Patients’ artwork exhibited at The Museum of Liverpool from June to October 2016
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.
As Chair 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.

All Trustees participate on a regular basis in our programme of Trustee visits which gives me and my colleagues the opportunity to speak personally with patients and families and I am always extremely pleased to hear consistent feedback praising the high standards of service we provide across the Hospice. Any suggestions or observations made are always enthusiastically taken up by the team and every opportunity seized to improve in any way at all.

Regrettably during this last year the Chief Executive had to take long term sickness absence for surgery and the leadership of the organisation was temporarily shared between senior management colleagues, with myself, as Chair, and other Trustees taking a more active role in supporting operational issues. Consequently the main priorities were to maintain our very high standards of care for all our patients and their families and any development was put on hold until the team was back to full strength; my thanks to all for rising to the challenge. I was delighted to welcome the Chief Executive back just before Christmas but unfortunately she will require a short spell of further absence in the spring.

We have welcomed a new Trustee to the Board this year, a business owner with excellent networks across the city which will prove helpful as we expand our involvement with communities.

Although improved slightly on last year, the financial position for 2015/16 showed an overall deficit of £153k with legacies of £194k helping hugely to hold that deficit at a manageable level. However as legacies cannot be relied upon or indeed predicted, we will be instigating a costs savings plan next year to try and offset normal cost of living rises.
Fundraising was shaken nationally this last year as high profile media coverage of poor fundraising practices, in some charities, unsettled the public and indeed the vast majority of the charitable sector. Despite this negativity, the efforts of our fundraising team and the generous donations given by our supporters meant we saw a very small increase on last year’s performance although we still fell short of our fundraising targets. We will be reviewing our fundraising approach again this next year to strive to keep pace with such a dynamic arena.

The Trustees keep a close eye on all expenditure throughout the year through our Finance committee.

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

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

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, achievements and challenges 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.

As already mentioned in our Chairman’s’ Introduction regrettably I was unexpectedly absent last year for many months due to surgery which left me very frustrated watching the progress of the Hospice from afar but I am very proud of the way the team jumped into my shoes to ensure a seamless service for all our patients and their families. I am scheduled for more surgery in the spring, after which time I will hopefully be back to full fitness and the team back up to strength to take on the future challenges.

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 work tirelessly across all our services 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).

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.

No service can exist without support services including Facilities and Maintenance, Catering and Housekeeping, Finance, Human Resources, Data and Quality management together with administration and secretarial functions. We have a very small but highly committed team supported by volunteers who work tirelessly in the interest of our patients and families and without whom the hospice could not function.
Our Chairman has covered the financial and fundraising position for last year but I would just endorse his comments regarding the ongoing efforts of fundraising in such a difficult climate last year, it’s a hard job to have especially in such a deprived area as ours but they continue daily with energy and enthusiasm and are forever optimistic as to what the day will bring!

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 the new challenges it will undoubtedly bring.

Mrs Rose H Milnes  
Chief Executive
Clinical Services

- Continue to provide the highest quality care to all our patients and their families and/or carers and receive excellent inspection reports from all statutory bodies e.g. Care Quality Commission, Environmental Health Agency.
- Provide more flexible, adaptable and individualised services available for all patients with life limiting illnesses regardless of diagnosis.
- Achieve our Quality Account Priorities for 2015/16.
- Implement the recommendations from the Neuberger report and Leadership Alliance following the withdrawal of the Liverpool Care Pathway.
- Ensure individualised care plans and care packages for all patients.
- Achieve high standards of patient service measured against our quality markers.
- Ensure a robust audit programme (clinical and non-clinical) is carried out with documented evidence of high performance.
- Receive consistent positive feedback from all patients and their families/carers through a variety of collation methods including patient satisfaction surveys, comments, compliments, patient service manager ward rounds, Trustee visits.
- Review and revise, if appropriate, services available within the Well-being and Support Centre to ensure increased occupancy levels to an average of 70% and optimisation of all facilities.
- Consider ‘out of hours’ appointments for day services.
- 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 and continue to be flexible with all admissions including weekends and bank holidays.
- Consider the Hospices 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.
- Consider any additional carer support the Hospice could provide.
- Continue to work with Knowsley and Liverpool CCGs to encourage them to fund a Hospice at Home service to ensure consistency of service for all our patients.
• Continue to work with nursing homes in South Sefton to improve confidence in end of life skills and prevent unnecessary hospital admissions.

• Enhance medicine safety by working to further reduce the incidence of medicines errors including documentation errors.

• Review and revise the discharge processes in conjunction with community colleagues to further improve discharge planning.

• Further develop the Patient and Family Forum to ensure input to developing services as well as feedback on current services.

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

Our Quality Account evidences how well we have met our 2015/16 objectives in relation to patient services and also the priorities we set for improving patient safety, clinical effectiveness and patient and family experience. The Quality Account has been published, as required by the Department of Health, on NHS Choices website.


The Account shows the excellent progress made with the patient services objectives during this second year of our two year strategy and we are committed to continue moving forward with new and refreshed priorities for 2016/17.

Areas for further development include a focus on Cognitive Impairment with Hospice staff being encouraged to sign up as ‘Dementia Friends’, the implementation of pain assessment tools designed for patients with cognitive impairment and developing closer links with Psychiatric and Neurology Services to support improved knowledge and skill in team members, through education and access to educational resources.

We will also be looking to build on the work of last year with regard to Advance Care Planning (ACP) as this has been shown to be effective, enabling a much higher incidence of people achieving their wishes for end of life care when ACP has been undertaken. The vision for this priority is to have a workforce which is aware of ACP, with key members of the team undergoing more intense training in order for them to be able to facilitate conversations with patients and their families about ACP and document their wishes. This will lead to active promotion of ACP across the organisation, supported by patient information leaflets and posters ‘advertising’ the service to patients and their families.

Although Woodlands Hospice already provides support in a variety of ways for carers, we will be developing a carers’ programme in 2016/17 to enhance the support we already offer. The valued contributions that carers make to society
are well documented but caring is a tough role. Many carers do not get the help and advice they need to enable them to care for their partner, family member or friend which may make them feel isolated and unsupported.

Woodlands Wellbeing & Support Centre successfully runs a Supportive Living Programme for patients covering issues such as managing symptoms, coping with stress and anxiety, eating well, spirituality, and practical support. This programme is very well attended and receives positive feedback. The Clinical Team intends to develop a similar programme for carers, incorporating the issues highlighted in feedback. This will enable carers to continue to give invaluable support to their loved one whilst ensuring that their own needs are considered and they receive the help they need.

The Wellbeing and Support Centre has progressed well in the last year, responding to patient need with particular success seen in the Supportive Living Educational Programme and the Living Support group sessions. Patients are very keen also to take part in the weekly Creative Therapy group and they have produced some excellent work together which is constantly on display in the Hospice, and one was displayed at The Museum of Liverpool from June to October 2016.

Attendance can sometimes be lower than we would like to see but this reflects the poorly condition of some of our patients who do not always feel up to leaving home to make the trip to the Hospice. The outpatient activity for patients is utilised well, in particular for nurse led clinics.

With the further expansion of the Family Support team this last year, having a Family Support Worker role pump prime funded by a MacMillan grant for two years, the impact this team has had on Hospice services is quite tangible. Sadly we have seen an increase in numbers of young patients accessing our services but thankfully the Family Support team have been there to help them and others. As a result of higher demand for the Family Support services within the Hospice we have not been able to expand the service beyond the Hospice other than to our own Outreach and Hospice at Home services although the team do reach into Aintree University Hospital to assist wherever possible with complex cases.

This last year we separated the Therapy services into its own team with a Head of Service participating in senior clinical meetings and clinical developments. The structure of the team has been reviewed to ensure cross organisational cover on a priority basis.

The Hospice at Home team for South Sefton continues to operate well and consistently receives positive feedback.

Regular reviews, evaluations and surveys continue to evidence consistently high standards of person centred care experienced by patients and their families/carers.
Our annual Patient & Family satisfaction survey was particularly pleasing with 35% return rate and overwhelming positive feedback with very constructive thoughts for improvements and developments.

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 revised Fundamental Standards. 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, and tissue viability continually review hospice practice in these areas, monitor national guidance and develop local strategies to improve patient safety.

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

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

This last year the Patient, Friends and Family Forum chaired by our Quality and Improvement Manager has been extremely active and involved in a number of projects including the Patient Led Assessment of the Clinical Environment (PLACE), review and revision of patient leaflets, and work with the Dignity Group and many other areas. They are a small but extremely effective group whose contribution is valued highly by all staff.

We believe that during the year we have continued, with our highly skilled, competent workforce, delivering high quality care to all.
2015/16 was year two of a two year strategic plan and the principal objectives for this second year were:

- Ensure the best possible environment for patients and visitors to ensure dignity and respect with quality and safety paramount.
- Develop plans for the extension of inpatient bedrooms and repositioning of ensuite access and submit grant applications as available.
- Develop plans for skylights above the nurse’s station on the Inpatient Unit (IPU) and submit grant applications as appropriate.
- Consider the feasibility of installing our own back-up water supply for emergency situations.
- Consider turning the bathroom in the Well-being & Support Centre (WBSC) into alternative space (bathroom facilities on the inpatient unit to be shared with WBSC when required).
- Improve access onto IPU for ambulance staff by installing automatic door openers/closers.

As reported last year, we continue to benefit hugely from the major refurbishment which took place in 2014, funded by NHS England grant monies. The upgraded facilities are well maintained, and well used by patients, families, friends, staff and volunteers and the café in the middle of the organisation is a bustling ‘hub’ of activity. At the current time the café is closed in the evenings and at weekends but we will be reviewing this decision again next year as there is a constant call for its opening during these times, such is the success of the space.

The gardens continue to flourish through the dedication of our gardening volunteers and the Hospice now has a regular stream of ‘Corporate Volunteers’ from local companies who are very happy to plant shrubs, cut back bushes, paint fences and garden furniture etc. to continue to ensure our patients can enjoy this lovely space outside.

During the year we drew up plans to expand the water tank supplying the Inpatient Unit but in view of costs and space restrictions, it was decided, in the year, not to progress the additional tank but instead to work closely with Aintree Hospital Trust to join with them in their contingency arrangements should the water supply become interrupted. This will be a priority for 2016/17.

The bathroom in the Well-being & Support Centre was not being utilised by day patients and it was agreed 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. This conversion took place last year and the room is very much utilised with alternative bathing facilities available on the Inpatient Unit should the need arise.

