

# Quality Account 2017-2018



The **Quality Account** demonstrates the quality of our services and our commitment to continually strive to do our best.

# Welcome...

## to Willowbrook Hospice Quality Accounts 2017-18

### INDEX

<b>Chief Executive Statement</b>	3-4
Part 1	
<b>Priorities for Improvement 2018/2019</b>	5-9
Part 2	
<b>Statutory Information and Statement of Assurances from the Board</b>	10-31
Part 3	
<b>What others say about us</b>	32



# Chief Executive Statement

## **I have pleasure in presenting the 2017/2018 Quality Accounts for Willowbrook Hospice.**

Willowbrook Hospice has a Quality and Integrated Governance Framework which aims to improve what we do across the whole organisation for our patients, carers, visitors, customers and supporters. We have a number of resource groups at the operational level. These are:

- Clinical Effectiveness
- Communication Effectiveness
- Learning Effectiveness
- Patient Experience
- Quality Effectiveness
- Resource Effectiveness
- Risk Management

Each group has a defined work plan to make sure that we comply with all statutory and regulatory requirements and continue to deliver a quality service. Wherever possible, the groups look at a range of outcomes to see where we can make quality improvements.

The full Board of Trustees has set up Trustee Sub Groups to overview, and challenge the work of the Resource groups, monitor outcomes, promote positive learning experiences and review strategic plans. Where there is no defined sub group, information is presented periodically to the full Board of Trustees for review so that achievements can be measured against defined plans.

The work of the Hospice is guided and informed through its membership of numerous National and Regional organisations. Staff at all levels participate in a range of Regional and National Hospice Network support groups to identify 'best practice' in everything that we do. Wherever possible, the Resource groups use independently accredited models to assist peer review and comparability.

The cost of running the Hospice is funded by the generous support of our local communities and in return we support them with the special care that we provide. This year the Steering Group of the Hospice comprising our Clinical Lead, Dr Paula Powell, our Director of Clinical Services, Chris Haywood and Neil Wright, The Chief Executive have been laying the foundation of a new strategy called 'Willowbrook without walls' in which we strengthen our reach into the communities that we support.

At the end of 2017, we were delighted to welcome Dr Seamus Coyle to Willowbrook as the new Community Consultant in Palliative Care. Although not managed by Willowbrook Hospice, Dr Coyle and his team, based at the Hospice, will enable the Hospice, through stronger integration, to reach into the community building on the close working relationship with the hospital, so together, we can all provide the seamless integrated care needed by our patients.

In addition to all the clinical initiatives detailed in the main body of the accounts, I am delighted to report that our gardens were independently assessed and, once again, won a Gold Medal in the Royal Horticultural Society's prestigious 'North West in Bloom' competition. We strive to provide a quality environment for patients, carers, visitors, staff and volunteers. Last summer we opened up our gardens to the public through a National Garden Scheme open weekend. The weekend attracted a lot of visitors to see the Hospice and experience the beautiful, calming gardens as well as helping to break down the myth that the Hospice is just a place where you go to die. Some feedback is highlighted in part 3.

# Chief Executive Statement

Throughout last year, we have been settling into our new refurbished building called Willowbrook – The Living Well. The building is the antithesis of the Hospice and provides an alternative setting for the Hospice to engage with healthcare professionals, supporters and the general public. The Living Well is acquiring a growing reputation as a centre of excellence to deliver local, regional and national palliative care education.

We facilitate Yoga and Pilates classes at the Living Well to help people to feel better as they journey through the difficult times in their life. We also deliver a Holistic programme of care focused on well-being comprising mindfulness, creative and complementary therapies. It also is a safe haven to grow the bereavement support we provide for adults and children.

Each year the Department in Local Environmental Health carries out an unannounced inspection of our catering departments, both at the Hospice and our café at The Living Well, and was once again awarded a five star rating for the quality of our facilities.

Our fundraising teams provide positive uplifting events not only to raise money to fund the running of the Hospice but also to help address social isolation. We feel privileged that we are entrusted to translate the local communities' generous support of our fundraising, shops and lottery into quality care for patients' at the most vulnerable time of their lives. Quality is embedded across the whole hospice in everything that we do to ensure that we provide the best care that we can for our patients and their loved ones.

To the best of my ability, the information contained in these Quality Accounts is accurate and a fair representation of the quality of healthcare services provided at Willowbrook Hospice having been endorsed by the Board of Trustees.

**Neil Wright**

*Chief Executive*

*April 2017*



# Part I: Priorities for Improvement

## Ia. Priorities for Improvement 2018-2019

Governance Area	Aim	How we will measure ourselves
<b>Patient Experience</b>	<p>Repeat National PLACE audit with the support from Healthwatch St Helens and Healthwatch Knowsley.</p> <p>Participate in the 2nd phase of the “<i>Patient Experience of Care Project</i>”. Research being undertaken by University of Oxford.</p> <p>Encourage patients to participate in a project entitled VOICES as an opportunity to tell us what they think about our services.</p> <p>Further develop our participation in research as a Research Active Hospice.</p>	<p>Evaluation and report from the National team. Service areas show improvements have been made.</p> <p>Evaluation and report.</p> <p>Review of project and patients feedback.</p> <p>Pro-active membership of Hospice UK Research Group; NW Coast Strategic Clinical Network; local research opportunities.</p>
<b>Communication Effectiveness</b>	<p>Further develop a Communication and Engagement strategy to reach out to the communities we serve.</p> <p>Effective from April 2018 there is a new Data Security and Protection Toolkit (DSP Toolkit) which replaces the Information Governance Toolkit (IG Toolkit). We will work with Informatics on the requirements for the new framework to provide assurance that we are implementing the ten data security standards and meeting our statutory obligations on data protection and data security.</p>	<p>Reports and review of community feedback from a variety of sources.</p> <p>We can demonstrate that we have implemented the ten data security standards as part of the new assurance framework.</p>
<b>Clinical Effectiveness</b>	<p>Produce a clinical data set that responds to national, local, and organisational quality standards and regulatory requirements.</p> <p>Complete robust consultation on the 3 year Clinical Strategy: <i>Willowbrook without Walls</i>.</p> <p>Develop collaborative working across Acute Trust Pain &amp; Anaesthetic Dept. and Willowbrook to improve patient experience and upskill staff with palliative care P&amp;A interventions management.</p>	<p>Robust data that can be easily shared with our stakeholders.</p> <p>Reviewed feedback from service users, internal staff and external partners.</p> <p>Written SLA (12 month pilot) and evaluation reports. Evidence of training records and development of a shared clinical pathway for the management of patients with supporting patient information leaflets.</p>

## Part I: Priorities for Improvement *continued*

### Ia. Priorities for Improvement 2018-2019

Governance Area	Aim	How we will measure ourselves
<b>Quality Effectiveness</b>	<p>Ensure Hospice is fully compliant with new legislative changes effective April 2018 CQC – Healthcare Services.</p> <p>Implement an 18 month pilot called Connections Service from April 2018 to support pre and post bereavement needs. Successful grant award from Hospice UK for the duration of the project.</p> <p>Complete the 18 month pilot project October 2016 – July 2018 for Willowbrook Outreach Service at Home. Successful grant award from Hospice UK for the duration of the project.</p> <p>Implement and embed the Outcome Assessment and Complexity Collaborative (OACC) Palliative Care suite of measures as part of the National programme in alignment with System I.</p>	<p>Reports and feedback.</p> <p>Evaluation and recommendations in (Oct 2019).</p> <p>Evaluation report and recommendations (Sept 2018).</p> <p>Reporting framework.</p>

# Part I: Priorities for Improvement

## Ib. Improvements in 2017-18: A review of progress

Governance Area	Our aim was to...	We achieved...
<b>Patient Experience</b>	<p>Undertake the National PLACE Audit with the support of Healthwatch St Helens and Healthwatch Knowsley input.</p> <p>Participate in research being undertaken by University of Oxford testing the use of a patient experience of care questionnaire: "Patient Experience of Care Project".</p> <p>Review the processes for the up to date distribution of information pack/leaflets via, District Nurses, GP's, Macmillan Nurse or other Health Care Professional for patients and carers.</p>	<p>Results below. Based on the results we are reviewing <i>food/organisation food</i> and have a working group to make improvements for 2018/19.</p> <p>The results of the first phase are shown in the Audit section of this report. We have registered for phase 2 of the research to further develop the questionnaire.</p> <p>This has been completed and we will undertake a communication and engagement programme to improve liaison and awareness of services for 2018/19.</p>

The Patient-Led Assessments of the Care Environment (PLACE) NHS programme is to allow healthcare providers to undertake an assessment to a standard national format of a variety of non-clinical aspects of the care they provide – such things as cleanliness; the general condition, appearance and maintenance of healthcare premises, the extent to which the provision of care with privacy and dignity is supported by the environment, and the availability and quality of food and drinks. The results for each of the areas of the assessment we undertook in 2017/2018 are shown against national averages.

Categories	Willowbrook Hospice 2017/2018	National Average 2017/2018
Food	88.8%	85%
Cleanliness	98.84%	95.8%
Condition, appearance and maintenance	95.81%	89%
Privacy, dignity and wellbeing	97.22%	89%
Dementia	89.7%	??

We aim to continue to improve on these when we repeat this assessment as part of the National programme for 2018/19.

