

Woodlands Hospice Quality Account 2019/20

Incorporating Priority Areas for 2020/21



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CHIEF EXECUTIVE'S 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 the Hospice is to ensure high quality care for all patients and their families and we pride ourselves on the excellent standards achieved on a consistent basis.

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

The first of our priorities in 2019-20 was to build on the work of 2018-19 with improving medicines management efficiency on our Inpatient Unit. We wanted to consider 'Single Nurse Administration of Controlled Drugs' to improve the timeliness of administration, and also to free up registered nurse time for caring duties. The risk benefit analysis undertaken by the senior clinical team demonstrated the benefits of this initiative but the risks were unclear as little evidence was available as to whether the system could in fact bring increased risk. The Clinical Governance Committee was not happy to proceed until the risks were better understood.

On a positive note with this particular priority, the role of a Pharmacy Technician was piloted on the inpatient unit for six months, instead of recruiting an additional Registered Nurse. The pilot was very successful and the Pharmacy Technician brought many additional benefits; however the team felt the role did not fully replace a

Registered Nurse. Consequently we will not be continuing with recruitment to this role until finances allow it to be an addition to the full quota of Registered Nurses on the ward.

Our next priority was to enhance pain assessment in the Hospice which our Consultant took the lead on. After significant research the Hospice introduced the Abbey Pain Scale for those with cognitive impairment and is piloting a variety of other tools to suit the patient's needs. It is essential that we continue to assess the impact we have on our patients and their families to demonstrate the importance of Hospice services.

Our final priority this year was to ensure accessible and inclusive Specialist Palliative Care for the Lesbian, Gay, Bisexual and Transgender (LGBT) community. We progressed really well with our aim to spread awareness of the difficulties faced by the LGBT community amongst staff and volunteers; reach out to the local LGBT population, enabling their palliative and end-of-life health needs to be identified; target services appropriately; identify and remove any barriers to access; and increase inclusivity for this group of people. Our intention is to continue this good work in the coming year.

During the year we have continued to develop the clinical working groups set up specifically to look at key areas of the Hospice where we expect the highest quality standards e.g. infection prevention and control, medicines management, tissue viability and falls. Each of these groups have worked hard throughout the year and have reported on many positive developments. Our patient outcome measures working group continued to show that we quickly make a difference to our patients once admitted to any of our services which is always really pleasing to hear.

Our programme of Trustees Visits has continued throughout the year. The details of some of those visits are included in this report and show the high level of care we have consistently provided to patients and families together with recommendations for improvement or development. We are very grateful to our Trustees for undertaking this longstanding programme of review and value their honest and transparent feedback.

The Patient, Family and Friends Forum has continued to provide their support and input to a number of activities and once again led on our PLACE assessment with excellent

feedback. It was particularly pleasing this year to see two of our young people from our 'Children and Young People's Bereavement Support Group' taking part in the PLACE review. They were hard taskmasters (!) but it was great to hear fresh views from a young perspective.

The high number of compliments we continue to receive is always very pleasing and the examples of patients and relatives comments included in this report reflect the commitment and dedication of our kind and caring workforce of staff and volunteers. On occasion we are not able to meet everyone's expectations and any complaints are dealt with quickly and efficiently to bring resolution. There did seem to be a higher number of complaints this year although 21 of them were what we describe as 'informal' complaints which are dealt with very quickly to the satisfaction of the person raising the issue. We take every comment from patients and families very seriously and ensure we look for any learning to continually improve our services. It is important however to keep these comments in context and we are always reassured by the corresponding significant number of compliments.

Our key priorities for 2020/21 include developing patient Safety Huddles on the Inpatient Unit, Rehabilitative Palliative Care, and Living Life to the Full (minimising boredom and isolation). These new initiatives can only serve to continually improve the quality of our care and keep us at the forefront of Specialist Palliative Care.

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

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



Mrs Rose H Milnes, Chief Executive

SECTION 1: PRIORITIES FOR IMPROVEMENT

1a. Priorities for Improvement 2020/21

The Board of Trustees approved the quality improvement priorities for 2020/21 as set out below. The priorities were identified by the Clinical Effectiveness Group following review of current practice and considering feedback from patients, carers and staff.

Patient Safety

Priority 1: Developing Patient Safety 'Huddles' on Woodlands Inpatient Unit

First developed by pilot sites involved in the National Patient Safety Collaborative, Patient Safety Huddles can be described as short (no more than 10-15 minutes duration), multidisciplinary team meetings, held at a predictable time and place, and focused on the patients most at risk. Effective Safety Huddles involve agreed actions, are informed by visual feedback of data, and provide the opportunity to celebrate success in reducing harm, thereby enhancing teamwork through communication and cooperative problem solving; sharing understanding of the focus and priorities for the day; and improving situational awareness of safety concerns.

(NHS Improvement)

How was this identified as a priority?

Woodlands clinical team has always prioritised patient safety at all times and works together to maintain the high standards it prides itself on. The team wants to take this a step further now though, by introducing Safety Huddles to share information and highlight concerns to be followed up.



How will this be achieved?

Led by Woodlands Medical Team but focusing at all times on multidisciplinary involvement, a Task and Finish group will oversee the planning and implementation of regular Safety Huddles on the Inpatient Unit.

Safety concerns covered at the Huddles will include (but will not be limited to):

- identification of deteriorating patients
- medication safety issues,
- infections
- falls
- pressure ulcers
- equipment failures

How will progress be monitored and reported?

Progress against this priority will be monitored using regular feedback from the clinical team to identify improved communication as well as responding quickly to patient safety concerns. Results will be reported regularly to the Consultant-led Clinical Effectiveness Group (which in turn reports to the Trustee-led Clinical Governance Committee and ultimately the Board of Trustees).

Clinical Effectiveness

Priority 2: Rehabilitative Palliative Care:
an interdisciplinary approach integrating rehabilitation, enablement, self-management and self-care into the holistic model of palliative care.

How was this identified as a priority?

Rehabilitative palliative care empowers people with life-limiting and terminal conditions to actively manage their condition themselves, enabling them to live fully and enjoy the best quality of life possible (**Hospice UK**).

Our dedicated therapy team (comprising physiotherapists, occupational therapists and an assistant therapy practitioner) was interested in implementing rehabilitative palliative care to Woodlands and undertook Hospice UK's checklist 'How rehabilitative is your hospice?' resulting in an overall positive result of 77%. The team became determined to work with all members of the multidisciplinary team, together with patients, their relatives and carers to optimise patients function and wellbeing by enabling them to live as independently and fully as possible with choice and autonomy.



How will this be achieved?

Led by the therapy team, this priority will be a true collaboration between patients, relatives and carers and the multidisciplinary team. We will:

- **Focus person-centred support** that best meets each patient's goals and personal priorities.

- **Give patients greater independence**, autonomy, choice and dignity.
- **Adopt an enabling approach** to provide patients (and their relatives or carers) with enough support to empower them to manage on their own.
- **Optimise each patient's ability to function in the widest sense** including when:
 - moving around
 - eating and enjoying food
 - communicating with others
 - managing activities of daily living
 - participating in meaningful activities

How will progress be monitored and reported?

Progress against this priority will be monitored using qualitative and quantitative approaches and reported regularly to the Consultant-led Clinical Effectiveness Group (which in turn reports to the Trustee-led Clinical Governance Committee and ultimately the Board of Trustees).

At the end of the year we will repeat the Hospice UK checklist to identify progress against baseline.

Patient Experience

Priority 3: Living Life to the Full (minimising boredom and isolation); facilitating inclusive opportunities for patients to participate in activities of their choice.

How was this identified as a priority?

Woodlands inpatient unit consists of fifteen single en-suite rooms with patio doors allowing entry to beautiful gardens. Whilst many patients recognise the benefits of being in a single room, including increased privacy, noise reduction, private facilities etc., some may experience feelings of boredom, loneliness, reduced social interaction and isolation (*Maben J, et al. BMJ Qual Saf 2016; 25:241–256*).

The Hospice Family Support team had become aware of these experiences through talking with patients and wanted to explore the opportunity of giving all inpatients the opportunity to participate in an activity that they would enjoy.

How will this be achieved?

This priority will be led by the Family Support Team although an integrated, whole Hospice approach is proposed to support promotion of a wide range of skills and activities. Patient involvement will be fundamental to achieving the priority objectives which are related to the use of technology; creative hobby-based activities; encouraging participation; supporting activities in different environments; considering spiritual needs and belief; .

H	Spiritual Resources	What or who does or has helped you during difficult times? Such as: Family, Occupations or Hobbies/Interests
O	Organised Religion and Beliefs	Do you belong to an organised religion or faith? E.g. Christian, Buddhist, Hinduism, Islam, Judaism, Sikhism, Alcohol/Atheism, other What religious or faith practices are important to you? E.g. Reading, prayer, meditation, service, quiet time, other Would you see to meet without Chaplaincy or could we contact someone else for you?
P	Personal Spirituality and Beliefs	Do you have other personal (spiritual) beliefs? What other routines or spiritual practices (rituals) are supportive / helpful for you?
E	Effects) and Evaluation	What matters have been identified as: H: _____ O: _____ P: _____ E: Note any actions required and add them to the Spirituality Care Plan: Is a referral required to: Family Support Team <input type="checkbox"/> Complementary Therapy <input type="checkbox"/> Therapy team <input type="checkbox"/> Chaplaincy <input type="checkbox"/>

We will:

- **Promote the use of technology-based solutions to improve patient experience on the inpatient unit,** supporting patients to use technology where appropriate.