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

We were very fortunate also last year to receive funding from various supporters to automate the doors, firstly from the main entrance to the Inpatient area, enabling better ambulance transportation and secondly across access routes from the Inpatient Unit to other facilities giving patients more independence to travel across the hospice particularly in wheelchairs and with walking aids. In addition another supporter funded the much needed renewal of the Inpatient Unit Flooring.

The extension of the bedrooms and rearranging of the ensuite bathrooms on the Inpatient Unit remain a priority but currently the Hospice would not be in a position, without grant funding, to take on any major capital projects. A Capital Projects Committee (led by the Trustee who is an Architect) is being set up for summer 2016 and drawing up plans for this project will be part of the remit of that committee. In addition plans will be drawn up and costed for conversion of the Garden Room and Patio Room to be joined up and extended in to the garden to create a large room for Wellbeing and Support Centre group activity and an anticipated increase in participants as the services become better known.
2015/16 was year two of a two year strategic plan and the principal objectives for this second year were:

- Explore how data and intelligence can be improved to support continuous improvement to care.
- 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.
- Strive to achieve Level 2 of NHS Information Governance Toolkit.

Data collection systems have improved across the Hospice with streamlined processes and procedures working well but work will remain ongoing particularly in bringing all clinical support services closer together with data analysis and reporting.

The electronic patient information system (Sigma) which we share with the Aintree Hospital NHS Trust has been introduced effectively across all services with the exception of Hospice at Home and we enjoy close working relationships with the hospital information teams to ensure accurate and timely reporting.

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 Indicators (KPI) report scrutinised by Trustees and Senior Managers. The KPI reports have developed significantly in the year and are reviewed regularly at our Governance Committee and Board meetings to ensure continuous improvement and relevance.

The Data Officer has been a keen participant in all meetings and developments of the EPACCS which has made some progress locally but has still not reached the expectations nationally. Woodlands Hospice has met all the requirements asked of us and will continue to actively contribute to developments.
Although the Hospice continued to promote and use the Palliative Care Outcome Scale (IPOS) tool across all our services during the year, the Outcome Measures Working group was affected by a change of key personnel in lead roles and activity slowed during this period. However, the group is back up and running with our new Consultant taking the Chair and we are confident good progress will be seen in 2016/17. The national developments in relation to Outcome Measures have been reviewed and we will proactively consider the impact and application of these in the next twelve months.

ELQUA Quality sharing system was regrettably withdrawn nationally during the year and is no longer a system available to access.

A great deal of work was undertaken in the year to ensure we achieved Level Two in the NHS Information Governance Toolkit, our first year of submission. The learning from this process will be carried forward to next year’s performance.
2015/16 was year two of a two year strategic plan and the principal objectives for this second year were:

• 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 identify gaps as vacancies arise and address succession planning.

• 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 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 the year recruited a local business person to complement the Board with wide-reaching knowledge and experience.

In 2016/17 we are looking to increase the numbers of Trustees from 12 to 14 to be sure we can proactively recruit a Trustee with Fundraising experience, without losing other expertise, to ensure we can discharge our responsibilities under the new Fundraising regulations being published in July 2016.

With the Chief Executive regrettably having to take two long term sickness absence periods in the year for surgery, the leadership of the organisation, during those periods, was shared between senior management colleagues, with the Chair and Trustees taking a more active role in supporting operational issues. In addition the Finance Manager also required urgent surgery during the year leaving another key role to be covered. The organisation responded well to the pressures these absences created and the Trustees are grateful to all those who helped to keep the Hospice’s day to day operations
running well. The Trustees are delighted to see the Chief Executive back fully in post and the Finance Manager making a phased return to work.

The Leadership and Management Strategy planned for this year was put on hold due to the above mentioned pressures but this will be a key part of the strategy for the next two years.

As there has been no published recommendation during the year for staffing levels in specialist services the Hospice has continued with staffing levels it considers to be of a good, safe standard and our care reflects this investment.

The Hospice has continued in the year to encourage learning and development for all teams. Whilst finances will restrict some costly training we will continue to source training for all staff and seek grants and other opportunities as appropriate.

Appraisals and personal development reviews are key to staff development, and systems and processes to ensure these happen on a consistent basis will continue to be reviewed in the next twelve months. The staff support system is critical in every hospice, and with the development of the new Family Support Services Team we have been able to significantly improve staff support systems and opportunities across the Hospice which the staff really appreciate.
Woodlands has over 170 volunteers undertaking a wide variety of roles across the Hospice and in our charity shops. Their strong presence throughout the Hospice in supporting roles is a key strength for the organisation and enables staff to concentrate on the care of the patient. Our charity could not exist without this ‘additional workforce’ and we welcome volunteers from all age groups with varying knowledge, skills and experience.

With regard to the specific objectives set to enhance volunteer roles within the Hospice, the discussions from last year regarding a Companion scheme out in the community and possibly attached to the Hospice at Home service were put on hold in favour of developing a scheme in-house for patients who may sometimes feel lonely and indeed isolated during their stay. These Family Support volunteers, once recruited, undertake a detailed and involved training programme before becoming a fully-fledged companion. The scheme is working really well and patients appreciate this support.

This next year we will be exploring more volunteering opportunities assisting nursing staff on the ward.

VOLUNTEER SERVICES

2015/16 was year two of a two year strategic plan and the principal objectives for this second year were:

• 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-focussed roles.
2015/16 was year two of a two year strategic plan and the principal objectives for this second year were:

• To develop a more robust financial strategy, in particular a Fundraising Strategy to ensure future sustainability.

• 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.

FUNDRAISING

There is no doubt that 2015/16 was a very difficult year for fundraisers nationally, as high profile media coverage of poor fundraising practice, in some charities, unsettled the public and indeed the vast majority of the charitable sector. We have established a Trustee-led Income Generation Committee to oversee and monitor fundraising performance and governance in accordance with the recommendations of the Etherington review of fundraising and self-regulation (2015).

Despite the negative press nationally, and an anticipated downturn in general donations across the country, the efforts of our fundraising team and the generous donations given by our supporters meant that we saw a slight growth in fundraising on the previous year. This increase, however, was very small and unfortunately we still fell short of a stretching target for the year.

The enthusiasm and effort of our fundraising team never waivers and the team development of last year under the guidance of the recently appointed Head of Income Generation helped sustain a steady growth but regrettably the return on investment for many of the current income streams fell short of expectations and the roles will need to be reviewed again this coming year to react positively to the ever changing dynamics of fundraising locally and nationally.

During the last year we have worked on many projects with local companies volunteering their support for a day. They have enjoyed such tasks as gardening, planting bulbs, painting fences, leaflet dropping locally etc. and the feedback we always receive is how much they enjoy their visit and the team spirit it engenders in them, as a group, for a worthy cause. These opportunities
also give us the chance to further develop our existing, and initiate new corporate relationships which feed well into our plans to encourage corporate fundraising.

We receive a great deal of support from the local community who value Woodlands Hospice as their very own local hospice, caring for local people. The Community Fundraising Manager is active across the area and organises many small fundraising events to engage with local people and foster new relationships.

Several Woodlands support groups have been supporting the Hospice for many years and the work of these groups is very much appreciated and has made a huge contribution to the funding of the Hospice. As many members of the original groups look towards retiring we strive to recruit individuals who may wish to create new community groups to support Woodlands moving forward.

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 £84,000. 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.

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.

In 2014/15 the Hospice recruited individual Lottery Canvassers to sign up new members to the lottery but after the initial success, they unfortunately were unable to continue in this role due to personal reasons and consequently in 2015/16 the Hospice turned to contracting with a reputable and professional third party organisation with an excellent track record in working successfully with Hospices to promote their lotteries. Early signs of this arrangement are very positive and we are confident that the lottery memberships will continue to grow throughout 2016/17 resulting in ongoing sustainable income for the Hospice.

LEGACIES

In 2015/16 we were extremely fortunate to receive £194k in legacy income which contributed enormously to our overall income. Without the generosity of these bequests, who kindly thought of Woodlands in their Will, we would not be able to continue to provide the services we do for our patients and their families.

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 Hospice. We are very grateful to all the practices which have taken part and for all donations received. Legacy and will donations make an important contribution to the work of the Hospice.
CHARITY SHOPS

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

Having closed our long standing shop in Walton Vale in February 2015, due to declining footfall in that area, we opened a small shop in Moss Lane, Liverpool. This was followed in April 2016 with the opening of a shop in the bustling area of Old Swan Liverpool and a further shop opened in Maghull in August 2016. It has taken some time to secure the right property in the right location at an affordable rent but early signs of the new shops are very positive and again we are confident that income from this source will increase over time. We are actively looking for two more shops in key areas for the Hospice.

HOSPICE SHOP

As part of the 2014 building works, we incorporated a new small Hospice shop in reception which is run and supported by two dedicated volunteers, who also give up their time to attend events and outside activities to promote sales. A review of the shop will take place in 2016/17 to ensure continued growth and expansion across our newly established charity shops.

MARKETING AND COMMUNICATIONS

The Hospice continues to work on new ideas for marketing our services both to clinical colleagues and the public and a more robust strategy will be developed in the coming months. Work commenced in the year on building and developing a new, more modern, interactive website and this is due to be launched in September 2016.
2015/16 was year two of a two year strategic plan and the principal objectives for this second year were:

• Work with key partners and organisations to consider the future and help influence the direction of the next two years for end of life care to ensure that everyone approaching the end of life has access to high quality care with their needs and wishes being met, as far as is practicably possible. 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 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.

• To increase the profile of the Hospice with local clinicians and the public.

During 2015/16 the Chief Executive and Senior Management Team have, wherever possible, actively participated in all End of Life strategy meetings hosted by the three Clinical Commissioning Groups (CCGs) who provide grant funding to the Hospice. Attendance, at times, was difficult this year due to the absence of the Chief Executive but every effort was made to keep up to date with minutes and activity when attendance was not possible.

Meetings with the three commissioners were limited in the year but telephone consultations continued to ensure the hospice kept pace with all developments across the catchment area.

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 the 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.

During the year we gave notice to the Hospital on the Service Level Agreement we had with them for provision of our therapy services in favour of employing our own team. This decision was made for integration purposes and improved communication. Regrettably the Therapists employed by the NHS chose not to transfer over to the Hospice under TUPE regulations which necessitated the recruitment of a new team which is slowly developing now.