Governance Area	Our aim was to...	We achieved...
<b>Communication Effectiveness</b>	<p>Achieve compliance in level 3 Information Governance Toolkit, Informatics.</p> <p>Improve the effectiveness of SystemOne electronic patient management system.</p> <p>Hold a public AGM to provide a better understanding of the governance of the organisation.</p>	<p>We are compliant with Level 2 and aim to continue with our action plan to achieve our statutory compliance with new frameworks as from April 2018.</p> <p>This is a work in progress with a dedicated working group to make further improvements.</p> <p>First public meeting was held Sept 2017. Positive feedback received with date for 2018 meeting.</p>

## Part 1: Priorities for Improvement *continued*

### Ib. Improvements in 2017-18: A review of progress

Governance Area	Our aim was to...	We achieved...
<b>Clinical Effectiveness</b>	<p>Develop a Clinical Data Set to replace the discontinuation of the Minimum Data Sets (National Council).</p> <p>Implement the Outcome Assessment and Complexity Collaborative (OACC) Palliative Care suite of measures as part of the National programme in alignment with SystemOne.</p> <p>Improve Medicines Management Governance within the Hospice.</p> <p>Review clinical policies and procedures to ensure practice is as safe and effective as possible.</p> <p>Review the effectiveness of Specialist Palliative Care Telephone Advice Line Service.</p> <p>Audit the care of the person in the last hours and days of life to be undertaken against NICE Guidance Quality Standard 2017.</p>	<p>This is a work in progress with a dedicated working group to make further improvements.</p> <p>This has been implemented in phases. Phase 1 completed includes a daily assessment of status. Phase 2 now in progress.</p> <p>We have annual work plans to keep us focused and show the improvements we have made.</p> <p>All clinical policies and procedures are up to date and accessible electronically for 24 hour access to staff.</p> <p>An annual report shows the activity across the localities.</p> <p>Completed.</p>
<b>Quality Effectiveness</b>	<p>Undertake 18 month pilot project October 2016 – April 2018 for Willowbrook Outreach Service at Home.</p> <p>Ensure Hospice is fully compliant with legislative changes effective April 2017. (CQC)</p> <p>An annual report from Chief Executive detailing all quality initiatives across the organisation.</p> <p>Undertake a comprehensive review of Wellbeing Services at the Hospice.</p> <p>Complete the European Certificate in Holistic Dementia Care by autumn 2017. Develop an internal training programme that supports staff to manage the needs and challenges of providing palliative and end-of-life care to people with a dementia.</p>	<p>This is due for completion in July 2018 followed by an evaluation report.</p> <p>Awaited due to phasing approach from CQC for the new CQC KLOE's. Published in April 2018.</p> <p>Good News publication in place.</p> <p>Completed. Work to be implemented as part of the Willowbrook without Walls strategy.</p> <p>Completed. We have a Senior Nurse leading on this for the staff to better support our patients and carers.</p>

## 1b. Improvements in 2017-18: A review of progress

Governance Area	Our aim was to...	We achieved...
<b>Learning Effectiveness</b>	<p>Further develop the provision of education across the localities of Halton, St Helens and Knowsley for primary care staff and health and social care teams (Community Integrated Advance Care Planning Service).</p> <p>Further develop and support the learning of the specialist teams in the Community, Hospice and Hospital through our dedicated In House Education Programme.</p>	<p>Completed annual education for 2017/18 as per evaluation report.</p> <p>Education programme flyer attached.</p> <p>Education programme in place.</p>
<b>Resource Effectiveness</b>	<p>Undertake a comprehensive review of Facilities Management to ensure cost effective delivery of services that support patients and customer care across the organisation.</p> <p>Extend current Clinical Supervision Programme to include medical staff as well as nursing staff (Edge Hill University).</p>	<p>Completed.</p> <p>In place with positive feedback. Continued for 2018/19.</p>
<b>Risk Management</b>	<p>Focus on improvement initiatives highlighted in the AQuA patient safety survey report March 2017.</p> <p>Undertake a comprehensive review of Trading Company and quality of Estates Management organisation wide.</p>	<p>Completed.</p> <p>Completed.</p>

## Part 2: Statutory Information and Statement of Assurances from the Board

This section of the Annual Report includes responses to any National requirements defined by a set of statements which are common to all Quality Accounts. Some of these however, are not directly applicable to Hospices. The statements provide assurance that we are performing to essential standards, measure our clinical processes and performance and show where we are involved in any National projects and initiatives that are aimed at improving quality and safety.

### CORPORATE REVIEW AND DUTY OF CANDOUR

Willowbrook Hospice is required to register with the Care Quality Commission and there are no conditions of registration. The Care Quality Commission has not taken any enforcement action against Willowbrook Hospice during 2017/2018. There have been no investigations by the Care Quality Commission during this period.

The Hospice had a short notice CQC Inspection in August 2016. The report was favorable showing that all areas were fully compliant and met the regulations. We have robust systems in place to meet the Duty of Candour Regulation.

We have a culture that encourages candour, openness and transparency across all departments within the Hospice in any communication with patients and families in relation to Notifiable Safety Incidents. This is part of our culture of safety that supports organisational and personal learning. Concerns and complaints are able to be raised freely without fear of recriminations. We share key information about our performance and outcomes with our patients, families and staff on our Productive Ward Display Boards in the Inpatient and Wellbeing Services.

We ensure appropriate training for all staff on communicating with our patients and families about Notifiable Safety Incidents by adhering to the Being Open Policy which was introduced in reference to the National Patient Safety Agency Framework 2010. This policy provides the guidance on communicating about incidents with patients and their families and provides the necessary support for staff to be open.

We have amended our incident reporting forms to support the recording of any duty of candour notifications and ensure there is appropriate support for staff when they make such notifications when

something has gone wrong. Additionally, our staff also undertake annual mandatory training in Duty of Care (NHS Skills for Health) which includes training on Duty of Candour as part of this module of learning.

As a Registered Charity (No 1020240) and Company Limited by Guarantee (No: 2808633), Willowbrook Hospice submits an Annual Return for public display on the Charity Commission website <https://www.gov.uk/government/organisations/charity-commission> and files its Audited Accounts at Companies House.

We have dedicated Information Governance communications materials for the Hospice. The Information Governance team has provided ad hoc advice and support on issues such as: records management, social media and staff, transfers of personal and sensitive information, and various types of information requests. We have an action plan for 2018-2019 to ensure that Willowbrook Hospice maintains our Integrated Governance Toolkit compliance.

The statutory grant income received in 2017/2018 represents less than 40% of the total costs associated with the provision of relevant health services during the reporting period. The remaining income is generated through our well established Fundraising and Trading Company teams; through events and campaigns, our Lottery team; our network of retail shops, donations, legacies and the generous support from the communities we serve.

As an Independent Charitable Hospice, our statutory income in 2017/2018 was not conditional on achieving quality improvement and innovation goals agreed between Willowbrook Hospice and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework because none were identified.

As an Independent Charitable Hospice Willowbrook Hospice was not subject to the Payment by Results clinical coding audit during 2017/2018 by the Audit Commission.

As an Independent Charitable Hospice, Willowbrook Hospice was not required to submit records during 2017/2018 to the Secondary Users Service for inclusion in the Hospital Episode Statistics.

## CLINICAL REVIEW

We measure our services against national, local and internal performance standards. This is an effective way of ensuring we provide services that are safe, effective and efficient.

## RESEARCH

The number of patients receiving relevant health services by Willowbrook Hospice in 2017/2018 that were recruited during that period to participate in research approved by a Research Ethics Committee was 3.

1. We took part in a research study conducted by a 3rd Year Bachelor of Science Applied Psychology Undergraduate. Title of project: *Emotional Intelligence, Sense of Coherence, Resilience and Mood: Predicting emotional coping in UK Hospice Workers*. The project was completed in May 2017. We received notice that the student had fulfilled the requirements for the award of Degree along with a copy of the dissertation which provided some interesting recommendations for us to consider for our staff. These have been incorporated into our Staff Wellbeing Strategy.
2. We took part in a 10 month research project conducted by HOSPICE UK: Promoting resilience in a dispersed workforce: Evaluation of a live-streaming webinar training package for palliative care workers. The aim of the study was to evaluate the outcomes of the webinar training programme promoting resilience designed for Hospice staff. A key outcome was in whether participants of the training programme had been able to use the skills learned on the course in their work and home lives, and whether this had impacted on levels of stress and wellbeing. This was also viewed in how this had been translated at the organisational level. The final report is expected Dec 2018.
3. Our Hospice took part in a Multicentre Research project facilitated by The University of Leeds, Chief Investigator Dr Lucy Ziegler. This was a National UK study on factors influencing duration of access to hospice based palliative care services from referral to death. Summary report below.

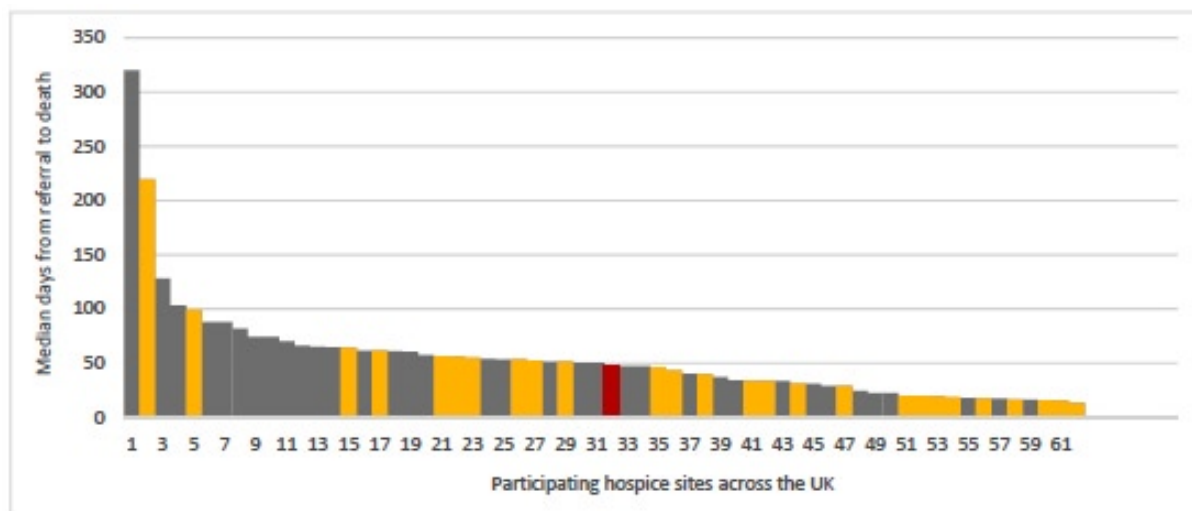
### How many days before death are patients referred to your hospice?

Hospice: Willowbrook Hospice

Region: North of England

Current practice in participating hospices across the UK

- Your hospice (the red bar) is shown in the graph. The median number of days between a patient's first referral to your hospice and death was 48 days during 2015.
- Across the UK\*, the median number of days from initial referral to death was 49 days.
- Other hospices in your region (the yellow bars) varied from 7 days to 219.5 days.



continued on page 12



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## How many days before death are patients referred to your hospice?

continued

Are there differences in the number of days from initial referral to death for different groups of patients?



### Age group

	Your hospice	National data
Patients aged <50 years	44.5 days	79 days
Patients aged 50-74 years	44 days	59.5 days
Patients aged 75 years and older	65 days	40 days

### Cancer vs. non-cancer conditions

	Your hospice	National data
Patients with cancer conditions	47 days	54 days
Patients with non-cancer conditions	52.5 days	28 days

\* UK national figures are calculated from data on 40,500 patients submitted by 64 hospices across England, Wales and Scotland.

