



Quality Account

2017-18

Incorporating priority areas for 2018/19

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CONTENTS



Chief Executive's Statement

Section 1 (p 5-21):

Priorities for Improvement.

Section 2 (p 22-26):

Statutory Information and Statement of Assurances from the Board.

Section 3 (p 27-43):

Quality Overview and 'what others say about us'.



CHIEF EXECUTIVE'S STATEMENT



Rose Milnes, Chief Executive

Woodlands Hospice Charitable Trust is an independent charity committed to delivering the best possible practice and development in specialist palliative care for people with cancer and other life limiting illnesses. It honours people's right to dignity and respect at whatever stage of their illness by its aim to improve the quality of life for patients, their families and carers. Woodlands is based in North Liverpool and covers a population of over 330,000 in North Liverpool, South Sefton and Kirkby in Knowsley.

Our key priority here at the Hospice is to ensure high quality care for all patients and their families and we pride ourselves on the excellent standards achieved on a consistent basis.

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

The first of our priorities was our work with falls prevention and management and I am delighted that we achieved so much in this area including our new multi-professional approach with the multifactorial risk assessment tool. A campaign to keep patients from falling and new equipment to improve monitoring of those at greater risk have all contributed to a 16% decrease in falls this year.

Our next priority was to improve the handover of information about patient care between shifts to ensure high standards of individualised care. The task and finish group set up to achieve this priority researched others models and tools and successfully implemented a new process which the multi professional team all feed into.

Our final priority this year was to enhance the support we provide for young people in bereavement. The developments to this service have been quite inspirational and we are proud of the help and support we give to our young people. We have agreed to build a new facility for the young people next year as a summer house in the garden to give them their own space and we have been very successful with grant applications for this purpose. It will be an exciting project for us all.

During the year we have continued to develop the clinical working groups set up specifically to look at key areas of the Hospice where we expect the highest quality standards e.g. Infection control, medicines management and tissue viability and each of these groups have reported on many positive developments.

Our patient outcome measures working group is a fairly new group for us but a very positive one and has already demonstrated through its audit this year that the outcome score reduces by an average of 7-8 points during an inpatient admission, reflecting an improvement in the level of patients' holistic concern and distress.

Our programme of Trustees Visits has continued throughout the year and the details of some of their visits contained in this report show the high level of care we have consistently provided to patients and families together with recommendations for improvement or development. We are very grateful to our Trustees for undertaking this longstanding programme of review and value their honest and transparent feedback. The Patient, Family and Friends Forum has continued to provide their support and input to a number of activities and once again led our PLACE assessment with excellent feedback. To have an open and honest view on services, facilities, leaflets etc is important to the Hospice and what better view could we have than from those who utilise the services.

The follow up visit from the Care Quality Commission in April this year resulted in our 'Good' classification being restored in all areas of our services having completed our robust action plan on safeguarding.

The high number of compliments we continue to receive is always very pleasing and the examples of patients and relatives comments included in this report reflect the commitment and dedication of our kind and caring workforce of staff and volunteers. On occasion we are not able to meet everyone's expectations and any complaints are dealt with quickly and efficiently to bring resolution. For a short period during the year verbal complaints appeared to escalate which was a source of concern for the senior managers and additional support to the inpatient nursing team during a period of staff and ward management changes was put in place. By the end of the year the number of comments and complaints had fallen considerably..

Our key priorities for 2018/19 include the ongoing prevention and management of pressure ulcers, improved end of life documentation and improving the timeliness of breakthrough pain relief for hospice patients.

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

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



Mrs Rose H. Milnes, Chief Executive

SECTION 1: PRIORITIES FOR IMPROVEMENT

1.1 Priorities for Improvement 2018-19

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

PATIENT SAFETY

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

How was this identified as a priority?

The Multidisciplinary Team, supported by the Tissue Viability Working Group is committed to providing appropriate intervention, specialised equipment and expertise to optimise the prevention and management of pressure ulcers for all patients. All hospice inpatients have their risk of pressure ulcer development assessed on admission and regularly throughout their stay; however the current pressure ulcer risk assessment tool is not specific to palliative care patients.

The team recognises that skin changes at life's end may lead to unavoidable pressure damage (SCALE, Skin Changes at Life's End, 2009) and this should be considered when caring for Hospice patients; however skin deterioration is not accepted as inevitable and the aim remains to promote patient comfort and dignity and prevent avoidable skin damage.

The hospice will review its processes and procedures for the prevention and management of pressure ulcers to ensure they reflect the complexities of palliative care patients.



How will this be achieved?

