Welcome to Woodlands Hospice
Annual Report 2014/15

Woodlands Hospice Charitable Trust is an independent charity committed to delivering the best possible practice and development of Specialist Palliative Care for people with cancer and other life-limiting illnesses with complex needs.

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 Hospice patients and their carers.

Woodlands is based in the grounds of Aintree Hospital and covers a population of over 330,000 in North Liverpool, South Sefton and Kirkby in Knowsley. The population served by Woodlands Hospice includes some of the most socially deprived communities in the country with some of the worst rates of cancer and heart disease in the UK.

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CHAIRMAN’S INTRODUCTION

It gives me great pleasure once again to introduce our Annual Report which summarises the significant achievements of Woodlands Hospice over the last twelve months and the progress we have made against the strategic objectives we set ourselves for the two year period from April 2014.

As Chair of this organisation I am always delighted to read of our many successes in areas of patient safety and quality and the Quality Account which forms part of this report details this well but what pleases me most is reading the comments patients and families make about our services and the dedicated team of people we have, staff and volunteers.

Our programme of Trustee visits is fairly unique in the Hospice world but I know that I and my Trustee colleagues find great satisfaction in speaking directly with patients, families, staff and volunteers to gain a valuable insight into Woodlands on a day to day basis. The robust reports ensure any areas of improvement suggested during visits are addressed appropriately.

The results of the building works last year are clear for all to see and as a Board of Trustees we feel this investment through grant monies has been a very welcome development, modernising all environments and providing much needed facilities for patients and families.

My thanks are extended to the Chief Executive, Clinical Lead, Managers, Staff and Volunteers who have made Woodlands such a highly respected, caring environment delivering the highest quality of personalised care for our patients.

We have welcomed a couple of new Trustees to the Board this year, an Architect and a Senior Nurse to fill the skill gaps we felt we had and I am sure they will add strength to the Board moving forward.

The financial position this last year unfortunately showed a deficit of £184,000 at the year end despite a fresh approach being taken in Fundraising and Income Generation but the foundations laid this year by our new Head of Income Generation will hopefully bring greater rewards in 2015/16. Our biggest investment moving forward for income generation will be in the trading company and in particular in a newly approved retail strategy and lottery development. Regrettably in 2014/15 we had to take the difficult decision to close our Walton Vale Charity Shop after 17 years of trading as it was no longer financially viable with the footfall in the Vale reducing considerably over time. We are actively looking for several new shops across all the communities we serve as this is currently an untapped source of income.
for Woodlands Hospice. In addition we have plans to grow the lottery. I have every confidence that the trading company is where we will be able to grow our income whilst increasing fundraising generally through new events, individual giving and involvement with organisations, large and small, within our catchment area. The Trustees keep a close eye on all expenditure through our Finance Committee.

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

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

Mr Ken Hoskisson
Chairman
As Chief Executive of Woodlands Hospice I always enjoy looking back on the previous year through the development of our Annual Report as it reminds me of the successes and achievements we have had throughout the year. It is good to take a moment in time to stand back and review our services with the patient and family feedback and recognise the excellent, dedicated workforce we have here at the Hospice.

Our clinical services are the core of our existence and it makes me very proud to regularly receive so many complimentary letters and notes of thanks for the care we have given to patients and their loved ones at such a vulnerable time in their lives. Our highly skilled multi-professional team creates what has been described as an ‘oasis of calm’ and dedicate their days to ensuring the highest standard of care to every patient, individualised for their needs.

Our clinical services achievements again this year are documented clearly and fully in our Quality Account (Appendix A). Although we did not receive a formal inspection this last year from the Care Quality Commission (CQC) our programme of Trustees Visits demonstrated a high level of compliance with all standards and Trustees were consistently pleased to speak directly with patients praising all aspects of the service.

The newly developed Well-being and Support Centre incorporating day service, out patients, group sessions and our community therapy outreach team was popular with those attending but following a further review of the service at the end of 2014 it was clear that we needed to promote the revised services more widely across our communities to ensure maximum awareness and usage. This is something which will be proactively addressed in 2015/16. Our redeveloped model has proved popular with many other Hospices wishing to visit us in year to gain an understanding of our Wellbeing and Support Centre.

We continued in year with the Hospice at Home service in South Sefton which has helped keep patients in their own homes and avoid unnecessary hospital admissions. We remain keen to roll this out to Kirkby and North Liverpool patients but would require full funding to do so.

After the hectic year last year of the major refurbishment it has been lovely this year to start to enjoy all the new facilities and bring the vision of our refurbishment scheme to life on a day to day basis.

The central cafe area and main gardens have allowed patients and families to meet together away from bedrooms and bring normality back to many enjoying a cup of coffee or lunch with family and friends. Our gym has hosted many fun and rewarding exercise classes for our
patients who wish to maintain their independence as far as possible, it was so lovely to hear about the competition on the Wii machine between patients and therapists.

The lack of overnight accommodation for families and friends prior to the refurbishment work was always a source of frustration for us but now we are able to provide two rooms and enable good rest and a freshen up not far away from their loved ones, a facility so greatly appreciated by them all.

No service can exist without the support of those in the ‘engine room’. Our support services including Facilities and Maintenance, Catering and Housekeeping, Finance, Human Resources, Data and Quality management together with administration and secretarial functions are a very small team supported by volunteers. They work tirelessly too in the interest of our patients and are often the unsung heroes.

As with all hospices we would not be able to provide the care that we do to such a high standard if it were not for the absolute commitment and dedication of our band of volunteers. You can see them across the Hospice quietly providing those extra services and supporting staff in so many ways. My sincere thanks to them all, they are all special people. I also take this opportunity to thank our Chair and Trustees who are also volunteers and who give so much of their time freely to help steer our future direction and oversee our day to day activities, their contribution is greatly appreciated by us all.

Fundraising saw a significant change this year with the appointment of a new Head of Income Generation who has brought fresh thoughts and ideas to help us to achieve the very stretching and challenging fundraising targets needed to keep pace with the naturally increasing annual costs. A good start was made to bridging the gap with improved income on last year and we are confident that with these foundations laid 2015/16 will be even more successful.

We have good relationships with the NHS Clinical Commissioning Groups who commission our services and have keenly participated in their strategic planning meetings for End of Life Services in our catchment areas.

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

We look forward with enthusiasm to the coming year and new challenges.

Mrs Rose H Milnes
Chief Executive
In September last year, our previous Clinical Lead, Dr. Graham Whyte, Consultant in Palliative Medicine, moved back to Scotland with his family and Dr. Kate Marley, also Consultant in Palliative Medicine, took up the Clinical Lead role here at the Hospice.

Throughout this year, Woodlands Hospice has kept abreast of changes in national policy and guidance related to specialist palliative care to ensure that our patients and their carers continue to receive high quality evidence based care. The Hospice clinical team reviewed current practice in light of the recommendations in the ‘One Chance to Get it Right’ report issued by the Leadership Alliance for Care of Dying People and is confident that the care provided meets the five priorities set out in the report. Revised documentation has been implemented to support recording of information related to recognition of dying and patients and families preferences and wishes to support person centred care.

The skills and expertise of the specialist multi professional team has enabled the Hospice to continue to maintain high quality standards in all services during this period and this can be evidenced in the excellent achievements described in our Quality Account. (See Appendix A).

Our multi professional team includes, doctors, family support worker, pastoral support, therapists, discharge planner and nurses who work together to provide holistic individualised care to patients in a variety of settings depending on the patients’ needs and preference.

Services Provided

During the year Woodlands Hospice continued to provide specialist palliative care for our inpatients and day patients who attend the Wellbeing and Support Centre. Our Outreach service and Hospice at Home service have supported patients in their own homes. Patients with secondary lymphoedema have continued to benefit from our lymphoedema service during this period.

The 15 bedded Inpatient Unit is integral to our Hospice services, providing flexible and accessible admissions, 24 hours per day throughout the year. Occupancy is always high and admissions are triaged by our
doctors based on clinical priority with referrals accepted via telephone. The feedback from patients and families is consistently excellent and any suggestions for improvement are always considered carefully. Patient’s families have benefitted from the provision of overnight rooms so that they can stay close to their loved ones. The multi-professional team on the inpatient unit provides a high level of clinical and professional expertise.

The **Well-being and Support Centre** provides a multi professional rehabilitative approach for patients attending outpatient’s appointments, group sessions or a multi professional assessment day. This model of care promotes independence and patient choice and the feedback from patients and families is extremely positive. The occupancy in the WBSC has not consistently achieved the levels expected since the new model was introduced in May 2013 therefore a comprehensive review was completed from September – November 2014. The Hospice is confident from the results of the review that the services offered are appropriate to patient and family need, however the review highlighted a number of areas to be addressed including simplification of the referral process and marketing of the services available to referrers and patients.

The **Community Outreach Team** has continued to provide therapeutic interventions for patients in their own homes, the service is crucial for those patients who require our specialist support but are too unwell to visit the Hospice. The team consists of physiotherapists, occupational therapists and complementary therapists. Complementary therapies are also offered to carers often in their own home. The number of patients with a non-cancer diagnosis accessing the service has increased during this year and this reflects the effort made to make our services inclusive regardless of diagnosis.

The **Family Support Team** was restructured during the early part of 2015 as the Hospice recognised that pre and post bereavement support was not consistently available across all services due to a lack of resource, training and experience. The new team structure which is outlined in our Quality Account (Appendix A) is funded from a legacy donation and Macmillan pump prime funding. Recruitment to additional roles within the team has commenced. In the meantime, however,
the Head of Family Support services and counsellor are providing an empathetic, responsive and flexible service for patients and their families.

Our Lymphoedema Service continued during this period with the Lymphoedema Practitioner nurse appointed last year now fully up to speed the service has reduced waiting times and increased attendance at clinics. With limited resource for this specialist service any staff absence can result in clinics being cancelled however the Hospice is fortunate in that two retired lymphoedema practitioner nurse will provide cover on an ad hoc basis. The lymphoedema support group was put on hold this year due to capacity, but plans are in place to re-establish in 2015/16.

The South Sefton Hospice at Home Service commissioned by South Sefton Clinical Commissioning Group continued during this year with an increased number of patients and families being supported in their own homes. Our specialist service provides crisis intervention and prevention by medical staff, accompanied transfer home from the Hospice or hospital by a registered nurse and a sitting service from our experienced health care assistants. The service is provided for patients who wish to die in their own home and aims to avoid unnecessary hospital admissions.

During this period 87% of patients accessing the service died in their own homes compared to a national average of approximately 58% of people dying in hospital. The service also supported an increased number of patients with a non-cancer diagnosis demonstrating the effort being made to make our services equitable regardless of diagnosis.

We continued during this year with our South Sefton Care Home Project and we are delighted to have secured funding for an additional three years. The project is supported by our End of Life Care Home Facilitator who provides education and support to staff in residential and nursing homes to increase their knowledge, skills and competence in dealing with patients at the end of their life thus avoiding inappropriate admission to hospital.

During this year we have continued to work closely with the Walton Centre NHS Foundation Trust in our Regional Joint Pain Palliative Care clinic with Consultants from both specialities assessing patients with complex pain and planning the most effective treatment to improve the patient’s quality of life.
Standards of Service

2014/15 was the first year of our two year strategy and the principal patient services objectives are as follows:

• To continue to provide the highest quality care to all our patients and their families and/or carers.

• To provide more flexible, adaptable and individualised services available for all patients with life limiting illnesses regardless of diagnosis.

• To achieve our Quality Account Priorities for 2014/15

• To implement the recommendations from the Neuberger report and Leadership Alliance following the withdrawal of the Liverpool Care Pathway.

• To achieve high standards of patient service measured against our quality markers.

• To receive consistent positive feedback from all patients and their families/carers through a variety of collation methods including patient satisfaction surveys, comments, compliments, patient service manager ward rounds, Trustee visits.

• Review and revise if appropriate services within the Wellbeing and Support Centre to ensure increased occupancy levels to an average of 70%.

• Increase the number of patients in WBSC with a non-cancer diagnosis.

• Maintain an average bed occupancy of greater than 85% and an average length of stay of 12-14 days.

• Consider the Hospice’s role in caring for patients with dementia at the end of life.

• Ensure local unified DNA-CPR policy is fully implemented at the Hospice and that there is active collaboration with all local providers to ensure continuity of care for patients in this respect with a full audit process in place for this.

• Ensure that all patients are offered the opportunity to discuss and formulate an Advance Care Plan (ACP) stating their preferences and wishes at the end of life.

• Consider the provision of bereavement and counselling services to the communities we serve regardless of whether they are/have been known to the Hospice services previously.

• Continually review the Quality Assurance Framework including all Board sub committees and working groups.

Our Quality Account (Appendix A) evidences how well we have met our 2014/15 objectives in relation to patient services and also the priorities we set for improving patient safety, clinical effectiveness and patient and family experience. The Quality Account has been published, as required by the Department of Health, on NHS Choices.


Excellent progress has been made with the majority of the patient services objectives during this first year of our two year strategy and we are committed to continue moving forward with our priorities. Areas for further development include the recording of Advance Care Planning when patients are offered the opportunity to discuss their future preferences and wishes. It is important that we do this in an integrated way with other healthcare colleagues to ensure seamless care for our patients. We will also be focussing on promotion of the newly developed Wellbeing & Support Centre services to ensure
maximum capacity next year as we are confident we offer much needed services for our communities.

Research commenced into end of life needs of patients who have dementia and we are passionate about trying to address identified shortcomings within available resources. Work will continue with this in 2015/16.

Having set up the new Family Support Services which will enhance the support we offer our patients and families and, indeed, our staff and volunteers, we will look in 2015/16 at the specific objective to expand bereavement and counselling services to the communities we serve, regardless of whether they are known to our service. This would, though, require separate funding.

