



CARING FOR LOCAL PEOPLE SINCE 1996

Annual Report 2018-19





Welcome

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.

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Chairman's Introduction

As the Chair of this organisation it gives me great pleasure to once again introduce our Annual Report which outlines the significant achievements of the Hospice over the last twelve months and the progress that we have made.

As with any organisation, the management team is an integral part of Woodlands, and their input gives the Board of Trustees the assurances they require. Testimony to the hard work of this team and all the other staff and volunteers is the positive feedback from patients and families. This year's patient and family satisfaction survey was pleasing with many constructive comments for improvement and development. The team at Woodlands are dedicated, conscientious and thoughtful in a very challenging environment. The leadership provided by our Chief Executive is key, and we are grateful to her for her personal effort and guidance.

This year we have seen the completion of the "Our Space" project, which reaches out to young people in bereavement. This was funded through grants and donations from various sources, for which we are extremely grateful. We look forward to seeing how the new building grows and develops as the young people take ownership of the space and work with it.

This is the third report that I have prepared an introduction for, and it seems that the challenges continue both in the delivery of our services and in securing our funding. Local palliative care service delivery is heading for significant change. This is a new and challenging opportunity for Woodlands to reinforce our role as a key player, we should be positive about this opportunity and excited by it. The result of this change will be an improved patient experience linked to a more efficient service delivery across our area. Change such as this will inevitably be difficult, and we will have to face new challenges. We will need to ensure our service continues to provide the outstanding support to patients and families.

Woodlands has a great reliance on its volunteers, this team contribute massively to the success of the services we deliver. The personal effort of our many supporters is appreciated by the whole organisation. Without this effort we would not be able to deliver what we do today. We should all be very proud of the contribution that volunteers make to Woodlands, and for that we thank them whole heartedly.

The Woodlands Trustee Board contains many and varied talented individuals, each member brings their own unique skills to assist our organisation, and this Trustee Board works hand in hand with the senior management



Mr Barry Bartlett, Chairman

team with each playing their own part, contributing to the smooth running of the organisation. We all appreciate the time and effort that the Trustees put into their roles, they play a key part in maintaining Woodlands as the outstanding service that it is for patients and families. This year the staff have had closer interaction with the Trustees with a number of 'Meet the Trustee events' which have been enjoyed by all who have attended.

Finally I would like to acknowledge the ongoing support of the NHS Clinical Commissioning Groups; they too are operating in challenging times. We have been fortunate to establish strong well established working relationships, and I know they fully support the work of the Hospice. This year more than ever Woodlands will be challenged to meet its obligations and deliver the quality of service of which we are all justifiably proud. At times like this the support of our communities will be invaluable as we all work together and face our new challenges.

I hope you enjoy reading our Annual Report which will give you 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.

Chief Executive's Comments

Our Annual Report always gives me a wonderful opportunity to review the year that has passed, celebrate our achievements and acknowledge the challenges experienced along the way. This year is no exception and it is extremely pleasing to see the results of the hard work and commitment from our dedicated team of staff and volunteers in very challenging times.



Mrs Rose Milnes, Chief Executive

The most important priority for everyone here at Woodlands is to ensure our patients and families receive the highest possible quality of care and support, with the expectation that we will go the extra mile to help all of those who access our services. Every single day I am reassured by the feedback from patients and families that we achieve this goal and I am proud to be leading such an amazing team of people.

Our Quality Account (Appendix A) demonstrates clearly the quality standards we set ourselves and how well we have met them and it also evidences that we continue to seek improvement in all areas, never accepting that there is nothing more we can do. We have not had a Care Quality Commission Inspection in this period but our Trustees continued with their programme of visits, speaking with patients, families and staff and examining records to ensure we meet the CQC standards. Their feedback is overwhelmingly positive but they are also very clear about suggested areas for improvement which we always take very seriously.

Activity in our Wellbeing and Support Centre has increased during the year but non-attendance is quite high due to patients being very poorly. We continue to review the model of care for those in their own homes to ensure we reach as many people as possible who are at the end of their lives.

Our Therapy Team have supported all of our services in year but have found the Outreach service to be the one with the most demand. Again this reflects a need out in our communities for our specialist services and any future model of care will need to ensure the hospice can extend its reach.

We were delighted to hear at the end of 2018-19 of our success in retaining the Hospice at Home contract in South Sefton for a further 3-5 years. Our expression of interest in continuing the service was supported by a high number of extremely positive comments from patients' families and also healthcare colleagues in the community who value highly the Hospice service.

The Family Support Team were delighted to open the Children and Young Peoples facility in December 2018, funded by grant monies and built with the voluntary support of so many in our communities. The Children and

Young People's bereavement service is an extension of that provided to all our adult patients and family members and has been a huge success locally.

Our Housekeeping staff continue to ensure our lovely surroundings are clean, bright and free from infection and our catering team excel themselves with tempting home cooked meals for patients and cooking for our vibrant café.

No organisation can exist without support functions such as Facilities and Maintenance, Finance, Human Resources, Data and Quality Management.

Our small but very efficient team provide guidance and support in all these areas and ensure the regulatory aspects of our organisation are well controlled.

I know the Chairman has thanked our volunteer workforce in his introduction but I too must add my sincere thanks to this wonderful group of amazing people who give so freely of their time and add such depth to our organisation bringing many life skills and experiences and showing a commitment to be admired. I include in this our Chair and Board of Trustees who are also volunteers and I thank them for their guidance and support throughout the year.

Our Consultants in Palliative Care lead the way and the support from them, our Clinical Lead and our Patient Services Manager as Senior Management colleagues ensures we keep pace with the speciality and deliver a first class service to all; my sincere thanks to them for their untiring contribution.

Financially, this year we have experienced significant pressure as detailed in the Finance section of this report. It is recognised nationally that Hospices are running at large deficits and at the time of writing this report the Prime Minister has promised additional funding for Hospices for 2019-20 and a promise to review the funding of Hospices on a more sustainable basis for the future from April 2020. This support is so desperately needed and we await any further developments in this respect.

What is very clear is that we need to keep up the pace with our Fundraising and Trading efforts and continually review ways of doing this. It is only through the support of people in our communities, either fundraising for us, supporting our campaigns, attending our events, playing our lottery or shopping in our charity shops that we can continue to deliver the excellent services we pride ourselves on. Your support is appreciated so much.

It only remains for me to say, once again, a huge thank you to you all for whatever part you play in making Woodlands such a wonderful place, delivering the highest standard of care. I am very proud to lead this team.

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

Patient Services

2018/19 was the first year of a two year strategic plan and the **principal objectives** this year were:

- Continue to provide the highest quality of care for patients and families.
- Achieve inpatient bed occupancy at 85% and average 12-14 days length of stay.
- Improve discharge planning with greater links to the communities we serve, reversing the deaths-to-discharge ratio to former levels of 40% deaths and 60% discharges.
- Input to Care Home education and practical skills training to bring them up-to-speed for end of life care.
- Take some services out into the community, working with healthcare colleagues to keep people at home and encourage more referrals to Hospice services.
- Consider opportunities for more rehabilitation programmes within our Therapy services
- Collaborate with other services (NHS and charitable) to educate and improve community services.
- Develop a formal Coordinator role through the Well-being & Support Centre.
- Develop a 'Volunteer Companion' service out in the community.
- Consider an in-reach service to Aintree University Hospital to support their Palliative Care services.
- Take steps to overcome inequalities to end of life care in our communities.
- Participate in review of lymphoedema services across Liverpool and the wider communities.
- Further develop the Children and Young People's Family support services including building the 'Pavilion' in summer 2018.
- Participate in the development of the Hospice at Home specification. Tender for this service as appropriate, including working in partnership with others if necessary and appropriate.

Quality and Improvement

- Further develop systems and processes to support the delivery of high quality care e.g. a diary-watch card system, audit programmes, governance and regulation.



The Quality Account evidences how well we have met our 2018/19 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.

<https://www.woodlandshospice.org/quality-accounts>

The Quality Account shows the excellent progress made with the patient services objectives during this first year of our two year strategy and demonstrates our ongoing commitment to quality of care for all our patients and their families. Our occupancy stays at a high level and feedback from patients and families is overwhelmingly positive regarding the care and compassion shown. 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 very pleasing with 30% return rate (171 actual response) and overwhelming positive feedback with constructive thoughts for improvement and development.

Patient discharges have increased over the year as our Discharge Planner role develops and every effort is made to ensure patients are cared for, and die, in their preferred place of care.

Early exploration has taken place with GPs regarding possible pilot of Consultant/Nurse Hospice clinics out in the community and there is an initial positive response to this which we will look to progress further next year.

We have continued to liaise with all community services regarding Hospice services and how we can support patients whilst remaining in their own homes and we have had many visits and job shadowing from community health care professionals to understand the hospice services to be able to discuss more confidently with patients.

Our Care Homes education programme funded by South Sefton Clinical Commissioning Group (CCG) has also helped to keep patients at home and avoid unnecessary hospital admissions from care homes.

During the year we have formalised the Coordinator role in our Wellbeing and Support Centre which liaises closely with all Healthcare colleagues in the community and the hospital and this has helped significantly with the support for our patients.

We have now explored the possibility of a Volunteer Companion Scheme out in the community, extending our current volunteer scheme within the Hospice Family Support team. We understand that Marie Curie already run a volunteer befriender scheme in parts of our catchment area and we are in discussion with them as to how we can work together on this in Liverpool as well as considering how we can deliver a similar model in South Sefton and Kirkby.

Whilst we do not have a formal 'in reach' service into Aintree Hospital we respond appropriately to requests from the hospital team to assist where possible. In particular, our Therapy Team has delivered education sessions to therapists in the hospital regarding specialist palliative care and our Family Support Team have visited patients and families in the hospital to explain how Woodlands can help them as a family and encouraged patients to consider care at the hospice which will also help their families.

Our Therapy Team is very keen to deliver more rehabilitative programmes but currently finances are not available to enhance the service in this way but it remains on our radar should such an opportunity arise in the future.

The enhancement of our Family Support service for Children and Young people has been a significant development for the Hospice this last year and we were delighted to have raised sufficient funds and help from our communities to build a special facility for our children and young people in our gardens which opened in a delightful ceremony last December. The involvement of the children and young people themselves in the design and furnishings of the facility and their eloquent presentation of their needs and wishes brought positive media attention to the Hospice. The facility continues to grow as our service grows for those young people in bereavement.

We were delighted to learn in early 2019 that we had secured a further 3-5 year contract with South Sefton CCG to deliver Hospice at Home services in that area. The evaluation of this service which formed part of our expression of interest for the new contract showed an overwhelming support from patients, families and healthcare colleagues for the service Woodlands has provided for the last 5 years.

During the year we have taken part in a Cheshire and Merseyside review of all Lymphoedema services to develop a new service model to improve access for patients and bring the specialist resource of Lymphoedema Practitioners together. This is ongoing and necessary changes will be decided in 2019/20.



Areas for further development in the forthcoming year include enhancing the efficiency of medicines management activity in the Inpatient Unit with the pilot of a Pharmacy Technician on the ward in place of a Registered Nurse to release registered nursing time to care and develop a good skill mix on the ward. This will also assist with the difficulty being experienced nationally with the shortage of Registered Nurses.

Next year we are also looking at enhancing pain assessment in the Hospice introducing a range of pain assessment tools that have been validated for use with patients with specific needs such as dementia or learning disabilities.

In order to help overcome inequalities of service in our communities for underrepresented groups we are also focussing next year on engagement with the LGBTQ community to ensure accessible and inclusive specialist palliative care for them. We will be developing a range of events and resources designed to raise awareness and increase inclusivity and also be seeking advice and input from local, national and community groups supporting LGBTQ communities.

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.

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.

The Patient, Family & Friends Forum continued throughout 2018-19 with meetings held in April, June, September and November 2018, and March 2019.

During the year the Forum:

- Contributed ideas for the development of the Children's Pavilion.
- Reviewed several patient and promotional leaflets including patient information on the 'Use of Opioids in Palliative Care', 'Patient Outcome Scores'.
- Helped develop content for the electronic information screen in The Green.
- Led and coordinated the Hospice's successful participation in the annual 'Patient Led Assessment of the Care Environment' (PLACE). (See section on Facilities)

Attendance at Forum meetings during this period was steady, although the focus for 2019/20 is on increasing and diversifying group membership.

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

2018/19 was the first year of a two year strategic plan, the principal objectives were:

- Ensure the best possible environment for patients and visitors to ensure dignity and respect with quality and safety paramount.
- Build and utilise the Children and Young people's 'Pavilion'.
- Develop plans for merging the 'Garden room' and 'Patio room' to create a larger facility for Hospice-wide use.
- Participate in the development of Aintree University Hospital site with a view to extending and expanding inpatients rooms and facilities.
- Take a keen interest in the new owners of the previously vacated 'Ennerdale' nursing home who will be our close neighbours.
- Consider the need for additional water tanks as a contingency.

The Hospice facilities are bright and modern having undergone a refurbishment in 2014 utilising Department of Health Grant monies. The open, welcoming reception is often commented on by patients, families and visitors. In early 2019 we employed a part time Caretaker to ensure that standards of cleanliness and repair are kept at high levels and he is fortunate to have the support of a committed team of volunteer handymen who are integral to the facilities team.

The café, at the centre of the building, is happy, relaxing, and vibrant and 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 volunteer gardeners. Staff, volunteers and indeed our colleagues from the Hospital enjoy the shared space which helps with integration of all staff teams.

Our Chief Executive and Trustees gain a sense of calm and security from patients and families when talking with them as they say the Hospice environment is relaxing, peaceful and extremely safe. Our Facilities Manager works hard to ensure the environment is well maintained and suitable for access to all patients, families and visitors.

The Hospice participated in 'PLACE' again in 2018, supported by members of the Patient, Family & Friends Forum, and scored well in most areas. Since the last assessment the Hospice has implemented the International Dysphagia Diet Food Descriptors; unused electrical sockets in communal areas now have





covers on them; and our rolling programme of general maintenance has resulted in many of the 'Condition, Appearance & Maintenance' issues identified in the assessment such as scuff marks on paintwork and water marks behind a communal sink have been addressed.

The Capital Projects Committee concentrated its efforts last year on the building of the Children and Young People's Pavilion which opened in December 2018.

Early discussion also took place regarding the merging and extension of the Garden and Patio Rooms but this has now been put on hold until a clearer view of potential usage is established.

During the year Aintree Hospital started conversations regarding the development of the Hospital site and Woodlands took part in these discussions and presentations, seeking additional land in the plans for future development which would include larger bedrooms for patients and improved space and facilities for families and visitors. This development is currently on hold due to the scheduled merger of Aintree Hospital and The Royal and Broadgreen Liverpool Hospitals. Any development for Woodlands land and building in the future would be subject to a capital fundraising appeal.

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 Refurbishment of the Ennerdale Care Home to the rear of the Hospice took place during this last year. Exemplar Health Care now own the building and a new facility is now open. 'Brook View' is a specialist nursing care home for adults with a range of complex nursing needs including neuro-disability, brain injury and stroke, mental health conditions and complex dementia. We met with Exemplar on a couple of occasions and continue to develop our relationship as healthcare colleagues and neighbours.

Next year we need to carefully consider the possibility of an additional water tank as a contingency. This follows the outage of water for a period last year which could have taken the Inpatient Unit out of action if the problem had not been quickly resolved by the Hospital maintenance team.

Housekeeping and Catering

Our housekeepers pride themselves on high standards of cleanliness ensuring we avoid infections across our services. We know how this is so important to our patients and families. We have received excellent feedback during the year regarding the high standards of housekeeping achieved.