- **Work individually with patients**, clarifying their interests and using a creative approach to enable them to achieve their personal activity objectives.
- **Encourage and facilitate group/peer participation in activities**, where a patient has identified this as an objective for themselves.
- **Create opportunities for patients to undertake activities in different environments** (where they have identified this as a preference).
- **Incorporate the ‘HOPE’ model to assess spiritual need.** Completing the HOPE assessment individually for each patient to ensure their spiritual needs and beliefs are considered when planning activities with them.
- **Ensure inclusion for all whilst recognising and valuing diversity through:** Actively connecting with all inpatients; overcoming barriers to participation and inclusion; ensuring all patients are offered opportunities and enabled to participate in activities of their choice.

How will progress be monitored and reported?

Throughout all activities associated with this priority, qualitative feedback will be gathered from patients, carers and staff. Regular audit will be used to monitor the uptake and usefulness of the Hope model.

Feedback and audit results will be reported regularly to the Consultant-led Clinical Effectiveness Group (which in turn reports to the Trustee-led Clinical Governance Committee and ultimately the Board of Trustees).

1b. Priorities from 2019 – 20: review of progress

Patient Safety Priority 2019-20:

To further enhance the efficiency of medicines management activity on the inpatient unit.

In 2019-20, the Medicines Management Working Group led on the Patient Safety priority which aimed to further enhance the efficiency of medicines management activity on the inpatient unit.

Progress against the things we said we would do

- a) Completing a risk/benefit analysis for ‘Single Nurse Administration of Controlled Drugs’ (SNAD), presenting the final analysis to the Clinical Governance Committee for consideration. This was with a view to piloting SNAD (for oral controlled drugs only) on the Inpatient Unit if the risk assessment was subsequently approved.

Current Practice	As with many inpatient settings, current practice is that two registered nurses are required to administer Controlled Drugs (CDs).
Why change?	<ul style="list-style-type: none"> • There is no legal requirement or evidence-based rationale for the routine involvement of two nurses to administer CDs, in fact evidence suggests that this practice enhances neither safety nor care (<i>International Journal of Palliative Nursing</i>, 2015). • The inpatient nursing team has highlighted that current Hospice practice may lead to a delay for some patients waiting for breakthrough pain relief and may impact on the availability of trained nurses to provide other aspects of patient care. (<i>Woodlands 2018/19 Quality Account Patient Experience Priority: To optimise the timeliness of breakthrough pain relief for hospice inpatients</i>) • A survey of Registered Nurse opinion on the introduction of SNAD (<i>Carried out in support of Woodlands 2018/19 Quality Account Patient Experience Priority</i>) identified 12 trained nurses wishing to participate in an SNAD pilot
Proposal	To introduce a 6-month pilot of Single Nurse Administration of oral controlled drugs (SNAD)

Excerpt from the risk/benefit analysis

Outcome:

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 were used effectively. This included a survey of Registered Nurse opinion on ‘Single Nurse Administration of Controlled Drugs’ (SNAD) which suggested some nurses were interested in participating in an

SNAD pilot. The results of the survey were presented to the Trustee-led Clinical Governance Committee which requested a full risk-benefit analysis to be presented to the Committee before any preparation for a pilot could be undertaken.

The risk/benefit analysis for SNAD was presented to the Clinical Governance Committee in June 2019 for consideration. Whilst acknowledging the good intentions of the proposal, the Committee was not convinced there was enough safety-related evidence and felt insufficient consideration had been given to the risks to support the introduction of SNAD on Woodlands inpatient unit. The Committee made the decision not to proceed with the pilot until such times as more robust evidence became available and risks were reduced.

One of the suggested benefits of introducing SNAD was freeing up trained nurse time spent checking the administration process for controlled drugs; trained nurse time being very precious due to nation-wide recruitment difficulties.

- b) To pilot the role of a full-time Pharmacy Technician for six months on the inpatient unit to add to the skill-mix on the ward.
(The role had been successfully introduced in other local Hospices who reported numerous benefits).

Outcome:

The pilot commenced on 1st May 2019 and was successfully completed by 31st October. The pilot was funded from the nursing budget as nurse recruitment had become difficult nationally and Woodlands had an ongoing Band 5 vacancy that was proving difficult to fill.

The Pharmacy Technician was provided by Liverpool Heart & Chest Hospital Pharmacy, which provides Pharmacy Services to the Hospice through a Service Level Agreement. The Technician was fully experienced in providing medicines management



support to hospices, being part of a team that provided those services to several hospices in the region.

A mid-term evaluation of the pilot was presented to the Clinical Governance Committee in August 2019 and included pre- and mid-term data. Benefits had been seen in a number of areas including: a reduction in the number of out-of-hours calls to pharmacy; better-stocked medicines trolleys; improvements seen in achieving medicines reconciliation standards. The Technician was also able to free up trained nurse time by completing the 'checker' role in the administration of controlled drugs.

Other roles undertaken by the Technician included: reviewing and acting on drug alerts; contributing to medicines management meetings; being available to take medicines management queries from nurses and doctors.

On completion of the pilot, feedback from nurses included:

"Helps nurses with more patient contact"

"A full drug round can be complete without any distractions e.g. having to get medications from cupboards, and trolleys are fully stocked"

"Discharges have run more smoothly"

"Very helpful"

"The role could develop further to free up more nurse time"

"More visible for 2nd checking [of controlled drugs] - especially in the morning- the technician now sits at the front desk whilst doing paper work instead of the office"

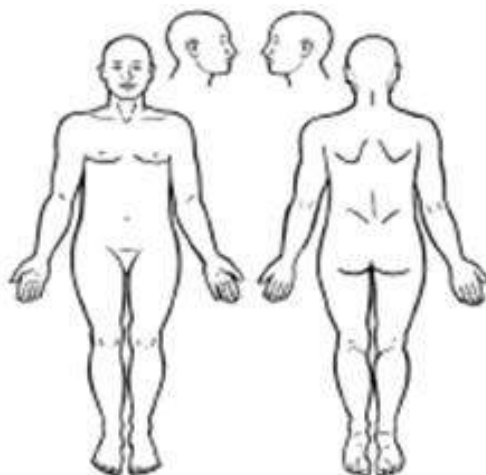
Despite the positive results of the pilot, general opinion amongst nurses on the ward was that, although there were definite benefits from having a Pharmacy Technician as part of the team, the team was feeling the 'loss' of a Band 5 nurse. The preference was to have a Pharmacy Technician in addition to the full complement of nurses; however that was not financially viable.

The proposal going forward is therefore to retain the Band 5 nurse position with the intention of recruiting to that, and to include Pharmacy Technician hours in the inpatient establishment in the future if, and when, finances permit.

Clinical Effectiveness Priority 2019-20:

Enhancing Pain Assessment in the Hospice.

Effective pain assessment is the key to being able to manage pain successfully but pain can often be difficult for patients to describe. This in turn can lead to difficulty for prescribers when they try to find the right dose of pain relief medication.



The Hospice Clinical Lead wanted to introduce a pain assessment tool with the aim of enhancing pain management and improving each patient's experience of care.

A multidisciplinary clinical team from the Inpatient Unit and Well-being & Support Centre was formed to take this priority forward, as well as involving patients and their carers.

Progress against the things we said we would do

a) A review of the literature about pain assessment tools.

The Hospice Clinical Lead reviewed national guidance related to pain assessment including:

- SIGN guidance
- Faculty of Pain Medicine Guidance
- NICE guidance
- Regional Guidance

None of the guidance reviewed recommended a specific pain assessment tool. This was unsurprising as there is no single pain assessment tool validated for use in all circumstances and, in particular, there are no validated pain tools to assess cancer-related neuropathic pain which is a common reason for admission to Woodlands inpatient unit.

b) Identification of a range of assessment tools which would be suitable for use in the Hospice including those suitable for patients with cognitive impairment.

The group reviewed several assessment tools including

- The Abbey Pain Scale. For assessment of pain and distress associated with care in patients who cannot verbalise i.e. patients with dementia or other cognitive difficulties
- The Disability Distress Assessment Tool (DisDat), developed by St Oswalds Hospice in conjunction with Northumberland Tyne & Wear NHS Trust, which aimed to identify distress, rather than pain.
- The DOLOPLUS-2 scale, which is used as a behavioural pain assessment in the elderly.

The group agreed that the Abbey Pain scale was the preferred assessment tool for those with cognitive impairment as we had used it previously at the Hospice and found it simple to use but effective.

As there was no other specific recommended tool to meet the needs of Woodlands patients the group approved a variety of tools, for use in the inpatient unit and, each patient will decide which tool is most suitable for them.

c) Development of simple documentation to record the effectiveness of prescribed analgesia which can be used by both staff and patients.

A draft document was prepared and circulated to the group for feedback. It was agreed that patients, healthcare assistants, nurses and doctors would be able to complete the form. This document is reviewed at each training session and the final document will be piloted.

d) Review of that documentation by patients and carers.

This will be done during the pilot phase and the document amended in light of the patients' feedback. It is hoped that the pain assessment document will be reformatted to create a pain diary which can be used in the outpatient setting.

- e) Education and training for staff in using the documentation and pain assessment tools.

Training and education sessions were prepared for delivery by the Clinical Lead. Whilst some staff had completed the training at the end of 2019/20, some training dates will be carried over into 2020/21 due to the Covid-19 pandemic.

- f) Launch of the documentation.

The launch of the final version of the document will take place in 2020/21 when the education and training is completed for all staff involved.

- g) Ongoing monitoring and evaluation.

Following the official launch, audit of pain assessment will be incorporated into the Hospice's regular Clinical Audit cycle.

Patient Experience Priority 2019-20:

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

An Equality Working Group, including representatives from all Hospice departments, was created to drive improvements related to this priority. The Group wanted to: spread awareness of the difficulties faced by the LGBT community amongst staff and volunteers; reach out to the local LGBT population, enabling their palliative and end-of-life health needs to be identified; target services appropriately; identify and remove any barriers to access; and increase inclusivity for this group of people.

Progress against the things we said we would do

- a) A review of literature and current guidance on addressing inequalities in palliative and end-of-life care.

