Walton, Maghull and Croxteth
- Meeting and discussion with Neurology Specialist Nurses at The Walton Centre NHS Foundation Trust
- Collaboration and sharing with leads from other local hospices.
- A talk at a local Asbestos Support group
- Attendance and input into Kirkby Lung District Nurses.
- An invitation to take part in a meeting of the Aintree neighbourhood Care Group (a multi-professional community group)
- Meeting and discussion with North Liverpool Community Matrons.



The Hospice again welcomed visits throughout the year from new and existing staff members from a wide range of healthcare professions working in hospital, hospice and the community, wishing to find out more about Woodlands services.

## Patient, Family & Friends Forum:

Woodlands Patient, Family & Friends Forum met five times during the period 2017/18 in April, July, September, December and February.

Attendance at meetings has continued to include some core members who have been with the Forum from the start, a small number of new members and occasional 'drop-in' attendees. The group was pleased to welcome visitors from a Hospice in the Midlands to its July meeting; the visitors had heard of the work of the Woodlands Forum and had asked to attend the group to gain ideas and inspiration for a similar group they were hoping to set up.



Patient, Family and Friends forum 2018

Work carried out by the forum throughout the year included:

- A review of content for inclusion on electronic notice boards, due to be functional in two areas of the hospice from summer 2018
- Input into discussion of how to maximise the usage of the new exterior 'summer house' building whilst the children and young people are not using the space
- Giving feedback to the Pastoral Support Worker on developing pastoral support at the Hospice
- Reviewed the content of Advance Care Planning information aimed at patients
- Input into the development of a Falls Prevention leaflet for patients
- Two forum members took part in the 'Patient Led Assessment of the Care Environment' in May 2017.

The forum plans to expand its membership throughout 2018/19 and has agreed to include a focus on dignity and respect as part of its agenda to support the Hospice-wide approach.

## SECTION 2: STATUTORY INFORMATION AND STATEMENT OF ASSURANCES FROM THE BOARD

The following are statements that all providers must include in their Quality Account. (Not all of these statements are directly applicable to specialist palliative care providers.)

### 2.1 Review of Services

During 2017/18 Woodlands Hospice Charitable Trust provided the following services:

- Inpatient beds
- Wellbeing & Support Centre (incorporating day therapy, outreach and group sessions)
- Secondary Lymphoedema services
- Family Support, Bereavement and Counselling Services
- Hospice at Home Service (in South Sefton only).

The income generated by the NHS services reviewed in 2017/18 represents 75% of the total income required to provide services which were delivered by Woodlands Hospice Charitable Trust in the reporting period.

**What this means:** Overall 75% of the Hospice's total costs are currently funded by the NHS. The majority of NHS funding is historically related to the Inpatient Unit which transferred from the NHS in 2009 with a 3 year funding arrangement which has been rolled over annually since with no increase. The Hospice relies heavily on fundraising activities to generate the remainder of its income.

### 2.2 Participation in clinical audits

During 2017/18, Woodlands Hospice contributed to a national blood transfusion audit, the results of which are awaited. The Hospice did not participate in any national confidential enquiries.

Woodlands clinical audit programme for 2017/18 included Medicines Management, Controlled Drugs, Infection Control, Documentation and other audits and reviews. In addition to its own clinical audit programme, Woodlands Hospice also participates in a number of Regional and Supra-regional audits as part of the Merseyside and Cheshire Palliative Care Network Audit Group.

Topics audited by these groups have included Outcome Measures Use at Woodlands Hospice, a Regional Audit of Constipation, and a Regional Agitation Audit. Results of some of the audits undertaken in 2017/18 can be seen under 'Clinical Audit' in Section 3.

## 2.3. Research

The Hospice did not recruit any patients to participate in research approved by a research ethics committee.

## 2.4 Quality improvement and Innovation goals agreed with our commissioners

Woodlands Hospice's income in 2017/18 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because it is a third sector organisation; it was therefore not eligible to take part (Mandatory statement).

## 2.5 What others say about us

### Care Quality Commission (CQC):



Woodlands Hospice Charitable Trust is required to register with the Care Quality Commission (CQC); its current registration is for the following activities for adult patients:

- Diagnostic and screening procedures
- Treatment of disease, disorder or injury.

The CQC carried out a follow-up visit focussed on Safeguarding in May 2017 – details of the report arising from the visit can be found in section 3.2.



## Official Visitors:



The Mayor of Maghull, Councillor June Burns, visited the Hospice for the first time in October 2017. Councillor Burns enjoyed a tour of the Hospice and its facilities with Chief Executive Rose Milnes, before spending time with several of the patients on our inpatient unit.



MP for Liverpool Walton, Dan Carden, visited the Hospice in 2018 and said the Hospice was "...a place brimming with life". Mr Carden went on to take the hospice funding issues identified by Woodlands to an adjournment debate in the House of Commons.

In February 2018 **MP for Liverpool West Derby, Stephen Twigg**, visited the Hospice. Mr Twigg was extremely impressed with his visit and learned a lot about the Hospice and the care and support we provide.