Our catering team prepare meals from fresh ingredients and are a crucial part of a patients care. Never a visit goes by without patients mentioning the lovely food and attention given by our cooks and assistants.



Patient Information Systems/Data Collection and Reporting

2018/19 was the first year of a two year strategic plan, the principal objectives were:

- Actively participate in the changeover to Electronic Patient Records (EPR). (Merging of Aintree Hospital and the Royal Liverpool Patient Information System).
- Further develop access to Electronic Palliative Care Co-ordination Systems (EPaCCs) to link to GP practices and community health services.
- Further develop impact reporting to include outcome measures that demonstrate the difference we make.
- Respond to changes to the NHS Information Governance Toolkit for the 2018-19 submission.
- Ensure ongoing compliance with General Data Protection Regulations (GDPR) across the organisation.

Robust data collection and analysis is now embedded in daily routines and production of key reports for the Trustees and Commissioners an expectation.

We introduced a new web based Virtual Board Room (VBR) system in January 2019 to post all Board and Committee papers and reports to the site for more secure access by all Trustees and Committee members.

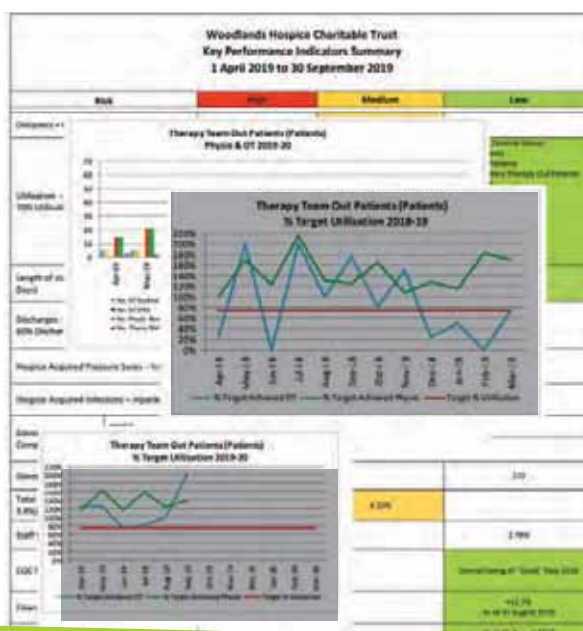
The Key Performance Indicators (KPIs) Board report (a summarised version of the full KPIs) is posted to this VBR together with the full set of KPIs for viewing if Trustees require further detail.

The data reports for CCGs continue on a quarterly basis incorporating results of key audits and patients stories to assist with demonstrating the impact of our services.

The much anticipated development of the patient information systems – EPR for Aintree Hospital and the Royal and Broadgreen Hospitals did not go live as originally planned and is now anticipated for April 2020. As Woodlands shares the Aintree Hospital system under an Information Sharing Agreement and an Access Support Agreement, we will be part of the development to EPR and have attended all necessary sessions for Hospice data and continue to work with the EPR team on impact on Woodlands with these anticipated changes. We are also part of the working group looking at EPaCCS which is a system being developed to enable sharing of key information between the GPs and the community healthcare teams and the Hospice and Hospitals.

Information Governance and compliance with the General Data Protection Regulations (GDPR) is of prime concern for the Hospice and we once again achieved the required standards for Data Security Protection Toolkit (previously Information Governance toolkit) for 2018-19. The Hospice has a strong culture for acquiring, using, sharing, storing and destroying information in a highly confidential and effective way and managers take the situation seriously. Next year we will be enhancing the role of our Information Asset Owners to further heighten this responsibility and ensure support to each other across all aspects of the Hospice. Information Governance is a key agenda item on our Trustee led Governance Committee and monitored closely with all policies and processes being carefully reviewed.

The work undertaken by the Outcome Measures working group during the year includes audits of the IPOS tool in the Inpatient Unit and the Wellbeing and Support Centre with excellent results seen. The group is developing a patient friendly leaflet to explain the questionnaire to patients and families and training regarding outcome measures is being added to our online training tool.



Human Resources

2018/19 was the first year of a two year strategic plan, the principal objectives were:

- Ensure the workforce is fit for purpose with clear leadership permeating through the organisation; 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.
- Further develop the Board of Trustees to ensure fit for purpose.
- Develop a Human Resource Manager role to eliminate the risk of dual role with Chief Executive (as currently exists).
- Explore opportunities for a formal Clinical Supervision programme.
- Develop programmes of training and support to ensure staff resilience in challenging times.
- Review and revise the Practising Privileges programme to include all medical and clinical training programmes.
- Develop more modern means of communicating with all staff and volunteers (e.g. text, portals, intranet, team briefs).
- Introduce new portal for payroll submission, payslips and address changes for staff to engage with as appropriate
- Invest in more training for all staff and volunteers (try to obtain more grant monies for this purpose too), including an organisation wide focus on computer skills to move to more 'digital' platforms and systems.
- Formalise staff support systems (including volunteers).
- Review support services resource to reflect increasing demands.

With the Chair now having been in role for 2 years, we have undertaken a full review of the required skill mix for our Board to take us forward into the future, allocating current Trustees to these skills as primary and secondary roles. The gaps established after this exercise related to Board members with legal expertise, HR qualifications and/or experience, fundraising experience and a pastoral member representative of our communities. We are therefore focusing our recruitment drive on these skills and have been fortunate since year end to recruit a Solicitor to join the Board. There are members of the Board who meet the required skills as secondary roles but we will continue to seek those with these skills as a primary role.

Whilst assessing our Board skills we also looked at the representation of our communities in relation to equality and diversity and we recognise that this is an area we need to also focus recruitment.

It has been noted that a number of Trustees have served well over the recommended 9 year term but to implement this recommendation in one year would cause serious problems to the Board and needs to be considered over the next few years as the rolling 3 year terms come to an end.

The Chair and Trustees have attended various training sessions in year and the Chair has commenced 1:1 annual review with each Trustee which has proved very beneficial. We were also able to pilot our more formalised Trustee Induction programme with our new Trustee and have made adjustments as a result of this.

The action plan from last year's Hospice UK Masterclass with Trustees looking at the Board effectiveness has been seen through to completion and included amended Board Agendas, more strategic thinking and increased visibility of the Board.

A significant area of development this last



year in staffing has been the review of the CQC standards for Fit and Proper persons. Whilst our standards are good for employed staff and volunteers we have reviewed all those who work for us in any capacity. e.g. Consultants and Doctors employed by Aintree Hospital but providing services on a service level agreement (practising privileges), students (medical and nursing students) and bank nursing staff provided from the Aintree Hospital's Temporary Staffing service. A task and finish group was set up to address actions required to ensure full compliance with these standards and good progress seen.

During the year we also undertook an up to date Training Needs Analysis for the organisation and reviewed the methods of delivery. The Hospice needed to move more of its training to digital formats for ease of access and to free up staff time taken with face to face training. Unfortunately the on line access we did have through Aintree Hospital was withdrawn in year following a change of NHS systems moving to links with staff electronic records which the Hospice could not access. An options appraisal undertaken for a variety of software packages resulted in us setting up our own on line training packages and monitoring of access. The task and finish group set up to develop all aspects of training is ongoing and excellent progress has been seen in year.

The HR function at the Hospice had been reliant for the last 8 years on the Chief Executive's HR Qualifications but a business case approved by the Board in year to create a new HR Manager role to proactively address all workforce issues (Staff and Volunteers) led to recruitment of this person from April 2019. Specific objectives for this role including improved sickness management, appraisals, training and development, fit and proper persons, staff support and staff resilience will ensure a good return on investment for this role.



A review of current staff support systems and a formal clinical supervision programme will be progressed in 2019/20.

Staffing levels have been affected in year with unprecedented nurse staff absence on the ward due to close personal bereavements and the inability to recruit cover at a time when nationally there is a huge shortage of nurses. This resulted in a closure of 3 beds for a short period to maintain safe and effective care.

In addition we have, like many other Hospices nationwide, experienced difficulty in recruiting to Palliative Care Consultant roles and with the maternity leave of one of our Consultants and bereavement leave of another again we experienced pressure on beds for a short period. One of our Consultant roles is currently being covered by a senior Specialty Doctor supervised by Consultants.

With recruitment to a revised Marketing and Communications Manager role for the Hospice (due July 2019) efforts will be made to modernise all means of communication internally with staff and volunteers to help improve overall communication. The anticipated payroll portal has gone live with the future potential of staff administering these themselves.

Progress has been seen in year with the administration processes for nursing and medical students although there is still work to be done with these.



Volunteer Services

2018/19 was the first year of a two year strategic plan, the principal objectives were:

- Expand volunteer roles across the organisation, particularly in support roles to clinical staff and in the fundraising and trading teams

Woodlands has 220 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. The volunteers at our charity shops make a significant contribution to the hospice through raising funds from the donated goods which contributes to the overall income of the charity. Our charity could not exist without this 'additional workforce' and we welcome volunteers from all backgrounds with varying knowledge, skills and experience and representing the diversity of our communities.

The Hospice has further increased its number of volunteers over the last year mainly due to the opening of our fifth charity shop and additional volunteers in all our shops.

In year we tested a new Volunteer role on the ward which did not work out but we are reviewing how that role may work better to support nurses in the future. The Volunteer team within the Family Support team has gone from strength to strength during the year and are a source of great support to our patients.

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

Twice a year we formally offer our thanks at the celebration events with long service awards, a popular feature in the summer event.



Income Generation

2018/19 was the first year of a two year strategic plan, the principal objectives were:

- Modernise financial systems to allow for greater ownership of allocated financial resources to all managers.
- Continue with current income streams, developing new ways to increase funding.
- Increase presence in local communities as part of a 'public engagement appeal', which will actively promote the Hospice's overall message and call-to-action as developed by the Marketing and Communications Strategy.
- Let the public know that some of them will need us at some time in the future, so in order to ensure we are there for them we need their support now!
- Encourage people to adopt us as their charity to 'go to'!
- Recruit to a revised Patrons & Ambassadors Programme to engage public support.
- Focus on getting others to fundraise on our behalf:
 - Community Fundraising Groups.
 - Third party events.
 - Challenge events (reduce Hospice main events to 4 per year).
- Focus on new ways of giving:
 - 'Friends of Woodlands' Membership scheme
 - Regular giving campaign
 - Make giving easier
 - On line platforms
 - Website development
 - SMS text.
- Improve the donor experience.
- Follow up all giving and encourage further participation.
- Gather explicit consent for GDPR and develop an ongoing relationship with donors.
- Maximise income from the Trading company.
- Open a charity shop in Broadway, Norris Green (May 2018).
- Run the Maghull shop on a volunteer-only basis (or consider closing).
- Look for further shop premises (potentially for furniture).
- Look for pop up shop opportunities and volunteers to support.
- Increase lottery membership by 2000 new members in 2 years (+£50,000 per year).

Woodlands Hospice is voluntarily registered with the Fundraising Regulator and abides by the Fundraising Code of Practice in all its fundraising activities. We have played close attention to GDPR and its impact on fundraising and we are confident that we meet all of those regulations. Fundraising Regulation is overseen by the Trustee led Governance Committee.

Our Income Generation sub-committee chaired by the Treasurer with Trustee support, has 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.

The revised structure for fundraising income streams and staffing levels continued during this year with the Head of Income Generation role (setting the strategic direction, achieving income targets and overseeing the operational matters) continuing to be covered by the Trustee led Income Generation Committee due to financial constraints.

There was a significant staff turnover in fundraising at the end of this financial year, including the Head of Fundraising leaving for personal reasons but we recruited to a full team by the summer of 2019. In the interim period our Chief Executive line managed fundraising to ensure we kept pace with income generation, so critical to our ongoing sustainability.

In 2018/19 the fundraising team improved financial performance slightly on previous year (+£8.8k) but failed to achieve the internal target set, (shortfall of £68k) partly due to vacancies within the team. The vacancies resulted in an underspend on fundraising expenditure of £39k which partly negated the underachievement on fundraising income leaving a shortfall of £29k net position.

Community Fundraising

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 helping to bring in regular income for the Hospice. We have 4 groups signed up to this principle which will develop over time. In the past the community support groups raised considerable funds for the Hospice in this way and these Fundraising Groups are a more modern version of those extremely valuable support networks, all of which have now lapsed due to age and health of those involved.

In addition the Community Fundraising Manager is out and about busily trying to encourage members of our communities to run individual third party events of their own in aid of Woodlands Hospice and we have seen a growing number in the last year all of which mean so much to the Hospice.

This last year has seen a steady growth of 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. We are gaining recognition locally as a charity keen to work with corporate teams in this way. We truly value this support.





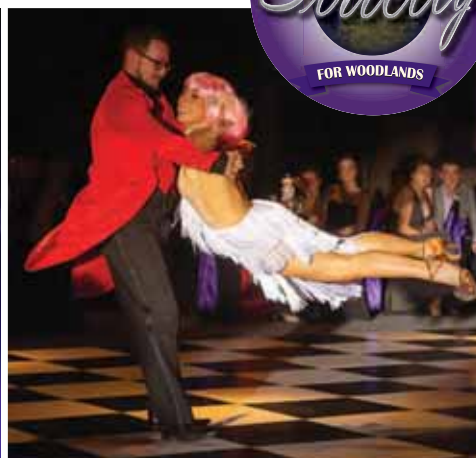
Events

During the year we were fortunate once again to hold our John Parrott Golf event at West Derby golf club. As a long standing Patron of the Hospice, John is so supportive of Woodlands and his golf event raises much needed funds for which we are so grateful.

For the fifth year running, we staged our 'Strictly for Woodlands' dance event, 10 dancers with professional partners took to the floor at the Titanic Hotel in a strongly fought competition. The event raised £35k and the night is always an amazing display of fun, kindness and competition. Staff and volunteers took part in a group dance which created a buzz around the hospice in the practicing months.

This last year saw two new Hospice events. The first was a 'Light up the Night' sponsored walk through Crosby. Glowing in the dark, supporters showed off their colourful fun outfits and raised an amazing £28k. This is an event we hope to grow in coming years.

The second new event was a Pirates & Princesses event for our young supporters which they all enjoyed.





Challenge events

Our plans for the Events Manager to encourage our supporters to take on challenge events such as walks, climbs, cycles etc brought excellent results with income raised from challenges reaching an all time high. This strategy will ensure a far higher return on investment for the Hospice.

Legacies and Wills

In 2018/19 we were extremely grateful to receive £57k in legacies. 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.



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.

Sign-ups to the lottery membership have not been very successful during the last year and we continue to look at the best way to encourage these. There is no doubt that our previous system for sign up was cumbersome and the new on line sign up introduced in line with a move to a third party managing our lottery administration from May 2019 is proving beneficial.

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. This strategy continued for 2018/2020 strategy as there had been delays in sourcing appropriate shops in the first 3 years. With shops already open in Orrell Park, Old Swan and Maghull we opened a fourth shop in Norris Green in August 2018 and a fifth Shop in Kirkby in January 2019. Kirkby is a short term license arrangement to test the area and viability for a more permanent presence in Kirkby town centre.

It is still our intention in the next strategy to have a furniture shop as these traditionally yield an excellent return on investment. The Head of Trading is actively considering options for this.

The Gift Aid option in our charity shops was put on hold in year due to the need for full review of training and administration processes.