This was completed at the start of the year and resulted in circulation among the group of documents and literature including “**Hiding who I am: The reality of end of life care for LGBT people**”(Marie Curie), “**A Different Ending**” (CQC) and the “**LGBT Health Survey Merseyside: Results and Response**” (MacMillan).

The literature was also used to formulate the questions used in an online survey (see b) below.)

b) A survey of staff and volunteers to understand their knowledge and attitudes towards LGBT issues.

One of our Trustees visited the Hospice in July 2019 to speak individually with members of staff about their knowledge and attitudes towards LGBT issues. The visit was very well received by the staff who were interviewed and they were open and honest with their responses which included:

Q. *Would you feel comfortable carrying out care for someone who is transgender?*

A. *“Yeah of course, I wouldn’t see it any different to looking after somebody else, but sometimes that fear of offending is still there.” (Inpatient Unit Doctor)*

Q. *Have you ever had any experience with the LGBT community?*

A. *“I haven’t had much experience with the LGBT community really, I know a couple of people who are gay but very limited professional experience.” (Wellbeing & Support Centre Nurse)*

Q. *How can we ensure that we meet the needs of our LGBT patients in our end of life care planning?*

A. *“I think the earlier we can support people with Advance Care Planning the better it is to ensure any issues that arise can be sorted out for further down the line.” (Wellbeing & Support Centre Manager)*

In addition to the Trustee visit, an online survey for staff and volunteers was conducted anonymously and the results were published in a report in December 2019. The results were largely positive although staff and volunteers alike responded negatively to the question ***“I understand the different pronouns that the LGBT population may use to describe themselves”***, and most respondents said they would welcome training to help them understand the issues faced by the LGBT community when considering access to palliative and end-of-life services. An E-learning module was developed in response to the

survey outcome entitled "Palliative and End of Life Care for LGBT People". This module has subsequently been made mandatory for all staff.



- c) Development of a range of events and resources designed to raise awareness and increase inclusivity for LGBT people.



Hospice staff and volunteers took part in the annual Liverpool Pride March on 27th July 2019. It poured with rain all day but even that did not dampen the spirits of everyone taking part and the Woodlands team proudly carried our banner around the city, demonstrating our support for the LGBTQ+ Community.

d) Seeking advice and input from local, National and Community Groups supporting LGBT communities.



On 19th August 2019 representatives from the Liverpool Children and Young Persons Advisory Group came to the Hospice to talk to Staff and Volunteers about LGBT+ support for children and young people. The session was excellent and was especially useful to the Hospice Family Support Team who deliver bereavement support to Children and Young People both individually and in group sessions.

e) A full review and revision of the Hospice policy for Equality and Diversity

This revision was not undertaken within year. However, the Equality Working Group has reviewed the policy and agreed in principle the improvements that need to be made. The revision will be undertaken in 2020/21 and will be submitted to the Trustee-Led Personnel Committee for approval.

In addition to the work undertaken above the Group has also committed to:

- Continue to meet beyond the life of this priority to drive the Equality and Diversity agenda forward, particularly in relation to the protected characteristics of the Equality Act 2010.
- Pursue the achievement of the Navajo Merseyside & Cheshire LGBT Charter Mark – an equality mark sponsored by In-Trust Merseyside & Sefton Embrace and supported by the LGBTI (I = intersex) Community Networks across Merseyside. Award of the Charter Mark is dependent on successfully meeting ten simple assessment criteria. The Group plans to work towards achieving this in 2020/21.

- Review other Hospice policies, leaflets and documentation (as they become scheduled for review) to ensure they are inclusive for LGBT patients, visitors volunteers and staff.

Update on work carried over from 2018/19

In 2018/19 we carried over a few objectives from each of our Priorities for that year. Work to address those objectives has now concluded; an update can be seen below.

Patient Safety Priority 2018/19: To enhance patient care in relation to the prevention and management of pressure ulcers

At the end of 2018/19 we said a competency assessment framework (to evaluate the impact of training) would be introduced in autumn 2019.

Much work was undertaken in 2019/20, culminating in:

- The production of a “Pressure Ulcer Prevention and Management Quality Assurance Framework” which outlined how the Hospice adheres to standards for pressure ulcer prevention and management; the ways in which the Hospice reports pressure ulcers both internally and externally; and ensuring learning from incidents is shared in practice.
- Specialist face-to-face tissue viability training for inpatient nursing team, enhancing expertise within the Hospice and including competency assessment.
- The development of additional mandatory e-learning on tissue viability and pressure ulcer prevention.

Clinical Effectiveness Priority 2018/19: To ensure Hospice End of Life Care Documentation demonstrates evidence-based practice

At the end of 2018/19 we said we would re-audit the Hospice’s revised End of Life Care documentation against baseline and adherence to NICE guidance. Records from twenty patients were included in the re-audit, incorporating deaths on the inpatient unit between May and August 2019. In particular the re-audit looked at the detail of documented care and conversations with both the patient, and those close

to them, about end of life care. The table below shows the outcome of the 2019 audit, compared to the baseline audit.

Criteria	Target	Achieved in Dec 2019 re-audit	Achieved in Baseline Audit December 2018
There is documented evidence that dying is recognised.	100%	95%	100%
There is documented evidence that patients and those important to them have the opportunity to be involved in discussions about care at the end of life.	100%	Patient 55% <i>Note: 6 patients were semi/unconscious and one patient declined the discussion</i> Nominated person 95%	Patient 85% Nominated person 90%
There is evidence that a holistic and individualised plan of care is developed for dying patients and that this is reviewed regularly.	100%	100%	100%
There is evidence of review of hydration and nutritional needs at the recognition of dying and regularly thereafter.	100%	CAH assessment 85% CAN assessment 75%	CAH assessment 40% CAN assessment 0%
There is documented evidence that patients and those important to them have their religious and spiritual needs assessed.	100%	95%	85%
Care after death is recorded, including compliance with Woodlands care after Death procedures.	100%	80%	90%

As highlighted in the table, there was an improvement against baseline in four of the six criteria. Recognition of dying was not documented for one patient, and the care and support given to the patient's family & those important to them at the time of and immediately after death was not documented for two patients (although there was documented evidence that appropriate written information had been given to the family/those important to them for all twenty patients).

Audit results were shared with the team and the importance of complete End of Life Care documentation was reiterated.

Patient Experience Priority 2018/19: To optimise the timeliness of breakthrough pain relief for Hospice inpatients

Priority for 2019/20. The update can be seen in section 1b, Priority 1.

OTHER QUALITY IMPROVEMENTS 2019/20

Monitoring Quality

- Throughout 2019/20 Woodlands' clinical audit schedule was adhered to, A wide range of audits were scheduled throughout the year to monitor standards related to topics including infection control, tissue viability, falls and other clinical standards. Results of clinical audits were reviewed by Clinical Working Groups (see the following section) before being reported to the Clinical Governance Committee. Actions emerging from audits were monitored to completion.
- The Hospice also has a non-clinical audit plan which, as well as including monthly fire safety and environmental audits, includes monitoring of the CQC's 'Fit & Proper Persons' standards and the Code of Fundraising Practice. 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.
- As in previous years, Hospice Trustees carried out visits 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. An overview of some of the visits made by Trustees during 2019/20 can be seen in Section 3.
- The Chief Executive 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 Hospice 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 the year. The Hospice has an open and honest culture surrounding incident reporting and uses the learning from them to support improvement.

No Serious Incidents (as defined by NHS England, 2015) occurred during this reporting period.

- In 2018/19, regular meetings of the Clinical Effectiveness Group (CEG) were proving difficult to maintain. At the start of 2019/20 the Clinical Governance Committee reviewed the terms of reference for the CEG and regular Group meetings were reinstated to ensure Clinical Effectiveness issues continue to be managed appropriately.

CLINICAL WORKING GROUPS

Multidisciplinary Clinical Working Groups continued to meet throughout 2019/20 to support developments and improvements in the following key work-streams.

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

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

Infection Prevention & Control (IPC)

The group met five times during 2019/20, led by the Infection Prevention & Control Senior Link Nurse from the Inpatient Unit. Group activities included:

- Working in conjunction with Merseycare NHS Foundation Trust to complete 'zoning' of the Hospice, enabling an IPC 'Dashboard' to be developed.
- Review and update of the Hospice's Infection Prevention & Control policies.
- Review of Infection Prevention & Control audit results from across the Hospice, developing and monitoring actions to address any issues.
- Approval and release of two mandatory e-learning modules for Infection Prevention and Control (aimed at clinical and non-clinical staff).

Infection Prevention & Control - Level 1

Woodlands Hospice operates a 'Bare Below Elbows' policy

'Bare Below Elbows' is a policy that is mandatory for everybody working within a clinical environment

- A clinical environment is defined as an area where a patient receives 'hands-on' clinical care.
- Sleeves should be above the elbow (or rolled up)
- No wristwatches, bracelets (including bands), or jewellery (with the exception of a plain wedding ring) should be worn.



'Bare below Elbows' is audited frequently to monitor compliance.

- Arranging training for Hospice senior nurses to become cascade trainers in aseptic non touch technique.

During the reporting period the Hospice's longstanding Director of Infection Prevention & Control (DIPC) and Patient Services Manager (PSM) left to take up a new position and the Inpatient Unit's Infection Prevention & Control Link Nurse, qualified to Master's level in IPC, took over the role on an interim basis, pending the recruitment of a new PSM & DIPC.

Tissue Viability

Continuing the increased focus on pressure ulcer prevention and management (started in 2018), the Tissue Viability Group met nine times throughout the year, led by the Tissue Viability Link Nurse, one of the Senior Nurses from the Inpatient Unit. Activities undertaken by the group included:


- Review and update of the Hospice's Policy for the Prevention and Management of Pressure Ulcers.
- Specialist training and supporting competency framework identified for inpatient unit staff to develop expertise.