If you would like further information on data provided in this form, or would like more details about the wider study findings, please contact Dr Matthew Allsop at the University of Leeds ([hospicedata@leeds.ac.uk](mailto:hospicedata@leeds.ac.uk))

4. We are actively participating in a pilot study to investigate the biological changes in urine when patients with lung cancer are towards the end of life. The aim is to investigate Volatile Organic Compounds (VOCs) in urine from terminally ill patients with advanced cancer. Urine samples will be collected prospectively over a 12 month period from patients with lung cancer. Metabolic studies using GC-MS to look at VOCs will be performed. This pilot study will guide future development of a wider multicentre study designed to investigate the biochemical changes in the urine of cancer patients at the end of their life. This work could identify biomarkers predictive of the dying process. This is being conducted by Dr Seamus Coyle, Community Consultant in Palliative Medicine, St Helens & Knowsley NHS Trust.
5. We are currently participating in the Hospice UK study, commissioned by NHS England, to examine the effect of hospice-led interventions on the use of acute resources and outcomes for people at the end of life. The Chief Investigator is Dr Sophia Whitman. The study aims to understand the role that hospices play in supporting people at the end of life. The study aims to compare catchment areas where there has been a stable service provision with ones where a particular intervention has taken place, to try to assess the impact on hospital use of that particular intervention. By taking part in this study we will receive local information on:
  - Access to results including trends of hospital usage in the last 90 days of life in our area
  - Best practice recommendations on improving hospice-led end of life care
  - Contribution to improvement of patient and hospice outcomes

## CLINICAL AUDIT: NATIONAL

We participated in the national audit undertaken by the Academic Unit of Palliative Care at University of Leeds, NHS Blood and Transplant Unit entitled:

*National Comparative Audit 2016.* Two thirds of hospices (139/210) in the UK agreed to participate in the audit, with 87% (121/139) of these providing information on 465 red blood cell transfusions. Summary of the report is below.

Summary of recommendations	
1. Update local guidance	5. All patients must be weighed to determine transfusion requirements
2. Thorough investigation of anaemia	6. There should be documented evidence of consent
3. Evidence-based discussion of risks and benefits	7. Awareness and vigilant observations of TACO are needed
4. Adopt restrictive trigger threshold for transfusion	8. Rigorous clinical review of outcome

We are currently developing a clinical practice guideline which will be completed by July to ensure all recommendations are met and will be re-auditing transfusions in October 2018.

## CLINICAL AUDIT: LOCAL

Willowbrook Hospice is part of the Cheshire and Merseyside Strategic Palliative and End of Life Care Clinical Network and during the reporting period has taken part in the following audits as part of the annual programme for ensuring care is delivered that is evidence based.

- Agitation
- Professional survey on clinical practice in breathlessness management.

## CLINICAL AUDITS: INTERNAL

Willowbrook Hospice undertakes annual internal audits using Hospice UK validated tools to help us to systematically assess our effectiveness and compliance with recognized best practice guidance. The audits are a shared opportunity to involve different teams and produce action plans for improving safe practices in all areas of the Hospice. Highlights of some of the audits undertaken during the reporting period are:

	Our Key Actions and Learning...
<b>Nutrition &amp; Hydration Audit</b>	<ul style="list-style-type: none"><li>• Ensure protected meal times as part of the productive ward programme</li><li>• Ensure individual patient needs are reviewed in the Catering and Clinical Management Forum</li><li>• Ensure audit results are fully disseminated to all relevant staff and departments</li></ul>
<b>Medicines Management</b>	<ul style="list-style-type: none"><li>• Developed new guidance on delirium and agitation at end of life for doctors and nurses with relevant training sessions</li><li>• Produce an annual report for the Trustees on controlled drug incident management</li><li>• Revised internal controlled drug audit systems and processes</li></ul>
<b>Infection Control</b>	<ul style="list-style-type: none"><li>• 15 modules completed from April 2016 – March 2017. Undertaken with 3 Boroughs Partnership. 100% score in all areas. Any organisations with 100% compliance are required to re-audit 2 yearly. Next audit due Nov 2018.</li><li>• Continued monthly monitoring and reporting to Public Health England via 3 Boroughs Partnership regarding appropriate usage of antimicrobials</li><li>• Health and Social Care Act 2008 Self-Assessment due May 2018</li><li>• Ward Sister attends quarterly Public Health England infection control meetings and disseminates actions to full team</li><li>• Hand hygiene practice and audits are undertaken by members of the infection control team. The Senior Housekeeper is leading on training and monitoring HK team</li></ul>

## CLINICAL AUDITS: INTERNAL *continued*

	Our Key Actions and Learning...
<b>Antibiotic Therapy Retrospective Audit</b>	<ul style="list-style-type: none"> <li>The antibiotic audit has been repeated and has shown an increase in appropriate prescribing. Due to risk and governance we have not pursued the formulary or reference guide as this requires frequent monitoring by specialists. We therefore have a quick link to the Trust policy and guidance which prescribers use.</li> </ul>
<b>Audit of the use and documentation of thromboprophylaxis in in patients</b>	<ul style="list-style-type: none"> <li>Developed a best practice guide September 2017.</li> <li>A re-audit is planned for October 2018</li> </ul>
<b>Dignity Audit</b>	<ul style="list-style-type: none"> <li>Following a complaint from a relative we reviewed our Policy; completed an audit using National self-assessment tools and a staff self-awareness section. A Dignity action plan was completed; a copy of this was shared with the complainant.</li> </ul>
<b>Audit of recognition and management of delirium</b>	<ul style="list-style-type: none"> <li>We have conducted an audit in December 2017 which has shown improvements in recognition, assessment and management and we are repeating this in April 2018 prior to presenting as a nominee at the British Medical Journal Awards evening for Palliative and Hospice Care Team of the Year award.</li> </ul>

We are active members of the Advancing Quality Alliance, North West Group. We participated in a collaborative Patient Safety Effectiveness Project as detailed below.

<b>AQuA</b>  <b>Transitions of Care Collaborative Programme 2017 - 2018</b>	<ul style="list-style-type: none"> <li>The Hospice took part in a Quality Improvement Programme supported by AQuA. The project focused on improving patient safety through a reduction in medication errors as a result of transfers of care between settings. This was a collaborative project with the Community and Hospital Specialist Palliative Care Teams. An audit of patient transfers from Hospital to Hospice prior to the project had shown that information on medications could be inaccurate or incomplete and this posed a risk to patients.</li> <li>Using Quality Improvement Methodology the group conducted further audit and developed an action plan including a transfer checklist, improved documentation of patient medication by the community service and enhanced communication through use of electronic records and IT.</li> <li>This project is on -going and a further audit will be conducted May/June 2018.</li> </ul>
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Annual Surveys are conducted across all service provision i.e. Inpatient Unit and Wellbeing Services. The results are shown for the reporting period 01/04/17 – 31/03/18.

## PATIENT SATISFACTION SURVEY

<b>Patient Satisfaction Survey</b>	<p><b>Experience of Care Questionnaire 1st June-2017 30th September 2017</b></p> <p>For the Patient questionnaire audit this year it was agreed to utilise the questionnaire involved in the University of Oxford Patient Experience of Care Project. This was so as not to overload our patients with multiple questionnaires. The results of the survey were not part of the feedback to University Oxford as they were interested in the actual structure of the survey. We commenced the survey on the 1st June 2017 until 30th September 2017. The results are on pages 15 and 17.</p>
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## Wellbeing Unit: 30 questionnaires distributed 23 returned = Response 76%

<i>During this admission how often have you felt...</i>	<b>Always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Almost never</b>	<b>Never</b>	<b>Not required</b>
<i>that you had the opportunity to ask questions?</i>	87%	13%				
<i>that you have been able to talk with members of your care team as openly as you would wish?</i>	87%	13%				
<i>that you have been as involved as you would like in decisions about your care and treatment?</i>	91%	9%				
<i>that things that are important to you are considered in planning your care?</i>	83%	17%				
<i>that your care team works well together?</i>	96%	4%				
<i>that your care team treats you with respect and dignity?</i>	100%					
<i>that the care and support provided by your care team meets your physical needs?</i>	91%	9%				
<i>that the care and support provided by your care team meets your emotional needs?</i>	96%	4%				
<i>that your care team treats you as a whole person?</i>	100%					
<i>that your care team helps you to have as much privacy as you want?</i>	96%	4%				
<i>safe in your place of care?</i>	96%	4%				
<i>that when you need advice or help urgently, your care team responds quickly?</i>	96%	4%				

<i>During the admission, has your care team given you...</i>	<b>Yes as much as I needed</b>	<b>Yes to a great extent</b>	<b>Yes to some extent</b>	<b>No</b>	<b>Not required</b>
<i>information that you can understand about your condition?</i>	57%	30%	9%	4%	
<i>Information that you can understand about your prescribed medications?</i>	57%	13%	9%	4%	17%
<i>support to get help with your personal care?</i>	52%	9%	4%		35%
<i>support to get help with practical matters?</i>	44%	4%	17%		35%
<i>support to get any equipment or aids that you need?</i>	66%	4%	4%	4%	22%
<i>support to do things that you enjoy?</i>	52%	13%		4%	31%
<i>support to involve your family and those close to you, as much as you wish, in decisions about your care?</i>	61%	4%	4%		31%

<i>During this admission, how often has your care team offered help and support to the people important to you (e.g. your family, friends, carers)?</i>	<b>Always</b>	<b>Most of the time</b>	<b>Sometimes</b>	<b>Almost never</b>	<b>Never</b>	<b>Not required</b>
	74%	4%	4%			17%

<i>Do you know whom to contact if you have any concerns or problems?</i>	<b>Yes</b>	<b>No</b>	<b>Not sure</b>
	87%	4%	9%

## COMMENTS FROM PATIENTS

One of the main bone of contention is patient's wellbeing. Quite a lot of patients do need someone to talk to. We try to communicate with so many as we can, and find it does help. The staff and volunteers are very good with this although if we could get the patients to talk to each other more often it would help them cope with their problems, and not feel isolated.

Companionship, learning different treatments and how they help i.e. relaxation one to one if needed. Just a feeling of inclusion.