The performance of the charity shops has been somewhat mixed during the last year. Old Swan and Moss lane shops returned excellent profits with Maghull beginning to improve following its switch to a volunteer led shop taking the paid manager out of the shop. Unfortunately Norris Green did not get off to a good start although improvements were seen in latter months. Kirkby started with a paid manager in role to ensure timely opening of the new shop but this absorbed the profits for the first couple of months. This shop has subsequently moved to a profitable position.

Unfortunately with the charity shops generally being older buildings we have had to pay for a number of repairs and safety enhancements in recent months which will affect profits for 2019/20.

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

We also have 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 be increased with additional outlets for sales. These have been proactively sourced for 2019/20.



Marketing & Communications

The Trustees recognise that the Hospice can improve its Marketing and Communications Strategy and having attempted unsuccessfully to commission a Marketing Consultant in 2018/19 to inform a new Marketing and Communications Strategy and coach staff to implement the marketing tactics, we reviewed the resource in fundraising and redirected monies from there to a new substantive post at the Hospice of a Marketing and Communication Manager reporting directly to the Chief Executive. Recruitment was successful from an internal candidate and the start made on a Marketing and Communications Strategy before the postholder went on maternity leave. Cover is currently being sought to progress this strategy as a priority.

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

2018/19 was the first year of a two year strategic plan, the principal objectives were:

- Work more collaboratively with other providers in the best interest of our patients.
- Participate in local strategy groups to ensure Woodlands has a voice and is involved in developing collaborative schemes.
- Further promote the work of the Hospice to change people's perception of Hospice care and services provided.
- Develop a programme of high profile visitors including Clinical Commissioning Group (CCG) leads, MPs, Mayors etc.

There has been a strong focus this last year on all healthcare providers in Primary Care, Secondary Care and the Voluntary Sector working in collaboration to improve the patient experience, avoid duplication and ensure a cost effective service is provided across all communities. Woodlands has played a key role in the End of Life review across the City of Liverpool agreeing the principles of a new service model and working with all providers in our specific locality to deliver on this model. It is hoped that this model will be adopted by neighbouring communities of South Sefton and Knowsley who the Hospice also serves.

Our Chief Executive, Clinical Lead and Patient Services Manager have participated in all CCG strategic development groups and also in the North West Coast Strategic group for palliative and end of life services. Every opportunity has been taken to network with other hospices for service development as well as for fundraising and trading sharing of ideas.

Positive discussions have continued in year between the Palliative Care Consultants at Aintree Hospital and the Royal Liverpool Hospital to ensure a clear plan for services following the anticipated merger between the Hospitals in October 2019.

Having created a new Marketing and Communications Manager role from within existing resources in fundraising we anticipate far greater promotion of the Hospice and its services during 2019/20 in line with the developing marketing and communications strategy.

During the year we were delighted to welcome the Metro Mayor of Liverpool, Steve Rotheram, to assist with our Children and Young People's facility and to lay the related time capsule containing the hopes and dreams of our young people together with those of staff and volunteers for 10 years' time. We also invited local Councillors to the Hospice and CCG leads to continue to promote and discuss the Hospice services and indeed the challenging funding issues. Raising the profile of the role of Hospices within Health and Social care is critical to our future sustainability.



Education and Research

2018/19 was the first year of a two year strategic plan, the principal objectives were:

- Further develop the clinical team in the Wellbeing and Support Centre to support autonomous practice in new community clinics. Shadow community specialist teams as required.
- Explore Non-Medical Nurse Prescribing in all services to enhance individual skills
- Develop the Hospice's teaching workforce to share specialist knowledge and expertise.
- Remain open to participating in research projects as appropriate. e.g. surveys, questionnaires etc.

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 Review

2018/19 was the first year of a two year strategic plan, the principal objectives were:

- Develop a more robust financial strategy to ensure future sustainability.
- Modernise financial systems to allow for greater ownership of allocated financial resources to all managers.

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.

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 already receives higher than average NHS grant funding for core services which is greatly appreciated. As a result of an unexpectedly high increase to clinical salaries having to mirror the NHS Agenda for Change pay deal in year (Year 1 of a 3 year pay deal) and increases to the National Minimum Wage for non-clinical payscale (see Significant Events below) the Hospice continues to negotiate with the Clinical Commissioning Groups (CCGs) seeking additional funding to ensure the future sustainability of all services whilst making every effort to continually improve our income from fundraising and trading.

These discussions are ongoing but there is now a significant threat to Woodlands continuing to provide all current services in the future if the additional funding cannot be secured. New models of care for palliative and end of life services are being explored in conjunction with Hospital and Community healthcare colleagues and NHS funding is likely to be linked to these developments. Woodlands has taken an active role in all of these development meetings and is keen to work in a more integrated way with healthcare colleagues to ensure future sustainability of services for patients and families however they may be delivered.

As mentioned earlier, the fundraising team achieved growth on the previous year of just above 1% but unfortunately fell short of its target income of £703K for the year. However, the savings in the salary costs of the fundraising team due to the vacancies did partly negate the shortfall in income. Legacy income was £220k less than previous year, with £57k received this year but the previous year included an amazing legacy of £190k from one legator. The £57k was however slightly higher than expected bringing total income from fundraising and legacies to £693k, just falling short of the overall £725k target.

The Trading Company also provides a much needed source of income to the Charity whilst also providing a presence on the high street and diversity in terms of how we engage with supporters of the Hospice. Income achieved in year was disappointing at £83k (£25k less than previous year and £33k short of target) but there was a vacancy in year of the Head of Trading post which was appointed to in August 2019. The new postholder has progressed well with the trading strategy in a very proactive way.

Achieving £776k 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.

During the year 2018-19 the contract that the Hospice had with South Sefton CCG for Hospice at Home services in that area was due for review. Expressions of interest were sought to provide the service for another 3 years (with the option to roll over for a further 2 years after that). With the specification of service not changing fundamentally from that which Woodlands had provided for 5 years on the previous contract we were confident to express an interest in continuing this service for the next 3-5 years albeit noting there was no increase to current funding for the contract. This service enables us to provide specialist palliative

care to the residents of South Sefton in their own homes should this be their preferred place of care and Woodlands has earned a highly respected reputation out in the community for this specific service. We were delighted to be notified in March 2019 that we had been allocated the contract for a further 3-5 years supported by an NHS Standard Contract.

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

Increased salary and associated costs

Clinical salaries increase due to NHS Agenda for Change 3 year pay deal

Agenda for Change is the current NHS grading system and pay system for NHS staff excluding doctors, dentists, and very senior managers.

In June 2018 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 three years to March 2021 to be back dated from April 2018. While the Hospice is not an NHS employer, all clinical staff are paid based on the Agenda for Change pay scales in order to recruit and retain clinical staff. The agreed three year pay deal meant that clinical employees at the Hospice would receive increases over the three year period of between 6.5% and 22.7% depending on their Band and length of service.

Having budgeted for a 2% increase in clinical salaries for the year April 2018 to March 2019 in the absence of any further guidance at the start of the financial year, the Board reviewed this decision in July 2018 in the light of the published pay increase for NHS staff. They agreed unanimously that the Hospice had no choice other than to match the new payscales (and backdate to April 2018) to continue to ensure the required levels of recruitment and retention. This was in line with most hospices nationally.

The Trustees were however very aware of the financial pressure this would put on the organisation but also aware that Hospice UK were in discussion with the Government on behalf of all Hospices to provide extra funding to Hospices to cover this increase in salaries. There was also an option to apply for additional funding for staff transferred from the NHS under TUPE regulations which was to be followed up by the Chief Executive. The Trustees agreed to formally review the situation again once the year end position was known with a view to amending or reducing services if required at that time.

By the year end, regrettably Hospice UK announced that they had not been successful in securing additional funding for hospices and our application under the TUPE regulations had been turned down due to the TUPE transfer being on a static basis as at the point of transfer and not on a dynamic basis and also to be eligible for additional funding NHS England advised that all staff would need to be on Agenda for Change full contracts which was not the case for Woodlands.

The Hospice continues in negotiation with CCGs regarding additional funding as mentioned above.

Utilisation of reserves to make up shortfall

The building of the In-Patient Unit in 2009 clearly used significant free reserves of the Charitable Trust which have only been compounded since its opening due to increasing national salary and pension costs, increased regulatory activities, pressure on NHS funding nationally with no uplift at all to NHS grant funding since 2009.

The Hospice has kept pace with previous deficits with a major cost savings plan implemented in 2016 and a focussed drive to develop the trading subsidiary which undoubtedly has potential for significant growth over time together with a new legacy strategy. The NHS pay deal agreed last year was not expected at such high levels without government support and this has been a catalyst to the Hospice now considering a full review of all of its services which is currently under discussion.

Overall Result

The final position for the Hospice Charitable Group at the end of the financial year reports a deficit of £377k against a predicted deficit for the year of £364k.

The amended budget for the year in light of unavoidable increases in staffing costs meant that the Trustees were aware of the considerable deficit forecast for the year to March 2019. The difficult decision taken in the year to close a small number of beds for a short period due to a shortage in Palliative Care Consultants meant that some areas of expenditure were underspent in the year. However, areas of underspend were negated by a result of increased staff costs to cover a number of staff sicknesses.

The deficit in year can be summarised into total income of £3.73M (2018: £3.98M) a decrease of 4% from the previous year, and total costs of £4.13M (2018: £3.89M) an increase of 6.1% on the previous year. Gains on investments against this result took the final deficit to £377K (2018: £93K surplus).

Total Funds and Free Reserves

At the end of the reporting period the Hospice Charitable Group held a total fund balance of £3.1M, which includes a tangible fixed asset value of £2.1M which would only be realised on the disposal of such fixed assets. The remaining fund balance of £1M includes restricted funds of £70K, of which £17K is to be spent on the core running costs of the Hospice in the year to March 2020, £17K is to fund capital projects and equipment, and £36K 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.

At the end of March 2019 the level of free reserves held by the charity including the investment portfolio equated to just £947K (2018: £1.2M). 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 2017-18 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 3 months running costs of the Charitable Trust alone excluding any Fundraising expenditure.

The documented aim of the Trustees in the year to March 2019 was to reach a level of free reserves equating to six months running costs of the organisation. It has not been possible to achieve this aim and serious concern remains regarding the low levels of reserves for the Charitable Trust facing increased deficit forecast for 2019/20 due to the salary increases previously mentioned.

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 increased expenditure. 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 (31st March 2019) the Charity held an investment portfolio (including cash held in the portfolio) valued at market value of £595,368 (31st March 2018: £561,026).

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 31st March 2019 the portfolio had a Total return of +6.10% which the Trustees considered to be acceptable. Since the 31st March 2019 the portfolio has risen in value to £627,374. This increase has seen the portfolio have a total return of +4.85% which again is considered satisfactory.

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 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.

The trading strategy will continue to be a prime part of the overall financial strategy as benchmarking to other Hospices shows room for considerable growth with the right investment and drive.

The legacy strategy is an important part of our longer term sustainability and will be actively driven during the next 12 months.

Risk Management

Principal risks and uncertainties

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

Financial viability

As detailed fully earlier in this report, the significant and unexpected level of increase in salary costs from the Government without any increase in funding has meant the Trustees have had to reconsider the planned way forward for financial viability. New service models for palliative and end of life care have been under discussion and development for the last 12-18 months and Woodlands has taken a key role in these discussions with hospital and community healthcare colleagues and the CCGs. Any additional funding is likely to be considered in line with these developments. All providers will consider how their services need to change to meet new models of care but decisions are not yet known as to the agreed way forward.

The Prime Minister has promised an additional £25m to Hospices to keep front line services open as nationally 80% of hospices are now reported as posting annual deficits. Allocation of these funds is currently being considered between NHS England and Hospice UK on behalf of hospices but as one of the Hospices nationally with minimal reserves it is hoped that Woodlands will gain a share of this additional funding.

In addition the Prime Minister stated that a more sustainable funding model was needed for Hospices from April 2020 but there is little information available on this at the current time.

Hospices remain a key provider of health and social care services nationally and are fully recognised as such.

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.

The proposed merger between Aintree University Hospital and The Royal Liverpool Hospital

This merger has taken place post balance sheet period (1 October 2019) and currently does not appear to pose a threat to the Hospice or its services.

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. New models of delivery are being explored including increased responsibilities for speciality grade doctors and advanced nurse practitioner roles.

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. During the year the Hospice has piloted the role of a Pharmacy Technician to take the place of a Registered Nurse as this is a strategy the NHS is using in its hospitals. An evaluation of the pilot is due in November 2019. We have also looked at the role of the Nursing Associate apprenticeship which may be considered in 2019/20.

Brexit

A full Risk Assessment regarding the impact of a 'No Deal' Brexit has been maintained throughout the year but the Trustees do not feel there is a significant risk to the Hospice.

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 responsibilities of Trustees are defined by the Memorandum and Articles of Association, The Charities Act and company law.

These responsibilities include:

- Ensuring that the charity only undertakes activities that are within their objects and powers.
- Acting only in the interests of the charity and its beneficiaries.
- Taking decisions in keeping with their duty of care and duty to act prudently.
- Establishing management arrangements to ensure appropriate standards and procedures are in place, that those standards and procedures are complied with and corrective action taken where necessary.
- Ensuring compliance with all relevant statutory regulation and adoption of best practice principles.

The Trustees obtain comfort that their responsibilities are discharged by:

- Regular reports to the Board of Trustees.
- Independent audit of the accounts and financial systems.
- The authority of the Personnel, Finance, Income Generation and Governance Committees.
- The adoption of the appropriate policies and procedures including the risk management policy.
- Audit by external agencies (e.g. Fire Service, Environmental Health Inspectors,)

The Trustees have examined the major strategic, business and operational risks which the charity faces and confirm that systems have been established to enable regular reports to be produced so that necessary steps can be taken to lessen these risks.

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 and 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.

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 2018/19 there have been vacancies which the Hospice has proactively addressed).

An annual return is filed with the Charity Commission 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.

Merseyside Fire and Rescue Service

There was no formal review undertaken this year at the Hospice but the usual Fire Risk Assessment was undertaken by the Fire Safety Officer at Aintree University Hospital 25th July 2019.

Actions identified were low risk and have been completed.

A visit from the Merseyside Fire and Rescue Service to our Old Swan shop in February 2019 resulted in improvements required to the building and in training. The Hospice responded swiftly and diligently to the actions required which was recognised and appreciated by the Fire Service.

Liverpool City Council

The last formal inspection took place on 1st February 2017 and we achieved a 5 star rating from Environmental Health. A further inspection took place in June 2019 resulting in 5 star rating once again.

Health and Safety Executive

There were no 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.

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 7 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 5 times during the year
 - Income Generation Committee - met 4 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 4 times during the year (overseen by the Governance Committee)
 - Task and Finish Group for Fundraising Regulator and GDPR - met 2 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.

Board of Trustees and Senior Management Structure.