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

Our annual Patient & Family satisfaction survey was particularly pleasing with 36% return rate and overwhelming positive feedback with comments such as:-

‘Very warm welcome’.  
‘Feel very safe and supported at Woodlands’.  
‘Complete respect and they meant it’.  
‘Never too busy to listen’.  
‘Always my needs first’.

The full survey is available from the Hospice’s website or on request.

Our programme of regular ‘Trustee visits’ has continued during this period, with Trustees undertaking unannounced visits of all patient services examining policies, records and speaking to staff, patients and their families regarding their experiences. These visits were based on the Care Quality Commission essential standards of care and will be updated in 2015/16 with the new Care Quality Commission inspection regime. Excellent feedback has been received during these visits and any suggestions for improvements from observation by the Trustee or patient, their families or staff have been monitored to completion.

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

Maintaining and improving, where possible, patient safety is paramount in the Hospice and our robust governance systems ensure that there is a proactive approach highlighting concerns and trends in patient safety issues.

Our working groups such as infection prevention and control, medicines management, falls prevention, nutrition, tissue viability continually review Hospice practice in these areas, monitor national guidance and develop local strategies to improve patient safety.

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

The Trustee-led Clinical Governance Committee keeps a keen watch on all clinical standards, activity and developments and has a key role in monitoring Quality Assurance. In addition, the Quality Improvement Manager has added strength to the Quality Assurance Framework.

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

Housekeeping services across the Hospice continued to deliver consistently high standards of cleanliness throughout 2014/15, contributing to our excellent record of infection prevention and control with no incidents of health care associated infections being reported during that period. Feedback on the cleanliness of the Hospice and the friendliness and approachability of the Housekeeping team is always good; of 126 respondents to the 2014/15 patient and family survey, 120 rated the cleanliness of the premises as ‘excellent’ or ‘good’ (the remaining six did not respond).

**Catering**

‘Our Catering Team continue to get excellent feedback from patients and, having been awarded an impressive 5 star rating following an inspection by the Environmental Health Department in January 2014, no further inspections took place in year.

‘The Green’ café opened its doors in April 2014 and has continued to go from strength to strength with patients, relatives, visitors, staff...
and others enjoying good food in a relaxing new environment opening out onto beautiful gardens.

37 people surveyed in November 2014 said they would recommend ‘The Green’ to a friend. Comments given in the survey included “Each time my husband and I have come the food has been excellent”; “the staff & volunteers are always friendly and very eager to help. A pleasant experience”; and “a great atmosphere - a welcome break from the Hospice environment”.

Premises & Facilities

Following the wonderful refurbishment last year with grant monies, we have been able to enjoy so many new facilities during 2014/15 and completely opened up the Hospice building ensuring smooth transitions across services for all our patients and their families. The café and gardens in particular have been a huge success and a welcome retreat for patients and families. Having the gym for exercise classes has proved popular with patients and the overnight rooms for families a much-needed space for resting.

In August 2014 a problem with the water supply on the hospital site resulted in the emergency supply contingency plan being put into place for a short period (with no detrimental effect to patients or staff). As a result of this incident however, the Board of Trustees agreed to escalate plans to increase Woodlands own back-up water supply to ensure the health and safety of all in the event that mains supply is again disrupted. Plans were drawn up last year and this project will complete in 2015/16.

The bathroom in the Well-being & Support Centre was not being utilised by day patients and it was agreed with Trustees that the room should be converted for use by our Family Support Services team to use as a base and to meet with patients and families working with them to support them in the best possible way. On the rare occasion that a Well-being & Support Centre patient needs bathing facilities, these can be made available on the Inpatient Unit.

Frosted glass in the clinical office and Hospice at Home room will be replaced with clear glass in early 2015/16 to ensure a brighter, more enjoyable working environment for staff.

Plans are being developed to install skylights above the nurse’s station on the Inpatient Unit; a natural source of light would enhance the working area for staff and would result in a brighter, more welcoming work station for patients, families and visitors. Several grant applications have been submitted to fund this project and we await responses.

Automatic doors to and from the Inpatient Unit for ambulance staff transporting patients has long been on our ‘wish list’. Not only will these make access safer and easier, they will also help to maintain patient dignity. We are proactively seeking funding for this much needed project.

Maintenance & Gardens

The gardens at Woodlands provide an oasis of calm for patients, families, visitors and staff; offering a place for quiet thought and reflection, or somewhere to sit and chat with family and friends. We are fortunate to have such a dedicated team of volunteers, as well as corporate volunteers, who maintain and develop our beautiful gardens with enthusiasm and passion. Our general maintenance services are also provided by a small team of volunteers who are regularly
seen painting and decorating, cleaning and tidying and carrying out repair works. We are so grateful to all our volunteers for their untiring support.

Specialised maintenance such as electrical work, plumbing and water provision are contracted from Aintree University Hospital Estates and Maintenance team who are always very supportive.

**Telephone/WiFi Signals**

We have, during the year, been able to improve our mobile phone connections and availability of WiFi connection to meet patients and families needs.

**Review and Restructure of Support Services**

During August and September 2014 a formal review of the small Hospice Support Services Team was undertaken which included formal consultation with staff. The resulting structure was implemented from 1st November 2014 and includes:

- **Facilities and Information Manager** (responsibilities include Health, Safety & Fire, premises maintenance & facilities, Information Governance including data protection, confidentiality, access to medical records and organisational I.T. issues).

- **Catering and Housekeeping Manager** (responsibilities include Housekeeping and Catering, the Café and overnight accommodation).

- **Administration Manager** (responsibilities include HR administration for staff and the recruitment, selection, welfare and support of Volunteers).

- **Finance Manager** (with overall responsibility for all financial management, viability and reporting).

- **Finance Officer** (responsibilities include financial processing of invoices, payments and payroll and pensions).

- **Secretary to Chief Executive** (with overall responsibility for supporting Chief Executive and other senior managers as appropriate)
Our Data Officer has, during 2014/15, led a project within the Wellbeing & Support Centre to switch data input to the Sigma electronic patient information system which is already used by the Inpatient Unit and links up with the hospital system ensuring better transfer of patient information. The electronic system has also been the basis of robust Hospice-wide data collection which has increased and developed considerably in year.

The data collection feeds the National Palliative Care minimum data sets, produces activity data for our commissioners in the NHS and feeds into the organisational Key Performance Indictors report scrutinised by Trustees and Senior Managers.

The Data Officer has been a keen participator in all meetings and developments of the EPACCS system, but nationally this is some way behind original targets for live dates.

An Outcome Measures Working Group was created in year and the IPOS tool introduced for all services. There are impending national developments in relation to outcome measures which we will proactively review and consider in 2015/16.

Although signed up to the ELQUA, the Patient Services Manger requires further education to make the best use of this national resource which will be a key objective for her in 2015/16.

Unfortunately, due to capacity issues within the Support Services team last year, we were not able to submit a full set of evidence for assessment of I.G. toolkit Level 2. The learning undertaken from the work we did carry out will serve us well for submission in 2015/16.

## Quality and Improvement

The appointment of a new Quality & Improvement Manager in November 2013 brought great benefit to all areas of quality standards, measurement and audit with robust action plans for areas of identified improvement.

Our Quality Account (Appendix A) is testament to the hard work undertaken in this regard.

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### Patient Information Systems/Data Collection and Reporting

We set the following objectives:

- To explore how data and intelligence can be improved to support continuous improvement to care.

- Further develop the Sigma electronic patient information system to ensure robust data collection.

- Work with Aintree Hospital on developing reporting systems directly from the Sigma system to ensure accuracy of reporting.

- Further develop the Key Performance Indicators (KPIs) and share readily with all staff to celebrate success and address shortcomings.

- Actively participate in the EPACCS (Electronic Palliative Care Co-ordination System) liaising with other providers and the commissioners to share patient information in a timely manner and improve patient care.

- Continue to establish the use of Palliative Care Outcome Measures to help identify what is important to patients, and clinical decision-making and show the impact of care delivered.

- Actively participate in the ELQUA system for Quality Assurance as appropriate.

- Strive to achieve Level 2 of NHS Information Governance Toolkit.
Human Resources

We set the following objectives:

• To ensure the workforce is fit for purpose with clear leadership permeating through the Hospice supporting the ongoing development of a highly skilled, competent workforce fit to face the future challenges of specialist palliative care and end of life services.

• Review the skill mix of the Board of Trustees and actively recruit to identified gaps as vacancies arise and address succession planning.

• Review the structure of the Senior Management Team to ensure all areas of the Hospice are represented fully and the imbalance of clinical to non-clinical members addressed to ensure strong leadership from the senior team.

• Review and implement leadership and management training across the senior teams to ensure appropriate qualifications, skills and knowledge exist to take the organisation forward in changing and uncertain times.

• Implement workforce issues from the Francis Inquiry including any guidance from NICE regarding staffing levels.

• Confirm and maintain robust staffing establishments for each service with appropriate policies and procedures for addressing varying staffing levels (e.g. through sickness absence, study leave, one-to-one nursing, etc.).

• Foster an environment of ongoing learning and development for all staff.

• Ensure ongoing appraisals and personal development reviews remain a priority in all teams.

• Review and revise the contribution of volunteers to all services, expanding to new areas as appropriate, in particular in more care focused roles.

• Review and revise the staff support systems in place to ensure a more transparent, accessible support system for all staff and volunteers.

As vacancies have occurred on the Board of Trustees we have identified skill gaps and in year recruited an architect and Director of Nursing in the NHS to complement an excellent Board with wide-reaching knowledge and experience. Robust induction programmes were undertaken with each new Trustee.

With the appointment of the Head of Income Generation, it was agreed with the Board in September 2014 to expand the Senior Management Team to include this role as a key and significant role within the organisation and able to support the Chief Executive on non-clinical matters.

During the year managers were actively encouraged to undertake training and qualifications to upskill their leadership and management skills in preparation for the forthcoming significant changes within healthcare, including hospices.
Research was undertaken with regard to a leadership strategy for the organisation which will be developed and implemented in 2015/16.

The Hospice keenly anticipated the NICE guidance on safe staffing levels which have now been superseded, but we are confident that our staff to patient ratio is at the level (in all our services) which you would expect for a specialist unit. We will, of course, keep pace in 2015/16 with any national guidance.

The Hospice has continued in year to encourage learning and development for all teams. We will, however, wish to dedicate even more time to this in 2015/16.

Appraisals and personal development reviews are key to staff development, and systems and processes to ensure these happen on a consistent basis will be reviewed in 2015/16.

The staff support system is critical in every hospice, and with the development of the new Family Support Services Team we will be able to address more comprehensively the options available for all staff to support them in delivery of our services and in their own personal lives.
We set the following objectives for volunteers for 2014-16:

- Consider the feasibility of introducing volunteer Befrienders to the South Sefton Hospice at Home service.
- Review and revise the contribution of volunteers to all services, expanding to new areas as appropriate, in particular, more care-focused roles.

Woodlands volunteers contribute enormously to the range of services we offer patients and families. Our ‘Volunteer Army’ of over 160 people willingly gave over 23,000 hours of their time in the last 12 months. They helped to:

- Greet patients and visitors at reception.
- Assist ward staff with refreshments for patients/visitors.
- Drive patients to and from appointments at the Hospice.
- Maintain our gardens and buildings.
- Assist with catering for patients and visitors (in the main Kitchen and Café).
- Fulfil a variety of office duties.
- Support fundraising events, collections, lottery etc.
- Help in our charity shop.
- Represent Woodlands in the community as Volunteer Ambassadors

….. in addition to providing that all important listening ear and friendly smile whenever needed.

We really do value our volunteers and we offer training which prepares them for their chosen area of volunteering. Often Volunteers find the experience and confidence they gain from volunteering at Woodlands a useful stepping stone on the way to a rewarding career. Other people bring to us many varied skills and life experiences.

With regard to the specific objectives set to enhance volunteer roles within the Hospice, discussions commenced regarding a companion scheme and a full specification is being created to seek grant funding for this development in 2015/16.

The companion scheme will reflect support out in the community such as with our Hospice at Home service and also within the Hospice.

An early development for 2015/16 will be the recruitment of volunteer support in the newly created Family Support Services team.

We are so grateful for the support our volunteers give every day and to acknowledge their wonderful support we organise a summer and winter Volunteers’ Party to show our appreciation and recognition of their amazing contribution. At the Summer Party we take the opportunity to celebrate Long Service Awards by presenting certificates for 5, 10 and 15 years’ service. We are excitedly looking forward to our first 20 year award next year! We also recognise the new Honorary Volunteers who are long term existing volunteers who can no longer volunteer on a regular basis but will continue to support the Hospice in our community
Ongoing change at the Hospice to ensure we keep pace is always met with enthusiasm by our volunteers who are always supportive and willing to accept adjustments to roles and working practises.

**Charity Shop Volunteers**

As mentioned later in the Fundraising section of this report, we regrettably had to close our Walton Vale Charity Shop in February this year as it was no longer financially viable after 17 years of trading.

We hosted ‘Afternoon Tea’ with presentations of flowers to all our volunteers who had so kindly dedicated many years to running the Walton Vale shop. Many have stayed on our books awaiting the opening of new shops within our communities.

**Volunteer Ambassadors**

An exciting new Volunteer Ambassador role has been introduced this year to assist representation of the Hospice in the community. As local support grows, demand increases for a representative from Woodlands to attend events, provide talks to interested groups and attend cheque presentations. Our Volunteer Ambassadors have been well received and we are hoping to recruit more interested individuals to this role over the coming months.