*"My whole experience here at the hospice has been most beneficial to me; it has given me confidence to handle my illness. They are the most caring team I have had the pleasure to meet and I am going to miss coming to the hospice as it was my lifeline. I think the 12 weeks should be extended until the patient is ready, full of confidence to carry on."*

*"Enjoy every minute I spend on these sessions. Excellent, friendly staff and volunteers. Best day of the week at the moment. Very helpful for getting back on track. Thank you K x"*

*"All the staff are there for my needs. Willowbrook makes you feel safe and able to relax the best I can sometimes I find hard to do at home. I think extending the care from a 12 week to a when you need it so that you know you're not alone again at the end of the day. This would be a massive help to us."*

*"The whole team at Willowbrook are cheerful, friendly and expert in all that they do. Special thanks to Lucy Scriven (Holistic Therapy Lead) also Hilary at switchboard. The lovely lady at massage therapy and of course Nurse Carolyn Fillingham. Many thanks to all."*

*"Staff and Volunteers are brilliant."*

*"The staff have been wonderful and welcoming to me."*

*"My experience at Cedarwood. I would be lost without it. I really look forward to coming, meeting new people and thoroughly enjoy my time spent here. The staff are a godsend. Really supportive, good listeners and full of encouragement. The craft side is good. Taking my mind off things. Tai Chi – never done it before, but it's great! Relaxation – I could lie there forever and the information talks are really helpful. I can't praise all the staff enough and I really appreciate all you've done for me. A VERY BIG THANK YOU!"*

*"I have enjoyed each day I have been to Willowbrook Day Hospice. All of the staff & volunteers have been/ continue to be lovely – helpful and informative. See Dr Powell has also been invaluable to me. I have learned a lot about pain management, energy conserving and side effects of medication. If it was possible I'd continue to visit x."*

*"Overall my experience has been really positive. I look forward to Tuesday every week and I can't wait to go to the sessions. Volunteers are extremely helpful and friendly. The Nurses can't do enough for you."*

*"I thoroughly enjoy attending Willowbrook as I find it stimulating, as we discuss different topics every week. I also enjoy the relaxation session. I could not improve on Willowbrook."*

*"The staff treat everyone with respect and are very caring and helpful. They totally understand my condition and I always feel safe in their care. Lucy, Caroline and Lynn always discuss if they can help in any way. The staff and carers are always jolly and make the day as pleasant as possible."*

*"The team is very professional, they cannot be faulted, absolutely fabulous. There is no way I can think of for any improvement. Thank you."*

## IPU Unit: 20 questionnaires distributed I8 returned = Response 90%

<i>During this admission how often have you felt...</i>	Always	Most of the time	Sometimes	Almost never	Never	Not required
<i>that you had the opportunity to ask questions?</i>	78%	22%				
<i>that you have been able to talk with members of your care team as openly as you would wish?</i>	89%	11%				
<i>that you have been as involved as you would like in decisions about your care and treatment?</i>	89%	11%				
<i>that things that are important to you are considered in planning your care?</i>	83%	11%	6%			
<i>that your care team works well together?</i>	94%	6%				
<i>that your care team treats you with respect and dignity?</i>	94%	6%				
<i>that the care and support provided by your care team meets your physical needs?</i>	94%	6%				
<i>that the care and support provided by your care team meets your emotional needs?</i>	72%	22%	6%			
<i>that your care team treats you as a whole person?</i>	88%	6%	6%			
<i>that your care team helps you to have as much privacy as you want?</i>	89%	11%				
<i>safe in your place of care?</i>	89%	11%				
<i>that when you need advice or help urgently, your care team responds quickly?</i>	83%	11%				6%

<i>During the admission, has your care team given you...</i>	Yes as much as I needed	Yes to a great extent	Yes to some extent	No	Not required
<i>information that you can understand about your condition?</i>	61%	22%	17%		
<i>Information that you can understand about your prescribed medications?</i>	44%	33%	17%		6%
<i>support to get help with your personal care?</i>	66%	22%	6%		6%
<i>support to get help with practical matters?</i>	44%	11%	17%	17%	11%
<i>support to get any equipment or aids that you need?</i>	82%	6%	6%	6%	
<i>support to do things that you enjoy?</i>	77%	11%	6%		6%
<i>support to involve your family and those close to you, as much as you wish, in decisions about your care?</i>	77%	11%		6%	6%

<i>During this admission, how often has your care team offered help and support to the people important to you (e.g. your family, friends, carers)?</i>	Always	Most of the time	Sometimes	Almost never	Never	Not required
	77%	17%				6%

<i>Do you know whom to contact if you have any concerns or problems?</i>	Yes	No	Not sure
	83%		17%

## COMMENTS FROM PATIENTS

"Could not have been treated any better than here."

"More than pleased."

"I could not think of any way that this Hospice could improve, due to being 100% perfect."

"I have been in many Hospitals over the country and never met anyone as good as this Hospice. I could start at the word FANTASTIC and finish with the word UNBELIEVABLE. Thanking You."

"Cannot fault the service."

"Getting the best care possible. Care team are fab."

"No concerns. Staff are brilliant. I don't see anything that can be improved when everything is so good."

"Wonderful Hospice."

Thank you to all from the bottom of the ladder to the top."

## HOSPICE QUALITY METRICS

= not applicable		2017 / 18	2016 / 17	2017 / 18	2016 / 17	2017 / 18	2016 / 17
<b>Clinical Incidents</b>	No harm	25	14				
	Low harm	1	18				
	Moderate harm			0	0		
<b>Clinical Indicators</b>	RIDDOR	0	0	0	0	0	0
	Serious injury to patients	0	0	2	0	0	0
	Outbreak of infectious disease	0	0	0	0	0	0
	Duty of candour	0	0	7	3	0	0
<b>Staff/Visitor accidents/falls</b>	No harm	3	0				
	Low harm	18	16				
	Moderate harm			3	1		
<b>Patient accidents/falls</b>	No harm	26	24			0	0
	Low harm	25	29			0	0
	Moderate harm			2	0	0	0
	Number of actual patients	42	45	2	0	0	0
<b>Complaints</b>	Formal Verbal	3	6	0	0	0	0
	Formal Written	2	2	0	0	0	0

## MEDICINES INCIDENTS

	2017 / 18	2016 / 17	2017 / 18	2016 / 17	2017 / 18	2016 / 17
<div></div> = not applicable						
Total incidents recorded	45	108				
No harm	23	71				
Low harm	15	26				
Moderate harm			7	11		
Severe harm					0	0
Prescribing	7	40	0	0	0	0
Dispensing	7	8	0	0	0	0
Admission	24	49	7	11	0	0

## COMPLAINTS

<b>Verbal</b>	A neighbour at Willowbrook – The Living Well site alleged that people were using the van parked at the back of the property to gain access to their gardens. The van has now been sold. Matter closed.
	A telephone call was received about the way a staff member at one of the Charity Shops had spoken with a customer. The staff member was informed and it was discussed further at appraisal for training in customer care. Matter closed.
	A visitor was unhappy with the way a staff member had spoken with a relative. Inpatient Services Manager met with complainant and was able to resolve the matter. A Dignity action plan was completed and a copy passed to complainant. Matter closed.
<b>Written</b>	A customer was not happy with the attitude of drivers collecting donated goods from their property. Trading Company Manager wrote letter of apology. Matter closed.
	A complaint regarding clinical care of a now deceased patient from 5 years ago has been received. This was initially highlighted from a situation arising from a Legacy. This is an open case being followed through as per the Complaints Policy. Complainant has been offered an appointment to discuss with Clinical Lead and Director of Clinical Services but no response. Ongoing.

We treat all complaints very seriously and have a Complaints Policy which provides a consistent approach in addressing any concerns. Although it is disappointing to have fallen short of our high standards, we were able to reach a conclusion in 4/5 complaints. It is hoped that the ongoing written complaint will reach closure very soon. We use all opportunities to review our policies and procedures, as a way of improving our practice. We undertake a period of reflection and make recommendations to ensure that we implement quality improvements.

## Inpatient Unit Activity

The Inpatient Unit continues to be extremely busy and is comparable with National Inpatient Unit activities.

### Dependency Monitoring Inpatient Unit April 2017-March 2018

Month	Occupancy	Admissions	Discharges	Deaths	Level 1 %	Level 2 %	Level 3 %	Level 4 %
April	66%	21	7	11	0	7	53	40
May	84%	26	10	16	1	6	59	34
June	85%	22	11	10	0.5	6.5	62	31
July	74%	23	9	12	0	2	67	31
August	96%	15	6	10	0	4	72	24
September	76%	19	12	10	0	5	63	32
October	74%	25	7	16	0	0	69	31
November	75% includes 2 patients admitted RIP same day	22	5	15	0	0	61	39
December	71%	18	7	14	0.5	3	61%	35.5
January	82%	25	8	14	0	2	63	35
February	80%	20	8	11	0	2	58	40
March	74%	15	7	11	0	0	60	40
Ave/Month	78%	21	8	12	0.5	3.5	62	34

### Dependency Monitoring Inpatient Unit April 2016-March 2017

Month	Occupancy	Admissions	Discharges	Deaths	Level 1 %	Level 2 %	Level 3 %	Level 4 %
April	93%	22	8	13	1	8	61	30
May	90%	20	13	9	1	6	65	28
June	73%	24	13	10	0	3	66	31
July	89%	25	12	9	0	0	63	37
August	92%	13	7	9	1	0	60	39
September	91%	16	5	12	1	0	58	41
October	82%	18	7	11	0	0.5	59.5	40
November	80%	22	6	14	1	3	56	40
December	76%	20	7	16	1	1	55	43
January	69%	25	5	18	2	2	56	40
February	72%	23	6	16	0	0.5	58	41.5
March	87%	23	13	14	1	1	72	26
Ave/Month	83%	21	8	13	1%	2%	61%	36%

Level 1 = Independent

Level 2 = Between dependent and independent

Level 3 = Dependent

Level 4 = Highly dependent

## EDUCATION

Following the high demand for and success of the multi-disciplinary education course we ran in 2016, we repeated it again in September 2017. The course covered all aspects of advance care planning and is the sixth collaborative course delivered by Marie Curie, St Helens & Knowsley and Aintree Specialist Palliative Care Services. It was aimed at Doctors, senior nurses and other professionals working in all settings who see patients with palliative care needs frequently in their role. We had excellent attendance with great feedback.

Doctor	Trust Registered Nurse	Community Staff Nurse	Hospice Staff Nurse	Allied Health Professional	Specialist Nurse	Total
3	11	6	4	1	2	27

**The Living Well**  
**Parking**  
 85 free parking spaces.  
**By rail**  
 St Helens Central station, then taxi or bus service (No. 10) passes frequently.  
**Information & Application Forms**  
 Further information & application forms can be obtained from:  
**Karen Myers**  
 Course Administrator  
 Willowbrook Hospice  
 Portico Lane  
 Prescot  
 L34 2QT  
 Tel No: 0151 430 3513  
 Fax No: 0151 493 1006  
 Email: karenm@willowbrookhospice.org.uk  
 Willowbrook Hospice is a Charity Limited by Guarantee. Registered in England. Registered No: 2806010. Registered Charity No: 102049.  
 Registered Office: Portico Lane, Eccleston Park, Prescot, Merseyside L34 2QT

**Feedback from 2016...**  
 "Excellent evening, great content and well presented"  
 "Relaxed atmosphere and friendly discussions"  
 "Although I am a GP with many years of experience I have learned many new things and a different way of communication. My patients and their relatives say thank you too!"  
 Willowbrook – The Living Well

**AUTUMN COURSE 2017**  
**Multi-Professional Course – Advance Care Planning for End of Life Care**  
**BOOK NOW!**  
 PLACES ON THE COURSE ARE EXTREMELY LIMITED  
 Willowbrook Hospice Time for Caring  
 Woodlands Hospice  
 Marie Curie Cancer Care

**Introduction**  
 Following the high demand for and success of this course in 2016, we have decided to repeat it in September 2017.  
 This course covers all aspects of advance care planning and is the sixth collaborative course delivered by Marie Curie, St Helens & Knowsley and Aintree Specialist Palliative Care Services.  
 It is a multidisciplinary course and will suit doctors, senior nurses and other professionals working in all settings who see patients with palliative care needs frequently in their role.