Board of Trustees

Mr Bartlett <i>(Chairman)</i>	Mrs A Johnson	Dr. B.L. Roberts
Dr. C Hubbert <i>(Vice-Chair)</i>	Mrs A Keith <i>(Resigned 30/03/2019)</i>	Mr W.J. Wood
Mr C Brennard <i>(Treasurer)</i>	Mrs E McDonald	
Mrs D Browne	Ms S Ollerhead	

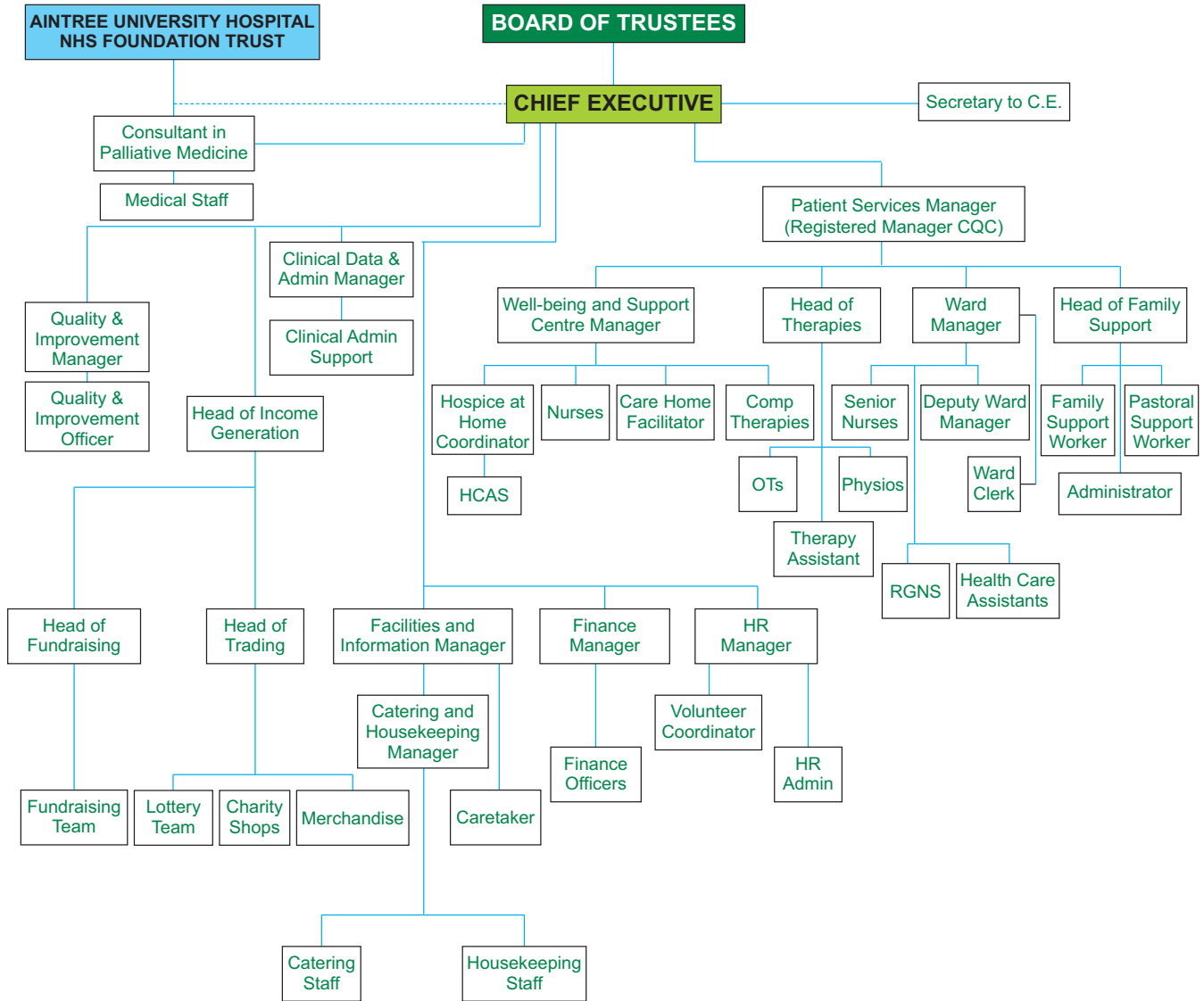
Chief Executive

Mrs Rose H Milnes

Senior Management Team

Mrs Rose H Milnes	-	Chief Executive
Dr Kate Marley	-	Clinical Lead & Consultant in Palliative Medicine
Ms Carole Slocombe	-	Patient Services Manager

Woodlands Hospice Organisational Structure





APPENDIX A

Quality Account 2018-19

Incorporating Priority Areas for 2019/20



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CHIEF EXECUTIVE STATEMENT

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 Woodlands is to ensure high quality care for all our patients, and their families. We pride ourselves on the excellent standards we consistently achieve and continually look for opportunities to enhance the hospice experience for the people accessing our services.



ROSE MILNES

To achieve those high standards, every year we set ourselves three priorities focussing on patient safety, clinical effectiveness and patient experience. The team here at Woodlands has made great progress with the priorities we set ourselves in the last Quality Account.

The Hospice Tissue Viability Group led the developments for our patient safety priority – with a particular focus on ensuring the inpatient team was using the most up-to-date guidance for the prevention and management of pressure ulcers. The group reviewed guidance published in 2018 on the categorisation, prevention and management of pressure ulcers, updating our policies and procedures to reflect this in consideration with other tools specific to palliative care such as 'phase of illness'. Detailed audits and updated training have been developed to ensure the nursing team continue to be proactive in this important area of patient safety. We look forward to introducing a competency framework to demonstrate the nursing team's skill development in pressure ulcer prevention and management.

To demonstrate clinical effectiveness, the Hospice chose to review its end-of-life documentation to ensure it reflected evidence-based practice. The progress made through the 'End of Life Task and Finish Group' has been very pleasing. The group specifically focussed on the quality standards and guidance available from NICE (2017), and the Leadership Alliance for the Care of Dying People (2014). The group completed a baseline audit of its practice against these standards and guidance and used the learning to develop a new end of life care plan which can be personalised for each patient. Enhanced training, incorporating the 'five priorities of care for the dying patient' and the use of the new document was delivered to all nursing staff and doctors before a pilot of its use started in April 2019. During 2019/20 we will carry out a full re-audit and evaluation of the pilot to ensure the documentation demonstrates that the highest standards of care have been given to patients in the last days of life.

Our final priority for 2018/19 centred on improving patient experience of the timeliness of receiving breakthrough pain relief. Led by our Medicines Management Group the team has made good progress with this priority. The group was assured by the results of a baseline audit which showed that 88% of patients were receiving breakthrough pain relief within ten minutes of making a request. As a result of the ground-work undertaken for this priority, in 2019/20 we will be piloting the role of a full-time Pharmacy Technician as a welcome addition to the multidisciplinary team on the inpatient unit. The Group also investigated the potential to introduce 'single nurse administration' of oral controlled drugs, undertaking a literature review, a survey of nurse opinion and other investigative work to pave the way for this. A comprehensive risk/benefit analysis is required before a final decision can be made about whether to pilot this initiative at Woodlands.

Our Clinical Working Groups, set up to monitor and develop key areas of patient care, have continued to meet regularly throughout the year to ensure that high standards of quality and safety are maintained. The groups include infection control, medicines management, tissue viability, falls prevention and patient outcome measures; the positive progress made by each group is detailed in this report. In addition to our regular clinical groups, the Nutritional working group was re-established in this period to address a specific national patient safety alert related to patients with difficulty swallowing and the need to implement international descriptors for modified food and drink. We regularly receive positive comments about the quality and presentation of the meals provided by our catering team and I am pleased to report that both they and the nursing team are all up to date with the new descriptors.

Our quality assurance framework includes a programme of Trustee visits which are completed throughout the year, during these visits the Trustees speak with patients, families and staff. An example of findings of the visits undertaken last year are detailed in this report, highlighting the professionalism of our staff and the consistent high standards of person centred care, dignity and respect given to our patients. We really appreciate the feedback provided by our Trustees.

I am delighted to report the success of the 'Patient, friends and family forum' which is now in its fifth year and continues to support initiatives such as the coordination of the 'Patient Led Assessment of the Care Environment.' Feedback and suggestions from people who are using, or have used our services is invaluable and really makes a difference for future patients.

We continue to receive lots of complimentary feedback and it makes me very proud of the staff and volunteers when I read so many comments. Many staff say how privileged they feel to be able to work with our patients and their families, sharing their experiences and supporting them to achieve their goals.

At times we are not able to fully meet individual's expectations and any negative comment or complaint is taken seriously and looked into thoroughly. I am pleased to see a significant reduction in complaints this year.

Woodlands Hospice is dedicated to continuing to provide the very highest standards of quality and safety to all patients and families who use our services, as well as looking for opportunities to develop our services further to meet the needs of the local community. With this in mind, our key priorities for 2019/20 include further developing the efficiency of medicines management activity on the inpatient unit; enhancing pain assessment in the Hospice; and ensuring accessible and inclusive Specialist Palliative Care for our local lesbian, gay, bisexual and transgender community.

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

1a. Priorities for Improvement 2019/20

The quality improvement priorities for 2019/20 are set out below. They have been identified by the Senior Management Team following feedback from patients, carers staff and Trustees.

Patient Safety

Priority 1: **To further enhance the efficiency of medicines management activity on the inpatient unit.**

How was this identified as a priority?

In 2018/19 the Hospice focussed on 'optimising the timeliness of breakthrough pain relief for inpatients' as its patient experience priority. The progress made in that priority is detailed in section 1b. However the work undertaken opened up yet more opportunities to expand our approach to medicines management that have the potential to further improve efficiency and enhance patient safety.

Meanwhile, in September 2018, NHS Improvement reported a national shortage of nearly 42,000 nurses. This national shortage has the potential to impact on registered nurse recruitment at Woodlands, and consequently medicines activity, therefore the Hospice plans to pre-empt this by investigating alternative methods of enhancing the efficiency of medicines management.

The Inpatient Clinical Team wants to build on the valuable work undertaken in 2018/19 to ensure all opportunities for maximising the efficiency and effectiveness of medicines management activities are realised.

How will this be achieved?

- a) In 2018/19 the Hospice undertook a variety of preparation work in order to ensure patients receive their breakthrough pain relief in a safe and timely manner and that the skills of trained nurses are used effectively (see section 1b). This included gathering baseline data on the timeliness of breakthrough pain relief administration on the inpatient unit as well as a survey of Registered Nurse opinion on 'Single Nurse Administration of Controlled Drugs' (SNAD).

A risk/benefit analysis for SNAD will be presented to the Clinical Governance Committee for consideration. If approved, SNAD (for oral controlled drugs only) will be piloted on the Inpatient Unit.

Work to achieve that will include:

- Development of training, to incorporate opportunities for e-learning.
- Competency assessments for participating nurses.
- The development of standard operating procedures to support SNAD.
- Ongoing monitoring; and a full evaluation at the end of the pilot period.

b) In conjunction with part a), the Hospice proposes to pilot the role of a full-time Pharmacy Technician for six months on the inpatient unit. This role has been successfully introduced in other local Hospices who have reported numerous benefits; the Pharmacy Technician has since become an invaluable member of the team.

The aim of the pilot is to:

- develop skill mix,
- support workforce stability,
- create more manageable workloads for the nursing team,
- release Registered Nurse time to care,
- ultimately enhance the safety of patient care.

To achieve this, the Pharmacy Technician role will include:

- completion of medicines-related audit,
- medicines reconciliation,
- ordering medicines for patients, including timely receipt of take-home medicines,
- reviewing stock levels and ensuring patient supplies reflect prescription requirements,
- counselling patients on the use of their medicines,
- being a second-checker for the administration of controlled drugs (following training and competency assessment).

The pilot will include a risk assessment; baseline data gathering; induction; training; ongoing monitoring; and a full evaluation at the end of the pilot period.

This priority will be the responsibility of the Medicines Management Working Group which will plan, prepare and co-ordinate the introduction of these two important pilots. Led by the Patient Services Manager the group includes the Hospice Clinical Lead and Pharmacist as well as representatives from the Inpatient Unit, the Well-being & Support Centre, and Quality & Improvement.

How will progress be monitored and reported?

Progress against this priority will be reviewed and monitored 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).



Clinical Effectiveness

Priority 2: Enhancing Pain Assessment in the Hospice.

How was this identified as a priority?

Pain is a common symptom encountered by two thirds of patients with advanced cancer and is common in many of the other illnesses that patients who are seen by the Hospice have.

Effective pain assessment is the key to effective pain management. Pain is often difficult to describe even for the most articulate patients, and titration of medication is only successful when the doctor has a good idea of the effect of the medicine on the pain. Pain assessment tools can be helpful in managing pain although there is not one single assessment tool which is validated for use in all situations in Palliative Care. Some patients struggle with numerical ratings, for example, and to introduce a single pain assessment tool for use by all could risk inaccurate assessment and inadequate pain management.

The Hospice aims to enhance pain assessment by introducing a range of pain assessment tools that have been validated for use with patients with specific needs, e.g. dementia or learning disabilities. This will in turn enhance pain management and improve patients' experience of care.

How will this be achieved?

The Hospice Clinical Lead will lead on this priority, involving the Multidisciplinary Clinical Team from the Inpatient Unit and Well-being & Support Centre, as well as involving patients and their carers.

The focus will include:

- A review of the literature about pain assessment tools.
- Identification of a range of assessment tools which would be suitable for use in the Hospice including those suitable for patients with cognitive impairment.
- Development of simple documentation to record the effectiveness of prescribed analgesia which can be used by both staff and patients.
- Review of that documentation by patients and carers.
- Education and training for staff in using the documentation and pain assessment tools.
- Launch of the documentation.
- Ongoing monitoring and evaluation.

How will progress be monitored and reported?

The Multidisciplinary Clinical Team will monitor and evaluate the progress towards achievement of this priority.

A report 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).

Patient Experience

Priority 3: To ensure accessible and inclusive Specialist Palliative Care for the Lesbian, Gay, Bisexual and Transgender community.

How was this identified as a priority?

The Care Quality Commission, in their report: A different ending. Addressing inequalities in end of life care (May 2016), highlighted that their review had found a limited understanding and awareness of the factors that may prevent people from some groups receiving good quality, personalised end of life care; these groups included Lesbian, Gay, Bisexual and Transgender (LGBT) people. They also identified that commissioners and services in most areas had done very little to reach out to LGBT people and many LGBT patients felt that their partners were often not involved in their care in the same way that a heterosexual partner would be.

The Hospice is keen to promote accessibility and inclusivity for all people who need our help and we want to make sure that we address any inequalities which may prevent people accessing that help. In 2018/19 an equality impact assessment was undertaken but accurate local LGBT data was not available and to date, Woodlands has not collected data from patients about their sexual orientation or trans status.

The Hospice will focus this priority on reaching out to the local LGBT population in order to identify their palliative and end-of-life health needs, target services appropriately, remove any barriers to access and increase inclusivity for this group of people.



How will this be achieved?

An Equality Working Group will be created to lead on this priority comprising of representatives from across the Hospice including staff from the Family Support; Clinical; Support Services; Fundraising and Quality & Improvement teams.

The Working Group will actively seek the views of patients, friends and family, and members of the local community.

Actions will include:

- A review of literature and current guidance on addressing inequalities in palliative and end-of-life care.
- A survey of staff and volunteers to understand their knowledge and attitudes towards LGBT issues.
- A full review and revision of the Hospice policy for equality and diversity.
- Development of a range of events and resources designed to raise awareness and increase inclusivity for LGBT people.
- Seeking advice and input from local, National and Community Groups supporting LGBT communities.

How will progress be monitored and reported?

The Equality Working Group will report their progress against the above actions to Clinical Governance Committee every two months. The Committee will monitor the progress of the Group and the minutes from each Committee meeting will be included on each Board agenda for information.



1b. Priorities for 2018 - 19 review of progress

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

Patient Safety

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

The Tissue Viability Working Group, chaired by Woodlands Tissue Viability Link Nurse, led on this priority. Whilst work was being undertaken, new guidance was issued by NHS England (June 2018): Pressure ulcers: revised definition and measurement to support a more consistent approach to the definition and measurement of pressure ulcers. Recommendations included (but were not limited to):

- The use of the term 'category', and not 'grade', when defining pressure ulcers.
- No longer using the words "avoidable" and "unavoidable" in reference to ulcers.
- Amending policies to reflect the new guidance.
- Educating staff about the changes in practice.