**Corporate Volunteering**

We have been very fortunate to continue to receive support from our local business community. Staff from Santander, RBS, Barclaycard, Halifax and Cobalt Housing, to name a few, have painted, cleaned, sorted, packed and leaflet-dropped their way throughout the year. This has provided a good team-building day out for them and invaluable support for the Hospice.
We set the following objectives for Income Generation/Fundraising for 2014/16

- To develop a more robust financial strategy, in particular the fundraising strategy to ensure future sustainability.

- To appoint a new Head of Income Generation with appropriate skills and experience to focus on income generation, return on investment, value for money etc.

- To develop and implement a robust Fundraising strategy for the next two years incorporating significant growth in the Trading Company, which currently lags behind all other Hospices in terms of income generated in this way. e.g. Lottery, Charity Shops.

- Fundraising Strategy also to include a Legacy Strategy, and a strategy for developing corporate support and higher level events.

- To develop and implement a full Marketing & PR Strategy.

- To review and revise branding and modernise logo.

During the year a new approach was commenced with our fundraising efforts under the guidance of the newly appointed Head of Income Generation in June 2014. Fresh ideas, new structures and roles and plans to develop new relationships community-wide all helped to improve the level of income generation on previous years. However, the challenge increases year-on-year and we were not able to meet the target set this year, but we have every confidence that this foundation building will bring good rewards in the coming years.

Fundraising Team Structure

A Head of Income Generation was appointed in June 2014 to focus on the development and implementation of a robust strategy to grow income from Fundraising and Trading activities.

The initial review by the Head of Income Generation identified a lack of corporate focus within the Fundraising Team and led to the introduction of a shared Corporate role and development of corporate fundraising skills and activity.

The Events Team roles were reviewed and revised and now comprise an Events Fundraising Manager focussed on delivering high profile Hospice led events supported by an Events Fundraising Officer, with additional responsibility for promoting and supporting challenge events.

An Individual Giving Manager role was created to focus on In Memoriam campaigns, such as Light Up a Life and Regular Giving and direct marketing activities. The Legacies & Trusts Manager role was maintained together with
that of Community Fundraising Manager. The revised structure has created a strong vibe in the team and refreshed enthusiasm to achieve the challenging goals ahead.

Fundraising Events

An overview of the Events Portfolio was undertaken and several new events were introduced during the year including a Strictly Woodlands Dancing Competition in November, where nine individuals volunteered to be trained to dance by an experienced dance partner over a 10 week period before performing in front of a room full of guests and a panel of judges. Judges and guests voted for the winners and an enjoyable evening was had by all. March also saw the introduction of a new 5K fun run, the Bunny Run, which was well supported and raised £9K in its first year.

The annual John Parrott Golf Day was again held at West Derby Golf Club with the untiring lead and support from our patron, John Parrott. The day was enjoyed by all the golfers, however, it was decided in order to grow the event next year we may move to a different golf course. We very much appreciate the support we have had from West Derby Golf Club over many years.

The Starlight Walk adopted a new route through Crosby in a move to ensure the events portfolio covers a wider area of the patients we serve and this was a popular move, taking advantage of the beautiful coastline we have in our area. Plans are in place for the 2015/16 walk to include a memory garden along the route.

The annual Light up a Life Service was returned to the Hospice following completion of the building works and was attended by over 500 people in the Hospice grounds. This very special service saw the turning on of the lights on our 30 ft. Christmas tree, which is always a very emotional moment. A further service was also held at St. Andrew’s Church, Maghull and was attended by the Mayor of Maghull.

The annual Woofs & Wellies event was upgraded by the addition of a fun dog show with dogs competing for a winning place as Best Dog and Waggiest Tail amongst other categories and was very popular, attracting a different audience to support Hospice events. Income from this event grew by 34% in 2014/15 and we are confident this will grow again in 2015/16.
Challenge Events

Many supporters choose to take on challenge events to raise funds for the Hospice. These can be anything from bike rides to runs to swimming the Channel and scaling mountains in Central America! These challenge events raised over £46,000 in 2014-15, doubling income from £23,000 in 2013-14, and we are looking to grow that next year with an Events Officer working on developing the ‘Team Woodlands’ brand and promoting challenge events to our supporters as well as maximising the benefits of social media and online giving.

Individual Giving

Individual Giving income has shown some growth through our annual Light up a Life Campaign with a gross income of £24,767 from 752 donors, compared with £17,278 and 608 donors in the previous year. Regular Giving activity has also increased with an income of £24K from 121 donors.

A ‘Letter from Santa’ campaign was also introduced and was a popular addition.

The Tree of Life continues to attract a great deal of support with pledges more than doubling year on year to 72. Each pledge raises £1K and so provides a substantial source of income for the Hospice as well as providing individuals with a lovely commemorative leaf displayed at the Hospice.

Community

We receive amazing support from the local community who value Woodlands Hospice as their very own local hospice, caring for local people. Without this support we could not continue to open our doors and provide specialist palliative care across the community.

The Community Fundraising Manager is active all over the area and organises many small fundraising events to engage with local people and develop relationships. This year Fashion Shows and Clothes Sales proved extremely popular as did the Ladies Lunch.
held at Hotel Indigo in September. A new Valuation Day, where individuals could have items professionally valued for a donation also attracted a lot of interest. Bucket Collections are also still popular and bring in considerable income through the hard work of many volunteers.

Several Woodlands Support Groups have been supporting the Hospice for many years and collectively raised a wonderful £16,800 this year. The work of these Groups is very much appreciated and has made a huge contribution over the years to the funding of the Hospice. As many members of the original groups look towards retiring from these active groups we are looking to recruit individuals who may wish to create new groups to support Woodlands moving forward.

Corporate Support

Corporate support is extremely valuable to the Hospice and can take many forms; Charity of the Year Partnerships (COTY), volunteering, sponsorship of events and activities and Gifts in Kind. We have been fortunate to be adopted as COTY for both John West Foods Ltd and CMA CGM this year, and have also continued to receive support from Bibby’s Factors North West, Barclaycard, Liverpool Mutual Homes (LMH) and Santander along with many others.

In order to engage further with local businesses we introduced a Corporate Quiz Challenge event in February, which was attended by 112 staff from 12 Merseyside companies. The coveted trophy was won by Grant Thornton plc and will be challenged again next year. This event strengthened existing support within the business community as well as helping develop new corporate relationships.

This year saw the first of our Corporate networking events, which was held at the Hospice in November and attended by a number of local businesses. Speakers from Barclaycard and Liverpool Mutual Homes (LMH) talked about the importance of Corporate Social Responsibility to their organisations and explained how supporting Woodlands had been a beneficial experience to their staff. We are extremely grateful for the growing support we are receiving from the local business community.

Grant Making Trusts

Over the years, we have been very fortunate to have received the support of many grant making Trusts which has helped us to develop our services. This year, we have continued to receive grants both in support of our care costs and also to purchase new equipment totalling £58,700. The Garfield Weston Foundation, which has been a tremendous help to us over the years, again granted us £25,000 towards our core service costs which was a great boost to our overall fundraising efforts. We are very grateful to all the Trusts for their generous support, which helps us to continue our charitable work.

Legacies

We have worked hard over the last year to promote legacy giving to our supporters, by including it in all newsletters and giving it prominence throughout the Hospice and at events. We invite individuals to leave a Gift in their Will as a means of ensuring that Woodlands can continue to provide care for the local community for many years to come and by doing so they can help us to plan for the future.
By asking supporters to consider leaving a small gift in their Will after looking after the important people in their life; we hope to encourage more support and dispel the idea that a legacy must be a large sum of money. If all our supporters left a small gift in their Will it would help to cover our running costs for many years to come and provide reassurance that we can continue to provide excellent care in the future. This year we were fortunate to receive £162,487 in legacy income which included one significant legacy of £132,000 from the estate of a local lady.

Our annual Make a Will month in April enables people to prepare a standard Will with participating solicitors/professional Will writers in exchange for a donation to Woodlands.

We are very grateful to all the practices which have taken part and for all donations received. All Legacies and Will donations will help us to give the best care possible to our patients, their families and carers now and in the future.

**Lottery**

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

As membership to the Lottery has shown a decline in recent years, an external Lottery Canvasser was recruited in October 2014 to canvass in the Hospice catchment area signing up new members and has introduced nearly 400 new members to the lottery. In addition we have tried to re-develop collection rounds and single ticket sales. We will continue to develop this approach as we see the Lottery as a key income stream for the Hospice in the future.

**Charity shop**

After 17 years trading the decision was made to close the Woodlands Charity Shop in Walton Vale on 28 February as it was no longer deemed profitable to continue. The last few years has seen Walton Vale decline from a bustling retail area with a high footfall to a much quieter area, with many retailers and charity shops leaving.

Net income in financial year 2007/08 was £27K but has showed a steady decline over the last 7 years.

A new proposal was approved by the Board of Trustees to open new Charity Shops over the next 3 years in areas of higher footfall and trading to ensure Woodlands achieves a far greater return on its investment and a greater high street presence.

The team of dedicated volunteers who had supported the shop so well over many years were invited to await the opening of the first new shop to volunteer again or offered roles at the Hospice. Some volunteers chose to become Honorary Volunteers for Woodlands.

**Hospice Shop**

As part of last year’s building works, we incorporated a new Hospice shop in reception which continues to go from strength to strength, with sales of new goods increasing year on year. The shop is run and supported by two dedicated volunteers, who also give up their time to attend events and outside activities to promote sales.
Celebration Event

In March we held a Celebration Event at the Hospice to acknowledge and celebrate the efforts of our fundraisers, whilst inspiring fundraisers for the future. Due to capacity we were unable to extend invitations for all fundraisers but a selection of all supporters; groups, individuals, young, old, mountain climbing to sweet-making. The event was very emotional at times as often the motivation for fundraising comes from a personal experience at the Hospice. It was good to have the opportunity to acknowledge first-hand a selection of our supporters and we look to repeat this event each year. All in all a very inspiring evening.
We set the following objectives for 2014/16.

• To work with key partners and organisations to consider the future and help influence the direction of the next two years for end of life care to ensure that everyone approaching the end of life has access to high quality care with their needs and wishes being met, as far as is practically possible. To ensure that end of life care is a core priority within the reformed health and social care services.

• Ensure active participation in all local and regional strategic network groups addressing end of life priorities and issues.

• Develop and implement more robust strategies for integration with all providers including the community to ensure a better joined up service for all our patients across their end of life journey.

• Ensure local unified DNACPR policy is implemented in full at the Hospice and that there is active collaboration with all local providers to ensure continuity of care for patients in this respect with a full audit process in place for this.

• Ensure all patients are offered the opportunity to discuss and formulate an Advance Care Plan (ACP) stating their wishes and preferences at the end of life.

• Actively participate in local and regional groups regarding Advance Care Planning working together with other providers to ensure the ACP is a live document and acted upon appropriately wherever the patient may be.

• Liaise with Health and Wellbeing Boards to ensure End of Life Care remains a high priority in the local community,

• Actively participate in local Healthwatch groups.

During 2014/15 the Chief Executive and Senior Team have actively participated in all End of Life strategy meetings hosted by the three Clinical Commissioning Groups (CCGs) who provide grant funding to the Hospice.

In addition Knowsley CCG ran a task and finish group for remodelling End of Life services across Knowsley and the Chief Executive and Clinical Lead were invited members to this group.

Regular meetings with the three commissioners were also held as required and sometimes with all three together to ensure collaborative working. All three appeared to be working on the same key drivers and we were able to share across all three areas our experience from each.

As active members of the Cheshire and Merseyside Palliative and End of Life care Clinical Network, represented on various sub groups, we were able to contribute our views and hear from colleagues from other providers in Palliative Care.

In year we continued our strong links with Aintree University Hospital Palliative Care team, a key strength as our Consultants and doctors are employed by Aintree and work at Woodlands under Practising Privileges arrangements. Our therapy team, also contracted from Aintree Hospital is another valuable partnership with Aintree.

The Chief Executive of Woodlands Hospice, previously an Appointed Governor of Aintree Hospital was successfully voted back onto the Council of Governors in August 2014 as a Public Governor.
We continue to maintain our strong links with the Walton Centre NHS Foundation Trust in relation to the joint Pain Management Clinic for the benefit of our patients.

We have worked closely with our community colleagues particularly in relation to the Hospice at Home service and our Wellbeing and Support Centre service including the Therapy driven Outreach service. Multi professional team meetings are held weekly to ensure better joined up service for all our patients and their families.

Good working relationships were seen in the development and roll out of the DNACPR policy and processes to ensure same procedures across the North West, led by the North West Ambulance service.

Work commenced in year with offering patients the opportunity to discuss and formulate an Advance Care Plan but more work is required on documenting and sharing this information which remains a key objective for 2015-16.

It has been difficult to directly liaise with the Health and Wellbeing Boards due to their structures and protocols but we have made strong links with the Local Healthwatch Chairs who do have a voice at Health and Wellbeing Board meetings.

Our Patient and Family Forum which we launched in March 2014 has been extremely helpful and effective. As a key priority in our Quality Account last year details of the forum are in the Quality Account (Appendix A).
We set the following objectives for 2014/16:

• To deliver robust education programmes to a variety of audiences and help improve their understanding and delivery of specialist palliative care.

• Continue to collaborate in the production of a local education strategy which will outline in more detail the education programme to be delivered.

• Working with other local providers participating in joint education programmes.

Education about Palliative Care is a key responsibility of hospices in order to increase the confidence and competence of health professionals in managing patients with Palliative Care needs that they encounter in their areas of work. Woodlands takes this very seriously and professionals working at Woodlands participate in educational activity through the Aintree Specialist Palliative Care Services Education Group chaired by Dr Kate Marley, Woodlands’ Clinical Lead. Dr Marley is also a member of the Cheshire and Merseyside Palliative and End of Life Care Network Education strategy group which drives education provision in Palliative Care for the region. She has attained her Postgraduate Certificate in Clinical Education (PGCE) in the last year.