**Course Description**  
 Three evening sessions in September 2017. Sessions run from 18.30 to 21.00 hrs with an evening meal at the start.

**Aims of the Course**  
 • To consider why advance care planning is so important for patients and those important to them.  
 • To develop a greater understanding of the legal aspects of advance care planning including making mental capacity assessments and DNACPR orders.  
 • To develop greater confidence in having conversations with patients and those important to them.

**Cost**  
 £30 for 3 evening sessions  
**BOOK NOW!**  
 PLACES ON THE COURSE ARE EXTREMELY LIMITED

**Dates & Topics**  
**Wednesday 12th September 2017**  
**Advance Care Planning – Why is it important?**  
 Dr Paula Powell  
 Consultant in Palliative Medicine/Clinical Lead, Willowbrook Hospice  
**Wednesday 20th September 2017**  
**Advance Care Planning and the Law**  
 Dr Helen Botwick  
 Associate Specialist in Palliative Care, Marie Curie Hospice  
 Dr Anthony Thompson  
 MacMillan Consultant in Palliative Medicine, Whiston Hospital  
**Wednesday 27th September 2017**  
**It's Good to Talk: Communicating with Confidence for Advance Care Planning**  
 Dr Kate Marley  
 Consultant in Palliative Medicine, University Hospital Aintree  
 Below: The Alexandra Suite at The Living Well is used for courses and seminars.

**Course Lead Facilitators**  
**Marie Curie Hospice**  
 Speke Road  
 Woolton  
 Liverpool L25 8QA  
**Willowbrook Hospice**  
 Portico Lane  
 Prescot  
 Merseyside L34 2QT  
**Woodlands Hospice**  
 University Hospital, Aintree Campus  
 Longmoor Lane  
 Liverpool L9 7LA  
**Course Location**  
 Willowbrook – The Living Well  
 Borough Road  
 St Helens  
 Merseyside  
 WA10 1RN  
 See reverse for more information.

Willowbrook Hospice  
 Woodlands Hospice  
 Marie Curie Cancer Care

Education Sessions	Number of Sessions			Number of Attendees			Attendees			Key
	Halton	Knowsley	St Helens	Halton	Knowsley	St Helens	Halton	Knowsley	St Helens	
<b>Gold Standards Framework</b>	4	10	6	12	82	23	B-5 D-7	A-14 B-33 D-34 F-1	A-3 B-5 D-14 F-1	A = Care Home Staff Registered Nurses HCA's
<b>North West End of Life Care Model</b>	6	7	8	29	50	60	A-4 B-5 C-2 D-3 E-15	A-32 B-4 D-1 E-10 F-3	A-57 E-3	B = Community Staff District Nurses HCA's Specialist Nurses Mental health Learning disabilities
<b>Do Not Attempt Cardio Pulmonary Resuscitation</b>	5	5	5	11	54	16	B-5 D-6	A-23 B-5 D-26	A-3 B-5 D-7 F-1	C = Public
<b>End of Life Care tools</b>	11	12	13	40	84	83	A-4 B-10 C-2 D-9 E-15	A-35 B-9 D-27 E-10 F-3	A-60 B-5 D-14 E-3 F-1	D = CCG Staff GP's Registered Nurses Administrators
<b>Advance Care Planning – Overview</b>	11	12	13	40	84	54	A-4 B-10 C-2 D-9 E-15	A-35 B-9 D-27 E-10 F-3	A-41 B-5 D-7 F-1	E = Social care Domiciliary Carers Council staff
<b>Recognising Dying</b>	13	21	18	60	152	84	A-6 B-12 C-2 D-10 E-29 G-1	A-70 B-19 D-35 E-24 F-4	A-71 B-5 D-7 F-1	F = Students Medical Nursing
<b>Core Communication Skills</b>	15	15	18	77	106	121	A-25 B-14 C-2 D-3 E-31 G-4	A-57 B-18 D-1 E-24 F-4	A-107 B-4 D-3 E-7	G = Hospice Registered Nurses HCA's Administrators
<b>Advance Care Planning</b>	9	16	22	28	127	122	A-2 B-4 E-4 G-18	A-34 B-85 F-6 G-2	A-74 D-21 E-8 F-6 G-13	
<b>Care &amp; Communication Record</b>	9	29	27	36	187	142	A-5 B-25 E-2 G-4	A-48 B-73 D-48 E-15 F-3	A-69 B-25 D-10 E-12 F-6 G-20	
<b>Opening The Spiritual Gate</b>	4	4	4	19	11	31	A-4 B-6 G-9	A-1 B-5 F-1 G-4	A-16 B-1 E-4 G-10	
<b>Six Steps to Success Programme</b>	6	9	6	33	47	77	A-28 B-5	A-45 B-2	A-77	
<b>Total per locality</b>				<b>385</b>	<b>984</b>	<b>813</b>				
<b>TOTAL</b>				<b>2182</b>						

<b>Educational/Supportive Staff Meetings</b>	<b>Number of meetings</b>	<b>Number of attendees</b>
Care Home Forums	4	74
EOLC Champions	4	38
GSF Coordinators	7	37
<b>TOTAL</b>	<b>15</b>	<b>149</b>

<b>Public Engagement Educational Events</b>	<b>Number of events</b>	<b>Number of attendees</b>
Dying Matters	1	87
<b>TOTAL</b>	<b>1</b>	<b>87</b>

Our combined Forums cover:

	<b>Number of Care Homes</b>	<b>Number of beds</b>
Knowsley	23	840
St Helens	33	1228
Halton	26	781
<b>TOTAL</b>	<b>82</b>	<b>2849</b>

## PPC

Community and Care Home staff continue to send in the PPC Notification form when they complete an advance care plan document (PPC, Thinking ahead or Best Interest Form). There were 74 deaths in Knowsley where PPC notification had been sent to the ACP team, 82 from St Helens and 72 in Halton.

<b>PPC Achieved</b>			
<b>July – June</b>	<b>2017/18</b>	<b>2016/17</b>	<b>2015/16</b>
Knowsley	<b>96%</b>	84%	86%
St Helens	<b>97.5%</b>	89%	94%
<b>TOTAL</b>	<b>97%</b>	80%	97%

## KEY ACHIEVEMENTS

We are also pleased to have been nominated for an Education and Business Partnership Award by St Helens Chamber this year (2018).

A generous donor gave £2000 to start an enterprise project with local schools. This gave us the capital to offer 'start up' grants to fund a profit making event or business idea, with the idea that a profit is made and donated to Willowbrook. We were then able to develop the Enterprise 250 programme (see right) to promote awareness of Willowbrook Hospice, provide a framework to help the children to understand business skills in a practical and meaningful way, and raise much needed funds for Willowbrook.

We work in partnership with Natalie Armstrong from St Helens Chamber on the School Business Enterprise Programme. Natalie talks to the pupils about business enterprise, identifies schools that want to participate in the Enterprise 250 challenge, and refers them to us. We then present to the year 5 children about what the hospice does, and how we raise the money to run the hospice. We then look at a fundraising event and talk about what is involved in running an event, costs and profit and loss. The children discuss different events and what they might be able to do themselves. Each school then completes their project using the grant to raise at least twice as much as the grant requested by coming up with a business idea.


Through this programme the children are learning about their community and the work of the hospice; what we do and who we help. Part of our vision is that we make sure that everybody who needs hospice care will access it, and so by creating awareness amongst the children we hope that they will share information with their parents and grandparents. Naturally we are also able to promote awareness and increase knowledge of our work amongst the staff including teachers and teaching assistants. People are always surprised at how much it costs to run the hospice and that we are not fully funded and that we need to raise so much money locally.

The Enterprise project is successful because we are supported by St Helens Chamber in the initial delivery; and in the second year of delivery it has been taken up by nine primary schools. This is fantastic for Willowbrook Hospice in so many ways, as we are able raise awareness amongst the children and their parents whilst also gaining funds for the hospice.

We have been nominated for the Palliative and Hospice Care Team of the Year Award, British Medical Journal and a Patient Safety Award, Health Service Journal for our work in the recognition and management of Delirium (see right).



### THINK DELIRIUM PROJECT



**Appropriate use of drugs has risen from 80% of patients to 89%**

Delirium is common among hospice patients but often goes unrecognised or is confused with terminal agitation. In a survey carried out in 2016 in Cheshire and Merseyside, only two out of 62 staff were aware of any tools for diagnosing delirium. Neither of them worked at Willowbrook Hospice, a 12 bed unit at Prescott on Merseyside, says Paula Powell, consultant clinical lead.

A retrospective audit of case notes at the hospice confirmed that recognition of the condition was poor, with only half the patients having a comprehensive review of the reversible causes of delirium (such as infection). "Since then we have undertaken further work in policy, education, and awareness," she says. "The underlying message is: 'If a patient is confused, think delirium.'"

A screening tool, the Confusion Assessment Method (CAM), was introduced; a stepwise approach to managing the condition developed; and a training package written and delivered to all staff covering recognition, diagnosis, management, and communication. Willowbrook was the first unit in the region to embed the approach, and the educational toolkit has since been adopted by four other hospices.

A snapshot audit taken after the changes were introduced showed that CAM was being used in 44% of patients (compared with none before), while a comprehensive review of reversible causes is now given to 78% of patients, from 50% before. Appropriate use of drugs has increased from 80% of patients to 89%. "Now 90% of staff say they're much more confident about recognising and managing delirium than they were before," Powell says.



# Adopting a THINK DELIRIUM approach to screening for delirium



P. Powell, D. Monnery and S. Schofield, Willowbrook Hospice, Portico Lane, Prescot, Liverpool L34 2QT

## The problem

### What Does the Literature Say?

- From Latin, "To swerve from the ploughed track", delirium is defined as an acute confusional state which results from diffuse organic brain dysfunction<sup>1</sup>
- It is commonly characterised by disturbed consciousness, impaired cognitive function or perception, has an acute onset and a fluctuating course<sup>2</sup>
- In terminal cancer patients, the prevalence of delirium may be as high as 85%<sup>3</sup>
- Up to 50% of cases may be reversible<sup>4</sup>, however this is dependent on correct diagnosis, which is often complicated in patients who are thought to be dying and often mistaken for terminal agitation.
- Key factors which can lead to the diagnosis of delirium being missed (or made too late) are lack of training, complex and often subjective symptoms which can overlap with the symptoms of underlying disease.
- Incorrect diagnosis leads to incorrect treatment, including incorrect use of benzodiazepines, which may make delirium worse when used as monotherapy<sup>5</sup>

### Our Baseline Audit

We undertook a 6 month retrospective audit of practice regarding the diagnosis and management of patients with delirium and a professional practice survey.