The Chief Executive of Woodlands Hospice continued in her role as a Public Governor on the Aintree Hospital’s Council of Governors, albeit in a ‘virtual role’ during her periods of absence.

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.

Work continued in the year offering patients the opportunity to discuss and formulate an Advance Care Plan and close liaison with the local Hospital and Health Community on this matter also continued. To help prioritise this further it has now been included in our Quality Account for 2016/17 as a key priority for Clinical Effectiveness.

It has been difficult to directly liaise with the Health and Wellbeing boards due to their structures and protocols but we have made 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. They are consulted on many aspects of the Hospice and their contributions valued greatly. The input from the forum is included in our Quality Account for last year.
EDUCATION AND RESEARCH

2015/16 was year two of a two year strategic plan and the principal objectives for this second year were:

• 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.

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

• Gain a full understanding of the role of the Hospice can play in local research programmes

• Participate in identified research projects as appropriate.

EDUCATION

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

RESEARCH AND AUDIT

The Hospice has a policy to participate in research but, during this period, there were no appropriate national, ethically approved research study in palliative care in which it could take part. However, Woodlands senior medical staff is 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 continue to look for general research opportunities in palliative care in the region and Woodlands awaits a suitable opportunity to participate in a research project. A weekly journal club enables members of staff to keep up to date with Palliative Care research.

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.
The Trustees consider the performance of the charity in this context and believe that 2015/16 was a very effective year with highly satisfactory results against challenging objectives.

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.

Our Fundraising team was set another challenging target for the year and unfortunately fell short of this goal by £115k but an increase was seen on the previous year’s figures. Our legacy income performed well against an original budget of £100k which helped to bridge some of the gap on our fundraising shortfall.

The overall financial position showed a deficit of £153k which has necessitated the implementation of a cost savings plan in the year to March 2017. This cost savings plan is being implemented with consultations with individual departments.

We remain confident that our trading strategy will start to turn the fortunes for Woodlands Hospice in the future. However, we are fully aware that we will not see a return on our investment in this strategy until the year 2017/18 hence the need for our cost savings plan in the 2016/17 financial year.

Achieving £820k 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

**FINANCIAL SUMMARY**

2015/16 was year two of a two year strategic plan and the principal objectives for this second year were:

- To develop a more robust financial strategy to ensure future sustainability.
- To ensure contingency planning for possibility of Clinical Commissioning groups Cost Improvement programme.
- To review, revise and streamline the financial processes as appropriate to ensure best value for money.
- To ensure that the hospice is fulfilling its duties in terms of both the auto enrolment pension schemes and also the NHS pension scheme.
- To implement systems to ensure that the hospice makes the best use of the hospice vat reclaim scheme.

The overall financial position showed a deficit of £153k which has necessitated the implementation of a cost savings plan in the year to March 2017. This cost savings plan is being implemented with consultations with individual departments.

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Achieving £820k 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's) paid to us under Conditional Grant Agreements.

The total running costs for Woodlands Hospice during the year was £3,721,144 which is an increase of £67k on the previous year and this increase in costs in predominately due to an increase in nursing costs on the In-Patient Unit.

Some cost savings were made in the year in terms of salaries in other teams including a vacancy freeze in the newly developing Therapy team. Services were amended to reflect the changed staffing structure and this model is being reviewed further as part of the 2016/17 cost savings plan.

In addition to the grant monies received from the CCG’s we also continued to receive the £240k pa funding from South Sefton CCG to provide the South Sefton Hospice at Home service which is now in its third year of the current contract with the original tender agreement giving the option for this to be extended for further two years without further tender. We are extremely hopeful that the CCG will recommend this rollover as we know the service makes a considerable difference to the people of South Sefton. We continue to speak with Commissioners from Knowsley and Liverpool CCG’s about the prospect of Hospice at Home services in their areas but this would have to be 100% funded as it is for South Sefton.

In addition to the Hospice at Home monies received from South Sefton CCG we were also able to secure funding from South Sefton for our Care Homes End of Life Facilitator which expires in October 2017. With the Hospice at Home service and the Care Homes Education programme we have been able to put our specialist service out into the community. We are very keen to expand these services across Liverpool and Knowsley and continue in dialogue with their commissioners.

The trading subsidiary saw disappointing results this year as it proved challenging to get our new trading strategy off the ground in the year with difficulties in finding suitable shop locations and also in finding canvassers to grow lottery memberships. As previously mentioned in this report, this situation has now improved and the strategy is developing well with increasing numbers of lottery members weekly and three new shops now open. Overall for 2015/16 the profit for the company stood at £6k with approx. £5k being covenanted to the charity which was a very disappointing result for the group as a whole.

To meet the day to day running costs we still require a significant increase in revenue income 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 the trading subsidiary will reap the rewards we need for our future sustainability whilst our current cost savings plan will curtail costs in the interim period whilst our trading strategy gets off the ground.

The documented aim of the Trustees in the year to March 2013 was to reach a
level of free reserves equating to six months running costs of the organisation within the next three years. Unfortunately the level of free reserves has decreased as a result of our overall deficit in the year. Our trading strategy together with our costs savings plan will hopefully mean that free reserves do not decline any further over the next 12 months and the aim remains to reach a position of having six months costs to fund charitable activities in free reserves.

The investment portfolio of £540,075 managed by Investec Wealth and Investment produced a yield of 4.13% (2015: 4.09%). Overall the Trustees were satisfied with the result and they continue to review the Investment portfolio on an ongoing basis.

During the year the Finance Manager has attended training on the Hospice VAT reclaim scheme but owing to her long term absence this has not been completed and is a priority for 2016/17.

The finance team, during the year, have developed their knowledge of all pension schemes administration and payment collection systems including the Auto-enrolment and NHS Pensions schemes and we are confident that these are now running smoothly although the annual return for the NHS scheme for 2015/16 remains outstanding due to Finance Manager absence but is a priority for 2016/17.
GOVERNANCE AND STATEMENT OF INTERNAL CONTROLS

Governance

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

- **Charity Commission**

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

  The governing body of the charity is the Board of Trustees, which comprises 12 members. (During 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 had a formal CQC inspection in May 2016 resulting in an overall ‘Good’ classification although one isolated incident with regard to the handling of a safeguarding situation resulted in the area of ‘safe’ being classified as ‘Requires Improvement’. An action plan was developed and completed to set timescales and the situation rectified as a priority.
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 2015. Actions identified were low risk and have been completed

Liverpool City Council
A formal inspection took place on 31st July 2015, and we achieved a 5 star rating from Environmental Health.

Health and Safety Executive
There were no 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 6 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 6 times during the year
- Clinical Governance Committee – met 5 times during the year
- Governance Committee – met 6 times in year
- Health & Safety Committee – met 5 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>
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<tr>
<td>Mrs N Firth</td>
<td>Chief Executive</td>
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<tr>
<td>Dr B L Roberts</td>
<td>Clinical Lead and Consultant in Palliative Medicine</td>
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<td>Mr C Brennand</td>
<td>Treasurer</td>
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<tr>
<td>Mrs A Johnson</td>
<td>Senior Management Team</td>
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<td>Rev N Wilde</td>
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<td>Dr C Hubbert</td>
<td>(Vice-Chairman)</td>
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<td>Mr R Kenyon</td>
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<td>Mr W J Wood</td>
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<td>Mrs E McDonald</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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<tr>
<td>Mrs Rose H Milnes</td>
<td>Chief Executive</td>
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<tr>
<td>Dr Kate Marley</td>
<td>Clinical Lead and Consultant in Palliative Medicine</td>
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<tr>
<td>Ms Carole Slocombe</td>
<td>Patient Services Manager</td>
</tr>
<tr>
<td>Mrs Katrina Bury</td>
<td>Head of Income Generation</td>
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Woodlands Hospice

Quality Account
2015 - 2016

Incorporating Priority Areas for 2016/17
Welcome to Woodlands Hospice
Quality Account 2015/16

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Quality Overview and What others say about us
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 Medicines Management Working Group, through a number of new initiatives, achieved a 67% reduction in the number of medicines errors compared to the previous year. The majority of medicines errors are documentation issues with the potential for error rather than actual administration of medicines and it was this area in particular that showed a significant improvement hence reducing potential harm to our patients.

Our open and honest reporting systems for medicines errors have always been a strength for us ensuring a culture of learning and development, driving improvement.

Our second priority of improving discharge planning, was led by the fixed term appointment of our own Discharge Planner for South Sefton patients who worked closely with colleagues in the Liverpool and Knowsley areas served by Woodlands Hospice. Much of the work in 2015/16 was setting the foundations on which to build this coming year and included a multidisciplinary (MDT) discharge checklist ensuring all elements of the discharge process are being addressed in a timely manner, a database to help ensure the equality and effectiveness of discharges and a multidisciplinary team discharge task and finish group to help identify ways to improve MDT collaboration around the discharge process. Results of these initiatives will be audited during 2016-17.

Our final priority for last year centred on the development of bereavement and pre-bereavement support across all our services and once the team was expanded with the support of ‘pump prime’ grant funding from Macmillan they made an immediate impact on patients and families and particularly with the young adults and children. The team also set up very welcome support systems for staff and volunteers helping them in their daily roles. The team have many ideas for further development to ensure an equitable and personalised approach for all service users which I look forward to hearing about this year.
Our clinically led Working Groups such as Infection Control, Tissue Viability, Nutrition, Dignity, Falls Management and Documentation continue to ensure we stay focussed on key quality issues so integral to our existence. The results of their hard work are evidenced throughout this report.

Every day I hear compliments about Woodlands and positive themes trend through the comments expressing our services as compassionate and caring, with great dignity and respect, helpful and supportive and above all a high quality of care. These are standards that we expect of ourselves as a Specialist Palliative Care Unit but nevertheless make me very proud as Chief Executive of this organisation.

From time to time we are not able to fully meet individual’s expectations and any negative comment or complaint is taken very seriously and looked into thoroughly. Complaints have reduced slightly this year but the number, for me, is not the key issue, it is the handling of any complaint and bringing it to a satisfactory conclusion with the individual concerned that matters as it is our genuine intent to help patients and families in whatever way possible.

We have carefully considered the 3 priorities this year for our Quality Improvements and I am very interested to see the developments over the year with the focus on Cognitive Impairment as this is an area I know the whole team are keen to improve.