**Chief Executive of Everton Football Club, Professor Denise Barrett-Baxendale**, visited the Hospice in March 2018, along with Everton ambassadors, and said she experienced "such kindness and caring from all staff and volunteers" and enjoyed her chat with one of the patients. Prof. Barrett-Baxendale talked with team members about supporting adults and young people in bereavement and how we can work with Everton F.C. for the benefit of our communities.



## Environmental Health:

The 5\* rating from the Environmental Health Inspection carried out on 1st February 2017 is still in effect. The next visit is anticipated in late summer 2018.



## Health & Safety:

### Risk Assessment

No formal Health & Safety risk assessments were undertaken during 2017/18, although internal risk assessments are carried out routinely for applicable activities. The Hospice Senior Management Team holds a risk register which is monitored by the Trustee-led Governance Committee; all 'risk' items remain on the register until corrective actions are completed. Internal health and safety audits, including fire safety audits were carried out regularly to a planned schedule at the Hospice.

### Fire Safety

No formal inspections were undertaken in year although the Fire Safety Officer from the local Hospital Trust undertook a Fire Risk Assessment in June 2017. No essential actions were identified. However, at the point of assessment, no routine fire drill had been undertaken; this was addressed later in the year.

## 2.6 Data Quality

Woodlands Hospice did not submit records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data for analysis by a range of organisations including local commissioners.

Why? This is because Woodlands Hospice is not eligible to participate in this scheme. The National Minimum Data Set for Specialist Palliative Care Services ceased to be collected on March 31st 2017 although the hospice continued to collect clinical data throughout 2017/18. Hospice UK is developing specific data collection criteria for hospices and an update of requirements is awaited.

## 2.7 Information Governance

In 2017/18 Woodlands again submitted evidence to Health and Social Care Information Centre (HSCIC) for compliance with NHS Information Governance Toolkit standards, maintaining its Level 2 status as required by Commissioners.

Achieving Information Governance standards across all areas remains a high priority for the Hospice and is reported as a standard agenda item to the Governance Committee and Board of Trustees.

Much work was undertaken in 2017/18 to prepare the Hospice for the General Data Protection Regulations (GDPR), due to come into effect on 25th May 2018. Action plans were prepared to ensure compliance with regulations under the following headings:

- General - including actions related to: staff and volunteer awareness raising of GDPR; updating processes for subject access requests; ensuring lawful basis for processing categories of data
- Fundraising - including actions related to: donor consent; a review of procedures for the use of photographs; updating processes for archiving donor information
- Human Resources - including actions related to: a review of contracts and payroll information, performance and appraisal outcomes, data related to protected characteristics, criminal records checks, and consent.

## SECTION 3: QUALITY OVERVIEW

### Review of quality performance

Woodlands Hospice is committed to continuous quality improvement. This section provides:

- Data and information about the number of patients who use our services
- How we monitor the quality of care we provide
- What patients and families say about us
- What our regulators say about us.

### 3.1 Inpatient Unit



In-Patient Unit (15 beds)	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total number of patients	284	220	275	266	231	239
New patients (%)	87.7%	86.9%	89.8%	88.3%	91.8%	96.7%
Occupancy (%)	85.9%	86.3%	84%	83%	82%	85%
Patients returning home (%)	55%	63%	57%	48%	38%	34%
Average length of stay (days)	13.3	14.3	13.7	15.4	17.2	16.9
Non-cancer patients (%)	10.6%	8.2%	7.6%	7.9%	6.1%	12.1%

The percentage of patients being discharged from the inpatient unit has decreased during this period. There are a number of reasons for this including external factors in the local health and social care landscape. The Hospice Senior Management and Clinical teams have continued to work with commissioners, community teams and care homes to review current challenges and ensure that the inpatient services are accessible to local patients and families.

In addition, the current model of discharge planning support for the Hospice has been reviewed as this differs across the three CCG's. The Hospice intends to increase the remit of the Hospice-based Discharge Planner to provide discharge support for all Hospice patients and to network with community care providers within the locality to further develop discharge pathways. The increased presence of the Hospice-based Discharge Planner will also improve the opportunity for advance care planning (ACP) and carer needs assessments, potentially increasing the opportunity for patients to achieve their preferred place of care.

The percentage of non-cancer patients admitted to the inpatient unit has increased significantly, reflecting increased engagement of the Hospice Clinical Team with primary and secondary Healthcare Professionals from non-cancer specialities such as heart failure and neurological conditions.