These recommendations helped the Tissue Viability Working Group to focus the activities undertaken to achieve this priority.

Activities undertaken throughout the year included:

- Guidance and literature related to the prevention and management of pressure ulcers was reviewed by the Tissue Viability Working Group. This included the NHS England 2018 Guidance: Pressure ulcers: revised definition and measurement.
- A comprehensive audit of all pressure ulcers reported in the previous twelve months was undertaken by the Tissue Viability Link Nurse in conjunction with Woodlands Quality & Improvement team. The audit results were reported to the Hospice Clinical Governance Committee; opportunities for learning and development were incorporated into the work of the group – these included a recommendation for a standard format for tissue viability incident reports to include:

- The patient's date of admission.
- The patient's Phase of Illness at the time of the incident.
- Whether a Root Cause Analysis was required (and if 'yes' was it completed).
- The findings of the Root Cause Analysis, including confirmation that all preventable measures were taken.

- Additional factors specific to palliative care that may increase a patient's risk of developing a pressure ulcer were considered. 'Phase of Illness' was incorporated into skin assessment criteria.
- Staff training was reviewed and revised to incorporate:

- Learning from the literature review and audit results.
- Resulting changes to practice and procedure.

(This training is currently being delivered face-to-face but is in the process of being transferred to the Hospice's new e-learning platform).

- The Hospice Policy for the Prevention and Management of Pressure Ulcers was reviewed and updated to ensure latest guidance and best practices were incorporated.

Work to be completed in 2019/20

A competency assessment framework is still in development and will be introduced in autumn 2019 to evaluate the impact of training.

Clinical Effectiveness

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

A Consultant-led multidisciplinary Task & Finish Group was created to lead on this important priority. The remit of the Group was to review Hospice documentation for recording care given to patients in the last days of life and update it to ensure current standards were being met (e.g. NICE Quality standard [QS144]: Care of dying adults in the last days of life).

Actions undertaken included:

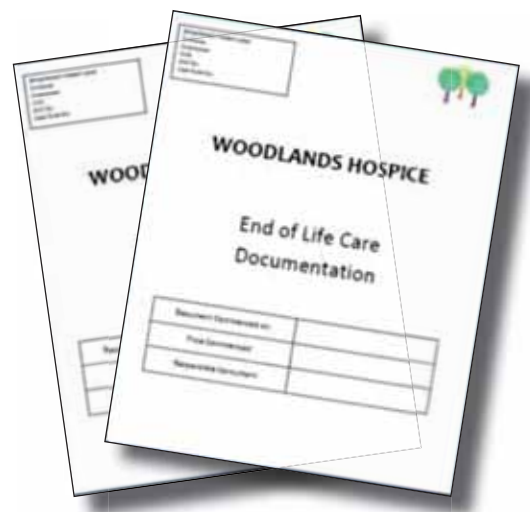
- A baseline audit of end-of-life care documentation, based on NICE 2017 guidance and the 'One Chance to get it Right' (Leadership Alliance for the Care of Dying People, June 2014) was completed. The audit looked at the detail of documented care and conversations with both the patient and their relatives about end of life care. Recommendations from the audit were to:

- Review the current End of Life documentation and update it to include daily review and assessment; and to develop a multidisciplinary end-of -life care document to incorporate these updates.
- Incorporate a 'care after death' checklist in 'Woodlands End of Life Care Plan' document.
- Revise and deliver education to nursing and medical staff. Training to include the 5 Priorities of Care, use of new documentation and NICE guidance.
- Re-audit the use of revised document to ensure procedures are being adhered to.

- End-of-life documentation was reviewed and enhanced to incorporate the recommendations from the audit.
- Staff training on care for the dying adult, incorporating the 5 Priorities of Care, what the NICE guidance means, and how to use the newly enhanced documentation, was developed. Training will be mandatory for all nursing and medical staff. The revised training was launched in April 2019.

Work to be completed in 2019/20

A pilot of the revised documentation began in April 2019. The pilot will run to the end of June and a re-audit of documentation against baseline and adherence to NICE guidance will be undertaken. The findings of the re-audit and feedback from staff will be used to make final adjustments to the document.



Patient Experience

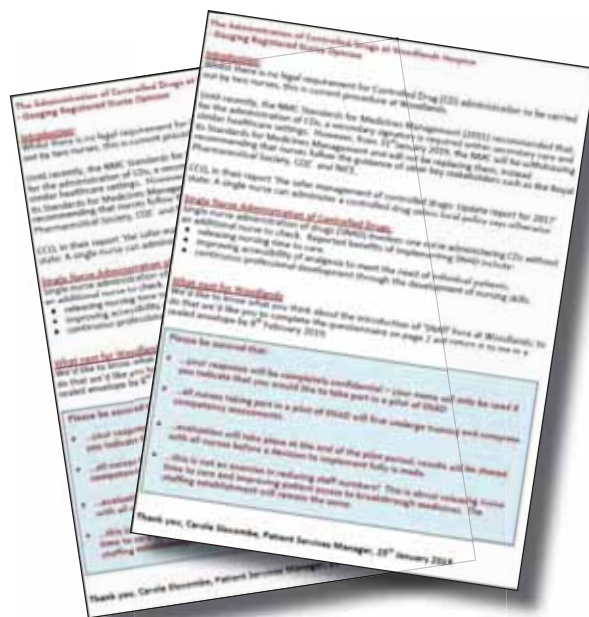
Priority 3: To optimise the timeliness of breakthrough pain relief for Hospice inpatients

The Hospice Medicines Management Group led on this priority which aimed to review Hospice processes and procedures for controlled drug (CD) administration in order to ensure patients were receiving breakthrough pain relief in a safe and timely manner, and that the skills of trained nurses were being used effectively.

Actions undertaken included:

- An audit of the time taken from patient request for breakthrough pain relief to the time of administration was undertaken in May-June 2018. Audit results identified that 88% of patients requesting breakthrough pain relief received their medication within 10 minutes of making the request. In many of the 45 cases of patients waiting longer than 10 minutes, two nurses already preparing a CD administration was given as a contributing factor to the delay.
- A review of literature and guidance in relation to safe administration of CDs was undertaken. Controlled drugs: safe use and management, NICE, 2016; The Safer Management of Controlled Drugs, Care Quality Commission 2017; each suggested that a single nurse could administer a CD although organisations needed to assess the risk as well as assessing nurse competency to do so.

Meanwhile, on 28th January 2019, the Nursing & Midwifery Council withdrew their 2015 Standards for Medicines Management, advising their members to refer to new professional guidance from the Royal College of Nurses, in conjunction with the Royal Pharmaceutical Society, on the Administration of Medicines in Healthcare Settings (January 2019). The new guidance recommends that CDs are administered in line with relevant legislation and organisational policies/procedures. The Findings of the literature and guidance review, and the audit, were presented to the Clinical Governance Committee with recommendations for action.



- A survey of trained nurse opinion of Single Nurse Administration of Controlled Drugs was carried out in January 2019. 61% of nurses surveyed said they would like to take part in a pilot of Single Nurse Administration of Controlled Drugs at the Hospice, with 22% requesting further information before they could decide. A meeting for all nurses to ask questions and receive further information on Single Nurse Administration of Controlled Drugs was arranged for April 2019.
- During this period the Medicines Management Group also investigated alternative methods of ensuring safe staffing levels on the Inpatient Unit with a view to:
 - developing skill mix,
 - supporting workforce stability,
 - creating more manageable workloads,
 - increasing job satisfaction for the inpatient team,
 - potentially reducing stress levels,
 - and ultimately resulting in better patient care.

As a result of this investigative work, the Medicines Management Group submitted a business case to the Clinical Governance Committee to enable the role of a full-time Pharmacy Technician to be piloted on Woodlands Inpatient Unit for six months.

Work to be completed in 2019/20:

Following the outcome of the baseline audit undertaken at the start of 2018/19, investigative work, risk assessment and planning took place regarding the potential pilots of both Single Nurse Administration of Controlled Drugs and the introduction of a Pharmacy Technician Role to the Inpatient Unit. The Hospice Senior Management Team and Board agreed these elements of this priority could be carried forward into 2019/20 in a revised Patient Safety Priority: To further enhance the efficiency of medicines management activity on the inpatient unit. (See section 1a for details).

OTHER QUALITY IMPROVEMENTS 2018/19

Monitoring Quality

- As in previous years, Woodlands' clinical audit plan was followed throughout 2018/19, supported by clinical working groups (see following section). A range of audits were scheduled throughout the year to monitor standards related to topics including 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 non-clinical audit plan was revised this year to help ensure that adherence to all standards, including those relating to Care Quality Commission standards for 'Fit & Proper Persons' (comprising Directors and Employees) and the Code of Fundraising Practice. These were in addition to the monthly fire safety and environmental audits which have routinely been carried out at the Hospice. Non-clinical audit results were reported to the Governance Committee whilst those relating to employment practices were reviewed by the Personnel Committee. All resulting actions were monitored to completion.
 - Hospice Trustees continued to visit throughout the year, talking with patients, families and staff about their experience of Woodlands and their 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 2018/19 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.
 - Throughout the year the Governance Committee and Board of Trustees used 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.
 - Clinical and non-clinical incidents continued to be reported throughout 2018/19. 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 this reporting period.
- Throughout 2018/19, regular meetings of the Clinical Effectiveness Group (CEG) proved difficult to maintain as these were in addition to bi-monthly Trustee-led Clinical Governance Committee and Clinical Policy Review Group meetings - also attended by members of the CEG. As a result, at the end of 2018/19 the Hospice Clinical Lead and Patient Services Manager agreed to review terms of reference for the CEG to ensure arising issues or developments continue to be managed appropriately.



Clinical Working Groups

Clinical working groups have continued to meet regularly throughout the reporting period. These multidisciplinary groups, which include staff from a range of different professions and different areas of the Hospice, meet to support the following key work-streams.

- **Infection Prevention & Control.**
- **Tissue Viability.**
- **Falls Prevention.**
- **Medicines Management.**
- **and Clinical Outcome Measures.**

The groups meet at least four times a year and submit bi-monthly reports on progress to the Trustee-led Clinical Governance Committee.

In addition to the five key areas listed above, the following Working Groups were developed in 2018/19 as 'task & finish groups' to focus on specific issues:

- Nutrition: the Nutritional Working group reconvened to address the actions required in response to the Patient Safety Alert NHS/PSA/RE/2018/004, 'Resources to support safer modification of food and drink'.
- Discharge Planning: The Discharge Planning Task & Finish Group was set up specifically to review and update the Hospice's Discharge Planning Policy and ensure revised procedures were being followed.

The Nutrition and Discharge Planning Task & Finish Groups met regularly throughout the year and reported to the Trustee-led Clinical Governance Committee.

An overview of the work undertaken by each Working Group is listed below.

Infection Control

The group met 6 times during 2018/19. A new Infection Prevention & Control Link Nurse was identified earlier in the year and she has gone on to successfully Chair group meetings and monitor Infection Prevention & Control in the Inpatient Unit. **Group activities included:**

- A review of Infection Control incidents occurring throughout the year, and advising on actions where appropriate.
- Review of Infection Prevention & Control audit results from across the Hospice, developing and monitoring actions to address any issues.
- Working with the local Mersey Care NHS Foundation Trust to support the Hospice to meet the Department of Health code of practice for Infection Control (the Hospice was previously supported by Aintree University Hospital for Infection Prevention & Control).
- A review and revision of the Hospice Infection Prevention & Control policy and procedures.
- Further enhancement of Infection Prevention & Control training to enable the module to transfer to an e-Learning platform.

During the reporting period The Infection Prevention & Control Link Nurse and Patient Services Manager (who is also Director of Infection Prevention & Control at the Hospice) attended a local meeting with Mersey Care NHS Foundation Trust and Infection Prevention & Control leads from other local Hospices to share learning.

Falls

The falls group met six times throughout the year. One of the Hospice Physiotherapists was identified as the new Chair for the Group and has taken the group forward, building on the work undertaken in 2017/18 when Falls Prevention and Management was a Quality Account Priority. **Group activities included:**

- Regularly reviewing incidents of falls.
- A review and revision of the Multifactorial Falls Risk Assessment to enable it to be used with Well-being & Support patients.
- A review of the process for reporting, storage and cleaning of falls equipment.
- The inclusion of more detailed information about falls incidents on the monthly progress report submitted to the Clinical Governance Committee to enable a better understanding of preventative measures in place and appropriate actions taken.

Tissue Viability

The frequency of Tissue Viability Group meetings increased during this period to drive work undertaken on the 2019/20 patient safety priority, 'To enhance patient care in relation to the prevention and management of pressure ulcers' (see section 1b for work undertaken by the group and the progress they achieved in that priority). The group therefore met nine times throughout the year, led by the established Tissue Viability Link Nurse from the Inpatient Unit. **Activities undertaken by the group included:**

- The development of an interactive spreadsheet to enable monitoring of pressure ulcer incidents.
- Review and revision of the Root Cause Analysis tool in use on the Inpatient Unit to ensure appropriateness.
- The introduction of 'Waterlow Wednesday' – a weekly mini audit to help focus Inpatient staff on the need for regular assessments.
- Further development of mandatory Tissue Viability training, enabling transfer to the Hospice e-Learning platform.

Medicines Management

The Medicines Management group met eight times during 2018/19. The group is led by the Patient Services Manager and is attended by the Hospice Clinical Lead, the Hospice Pharmacist, the Ward and Well-being & Support Centre Managers and the Quality & Improvement Manager. **Work undertaken by the group included:**

- A review of medicines-audits, ensuring appropriate action where necessary.
- Monitoring Drug Expenditure against clinical need.
- A review of medicines –related incidents.
- Development and planning of medicines training for the 2019/20 period.
- Review and revision of Woodlands 'Bennion's-Type' Error Scoring System for medicines errors following evaluation and feedback from Ward Manager and trained nurses.
- Approval and supervision of the purchase of an additional drugs cupboard in the inpatient drug room following feedback from the pharmacy assistant (to improve stock rotation).
- The introduction of a 'Drug of the month' newsletter, circulated monthly and developed between Woodlands, Marie Curie Woolton and Liverpool Heart & Chest Pharmacy.



Patient Outcome Measures

The Outcome Measures group meets in accordance with member availability and outcomes from regional meetings; the group, chaired by the Deputy Ward Manager, met three times during the reporting period. Membership of the group includes medical and nursing staff from the Inpatient Unit and Well-being & Support Centre, the Data Manager, and the Quality & Improvement Officer. **Achievements of the group in year included:**

- Completion of an audit of the application of the iPOS (Integrated Palliative Outcome Scale) questionnaire on the Well-being & Support Centre. As a result agreement was reached to introduce the questionnaire in all initial assessments and outreach visits. A re-audit will be completed later in the year.
- Development of a patient information leaflet about what 'iPOS' is and how it can help support patient care.
- Development of specific training on Outcome Measures. This has now been delivered to all nursing staff and will be cascaded to Healthcare Assistants in 2019.