Advance Care Planning is a difficult topic and one we know we can do better with, hence this being nominated as our priority for Clinical Effectiveness. Our goal to be seen as an exemplar and centre of excellence in this regard is a challenge but one we hope to make great strides to achieve this year.

Our final priority to enhance the support offered to Carers is such an essential part of our overall care for patients and families and an absolute must. I await with interest the outcome of the work that I know is already starting to happen with this.

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 2016/17 are set out below and have been identified by the Senior Management Team following feedback from patients, carers and staff.

1a. Priorities for Improvement 2016-2017

Patient Safety

Priority 1: Focus on Cognitive Impairment

How was this identified as a priority?

The number of people with dementia and cognitive impairment is steadily increasing in the general population; this is likely to be reflected in admissions to hospice services as developments in diagnosis and treatment mean that patients with a life-limiting condition live longer.

In the past year, the Hospice clinical team has cared for an increasing number of inpatients displaying challenging symptoms of agitation and delirium associated with cognitive impairment. Such patients may require modified plans of care to minimise their risk of safety-related issues such as falls, pressure sores, malnutrition and dehydration etc.

The team has therefore identified the recognition and care of patients with cognitive impairment as a priority area; this will include a review of the Hospice care environment.

How will this be achieved?

• The Hospice Clinical Lead will drive this priority, developing a multidisciplinary focus group of staff to help identify areas for improvement and implement change in each area of work.
• Hospice staff will be encouraged to sign up as ‘Dementia Friends’.
• Existing Hospice policies and training in relation to Mental Capacity, Safeguarding and Deprivation of Liberty Safeguards will be reviewed.
• The introduction of a risk assessment tool for cognitive impairment and dementia will be considered.
• Implementation of pain assessment tools designed for patients with cognitive impairment will be considered.
• The Patient Led Assessment of the Care Environment (PLACE) in relation to dementia will be carried out and an action plan to address the findings will be developed.
• Closer links with Psychiatric and Neurology Services will be established to support improved knowledge and skill in team members through education and access to educational resources.

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

Clinical Effectiveness

Priority 2: To promote Advance Care Planning throughout the Hospice to enable patients to achieve their wishes for end of life care.

How was this identified as a priority?
Advance Care Planning (ACP) has been shown to be effective, enabling a much higher incidence of people achieving their wishes for end of life care when ACP has been undertaken. The vision for this priority is to have a workforce which is aware of ACP, with key members of the team undergoing more intense training in order for them to be able to facilitate conversations with patients and their families about ACP and document their wishes. This will lead to active promotion of ACP across the organisation, supported by patient information leaflets and posters ‘advertising’ the service to patients and their families.
A lot of Advance Care Planning activity already happens at the Hospice although it is difficult to demonstrate this easily because there is currently no consistent way of recording it. Not every patient wants to produce a formal document; although many will have conversations relating to ACP with professionals in the Hospice. Details of these can be hard to find in the body of the case notes, with the exception of discussions between patients and doctors on initial assessments. This means that the ACP activity currently happening can be ‘lost’ and, more importantly, the information may not be shared effectively with those who need it.

It is anticipated that, if this is done well, Woodlands will be seen as an exemplar and a centre of excellence in this regard, supporting any patient who wishes to think about ACP, document and share their wishes, and share its learning and developments with others.

**How will this be achieved?**

- A baseline audit of ACP activity to be taken.
- A task and finish group to be set up to devise training packages.
- A range of existing multidisciplinary staff to be recruited to the role of ‘ACP Advocates’ who will be able to facilitate ACP conversations with patients and help them to document and share their wishes.
- Half-day training sessions to be devised for Advocates which will be delivered by a core group of facilitators who will provide monthly support for any advocates who need it.
- Shorter awareness training session will be delivered by the advocates in their area supported by the core training materials.
- Documented evidence of ACP discussions to be highlighted in patients’ notes.
- A greater number of summary care records of Advance Care Planning will be generated and more ACP information will be shared with other healthcare professionals.

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

Progress against this priority will be monitored monthly by the Clinical Effectiveness Group using evidence from audit of documentation, ACP databases, staff training, and ACP advocate activity. Reports of progress against the above actions will be submitted to the Clinical Governance Committee every two months (the minutes of this Board sub-committee are circulated with each Board agenda for information and comment).
Patient Experience

Priority 3: To Enhance the Support offered to Carers

How was this identified as a priority?

The valued contributions that carers make to society are well documented but caring is a tough role. Many carers do not get the help and advice they need to enable them to care for their partner, family member or friend which may make them feel isolated and unsupported.

The Hospice continually reviews its practice and looks at ways to enhance and improve the services it provides for patients and their families. Feedback from patients and carers in the form of satisfaction surveys, service evaluations or simple conversations has indicated that carers supporting Woodlands patients would welcome further help and support.

Woodlands Wellbeing & Support Centre successfully runs a Supportive Living Programme for patients covering issues such as managing symptoms, coping with stress and anxiety, eating well, spirituality, and practical support. This programme is very well attended and receives positive feedback. The Clinical Team intends to develop a similar programme for carers, incorporating the issues highlighted in feedback. This will enable carers to continue to give invaluable support to their loved one whilst ensuring that their own needs are considered and they receive the help they need.

How will this be achieved?

• Woodlands Well-being & Support Centre will lead on this priority, using their expertise in delivering practical support programmes to patients.

• Woodlands Patients, Friends and Family Forum will support the development of a survey to be circulated to existing carers in order to specifically identify carers’ concerns, needs and wishes.

• A rolling support programme will be developed and implemented during 2016/17, using the survey responses as a basis.

How will progress be monitored and reported?

Progress against this priority will be monitored monthly by Woodlands Clinical Effectiveness Group using evidence from carer feedback, and the evaluation of individual group sessions. Reports of progress against the above actions will be submitted to the Clinical Governance Committee every two months (the minutes of this Board sub-committee are circulated with each Board agenda for information and comment).
1b. Priorities for 2015 - 16 Review of progress

Patient Safety

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

Work on this priority was led by the Medicines Management Working Group and overseen by the Trustee Led Clinical Governance Committee. A whole-team approach was taken and the following changes were implemented to enhance medicines safety, contributing to a reduction of 67% in the number of medicines errors in 2015/16, when compared to 2014/15.

• A revised medicines management policy was implemented.

• The annual medicines training programme was reviewed and updated, resulting in the development of additional sessions including pharmacological management of patients with delirium. A rolling programme of mandatory training was introduced to enable all registered nurses to attend.

• Comprehensive action plans were developed and implemented following in-depth analysis of medicines incidents, thereby supporting learning and helping to embed improvement.

• The annual medicines audit programme was reviewed and registered nurses were encouraged to take part in administration of medicines and administration of controlled drug audits. This increased awareness and understanding of the types of errors that can occur and encouraged staff to work together on action plans to address any issues.

• Medicines safety was promoted amongst the wider multi-disciplinary team in order to reduce interruptions for nursing and medical staff involved in medicines administration and prescribing.

• Bench marking of medicines errors against other local hospices was explored but the use of different reporting systems and local policies meant data could not be reliably compared.

In addition to these improvements, inpatient registered nurses were encouraged to make ‘fact finding’ visits to local hospices and asked for their ideas about how to improve medicines safety. All practical ideas were considered and the following were implemented:

• A sign was designed as an aide memoire and is now placed on patient bedroom doors to remind nursing staff that a medicines-related action needs to be completed (e.g. if a patient had a visitor and wanted nursing staff to return later with their medication).
• An extra medicines trolley was purchased to enable more staff to be involved in medicines administration.

• A Controlled Drug checklist was devised to ensure documentation is completed daily.

The Medicines Management Group will continue to monitor medicines performance, highlight areas of good practice and look for further opportunities for improvement.

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

A fixed term Discharge Planner post was appointed to in January 2015 to take responsibility for planning the discharge of South Sefton patients (separate arrangements were in place for North Liverpool and Kirkby patients). In addition to active discharge planning for South Sefton patients, the post-holder led a working group throughout 2015/16 in order to review existing systems and processes at the Hospice and develop local guidelines and standards to support safe, effective and consistent discharge planning for all Woodlands patients in line with NICE quality standards for end of life care.

The following initiatives supported improvements and developments for this priority.

• An audit group was established to oversee the design and implementation of a retrospective audit of the discharge process. An initial review of the data indicates several opportunities for improvement which will be incorporated into an action plan. Final results of the audit will be presented to Woodlands Senior Management Team and to the Hospice’s Commissioners during summer 2016. Results will also be shared at a meeting of the Specialist Palliative Care Services Audit Group in September 2016.

• A multidisciplinary discharge checklist was developed and is now in use on Woodlands Inpatient Unit. Informal feedback from staff indicates that the checklist is helping to ensure that all elements of the discharge process are being addressed. The effectiveness of the checklist will be audited later in the year.

• A database was developed to enable discharge data to be recorded and readily retrieved. The database is
regularly maintained and reviewed. A monthly report will be developed to enable the multidisciplinary team to review the equality and effectiveness of discharges and identify potentially recurring problems.

• A multidisciplinary team (MDT) discharge task and finish group was established to explore the feasibility of an MDT discharge summary document and identify ways to improve MDT collaboration around the discharge process. This work will continue throughout 2016.

• Future discharge planning arrangements for South Sefton are to be agreed when fixed term contract arrangements end in December 2016.

**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**

A new team structure for Family Support Services was introduced in April 2015 and, following a period of recruitment, the team started work, in partnership with service users, the Hospice Clinical Effectiveness Group and the Patient, Family & Friends Forum, on the following initiatives:

• Review and revise the existing model of support and the bereavement operational policy to ensure equitable access to personalised services.

• Develop training and awareness-raising sessions for staff across the Hospice in family and bereavement support.

• Develop a volunteer model of support for Family Support Services.

**Review and revision of the existing model:**

Existing support services were reviewed along with access and referral routes. Ideas for the new service model were gathered from patients, families, carers, children & young people, staff, volunteers, and community groups through consultation, surveys, narratives, feedback and data collection. This resulted in the development of:

• A new Bereavement Service Operational Policy to guide staff in the implementation of changes to the service.

• An open-access referral pathway to include self-referrals.

• Information leaflets for patients and healthcare professionals about Family Support Services and Spiritual Care at the Hospice.
• New bereavement groups, including one for younger people whose partners have died and one for newly bereaved people.