The initial results were:

- In our hospice, 50% of patients received a clinical examination and 55% a medication review however screening for specific reversible causes was much lower
- In our survey only 56% of people had received any training in recognising and treating delirium, with 14% having received it within the previous 12 months
- The Confusion Assessment Method (the tool with the most evidence supporting its use in the diagnosis of delirium) had not been used a single time in our clinical audit of practice and only 2/62 survey responders had heard of it
- Midazolam was the most frequently used medication in the baseline clinical data (80%) and frequently it was used as monotherapy

## What we did

### 'THINK DELIRIUM' Approach



We reviewed and redesigned our local policy to make it clearer to all professionals when to suspect delirium, what tools to use to aid diagnosis (the Confusion Assessment Method<sup>6</sup>) and how to manage this. We used a flow diagram and step-wise approach to demonstrate the process for correctly diagnosing delirium and remembering to THINK DELIRIUM in all patients before assuming they had terminal agitation and treating incorrectly. A further step wise approach to pharmacological management was created to guide prescribing practices and bring them in line with best evidence.

### Education

#### Objectives

By the end of this presentation you should be able to:

- Identify features which make you suspect delirium in a patient
- Use Confusion Assessment Method (CAM) tool to diagnose delirium
- Select strategies to manage delirium without medication
- Identify correct medications to treat delirium
- Know what to say to patients and families

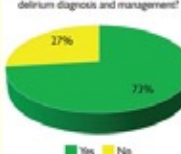
We created a PowerPoint based teaching tool which all members of the multidisciplinary team could use. This tool describes the use of evidence based tools to diagnose delirium, and the best ways of managing the symptoms of delirium. The tool ends with a self-assessment.

## The Outcome: 3 months later

Are you aware of the new guidelines for delirium diagnosis and management?



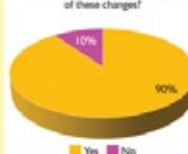
Have you received update training on delirium diagnosis and management?



Do you feel more confident recognising, diagnosing and managing delirium?



Has clinical care improved as a result of these changes?



## Conclusions

- This quality improvement project has resulted in the initial protocol becoming an up to date and evidence based guideline.
- Disseminating this evidence based approach using the teaching tool and strategy has shown promising improvements in knowledge around diagnosis of delirium and confidence in management, including when to use non-pharmacological and pharmacological treatments.
- The next step of this project is to disseminate the education across the whole region and begin measuring changes to patient care.

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# Stop! Think! Prescribe!

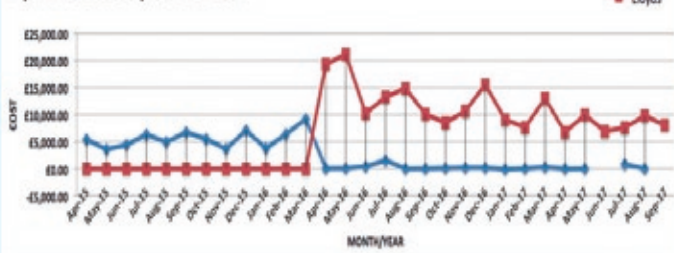
## The Best Formula for Cost-Effective Prescribing

Dr Kate Campbell, Dr Katrin Little, Willowbrook Hospice, Portico Lane, Prescot, Liverpool L34 2QT

### Stop!

In 2016 a change in supplier meant escalating drug costs. We needed to examine our practice.

Comparison of monthly drug costs Whiston Hospital / Lloyds  
April 2015 to September 2017



**ALERT!** We were spending more than **£1000** per month on laxatives!

1. Look at current spends per month for specific drug class.
2. Compare with commonplace practices nationally.
3. Review current evidence.

### Best Effective Drug Prescribing

Our prescribing was driven by what was familiar or in stock. We took a look at best effective drug prescribing.

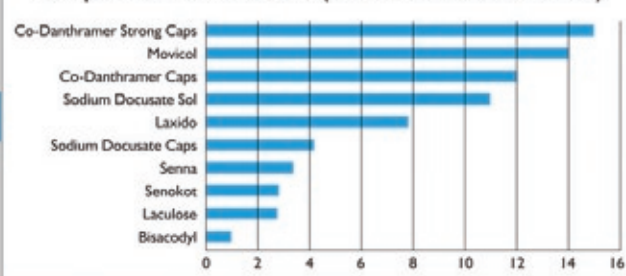
### Step 1

### Brand Prescribing

We also found we could make significant savings by brand prescribing and being more aware of the cost of certain medications.

### Step 2

Cost per month on lowest dose (excl. Co-Danthramer Solution)



COMPARISONS!	
Movicol vs. Laxido	Saves £6.16
Phosphate Enema vs. Fleet	Saves £2.28
Senna vs. Senokot	Saves 56p

Co-Danthramer Solution = £146.15  
Co-Danthramer Strong = £291.71

### Result... Saving 70% per month

(Approximately £7000 per year on laxatives alone)

Finally, we educated our team using the Highlight 5 and a newsletter, as well as amalgamating with the hospice prescribing "traffic light system" project. The first chapter of our new hospice formulary is on laxatives.

### Step 3

**Willowbrook Hospice** Time for Caring

[www.willowbrook.org.uk](http://www.willowbrook.org.uk)

# Quick Clinical Reference Guidelines

P. Powell, C. Hyland, D. Jones, D. Monnery, S. Schofield. Willowbrook Hospice, Portico Lane, Prescot, Liverpool L34 2QT

Most Specialist Palliative Care Units have clinical policies to support best practice. In addition multiple resources are available to clinical staff as books, clinical guidelines and apps. Our experience at Willowbrook Hospice was that staff would refer to guidelines and formats they were most familiar with even if newer versions were available. Equally comprehensive policies were not referred to because staff could not recall how to find them or when found the pertinent information was not easily accessible.

This represents a risk to patients and the organisation.

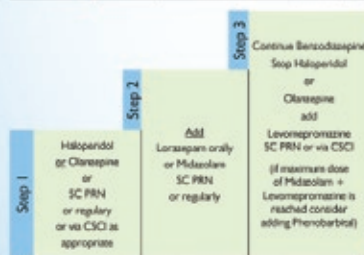
We carried out a review of all clinical policies and where required updated or created new guidance. With each full policy we distilled the clinical information into an accessible form, no more than 2 sides of A4, using tables and flow charts. Each quick reference guide has a link to the full policy where more comprehensive information is required.

Over a year this has developed into a comprehensive but easily accessible practice guide that staff know is easily available on their desktops and in paper format in a ward folder. As new policies are updated a 'Quick Reference' guide is created and added to the resource.

This change has been supported by education via our 'Highlight 5' sessions, as each topic is added so all staff are aware of changes to clinical practice and how to access the most up to date information.

## Delirium Step Chart

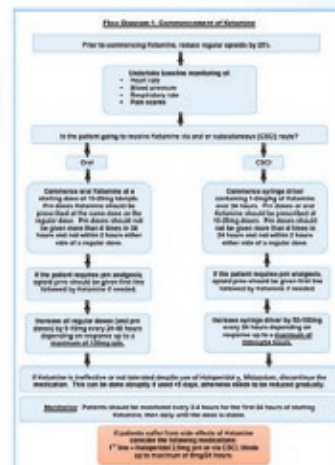
	Oral	S/C	CSO/24 HRS	MAX/24 HRS
Haloperidol	0.5-1.5mg PRN 2 hourly	0.5-1.5mg PRN 2 hourly or 1.5-3mg if severe	1.5mg-8mg	8mg SC or PO
Chlorazepate	2.5mg PRN hourly	2.5mg PRN 2 hourly	2.5-10mg	10mg
Lorazepam	0.5-1mg PRN 4 hourly	---	---	4mg
Midazolam	---	2.5-10mg SC PRN	10-60mg	60mg
Levomepromazine	---	12.5-15mg SCN PRN 50mg if agitation is severe	50-200mg	200mg (exceptionally 300mg)
Phenobarbital	---	100mg-200mg PRN	600-2400mg	2400mg (exceptionally 3600mg)



Assess for reversible causes and treat as appropriate. Ensure non-pharmacological management measures are in place.

## Correspondence

Dr Paula Powell FRCP, Consultant in Palliative Medicine / Clinical Lead  
email: [Paulap@willowbrookhospice.org.uk](mailto:Paulap@willowbrookhospice.org.uk)



[www.willowbrook.org.uk](http://www.willowbrook.org.uk)

**Willowbrook Hospice** Time for Caring

# Highlight

# 5

P. Powell, C. Hyland, S. Schofield. Willowbrook Hospice, Portico Lane, Prescot, Liverpool L34 2QT

<b>WEEK COMMENCING</b>	20th November 2017
<b>SUBJECT TITLE</b>	<b>Highlight 5</b>
<b>BRIEF OVERVIEW OF THE SUBJECT</b>	<p>At any one time in a health organisation there are important messages on patient care that staff need to be informed of; but disseminating that information such that all staff see and hear those messages and respond appropriately is very challenging.</p> <p>Highlight 5 is an initiative developed to improve communication by ensuring as many staff as possible have access to information about patient care.</p> <p>Each week a topic is covered in 5 minutes by a member of clinical staff. Topics are planned in advance by the ward management team and practice development nurse but all staff are able to contribute.</p> <p>It is delivered after every handover throughout the week so 28 opportunities for staff to hear about new developments.</p> <p>Desktop and paper copies are available.</p>
<b>KEY POINTS</b>	<ul style="list-style-type: none"> <li>• 5 minutes only</li> <li>• Information relating to patient care</li> <li>• Clear and concise information</li> <li>• Supported by paper copies</li> <li>• Easily accessible on staff's desktops</li> <li>• Signpost to further resources</li> <li>• Maintains high standard of communication</li> </ul>
<b>RESOURCES / WHERE TO FIND INFORMATION</b>	<ul style="list-style-type: none"> <li>• Delivered at each handover</li> <li>• Computer desktop</li> <li>• Folder in office</li> </ul>
<b>WHO TO SPEAK TO</b>	Dr Paula Powell, Susie Schofield; Practice Development Nurse and Charlie Hyland; Charge Nurse

## TOPICS

- Formulary
- Outcome Assessment and Complexity Collaborative
- Quick Reference guidelines
- Patient Experience of Care Questionnaire
- Syringe Drivers
- Sepsis Care Bundle
- Wellbeing Services
- Outreach Services at Home
- Handovers
- Anaphylaxis
- Pressure Area Care Documentation
- Teamwork
- Infection Control
- **THINK DELIRIUM**