### 3.2 Well-being and Support Centre

Multi-professional Assessment Days	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total number of patients	329	142	159	105	105	88
New patients (%)	70.2%	76.6%	78.6%	86.7%	82.9%	82.9%
Places used (%)	50.3%	60.3%	60%	40.3%	51.4%	48.2%
Average length of stay (days)	158	158.5	78.1	57.4	78.2	92.5
Non-cancer patients (%)	6.5%	8.5%	9.4%	19.4%	16.1%	25%

Outpatient services	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total number of patients	415	502	559	566	600	613
New patients (%)	28.9%	58.2%	50.3%	46.1%	51.2%	48.8%
Clinics (inc Physio, OT, Comp Therapies, Nurse-led & Medic)	No data	445	568	658	690	688
Group sessions	No data	137	349	386	349	329
Lymphoedema clinics	148	166	134	129	146	121
Attendances (inc Physio, OT, Comp Therapies, Counsellor, Nurse-led & Doctor)	No data	1043	1843	1886	1891	1939
Group attendances	No data	483	1843	1892	2060	1957
Lymphoedema attendances	673	540	669	534	579	520
Non-cancer patients (%) in outpatients	6.1%	5.6%	11.4%	9.4%	11.4%	9.8%



The Multi Professional Assessment days are designed for patients requiring a comprehensive holistic assessment over a period of 6-8 weeks. Patients are reviewed by a doctor on their initial attendance and then again after 4-6 weeks depending on their individual needs. Nursing assessments are completed weekly, with physio and occupational therapy assessments as required. Patients are then transferred to individual or group outpatient sessions for ongoing treatment and review or, depending on the patient's condition, it may be appropriate to discharge them to the community team.

The number of patients and percentage attendance on these days has reduced over the last couple of years. Feedback from patients and referrers suggests that some patients may be fearful of accessing hospice services. However, clinical staff report once patients do access services they rapidly start to experience benefits and many comment that they wish they had attended sooner. To help patients overcome some of their fears about attending the Hospice, the Clinical Team is engaging with local stakeholders to consider the delivery of Hospice medical and nursing clinics in local health centres. It is anticipated that once patients have engaged with Hospice staff they will feel more confident to attend the Hospice for ongoing support.

Hospice outpatient services have continued to increase in 2017/18 with patients attending individual appointments or group sessions depending on their preference and needs.

### 3.3 Community Outreach Services

Community outreach services	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total number of patients	227	200	217	178	158	172
New patients (%)	85.3%	92%	83.9%	85.6%	96.2%	85.5%
Non-cancer patients (%)	13.2%	14.5%	19.8%	23%	25.9%	19.8%

Patients who are too unwell to attend the Well-being and Support Centre have continued to access Physiotherapy, Occupational Therapy and Complementary therapies in their own homes during 2017/18. The number of patients referred for Outreach services has increased; some patients with particularly complex needs have had a joint physiotherapy and occupational therapy assessment.

The percentage of patients with a non-cancer diagnosis accessing Outreach services has reduced in this period. The Clinical Team continues to promote Outreach services with Health and Social Care Professionals working with patients with a non-cancer diagnosis.

### 3.4 Hospice at Home

Hospice at Home	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total number of patients	138	139	184	154	168	185
Crisis intervention home visits	53	52	11	13	6	20*
Accompanied transfer home (from hospice or hospital)	15	10	13	3	3	2
Sitting service	650 sits (85 pts)	863 sits (91 pts)	888 sits (126 pts)	947 sits (98 Pts)	1058 sits (99 Pts)	823 sits (119 Pts)
% Home deaths	76.1%	84.6%	87%	94%	90.5%	94.2%
% Hospital deaths	7.5%	2.1%	1.3%	4.2%	6.8%	4%
% non-cancer patients	15.9%	17.2%	22%	23.4%	27.8%	26%

\*Includes crisis prevention visits

South Sefton CCG has continued to fund the Hospice at Home service for patients registered with a South Sefton GP throughout 2017/18.

The service offers additional support to patients who wish to stay in their own homes as they approach the end of their life. The service works alongside existing community services and has three elements:

- A sitting service at home (care shifts)
- Accompanied transfer home
- Crisis intervention/Crisis prevention by our Consultant-led medical team.

The number of referrals to the service has increased during this period, with more patients benefitting from the sitting service. There has been a reduction in the total number of sits. This is thought to be because patients are referred prior to commencement of a care package; once the care package has commenced, input from Hospice at Home is reduced.

In addition, extended family members are often able to increase the support they provide to patients in the final days of life.



Hospice at Home Coordinators



The number of Consultant crisis intervention/ prevention domiciliary visits has increased in this period (in addition to this the Consultant has continued to provide crisis prevention input for South Sefton patients at weekly integrated multi-disciplinary meetings).

The majority of the patients supported by the Hospice at Home team continue to avoid admission to hospital and achieve their wish to die at home.

### 3.5 Bereavement and Family Support Services

<b>Bereavement services</b>		<b>2015 - 16</b>	<b>2016 - 17</b>	<b>2017 - 18</b>
<b>Total number of users supported</b>		86	177	249
<b>New service users (%)</b>		68.6%	61%	49.4%
<b>Total contacts</b>		642	891	828
<b>Family Support services</b>		<b>2015 - 16</b>	<b>2016 - 17</b>	<b>2017 - 18</b>
<b>Total number of users supported</b>		301	280	308
<b>New service users (%)</b>		100%	80.4%	83.8%
<b>Total contacts</b>		698	1118	1464

The Family Support team have continued to develop the service throughout 2017/18 with the recruitment and induction of an additional ten ‘family support volunteers’. The team have provided pre- bereavement and bereavement support to an increased number of family/carers through individual and group sessions. There has been a slight decrease in the total number of bereavement contacts, which may reflect service users requiring fewer individual sessions.