• A support system for staff affected by the death of a patient including: listening to individuals; providing group support; giving staff and volunteers access to spiritual support and the introduction of a “Looking after yourself and others” support session.

• Support aimed at children & young people who can feel marginalised and excluded from being involved in end of life care. The team has offered support to parents, guardians and caregivers when breaking bad news; provided emotional and bereavement support; developed creative activities to support children and young people through the bereavement process and provided advice and support to other professionals involved with the family.

• Consultation with children and young people in order to develop a ‘Children’s & Young Peoples Forum’ at the Hospice.

• Systems to enable the collection and collation of relevant data.

Development of staff training and awareness-raising sessions:

A bereavement training programme has been developed using a three-phase approach to meet a range of needs appropriate to role.

The following elements are included:

• Basic bereavement awareness.

• Bereavement theory and the impact of loss.

• Advanced bereavement training & identifying risk.

The programme has been ratified by Senior Managers at the Hospice and will be rolled out during 2016.

Development of a Volunteer Model:

A volunteer model was developed to work alongside the team providing direct social support to patients, families and carers. In order to achieve this, the team has:
• Developed a Volunteer Family Support strategy.
• Reviewed existing support provided in clinical areas.
• Used a screening and introduction pathway to identify volunteers with the potential to fit the role specification.
• Developed a training programme for volunteers (incorporating level 1-2 NICE guidance) which would continue throughout the year.

Ten volunteers have since successfully completed the training programme and are now providing support across all clinical areas at the Hospice, under the guidance of the Family Support team.

Services provided by the Family Support team will be evaluated over the coming year and opportunities for further development will be explored in line with other Hospice developments.

Other Quality Improvements 2015/16

Monitoring Quality
• As part of their normal inspection processes, the Care Quality Commission (CQC) requested the submission of a completed Provider Information Return (PIR) in June 2015 prior to an impending routine inspection. This included data about services, staffing levels, training, complaints and organisational management as well as information about how the Hospice ensures its services are safe, effective, caring, responsive and well-led. The PIR was completed and submitted within the timescale set by the CQC.

The Hospice was able to include the information identified in the PIR in its ongoing improvement and development plan which was led by the Clinical Effectiveness Group and monitored throughout the year.

• Woodlands' clinical audit plan continued to run throughout 2015/16, supported by clinical working groups. Results of clinical audits were reported to the Clinical Governance Committee and associated actions monitored to completion.

• Monthly fire safety and environmental audits continued throughout this period with results being reported to, and reviewed by, the Governance Committee. Actions required were monitored to completion.

• Some development of the non-clinical audit plan took place during this period to include some audit of Information Governance, Finance and Human Resource. This work will continue throughout 2016/17 to enable robust auditing of all Hospice areas.
• Regular unannounced ‘Trustee Visits’ continued throughout the year to engage Trustees personally with patients and families and reviews focussed on the key areas of safe, effective, responsive, caring and well-led. Examples of some of the recommendations made by Trustees during this period can be seen in Section 3. Trustee Visits.

• The Risk Register continued to be an essential tool to the Governance Committee and Board of Trustees, enabling areas of concern to be highlighted and actions to be prioritised.

• The Clinical Effectiveness Group met monthly throughout the year to monitor and advance clinical priorities.

• The Chief Executive and Patient Services Manager continued to take every opportunity to talk with patients from all Hospice services, hearing about their experiences first-hand and gathering valuable feedback that could input directly into quality and improvement processes.

• Clinical and non-clinical incidents continued to be reported throughout the year. The Hospice has an open and honest culture surrounding incident reporting and uses the learning from them to support improvement. No Serious Untoward Incidents occurred during this period.

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 Dignity Group met five times during this period. Membership of the group is multiprofessional and includes representation from all areas of the Hospice including clinical, fundraising, family support, catering and housekeeping and support services.

• The group supported the development of dignity ‘Do’s and Don’ts’ cards, in conjunction with the Patient Friends and Family Forum. These cards have now been issued to all staff and volunteers and serve as an ongoing reminder of the importance of treating everyone with dignity and respect.

• February 2016 was designated as ‘Focus on Dignity’ month. The group supported messages issued to all staff and volunteers throughout the month, highlighting
different aspects of dignity and respect, promoting Hospice policy and national
guidance, emphasising the role of dignity ‘champions’ and generally reminding
people that “dignity is everyone’s business!”.

- Mandatory Equality and Diversity induction training continued for all newly
  appointed staff.

- A mini survey of staff awareness of dignity issues was carried out in February 2016
to support awareness of the dignity agenda. (Results indicated good awareness).

Infection Control

- The infection control group, which includes the Hospice link nurses, met five times
during this period. Membership was reviewed to include an additional staff nurse
from the inpatient unit.

- The annual infection control audit programme was
  reviewed and monthly audits regularly achieved the 95% pass rate. Action plans were developed for areas that
  required improvement and were monitored to
  completion.

- The Group revised, updated and implemented the
  Hospice infection control policy.

- The Group reviewed Public Health England Guidance
  on the Management of Carbapenemase-Producing
  Enterobacteriaceae (CPE).

- A policy and procedure for the management of patients with or at risk of having CPE
  was then developed and implemented.

- Patient information leaflets were developed (or updated) for MRSA, Clostridium
  Difficile Toxin (CDT) and CPE.

- The Group updated and delivered mandatory training for staff and volunteers
  throughout the year. Staff understanding was checked via a quiz with good results
  seen.

- The Link nurses attended regular updates with the Infection Prevention and Control
  Team in Aintree University Hospital and also attended the Infection Prevention
  Society Conference.

Nutrition

- The Nutrition Group formally met twice during this period although several
  opportunistic meetings between individual group members also took place to
discuss priority issues relating to specific areas.
• The group developed and piloted ‘Food Diaries’ in conjunction with patients from the Supportive Living Group to:
  o Enable patients to keep a record of their nutritional intake.
  o Highlight areas of concern.
• Inpatient unit compliance with the Hospice Nutritional Policy was re-audited during this period with good results. A poster of the work was accepted for display at the Hospice UK Conference 2015 (November).
• Following the introduction of a Nutritional Assessment Tool and Care Plan for use with Wellbeing & Support Centre patients (as part of the 2015/16 patient safety priority), an audit of the use of the tool and plan identified that WBSC practice did not accurately reflect the Hospice Nutritional Policy. The group will review the policy in 2016 and make recommendations for change where appropriate.

Falls
• The falls group has met four times during this period.
• Membership of the group was reviewed following restructure of the therapy team.
• 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 have reviewed the bedrail policy and procedure to ensure it reflects best practice.
• Review of the Prevention and Management of Falls policy commenced in this period. The updated policy will incorporate a multi-factorial risk assessment.
• The group will support the patient safety priority for 2016-17, ‘Focus on Cognitive Impairment’.
• The group has continued to support and deliver training in the use of falls equipment in this period.

Tissue Viability
• The Tissue Viability group met regularly during the reporting period.
• Monthly audit of pressure ulcer incidence and supporting documentation was undertaken. Results indicated good compliance with policy and procedure.
• An increase in the number of inpatients who developed a grade 2 pressure ulcer
prompted the group to review the outcome for those patients. Results of the review supported ‘Skin Changes at Life’s End’ (SCaLE) evidence which suggests that not all pressure ulcers are avoidable in patients who are dying. Preventative measures were put in place for all patients to minimise risk and promote comfort.

- The group reviewed and implemented the European Pressure Ulcer Advisory Panel (EUPAP) grading classification 2014.
- The Prevention of Pressure ulcer policy was updated and implemented.
- An updated training package was established and delivered.

**Medicines Management**

- The multi professional medicines management group met monthly during the year. In addition to supporting achievements related to the 2015/16 patient safety priority – ‘Enhancing Medicines Safety’, (see section 1b), the group also:
  - Reviewed, revised and implemented the Safe Management of Controlled Drugs policy.
  - Supported the development of a patient/carer medicines administration risk assessment to encourage safe and effective medicines management following the patient’s discharge to home.
  - The group has carried out an initial review of the patient information leaflet ‘The use of unlicensed medicines’. This work will continue in 2016.

**Documentation**

- The documentation group met seven times during 2015/16. Membership of the group includes professional and administrative staff from all clinical areas.
- The group continued to monitor issues raised by clinical documentation audits and resulting action plans.
- Care Plan documentation was regularly audited throughout the year and templates revised to improve personalised care planning. This work will continue in 2016/17.
- An audit tool to monitor the recording of syringe driver checks was devised and implemented.
- The content of patient information issued to all inpatients and their families was revised and implemented.
- The group supported the ongoing development and
monitoring of documentation across the Hospice, following national and local guidelines.

• Training in record-keeping and documentation continued throughout the reporting period.

Patient Outcome Measures

• The Integrated Palliative Care Outcome Scale (IPOS), the Palliative Performance Status score and the Phase of Illness measure continued to be used to inform clinical decision-making for all inpatients during this period.

• The Patient Outcome Measures working group continued to meet in 2015 although membership was reviewed and objectives re-established in January 2016.

• Additional training has been secured for group members to enable them to cascade the use of outcome measures to other Hospice staff.

• The Phase of Illness measure will be introduced to the WBSC multidisciplinary team meetings in 2016/17.

Patient Information

2015/16 saw the development of various patient information leaflets in conjunction with working groups e.g. inpatient information packs, or as part of a 2015/16 Quality Account priority e.g. spirituality and bereavement support.

In addition to printed information, much work has been undertaken during this reporting period on the development of a new Hospice website. All staff, and the Patient Family & Friends Forum, have contributed to the development of a website where patients and their families will be able to view or download Hospice information. The new website will be launched in 2016.

Education

Education for Woodlands staff and healthcare professionals working in other settings is an ongoing priority to support patients’ Palliative Care needs being appropriately met, whether they are in the Hospice, at home, in hospital or in a care home setting.

During 2015/16, the Woodlands Hospice team has contributed to various educational events, both internally and 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 and is hosted at Woodlands. Education provided includes:
• A collaborative programme of multiprofessional education, working in conjunction with Willowbrook Hospice and Marie Curie Hospice to produce a series of evening sessions on Advance Care Planning for GPs and other healthcare professionals.

• 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.

• An in-house programme focussing on the ‘Five Priorities for Care of Dying People’ (i.e. Recognise, Communicate, Involve, Support and Plan & Do).