Competency	Level Required	
	Registered Nurse:	Healthcare Assistant:
Generic	Level A (1-7) & B (1-12)	Level A (1 - 7)
Pressure Ulcer Prevention & Management	Level A (1- 15) & Level B (1-10)	Level A (1- 15) & Level B (1-10)
Wound Care	Level A (1 - 8) & Level B (1 - 14)	Level A (1 - 8)

- Review and release of an E-learning module on Tissue Viability (Including Prevention of Pressure Ulcers) with an accompanying learning assessment quiz.
- Development of a Pressure Ulcer Prevention and Management Quality Assurance Framework.
- Root Cause Analysis incorporated into all inpatient nursing staff PDR objectives.

Falls

Chaired by the Hospice's Senior Physiotherapist, the falls group met five times throughout the year. Group activities included:

- Arranging specialist training for inpatient staff in the use of new falls equipment.
 - Contribution to a bid for 'Red' zimmer frames, brightly painted to provide a greater contrast for patients with cognitive impairment.
- 
- Development and approval of a new falls prevention leaflet for patients.
 - Falls competency matrix developed
 - Review, update and distribution of pocket-sized 'prompt cards' for Falls prevention and incident reporting.

Medicines Management

The Medicines Management group met eight times in the period 2019/20. During that time the Group Chair, the Patient Services Manager, left to take up a new post. The Head of Quality & Improvement took over the role of Chair and also became the Controlled Drug Accountable Officer for the Hospice (undertaking formal training in the role in January 2020). Work undertaken by the group included:

- Supporting work undertaken to achieve the objectives of the 2019/20 Quality Account Patient Safety priority (see section 1b)
- Review and approval of 'Drug of the Month' newsletters (e.g. Ondansetron and Celecoxib).
- Development of a flow-chart for the management of drug errors.
- Transfer of face-to-face training modules onto the Hospice E-learning platform, e.g. 'drug calculations'.
- Review and update of several medicines-related policies including Management of Controlled Drugs and Medicines Management Policies.
- Participation in newly launched Collaborative Medicines Management Group, a collaborative project between three local hospices.
- Review of medicines-related incidents.
- Development of a patient information leaflet about Fentanyl Patches

Fentanyl Patches (Information for patients)



What are fentanyl patches and what are they used for?

These patches contain a painkiller known as fentanyl; fentanyl belongs to a group of medicines called opioids. It is used to relieve moderate to severe pain that is long lasting and requires continuous treatment.

How do I use a fentanyl patch?

Patient Outcome Measures

'IPOS' stands for 'Integrated Patient Outcome Scale'. It is a form which asks you about any problems or concerns. It has a list of problems and asks if any have affected you recently and, if so, how often. It only takes a few minutes to fill in. There are no right or wrong answers, and if you are not sure about a question you can leave it blank. You are welcome to ask a relative or carer to help you with the questionnaire if you feel that would be helpful.



The Outcome Measures group, chaired by the Deputy Ward Manager, met four times during 2019/20. Achievements of the group in year included:














- An audit of the use of 'iPOS' on the inpatient unit; this was presented to the Trustee-led Clinical Governance Committee in December 2019.
- Acceptance of a poster to the 2019 Hospice UK Conference showcasing the introduction of iPOS in a Well-being & Support Centre setting.

Additional Working Groups

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**. Work to meet the actions required of this alert was achieved but in January 2020 an Estates & Facilities alert was circulated (EFA-2020/001): **Allergens Issues - Food Safety in the NHS**. The group therefore continued to meet to ensure the actions from this alert were also addressed. These included:

1. Review of menus to ensure allergen information is clear, consistent and in line with current legislation
2. Review of systems to ensure that correct labels/allergen information are applied to the actual food item as well as on the menus

ALLERGENS: CHEF RECIPE CARDS				
Dish/ingredient:				
Date:		Chef:		
 Celery <input type="checkbox"/>	 Cereals containing gluten <input type="checkbox"/>	 Crustaceans <input type="checkbox"/>	 Eggs <input type="checkbox"/>	 Fish <input type="checkbox"/>
 Lupin <input type="checkbox"/>	 Milk <input type="checkbox"/>	 Molluscs <input type="checkbox"/>	 Mustard <input type="checkbox"/>	 Nuts <input type="checkbox"/>
 Peanuts <input type="checkbox"/>	 Sesame seeds <input type="checkbox"/>	 Soya <input type="checkbox"/>	 Sulphur dioxide <input type="checkbox"/>	TICK THE ALLERGENS WHICH ARE IN THE DISH <input checked="" type="checkbox"/>

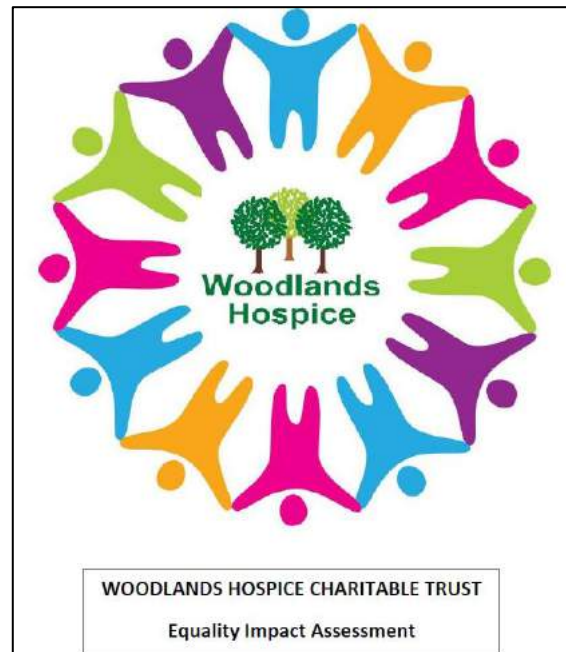
3. Ensuring all staff involved in the preparing and serving of food are trained to the appropriate levels in allergen management.

Work on these improvements will continue into 2020/21 to achieve the target completion date of August 2020.

Equality & Diversity

A multidisciplinary Equality and Diversity Group was formed to support the patient experience priority of the 2019/20 Quality Account: “To ensure accessible and inclusive Specialist Palliative Care for the Lesbian, Gay, Bisexual and Transgender community” (see section 1b).

An Equality Impact Assessment (EIA) was completed in June 2019. Action points were developed from the results of the EIA. It was agreed that the Equality and Diversity Group should continue to meet regularly to maintain the focus on these issues and continue to promote inclusion for our patients, their families, volunteers and staff.





Discharge Planning

The Discharge Planning ‘Task & Finish’ group was convened in 2019/20 to review and update the Hospice’s Discharge Planning Policy and ensure revised procedures were being followed. Led by the Hospice’s own Discharge Planner, the group achieved its objectives including staff training to ensure that patients were successfully discharged to their preferred place of ongoing care, regardless of the day or time of discharge. The group drew to a close in January 2020.

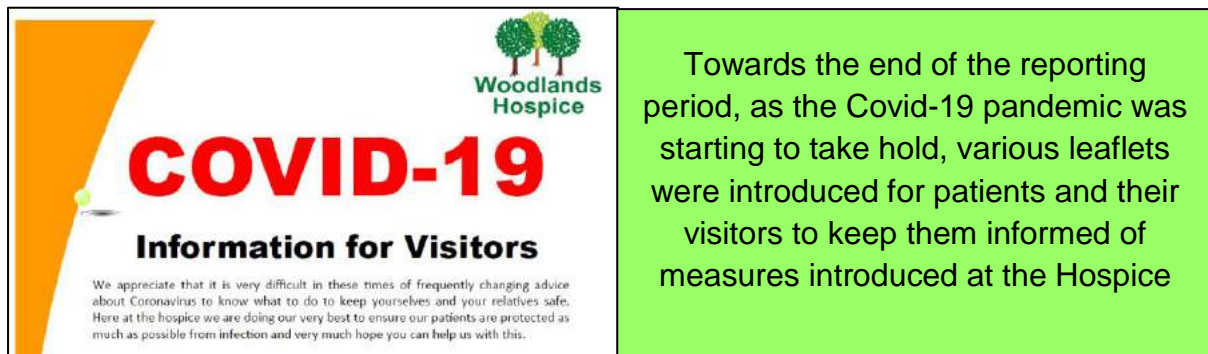
Patient Information

As in previous years the Hospice has updated several patient information leaflets and developed some new ones. Updated leaflets included:

 <p>Going Home</p>  <p>Now that you are going home, this leaflet will give you details of where further help is available</p> <p>www.woodlandshospice.org</p>	<p>Our 'Going Home' leaflet provides essential information for patients and their carers about:</p> <ul style="list-style-type: none">• How their discharge will be planned.• Getting help when they are at home.• Their discharge medicines and how to get a further supply.• How to dispose of unwanted medicines.• How to get back in touch with the Hospice if they have any concerns.• How to contact their District Nursing Team.• Other organisations that may be helpful to them. <p>The leaflet is given to patients at the start of the discharge planning process.</p>
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<p>Woodlands Hospice at Home Service provides extra support for patients with a South Sefton GP, living with life limiting illnesses and those approaching the end of their lives. The service helps patients stay at home for as long as possible by providing additional support.</p> <p>This leaflet is given to patients and carers considering the service and explains:</p> <ul style="list-style-type: none">• Eligibility to receive the service.• The three elements of the service: a sitting service, accompanied transfer home and crisis prevention/intervention.• How it is delivered and managed	<p>WOODLANDS HOSPICE AT HOME</p> <p>Information for Patients and Families</p> 
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In March 2020, as the Covid-19 pandemic was unfolding, the Hospice needed to respond quickly to national and local alerts to ensure safe patient care continued. Several information leaflets were developed including:



Education and Training

In 2019 the Hospice launched its own e-learning programme to enable high quality and consistently delivered training to be available to all staff. During the reporting period the e-learning platform was successfully launched with modules covering mandatory, enhanced and specialist training being rolled out in a phased delivery. All modules are interactive and include an assessment of learning at the end. Learners are informed immediately of their successful completion of the module. In the event that a learner does not answer the required number of questions correctly, they are given two more chances to re-take the module and test.