The number of family support contacts has continued to rise significantly year on year with trained volunteers providing additional resource to address this need.

As in 2016/17, the age of the majority of people accessing family support services in 2017/18 was under 65 years. As highlighted in the 2017/18 Patient Experience priority ‘Enhancing Support for Young People’ the number of young people and children referred to the service continues to grow.

### 3.6 Quality Markers we have chosen to measure

In addition to the limited number of suitable quality metrics in the national palliative care dataset, we have chosen to measure our performance against the following:

<b>Patient Safety Incidents INDICATOR</b>	<b>2012 - 13</b>	<b>2013 - 14</b>	<b>2014 - 15</b>	<b>2015 - 16</b>	<b>2016 - 17</b>	<b>2017 - 18</b>
<b>Number of serious patient safety incidents</b>	2	0	0	0	0	0
<b>Number of slips, trips and falls</b>	43	43	35	54	50	42
<b>Number of patients who experienced a fracture or other serious injury as a result of a fall</b>	1	0	0	0	0	0
<b>Infection Prevention and Control INDICATOR</b>	<b>2012 - 13</b>	<b>2013 - 14</b>	<b>2014 - 15</b>	<b>2015 - 16</b>	<b>2016 - 17</b>	<b>2017 - 18</b>
<b>Number of patients admitted with MRSA bacteraemia</b>	0	0	0	0	0	0
<b>Number of patients infected with MRSA bacteraemia during admission</b>	0	0	0	0	0	0
<b>Number of patients admitted with clostridium difficile</b>	1	0	0	1	0	0
<b>Number of inpatients who contracted clostridium difficile</b>	0	2*	0	2	0	0

\*unknown if transferred or acquired

#### Falls:

The Hospice team are pleased to report a 16% reduction in falls incidents in 2017/18, 'Developing Approaches to Falls Prevention and Management for Inpatients' was the Patient Safety Priority for this period and the details of the actions taken and changes implemented to prevent and manage patient falls can be seen in section 1b.

#### Infection prevention and control:

The excellent standards of infection prevention and control within the Hospice were maintained in this period. The Hospice will continue to monitor standards of infection prevention and control throughout 2017/18 to ensure adherence to best practice guidelines.

### 3.7 Clinical Audit

The following table shows a sample of the audits and reviews completed during 2017/18:

<b>Patient Safety Audits/ Reviews</b>	<b>Findings and Actions to be taken to improve compliance/practice</b>	<b>Actions completed</b>
<b>Syringe Driver Audit (Inpatient Unit April 2017)</b>	Good results. All checks had taken place within the 5hr window and no adverse findings were reported.	Good results shared with the inpatient team.
<b>Administration of Controlled Drugs Audit (May 2017)</b>	The audit found evidence of staff being fully compliant with policies.	Good results shared with the management and the nursing team.
<b>Safe handling and disposal of sharps on the Inpatient Unit (July 2017)</b>	The inpatient unit failed this audit, achieving only 90% - this was because a new student nurse on duty was unaware of what to do in the event of a sharps injury, and the sharps injury poster was not displayed (it had been removed during painting and had not been put back).	Extra support was given to the student to bring her up to speed with the actions to take in the event of a sharps injury. The poster was put back up and staff were reminded of its location.
<b>Review of Medicines Incident reporting and management (August 2017)</b>	A full review of the previous 12 month found anomalies in the recording and management of medicines-related incidents.	The procedure was reviewed and a 'grading' system was introduced to aid consistency in managing incidents.
<b>Care Plan audit (Inpatient Unit October 2017)</b>	Some minor information missing on care plan booklet. An anxiety care plan missing, but existing care plans were of a good standard.	Specific feedback was given to the nurse - missing information was addressed and a new care plan was developed.
<b>Safe handling &amp; disposal of sharps (Well-being &amp; Support Centre November 2017)</b>	The Well-being & Support Centre achieved a 100% pass with this audit.	Good results were shared with the team.
<b>Environment audit (Inpatient Unit December 2017)</b>	Results indicated a 97% pass but action was taken because a few permeable fabric-covered chairs had been found in patient's rooms and some boxes had been left on the floor in a store room.	The items were immediately removed/stored correctly; staff were reminded of storage requirements.