• An internal programme of regular sessions coordinated by a newly-formed Hospice education group, encouraging hospice staff to promote education and enhance team working. For 2016/17, this group will look at different ways of disseminating education across the hospice and will also pay attention to the development of teaching skills for individuals who wish to deliver more education.

• In July 2015, as part of a national Pain Management Course at the Walton Centre the Hospice Clinical Lead, accompanied by some of the patients who attended the joint Pain and Palliative Care Clinic at Woodlands, attended a special educational clinic about living with, and managing, cancer pain. It provided them with a unique opportunity to experience joint working between Pain and Palliative Medicine specialists.

• Woodlands Hospice has once again been asked to host a morning session on the European Pain federation (EFIC) Winter Cancer Pain School international course.

• Woodlands hosts an Advance Care Planning facilitator post. The remit of the post-holder is to support Advance Care Planning education to community healthcare professionals in South Sefton.

• Aintree Specialist Palliative Services group includes healthcare professionals from Hospice, Hospital and Community Palliative Care settings. The group aims to enhance integrated patient care through the delivery of palliative care education to staff working in all settings. The Multiprofessional Foundation programme has been rebranded as ‘Essentials in Palliative Care (EPiC) with enhanced quality assurance processes to ensure consistency of content. Woodlands hosted the course for the first time this year.

• A Clinical Leaders event, based on the five priorities of care for dying people, was hosted at Woodlands Hospice. The event focussed on leading teams to provide excellent end of life care and included delegates from hospital and community.

• Woodlands continues to give support to medical and healthcare students by offering Palliative Care placements.
Community Engagement

The Hospice continues to engage with patients, carers, healthcare professionals and community groups to ensure as many people as possible have access to Specialist Palliative Care services if they need them.

Examples of clinical and community engagement undertaken in 2015/16 include:

• Regular input into Knowsley Patient Advocacy Information Service (KPAIS) locality group meetings.

• Participation in the National Cancer Champions Board at Macmillan Headquarters in London.

• Input into various ‘Dying Matters’ events across the region e.g. supporting a ‘bucket list’ project in conjunction with Marie Curie Hospice.

• Dying Matters event held at Woodlands incorporating a ‘Graffiti Wall’, based on the theme of ‘Talk, Plan, Live’, which was open to attendance by everyone.

• Representation at Cancer Clinical Pathways Marketplace in Aintree University Hospital.

• Attendance at various locality group meetings across the area.

• Promotion of Well-being & Support Centre Services to Liverpool Social Services Occupational therapy team.

• Representation at various local Healthwatch coffee mornings to promote Woodlands services to the community.

Patient, Family and Friends Forum

Woodlands Patient, Family & Friends Forum met five times in 2015/16. Attendance at the Forum continued to average seven members and included patients and relatives as well as representatives from local Healthwatch groups, carer groups and advocacy services.

Achievements of the Forum for this period included:

• A full review of the Hospice ‘Quiet Room’ facility, making recommendations for improvements which were incorporated into a report from the Family Support Services Team, presented to senior managers and subsequently implemented as appropriate.

• A pilot ‘mini PLACE’ (patient-led assessment of the care environment’) assessment of Hospice communal areas, identifying opportunities for improvement which were
actioned including improved signage on the Wellbeing & Support Centre corridor and doors, and boxing in exposed pipework in one of the toilets. A full PLACE assessment will be undertaken in 2016/17.

• Supporting the development of dignity Do’s and Don’ts cards, highlighting situations that people might find degrading and helping to promote dignity for all across all Hospice services.

• Reviewing the content of inpatient information packs and contributing ideas for improvement.

• Discussing the provision of food out-of-hours to patients and their families; ideas were submitted to the Catering Manager and Nutrition Group for consideration.

• Contributing to several discussions with members of the Family Support team and giving suggestions for the development of the service.
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 2015/16 Woodlands Hospice Charitable Trust provided the following services:

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

The income generated by the NHS services reviewed in 2015/16 represents 69% of the total income required to provide services which were delivered by Woodlands Hospice Charitable Trust in the reporting period.

What this means: Overall 69% 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 its income.

2.2 Participation in clinical audits

During 2015/16, 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 in a Hospice setting.

The Hospice clinical audit programme for 2015/16 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 enable 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 in 2015/16 can be seen under ‘Clinical Audit’ in Section 3.

Due to a vacancy in the Consultant team in 2015, the Aintree Specialist Palliative Care Services Audit Group which was hosted at Woodlands did not meet regularly in this period. With the recruitment of a new Consultant, the work of this group has been re-established and a 2016/17 timetable for group meetings and audit presentations agreed. Presentation meetings will incorporate regional and local audits and education relating to the outcomes.

**Care of the Dying Evaluation (CoDE):**

During this reporting period the Hospice was invited to take part in a regional initiative looking into quality assurance for care of the dying. The Care Of the Dying Evaluation (CODE) was commissioned by the Cheshire and Merseyside Palliative and End of Life Care Network and the results were published in a report individualised for each organisation and produced by the Marie Curie Palliative Care Institute, Liverpool.

The primary aim of the project was to seek views from bereaved relatives regarding the quality of care received by their loved one during the last days of life and the support offered to the family/carers.

Overall, Woodlands individual results were good and participating Hospices generally achieved higher scores than Acute and Community Trust colleagues in each section. However, several opportunities for improvement were highlighted which the Hospice will explore in more detail in 2016/17. These included:

- Looking more closely into the way complaints are themed and specifically reflect on complaints received in the last few days of a patient’s life.
- Promoting Dignity and Respect across the Hospice (February 2016 was designated ‘Focus on Dignity’ month at Woodlands).
- Undertaking further investigation to ensure that the Hospice is meeting patients’ religious or spiritual needs.
- Reviewing how relatives can be more involved in decision-making.

### 2.3. Research

During 2015/16, 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 continue to look for general research opportunities in palliative care in the region and Woodlands awaits a suitable opportunity to participate in a research project. A weekly journal club enables members of staff to keep up to date with Palliative Care research.

2.4 Quality improvement and Innovation goals agreed with our commissioners.

Woodlands Hospice’s income in 2015/16 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 (CQC); 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 CQC. No inspection was carried out during 2015/16, however, as part of their normal inspection processes, the CQC asked the Hospice to complete and submit a Provider Information Return (PIR) in June 2015 prior to an impending routine inspection. The PIR was completed and submitted within the required timeframe providing a range of information about Hospice services. The PIR is an important element of the CQC’s inspection process providing them with valuable information on which an inspection can be based.

As the last CQC inspection took place in August 2013, the Hospice expects that a full inspection will be carried out in 2016/17.
Official Visitors

• The Mayor of Maghull, Joan Deegan, has been a valued supporter of the Hospice over her last 3 years in office and has nominated Woodlands as her charity every year. She visited the Hospice on a number of occasions, speaking with patients and families and also staff and volunteers. On every occasion, she reported back how much she had enjoyed her visits and how impressed she was with the care and support given to all our patients and the dedication and commitment of the team.

• The Chair, Chief Executive and four Trustees from St David’s Hospice in Llandudno visited Woodlands in August 2015. They were particularly interested in the Hospice’s governance structure, commissioning arrangements, and Wellbeing and Support Centre and Hospice at Home services. Feedback from their visit showed how impressed they were with Woodlands and how much they had gained from their visit to take back to their own services.

Environmental Health

The Catering Manager and his team were proud to receive another 5* rating from an Environmental Health Inspection carried out on 31st July 2015.

Health & Safety

Risk Assessment

There were no risk assessments undertaken in year by an external source. However health and safety audits, including fire safety audits are carried out regularly to a planned schedule at the Hospice.

Fire Safety

No formal inspections were undertaken in year although the Fire Safety Officer from the Local Hospital Trust was invited to undertake a Fire Risk Assessment in June 2015. Low risk hazards were discussed and recommended changes to the wording on fire procedure notices were implemented the following month.
2.6 Data Quality

Woodlands Hospice did not submit records during 2015/16 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data for analysis by a range of organisations including local commissioners.

Why 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.

2.7 Information Governance

For the first time Woodlands participated during 2015/16 in submitting evidence to the Health and Social Care Information Centre (HSCIC) for compliance with NHS Information Governance Toolkit standards, achieving Level 2 as requested by Commissioners. A development plan will result from this exercise to further enhance our Information Governance standards across all areas of the Hospice.
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 high level of admissions to the inpatient unit was maintained during the reporting period with excellent occupancy levels of 83%. Once again the majority of patients admitted were new to Woodlands. There has been a slight increase in the number of patients admitted with a non-cancer diagnosis. Whilst this is encouraging, the clinical team will continue to promote the service to hospital and community colleagues caring for patients with life-limiting illnesses other than cancer to ensure equity of access to all those with palliative care needs.

There was a noticeable increase in 2015/16 in patients’ average length of stay and consequently a reduction in the number of patients returning home. There is a perception that more younger patients were admitted with complex psychological and social issues which could not be addressed in the community but more robust data will be collected in 2016/17 to ascertain fully why there is an increased length of stay. Other areas that will be considered will be discharge delays and reasons for these.
Well-being & Support Centre

Following a redesign of services in 2014/15, changes to the staffing structure within the Well-being & Support Centre (WBSC) have been implemented and revised services continue to be developed.

The WBSC offers personalised care for each of its patients. All patients attend for an initial assessment with a Key Worker and are enabled to make an informed choice about which element of the service will best meet their individual needs.

The services provided are:-

• Multi-professional Assessment Day (Twice weekly).
• Supportive Living Programme (Twice weekly).
• Living Support Group (Twice Weekly).
• Keep moving chair based exercise group (weekly).
• Creative group (Twice weekly).
• Individual Breathlessness Management and Coping with Stress and Anxiety sessions.
• Outpatients.
• Community Outreach.
• Secondary Lymphoedema services.

<table>
<thead>
<tr>
<th>Inpatient Unit (15 beds)</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
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<tbody>
<tr>
<td>Total number of patients</td>
<td>284</td>
<td>220</td>
<td>275</td>
<td>266</td>
</tr>
<tr>
<td>% New patients</td>
<td>87.7%</td>
<td>86.9%</td>
<td>89.8%</td>
<td>88.3%</td>
</tr>
<tr>
<td>% occupancy</td>
<td>85.9%</td>
<td>86.3%</td>
<td>84%</td>
<td>83%</td>
</tr>
<tr>
<td>% Patients returning home</td>
<td>55%</td>
<td>63%</td>
<td>57%</td>
<td>48%</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>13.3</td>
<td>14.3</td>
<td>13.7</td>
<td>15.4</td>
</tr>
<tr>
<td>% Non-Cancer patients</td>
<td>10.6%</td>
<td>8.2%</td>
<td>7.6%</td>
<td>7.9%</td>
</tr>
</tbody>
</table>
**Multiprofessional Assessment Day**

These days are designed for patients requiring further assessment from a multiprofessional team and will usually attend for a 6-8 week period. Each patient sees a doctor for a medical review on their first attendance, followed by a 4-6 weekly review dependent on individual need. Once assessments are complete the patient may transfer to group sessions, the nurse led clinic, medical outpatients or in some cases, and according to the patient’s condition, discharged to community services for follow up.