The image shows a 'Staff Induction Passport' form from Woodlands Hospice. At the top is the Woodlands Hospice logo, which features two stylized trees and the text 'Woodlands Hospice'. Below the logo is a purple box with the text 'Staff Induction Passport for:'. Underneath this is a blue-bordered box containing the text 'IPU Staff Nurse'. Below that are two input fields: one labeled 'Name:' and another labeled 'Date Induction Started:'.

Since the launch in June 2019, all newly appointed staff have been issued with an induction 'passport', informing them of their induction programme and mandatory training requirements. This enables staff to actively manage their own training rather than being passive receivers of scheduled PowerPoint sessions.

Additional modules continue to be developed and e-learning has become an integral part of training at Woodlands.

Note: Because of the essential interactive nature and associated practical competency assessment, some face-to-face sessions are still undertaken such as Basic Life Support and Practical Manual Handling for clinical staff.

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 Hospice (Dr Kate Marley) 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 2019/20 included:

- Communication Skills Training for healthcare professionals providing palliative care in hospital and community settings.
- Hospice staff have taught alongside other professionals from Specialist Palliative Care from hospital and community settings to deliver an intensive Palliative Care programme (Essentials in Palliative Care or EPiC) for a variety of learners from all settings.
- The Hospice was once again asked to host a morning session on the European Pain Federation (EFIC) Winter Cancer Pain School international course to be held in October 2020. This will be the fourth time the course has been held in Liverpool and the fourth time Woodlands has hosted a session as well as Dr Marley delivering other sessions on the course.
- Dr Marley was asked to travel to Maribor in Slovenia to speak about the work of the Joint Pain and Palliative Care service here on the Summer EFIC Cancer Pain and Palliative Care School.
- Another successful evening session for Clinical Leaders was held in Woodlands to educate senior nurses and doctors from hospital and community settings about planning to care for people in the last hours and days of life and navigation of local systems to support this. Another session is planned for the next year.

The confidence of the professionals in delivering teaching in Palliative Care was surveyed and supportive sessions are being planned to support our network of

educators and build teaching skills. 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.

Clinical & Community Engagement

Throughout 2019/20 the Hospice Team continued to engage with patients, carers, healthcare professionals and the public through various community groups to increase awareness and improve access to Woodlands Specialist Palliative Care services. Examples of clinical and community engagements undertaken this period include:

April 2019:

- Meeting with the MacMillan Information & Support Centre Manager at Clatterbridge Cancer Centre

May 2019:

- Participation in the National Hospice UK 'Dying Matters' event at Aintree University Hospital NHS Trust



June 2019:

- Working with MerseyCare NHS Foundation Trust Infection Prevention & Control (IPC) team, 'zoning' areas in Well-being & Support Centre and developing the Hospice IPC 'dashboard'.

July 2019:

- (and other dates) Hospice participation in the regular Integrated Clinical Network (ICN) meeting; includes nursing and medical representation from secondary, primary and community care.

August 2019:

- Meeting with local Hospital Specialist Palliative Care and End of Life Care Services to update them on Woodlands Well-being & Support Centre services.

September 2019:

- Hospice representation at the National Mesothelioma Awareness day

October 2019

- Whole Hospice participation in Hospice UK's 'Hospice Care Week'



November 2019:

- Meeting with Sefton Primary Care Trust to update them on Woodlands Well-being & Support Centre services.

January 2020:

- Visit from Head of Palliative Care Stockport to see Wellbeing & Support Centre services.

Patient, Family & Friends Forum

Woodlands Patient Family & Friends Forum entered its sixth year in 2019 and has contributed to many initiatives and pieces of work in support of the Hospice since its first meeting in March 2014.

The Forum met five times during the period 2019/20 in May, July, October and December 2019 and again in February 2020.

Attendance continued to include a few of the core members who have been with the Forum from the start, with some additional attendees at different meetings. Work carried out by the Forum throughout the year included:

- Led and coordinated the Hospice's participation in the annual 'Patient Led Assessment of the Care Environment' (PLACE), in October & November 2019. For the first time our assessors were delighted to be joined by two members of Woodlands Children and Young People's Forum
- Contributed to ideas on how to support the 'isolated patient'.
- Contributed to the development of the 'HOPE' assessment model (now incorporated into the Patient Experience priority for 2020/21 – see section 1a).
- Reviewed and gave feedback on the 'Planning your Discharge' leaflet for patients and families.
- Reviewed and gave feedback on the 'Patient Outcome Scores' patient information leaflet.

Towards the end of 2019/20 membership of the Forum had started to naturally diminish; the Group plans to run an engagement campaign in 2020 to increase its membership.



Are you interested in helping us to make a difference?

Come and join in our Patient, Family & Friends Forum!

Our next meeting is:

Tuesday
14th May 2019

All meetings start at 1.30pm, finish at 3.30pm, and are held in the Robin Suite, Woodlands Hospice. Tea, coffee and light refreshments are provided

Here are just a few of the things we've helped develop:

- The annual patient & family satisfaction questionnaire
- Welcome pack for inpatients
- An evaluation of the food served in the Hospice café
- Improvements to the 'Quiet Room'
- Promotion of Dignity & Respect throughout the Hospice

Contact Gill Harvey, Woodlands Quality & Improvement Manager,

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 2019/20 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 2019/20 represents 75% of the total income required to provide services which were delivered by Woodlands Hospice Charitable Trust in the reporting period.

What this means: In 2019/20, 75% 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. 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 2019/20.

Woodlands clinical audit programme was followed again throughout 2019/20 to ensure adherence to standards in Medicines Management, Controlled Drugs, Infection Control, Health and Safety and all aspects of patient safety and care. Results of some of the Hospice audits undertaken in 2019/20 can be seen under 'Clinical Audit' in Section 3.

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. Audits are presented at regional meetings and any emerging resulting changes/improvements to practice are circulated to relevant teams to action. Topics presented at regional meetings in-year included:

- Breathlessness Management Audit (Woodlands)
- Regional Anticoagulant Audit
- Regional Fatigue Audit
- Regional Substance Misuse Audit
- Avoidable Admissions Audit: (Sefton CPCT)

2.3. Research

The Hospice did not recruit any patients to participate in research approved by a research ethics committee in 2019/20

2.4 Quality improvement and Innovation goals agreed with our commissioners.

For the first year, Liverpool CCG Commissioners included a Quality Initiative (CQUIN) in its contract for services. This CQUIN related to active participation in transformation plans for palliative and end-of-life services across Liverpool including our involvement in the developing Integrated Mersey Palliative Care Team (IMPACT) model of care. The Hospice achieved the measures set in this CQUIN.

South Sefton and Knowsley CCGs continued with Grant Agreements which do not qualify for quality initiatives.

2.5 What others say about us

Care Quality Commission

Woodlands Hospice Charitable Trust is required to register with the Care Quality Commission (CQC). As with previous years its registration in 2019/20 was for the following activities for adult patients:

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



Overall Good <small>Read overall summary</small>	Safe	Good ●
	Effective	Good ●
	Caring	Good ●
	Responsive	Good ●
	Well-led	Good ●

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 [here](#).

The CQC did not carry out any inspections at Woodlands in 2019/20.

Official Visitors



The Easter Bunny visited in April 2019 in the guise of one of our champion supporters Pat Caffrey. Pat visits every year with Easter eggs and bunnies for our inpatients and everyone looks forward to her visit.

We were also fortunate to receive donations of Easter eggs from other donors including Sky Recruitment.



In April 2019 the Hospice was delighted to receive a performance from **the 'Make Noise' Choir** who sang for patients, volunteers and staff in our café

Paul Brant, Local Councillor for Fazakerley, visited the Hospice in May 2019 to learn about the work of the Hospice. Councillor Brant is pictured here with the Hospice's Chief Executive and Community Fundraising Manager.





Everton football ambassadors Graham Sharp and Ian Snodin visited the Hospice on 12th December 2019. They joined outpatients for our annual patient party before visiting the inpatient unit to speak with patients (Everton and Liverpool supporters alike!) and distribute gifts.

Patron Mr John Parrott MBE



Former Snooker World Champion and long-standing Patron of Woodlands, John visited the Hospice on 12th December 2019 spending time talking with outpatients, inpatients, staff and volunteers.

John is pictured here with our Wellbeing & Support Centre Manager.

Environmental Health

The Hospice Catering Team was delighted to again be awarded a 5* Food Hygiene rating from the Environmental Health Inspectors following a routine inspection carried out on 17th June 2019.



Health & Safety

Risk Assessment

No formal Health & Safety risk assessments were undertaken during 2019/20, 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

The Hospice

A Fire Risk Assessment was carried out at the Hospice by the Fire Safety Officer and Health & Safety Officer of Aintree University Hospital in July 2019. Several recommendations (low-risk) were made and a priority action plan drawn up.

The Fire Safety Officer and Health & Safety Officer of Aintree University Hospital returned to the Hospice on 12th December 2019 and awarded a certificate of 100% compliance with standards.

A Fire Drill was carried out on 20th June 2019 and was observed by members of Aintree University Hospital's Health & Safety Team. The drill was carried out successfully although Fire Wardens were reminded to wear their 'hi-vis' vests in future to make them easily identifiable.

A second Fire Drill was carried out on 23rd December 2019. Evacuation procedure was completed quickly and correctly although it was identified that the staff 'sign-in

and out' sheet had not been fully updated throughout the day and some of the writing was illegible. An email was sent to all staff reminding them of the correct procedure for completing the staff sheet; spot checks were carried out over the following few weeks. Receptionist staff were reminded that visitors must do the same.