The group is comprised of professionals working at Woodlands Hospice, in Aintree University Hospital Palliative Care Team and the Community Specialist Palliative Care team from South Sefton. The group aims to deliver education to all grades of health and social care professionals and a new strategy for integrated education is under development. We hope that this will lead to increased collaboration between primary and secondary care services in managing patients who require Palliative Care and better care for these patients. Increased understanding of Woodlands’ services and profile will also result from this educational activity. We would be keen to develop our educational activity further if funding could be secured.

Woodlands participated in an Education programme for General Practitioners about care for dying patients in collaboration with the Marie Curie and Willowbrook Hospices in the last year and this was extremely well received. We continue to host placements for medical students and junior doctors along with students of Nursing, Occupational Therapy and Physiotherapy.

Advance Care Planning remains a priority for Woodlands and we have hosted the post of Advance Care Planning Facilitator for South Sefton community from December 2014. Education of healthcare professionals, Hospice staff and the wider community about planning for the future is vital and Dying Matters Week 2014 was all about this, and Woodlands contributed to local events. Woodlands continues to host other education programmes including programmes for care home staff, communication skills training and spirituality training. A session on the European Pain Federation (EFIC) Winter Cancer Pain
School was held in Woodlands in November last year which was attended by pain physicians from all over Europe. Some of our patients very kindly attended to tell their stories and the delegates described the morning as inspiring. Dr Marley also led other sessions on this course which has helped to raise the profile of the Joint Pain and Palliative Care clinic service which is held at Woodlands.

Research and Audit

Woodlands has a policy for inclusion in research but during this period there was no suitable national study in which we could participate. Dr Marley is contributing to a study on the pathophysiology of pain via the cordotomy patients seen in the joint Pain and Palliative Care Clinic hosted at Woodlands. Clinical staff participate in a weekly journal club to critically appraise published research and keep up to date with the literature.

Woodlands participates in a locality audit group and in shared audit between settings. The Hospice contributes to the audits carried out by the Cheshire and Merseyside Palliative and End of Life Care Network Audit Group and several of our doctors have led these audits and published guidelines as a result. There is a comprehensive in-house audit programme and the nutritional audit is being presented as a poster at a national conference in November.
Woodlands Hospice relies heavily on its own fundraising efforts but also on grants from the local NHS and other grant making trusts. It is therefore important to ensure that the services we deliver provide public benefit without prejudice. This is demonstrated in the services of the Hospice being free at the point of delivery and accessible through clear referral criteria based on clinical need.

In March 2014 the Board of Trustees agreed a two year Strategic Plan for the Hospice including developing a more robust financial strategy, in particular the fundraising strategy, to ensure future sustainability. To support this objective a Head of Income Generation was appointed in June 2014 and after an initial review, a new fundraising strategy was developed and implementation commenced.

The year-end fundraising income fell short some £135k of a very stretching target, but an increase in voluntary income was seen on previous years. Ongoing development and implementation of the new strategy remains a priority to reach the challenging levels required of fundraising.

The overall financial position showed a deficit of £184k but with the new fundraising strategy in place we are hopeful of bridging the gap more successfully next year with planned developments.

Achieving £777K in voluntary income is a result of the ongoing generosity of our wonderful supporters, and their dedication, enthusiasm and hard work in raising money for the Hospice. We are so grateful to everyone who helped raise this income. Moving forward we will endeavour to introduce new and exciting ways in which people can support us and focus on growing sustainable income streams to enable us to continue to provide our specialist palliative care services in the future.

We remain very appreciative of the NHS grant monies of £2.3million received from South Sefton, Liverpool and Knowsley Clinical Commissioning Groups. (CCG) paid to us under Conditional Grants. NHS funding has been rolled over at the same level for 2015/16.

The total running costs for Woodlands Hospice during the year was £3,654,012 broken down as follows:
The increase in costs is mainly attributable to salaries and pension costs, the costs of our new Café, increased expenditure on drugs and lymphoedema garments, and the outstanding maintenance costs following the completion of our redesign project.

In addition to the grant monies received from the CCG’s we also received £240K funding from South Sefton CCG to provide the South Sefton Hospice at Home service which is now in the second year of its three year contract. This service is proving extremely successful with our patients in the community and we would very much like to extend this service to patients in other parts of our catchment area when we can secure funding.

We were also able to secure continued funding for our Care Homes End of Life Facilitator for South Sefton for three years from October 2014. With the Hospice at Home service and the Care Homes Education programme we have been able to enhance our specialist service out into the South Sefton Community. We are very keen to expand these services across Liverpool and Knowsley too and continue in dialogue with their commissioners.

The trading subsidiary saw disappointing results and overall the profit for the year, covenanted to the Charitable Trust was £35,394 a significant decrease on the previous year. Much of this decrease was attributable to the declining performance of the Walton Vale charity shop (see Fundraising section) and the costs of closure including settling a £8.5k dilapidations report on the tenancy.

The new Trading Strategy in place for 2015/16 (see Fundraising section) includes plans to significantly increase both the number of retail outlets and lottery membership in a new and innovative way.

In 2014/15 we set the objective of restructuring the financial services team in order to streamline financial processes across the Hospice and accommodate the new strategy and the developing needs of commissioners. The restructure included the appointment of a new Finance Manager and team restructure which was completed in the year. We are confident that the new team can lead the organisation on a revised and appropriate financial strategy to ensure value for money and future sustainability.

The Autumn Budget saw the announcement of a new VAT refund scheme for Hospices whereby all palliative care charities in the UK can reclaim the VAT incurred on their non-business expenditure from 1st April 2015. This means that in the new financial year the charity has moved from a position of being able to recover very little of the VAT it incurs to being able to recover the majority of VAT it incurs. This is a very technical area and our

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<tbody>
<tr>
<td>Costs in furtherance of charitable Objects</td>
<td>2,974,444</td>
<td>81.4%</td>
<td>2,798,345</td>
<td>80.8%</td>
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<tr>
<td>Fundraising &amp; Publicity</td>
<td>308,202</td>
<td>8.4%</td>
<td>289,403</td>
<td>8.3%</td>
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<td>Management &amp; Admin including governance</td>
<td>199,652</td>
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<td>189,128</td>
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<tr>
<td>Interest on loan</td>
<td>12,884</td>
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<td>13,666</td>
<td>0.4%</td>
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<tr>
<td>Depreciation</td>
<td>158,830</td>
<td>4.3%</td>
<td>172,806</td>
<td>5.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,654,012</strong></td>
<td><strong>100%</strong></td>
<td><strong>3,463,348</strong></td>
<td><strong>100%</strong></td>
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new finance team has implemented new systems and processes to ensure that we maximise on the VAT we can recover and do not miss out on the cost saving opportunities of this scheme.

In July 2014 the staging date for Auto enrolment pensions for the Hospice meant new systems were implemented in order to ensure that all employees were aware of the changes and had appropriate knowledge of their own eligibility with regard to employer pension contributions. The transition into Auto enrolment was not as smooth as we would have wished but our newly appointed Finance Manager has picked up the lead on this and we remain confident that the organisation is fulfilling its duties in terms of Auto enrolment.

The day to day running costs still require a significant increase in revenue income (as detailed above) and every effort is made to ensure value for money in all expenditure which is monitored closely throughout the year. We remain confident that our investment in fundraising will reap the rewards we need for our future sustainability whilst our newly restructured finance team will ensure a close watch is kept on all finances throughout the year.

The documented aim of the Trustees in the year to March 2013 was to reach a level of free reserves equating to 6 months running costs of the organisation within the next three years. Unfortunately the level of free reserves has decreased this year to £566K from approximately 9 weeks running costs to 8 weeks running costs as a result of our overall deficit in the year. Our fundraising strategy will hopefully help increase the level of free reserves over the next 12 months. The position is continually monitored by the Trustees.

The investment portfolio of £499,404 managed by Investec Wealth and Investment produced an estimated yield of 6.4% which was an improvement on the yield in the previous year. Much of this yield was a result of unrealised gains on the portfolio in the final quarter of the year together with the dividends received on the investments throughout the year. Overall the Trustees were satisfied with the result and they continue to review the investment portfolio on an ongoing basis.

There were no significant capital projects undertaken in 2014/15 preferring to embed the significant building changes undertaken in the major building refurbishment of 2013/14. There are plans for small projects for 2015/16.

The payroll services have remained outsourced for 2014/15 and in view of other significant priorities within the Finance team it is unlikely we will bring the payroll services in-house in 2015/16, but we will still consider this an option for the future.

We look forward to another challenging year ahead and are determined to ensure our future financial viability and sustainability through the measures detailed throughout this report.
The charitable and company status of Woodlands Hospice Charitable Trust, along with the Trust Deed and the Memorandum & Articles of Association, define the responsibilities of the Trustees.

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

  The governing body of the charity is the Board of Trustees, which comprises 12 members. (During 2014/15 there have been vacancies which the Hospice has proactively addressed).

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

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

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

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

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

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

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

  Woodlands Hospice did not have any formal CQC inspection during 2014/15 but expects to be completing the new Provider Information Return some time in 2015/16.
Other statutory bodies

**Regulation by MONITOR**
There was no further contact from Clinical Commissioning Groups in year with regard to nominating Woodlands Hospice as a Commissioner Requested Service but we continue to keep this under review.

**Merseyside Fire and Rescue Service**
There was no formal review undertaken in year but the usual Fire Risk Assessment was undertaken by the Fire Safety Officer at Aintree University Hospital in May 2014. Actions identified were low risk and have been completed.

**Liverpool City Council**
Having achieved a 5 star rating from Environmental Health in January 2014 no formal inspection took place in this Annual Report year, but our catering team ensure the highest standards at all times.

**Health and Safety Executive**
There was one RIDDOR reportable injury reported to the HSE during this period.

NHS Partners

We continue to maintain close links with our NHS partners and met regularly to review agreements for the provision of specialist palliative care services.

Umbrella and professional organisations

Woodlands Hospice is a member of Hospice UK, a national charity which supports the work of independent hospices. We are also a member of the National Council for Palliative Care which is an umbrella charity for all those involved in palliative, end of life and hospice care in England, Wales and Northern Ireland.

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

Woodlands Hospice is registered with the online “Disclosure Services” for checking and processing of Criminal Records Disclosures.
Statement of Internal Controls

The Board of Trustees met 7 times during the year. In advance of these meetings the Trustees each received detailed reports on the financial position, clinical services and fundraising.

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

- Personnel Committee – met 7 times during the year
- Finance Committee – met 5 times during the year
- Clinical Governance Committee – met 6 times during the year
- Governance Committee – met 6 times in year
- Health & Safety Committee – met 4 times in year

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

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

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

Risk Management

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

- Policies and procedures are developed, approved by the Trustees or delegated sub committees and reviewed at defined intervals – or sooner if circumstances change.

- There is a scheduled Clinical Audit programme together with a Non-Clinical programme and audits are regularly carried out, documented and fed back to staff, sub-committees and the Board e.g. medicines management, falls, documentation, infection control, tissue viability, dignity, fitness of premises, fire safety.

- Risk Register – the formal Risk Register is monitored by the Governance Committee and overseen by the Board of Trustees at every Board meeting.

- Staffing – care is taken to ensure that staff are employed with the required skills, knowledge and experience. All staff complete an induction programme and annual mandatory training in accordance with statutory requirements.
### Board Of Trustees

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Mr K Hoskisson</td>
<td>Chairman</td>
</tr>
<tr>
<td>Mrs N Firth</td>
<td>(appointed 24.3.15)</td>
</tr>
<tr>
<td>Mrs E McDonald</td>
<td></td>
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<tr>
<td>Mr C Brennand</td>
<td>Treasurer</td>
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<tr>
<td>Mr R Kenyon</td>
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<tr>
<td>Dr B L Roberts</td>
<td></td>
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<tr>
<td>Dr C Hubbert</td>
<td>(Vice-Chairman)</td>
</tr>
<tr>
<td>Ms G Lanceley</td>
<td>(resigned 4.3.15)</td>
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<tr>
<td>Rev N Wilde</td>
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<tr>
<td>Mr B Bartlett</td>
<td></td>
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<tr>
<td>Mrs A Manley</td>
<td>(resigned 23.9.14)</td>
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<td>Mr W J Wood</td>
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### Chief Executive

- Mrs Rose H Milnes

### Senior Management Team

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Mrs Rose H Milnes</td>
<td>Chief Executive</td>
</tr>
<tr>
<td>Dr Graham Whyte</td>
<td>Clinical Lead and Consultant in Palliative Medicine April - September 2014</td>
</tr>
<tr>
<td>Dr Kate Marley</td>
<td>Clinical Lead and Consultant in Palliative Medicine from September 2014</td>
</tr>
<tr>
<td>Ms Carole Slocombe</td>
<td>Patient Services Manager</td>
</tr>
<tr>
<td>Mrs Katrina Bury</td>
<td>Head of Income Generation from September 2014</td>
</tr>
</tbody>
</table>
“We wish to express our thanks and appreciation of the comfort and peace you gave to my husband. You gave him the care and compassion he needed and also helped us as a family to cope” (Letter from a relative)

www.woodlandshospice.org

Woodlands Hospice Charitable Trust
UHA Campus, Longmoor Lane, Liverpool L9 7LA

Tel: 0151 529 2299
Charity No. 1048934
Woodlands Hospice Charitable Trust is an independent charity committed to delivering the best possible practice and development of 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 and their 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. We are always looking for ways to develop and further enhance every patient experience and have progressed well with the three priorities we set ourselves in the Quality Account for last year.