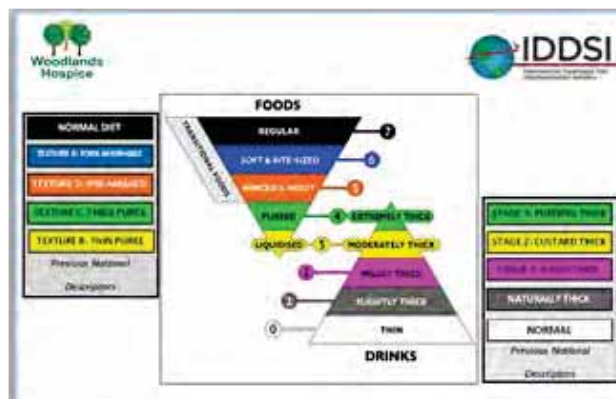


Nutrition

A nutritional 'Task & Finish' group was brought together to ensure the Hospice delivered the actions required from a Patient Safety Alert released in June 2018 regarding the safer modification of food and drink. The alert focussed on the International Dysphagia Diet Standardisation Initiative's (IDDSI) standard terminology to describe texture modification for food and drink (specifically in relation to patients with dysphagia). The group was led by the Ward Manager and included representation from nursing, doctors, pharmacy and catering services. Speech & language, and dietitian input was obtained from Aintree University Hospital.

The group oversaw the following developments:

- Delivery of training in the causes and symptoms of dysphagia and IDDSI standard terminology to all nursing and catering staff.
- Resource folders and posters for each clinical area and the kitchen.
- 'Prompt cards' for nursing staff as an aide memoire to the revised terminology.
- Review of documentation and record sheets to incorporate revised terminology.
- Review and revision of the Nutrition and Hydration policy.

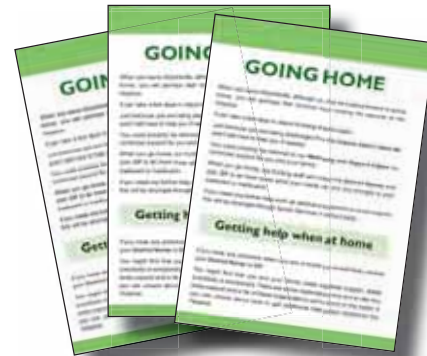


Discharge Planning

The Discharge Planning 'Task & Finish' group was convened to review and update the Hospice's Discharge Planning Policy and ensure revised procedures were being followed. The group was led by the Hospice's own Discharge Planner; membership of the group included doctors, nursing staff and therapists.

Achievements of the group included:

- Review and revision of the Discharge policy.
- Evaluation and revision of discharge/transfer documentation used on the inpatient unit.
- Development of a multi-disciplinary discharge tool.
- Review of the 'Going Home' patient information leaflet given to all patients on discharge.



The group is currently developing training for all inpatient trained nurses to ensure standards of discharge are maintained in the absence of the Discharge Planner.

Patient Information

Several patient information leaflets were developed or updated during 2018/19. These included: 'Supportive Living', 'Breathlessness', 'Family Support', 'Opioids (including Driving)', 'Bereavement Support' and 'Looking After the Planet'. In addition to print versions, most patient information leaflets are available to download from the Hospice website.



All patients are given an information pack on admission to the whichever service they are accessing, e.g. inpatient, wellbeing & support or hospice at home services. Leaflet stands are displayed in the Hospice reception and waiting areas containing general information; patient specific leaflets are issued to individuals by the clinician caring for that patient.

There are notice boards in each inpatient bedroom where general information is displayed such as meal times, menus, café opening times etc. There is a patient and public information screen in the café; a second screen in the inpatient unit is being populated with information specifically for inpatients and their families.



Education and Training

Education and training of staff, volunteers, and healthcare professionals working at Woodlands, and in other settings, is a priority for the Hospice to ensure patients with Palliative Care needs receive a high standard of care from a skilled and knowledgeable workforce, irrespective of the healthcare setting.

In 2018/19 the Hospice fully reviewed its training programme for all staff. A Task & Finish group was convened to carry out this review and deliver on the actions which included a complete revision of the training 'matrix' and the procurement of an e-learning platform to improve the delivery of mandatory, role-specific and enhanced training across the Hospice; e-learning offers more convenient and flexible access than traditional face to face courses and gives instant feedback to individuals through the incorporation of questions to evaluate learning.

To empower staff to take control of their own learning the group has started to develop a role-specific learning 'Passport', which will be issued to every staff member in 2019/20. The passport includes an induction schedule and record of mandatory and additional training which will help staff to plan and manage their own training needs.



The image shows a digital form titled 'Woodlands Hospice Staff Induction Passport for:'. The form is for a 'Healthcare Assistant'. It includes three input fields: 'Name:', 'Department:', and 'Date Induction Started:'.

In addition to its rolling programme of training and education, the Hospice team delivered the following educational programmes in 2018/19:

- Two cohorts of the 'Six Steps to Success' programme, facilitating end-of-life education for care home staff in South Sefton (each cohort taking 5 - 6 months to complete).
- Seven 1-day workshops of 'Opening the Spiritual Gate' – (also provided as an e-learning option by Queenscourt Hospice), exploring spirituality at the end of life.
- Ongoing comprehensive training and supervision of Woodlands team of Family Support Volunteers.
- The Hospice continued to support 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

The education sub-group of the Palliative Care Services Group is chaired by the Clinical Lead for Woodlands and is hosted by the Hospice. In conjunction with community and hospital colleagues, the Hospice contributes to various educational events arranged by Aintree Specialist Palliative Care Services Group. **Training and education delivered in this way in 2018/19 included:**

- Working in conjunction with Willowbrook Hospice and Marie Curie Hospice on a collaborative programme about Clinical Challenges at The End of Life; this was delivered to a wide range of healthcare professionals. The sessions were well evaluated and consideration is being given to doing a similar programme locally to encourage attendance by more of our referrers.
- Communication Skills Training for healthcare professionals providing palliative care in hospital and community settings.
- The Hospice was once again asked to host a morning session on the European Pain Federation (EFIC) Winter Cancer Pain School international course in October 2018. This is the third time the course has been held in Liverpool and the third time Woodlands has hosted a session; the Hospice Clinical Lead also delivers other sessions on the course. The feedback from the session was excellent, in fact was the best yet. An article about the course was put in the EFIC newsletter and the Hospice Clinical Lead was asked to travel to Maribor in Slovenia to speak about the work of the Joint Pain and Palliative Care service here.
- Another successful evening session was held for Clinical Leaders to educate senior nurses and doctors from hospital and community settings about caring for people in the last hours and days of life. A further session is planned for 2019/20.
- Woodlands Family Support Team delivered education about bereavement to a variety of health professionals.
- Hospice staff have taught alongside other professionals from Specialist Palliative Care from hospital and community settings to deliver an intensive Palliative Care programme for a variety of learners from all settings.

Education for other professionals is a vital part of the work that the hospice does and will continue to be given a high priority in the future.

Community Engagement

The Hospice has continued to engage with patients, carers, healthcare professionals and the public through various community groups throughout 2018/19 to increase awareness and improve access to its Specialist Palliative Care services.

Examples of clinical and community engagements undertaken this period include:

April 2018:

- Visit from North Liverpool Matrons.
- Visit from new Motor neurone Disease Clinical Nurse Specialist from the Walton Centre to learn about service.

May 2018:

- Visit to the Walton Centre NHS Trust to provide information to Neurology Clinical Nurse Specialists.
- Participation in Dying Matters week in Aintree University Hospital (AUH) Boardroom.
- Visit from physiotherapist from Willowbrook Hospice to find out about our services.

June 2018:

- Visit from new Lung CNS from AUH
- Hosted a stall at a Mesothelioma Study Day

July 2018:

- Attendance at a Sefton Health and Well-being event

August 2018:

- Visit from new Community Macmillan Navigator

September 2018:

- Attendance at a Macmillan Coffee Morning Event in AUH

December 2018:

- Separate visits from two new community Palliative Care Clinical Nurse Specialists to learn about our service

January 2019:

- A visit from two new Macmillan Navigators in Kirkby

February 2019

- A visit from a new lung Clinical Nurse Specialists from AUH to learn about our services.
- Attendance at Macmillan 'Pod' Palliative Care Day in Bootle Strand
- A pop up awareness stand in the Elective Care Centre
- A visit from new Advanced Nurse Practitioner from St John's Hospice to understand our Well-being & Support Centre and Multidisciplinary Team models.

March 2019:

- Meeting with Macmillan Benefits Advisor from AUH
- Delivered a facilitated week-long placement for a District Nurse from Liverpool undertaking her Specialist Practitioner Qualification



Patient, Family & Friends Forum

Woodlands is very proud to say that its Patient, Family & Friends Forum is now in its fifth year. The Forum was proposed as a priority in the 2013/14 Quality Account to ensure that the people who use our services have the opportunity to take a more active role in the planning, development and evaluation of Hospice services. Since then the Forum has gone from strength to strength and has contributed to many initiatives and pieces of work in support of Hospice.

The Forum met five times during the period 2018/19 in April, June, September, and November 2018, and in March 2019. Attendance continues 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.



Work carried out by the Forum throughout the year included:

- Forum members again led and coordinated the Hospice's participation in the annual 'Patient Led Assessment of the Care Environment', in May 2018.
- Ongoing feedback and review of content for inclusion on electronic notice board, now displayed in the Hospice café.
- Review of content for inclusion on electronic notice board on the inpatient unit
- Review and feedback on a newly developed leaflet for patients and carer's about the 'Use of Opioids in Palliative Care'.

The Forum is actively working on expanding its membership in the forthcoming year to enable it to continue to give its support to Hospice developments.



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 2018/19 Woodlands Hospice Charitable Trust provided the following services:

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

The income generated by the NHS services reviewed in 2018/19 represents 73% of the total income required to provide services which were delivered by Woodlands Hospice Charitable Trust in the reporting period.

What this means:

In 2018/19, 73% of the Hospice's total costs were 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

The Hospice did not participate in any national audits, or confidential enquiries, during 2018/19.

Woodlands clinical audit programme was followed again throughout 2018/19 to ensure adherence to standards in Medicines Management, Controlled Drugs, Infection Control, Health and Safety and aspects of patient safety and care.

In addition to its own clinical audit programme, the 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 Personalised Care Plans in The Last Days Of Life; the Use of Strong Opioids; a Regional Agitation Audit; and a Hospital Syringe Driver Audit.

Results of some of the audits undertaken in 2018/19 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 in 2018/19.

2.4 Quality improvement and innovation goals agreed with our commissioners

Woodlands Hospice's income in 2018/19 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.

2.5 What others say about us

Care Quality Commission

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 last carried out an inspection in May 2016, with a follow-up visit in April 2017. The full report can be downloaded from the CQC website (www.cqc.org.uk).

There were no inspections carried out in 2018/19.



Official Visitors

Mr Graeme Sharp, former Everton footballer, visited the Hospice in August 2018. He returned with Former Everton legends and fellow club ambassadors **Ian Snodin** and **Graham Stuart** in December 2018, giving over two hours of their time, chatting with patients and staff and handing out blankets, mugs and other gifts.



Steve Rotherham – Metro Mayor for the Liverpool City region, visited Woodlands Hospice in 2018 to ‘cut the first sod’ of a new Children’s and Young People’s Pavilion in the gardens of the Hospice.

Mr Rotherham returned in April 2019 to plant a Time Capsule in a brick planter that he kindly helped to build in the gardens of the Hospice.



Mr Rotherham was joined by some of the children and young people and their families that have been involved in the ‘Our Space’ project.

Patron Alison Perry OBE. – Alison has been an energetic and passionate supporter of the hospice since 2012 and has raised considerable funds for Woodlands through her fundraising activities.

In February 2019 the Hospice was delighted that Alison agreed to be appointed as a patron of the Hospice; she joins snooker player **Mr John Parrott** who has been a Patron of the Hospice since 2003.



Health and Safety

Risk Assessment

No formal Health & Safety risk assessments were undertaken during 2018/19, although internal risk assessments continued to be carried out routinely for applicable activities. The Hospice risk register was maintained throughout the year. Monitored by the Trustee-led Governance Committee and submitted to the Board for review, all 'risk' items remain on the register until corrective actions are completed.

Internal Hospice Health and Safety audits, including fire safety audits, were carried out regularly to a planned schedule and reported to the Governance Committee.

Fire Safety

A Fire Risk Assessment was completed in June 2018 by the Fire Safety Officer of the local NHS Foundation Trust (Aintree University Hospital); no essential actions were identified.

A Fire drill was undertaken at the Hospice in November 2018. The drill was assessed by the Fire Safety Officer and Health & Safety Officer of Aintree University Hospital as being very positive.

A Fire Inspection was carried out by Merseyside Fire & Rescue Authority in February 2019. Fire Safety was reported as good and no return visit is planned.

Environmental Health

The 5* rating from the Environmental Health Inspection carried out on 1st February 2017 is still in effect. The next visit is awaited.



2.6 Data Quality

Woodlands Hospice did not submit records during 2018/19 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 has continued to collect clinical data throughout 2017/18 and 2018/19.

To date, Woodlands has not submitted data to the Hospice UK Clinical Benchmarking (CBM) project. Preparation work was undertaken in 2018/19 however, to enable the Hospice to participate in this programme in 2019/20

2.7 Information Governance

As in previous years, in 2018/19 Woodlands submitted evidence to the Health and Social Care Information Centre (HSCIC) for compliance with NHS Data Security & Protection Standards (previously NHS Information Governance Toolkit standards).

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.



As expected, the General Data Protection Regulations (GDPR) came into effect on 25th May 2018. The Hospice had prepared well for this during 2017/18 and the transition went smoothly. The Hospice has continued to monitor its adherence to GDPR and the Data Protection Act 2018 throughout 2018/19.