The Shops

In February 2019 Mersey Fire & Rescue Service carried out an inspection of our Old Swan charity shop, identifying several actions for immediate attention. These actions were completed in full and within the required time scale.

Following that inspection, in July 2019 the Hospice carried out identical inspections (using the Mersey Fire & Rescue Service assessment criteria), in our other four charity shops. Action Plans were developed for each shop and monitored to satisfactory completion, within timescale, through Woodlands Trustee-led Governance Committee.

2.6 DATA QUALITY

Woodlands Hospice did not submit records during 2019/20 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. 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 relevant clinical data each year

To date, Woodlands has not submitted data to the Hospice UK Clinical Benchmarking (CBM) project. Although submission was planned for 2019/20 other priorities took precedence. We still plan to participate in this benchmarking project in 2020/21.

2.7 INFORMATION GOVERNANCE

The 2019/20 submission of evidence to the Health and Social Care Information Centre (HSCIC) for compliance with NHS Data Security & Protection Standards (previously NHS Information Governance Toolkit standards), due by March 31st 2020, was postponed for six months by HSCIC due to the Covid-19 pandemic that was emerging towards the year end which resulted in healthcare organisations nationally re-prioritising their resources to enable them to deal with the unprecedented challenge ahead of them. In line with other organisations, the Hospice intends to submit its return later in 2020. Throughout the year however, maintaining Information Governance standards across all areas of the Hospice remained a priority for the Hospice and adherence to standards is reported as a standard agenda item to the Governance Committee and Board of Trustees.

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)	2016-17	2017-18	2018-19	2019-20
Total number of patients	231	239	235	244
% New patients	91.8%	96.7%	95.3%	88.9%
% occupancy	82%	85%	83%	82%
% Patients returning home	38%	34%	46%	43%
Average length of stay (days)	17.2	16.9	16.6	14.7
% Non-Cancer patients	6.1%	12.1%	11.5%	10.7%



Woodlands Inpatient Unit maintained its average percentage occupancy levels during 2019/20.

The percentage of new patients fell slightly from 2017/18 and 2018/19 levels. Referrals and admissions from April to August 2019 were above average but gradually reduced to February 2020, levelling out the annual average. March 2020 referrals and admissions were affected by the national response to the Covid-19 pandemic.

Whilst the average length of stay (LOS) throughout the year fell to 14.7 days, January 2020 saw a big increase with seven patient's LOS exceeding 20 days. All of these patients had complex symptom control needs.

The percentage of patients returning home from the Inpatient Unit fell slightly this year to 43% compared to 2018/19 although this was still an improvement on the previous two years.

The number of inpatients with a non-cancer diagnosis fell slightly although the clinical team continued to promote Hospice services throughout the year and encourage referrals from all healthcare professionals caring for patients with a cancer or non-cancer diagnosis.

Well-being & Support Centre

Multi Professional Assessment Days	2016-17	2017-18	2018-19	2019-20
Total number of patients	105	88	75	57
% New patients	82.9	82.9%	74.7%	84.2%
% Places Used	51.4%	48.2%	54%	60.8%
Average length of stay (days)	78.2	92.5	108.1	55.7
% Non-Cancer patients	16.1%	25%	19.6%	31.6%

Multi Professional Assessment days were designed to deliver 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 individual needs. Nursing assessments are completed weekly, with physio and occupational therapy assessments as required.



The number of patients attending Multi Professional Assessment days fell in 2019/20 when compared to 2018/19 data; this fall was expected as, from 1st November 2019, Multi Professional Assessment days reduced from two days a week to one.

Utilisation fell markedly in March 2020 as the cancellation of non-essential face-to-face consultations (due to the emerging Covid-19 pandemic) began to take effect.

As local palliative and end of life strategy moves towards an integrated pan-Liverpool approach, the Hospice will collaborate with other local providers during 2020/21 to ensure Well-being & Support patients continue to receive the best possible care.

Outpatient Services	2016-17	2017-18	2018-19	2019-20
Total number of patients	600	613	619	581
% New patients	51.2%	48.8%	49.6%	50.9%
Clinics (inc Physio, OT, Comp Therapies, Counsellor, Nurse-led & Medic)	690	688	807	1162
Group Sessions	349	329	364	367
Lymphoedma Clinics	146	121	137	103
Attendances (inc Physio, OT, Comp Therapies, Counsellor, Nurse-led & Medic)	1891	1939	2053	2076
Group Attendances	2060	1957	2067	2071
Lymphoedma Attendances	579	520	582	427
% Non-Cancer patients in Outpatients	11.4%	9.8%	11.6%	14.3%

The total number of patients seen by Outpatient Services fell slightly this year although the number of attendances at individual clinics or sessions (excluding Lymphoedema) rose. The Chair Based Exercise Group and the Complex Patient Support Group were particularly well attended throughout the year.

Attendance at all clinics (including Physio and Occupational Therapy, Complementary Therapies, Counsellor sessions and Nurse-led & Medical clinics) saw a 44% increase, with the percentage of non-cancer patients rising to 14.3%.

Lymphoedema clinic attendances fell over the course of the year as the service prepared for transfer to Merseycare NHS Foundation Trust from 31st March 2020.

In line with other Healthcare providers, all non-essential face to face contacts ended from 12 March 2020 due to the Covid-19 outbreak and transferred to telephone support only.

Community Outreach Services

Community Outreach Services	2016-17	2017-18	2018-19	2019-20
Total number of patients	158	172	168	164
%New patients	96.2%	85.5%	96.4%	94.8%
% patients with non-cancer	25.9%	19.8%	26.2%	23.1%

The figures for patients receiving Community Outreach services from the Well-being and Support Centre were maintained from 2018/19 enabling patients, too unwell or unable to attend the Hospice, to receive Physiotherapy, Occupational Therapy or Complementary therapies in their own homes.

A Hospice Clinical Coordinator continued to take referrals, give telephone advice, signpost, and liaise with other healthcare professionals throughout the year to ensure patients were able to access appropriate individualised support.

Hospice at Home

Hospice at Home	2016-17	2017-18	2018-19	2019-20
Total Number of patients	168	185	144	85
Crisis Intervention home visits	6	20*	18*	12*
Accompanied Transfer Home (from Hospice or Hospital)	3	2	1	6
Sitting Service	1058 sits (99 Pts)	823 sits (119 Pts)	776 sits (85 Pts)	735 sits (69 Pts)
% Home Deaths	90.5%	94.2%	97.9%	95.6%
% Hospital Deaths	6.8%	4%	2%	4.4%
% non-cancer patients	27.8%	26%	29.3%	29.4%

* includes Crisis Prevention visits

Hospice at Home services continued to be delivered throughout 2019/20 for patients registered with a South Sefton GP (as the service is funded by South Sefton Clinical Commissioning Group only). The Hospice at Home team, working alongside existing community services, offer additional support to patients wishing to stay in their own homes as they approach the end of their life. The service includes:

- A specialist sitting service in the patient's own home.
- Accompanied transfer home.
- Crisis intervention/prevention by our Consultant-led medical team.

There was a 41% reduction in the total number of patients in year, despite regular promotion of the service to community colleagues. Further education is needed to ensure referrals are active as there is a clear unmet need out in our community.

As the year progressed the team was able to increase the number of sits per patient slightly, resulting in the number of sits provided in-year to remain consistent. The increase in average number of sits per patient could be reflective of earlier referral into the service. In March 2020 referrals to the service dropped considerably as the Covid-19 pandemic emerged.

Accompanied Transfer Home figures increased but remained low; Hospice at Home Co-ordinators are now working directly with the Hospice Discharge Planner to ensure that accompanied transfer is available for any patient that needs it.

The percentage of patients supported to achieve their wish to die at home fell slightly compared to 2018/19 figures but was still comparatively high (Hospice UK data for South Sefton suggests that overall, 25% of people die at home).

The percentage of patients with a non-cancer diagnosis accessing Hospice at Home services was maintained from the previous year. The team continues to promote the service across the South Sefton community to ensure that all patients in need of Hospice at Home care are getting the opportunity to be referred.

Bereavement and Family Support Services

Bereavement services	2016-17	2017-18	2018-19	2019-20
Total number of users supported	177	249	201	202
% new service users	61.0%	49.4%	57.7%	49.5%
Total contacts	891	828	717	640
Family Support Services	2016-17	2017-18	2018-19	2019-20
Total number of users supported	280	308	268	271
% new service users	80.4%	83.8%	85.1%	80.8%
Total contacts	1118	1464	1699	1910

Throughout the year, the Family Support team, supported by a team of trained volunteers, has continued to deliver Family Support and Bereavement services for Hospice patients and their families. The number of service users receiving bereavement support stayed the same with approximately 50% of those being new

users of the service. Total number of bereavement contacts fell by approximately 10% from the previous year; however monthly contacts fluctuate depending on individual need and, as with other contacts, figures in March 2020 fell significantly as the Covid-19 pandemic unfolded.

Other Family Support Services were delivered to the same number of people as last year with the majority of those being new service users.



The total number of contacts made in connection with all Family Support Services rose again for the fourth consecutive year.

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	2016-17	2017-18	2018-19	2019-20
INDICATOR				
Number of serious patient safety incidents	0	0	0	0
Number of slips, trips and falls	50	42	41	48
Number of patients who experienced a fracture or other serious injury as a result of a fall	0	0	1	0
Infection Prevention and Control	2016-17	2017-18	2018-19	2019-20
INDICATOR				
Number of patients admitted with MRSA bacteraemia	0	0	0	2
Number of patients infected with MRSA bacteraemia during admission	0	0	0	0
Number of patients admitted with clostridium difficile	0	0	0	0
Number of in patients who contracted clostridium difficile	0	0	1	2

Falls

All patients admitted to the Inpatient Unit (and Well-being & Support Centre services) have a multifactorial falls risk assessment completed and, for those patients identified at risk of falls, care is planned individually to reduce the risk. Low profile beds are used for patients who are at risk of falling out of bed and inpatients are assessed daily for their suitability to use bedrails. Where bedrails are contraindicated, e.g. for patients with cognitive impairment, the patient may be

nursed with the bed at its lowest level with crash mats alongside to reduce risk of injury.