The excellent work undertaken in 2013/14 with Nutrition and Hydration on our Inpatient unit has started to take affect with our day patients and this will always remain a priority across all our services.

Following the withdrawal of the Liverpool Care Pathway in July last year, the medical and clinical teams have responded positively to the Leadership Alliance reports on care of dying people and introduced new documentation which robustly reflects the high standards of care given to all our patients in the last days and hours of life. The team have also reviewed information for families and carers of dying patients.

The third priority for last year relating to Patient Experience was somewhat more challenging as it is reliant upon integration of IT systems. However, good progress has been seen in ensuring patients only have to tell their story once across all our services. Sharing of patients’ Advance Care Planning remains work in progress.

The development of our clinically led working groups has ensured we stay focussed on quality issues so important to our patients and their families and carers. The Dignity Group progress included signing up to the national Dignity Champions scheme and the Liverpool Dying Well Community Charter both of which endorse our lead in this area. The Infection Control Group continued with a robust audit plan, addressing any minor areas of improvement maintaining yet again our excellent record of no hospice acquired infections. The number of falls reduced in year with the Falls Group engaging in an external review of the environment to further improve facilities. An active Tissue Viability Group has ensured good education of all staff to help prevent pressure ulcers keeping incidence of pressure ulcers to a minimum. The Documentation Group has focussed its attention on care plans and ensuring the individualised care that all our patients receive is well documented. The Medicines Management Group have been challenged with
reviewing and revising a high number of medicines related polices and procedures to keep pace with change but also to ensure robust processes are in place in the interest of patient safety. Finally our Patient Outcome Measures Group has progressed well introducing new tools for patients to score their experience in a variety of ways and relating to different aspects of their care.

This year we have recorded the consistently high number of compliments we received on a daily basis and positive themes have developed including care and support, kindness, comfort, dignity, professionalism and many other wonderful descriptions of what, to the Hospice, are expected standards of service to our patients and their families. As Chief Executive of this organisation it makes me proud to lead our dedicated team of people who have made such an impact on patients and families at such a vulnerable time in their lives. It is, for us, a great privilege.

From time to time we are not able to fully meet individual’s expectations and any negative comment or complaint is taken extremely seriously and looked into thoroughly. We did see an increase in verbal complaints this year but have encouraged a very open and honest culture for documenting all comments and complaints so that we can reflect on all feedback to aid learning.

Our Quality and Improvement Manager has been in post for over a year now and keeps our attention on consistent audit and monitoring and ensuring we follow through with all actions for improvement.

Through the work undertaken in the Medicines Management working group the decision was taken to ensure enhancing medicines safety was agreed as a key priority for our forthcoming Quality Account 2015/16.

Our second priority is around reviewing and improving the discharge process to help achieve people’s preferred place of care and death, such an important aspect of our care.

For some time we have recognised that there is more we can do to support patients and families pre and post bereavement and with legacy income we have been able to consider expansion of this team. The third priority for the Quality Account this year is to enhance and expand this service together with all family support services.

Woodlands Hospice is absolutely committed to delivering the highest standards of quality and safety for all our patients and we have a strong ethos to ensure 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

The priorities for quality improvements identified for 2015/16 are set out below and have been identified by the Senior Clinical Team following feedback from patients, carers and staff.

1a. Priorities for Improvement 2015-2016

Patient Safety

Priority 1: Enhancing Medicines Safety - The Hospice will work to further reduce the incidence of medicines errors including documentation errors

How was this identified as a priority?
The Hospice has an established effective Medicines Management Working Group whose members review medicines-related incidents and develop local strategies and action plans to continually improve patient safety. This Group is overseen by the Trustee Led Clinical Governance Committee. Open, transparent reporting of any incident, however minor, is positively encouraged and reviewed. Over the last year we had 76 medicines errors documented. Although any one medicines incident is a potential concern the number of 'near miss' incidents (i.e. those that have not caused harm to patients) in relation to the number of medicines administered is a very small percentage. However, the Hospice Clinical Team recognises that medicines related 'near-misses' are currently the most frequently occurring patient safety-related incidents in the Hospice. Many of these incidents relate to incomplete documentation of administration and prescribing, and improvement in these areas is considered a priority to ensure we maintain our high levels of safety. Together with attention to the processes of medication prescribing and administration, the team will also focus on environmental and external factors to reduce risk further.

How will this be achieved?
• Implementation of the recently revised medicines management policy and procedures.
• Review of the annual medicines training programme to potentially revise content and frequency.
• Detailed analysis of medicines related incidents to inform learning.
• Review of the annual audit programme for medicines, and inclusion of registered nursing staff in the completion of these audits.
• Benchmarking with other local hospices where possible regarding medicines safety.

• Continue to raise awareness of medicines safety with staff, patients and visitors to reduce interruptions for nurses on medicines rounds and doctors when writing prescriptions.

• Development and implementation of more robust action plans following audits and incident analysis.

How will progress be monitored and reported?

Progress against this priority will be monitored monthly by the Medicines Management Working Group, using evidence from audits, staff training and incident analysis. Reports of progress against the above actions will be submitted to the Clinical Governance Committee every two months. The minutes of this Board Sub Committee are circulated with each Board agenda for comment.

Clinical Effectiveness

Priority 2: Discharge processes - The Hospice will review and revise its discharge processes in conjunction with community colleagues to further improve discharge planning

How was this identified as a priority?

Achieving people’s preferred place of care and death is an important measure of the quality of end of life care. Safe and effective discharge to the place of the person’s choice when possible requires the multidisciplinary team (MDT) to work together using a coordinated approach to assess needs and develop and implement a person-centred plan of care.

Currently, the Hospice works with three separate arrangements for Discharge Planning in accordance with the requirements of each of the three commissioning areas we serve (i.e. South Sefton, North Liverpool and Kirkby)

The Hospice recognises that the participation of patients and carers as equal partners is central to planning a successful discharge

Feedback from patients, carers and staff has prompted the desire to review discharge processes in order to ensure that patients and carers consistently have appropriate information and support to enable a smooth transition of care, reduce the risk of avoidable delays to discharge, and minimise readmission to a health care setting for non-clinical reasons.
**How will this be achieved?**

- Following a change to previous contracting for Discharge Planning with the local Community Trust, South Sefton Clinical Commissioning Group has granted temporary funding to Woodlands Hospice to take responsibility for its own discharge planning for patients from the South Sefton area. A part-time Discharge Planner has been recruited for this purpose and she will lead a working group to review existing discharge processes and develop local guidelines and standards for discharge planning. This group will introduce a new MDT discharge checklist and discharge summary to ensure that patients and families not only have the right plan in place for discharge from Woodlands, but that they also know exactly who to contact and how to contact them if there is a problem once they are back at home.

- A database for discharge statistics will be developed and maintained to look at all stages of the discharge planning process.

- In addition, the Discharge Planner will undertake a prospective, comprehensive audit of the quality and effectiveness of all three existing discharge processes in line with national best practice. The audit cycle will be completed when the new systems and processes have been implemented.

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

The discharge planning working group will monitor performance at its regular meetings. Length of stay and delays to discharges in Woodlands are already recorded as part of key performance indicator (KPI) reporting, so developments will be regularly reviewed by the Clinical Governance Committee and the Board of Trustees through these KPIs.

The Audit results will be presented to the Audit Committee, to Senior Management Team and to Commissioners and utilised to inform further opportunities for improvement.

**Patient Experience**

**Priority 3: Bereavement and pre-bereavement services** - The Hospice will enhance and expand these services to ensure an equitable and personalised approach for all its service users

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

The Hospice Clinical team listen to many emotional accounts from patients, family members and those involved in caring. Many share feelings of isolation, distress and anxiety, explaining that they just want someone to talk to; someone to really listen. Preparing patients and their families for death, and recognising the impact on bereavement is an essential part of end of life care.

The team regularly observes a sense of relief in patients and their families when they
are offered the opportunity to talk about the things that really matter to them, including their emotional and spiritual needs, and discuss the support options available to them.

Feedback from patients, carers and staff suggested that whilst bereavement support was available and very effective from some of the hospice services it was not consistently available across all services due to a lack of resource, training and experience. An equitable service for all Woodlands patients and families is essential to help them prepare for, and come to terms with death, loss and grief. In order to address this issue, with legacy funding and support of Macmillan pump-prime funding, a review of the Hospice’s Family Support services was undertaken early 2015 and a new team structure developed, including a new Head of Family Support services with lead for safeguarding and working with children, a Family Support Worker with lead for Bereavement, a part time Pastoral Support Worker and the retention of the Counsellor on a sessional basis. The priority is to develop the service delivery model expected from the new team and implement an agreed consistent approach as soon as possible

How will this be achieved?

• Recruitment to, and development of, additional Family Support roles.
• Review of current bereavement support services and best practice to ensure previous experience and learning is transferred to new model.
• Development of a revised service model and operational policy for the Family Support Team to ensure that bereavement support is equitable for families of patients known to all areas of the Hospice.
• Staff awareness and training in Family and Bereavement support to ensure all Healthcare professionals within the Hospice are confident and proactive in providing this important element of Specialist Palliative Care.
• Development of a volunteer model of support for Family Support Services recruiting as a priority.

How will progress be monitored and reported?

Progress will be monitored through a variety of consultation methods to gather patient, family and carer feedback including:
• Consultation with the Patient, Family and Friends Forum
• Patient and family satisfaction surveys
• Patient and family narratives
• Data collection
• Feedback from referrers

Reports of progress against the above actions will be submitted to the Clinical Governance Committee every two months and overviewed by the Board of Trustees through submission of minutes.
1b. Priorities for 2014 - 15 Review of progress

**Patient Safety**

**Priority 1: Nutrition & Hydration – the Hospice will extend improved practice in nutritional care to the Well-being & Support Centre (WBSC)**

- The nutritional policy and procedure is now in place across all Hospice services and training in relation to the nutritional assessment tool, and care plan was delivered to nursing staff on WBSC towards the end of 2014/15.
- The nutritional assessment tool and care plan has been trialled with several WBSC patients. Some opportunities to further enhance the tool were identified and these are now in the process of being implemented. Following this, all WBSC patients will be assessed on accessing the service.
- A baseline audit of nutritional support to WBSC patients is due to be undertaken early 2015/16. When this is in place a regular audit of nutritional care in the WBSC will be included in the clinical audit plan for 2015/16.
- This will remain a priority on an ongoing basis and progress will be monitored through evidence of audits including patient feedback and achievement of actions following audit.
- The established Hospice Nutrition Working Group will continue to report to the Clinical Governance Committee every two months to ensure ongoing progress.

**Clinical Effectiveness**

**Priority 2: Care of the Patient who is Dying – the Hospice will further integrate its revised end of life care documentation into all relevant domains of clinical care.**

In response to the Leadership Alliance reports ‘More Care, Less Pathway’ and subsequently the ‘Once Chance to get it Right’ report which set out the five priorities for care of dying people, there has been a significant amount of work done in the Hospice to implement these recommendations. The Hospice recognises its responsibility to be an example of excellence in the care of dying people and Woodlands staff contribute to education and training for other healthcare professionals about this challenging area of care. The work carried out in Woodlands includes:

- The End of Life Communication Record implemented on the Inpatient unit in March
2014 continues to be used to record important discussions with patients and families in the dying phase, such as explanation of why the team feels that the patient is dying, comfort measures to be put in place, hydration and nutrition needs, spiritual care needs and agreement to a plan of care.

- An audit of the quality of documentation in the End of Life Communication Record has commenced. This has also been looked at as part of the Hospice programme of unannounced Trustee visits.
- End of Life nursing care plans incorporating patient’s wishes and beliefs, family support and immediate bereavement support have been developed and implemented for use in conjunction with the End of Life Communication Record.
- Documentation records for ongoing nursing care for patients who are dying, and support for their families, have been developed in consultation with Aintree University Hospital and will be implemented following a period of staff training.
- A Care after Death record has been developed and is being used on the Inpatient unit to support the documentation of care after death.
- An information leaflet ‘Coping with Dying’ has been developed for families and carers of dying patients. The leaflet describes some of the typical features of the process of dying and anticipates questions families may have about what is happening and why.
- Additional Trustee visits by medical and lay representatives have been introduced on the Inpatient Unit with a specific focus on the Care of the Patient who is dying. The visits highlight areas of good practice and opportunities for improvement.
- The Clinical Effectiveness Group continues to oversee all End of Life care and documentation and reports are submitted regularly to the Clinical Governance Committee.

**Patient experience**

**Priority 3: The Hospice will Ensure Integrated Sharing of Clinical information (including Advance Care Planning) between Hospice Services to ensure we minimise the number of times a patient has to tell their story.**

- Work is ongoing to achieve standardised multi-professional initial assessment documentation which could follow the patient across the hospice.
- As an interim measure, access to clinical and medical notes in the Well-being and Support Centre (WBSC) has been improved to enable Healthcare Professionals to access a patient’s WBSC notes if they are admitted to the Inpatient Unit (IPU) out of hours. A flow-chart has been developed to inform staff on this process.
- WBSC and Hospice at Home staff are now ‘flagging’ patient information software.
when a patient is known to them to raise awareness to IPU staff when a patient is admitted. This enables patient information to be accessed prior to admission and minimises the number of times a patient has to tell their story.

- The Hospice Senior Clinical Team has started to explore the possibility and challenges of electronically scanning clinical records from the Well-being and Support Centre through the Electronic Document Management System currently used by the Inpatient Unit. To date this has not been achieved, although this will be revisited through service level agreement when the opportunity arises.

- A draft electronic pro forma for Outpatient initial assessment is now being tested to incorporate information from SIGMA (electronic patient system) which would make it readily accessible to all services across the Hospice.