*"It has improved communication throughout the MDT"*

SSN Alice Edge

*"I feel I am kept up to date on new developments"*

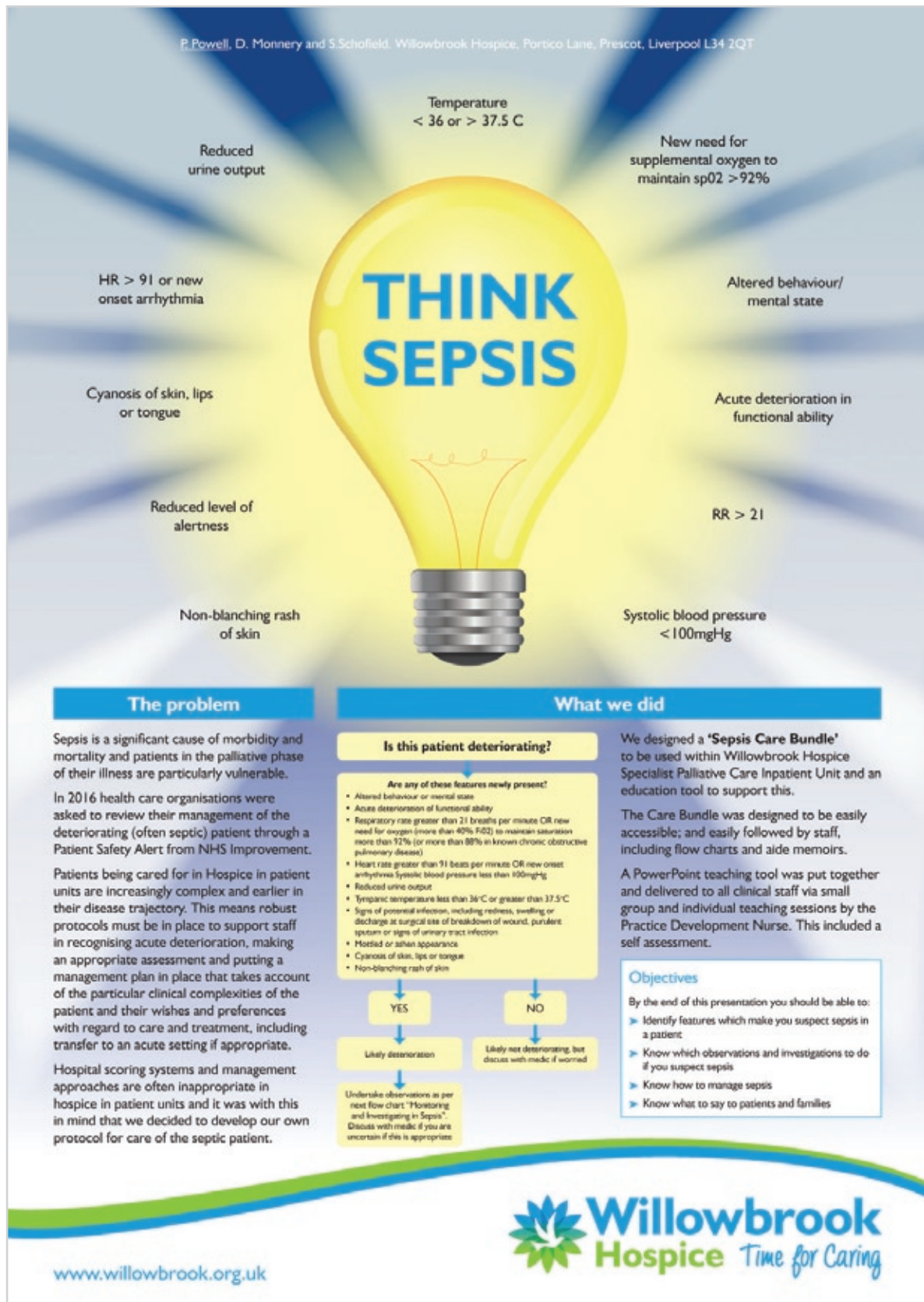
Dr Stephen Fu

*"It helps to maintain the high standard of care we give to our patients"*

Social Worker  
Mary Parry

[www.willowbrook.org.uk](http://www.willowbrook.org.uk)

 **Willowbrook**  
Hospice *Time for Caring*



## Annual Staff Safety & Wellbeing Planner 2018/19

We have developed a Staff Wellbeing Strategy following the work undertaken with the Research collaboration on Resilience developed from Hospice UK. A summary of planned activities for 2018 is below.

EVENTS					
APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER
<b>STRESS AWARENESS MONTH</b>  See Kelly De Souza for further information  	<b>NATIONAL WALKING MONTH</b>  See the benefits yourself, mindful lunch walks and treasure hunts See Kelly De Souza for more information <b>NATIONAL SMILE MONTH</b> 	<b>VOLUNTEERS WEEK</b>  Celebrate the amazing work of our wonderful volunteers See Ian Turnbull for more information <b>NATIONAL PICNIC WEEK</b> Lunch time picnic 19 <sup>th</sup> and 21 <sup>st</sup> 12.45pm 	<b>WORLD CHOCOLATE DAY</b>  <b>30<sup>TH</sup> WORLD FRIENDSHIP DAY</b>  Claim your free drinks voucher for you and a work colleague in the Lavender Café See Karen Colquitt or Kelly De Souza for more information	<b>AFTERNOON TEA WEEK</b> day hospice patients 13 <sup>th</sup> and 17 <sup>th</sup> <b>AFTERNOON TEA FOR STAFF</b>  12.45pm. See Karen Colquitt to reserve your place - £5 per head <b>19<sup>th</sup> WORLD PHOTO DAY</b>  Celebrate who we are/what we do and raise our profile of the hospice Fundraising	<b>13<sup>TH</sup> POSITIVE THINKING DAY</b>  <b>29<sup>TH</sup> WORLDS BIGGEST COFFEE MORNING</b>  Join socially for cake/coffee whilst raising money for Willowbrook Hold your own coffee morning, or join together as a team on your shift. See Nicky Saunders for more information of how to hold your own coffee morning.
				<b>14<sup>TH</sup> TREADMILL CHALLENGE</b>  <b>16<sup>TH</sup> WORLD FOOD DAY</b>  <b>Staff/Vol buffet</b> Join us at lunch to experience foods from all over the world 12.45pm Collections also being taken for food banks See Kelly De Souza for a food item to bring and to be included on the day.	<b>1<sup>ST</sup> NATIONAL STRESS AWARENESS DAY</b> <b>13<sup>TH</sup> WORLD KINDNESS DAY</b>  <b>13<sup>TH</sup> SELF-CARE WEEK</b> Wellness taster sessions through the week  See Kelly De Souza or Chris Haywood for further information and to register your interest in this
					<b>30<sup>TH</sup> April National Gardening week</b>  See Dee Newey for more information

We were successful in our grant application for a new service Willowbrook Connections, developing pre and post bereavement support for those living in St Helens & Knowsley known to Specialist Palliative Care Services: Hospice, Hospital and Community Teams. We have been able to introduce an After Schools Group using the facilities at The Living Well.



Each year we put on a number of events such as our Community Moonlight Walk to raise the necessary funds to continue to improve our services.

**Moonlight Colour Walk**

**Saturday 9th June 2018**  
**Start time 9pm**

**Willowbrook – The Living Well**  
Borough Road, St Helens WA10 3RN

**Optional Colour Splash!**  
Come and join the Moonlight party! Wear your most colourful clothes and dance with your friends before entering the Splash Zone to be well and truly bombed with colour! **FREE** entertainment, refreshments and medal.

**ENTER TODAY!**  
**Adults £15**  
**Under 16s £5**  
Register online at [www.willowbrook.org.uk](http://www.willowbrook.org.uk)

Call the Fundraising Office on 01744 453798 or e-mail [events@willowbrookhospice.org.uk](mailto:events@willowbrookhospice.org.uk)  
[www.willowbrook.org.uk](http://www.willowbrook.org.uk)

**Willowbrook Hospice** Time for Caring

We have helped a number of other charities and care providers as below from our innovative Trading Company approaches.

**In the last year we have helped;**

- The Hope centre** - Atherton St, St Helens, Supporting vulnerable families We provide baby goods, bassinets clothing, furniture and household goods.
- Nugent Care** - Billinge. We provide cheap furniture and household goods to adults with problems trying to live independently.
- Furnishing Families in crisis** - Social Services. Furniture and goods.
- Vulnerable Families** - Atlas house St Helens. We provide cheap furniture and household goods to families in crisis.
- St Helens Council** - Supporting vulnerable families
- Homeless** -
- Addaction** - unwanted furniture to teach ex-addicts new skills, shabby chic reupholstering repair.
- St Helens Collage** – furniture to teach people how to Shabby Chic which are then sold in our shops.
- Teardrops** We provide cheap furniture and household goods to homeless people who have been allocated a house or flat.
- Merseyside dogs home** - Halewood - Old bedding
- Freshfields Dogs home** – Near Southport - Old bedding
- Dogs Trust** - Huyton - Old Bedding

## Part 3: What others say about us

Some feedback from Facebook, letters and cards received during 2017-2018.

*"I have just spent the last 5 days by my dad's side at Willowbrook hospice. Following a very late diagnosis of cancer the team cared for my dad expertly with care and compassion.*

*The team were always one step ahead to ensure his last days were spent as comfortable and dignified as possible.*

*I know without this service my dad's destination would have been the same but his journey would have been very different. From the moment we stepped through the door we were able to relax and just be there for him. Worries about delayed medications and untreated discomfort just dissolved within hours.*

*From being shown around by Janet who placed us at ease before dad even arrived, to the many updates with the compassionate team of doctors, to the dedication of each nurse we encountered and finally his departure from the hospice, the staff truly excelled. The skill, responsiveness and competence of the team shines through.*

*Being a nurse myself it's easy to see gaps in care and often having some knowledge makes being on the other side difficult. But I can truly say that I cannot fault one element of the service during my time at Willowbrook, and I pretty much moved in day and night.*

*Having read much information about the hospice and the cost of running the hospice, the service offered is outstanding, it's just a shame a service like this can't be offered to more.*

*Keep doing what you're doing and thank you."*

*"EVERYONE at the hospice from nurses, volunteers, kitchen staff, therapy teams, doctors treated my husband and all of us family with such care and love. It really has made losing him so much easier knowing he had such good care. I really think every member of staff must be handpicked because we have never experienced compassion like it anywhere else. We feel profoundly lucky that he, and us, were able to receive such care."*

The Hospice opened its gardens to the public on a National garden scheme weekend to break down the public perception that a hospice is the place where you go to die.

The general public were able to enjoy the Northwest in Bloom gold medal winning gardens and these were some of the comments.