The number of falls incidents rose slightly this year and, whilst there were no resulting fractures or other serious injuries, the Clinical Governance Committee requested a review of all falls incidents. This information was requested to give the Committee and the Board assurance that all preventative measures continue to be taken. The Falls Working Group will take this work forward and report through the Clinical Governance Committee.

Infection prevention and control

Every patient admitted to the Woodlands Inpatient Unit is assessed for the presence of MRSA (methicillin-resistant staphylococcus aureus). In the period 2019-20 two patients tested MRSA positive on admission; these instances occurred in separate quarters of the year. Both patients were managed in accordance with Woodlands Infection Prevention & Control Policy. All patient rooms are individual with en-suite bathroom facilities and patients were barrier nursed.

Two patients acquired Clostridium Difficile infection during their stay as an inpatient. These admissions were in different year quarters and no cross-infection occurred. Once again both patients were managed in accordance with Woodlands Infection Prevention & Control Policy.

Clinical Audit

All audits are carried out at agreed intervals according to a Clinical Audit schedule.

The following table shows a sample of the audits and reviews completed in 2019/20

Patient Safety Audits/Reviews	Findings and Actions to be taken to improve compliance/practice	Actions completed
<p>Administration of Medicines Audit <i>(Inpatient Unit April 2019: usual audit frequency 2-monthly)</i></p>	<ul style="list-style-type: none"> Total number of entries = 2,154 2 documentation errors identified. Evidence of compliance with policies & procedures = 99.91%, (Non-compliance = 0.09%). 	<p>Excellent results shared with the team.</p>
<p>Blood Transfusion Competencies <i>(Inpatient Unit May 2019: usual audit frequency 2-monthly)</i></p>	<ul style="list-style-type: none"> Of 20 Trained Staff, 20 could collect blood and blood products. Of 11 HCAs, 11 could collect blood and blood products Of 20 Trained Staff, 20 could administer blood and blood products 	<p>Excellent results shared with the team.</p>
<p>Admission Documentation Audit <i>(Inpatient Unit June 2019: usual audit frequency - monthly)</i></p>	<p>5 sets of Admission Documentation were audited. Good results seen generally.</p> <ul style="list-style-type: none"> - 5/5 were completed in black ink and legible. - 5/5 patient registration details completed and signed. - ADLs completed well, one missed circling of care plan requirements and one missing signature. - 2/5 NOK checked and signed - in all 5 admissions all appropriate risk assessments were completed. - No signatures on CPE risk assessment. - No Drs signature on Falls assessment. 	<p>The CPE Risk Assessment was updated to include a space for RGN signature.</p> <p>A reminder was sent to all staff about the importance of checking NOK details with the patient and not just copy from a previous record.</p> <p>The Falls Multifactorial Risk Assessment pro-forma includes a space for doctor's signature although this is rarely completed. To be addressed by the Falls Clinical Working Group with a view to removing from the pro-forma.</p>
<p>Audit of Peripheral intravenous cannula care <i>(Inpatient Unit August 2019: usual audit frequency - quarterly)</i></p>	<p>100% adherence to standard met</p> <p>Observed cannulation on 2 occasions. All elements completed correctly.</p>	<p>Good results shared with staff.</p>

<p>Safe Handling & Disposal of Sharps</p> <p><i>(Well-being & Support Centre August 2019: usual audit frequency - monthly)</i></p>	<p>100% compliance with standard achieved</p>	<p>Good results shared with staff.</p>
<p>Catheterisation Documentation Audit (including Consent to Catheterisation)</p> <p><i>(Inpatient Unit October 2019: usual audit frequency – Monthly)</i></p>	<ul style="list-style-type: none"> • 5 case notes were audited. • 0/5 included evidence of consent • Some care bundles were initiated after catheter insertion • Removal of catheter documentation missing from one eligible case file. 	<p>A draft of a new Catheter care plan was created with a dedicated space to record consent received and sent to nursing team to approve.</p> <p>Care plan agreed and new version now in use.</p>
<p>Management of Spillage/ Contamination with Body Fluids</p> <p><i>(Inpatient Unit January 2020: usual audit frequency 4-Monthly)</i></p>	<p>92% PASS: Overall excellent results.</p> <p>Staff were aware of the spillage procedure but no formal training had been given.</p>	<p>Action to review Infection Prevention & Control Training to ensure it incorporates dealing with bodily fluids. E-learning modules reviewed – several references are made to the management of spillages/contamination but further enhancement to be made at earliest opportunity.</p>

Trustee Visits 2019/20

The following table shows a sample of Trustee Visits completed in 2019/20.

Date & Visit Topic	Comments from the Trustee	Recommendations and Progress to date
<p>Dignity, Equality and Respect: CQC Regulation 10.</p> <p>Trustee visit undertaken in July 2019 in support of the Patient Experience priority for 2019/20 “To ensure accessible and inclusive Specialist Palliative Care for the Lesbian, Gay, Bisexual and Transgender community”.</p>	<p>“I was very impressed with his [a <i>Hospice doctor</i>] experience in this field. I was also encouraged by the caring attitude of other members of the nursing staff who already have experience of asking difficult questions and liaising with diverse family members.</p> <p>Discussions with members of staff brought into focus how transgender people could potentially be without the safety net of regular screening appointments for signs of cancer (e.g. prostate and breast screening). Staff were very professional and keen to ensure that any patient at Woodlands would be treated with kindness; at all times maintaining their dignity and ensuring that their experience of Hospice care included the people they love.</p>	<ol style="list-style-type: none"> 1) To support staff with education about the needs of LGBT people, specifically transgender patients. 2) To reach out to the LGBT community to gain their views and ideas about how the Hospice can promote inclusivity. 3) To continue ‘Family Tree Mapping’ with patients as they come in to gain an understanding of their individualised family dynamic to ensure the people most important to them feel included and part of the care given at Woodlands. <p>Progress: on recommendations 1 & 2 can be seen in section 1a).</p> <p>Family Tree Mapping continues to be completed by the medical team as patients are admitted to Hospice services.</p>
<p>Safe care and treatment: CQC Regulation 12</p> <p>Trustee visit undertaken in November 2019 – focusing on Handover and Discharge</p>	<p>“Overall I was very impressed by my observation of the handover and very much appreciated being able to see the level of understanding and knowledge the nursing team have about the patients within their care. It was excellent to see so many individualised care notes being shared and the care given to families.</p> <p>I was particularly impressed with the ideology that the patient’s capability is at the forefront of activity i.e. just walking to lunch can be a patient’s goal and to facilitate this is a fantastic approach. When speaking with a registered nurse on the inpatient unit it was clear to see the improvements being made from my</p>	<ol style="list-style-type: none"> 1) Further understanding and ownership of what and how discharge equipment is ordered by the nursing team. 2) Contact the suppliers of occupational therapy equipment with the aim of streamlining the process. <p>Progress: Responsibility for ordering equipment to support patient discharge was agreed in-year by the Discharge Task & Finish Group.</p> <p>The therapy team continues to liaise with equipment suppliers</p>

	previous visit as to understanding and ownership of the discharge.	to ensure the most efficient process is followed.
<p>Person-centred care: CQC Regulation 9</p> <p>Trustee Visit undertaken in December 2019. "To explore staff understanding, confidence and competence of completing Advance Care Plans (ACP)".</p>	<p>"From the discussions I had with various staff I feel confident that they understood the aims and sensitivity required to complete advance care plans with patients within the service.</p> <p>I agree with the registered nurses that the ACP documentation is not static; however the current documentation could be more concise to ensure that ACP discussions are visible and auditable. Overall I am impressed with the knowledge and compassion the nurses shown for the patient's wishes for end of life care."</p>	<p>1) Consider enhancing the Advance Care Plan documentation on the End of Life Care Documentation to allow for follow up actions and space to document if ACP discussions were inappropriate.</p> <p>Progress: ACP and its supporting documentation will be revisited in 2020/21 when the policy is due for review.</p>
<p>Person-centred care: CQC Regulation 9</p> <p>Trustee Visit undertaken in March 2020. "To explore practices of dignity and respect, discretion, and the spiritual provisions for patients receiving End of Life care".</p>	<p>"During my visit I spoke with a senior nurse from the Inpatient Unit and the head of Family Support. I would like to offer my sincere thanks to both for their honesty".</p> <p>"I was overwhelmed by the dedication, profession care and compassion that appears ingrained into every aspect of Woodlands... it was truly emotional. I was particularly moved to hear that a wedding blessing was to take place later in the week".</p>	<p>1) To consider enhancing staff training to support people with behavioural and mental health needs.</p> <p>Progress: This visit was completed in March 2020, just before the full effects of the Covid-19 pandemic were felt. The team will return to the recommendation from this visit as soon as possible.</p>

Complaints

Throughout the year, as in previous years, the Hospice logged every complaint it received, 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). An anonymised log of complaints is reviewed by the Trustee-led Governance and Clinical Governance Committees as well as being reported to the Board and monitored for emerging trends.

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.

From 1st April 2019 to 31st March 2020 Woodlands Hospice Charitable Trust received a total of 30 complaints; nine of these were formal and 21 were informal. This was a marked increase when compared to those received in 2018/19.