- Collaboration between the Hospice, Aintree University Hospital Trust, local CCGs, and Community Health teams has enabled agreement on a Summary Record of Care Planning document that incorporates Advance Care Planning (ACP) and Best Interests discussions. This document is now in place in the Hospice to enable information to be shared at MDT meetings. Rollout of the Summary Record of Care Planning document and policy will take place in August 2015.

- The Hospice Advance Care Planning policy is currently in development and is due for approval July 2015. The Hospice, in conjunction with South Sefton CCG, is currently in the process of re-recruiting to a position of Advance Care Planning Facilitator for South Sefton. The post-holder will have a community focus, working across healthcare settings in South Sefton, but will also be able to support the structure and process of ACP within the Hospice. This will enable the recording and sharing of Advance Care Plans for those South Sefton patients who choose to have their wishes documented.

- A baseline audit of the existing arrangements for ACP was carried out in January 2015. Results found there to be no formal documentation process in place to record ACP discussions, other than in a narrative on treatment records. Preferred Place of Care (PPC) terminology was found more frequently in narratives (although this may have been an indication that staff are more familiar or comfortable with the concept of PPC than ACP). No evidence was found of community ACP/PPC discussions having taken place or being reviewed. Preliminary recommendations arising from the audit included:
  
  - To review current practice of recording ACP discussions.
  - To share findings across the Hospice team.
  - To discuss opportunities for potential recording and reviewing changes to ACP/PPC at multidisciplinary team meetings.
  - With consent, to meet with patients and staff to gain overview of experiences, challenges of ACP discussions.
  - To develop education and provide staff support.

- In addition to the audit, the ACP Facilitator in post at the time met with members of the Patient, Family & Friends Forum in January 2015 to gather feedback on their
experience and understanding of ACP, their views on how ACP could be promoted at the Hospice, their perceived barriers and how these barriers could be overcome. The discussions proved to be very useful and were included in the audit report to the Senior Clinical Team.

• The report is currently being considered by the Senior Clinical team; an action plan will be developed from the resulting recommendations, in conjunction with the new Advance Care Planning Facilitator. A re-audit will be undertaken in the autumn.

• The Hospice’s annual patient satisfaction survey included a specific question around sharing of information and the results, when published, will help inform future development.

Other Quality Improvements 2014/15

Monitoring Quality

• Woodlands’ clinical audit plan ran throughout the year and was supported by relevant clinical working groups as required. Clinical audit results were reported to the Clinical Governance Committee and associated action plans were monitored to completion.

• The non-clinical audit plan continued with fire safety and environmental audits being carried out on a monthly basis. Non-clinical audit results were reported to the Governance Committee and associated action plans were monitored to completion.

• An enhanced non-clinical audit plan, to incorporate regular audit of other areas of the Hospice, will be implemented in 2015/16.

• Collection of evidence towards achievement of the Care Quality Commission (CQC) Essential Standards of Quality & Safety continued throughout the year. However, as CQC developed their inspection and regulation processes (which come into force from 1st April 2015), the Hospice has been developing its own systems to enable it to monitor adherence to revised CQC fundamental standards. In particular, preliminary work has been undertaken on requirements for the new Provider Information Return to ensure the required data will be available when it is requested.

• Monthly ‘Trustee visits’ continued throughout the year to review compliance with CQC Essential Standards of Quality and Safety. At the same time preparation work was undertaken to enable 2015/16 Trustee visits to relate to the new CQC fundamental standards.

• The Risk Register was maintained and regularly reviewed by the Governance Committee, and the Board of Trustees, highlighting areas of concern and identifying actions to be taken.

• The Clinical Effectiveness Group continued to meet to monitor and advance Hospice clinical priorities.
• The Chief Executive and the Patient Services Manager carried out regular patient interviews with inpatients and Well-being and Support Centre patients, to enable patients’ experience of services to be included in the quality monitoring.

• Incident report monitoring continued throughout the year. No Serious Untoward Incidents were reported.

Clinical Working Groups

Multi professional working groups continued to meet throughout the year to focus on specific key areas and outputs included the following

Dignity

• The multi professional Dignity Working Group met four times during the year to support the ongoing prioritisation of dignity throughout the Hospice

• Membership of the Group was reviewed, resulting in the inclusion of representatives from the Fundraising and Catering Teams. The Fundraising team has much to offer the group; the team members frequently meet with bereaved relatives and fully understand the need to show dignity and respect at all times. The Catering team meet with all inpatients on a daily basis to discuss their dietary preferences and ensure that their choices are met.

• Following staff awareness training the Group audited staff understanding of the Dignity Charter and Dignity Policy and its implementation in practice. The audit results demonstrated that clinical staff have a good understanding and application of the principles of dignity in care.

• The Patient Services Manager, as part of her ‘ward round’, monitors whether patients feel that staff have treated them with dignity and respect and the response is consistently positive.

• A staff training programme for equality and diversity including dignity was developed and is being implemented for all staff.

• The group, in consultation with the Patient, Family and Friends Forum, reviewed patient satisfaction surveys from across the hospice and developed a unified user-friendly survey which incorporates the ‘friends and family test’ and can be completed via the Hospice website or over the telephone if preferred.
Infection Control

- The Infection Control group (which includes the Hospice Link Nurses and representatives from across the Hospice), met regularly throughout the year.
- The group updated and delivered mandatory infection control training for all staff throughout the year, checking understanding via a quiz with good results seen.
- The annual audit programme was reviewed, and monthly audit results regularly achieved the required 95% pass rate. Action plans were developed for areas that required improvement and were monitored to completion.
- Link nurses from the Hospice attended update meetings with the Infection Prevention and Control Team in Aintree University Hospital.
- A visitors’ information leaflet was reviewed and updated to include information about infection control.
- The group has contributed to the ongoing development of the Hospice Infection Control policy and procedure.

Nutrition

- The Nutrition working group met regularly throughout the year.
- An audit was carried out on the Inpatient Unit to monitor care in relation to Woodlands Nutritional Policy.
- The group Chair presented the development of nutritional care within the Hospice including baseline and re-audit results; a revised nutritional assessment tool; and the Hospice patient information leaflet on nutritional advice. The presentation was given to community, hospital and Hospice clinical staff.
- The group supported achievement of the Patient Safety priority 2014/15: to extend improved practice in nutritional care to the Well-being and Support Centre.

Falls

- The Falls Multi-professional Working Group met four times during the year.
- Monthly audits of falls documentation and risk assessments were completed and indicated that all inpatients have a falls risk assessment completed within 6 hours of admission.
• The group reviewed NICE guidance in relation to ‘Assessment and Prevention of Falls in Older People’ (June 2013) and ‘Assessment after a Fall and Preventing Further Falls’ (March 2015). In response to this guidance the group is reviewing the falls risk assessment and the Policy for Prevention of Falls.

• An independent review of the Hospice environment in relation to falls prevention was completed by the Falls Nurse Practitioner from Aintree University Hospital. Overall the Hospice environment was deemed to be a safe environment but the Practitioner recommended that the repositioning of en-suite bathroom doors may help to reduce the risk of falls. Alterations of this scale would require significant funding and will be incorporated into the future premises strategy to extend the bedroom sizes and redesign the bathroom space.

• The group supported and delivered training in the use of the updated patient falls alarm system.

Tissue Viability

• The Tissue Viability working group met six times during the year.

• Audit of pressure ulcer incidence and related documentation has continued monthly. Results indicate that compliance with the policy and procedure for prevention of pressure ulcers is high.

• The Group reviewed pressure ulcer incidents throughout the year. Incidence of Hospice acquired pressure ulcers is low; however this remains a Key Performance Indicator for quality of care in the Hospice.

• Nursing staff have completed training in pressure ulcer prevention and management of fungating wounds.

• Tissue viability link nurses on the Inpatient Unit have been trained in the application of pod casting to prevent the development of heel pressure ulcers.

• Link nurses liaise with the Tissue Viability Clinical Nurse Specialist in Aintree University Hospital and attend regular link nurse updates.

Medicines Management

• The Multi-professional Medicines Management Group met monthly during the year.

• The group reviewed and revised medicines policies including the Safe Management of Controlled Drugs and the Management of Suspected Illicit Substances.

• The group developed an Unlicensed Medicines Policy, and a separate Medicines Administration Policy and Procedure to support nurses in the administration of medicines.
• The annual medicines audit programme was reviewed and completed; action plans have been developed and monitored to completion.

• The Hospice encourages a positive culture of reporting and learning from medicines errors and near misses which the Group review and discuss to implement learning and development. Reducing the number of medicines-related near misses remains a priority for the Hospice and as such has been identified as the Patient Safety key priority for 2015/2016.

Documentation
• The Documentation Group met eight times throughout the year with multi-professional membership drawn from each clinical area.
• The Group supported documentation audit across the Hospice to monitor:
  • the standard of documentation for Hospice at Home
  • Inpatient Nursing Admission notes
  • Wellbeing & Support Centre patient notes
• Group members contributed to documentation-related achievements towards the 2014/15 priority to ensure integrated sharing of clinical information across the Hospice.
• The Group Chair led the improvement in personalised Inpatient Nursing Care Plans by:
  • Developing action plans following audit results and disseminating associated feedback to staff.
  • Contributing to the development, pilot and implementation of a revised set of Inpatient Nursing Care Plan templates
  • Delivering training to all registered nurses in the development of individualised care plans
• The Group contributed to the ongoing development of patient packs across the Hospice, including an updated folder for packs.

Patient Outcome Measures
• The Patient Outcome Measures group met three times throughout the year
• The Integrated Palliative Care Outcome Scale (iPOS) and the Palliative Performance Status (PPS) have been successfully embedded into routine clinical care planning and evaluation across both the Inpatient Unit and the Well-Being and Support Centre.
Woodlands remains abreast of ongoing improvements in the use of Outcome Measures in Hospice and Palliative Care settings and is working to introduce the suite of measures as recommended in the national document, the Outcome Assessment and Complexity Collaborative (OACC) (Kings College London). Accordingly, the validated ‘Phase of Illness’ measure has been introduced to the Inpatient and WBSC multidisciplinary team meetings and the ‘Views on Care’ measure has been incorporated into the WBSC Patient Evaluation of Care Form.

• Training in the use of all measures has commenced across hospice clinical teams, and will be included in the induction programme for new members of clinical staff in 2015/16.

Patient Information

Throughout 2014/15 the Hospice continued to review and revise the information given to patients and their families to aid understanding and answer some frequently asked questions.

Two new patient and family information leaflets were developed – ‘Coping with Dying’ and ‘Complementary Therapy’

The content of patient packs, given to all new patients on the Inpatient Unit, Hospice at Home and Well-being & Support Centre was reviewed and updated to ensure the content was up-to-date and relevant. The folder for patient information was also updated to give it a fresh new look.

Also, information leaflets for support groups provided in the Well-being & Support Centre were reviewed and revised to ensure that patients have the most recent information about the groups available to them.

Education

Education for Woodlands staff and other healthcare professionals from across the region is an ongoing priority to ensure that patients Palliative Care needs are appropriately met, whether they are in the Hospice, at home, in hospital or in a care home setting.

During 2014/15 the Woodlands Hospice team has contributed to various educational events, both in-house as well as to those provided by Aintree Specialist 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 at Woodlands.
Education provided includes:

- A collaborative programme of GP education, working in conjunction with Willowbrook Hospice and Marie Curie Hospice to produce a series of evening sessions on caring for people in the last hours and days of life.
- The delivery of the ‘Six Steps to Success’ programme of education for care home staff in South Sefton.
- ‘Opening the Spiritual Gate’ – a series of 1-day workshops, (plus an e-learning option provided by Queenscourt Hospice), exploring spirituality at the end of life.
- Core and Intermediate Communication Skills Training.
- Education to support the implementation of the new regional unified ‘Do Not Attempt Cardio-Pulmonary Resuscitation’ (DNACPR) policy.
- A newly-formed Hospice education group, which has devised a programme of regular sessions for hospice staff to promote education and enhance team working. The group will also pay attention to the development of teaching skills for individuals who wish to deliver more education.
- An ongoing programme of in-house education and training for hospice staff which has included Consent to Care & Treatment, the Mental Capacity Act and Deprivation of Liberty Safeguards (key features of the CQC’s strengthened focus for 2013-16).
- In November 2014, Woodlands hosted a session on a cancer pain conference jointly with the European Pain federation (EFIC). Several healthcare professionals from the Hospice presented on it and some patients who have attended the joint Pain and Palliative care Clinic at Woodlands attended to give delegates an insight into what it is like to live with cancer pain and how best to manage it. This provided them with a unique opportunity to experience joint working between Pain and Palliative Medicine specialists in the Hospice setting.

Community Engagement

Engagement of patients, carers and health professionals is very important to Woodlands Hospice to ensure as many patients in the catchment area access Specialist Palliative Care services at the time of need. Continual engagement activity enables the Hospice to review its services to meet the needs of its patients. Examples of clinical and community engagement activities undertaken throughout 2014-2015 include:

- Attendance at ‘Dying Matters’ week events in Sefton, Liverpool and Knowsley.
- Service updates to Community Nurses, Matrons and Clinical Nurse Specialists across the catchment area.
- Service updates to Liverpool Community Health discharge planning team.
• Support to the ‘Focus on Cancer’ event at Aintree University Hospital.
• Service updates to Clinical Commissioning Group locality meetings.
• Representation on Knowsley Local Cancer Champions Board.
• Holding a Clinical Engagement ‘drop-in’ event in October 2014 to raise awareness of Woodlands services; aimed at doctors, nurses, and allied health professionals from Secondary and Primary Care.
• Holding a ‘Celebration Event’ in November 2014 for staff, volunteers, patients, relatives, members of the community and healthcare professionals to celebrate and give thanks for the completion of the 2013/14 building works.
• Representation at Maghull Community Day, March 2015.