Section 3: Quality Overview

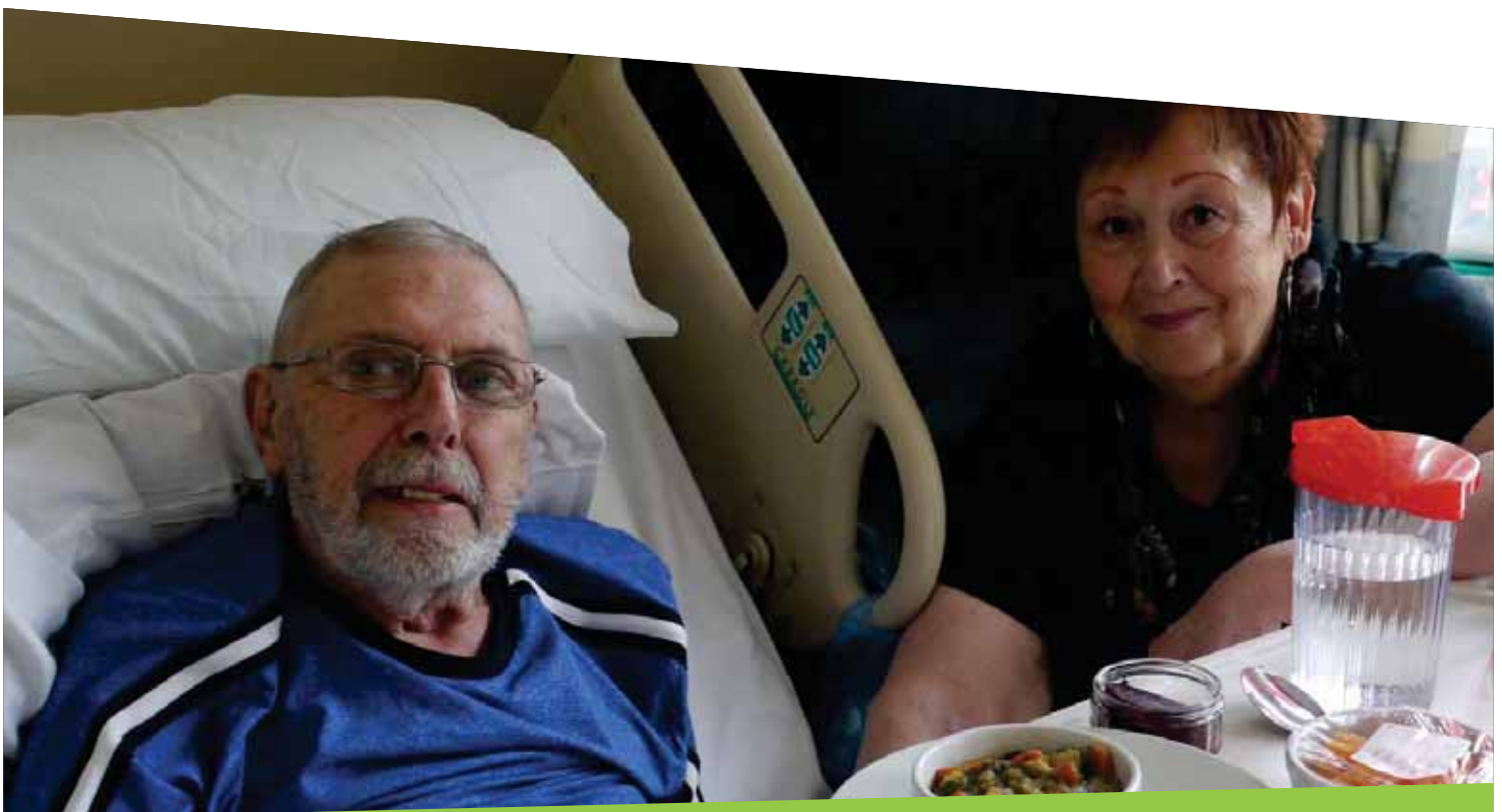
Review of quality performance

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

Inpatient Unit

In-Patient Unit (15 beds)	2015-16	2016-17	2017-18	2018-19
Total number of patients	266	231	239	235
% New patients	88.3%	91.8%	96.7%	95.3%
% occupancy	83%	82%	85%	83%
% Patients returning home	48%	38%	34%	46%
Average length of stay (days)	15.4	17.2	16.9	16.6
% Non-Cancer patients	7.9%	6.1%	12.1%	11.5%



2018/19 data indicates that Woodlands Inpatient Unit maintained its occupancy levels, total number of patients seen and average length of stay during 2018/19.

We have seen a steady increase in the number of discharges from July 2018 with the percentage of patients returning home from the Inpatient Unit increasing to 46%. For the previous two years, a high number of patients referred for inpatient care had been at end of life on admission but since the re-launch of end of life care education in May 2018 in Aintree Hospital we have had fewer referrals for end of life care from the hospital.

The number of inpatients with a non-cancer diagnosis was maintained at 2017/18 levels. The clinical team has continued to promote Hospice services and encourage referrals from primary and secondary care health professionals caring for patients with a cancer or non-cancer diagnosis.

Well-being & Support Centre

Multi Professional Assessment Days	2015-16	2016-17	2017-18	2018-19
Total number of patients	105	105	88	75
% New patients	86.7%	82.9%	82.9%	74.7%
% Places Used	40.3%	51.4%	48.2%	54%
Average length of stay (days)	57.4	78.2	92.5	108.1
% Non-Cancer patients	19.4%	16.1%	25%	19.6%



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.

The number of patients attending Multi Professional Assessment days reduced in 2017/18. This trend continued into the first half of 2018 prior to a revision of Well-being and Support Centre services. From 1st November 2018 Multi Professional Assessment days reduced from two days a week to one. This move saw better utilisation of available places to the year end. Patients continued to be transferred to individual or group outpatient sessions for ongoing treatment and review or, depending on the patient's clinical and holistic needs, discharged to the care of the community team.

The Clinical strategy for 2018-2020 incorporates plans to deliver joint medical and nursing outpatient clinics in a community setting to improve access to hospice services.

The number of patients attending the Hospice for outpatient services in 2018/19 has again risen slightly, with patients attending individual appointments or group sessions depending on their preference and clinical need. The Chair Based Exercise and Creative Groups are particularly popular with patients and are often over-subscribed.

The total number of attendances has risen by 6% with a similar rise in Group attendances. This is due in part to the introduction of a patient text-messaging reminder service in 2018/19.

Outpatient Services	2015-16	2016-17	2017-18	2018-19
Total number of patients	566	600	613	619
% New patients	46.1%	51.2%	48.8%	49.6%
Clinics (inc Physio, OT, Comp Therapies, Nurse-led & Medic)	658	690	688	807
Group sessions	386	349	329	364
Lymphoedema Clinics	129	146	121	137
Attendances (inc Physio, OT, Comp Therapies, Counsellor, Nurse-led & Doctor)	1886	1891	1939	2053
Group Attendances	1892	2060	1957	2067
Lymphoedema Attendances	534	579	520	582
% Non-Cancer patients in Outpatients	9.4%	11.4%	9.8%	11.6%

Community Outreach Services

Community Outreach Services	2015-16	2016-17	2017-18	2018-19
Total number of patients	178	158	172	168
% New patients	85.6%	96.2%	85.5%	96.4%
% patients with non-cancer	23.0%	25.9%	19.8%	26.2%

The number of patients receiving Community outreach services from the Well-being and Support Centre was maintained throughout 2018/19. Patients who were too unwell or unable to attend an appointment at the Hospice were able to receive Physiotherapy, Occupational Therapy or Complementary therapies in their own homes.

The percentage of new patients, and the number of patients with a non-cancer diagnosis receiving Outreach Services during this period, returned to 2016/17 levels.

The role of Well-being & Support Centre 'Clinical Coordinator' has been developed during the year to provide a single point of contact for referrers, patients and carers. The Clinical Coordinator takes referrals, provides telephone advice and signposting, and liaises with other healthcare professionals to ensure patients are accessing appropriate support.

Hospice at Home

Hospice at Home	2015-16	2016-17	2017-18	2018-19
Total number of patients	154	168	185	144
Crisis Intervention home visits	13	6	20*	18*
Accompanied Transfer Home (from Hospice or Hospital)	3	3	2	1
Sitting Service	947 sits 98 Pts	1058 sits 99 Pts	823 sits 119 Pts	776 sits 85 Pts
% Home Deaths	94%	91%	94%	98%
% Hospital Deaths	4%	7%	4%	2%
% Non-Cancer patients	23%	28%	26%	29%

*includes Crisis Prevention visits

Hospice at Home services, funded by South Sefton Clinical Commissioning Group, continued to be delivered throughout 2018/19 for patients registered with a South Sefton GP. Working alongside existing community services, Hospice at Home offers additional support to patients wishing to stay in their own homes as they approach the end of their life; the service offers:

- A specialist sitting service at home.
- Accompanied transfer home.
- Crisis intervention/Crisis prevention by our Consultant-led medical team.

Although there was a reduction in referrals in the first quarter of the year, the team continued to promote Hospice at Home services to new and existing community health professionals and discharge planners. Referrals have since returned to expected numbers.

The percentage of patients supported to achieve their wish to die at home increased to 98% in this reporting period (Hospice UK data for South Sefton suggests that overall, 25% of people die at home).

2017/18 also saw an increase in the percentage of patients with a non-cancer diagnosis accessing Hospice at Home services. The team has been working hard to increase engagement across the South Sefton community to ensure that all patients in need of this valuable service are getting the opportunity to be referred.



Bereavement and Family Support Services

Bereavement services	2015-16	2016-17	2017-18	2018-19
Total number of users supported	86	177	249	201
% new service users	68.6%	61%	49.4%	57.7%
Total contacts	642	891	828	717
Family support services	2015-16	2016-17	2017-18	2018-19
Total number of users supported	301	280	308	268
% new service users	100%	80.4%	83.8%	85.1%
Total contacts	698	1118	1464	1699

As in previous years, the Family Support team, supported by a team of trained volunteers, has delivered Family Support and Bereavement services for Hospice patients and their families. The total number of service users receiving bereavement support dropped slightly this year (compared to 2017/18) although more of those users were new to the service. The total number of contacts made by Family Support Services rose again for the third year.



Our Space

2018/19 saw the opening of 'Our Space', an exciting development created in partnership with the children and young people receiving services from the Family Support team. 'Our Space' provides a safe, comforting, creative environment in which children and young people can have opportunities to talk and express themselves.



The Children and Young people's service has grown steadily throughout the year with the majority of referrals coming from parents or carers - providing opportunities to promote open discussions between the parent/ caregiver and the young person.



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:

Patient Safety Incidents INDICATOR	2015-16	2016-17	2017-18	2018-19
Number of serious patient safety incidents	0	0	0	0
Number of slips, trips and falls	54	50	42	41
Number of patients who experienced a fracture or other serious injury as a result of a fall	0	0	0	0
Infection Prevention and Control INDICATOR	2015-16	2016-17	2017-18	2018-19
Number of patients admitted with MRSA bacteraemia	0	0	0	0
Number of patients infected with MRSA bacteraemia during admission	0	0	0	0
Number of patients admitted with clostridium difficile	1	0	0	0
Number of inpatients who contracted clostridium difficile	2	0	0	1

Falls

The Hospice team is pleased to report that the reduction in patient falls reported in 2017/18 has been maintained. All patients admitted to the Inpatient unit and Well-being & Support Centre have a multifactorial falls risk assessment completed and, for those patients identified at risk of falls, care is planned individually to reduce the risk. Unfortunately one inpatient sustained a fracture following a fall and required a visit to hospital, although they were then able to continue their treatment at the Hospice.

The Hospice continues to use low profile beds for patients who are at risk of falling out of bed. All inpatients are assessed daily for their suitability to use bedrails and where these are contraindicated, (particularly patients with cognitive impairment such as those with dementia), the patient may be nursed with the bed at its lowest level with crash mats alongside to reduce risk of injury.

Infection Control

High standards of Infection Prevention and Control (IPC) were maintained throughout the year with performance regularly monitored through audit. The Hospice IPC Working Group has participated in two meetings to date with local hospice representatives and Mersey Care NHS Trust Community IPC team to share experiences and best practice guidance.

During this year, one inpatient unfortunately developed 'clostridium difficile toxin' (CDT). This was quickly identified and appropriate actions taken to treat the patient and prevent incidents of cross infection. The patient's symptoms resolved and they went on to recover from the episode. A detailed root cause analysis identified that the patient had multiple risk factors and had been managed in accordance with national guidance for the management of CDT.



Clinical Audit

The following table shows a sample of the audits and reviews completed in 2018/19

Patient Safety Audits/Review	Findings and Actions to be taken to improve compliance / practice	Actions completed
Administration of Medicines Audit (Inpatient Unit June 2018)	Results showed evidence of staff fully adhering to policies and procedures for the safe administration of CDs.	Good results shared with the inpatient team.
Ad-hoc audit of Safeguarding Resource folders on Inpatient Unit and Well-being & Support Centre (August 2018)	Several anomalies were identified between the folders; some information marked a 'draft' included; some local authority telephone numbers needed updating. There were opportunities for improvement in the presentation of the folders.	Both folders were updated with current information and final version of documents. The folders were re-indexed and organised to ensure easy access to information.
Clinical Equipment Check (Inpatient Unit September 2018)	<p>15 items of clinical equipment were checked. 14 records were complete – documentation was up-to-date including the equipment register demonstrating adherence to procedure.</p> <p>One syringe driver had not been recorded as being sent to biomedical engineering (EBME) for maintenance and was therefore recorded as 'missing' on the audit results.</p>	<p>The Ward Clerk contacted EBME who confirmed that the syringe driver was with them for maintenance. The register was updated with the correct information.</p> <p>Senior Nurses on the ward were informed of the importance of logging Clinical Equipment status correctly on the register – this was cascaded to the rest of the inpatient team at handovers.</p>
Blood Transfusion Competencies audit (Inpatient Unit October 2018)	<p>Out of 20 Trained Nurses, all 20 had passed competencies to collect blood and blood products, and administer blood and blood products</p> <p>Out of 12 Healthcare Assistants, all 12 had passed competencies to collect blood and blood products.</p>	The Ward team was congratulated on the excellent results of this audit.
Blood Glucose Barcode audit (Inpatient Unit February 2019)	8 staff were audited, 6 had an active code for blood glucose monitoring. 1 had returned from long-term sick leave and was due to attend the next available training session. 1 was a bank nurse, who does regular shifts on the ward.	Arrangements made for staff without an active barcode to attend a training session in April.

Trustee Visits 2017/18

The following table shows a sample of the outcomes of Trustee Visits completed in 2018/19.

Date & Visit Topic	Comments from the Trustee	Recommendations and Progress to date
<p>Person Centred Care CQC Regulation 9 April 2018</p>	<p>I was lucky enough to witness the handover of the nursing staff at shift change. It was strongly evident that care being delivered is individual and delivered in conjunction with patients. Examples of this are specific changes to pain relief or other medication to suit a patient and their visiting times. It was also evident that individual issues identified are managed in accordance to patient wishes rather than a blanket 'all' approach.</p>	<p>Consider reviewing the approach to the audit of care plans to enhance compliance.</p> <p>Include a review of interventions with consent to ensure this is captured within the documentation.</p> <p>These recommendations have been implemented within the clinical audit schedule</p>
<p>Dignity & Respect and Consent. CQC Regulation 10 & 11 May 2018</p>	<p>All of the different teams that I spoke with had a robust understanding and competence when discussing patient dignity and care. I was impressed by the answers given by the staff and feel confident that this exercise produced positive results. It was evident that the healthcare professionals understood the importance of treating patients independently and individually, and all aspects of consent.</p> <p>When speaking with a patient he said "All the staff explained everything that was going to happen, and I felt I always gave my complete consent".</p>	<p>Raise awareness among staff about terminology surrounding the 'protected characteristics' ...staff knew what they were and their importance, but not their name.</p> <p>Equality and Diversity Training has since been enhanced and now includes interactive exercises that focus on the 'protected characteristics' and the terminology used to describe them.</p>
<p>'Fit and Proper Persons Employed' CQC Regulation 19 August 2018</p>	<p>I was very impressed by the professionalism, enthusiasm and caring attitude of the Hospice's 'Care Certificate' assessor while we discussed the files.</p> <p>It was a pleasure for me to have time to talk to and get to know the two members of staff who certainly uphold the ideals of Woodlands Hospice.</p>	<p>The Trustee recommended that the team devise an official, robust format to clearly show that staff members, both previously or newly qualified have been signed off as competent to perform various procedures on our patients.</p> <p>This recommendation is now on the agenda of the Training Task & Finish Group</p>
<p>Table continued over page...</p>		

Table continued...