### 3.8 Trustee Visits 2017/18

Date & Visit Topic	Comments/recommendations from Trustee	Progress to date
<p><b>Good Governance (CQC regulation 17) (April 2017)</b></p>	<p>“It was clear that the staff I spoke with understood the principles of Information Governance and Data Protection”. Recommendations/ considerations included: Non-clinical audits should be further developed during 17/18; Re: information held in Excel spreadsheets - consider if this is the best method and that encryption is secure.</p>	<p>Some development of non-clinical audit was achieved in 17/18 – this work is carrying over to 18/19. All spreadsheets containing data have been reviewed in-year as part of work undertaken to comply with GDPR.</p>
<p><b>Is the service safe and caring? Trustee visited to speak specifically to patients about their experience of Woodlands. (August 2017)</b></p>	<p>“Each patient felt extremely safe within the unit”. One patient stated that medication changes and dosage increases were handled “very effectively”. “References to the high standard of individual care were consistent from each patient”. The Trustee gave no recommendations for improvement.</p>	<p>The good results were shared with the team.</p>
<p><b>Staffing, and Fit &amp; Proper Persons Employed (CQC Regulations 18 &amp; 19) (August 2017)</b></p>	<p>“I was very impressed by the knowledge of staff and felt confident that systems and processes were well-managed”. Recommendations/ considerations included: The frequency of PDRs and 1:1s appears inconsistent sometimes. Consider agreeing timescales for the frequency of these sessions; Consider a ‘buddy’ system to improve the induction process for Healthcare Assistants (HCAs).</p>	<p>Frequency of PDRs and 1:1s has been agreed and a system to ‘flag’ when these meetings are due has been introduced.</p> <p>A buddy system has been successfully introduced as part of the support system for newly appointed HCAs.</p>
<p><b>Discussions with staff on their perception that the organisation is ‘Well-led’ (CQC Key Lines of Enquiry) (March 2018)</b></p>	<p>All staff who met with the Trustee: understood and supported the vision and values of the service; felt they knew what was expected of them; felt communication between management and themselves was open and transparent; and were confident about steps to be taken if they wanted to raise concerns. The Trustee gave no recommendations for improvement.</p>	<p>This visit was undertaken as part of a larger exercise which will include the participation of all Hospice staff in the Hospice UK Staff Survey in June 2018.</p>

### 3.9 Complaints

From April 2017 the Hospice changed the way in which it reported complaints, separating out those relating to Woodlands Hospice Charitable Trust, (i.e. services provided by the Hospice for which we are registered with the Care Quality Commission (CQC)) from those related to Woodlands Hospice Ltd (the trading arm of the Hospice, such as its charity shops) and its fundraising activities and events. This was to enable reporting to specific committees and sub-groups.

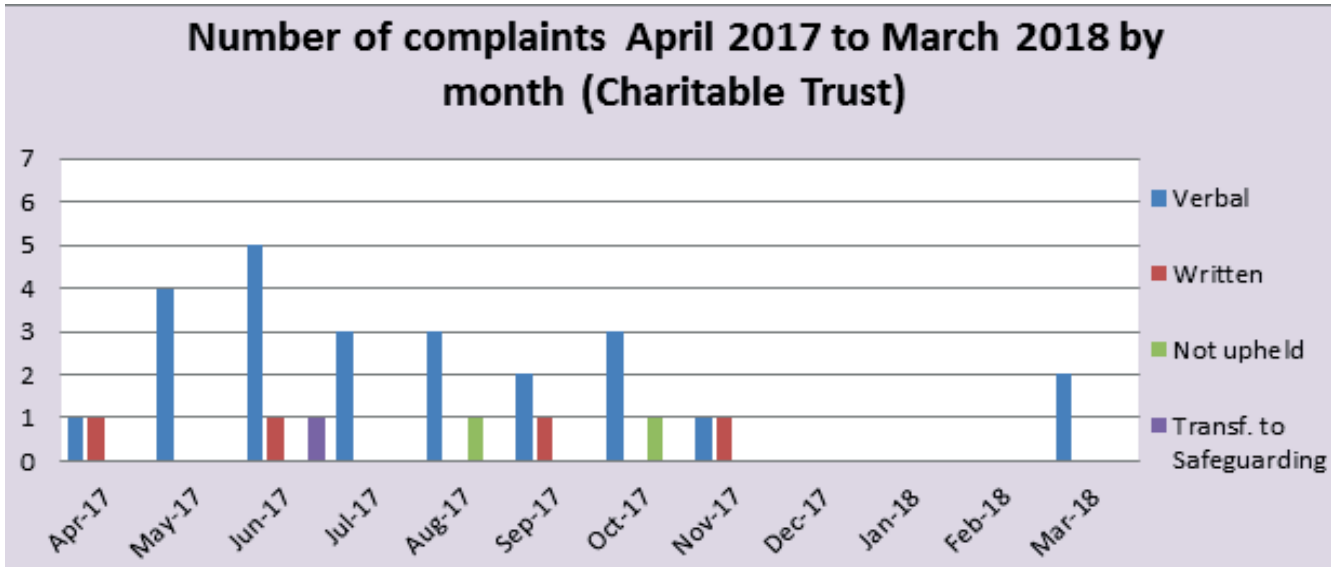
Charitable Trust services include how patients and their families are cared for, the environment in which that care is provided, and the management and leadership supporting the delivery of care. All services registered with the CQC need to demonstrate they are safe, effective, caring, responsive and well-led. Complaints relating to these services are reported below. (During this period the Hospice received a small number of complaints relating to its trading and fundraising activities – these are reported separately).

Hospice policy has always been to log and report on every complaint/comment for improvement received, categorising them as verbal or written; historically this has included reporting on informal verbal comments which have been quickly resolved.