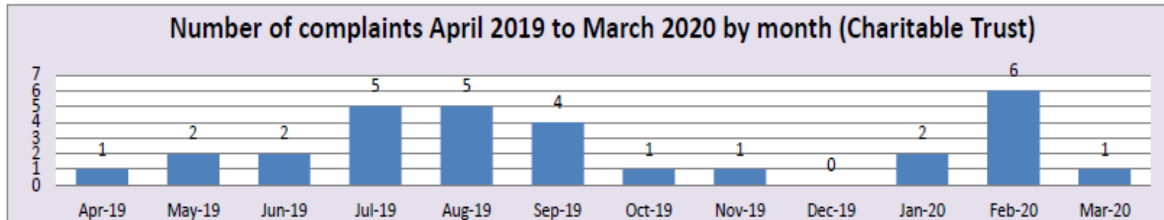
	April 2016 to March 2017	April 2017 to March 2018	April 2018 to March 2019	April 2019 to March 2020
Total number of complaints	8	27	10	30

Table showing total number of Charitable Trust – related complaints received from 2016/17 to 2019/20

Of the 21 informal complaints, one was transferred to the formal process as it could not meet the 24hr resolution timescale stipulated in our Complaints Management policy. The remaining informal complaints were resolved within 24hrs to the satisfaction of the complainant.

Of the formal complaints, two were related to changes in access to car-parking facilities; one to issues arising from a complex discharge; three were related to family concerns related to care during complex inpatient stays; one was from an outpatient who had been misinformed about lunch provision on an assessment day; one from an inpatient regarding the attitude of a member of staff; one was from a café

customer who felt ‘banter’ had been inappropriate; and one was from a son who retrospectively expressed concerns about his mother’s inpatient episode in May 2018. All formal complaints were investigated and managed according to Woodlands Complaints Management policy.



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

Learning from complaints was shared amongst the relevant teams and emerging improvement actions were monitored to completion.

COMPLIMENTS

In the year 2019/20 Woodlands logged 480 compliments received in the form of thank-you cards, letters and emails or by comments made on social media, 'just giving' pages, and 'compliment' slips. This was not quite as many as we recorded in the previous year but they were in addition to the many verbal comments, compliments and feedback we received throughout the year.

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

- Fabulous food, prepared individually for patients and wonderfully presented.
- Excellent standard of patient care.
- Kindness, compassion and support given to patients and their families.
- Wonderful calm and peaceful environment.
- Respect and dignity given at all times.
- Warmth of dedicated staff and volunteers.

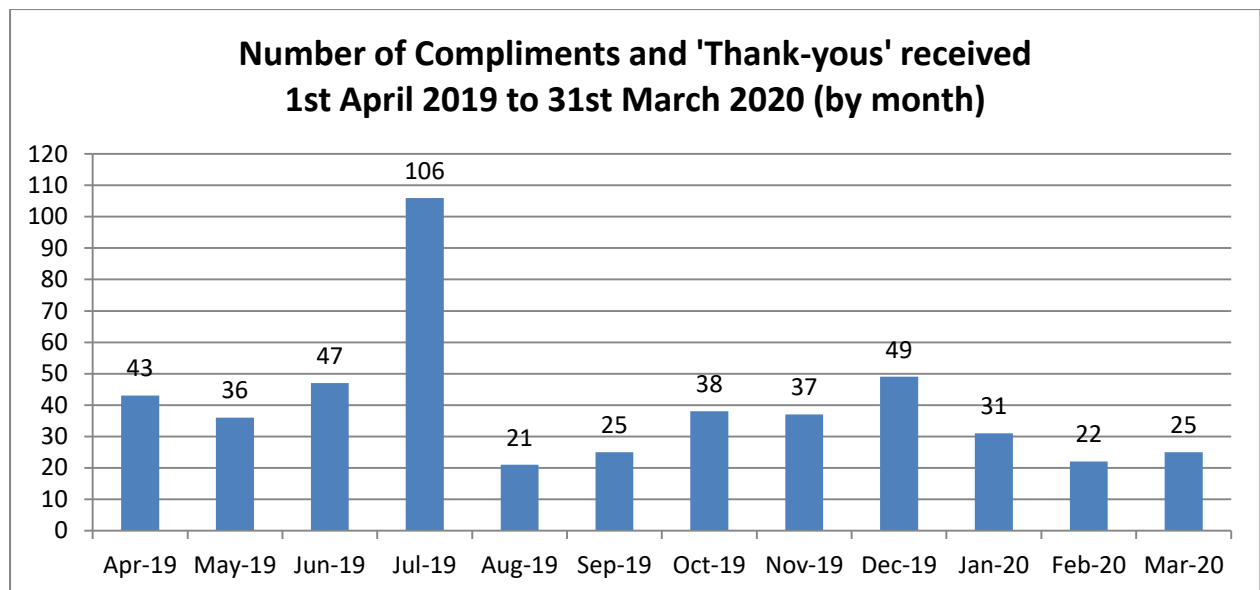


Chart showing the number of compliments and 'thank-yous' received in 2019/20

Year on year the Hospice team is proud to receive such wonderful compliments and messages of thanks from people who have often experienced very difficult times.

We are privileged to have been able to care for you and those closest to you.

3.1 What our patients and families say about the organisation

Staff member assessed gentleman with myeloma who was struggling with situation. We spoke with him he said what a wonderful place he found Woodlands, very bright, airy and friendly. He had been quite frightened of coming at first, not knowing what to expect, but he left feeling relieved, incredibly supported and like someone cared about him and would help him. Well done, what a brilliant outcome for that patient.

Email to Wellbeing & Support Centre July 2019

To everyone involved in looking after me, I really appreciate all that you have done for me.

Card to Inpatient Unit April 2019

I cannot thank you all enough for the love care and compassion you have shown my mum during this admission, but mostly the support you have all given me during this difficult time. Your hard work is noted and appreciated.

Card to Inpatient Unit May

[Thank you for] the swift action taken when husband became unwell in clinic; constant monitoring and reassurance. All the staff have been marvellous. The consultant and doctors were extremely aware of the patient's needs, physically, emotionally and the family dynamics. Extremely impressed with the whole 'family of Woodlands'

Email to the Hospice June 2019

My dad always looked out on the gardens and my little girl also loved playing hide and seek. Great memories and a lovely outdoor space thanks to your volunteer gardener.

Social Media post May 2019

While we were awaiting a care package to be implemented the Hospice at Home team provided night sits for my relative. This has avoided crisis hospitalisation and allowed their brother, who is the main carer, to get some sleep overnight - all of which was much appreciated.

Verbal feedback to Hospice at Home team August 2019

*To all the Therapy Team at Woodlands,
Thank you for my walking stick I feel quite dapper using it. Much appreciated
Card to Therapy Team October 2019*

*To all the amazing staff at Woodlands. The care and compassion you all show towards me every time I come in. I come in broken and go home fixed. You help heal my mind, body and soul. Thank you to everyone for the wonderful work you do.
Card to Inpatient Unit
September 2019*

The gentleman is only young and had a young child and was very afraid for the future but his stay here has given him total piece of mind that his family will be well cared for. The stories he told me the way staff and volunteers have gone above and beyond makes me proud. Message from the Chief Executive February 2020

*To Family Support, just wanted to say a big thank you for everything you have done. We can't explain how much you have helped and supported us over the last 18 months. All our Love xxx
Card to Family Support Team
January 2020*

Two compliments received today for the cook's roast dinners from patients. "Beautiful, nicest I have ever had" and "Lovely dinner"

Verbal feedback to Ward Manager February 2020

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 Hospice was not inspected in 2019/20. The last inspection carried out by CQC was in May 2016, with a follow-up visit in April 2017. The Hospice was awarded an overall rating of 'Good' following this visit. The full report can be downloaded from the CQC website [here](#).



Last rated
4 May 2017



Are services

Safe?	Good
Effective?	Good
Caring?	Good
Responsive?	Good
Well led?	Good

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/1-114987324. We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/share-your-experience-finder.

During the reporting period the Hospice Registered Manager, Mrs Rose Milnes (Chief Executive) has been in close contact with our nominated CQC Relationship Manager, ensuring open communication at all times.

3.3 The Board of Trustees' commitment to quality

As in previous years, Woodlands Board of Trustees continued to meet bi-monthly throughout 2019/20, holding its Annual General Meeting in November 2019. Trustee attendance at Board meetings was maintained throughout the year and, as always, Trustees demonstrated their commitment to the Hospice, promoting quality of patient and family care, as well as supporting Hospice leadership, management and governance.

Board sub-committees are all chaired by Trustees with specialist interests/backgrounds. Committee meetings are held every two months, covering the following areas of responsibility:

- Governance
- Clinical Governance
- Personnel
- Finance
- Income Generation

Additional committees meet on an 'as required' basis. They are:

- Capital Projects
- Nominations

Committee agenda continued to focus on statutory duties, strategy development, service development and improvement.



Mr Barry Bartlett is the Chair of the Board of Trustees. Board members participate in many networking opportunities and during 2019/20 our Chair attended the Hospice UK Trustee's Conference; sharing the learning with his Woodlands Trustee colleagues on his return.

In his third year as Chair of the Board of Trustees, Mr Bartlett continues to lead the Board in a very open, transparent and supportive manner. He ensures that high quality care is maintained for all our patients, their families and those closes to them.

3.4 Supporting Statements

Local Healthwatch

Woodlands links with local Healthwatch Groups have been limited throughout the year, especially following changes to personnel in some of the groups. In previous years local Healthwatch Groups have been especially supportive of Woodlands Patient, Family and Friends Forum and of the PLACE assessment. The Hospice

plans to re-invigorate those links in 2020/21 to ensure we continue to support each other to ensure the voice of local people is heard.

Clinical Commissioning Groups

During 2019/20 Woodlands continued to work closely with South Sefton, Liverpool and Knowsley Clinical Commissioning Groups (CCGs)

In particular the Chief Executive has met with CCG End of Life Commissioners regularly throughout the year to plan a strategy for the future that ensures all people in Liverpool, South Sefton and Knowsley have access to the same high standards of Specialist Palliative Care

The Hospice Board, Chief Executive and Management would like to express thanks to all three CCGs for their ongoing support of Woodlands.