<p>Nutrition & Hydration</p> <p>CQC Regulation 14</p> <p>March 2019</p>	<p>The Trustee said “The knowledge, experience and commitment of both staff members with whom I talked has reassured me that the level of nutrition and hydration care practised in this Hospice is of a very high standard with no evident failures in those practises, highlighted or observed during this visit”.</p> <p>“The views of the patient, which were delivered without any prompting, have also reassured me that he has confidence in the excellent standard of care delivered with a true commitment to meet, in full, his individual needs.”</p>	<p>The Trustee recommended that online e-learning for the International Dysphagia Diet Standardisation Initiative (IDDSI) should be considered as mandatory and completed by every member of inpatient and Well-being & Support Centre staff. This recommendation is now on the agenda of the Training Task & Finish Group.</p>
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Complaints

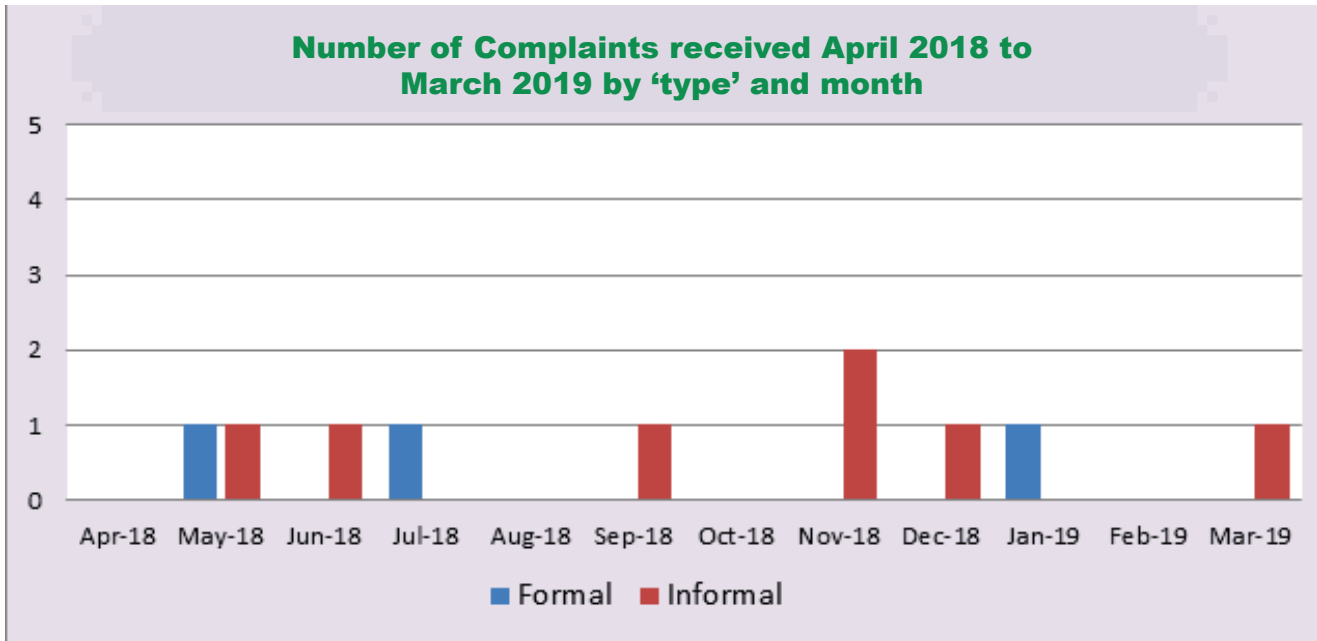
Complaints reported in this Quality Account are those related to Woodlands Hospice Charitable Trust, i.e. services provided by the Hospice for which we are registered with the Care Quality Commission (CQC). These services must demonstrate that they are safe, effective, caring, responsive and well-led.

As in previous years, the Hospice has continued to log and report on every complaint it receives, categorising them as either ‘informal’ (i.e. those which are easily and quickly resolved to the satisfaction of the complainant and with little or no investigation required), or ‘formal’ (i.e. those which require investigation and action to achieve resolution). Complaints are anonymised and reviewed by the Trustee-led Governance and Clinical Governance Committees as well as being reported to the Board and monitored for emerging trends.

From 1st April 2018 to 31st March 2019 Woodlands Hospice Charitable Trust received a total of 10 complaints; three of these were formal and seven informal. This was a marked improvement on the number of complaints received in 2017/18 and reflects an action plan implemented at that time to provide additional support to the inpatient nursing team during a period of staff and ward management changes.

	April 2015 to March 2016	April 2016 to March 2017	April 2017 to March 2018	April 2018 to March 2019
Total number of complaints	15	8	27	10

Table showing total number of Charitable Trust – related complaints received from 2015/16 to 2018/19

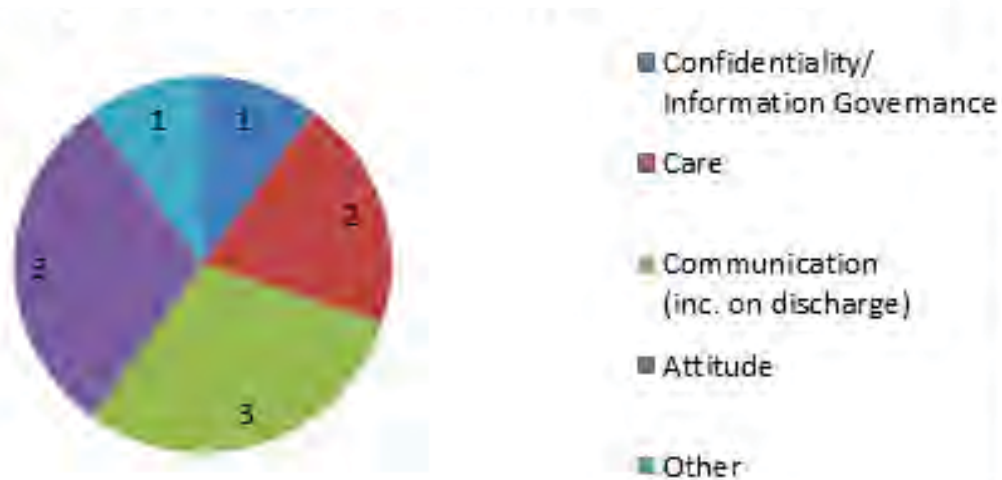


Graph: showing the distribution of complaints received throughout the year.

All complaints received during the period were managed according to Woodlands Complaints Management policy. One formal complaint involved other community agencies and, at 31st March 2019 was still awaiting a report from the lead agency; the complainant had been informed of the delay. All other complaints were resolved within agreed timescales. Themes emerging from complaints are shown in the chart below. Learning from complaints is shared amongst the team and improvement actions are monitored to completion.

Complaint Themes 2018/19

Main Themes of Charitable Trust Complaints April 2018 to March 2019



Compliments

In the year 2018/19 Woodlands received 742 compliments in the form of thank-you cards, letters, emails and comments on social media (nearly 600 were received in 2017/18), 'just giving' pages, and 'compliment' slips. These were in addition to the many verbal comments and compliments received throughout the year. As in previous years, compliments were received from patients, their families and friends about the:

- Exceptional kindness, compassion and support given to patients and families.
- Wonderful calm and peaceful environment.
- Respect and dignity given at all times.
- Excellent standard of patient care.
- Dedicated happy staff.
- Fabulous food, prepared individually for patients and presented so carefully.

Number of Compliments and 'Thank-yous' received 1st April 2018 to 31st March 2019 (by month)

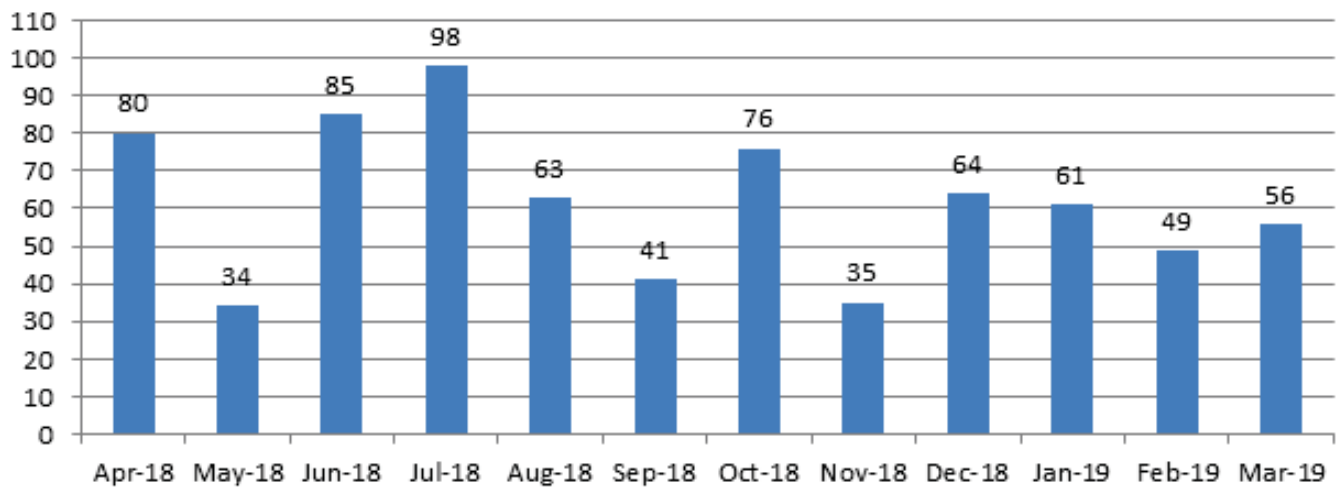


Chart showing the number of compliments and 'thank-yous' received in 2018/19

The Hospice team is humbled to receive such wonderful compliments and messages of thanks from people who have been through very difficult times.

3.1 What our patients and families say about the organisation

“Thank you for the wonderful care compassion and support you gave to our lovely mum and to us during the last weeks of her life”

(Card to Inpatient Unit, April 2018)

“On behalf of myself and my husband who died very peacefully in his sleep surrounded by myself and our three children, I would like to thank you so much for making life easier for him in his last few weeks. Your humour, company and compassion he so appreciated, it helped me enormously as well”

(Letter to the Hospice at Home team, April 2018)

“I’ve not really come to terms with what’s going on, I miss her so much. It’s a long, long rocky road but it’s nice to know Woodlands is there for me. I feel like it is part of my family.”

(Letter to the Family Support Team, May 2018)

“We didn’t know what to expect when she went to woodlands and were scared as her passing was imminent. However, they were wonderful; mum was allowed to pass with dignity, treated like a queen and well cared for. We are eternally grateful and would like to keep her legacy going by raising funds for a gold leaf on the memory tree in her name.”

(A message left on a ‘Just Giving’ page by a patient’s family, June 2018)

“Your loving caring support has been my sounding board and lifeline over the past years since I lost [my partner]. You have given me the tools to put myself back together. It is very hard saying goodbye but you have given me the strength to do this.”

(Letter to the Family Support Team, July 2018)

“Thank-you’ to you all. You have no idea how much your support means to all of the families visiting Woodlands. Even just a cup of tea or a smile can pick you up when it is needed most”

(Social Media message to the Fundraising Team, December 2018)

“To all the wonderful staff for helping to make his 3-year struggle with cancer so much easier; we cannot thank you all enough for your genuine support, kindness and compassion. He looked forward to his Fridays and Woodlands gave him peace of mind. We feel blessed that he was able to spend time with you all; you gave us strength hope and comfort as a family. Thank you all so much for doing what you do every day to make someone’s life more peaceful and comfortable.”

(Card to Well-being & Support Centre, October 2018)

“My mum was there when she was really sick. The chef would bring in chocolate eclairs and little tubs of ice cream to encourage her to eat. The food was brilliant and so were the staff, very caring. Food is so important when people are poorly so it’s wonderful to see the care and attention Woodlands put into this, like everything else they do.”

(Social Media message to the Fundraising Team, February 2019)

“Woodlands to me as a Carer is a sanctuary, a place where my husband goes twice a week. He has a break from me and I have a break from being a Carer. Where he is with people who have life threatening illness, they may talk about illness, their life, about day to day things and they laugh! Support is amazing. Woodlands you are our lifeline and I don’t feel alone.”

(Card to Well-being & Support Centre, November 2018)

“A very humbling afternoon was spent at the opening of the Children and Young People’s facility at Woodlands. We are proud to have built this amazing space to be used by children whilst visiting at the hospice.”

(Social Media message to the Fundraising Team, January 2019)

“Thank you so much for looking after her. All the staff and volunteers helped us all through such a difficult time and it was clear you all care so much about your patients. The special touch on Christmas day was so beautiful so thank you for doing such an amazing job.”

(Card to the Inpatient Unit, January 2019)

“It’s been nearly 3 years since I was diagnosed with cancer, followed by lymphoedema and I would just like to say that with your help and support it has been easier to cope and adapt to daily life – thank you!”

(Card to Well-being & Support Centre, March 2019)

3.2 What our regulators say

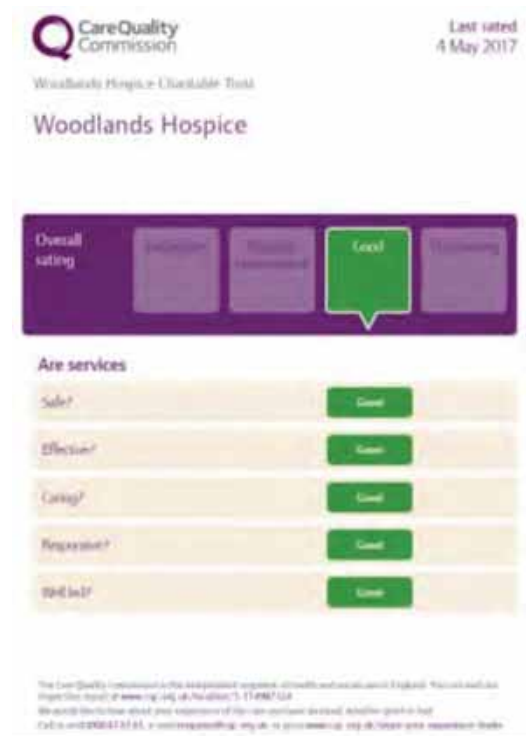
Woodlands Hospice is registered with the Care Quality Commission (CQC) and as such is subject to regular review and inspection to ensure that the services we provide are safe, effective, caring, responsive and well-led.

The CQC last carried out an inspection in May 2016, with a follow-up visit in April 2017.

The Hospice was subsequently awarded an overall rating of 'Good'

The full report can be downloaded from the CQC website (www.cqc.org.uk). We await the next inspection from CQC.

In September 2018 the CQC Inspector for Woodlands visited the Hospice to meet the Patient Services Manager and see the Hospice facilities. The Inspector was complimentary about the Hospice environment and the services provided.



3.3 The Board of Trustees' commitment to quality

Woodlands Board of Trustees continued to meet bi-monthly throughout the year and held its Annual General Meeting in September 2018. Trustee attendance at Board meetings is excellent and the Board is committed to ensuring the Hospice continues to promote quality of patient and family care, as well as supporting Hospice leadership, management and governance.

Board sub-committees are all Trustee led with individual Trustees chairing bi-monthly meetings with the following areas of responsibility:

- Governance
- Clinical Governance
- Personnel
- Finance
- Income Generation
- Capital Projects

Commitment to statutory duties, strategy development, and service development & improvement are agenda priorities for these Committees.

The Board completed 'Good Governance' training with Brabners Solicitors in March 2019. This assured the Board that they have an excellent approach to Governance requirements.

Mr Barry Bartlett is now in his second year as Chair of the Board; he is also an active member of the Finance Committee, Chair of the Capital Projects Committee, and carries out Trustee Visits.

In his role as Chair, Mr Bartlett attended the first Hospice UK National Conference for Trustees in March 2019.



3.2 Supporting Statements

Local Healthwatch

Throughout the year Woodlands has worked with Local Healthwatch Groups, especially in relation to Woodlands Patient, Family and Friends Forum.

Clinical Commissioning Groups

During 2018/19 Woodlands has 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
- Palliative and End of Life Care North West Coast Strategic Clinical Network

The Chief Executive and Patient Services Manager have met with CCG End of Life Commissioners on a regular basis throughout the year to discuss developments and performance; the Hospice thanks them for their ongoing support.



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Woodlands Hospice Charitable Trust
AUH Campus, Longmoor Lane,
Liverpool, Merseyside L9 7LA
Tel: 0151 529 2299

Registered Charity No. 1048934
Company No. 3063721