From 1st April 2017 to 31st March 2018 Woodlands Hospice Charitable Trust received a total of 31 complaints. Following investigation, three of these complaints were not upheld and one was subsequently transferred to the Local Authority as a Safeguarding Concern, leaving 27 actual complaints; four of these were written, the remainder were verbal. This was an increase in the total number of Charitable Trust-related (previously reported as patient-related) complaints received when compared to the previous three years. The increase was concentrated in the 6 months from May to October 2017 (see the graph showing the distribution of complaints throughout the year).

**Table showing total number of Charitable Trust – related complaints received from 2014/15 to 2017/18.**

	April 2014 to March 2015	April 2015 to March 2016	April 2016 to March 2017	April 2017 to March 2018
Number of complaints	16	15	8	27



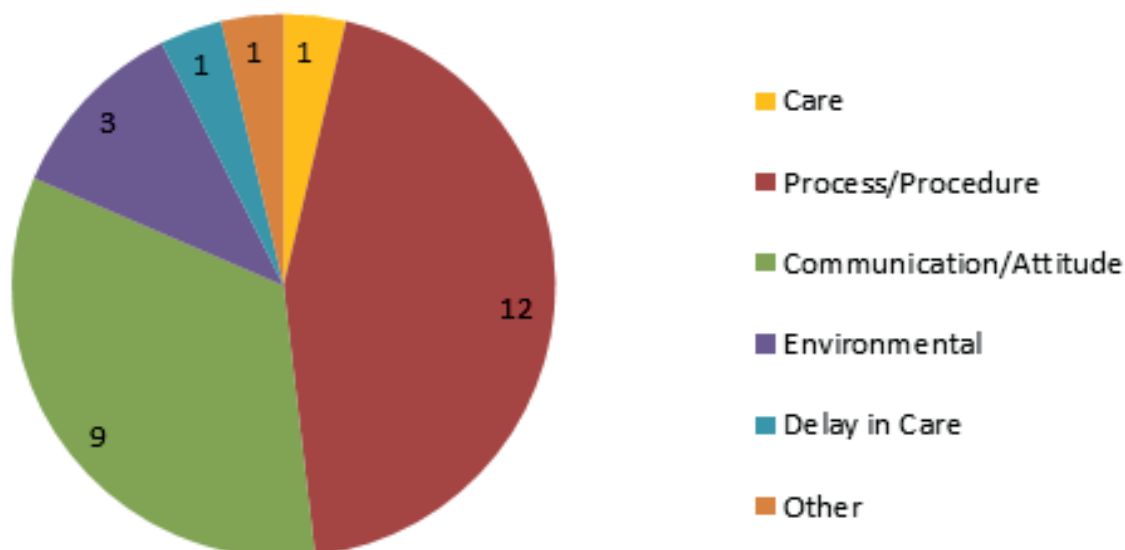
**Graph showing the distribution of complaints throughout the year.**

All complaints received during this period were managed according to Woodlands Complaints Management policy, and resolved within agreed timescales. However, in June 2017 the Hospice Senior Management Team expressed concern about the rise in the number of complaints and comments being received and an action plan was put in place to provide additional support to the inpatient nursing team during a period of staff and ward management changes. By the end of the year the number of complaints and comments had fallen considerably.

*[From April 2018 the Hospice will revise the way it logs and reports on complaints, categorising them into 'informal verbal complaints' (i.e. those which are easily and quickly resolved to the satisfaction of the complainant with little or no investigation required), and 'formal complaints' (i.e. those which require investigation and action to achieve resolution)].*

## Complaint Themes

### Main Themes of Complaints received 2017/18



### 3.10 Compliments

In the year 2017/18 Woodlands received nearly 600 compliments in the form of thank-you cards, letters, emails and comments on social media (nearly 500 were received in 2016/17). These were in addition to the many verbal comments and compliments received throughout the year.

As in previous years, compliments were received from patients, families and friends about:

- The dignity, respect, and compassion shown to patients and those close to them
- The calm and peaceful environment here at Woodlands
- The emotional and physical support offered to all
- The excellent standard of patient care
- The high quality of the food prepared for patients, including the personalised choice of dishes and the attractive presentation.

The words of thanks and kindness are testament to the dedication of all Hospice staff and volunteers.