The numbers of patients accessing multiprofessional assessment days has reduced in this reporting period. Some patients have expressed a preference for attending group sessions and this is reflected in the Outpatient Services data. In addition, the length of stay in multiprofessional assessment days has continued to reduce as patients transfer to other elements of the service. This data will be examined in more detail in 2016 to ensure that services continue to reflect patient preference.

The increase of patients attending with a non-cancer diagnosis reflects the effort made to provide an equitable service regardless of diagnosis and forging of closer links with services for management of non-malignant disease.

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<tbody>
<tr>
<td>Total number of patients</td>
<td>329</td>
<td>142</td>
<td>159</td>
<td>105</td>
</tr>
<tr>
<td>% New patients</td>
<td>70.2%</td>
<td>76.6%</td>
<td>78.6%</td>
<td>86.7%</td>
</tr>
<tr>
<td>% Places Used</td>
<td>50.3%</td>
<td>60.3%</td>
<td>60%</td>
<td>40.3%</td>
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<tr>
<td>Average length of stay (days)</td>
<td>158</td>
<td>158.5</td>
<td>78.1</td>
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</tr>
<tr>
<td>% Non-Cancer patients</td>
<td>6.5%</td>
<td>8.5%</td>
<td>9.4%</td>
<td>19.4%</td>
</tr>
</tbody>
</table>

**Outpatient services**

The flexibility of the service provision is reflected in the increase in activity within Hospice Outpatient Services. The growth year on year is clearly demonstrated in the data and provides reassurance that the services are meeting the needs of the local population. Unfortunately, due to a period of staff sickness, the availability of lymphoedema clinics reduced slightly in this period.
Community Outreach Services continued to be provided in patients homes during 2015/16 for those patients too unwell to attend the WBSC. Fewer patients were seen by the outreach service due to a reduction in the number of therapists available during a period of organisational restructure. The number of patients with a non-cancer diagnosis accepted for services has continued to increase.

Community Outreach Services

Physiotherapy, Occupational Therapy and Complementary Therapies continued to be provided in patients homes during 2015/16 for those patients too unwell to attend the WBSC. Fewer patients were seen by the outreach service due to a reduction in the number of therapists available during a period of organisational restructure.

The number of patients with a non-cancer diagnosis accepted for services has continued to increase.

Hospice at Home

The Hospice at Home service is funded by South Sefton CCG and is provided for patients who have a South Sefton GP. It offers additional support to patients who wish to stay in their own homes as they approach the end of their life. The service works alongside existing community services and has three elements:

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

The Hospice is continually promoting expansion of Hospice at Home services to cover other localities within its catchment area but would need funding to do so.
A possibility of a Companion Service for Hospice at Home patients will be further explored in 2016/17.

Although there has been a reduction in the total number of patients accessing the service in 2015-2016, this has been offset by an increased number of sits provided within the same period. This reflects the complexity of patients accessing the service and the challenges of care provision in the community from other care providers. The increase in Consultant-led crisis prevention input at weekly integrated multi-disciplinary team meetings has resulted in significant reduction in the number of crisis intervention home visits required.

The number of patients with a non-cancer diagnosis accessing this service has continued to rise.

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<tr>
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</thead>
<tbody>
<tr>
<td>Total Number of patients</td>
<td>138</td>
<td>139</td>
<td>184</td>
<td>154</td>
</tr>
<tr>
<td>Crisis Intervention home visits</td>
<td>53</td>
<td>52</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Accompanied Transfer Home</td>
<td>15</td>
<td>10</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>(from Hospice or Hospital)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Sitting Service - sits</td>
<td>650</td>
<td>863</td>
<td>888</td>
<td>947</td>
</tr>
<tr>
<td>- number of patients</td>
<td>85</td>
<td>91</td>
<td>126</td>
<td>98</td>
</tr>
<tr>
<td>% Home Deaths</td>
<td>76.1%</td>
<td>84.6%</td>
<td>87%</td>
<td>94%</td>
</tr>
<tr>
<td>% Hospital deaths</td>
<td>7.5%</td>
<td>2.1%</td>
<td>1.3%</td>
<td>4.2%</td>
</tr>
<tr>
<td>% non cancer patients</td>
<td>15.9%</td>
<td>17.2%</td>
<td>22%</td>
<td>23.4%</td>
</tr>
</tbody>
</table>

Bereavement and Family Support Services

The Family Support Team was expanded during the early part of 2015 as the Hospice recognised that pre and post-bereavement support was not consistently available across all Hospice services due to a lack of resource, training and experience and the opportunity arose for pump-prime funding from Macmillan for additional resources in these services. Enhancement of bereavement services was a 2015/16 Quality Account priority and was also a priority for Macmillan – an update of developments can be seen in Section 1b, Priority 3.

The available data from 2015/16 shows the number of users supported by the team. The total number of contacts refers to a range of therapy sessions that users accessed and included Family, Bereavement, and Pastoral support through:

- Individual face to face appointments.
- Telephone discussions.
- Attendance at group sessions.

Some users accessed multiple therapy sessions depending on their needs. For example, a user may access pre-bereavement support, bereavement support and go on to require pastoral support.
Data collecting systems have been developing throughout the reporting period. It is anticipated that more robust data will be available for the 2016/17 period.

<table>
<thead>
<tr>
<th>Bereavement services</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of users supported</td>
<td>86</td>
</tr>
<tr>
<td>% new service users</td>
<td>68.6%</td>
</tr>
<tr>
<td>Total contacts</td>
<td>642</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family Support Services</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of users supported</td>
<td>301</td>
</tr>
<tr>
<td>% new service users</td>
<td>100%</td>
</tr>
<tr>
<td>Total contacts</td>
<td>698</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:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of serious patient safety incidents</td>
<td>2</td>
<td>0</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>
<td>54</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>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients admitted with MRSA bacteraemia</td>
<td>0</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>
<td>0</td>
</tr>
<tr>
<td>Number of patients admitted with clostridium difficile</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Number of in patients who contracted clostridium difficile *unknown if transferred or acquired</td>
<td>0</td>
<td>2*</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>
Falls
There were multiple factors that led to the increase in falls in this period including:

• One patient who experienced numerous falls during a longer than average inpatient stay despite a number of preventative measures being in place.

• Several patients experiencing falls whilst being accompanied by relatives.

• An increase of inpatients with cognitive impairment and who therefore may have been at higher risk of falls.

• Several inpatients who lacked capacity in relation to maintaining their own safety and who then went on to require one to one nursing following an application for Deprivation of Liberty Safeguards.

The Multiprofessional Falls Working Group will be promoting falls prevention in 2016 with a “Call, don’t Fall” message for patients and their families. In addition, it is anticipated that the patient safety priority for 2016-17 ‘Enhancing Care of Patients with a Cognitive Impairment’ will support a reduction in the number of falls as cognitive impairment is recognised as a contributing factor for many patients who fall.

Infection prevention and control
There were two isolated cases of Clostridium Difficile infection on the inpatient unit during 2015/16. Root cause analysis found that both patients had several risk factors and were managed in accordance with national guidance. No cross-infection occurred.

The Hospice will continue to monitor standards of infection prevention and control throughout 2016/17 to ensure adherence to best practice guidelines.
Clinical Audit

The following table shows a sample of the audits and reviews completed during 2015/16:

<table>
<thead>
<tr>
<th>Patient Safety Audits/Reviews</th>
<th>Findings and Actions to be taken to improve compliance/practice</th>
<th>Action plan completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Services Manager observation of Keep Moving exercise group (April 2015)</td>
<td>Patients found the classes valuable and enabled them to maintain their independence. Good engagement of staff with patients. Comments noted about temperature and size of room.</td>
<td>Room expansion added to building strategy for consideration.</td>
</tr>
<tr>
<td>Safe disposal of waste in the Wellbeing &amp; Support Centre (May 2015)</td>
<td>100% Compliance with standards identified</td>
<td>Team informed of results - No actions required</td>
</tr>
<tr>
<td>Audit of medicines fridge temperature (April/May/June 2015)</td>
<td>Increase in temperature was seen in May – the fridge was re-set and re-checked.</td>
<td>Temperatures had all returned to normal within 12 hours</td>
</tr>
<tr>
<td>Inpatient Unit Syringe Driver documentation audit (July 2015)</td>
<td>Documentation for 7 patients syringe drivers were audited. Patient unit number missing from one patient record - all other information correct.</td>
<td>Team informed of results – missing information corrected immediately</td>
</tr>
<tr>
<td>Administration of controlled drugs (CDs) Inpatient unit (September 2015)</td>
<td>All CD registers checked – no anomalies found. Five CD administrations observed – policy adhered to at all times</td>
<td>Team informed of results – No actions required</td>
</tr>
<tr>
<td>Hospice at Home Documentation (October 2015)</td>
<td>Good results – Signatures (97%); non-use of jargon (99%); continuing day/date/time when record is continued over page (96%). 100% compliant with all other standards.</td>
<td>All H@H staff given audit results and reminded of importance of continuing day/date/time when record is continued over page</td>
</tr>
<tr>
<td>Management of patient equipment inpatient unit (January 2016)</td>
<td>Small number of staff unable to describe the symbol used to indicate single use items -</td>
<td>Ad hoc on the ward training given after handovers</td>
</tr>
<tr>
<td>Review of Stock Medicines Levels Inpatient unit (February 2016)</td>
<td>All stock levels reviewed following introduction of the three-medicine trolley system to ensure adequate stock of regularly used items and avoid wastage through over-stocking of all items</td>
<td>Stock levels were adjusted accordingly</td>
</tr>
</tbody>
</table>
**Trustee Visits**