Patient, Family and Friends Forum

Woodlands Patient, Family and Friends Forum met five times during 2014/15. Average attendance at each meeting was seven and included patients, relatives and representatives from Local Healthwatch groups, Carers’ groups, and a local pensioners’ advocacy group. To date the forum has:

• Agreed ‘ground rules’, goals and objectives.
• Debated ‘Equality & Diversity in Involvement’ and discussed ways in which it can increase participation.
• Completed a six-month review of Hospice café services in ‘The Green’. The results of the review were very good and included a number of ideas for further improvement including smaller portion sizes for children and those with small appetites.
• Contributed to the development of a revised Hospice-wide patient and family satisfaction survey and mode of delivery.
• Contributed ideas to put to the Board regarding the development of a ‘Vision’ and ‘Strapline’ for Woodlands.
• Contributed to the development of a Patient, Family and Friends Forum page on Woodlands website.
• Appraised Woodlands ‘Dignity Charter’.
• Discussed and contributed to the development of Family Support at Woodlands.

Forum members on 3rd June 2014
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 2014/15, Woodlands Hospice Charitable Trust provided the following services:

- Inpatient beds
- Well-Being and Support Centre (incorporating day therapy, outreach, outpatients and group sessions)
- Secondary Lymphoedema
- Family support, bereavement and counselling
- Hospice at Home (in South Sefton only)

The income generated by the NHS services reviewed in 2014/15 represents 74% of the total income required to provide services which were delivered by Woodlands Hospice Charitable Trust in the reporting period.

What this means: Overall, 74% of the Hospice’s total costs are currently funded by the NHS. The majority of NHS funding is related to the Inpatient Unit which transferred from the NHS in 2009 with a three year funding arrangement which has been rolled over annually since. The Hospice relies on Fundraising activities to generate the remainder of our income.

2.2 Participation in clinical audits

During 2014/15, Woodlands Hospice was not eligible to participate in any national clinical audits or national confidential enquiries. This is because none of the audits or enquiries related to palliative care.

The Hospice did, however, provide data to the Cheshire and Merseyside Strategic Clinical Network Quality Assurance for the Care of the Dying (CODE) audit on
all patients who died on the Inpatient Unit between 1 May 2014 and 30 November 2014. 69 patients met the criteria set by the audit protocol and questionnaires were sent to next of kin with responses being input to a web based tool with organisational results expected at the end of the Audit.

The Hospice clinical audit programme for 2014/15 included Medicines Management, Controlled Drugs, Infection Control, and Documentation audits.

We have continued to use the Hospice UK Audit Tools where possible; these are particularly relevant to the requirements of hospices and enables performance to be benchmarked against other hospices.

In addition to its own clinical audit programme, Woodlands Hospice also participates in a number of Regional and Supra-regional audits as part of the Merseyside and Cheshire Palliative Care Network Audit Group. Results of some of the audits undertaken and/or presented in 2014/15 can be seen under ‘Clinical Audit’ in Section 3.

2.3. Research

During 2014/15, no patients receiving NHS services provided by Woodlands Hospice were recruited to participate in research approved by a research ethics committee. The Hospice has a policy to cover inclusion in research but, during this period, there was no appropriate national, ethically approved research study in palliative care in which it could participate.

However, Woodlands senior medical staff are involved in research into the effects of cordotomy on pain pathways as part of joint working with the Walton Centre NHS Foundation Trust.

The Cheshire & Mersey Palliative and End of Life Care network are looking towards general development of research opportunities in palliative care in the region and Woodlands awaits a suitable opportunity to participate in a research project. In the meantime, a weekly journal club is attended by several members of staff in order to keep up to date with research in Palliative Care.

2.4 Quality improvement and Innovation goals agreed with our commissioners.

Woodlands Hospice’s income in 2014-15 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because it is a third sector organisation; it was therefore not eligible to take part (Mandatory statement).
2.5 What others say about us

Care Quality Commission

Woodlands Hospice Charitable Trust is required to register with the Care Quality Commission and its current registration is for the following activities:

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

The Hospice is subject to periodic reviews by the Care Quality Commission. Although there was not an unannounced inspection during 2014/15, the Care Quality Commission in their last inspection in August 2013 found that the Hospice was fully compliant in the following standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Cleanliness and infection control
- Requirements relating to workers
- Records

Official Visitors

During 2014/15 the Hospice was visited and supported by a number of individual officials who offered their feedback after touring the premises and meeting with patients, carers and staff;

- The Lord Mayor of Liverpool visited the Hospice in October 2014, she tweeted following her visit ‘Wonderful visit to :WeAreWoodlands I’m very inspired by everyone who I met today. Hope to see you again soon.’

- The Mayor of Maghull visited on several occasions throughout the year as she adopted Woodlands as her charity of the year for the last two years. Messages included ‘It was really good to see you today, and to meet up with patients and staff again. It is always very rewarding to be greeted by so many happy faces and I am proud to be associated with Woodlands.’

- Bill Esterson, Sefton Central Labour MP visited the Hospice in January 2015. A report was subsequently published in the Liverpool Echo where Mr Esterson said “he was overawed by the care that people receive from the Hospice” which he said provides “crucial care for people at the end of their lives”. He
also said “I was extremely impressed by the compassion and care which staff at Woodlands have towards the people at the Hospice, be they patients or family members, and I was extremely impressed by the facilities there.”

- In January 2015 Chief Operating Officer at South Sefton CCG (commissioner of our services) visited the Hospice and passed on her personal thanks to all staff and volunteers for the quality service provided to the patients of South Sefton. She said she felt very privileged to visit us and hear first-hand how much of an impact the Hospice make to end of life services in Sefton and that she really appreciates everything everyone is doing. She was delighted to meet so many of the team and was impressed with the passion shown by all those she spoke with.

**Environmental Health**

Having maintained our 5* rating from an Environmental Health Inspection in January 2014 visits are less frequent but the Catering Manager and his team work hard to uphold this rating year on year.

**Health & Safety**

**Risk Assessment**

Whilst there were no Risk Assessments undertaken in year by an external source, the Hospice’s Facilities and Information Manager carried out an internal Environmental Risk Assessment on Buildings and Grounds in January 2015 and found no significant issues to be addressed.

**Fire Safety**

There were no formal inspections undertaken in year but Woodlands Hospice invited the Fire Safety Officer from the Local Hospital Trust to undertake a Fire Risk Assessment in May 2014. All findings were low risk hazards and were rectified within the permitted 12 month period.

**2.6 Data Quality**

Woodlands Hospice did not submit records during 2014/15 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data for analysis by a range of organisation including local commissioners.
Woodlands Hospice score for Information Quality and Records Management was not assessed using the Information Governance Toolkit. Although Woodlands had prepared work in anticipation of a submission it was regrettably not possible to complete in time for 2014/15 submission deadlines. The Hospice is still keen to be assessed in this way and will look to completing in 2015/16 utilising the updated version.

Why is this? This is because Woodlands Hospice is not eligible to participate in this scheme. However, in the absence of this we audit our clinical records regularly and submit annually National Minimum Dataset reports to ensure our data is as accurate as possible.
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

Monitoring activity
The Hospice submits information annually to the The National Council for Palliative Care (NCPC) Minimum Data Sets which is the only information collected nationally on hospice activity.

Inpatient unit
The total number of patients admitted to the 15 bedded Inpatient Unit during 2014/15 was 275, returning to the usual numbers following completion of the building works in April 2014 and maintaining our high average of 84% occupancy. The majority of these patients were new patients to this service. The average length of stay also returned to the average of two years ago with improvements to discharge planning wherever possible to ensure the Hospice supports patients to achieve their preferred place of care. Numbers of patients admitted to the Inpatient unit with a diagnosis other than cancer reduced further this year but Woodlands is keenly looking into this situation as a priority for our 2014/16 strategy.

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total number of patients</td>
<td>284</td>
<td>220</td>
<td>275</td>
</tr>
<tr>
<td>% New patients</td>
<td>87.7%</td>
<td>86.9%</td>
<td>89.8%</td>
</tr>
<tr>
<td>% occupancy</td>
<td>85.9%</td>
<td>86.3%</td>
<td>84%</td>
</tr>
<tr>
<td>% Patients returning home</td>
<td>55%</td>
<td>63%</td>
<td>57%</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>13.3 days</td>
<td>14.3 days</td>
<td>13.7 days</td>
</tr>
<tr>
<td>% Non-Cancer patients</td>
<td>10.6%</td>
<td>8.2%</td>
<td>7.6%</td>
</tr>
</tbody>
</table>
Well-being & Support Centre

Redesigned services are now embedded in the Well-being Support Centre and include multi-professional assessment days, activity groups, group programmes for patient education, individual outpatient appointments and a Community Outreach Programme. The changes to the services have enabled patients to choose which element of the service best suits their needs and, in some cases, they access more than one service element. Patients rate the new group services highly and in particular the Supportive Living and Exercise groups are very well attended as they give patients the opportunity to provide peer support to each other and share similar experiences.

Group sessions that were available at the Hospice in 2014/15 are:-

• Supportive Living Programme
• Keep moving (chair based exercise)
• Breathlessness management
• Creative group
• Coping with stress and anxiety
• Peer support group

**Multiprofessional Assessment Day (previously Day Therapy)**

Multi-professional Assessment Days occur twice weekly and have 15 places each day. Patients attend for a six week period of assessment and are reviewed weekly by their key worker. Whilst attending, patients may have nursing, physiotherapy and occupational therapy assessments as needed. Patients also see a doctor on the first and sixth weeks and as required throughout their attendance. Once all their assessments are complete patients may be transferred to a nurse led clinic, a medical outpatient or an outpatient or group session if appropriate. In some cases they will be discharged to community services if that best suits their needs.

Previously there was less flexibility around services with limited group activity and Outpatient appointments but these last two years the day sessions have reduced by half hence the reduction in numbers of patients accessing this particular service but the Outpatient attendances which include the group activities have increased considerably ensuring more patient attendances overall. See second table below. The occupancy of the Multi Professional Assessment Days has increased since the changes to service but we would still wish to increase occupancy to 70% wherever possible. Non attendance is usually due to the poorly condition of many of our...
patients. The reduced length of stay is because these day sessions are now more assessment based and patients are transferred to other Hospice services more suited to their individual needs. The increase in patients with a non cancer diagnosis in this particular service reflects the effort made to ensure services are available to all regardless of diagnosis.

### Multi Professional Assessment Days (previously Day Therapy)

<table>
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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Total number of patients</td>
<td>329</td>
<td>142</td>
<td>159</td>
</tr>
<tr>
<td>% New patients</td>
<td>70.2%</td>
<td>76.6%</td>
<td>78.6%</td>
</tr>
<tr>
<td>% Places Used</td>
<td>50.3%</td>
<td>60.3%</td>
<td>60%</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>158 days</td>
<td>158.5 days</td>
<td>78.1 days</td>
</tr>
<tr>
<td>% Non-Cancer patients</td>
<td>6.5%</td>
<td>8.5%</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

### Outpatient services

The additional flexibility of services for our patients to meet their individual needs has resulted in a far higher number of attendances overall but there is still capacity for these services to grow as they become more established. The growth in the patients with a non cancer diagnosis using these services again reflects efforts made to ensure Hospice services are available to all regardless of diagnosis.

### Community Outreach Services

Physiotherapy, Occupational Therapy and Complementary Therapies are provided at home for patients who are too unwell to travel to the Hospice. During 2014-15 there was sickness in the team so we expect that this service will grow in 2015-16. These services are also available for Carers. A good increase in % of patients seen with a
non cancer diagnosis evidences our desire to ensure our services are available to all regardless of diagnosis.

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total number of patients</td>
<td>227</td>
<td>200</td>
<td>217</td>
</tr>
<tr>
<td>% New patients</td>
<td>85.3%</td>
<td>92%</td>
<td>83.9%</td>
</tr>
<tr>
<td>% patients with non-cancer</td>
<td>13.2%</td>
<td>14.5%</td>
<td>19.8%</td>
</tr>
</tbody>
</table>

**Hospice at Home**

For patients living within the South Sefton area, Woodlands provides a 'Hospice at Home' service providing additional support in patients own homes to enable them to stay there if that is what they wish. The service works alongside existing community services and has three elements:

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

The Hospice continually examines its services and is currently investigating whether the Hospice at Home service could be expanded to cover the other localities in its catchment area. The service is also keen to expand to provide companion services for patients.

The reduction of the Crisis Intervention is due to the proactive work undertaken by Consultants working with the teams at Multi Disciplinary Team meetings (in 2014/15 214 patients were discussed). Telephone advice was given to 14 patients and 13 prevention calls/discussion took place ensuring patients and their families did not reach crisis points.

The increase in numbers of patients with a diagnosis other than cancer in the Hospice at Home service reflects the proactive approach we are taking to ensure all patients at the end of life have access to our service regardless of diagnosis.