## Number of Compliments and 'Thank-yous' received 1st April 2017 to 31st March 2018 (by month)

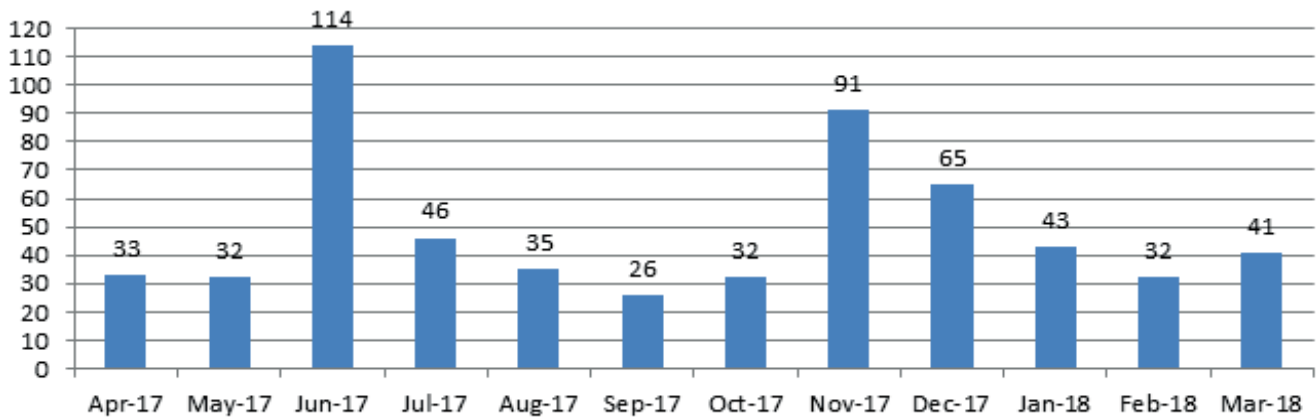
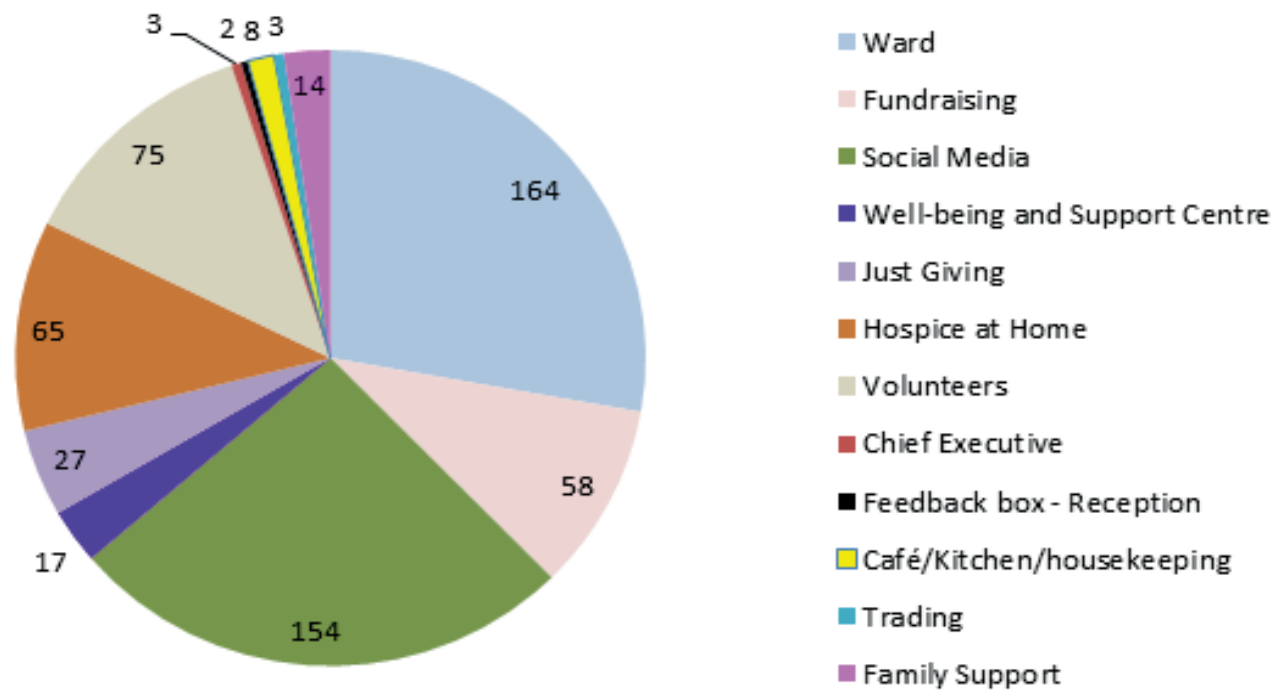


Chart showing the number of compliments/'thank-yous' received in 2017/18

## Chart Showing the Route of Compliments received in 2017/2018



The number of compliments and comments received via social media has risen to 154 this year (from 30 in 2016/17); perhaps indicative of the work Woodlands has done this year to raise its profile on these platforms.



### 3.11 What our patients and families say about us

Heartfelt thanks to all the staff for the care and kindness shown to my dear friend. Although he was only with you for a short time, I shall always be grateful to you for making his last days comfortable and peaceful

**(Letter to the Hospice, April 2017)**

I wanted now to write to try to put into words the gratitude we feel for everything you did both physically and emotionally for my mum. From your very first visit she embraced your help and support and told me she was touched by your kindness. I also valued the communication I had with you. You were always reliable in every respect and sensitive to me. My family and I thank you from the bottom of our hearts. Long may you continue your invaluable service helping others as you helped us.

**(Letter to Hospice at Home Team May 2017)**

Just had a consultation with Dr \*\*\* who once again helped me out with my pain, such a wonderful doctor from a wonderful hospice with a brilliant team.