The following table shows a sample of Trustee Visits undertaken in 2015/16

<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>July 2015</strong></td>
<td><strong>Dignity, Respect &amp; Consent</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Concerns about people ‘overlooking’ ‘Do not disturb’ signs on patient’s rooms - recommendation for larger signs on the doors.</td>
<td>This was reviewed by the Hospice Dignity Group leading to the development of ‘Care in Progress’ signs which are now in general use with good feedback.</td>
</tr>
<tr>
<td></td>
<td>To investigate whether the location of room impacts on the timely receipt of pain-relief medication.</td>
<td></td>
</tr>
<tr>
<td><strong>August 2015</strong></td>
<td><strong>Safe Care &amp; Treatment</strong></td>
<td></td>
</tr>
<tr>
<td><strong>The Trustee reported that she was very impressed by what she had seen and with the discussions she had with patients and staff. She was reassured that patients were receiving safe care and treatment.</strong></td>
<td>An audit was undertaken to identify if this was in fact an issue and patients were asked for their views. It was concluded that each request for pain-relief medication was addressed in order of being made and no changes to procedure were required.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reiterate to Wellbeing &amp; Support Centre (WBSC) staff where the emergency drugs are kept. (These are so rarely used in that department that one or two members of the team could not recall the location easily).</td>
<td>The team was immediately updated on the location of these drugs during a whole–team meeting. The WBSC Manager has since checked staff knowledge on this issue several times and is reassured that all staff are aware.</td>
</tr>
<tr>
<td></td>
<td>Ensure that all staff are aware of COSHH (Control of Substances Hazardous to Health) requirements. (e.g. relating to cleaning products, aromatherapy oils, hairdressing products etc).</td>
<td>The Hospice Health &amp; Safety Lead emailed all staff to inform them of the COSSH policy, the associated products and the location of the requirements. These are now displayed in all areas where related substances are stored.</td>
</tr>
<tr>
<td><strong>September 2015</strong></td>
<td><strong>Safeguarding service users from abuse and improper treatment</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Complete an Equality Impact Assessment (EIA) for the Hospice.</td>
<td>The EIA is now complete and the report will be available in Autumn 2016</td>
</tr>
<tr>
<td></td>
<td>Ensure that staff have a thorough understanding of what a patient might consider to be ‘degrading’.</td>
<td>In conjunction with the Hospice Dignity Group, and the Patient, Family &amp; Friends Forum, a dignity ‘Do’s and Don’ts’ card was developed, incorporating patient’s thoughts on what they perceive as ‘degrading’. This has been circulated to all staff, volunteers and students.</td>
</tr>
<tr>
<td>Date of Visit</td>
<td>Findings and Actions to be taken to improve compliance/practice</td>
<td>Progress to date</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------------------</td>
<td>------------------</td>
</tr>
</tbody>
</table>
| **October 2015**  
Meeting nutritional and hydration needs | Patient, Friends and Family Forum to be asked for their views on the provision of food in the evening to patients. | The Forum reviewed this in their March 2016 meeting - their report was shared with the Catering Manager and the Hospice Nutritional Group lead for consideration |
| | Catering Manager to investigate how recipes can be used to make supplement drinks more palatable to patients. | A variety of recipes are now available in the kitchen and can be offered to patients |
| | Although not connected with Nutritional & Hydration needs, during this visit the Trustee also recommended: the Hospice consider installing blinds to the windows of the automatic doors to the inpatient unit (which could be closed to signify when a Funeral Director is in attendance). | Suitable blinds have been sourced and are now on order - delivery is awaited |
| **January 2016:**  
Staffing, and Fit & Proper Persons Employed | Staff training requirements to be included in annual Personal Development Reviews. | This has been addressed - regular PDRs incorporate individual training needs |
| | Family Support team to look into developing criteria that trigger a de-brief session for ward staff. | This has now been addressed - see report on 2014/15 Patient Experience Priority: Bereavement and pre-bereavement services |
| | A support programme to support trained nurses through the re-validation to be introduced. | A series of support sessions were offered to all trained nurses and individual support is given to nurses going through the revised revalidation process.
Complaints

The Hospice received 20 complaints in total from 1st April 2015 to 31st March 2016, (indicating a 16% improvement on the previous year, 2014/15, when the Hospice received 24 complaints).

15 of the 20 complaints were patient-related and three of these were written.

<table>
<thead>
<tr>
<th></th>
<th>1st April 2014 to 31st March 2015</th>
<th>1st April 2015 to 31st March 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verbal complaints</td>
<td>19 (15 of which patient-related)</td>
<td>14 (12 of which patient-related)</td>
</tr>
<tr>
<td>Written complaints</td>
<td>5 (1 of which patient-related)</td>
<td>6 (3 of which patient-related)</td>
</tr>
</tbody>
</table>

The chart below shows the distribution of complaints throughout the year.

Complaint Trends 2015/16

Process/Procedure related complaints included: Noisy ward; frequency of overnight checks; availability of specific food items to patient out of hours; process for dressing patient in appropriate clothing on discharge.

Communication related complaints included: Relaying information about a patient’s condition (2).

Attitude related complaints included: Staff attitude towards patients/relatives (4).

Allegations of theft included: Patients property.
Non-patient related complaints included: Inappropriate receipt of satisfaction questionnaire; Links to Woodlands on private contractors website without our knowledge; poor shop staff attitude to member of public donating clothing; complaint about gardening waste; attitude of lottery canvasser.

Actions taken:

• All complaints, verbal or written, 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.

• Allegations of theft were reported to the police and the Care Quality Commission.

• Communication Training for staff and volunteers was increased and individual feedback was given where appropriate.

• Action plans were developed and monitored to completion for all complaints that could not be readily rectified.

• All complaints were reviewed by Woodlands Governance and Clinical Governance Committees and reported to the Board of Trustees.

• The learning from complaints was shared with staff via staff meetings.

Improvements resulting from complaints included: Awareness raising sessions in ward meetings regarding attitude of staff, communications training, review of the Patient’s Property policy; a review of food and snacks available to patients outside normal kitchen opening hours.

Compliments

Woodlands received over 400 written compliments during 2015/16 in the form of thank-you cards, letters, emails, tweets and comments on social media. Themes covered in the compliments included:

• Compassionate care.

• Comfort and dignity.

• Peace and tranquility.

• Help and support.

• High quality of care.

• High standards of food.

It is inspiring to have received so many messages of thanks from patients and relatives, especially when many of them have faced difficult and challenging times. The Hospice is honoured to have been able to provide care for each of them.
3.1 What our patients and families say about the organisation

**It’s a wonderful place.**
*I volunteer there, patients are well cared for and their families are made so welcome*  
(Facebook message, March 2016)

**You allowed me to have some free time to visit my grandchildren, the night sit enabled me to have some much needed quality sleep.**  
(Feedback form received by Hospice at Home team, February 2016)

**As a family we would like to thank all the staff for the outstanding care our mum and we received, from the moment she was met at the front door until we left for the last time. The compassionate care mum received meant she was able to die peacefully and with dignity and this made her death easier to cope with at this sad time. Many thanks to each and every one of you**  
(Card received by Inpatient Unit January 2016)

**My father passed away at the Hospice and I would like to place on record our eternal gratitude to all the staff involved in his care. He would often mention how kind & understanding the staff were, indeed we all witnessed these qualities on a regular basis. He was treated with great respect and above all, dignity by the outstanding staff there. Thanks again to woodlands and the people therein who treated our dad with such care and compassion - they are a great credit to your organisation but in particular to the healthcare profession**  
(via email, January 2016)

**Thank you for all the help and kindness we received from you and the carers. The nights they were here lifted a burden from me and helped me to carry on. Thank you and Woodlands so much, I shall never be able to express how grateful I feel.**  
(letter to Hospice at Home team, January 2016)

**I would like to thank Woodlands for the care given and efforts made to make my mum comfortable, I can’t imagine how much more difficult losing her would have been had we not had that care and support**  
(Via email, December 2015)
Thanks for all the support and kindness you have shown to my late husband as well as all the support you have shown me and my daughter. He loved his visits and amongst other things they gave him a sense of purpose and for that we will always be grateful.

(Card to Well-being & Support Centre, September 2015)

Thank you to all the staff who helped to make sure that my nephew had the wedding that him and his fiancée had hoped for. They had a fabulous day. It was an emotional day, a lot of laughter and tears but I wouldn’t have missed it for the world so thank you to you all.

(Card to Inpatient Unit August 2015)

To say thank you is not enough. Going to Woodlands enriched my life and helped me and my family through our most difficult time. Everybody became somebody I really felt cared for us. I know your kindness and care will never be forgotten.

(Card to Wellbeing & Support Centre November 2016)

The care from two of your day nurses was outstanding. They stand out for their love and care on top of what they need to do. Your healthcare assistants have really worked hard. The cleaners add to the ward experience. All of your night staff are excellent. Also your family support workers, they certainly give lovely support which is needed.

(Feedback received on Compliment Form, October 2015)

A big thank you to you all for your kindness and support you gave our beautiful mum on her day at woodlands on a Thursday. She really enjoyed her time spent with such lovely people and we can’t thank you enough.

(Card to Well-being & Support Centre April 2015)

***, thank you so much for all your care and support over the last few months. I am so lucky to have been able to come to you in my time of need. I feel a stronger person because of you and the role you have played in my life.

(Card sent to staff member, November 2015)

Thank you for all your help care and support over the last 4 weeks. You have made our family feel at home and have been there for us at difficult times.

(Card to Inpatient Unit April 2015)
3.2 What our regulators say

Woodlands Hospice is registered with the Care Quality Commission and as such is subject to regular review and inspection to ensure that the services we provide are safe, effective, caring, responsive and well-led. No inspections took place between April 2015 and March 2016.

3.3 The Board of Trustees’ commitment to quality

Throughout the year the Board of Trustees of Woodlands Hospice Charitable Trust has continued with its ongoing commitment to promoting the quality of patient and family care. Trustees have participated in the rolling programme of unannounced Trustee Visits, talking with patients, families, volunteers and staff to gain valuable feedback about Hospice life.

Trustees also actively participate in Quality Assurance at Woodlands, reviewing systems, processes and procedures to ensure that all services are delivered to the agreed standard.

3.4 Supporting Statements

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

Clinical Commissioning Groups
During 2015/16 Woodlands has continued to work closely with South Sefton, Liverpool and Knowsley Clinical Commissioning Groups (CCGs) engaging wherever possible with End of Life initiatives, developments and actions.