<table>
<thead>
<tr>
<th>Hospice at Home</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Number of patients</td>
<td>138</td>
<td>139</td>
<td>184</td>
</tr>
<tr>
<td>Crisis Intervention home visits</td>
<td>53</td>
<td>52</td>
<td>11</td>
</tr>
<tr>
<td>Accompanied Transfer Home (from Hospice or Hospital)</td>
<td>15</td>
<td>10</td>
<td>13</td>
</tr>
<tr>
<td>Sitting Service</td>
<td>650 sits (85 patients)</td>
<td>863 sits (91 patients)</td>
<td>888 sits (126 patients)</td>
</tr>
<tr>
<td>% Home Deaths</td>
<td>76.1%</td>
<td>84.6%</td>
<td>87%</td>
</tr>
<tr>
<td>% Hospital deaths</td>
<td>7.5%</td>
<td>2.1%</td>
<td>1.3%</td>
</tr>
<tr>
<td>% non cancer patients</td>
<td>15.9%</td>
<td>17.2%</td>
<td>22%</td>
</tr>
</tbody>
</table>
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 quality markers:

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of serious patient safety incidents</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of slips, trips and falls</td>
<td>43</td>
<td>43</td>
<td>35</td>
</tr>
<tr>
<td>Number of patients who experienced a fracture or other serious injury as a result of a fall</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The number of falls in this period has reduced by 18% and there were no patient falls resulting in serious injury.

Falls risk assessments were completed for all inpatients, those attending the Wellbeing and Support Centre and Hospice at Home patients. Action taken to reduce patient risk in relation to falls includes assessment by Physiotherapists and Occupational Therapists. This may include providing patients with suitable equipment to maximise their independence whilst maintaining safety.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of patients admitted with MRSA bacteraemia</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of patients infected with MRSA bacteraemia during admission</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of patients admitted with clostridium difficile</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of inpatients who contracted clostridium difficile *unknown if transferred or acquired</td>
<td>0</td>
<td>2*</td>
<td>0</td>
</tr>
</tbody>
</table>

Excellent standards of infection prevention and control were achieved again this year with no incidence of health care associated infections.

One patient presented with Glutamate Dehydrogenase (GDH) which indicates that clostridium difficile is likely to be carried in the bowel. The patient was managed appropriately and did not develop clostridium difficile infection.
## Clinical Audit

The following table shows a sample of the audits completed during 2014/15

<table>
<thead>
<tr>
<th>Patient Safety Audits</th>
<th>Findings and Actions to be taken to improve compliance/practice</th>
<th>Action plan completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infection Control</strong></td>
<td>An audit carried out in April 2014 of procedures for safe handling and disposal of sharps in the Wellbeing and Support Centre indicated 96% compliance with procedure although one sharps bin was found to be closed incorrectly. An email was sent to all staff as a reminder. Re-audit in May 2014 indicated 100% compliance with procedure.</td>
<td>May 2014</td>
</tr>
<tr>
<td>Safe handling and disposal of sharps</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medicines</strong></td>
<td>The audit in June 2014 identified a small number of documentation errors. The nurses involved were managed in accordance with hospice procedures. A re-audit in August showed a great improvement.</td>
<td>August 2014</td>
</tr>
<tr>
<td>Administration of controlled drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>General</strong></td>
<td>54 Safety Alerts were received in August 2014. The audit indicated that all had been circulated and actioned as per procedure.</td>
<td>No action required</td>
</tr>
<tr>
<td>Alerts audit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infection Control</strong></td>
<td>The audit of hand hygiene on the inpatient unit carried out in October 2014 showed 100% compliance with procedure.</td>
<td>No action required</td>
</tr>
<tr>
<td>Hand Hygiene</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>General</strong></td>
<td>An audit of syringe driver checks and associated documentation carried out November 2014 indicated an improvement on previous audits with the exception of one missing signature. Staff were advised of the acceptable times allowed between checks after discussion with the Ward Manager and Patient Services Manager. Re-audit in December noted compliance with regular 4-hourly checks and use of lock-boxes. Staff were reminded of legibility requirements. A spot check carried out in January showed full compliance with procedure.</td>
<td>January 2015</td>
</tr>
<tr>
<td>Syringe driver audit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medicines</strong></td>
<td>The audit carried out in early January 2015 indicated some amber ratings, mainly due to the policy being under review. The Policy for the Safe Management of Controlled Drugs was reviewed and approved in January 2015 and circulated to staff early March 2015</td>
<td>March 2015</td>
</tr>
<tr>
<td>Pharmacist controlled drug audit</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Infection Control</strong></td>
<td>Audits were completed in February for both the Wellbeing and Support Centre and the Inpatient Unit. Both achieved positive results of 100% and 97% respectively.</td>
<td>No action required</td>
</tr>
<tr>
<td>Management of Patient Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regional Audits</td>
<td>Findings and Actions to be taken to improve compliance/practice</td>
<td>Recommendations</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Woodlands Inpatient Unit Hospice referrals audit - presented July 2014 (looked at referral sources, average waiting time to admission, length of stay (LOS), reason for referral and discharge information) (EOLC = end of life care) | • 303 referral forms were reviewed (211 of those were admitted)  
• Most referrals from Aintree University Hospital - referral source not documented for 3 patients  
• Average waiting time was lowest for patients referred from home/GP/DN  
• Majority of admissions cancer-related  
• Average waiting time to admission was 2.9 days  
• Average LOS 14.9 days (skewed by a few longer stays)  
• 52% of patients eventually discharged to home (40% died on WIPU/Woodlands Inpatient Unit, 8% discharged to other hospitals/hospice/care home)  
• 80% of patients referred for symptom control. Some referred for >1 reason. Only 19% referred for EOLC (although some patients recorded as being referred for symptom control were actually for EOLC)  
• Patients for EOLC had the shortest waiting time to admission | • Consider rewording referral form to reflect awaiting information vs date referral accepted.  
• Improve documentation of information on forms.  
• Continue prioritising admissions appropriately |
| Symptom Control Medication & the Dying Person – a regional audit presented January 2015 | The audit presentation outlined the results of a literature review, shared existing standards & audit results, and highlighted proposed updates to Standards & Guidelines.  
The Case Note Review Audit demonstrated that most existing standards are met. | When new standards and guidelines are finalised they will be presented and discussed at the next available audit meeting. |
## Trustee Visits

The following table shows a sample of Trustee Visits undertaken in 2014/15

<table>
<thead>
<tr>
<th>Date of Visit</th>
<th>Findings and Actions to be taken to improve compliance/practice</th>
<th>Progress to date</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>January 2015:</strong> Safety &amp; Effectiveness</td>
<td>Regular Clinical ‘Case Study’ meetings recently re-introduced but not all staff are aware of them.</td>
<td>Emailed flyers now in place to inform staff of forthcoming reflective practice sessions.</td>
</tr>
<tr>
<td></td>
<td>Staff should be encouraged to be responsible for the upkeep of their own knowledge about topics such as Safeguarding, Mental Capacity etc.</td>
<td>Incorporated into staff Personal Development Reviews (PDRs), 1:1s etc. Patient Services Manager continues to emphasise the importance of self-learning with line managers.</td>
</tr>
<tr>
<td><strong>November 2014:</strong> Respecting &amp; involving people who use the services</td>
<td>Support the extension of Hospice at Home to areas other than South Sefton.</td>
<td>Chief Executive in constant discussion with Knowsley &amp; Liverpool CCGs</td>
</tr>
<tr>
<td></td>
<td>Patient information Packs should be revised and updated across the organisation</td>
<td>Patient packs and pack folders revised by Documentation Group</td>
</tr>
<tr>
<td></td>
<td>The focus on improving Care Plans should remain a high priority</td>
<td>Regular audit ongoing. Standards continue to improve. Focus now on reducing variation. Feedback now given to individuals and good examples shared with staff</td>
</tr>
<tr>
<td><strong>September 2014:</strong> Staffing and Supporting Staff</td>
<td>Consider staffing levels in relation to attendance at Well-being &amp; Support Centre (WBSC) groups</td>
<td>WBSC review completed November 2014. SMT report and proposals issued to staff Feb 2015 for consultation. Consultation in progress.</td>
</tr>
<tr>
<td><strong>April 2014:</strong> Safety &amp; Suitability of Premises</td>
<td>Consideration to be given to room occupancies in the WBSC to ensure optimum utilisation. In particular the use of the bathroom for storage needs to be reviewed: is the demand there for retaining it for bathing purposes?</td>
<td>Business case to convert bathroom to new office approved by Finance Committee February 2015 and proceeding.</td>
</tr>
</tbody>
</table>
Complaints

The Hospice received 24 complaints in total from 1st April 2014 to 31st March 2015. Sixteen of the 24 complaints were patient-related and one of these was written (the rest being verbal).

The table below shows the distribution of all complaints received across the year.

| Process/Procedure related complaints included | General procedures (nursing & department related); Confidentiality; Documentation/record keeping; Patient property; |
| Communication related complaints included   | Relaying of clinical/medical terms; Communication following bereavement; Documentation |
| Attitude related complaints included        | Staff attitude involving patients/relatives |
| Non-patient related complaints included     | Grounds management; Hospital trust-related processes; Staff attitude to volunteer; Volunteer attitude re: donations made to shop; Processes related to Support groups & Fundraising. |

Actions taken:

- All complaints, written or verbal, were managed with the same level of importance and sensitivity
- All complaints were resolved with the complainant and in accordance with Woodlands Policy for the Management, Investigation and Resolution of Complaints.
- Action plans were developed and monitored to completion for all complaints that could not be readily resolved
- All complaints were reviewed by Woodlands Governance Committee and reported to the Board of Trustees
- The learning from complaints was shared with staff via team meetings.

Improvements resulting from complaints included: Review of Patient Property Policy; Development of Fundraising and Support Group processes; Development of Bereavement Support services; improved opportunities for staff to reflect on behaviour; introduction of case reviews into staff education sessions.

The Hospice developed a new information leaflet in August 2014 which includes...
details about how to make a complaint. This leaflet is included in all new patient information packs and is also displayed in the reception area, together with a ‘post box’, to enable anyone to confidentially make a comment or complaint about any aspect of Woodlands activity.

Compliments
During the last 12 months Woodlands has received 274 written compliments with the following themes emerging.

- Care and Support
- Kindness, Comfort and Dignity
- Family Support
- Professional and Friendly
- High standards of food
- Special Place
- General thanks

The Hospice is very proud of all its achievements but feels especially pleased when patients and families so clearly express their thanks for the high quality care provided to their loved ones.
3.1 What our patients and families say about the organisation

“Many thanks for caring for our wonderful friend xxx and making her comfortable. She always talked so highly of the work you do and loved her Friday group. The work you do is so important and helps so many people at a difficult time”.

[Thank-you card to Inpatient unit]

“We would love to give something back to Woodlands for all the care they gave my mum in her final weeks with us. My mum was treated as a priority and nurses and doctors came round like clockwork as and when required. Mum’s final wish was to come home and spend Christmas with us and Woodlands made this happen. Nurses came several times a day and they too deserve a mention for being so sensitive to our feelings”.

[Received via ‘Just Giving’]

“We wish to express our thanks and appreciation of the comfort and peace you gave to my husband. You gave him the care and compassion he needed and also helped us as a family to cope”.

[Thank-you card to Inpatient unit]

“So many people don’t realise what Woodlands do, plus the image of a Hospice to some is gloomy. It’s definitely not a gloomy place!”

[Card to Fundraising]

“Can I take this opportunity to tell you of the absolute highest regard I have for your staff. I find all of them to be caring and compassionate. It’s a pleasure to work alongside them”.

[Email to Hospice at Home]

“My family and I want to thank you and your colleagues, the respite team and all the many people who helped xxx. He did enjoy his chats with you and you helped him accept a very difficult time”.

[Letter to Well-being & Support Centre]

“Thank you for enabling my wife to die with dignity and with her family around her. You are truly amazing”.

[Card to Fundraising]
“Although the time that XXX spent with you was short we will never forget the special memories that we made with our ‘balloon ride’ and bikers with ice cream that became possible whilst in Woodlands”

“A massive thank you to you all for the care and devotion shown to my son. You are all angels, god bless you all.”

“The care and love she was given was second to none. The care and love also stretched to the whole family.”

“Xxx became tearful again – your cook was fabulous and just tuned into the situation right away, sorting out refreshments”. [Letter to Café]

“We could not have looked after Mum or kept her at home without Hospice at Home support.”

“Thank you hardly seems adequate for the level of support and compassion that all of you involved in Mum’s care have shown.”

“Woodlands is such a lovely place, no wonder my Grandad enjoyed his time spent there!”

“Amassive thank you to you all for the care and devotion shown to my son. You are all angels, god bless you all.”

“We are very grateful to the drivers who picked him up and made it possible for him to come to Woodlands.”

“I was so impressed with the particular attention which has been given to the creation of a supportive calm and very welcoming environment, not only for patients but also family members. The décor and arrangement of the various sections complements that attention in every detail”. [Email to CEO]
3.2 What our regulators say

Woodlands Hospice is registered with the Care Quality Commission and as such is subject to regular review in the form of unannounced inspections. No inspections took place during the period of this Quality Account.

3.3 The Board of Trustees’ commitment to quality

The Board of Trustees of Woodlands Hospice Charitable Trust is fully committed to prioritising the quality of patient and family care. All Trustees participate in the programme of unannounced Trustee Visits giving them an opportunity to familiarise themselves first hand with the workings of the Hospice and to hear the views of patients, families, staff and volunteers. The organisation has a robust Quality Assurance framework with Trustees taking an active role in ensuring that the Hospice provides the best possible evidence based care and fulfils its Statement of Purpose.

3.4 Supporting Statements

Local Healthwatch
The Hospice has been visited by Knowsley Healthwatch representatives during the year with positive feedback. They have however not been able to review the Quality Account with their limited resources.

Clinical Commissioning Groups
Woodlands Hospice has worked very closely with the South Sefton CCG, Liverpool CCG and Knowsley CCG throughout the year taking active roles within their end of life strategy groups and inputting specifically to the remodelling group for Knowsley End of Life care services and the developing Liverpool End of Life Care Strategy. With South Sefton CCG Woodlands has developed the Hospice at Home service, the education of care homes programme and more recently its own Discharge Planning and Advance Care planning programme.