**(Twitter, May 2017)**

What a magical place this is, so calm and happy! This comes with huge thanks for fixing my dad; he comes home pain free a million times happier and at least 3 stone heavier. You are all so special and doing such a wonderful job.

**(Card to Hospice July 2017)**

The service is brilliant, this enabled me to leave mum in expert hands and visit dad who is in a care home. The ladies were wonderful, giving their help and support. I don't know what I would have done without them.

**(Feedback form to Hospice at Home July 2017)**

You can make things in honour of your lost one , you can be yourself, you can have a laugh, you can reminisce, you can be creative ,you can have fun.

**(Feedback from 13 year old boy receiving bereavement support from Family Support Team, 2017)**

Thank you for taking such special care, for going that extra mile and for making his passing easier for us all. You always treated him with love dignity and respect and we will be forever in your debt.  
**(Card to Ward, September 2017)**

As a group of nurses, her friends were extremely impressed with the standard of care she received, she loved coming to the support group and if she couldn't be at home the IPU was her next best place. She was very fond of the staff and loved the food here.  
**(Feedback to Inpatient Unit, October 2017)**

Sometimes I cry inside and no one knows, that's why I like to talk to you.

**(Feedback from 7 year old girl receiving bereavement support from Family Support Team 2017)**

Thank you to all. Although mum had not been attending for long she enjoyed her Mondays there so much and was always telling everyone how well she was looked after and how friendly everyone was.  
**(Card to Well-being & Support Centre, January 2018)**

"For the care you showed mum, no words can describe how much you supported and brightened her days during her illness. You created such a special bond. Thank you for all the advice you gave me, I would have been lost without you and will be forever grateful."  
**(Card to WBSC March 2018)**

With grateful thanks for all that you did for my beloved husband. You were caring, compassionate and supportive to both myself and him. Doctors, nursing staff, volunteers, domestics etc., you were all kind and caring. The chef and the kitchen staff always tried to cook something that would be easier for him to swallow. Thanking you all is not enough to express how I feel.  
**(Card to Hospice, February 2018)**

The Hospice is somewhere you can go to be yourself, to have memorable times, to have happy times.

**(Feedback from 12 year old girl receiving bereavement support from Family Support Team 2017)**

### 3.12 What our regulators say

Woodlands Hospice is registered with the Care Quality Commission (CQC) and as such is subject to regular review and inspection to ensure that the services we provide are safe, effective, caring, responsive and well-led.

CQC inspectors have not carried out a routine inspection of Woodlands since May 2016. At that time the overall rating awarded to the Hospice was 'Good' although, in relation to the question 'Is the service safe?' CQC gave the Hospice a 'requires improvement' rating. This was because: "...the local authority's and the hospice's safeguarding process had not been followed on one occasion to protect people from abuse".



The Hospice responded immediately to this request for improvement by developing an action plan which included a review of the mandatory 'safeguarding adults' training given to safeguarding leads, managers and staff.

CQC subsequently undertook a focused inspection of Safeguarding on 12 May 2017 and said:

"On this inspection we found improvements had been made and the service was now meeting requirements".

Following that inspection CQC issued Woodlands with a rating of 'good' in all five service domains.

### 3.13 The Board of Trustees' commitment to quality

Woodlands Board of Trustees works tirelessly throughout the year to promote quality of patient and family care and support the Hospice leadership, management and governance. The Board meets bi-monthly and an Annual General Meeting is held every September.

During 2017/18 the Hospice was very pleased to welcome a new Chair to its Board of Trustees. Existing Trustee and local architect and businessman, Mr Barry Bartlett, took over the mantle on 1st August; as well as leading the Board Mr Bartlett chairs the Trustee-led Finance Committee and also chairs the Hospice Capital Projects Committee.



**Barry Bartlett, Chair of the Board of Trustees**

Woodlands Trustee-led committees, including Governance, Clinical Governance, Personnel, Finance and Income Generation meet bi-monthly to ensure Hospice commitment to statutory duties, support strategy development and advise on service development and improvement.

Throughout the year Trustees again volunteered their time to support Woodlands' rolling programme of Trustee Visits, meeting patients, families, volunteers and staff, gathering feedback and monitoring quality and performance against standards, policy and procedure. Some of the findings from Trustee Visits can be found in section 3.

### **3.14 Supporting statements**

#### **Local Healthwatch:**

Throughout the year Woodlands has worked with Local Healthwatch Groups, especially in relation to Woodlands Patient, Family and Friends Forum which regularly received Healthwatch Group representation and input.

#### **Clinical Commissioning Groups:**

During 2016/17 Woodlands has continued to work closely with South Sefton, Liverpool and Knowsley Clinical Commissioning Groups (CCGs), proactively participating in the following:

- Liverpool End of Life Steering Group
- South Sefton End of Life Group
- South Sefton Care Homes
- Knowsley CCG Clinical Reference Group.

The Chief Executive has met with the CCG End of Life Commissioners on a regular basis throughout the year to discuss developments and performance; the Hospice is grateful for their ongoing support.





[www.woodlandshospice.org](http://www.woodlandshospice.org)

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