**"BEAUTIFUL GARDENS!"**

*Beautifully maintained, thank you, it made such a difference when our loved one was here"*

**"Peaceful and beautiful gardens!"**

**"Beautiful and tranquil"**

**"Fantastic - so lovely!"**

**"Peaceful and enjoyable"**

**"So peaceful and relaxing – a real treat"**

**"Beautiful and very tranquil"**

Willowbrook Hospice  
Portico Lane  
Prescot  
Merseyside  
L34 2QT

Date: 2nd August 2017

To all the Doctors, Nurses, Support Staff and Volunteers

We would like to thank everyone at Willowbrook for the wonderful care our daughter received while in your safekeeping.

I know that Mandy was more than content to have spent her final day in your care at Willowbrook. We said at the time that no matter if we had been millionaires she could never have received any better treatment, or nursing care, wherever in the world.

We would especially like to thank the Nurses who looked after Mandy for the unstinting care and kindness she received, and for the help and sympathy shown to her family and friends.

There is only one Willowbrook.

God bless.

## MPs talk about Willowbrook Hospice in Parliament

*Kelsey Maxwell @KelseyMaxwell90 Reporter*

Willowbrook Hospice MPs praised the 'immense contribution' of Willowbrook Hospice in Parliament, during talks to mark its 20th anniversary. St Helens North MP Conor McGinn and St Helens South and Whiston MP Marie Rimmer tabled a Commons motion to mark the anniversary of the hospice's specialist palliative care unit and recognise all the work it does in St Helens.

The rare accolade is already attracting the support of other MPs and is a testament to the commitment and dedication of the staff and volunteers at Willowbrook. Since 1997, the hospice has cared for more than 7,500 patients with life-limiting illnesses, with the motion following a recent visit by Mr McGinn to learn more about the services it provides.

He said: "Willowbrook Hospice provides an immensely valuable service to our community, bringing comfort and support when it is needed most. "Led by Alan Chick and Neil Wright,

the staff and volunteers at Willowbrook work tirelessly for those in their care. But they need proper financial support. Health funding is being increasingly squeezed by central government, with a £20 million shortfall in funding across the health economy in St Helens alone. This puts pressure on the hospice movement to raise more funds, and this is where the hospice's Living well Centre is such a valuable asset in supporting its fundraising."

"But Willowbrook still needs support, not just from individual supporters but also from the Clinical Commissioning Group and the Government. That is why I am calling on the Government to fully recognise the valuable work hospices do and give them the support they need and deserve."

Marie Rimmer added: "In 1994 St. Helens Council gifted land between Knowsley and St. Helens to help establish the Willowbrook Hospice and since it has gone from strength to strength thanks to significant public support through fundraising. It has helped so many local families spend their final days and weeks with comfort and dignity. I look forward to celebrating its 20th birthday."

## SUMMARY OF NURSING STUDENT PLACEMENTS 6C'S EVALUATIONS APRIL 2017 – MARCH 2018

<b>Care</b>	<ul style="list-style-type: none"> <li>• Amazing care that adheres to individualised needs.</li> <li>• All staff show genuine care.</li> <li>• Had a brilliant four weeks and have learnt a lot, great teamwork at the hospice.</li> <li>• I saw nursing at its best.</li> <li>• The nurses I worked with provided an excellent standard of care.</li> <li>• Staff provided high quality, holistic care.</li> <li>• The hospice is excellent and the patients are very well looked after.</li> </ul>
<b>Compassion</b>	<ul style="list-style-type: none"> <li>• All staff consistently display compassion and empathy whilst maintaining professionalism.</li> <li>• All staff were very kind, helpful and supportive.</li> <li>• Patients were treated with dignity, care and respect at all times.</li> <li>• Staff are amazing with patients and families.</li> <li>• I would be happy for a member of my family to be cared for here.</li> <li>• We had the opportunity to talk and get to know the patients better.</li> <li>• All staff looked after the patient as a whole.</li> </ul>
<b>Competence</b>	<ul style="list-style-type: none"> <li>• All staff are competent and have been brilliant teachers.</li> <li>• Staff have shown me how to care for an actively dying patient ensuring they have a dignified death.</li> <li>• Teaching was very hands on and I got to perform a range of tasks rather than just an observation.</li> <li>• I have learnt so much from all the staff.</li> <li>• The staff supported and encouraged my learning.</li> <li>• The nurses are excellent role models to the student nurses.</li> <li>• Very well organised, placement had an excellent multidisciplinary team approach.</li> </ul>

<b>Communication</b>	<ul style="list-style-type: none"> <li>• Effective communication at all levels.</li> <li>• I have learnt the importance of active listening.</li> <li>• I have had the opportunity to speak with patients more and feel this has strengthened my communication skills.</li> <li>• I have witnessed excellent communication between staff and patients and their carers.</li> <li>• I felt valued and part of the team.</li> <li>• I was never afraid to ask a question.</li> <li>• Doctors, nurses and healthcare assistants all supported me to develop my communication skills.</li> </ul>
<b>Courage</b>	<ul style="list-style-type: none"> <li>• Always have the courage to go the extra mile for their patients.</li> <li>• Staff always speak up for their patients.</li> <li>• Nurses care for patients at the end of life to their very best ability.</li> <li>• All the staff wanted to help me learn.</li> <li>• I learnt how to recognise dying.</li> <li>• I learnt how to break bad news.</li> <li>• Very difficult placement emotionally, but a hugely important part of medicine.</li> </ul>
<b>Commitment</b>	<ul style="list-style-type: none"> <li>• Staff consistently committed to delivering excellent compassionate care and meeting patient's needs.</li> <li>• All members of staff were happy to help me and answer any questions.</li> <li>• My mentor always made sure I was well supervised and arrange short visits for me.</li> <li>• I can't think of anything that can be improved on as my placement experience was so positive.</li> <li>• The work they do is absolutely amazing and I am grateful to have been part of it.</li> <li>• Staff are caring, knowledgeable and supportive.</li> <li>• Excellent placement for teaching students how to look after people who are approaching the end of their life.</li> </ul>

**What I liked about the attachment**

- Staff were wonderful. Really helpful with teaching and ward shadows
- Everyone was very approachable and willing to teach. Lots of teaching.
- Very friendly staff who made me feel part of the team. Excellent teaching
- Everyone really friendly and helpful. New perspective on palliative medicine
- The attachment was very organised. I have really enjoyed my time here. The book provided was really helpful. The teaching sessions were fantastic and the placement was varied. Enough time on the ward, at Whiston, with the Community and in the Day Centre
- Very well organised, very friendly staff (including the community team and hospital team). Very good teaching and resources
- Good teaching sessions

**Useful things I learned**

- Taking a specific history and taking the time to ask patients how they felt
- Symptom management. Important skills for FYI – death verification and certifying.
- Advance care planning
- The extremes of symptom management. ACP. Emergencies
- Pain management. Communication skills. Patient as a whole
- I learnt how to recognise a dying patient and how to manage them. I learnt how important the psychological, social and spiritual aspects are
- All of the structured sessions were great and the staff were very friendly and approachable
- Palliative care history taking; medication at the end of life; ACP/DNACPR; death certification
- How to take good histories and approach difficult conversations

**What I didn't like and why**

- My hospital placement at Whiston was great until I was sent off with one nurse – she didn't engage me and made me feel like a spare part – didn't learn anything from her
- Would have preferred more time on the ward and opportunity to practice clinical skills e.g. venepuncture when appropriate
- Some of the afternoon teaching sessions (though excellent on quality) were too long – it was difficult to maintain concentration on important topics

**Additional comments**

- Possibly more time with HPCT and Macmillan Nurses. Thank you!
- Really enjoyed it!
- I thoroughly enjoyed this placement and felt very well supported
- Definitely go to day therapy – it was excellent



## St. Helens Council

Willowbrook Hospice  
Portico Lane  
Eccleston Park  
St Helens  
L34 2QT

FAO Karen Colquitt

### Environmental Health & Trading Standards Division

3<sup>rd</sup> Floor Wesley House  
Corporation Street  
St Helens  
WA10 1HE

Contact: Phil Holmes

Tel: 01744 678332

Fax: 01744 676355

email: [philholmes@sthelens.gov.uk](mailto:philholmes@sthelens.gov.uk)

Website: [www.sthelens.gov.uk](http://www.sthelens.gov.uk)

Our ref: 029655

04 December 2017

Dear Madam,

Your premises has been inspected on the 27 November 2017 by Phil Holmes.

Please find below a summary of your food hygiene rating and associated guidance. This rating will be published on the National Food Hygiene Rating Scheme website: [food.gov.uk/ratings](http://food.gov.uk/ratings) (on or about) 36 days after the date of inspection. I enclose your window sticker showing your food hygiene rating. This will remain the property of the local authority and must be returned upon request. Please see reverse of this sheet for further information on the scheme.

(A) Food Hygiene and Safety Procedures and Practices	5	Total Score	15.00
(B) Structure, Cleanliness, Layout, Condition, Facilities	5	Rating	5
(C) Confidence in Management and Systems	5	Very Good	

If you think that the rating is wrong or unfair – in other words it does not reflect the hygiene standards at the time of your inspection – you have 21 days from the date of notification in which you can **appeal**. You should appeal in writing to the Principal EHO Diane Foreman at the above address or telephone 01744 676236. However it is recommended that you get in touch with me first so that I can help you to understand how your rating was worked out.

If you have improved hygiene standards since your inspection, or if there were unusual circumstances at the time of the inspection that might have affected your food hygiene rating, you have a **'right to reply'** so that you can explain this to potential customers that look up your rating online.

If you make the improvements to hygiene standards that are highlighted in your inspection report, you can **request a re-visit** with a view to giving you a new and higher food hygiene rating. More information about these safeguards is provided on the FSA's website at:

<http://www.food.gov.uk/multimedia/pdfs/enforcement/fhrssafeguards.pdf>

If you have any questions or concerns about your inspection report or about your food hygiene rating, please do not hesitate to contact me at this office.

Yours Faithfully,

Phil Holmes  
Senior EHO

[www.sthelens.gov.uk](http://www.sthelens.gov.uk)

Willowbrook Hospice

# Willowbrook Hospice

**Overall  
rating**

Inadequate

Requires  
improvement**Good**

Outstanding

## Are services

Safe?

**Good**

Effective?

**Good**

Caring?

**Good**

Responsive?

**Good**

Well led?

**Good**

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at [www.cqc.org.uk/location/1-116789258](http://www.cqc.org.uk/location/1-116789258)

We would like to hear about your experience of the care you have received, whether good or bad.

Call us on 03000 61 61 61, e-mail [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder)

**Registered Address:****Willowbrook Hospice, Portico Lane, Prescot, Merseyside L34 2QT****Tel: 0151 430 8736**

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