This priority will be led by the Tissue Viability Working group, focussing on the following actions:

- Review current guidance and literature to ensure Hospice policy and procedures reflect best practice
- Consider additional factors specific to palliative care that may increase a patient's risk of developing a pressure ulcer (e.g. phase of illness), and incorporate these into skin assessment criteria
- Review the combined data from monthly audit and root cause analysis of all pressure ulcer incidents in the previous twelve months to identify areas for learning and development
- Enhance staff training to incorporate:
 - o Learning from the literature review and audit results
 - o Any resulting changes to practice and procedure
- Evaluate the impact of training through a competency assessment framework.

How will progress be monitored and reported?

Progress against this priority will be reviewed and monitored 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 ensure Hospice End of Life Care Documentation demonstrates evidence-based practice

How was this identified as a priority?

The hospice continually strives to provide the highest quality of care to patients in the last days of life; this care is extended to family and friends significant to the patient and has been demonstrated through patient and family feedback, internal and external audit, and the 2016 CQC inspection which resulted in an overall rating of 'Good'.

In March 2017 NICE updated guidance on care of the dying adult in the last days of life. The clinical team felt this was an opportunity to review current hospice documentation for recording care given to patients in the last days of life. This will enable the team to better demonstrate that quality standards are being met.

How will this be achieved?

A multi-professional task and finish group will lead on this priority. Actions will include:

- A baseline audit of end-of-life care documentation, based on NICE 2017 guidance
- Enhancement of current end-of-life documentation to incorporate any recommendations from the audit
- A review of staff training on care for the dying adult and use of enhanced documentation
- A pilot of the revised documentation in use, inviting feedback from staff
- Re-audit of end-of-life care documentation against baseline
- Final adjustments to the document based on audit findings and feedback.

How will progress be monitored and reported?

Progress against this priority will be monitored by Woodlands 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). The team will continue to monitor documentation of care against quality standards through the clinical audit programme.

PATIENT EXPERIENCE

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

How was this identified as a priority?

Patients with life limiting conditions are often admitted to the Hospice for pain assessment and management requiring the use of Controlled Drugs (CD's). During this period of assessment patients will frequently be prescribed regular slow acting pain relief medicines (usually CDs) to manage their background pain.

In addition to their regular pain relief medication, patients may require fast-acting CD pain relief as and when they experience breakthrough pain. Breakthrough pain can be described as 'spikes', or 'flare-ups' of pain that patients experience between their regular doses of pain relief.

Current practice in Woodlands, as with many inpatient settings, is that two registered nurses are required to administer CDs. The nursing team has highlighted that current Hospice CD administration procedures can lead to a delay for some patients waiting for breakthrough pain relief. In addition, the time taken for two nurses to check and administer each CD may impact on the availability of trained nurses to provide other aspects of patient care.

There is no legal requirement or evidence-based rationale for the routine involvement of two nurses to administer CDs, in fact evidence suggests that this practice enhances neither safety nor care (International Journal of Palliative Nursing, 2015).

The Department of Health states that healthcare organisations should assess the risk to determine the requirement for double-checking (Department of Health 2007)".

The Hospice aims to review its processes and procedures for CD administration in order to ensure patients are receiving breakthrough pain relief in a safe and timely manner and that the skills of trained nurses are used effectively.



How will this be achieved?

The Hospice Medicines Management Group will lead on this priority. Actions will include:

- A review of the current literature and guidance in relation to safe administration of CDs
- An audit of the safety and effectiveness of the current CD administration procedures
- Findings of the literature and guidance review, and audit, to be presented to the Clinical Governance Committee with recommendations for action.

When actions are agreed, the group will:

- Develop a progress plan for implementation
- Develop a training and competency framework to support the implementation
- Evaluate the effectiveness of any changes to practice using agreed quality and safety measures.

How will progress be monitored and reported?

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

1.2 Priorities for 2017-18 review of progress

PATIENT SAFETY

Priority 1: Developing Approaches to Falls Prevention and Management for Inpatients

The clinical team identified a focus on falls prevention and management as its patient safety priority for 2017/18. The multi-professional team had started to see an increase in the number of younger patients admitted to the inpatient unit; the team wanted to assure itself that methods of falls prevention and management were as appropriate for this group of patients as for older patients.

As suggested in the NICE Clinical Guideline (CG 161 (2013)), the Hospice wanted to develop and promote the use of a multifactorial risk assessment to identify individual patient risk factors, thereby enabling a personalised plan of care to be developed for each patient.

Activities undertaken throughout the year included:

- The development of a multi-professional approach to falls prevention and management, led by the Therapy Team and including nursing and medical colleagues, as well as the Falls Prevention Link Nurses
- A full review of the Hospice Falls Prevention Policy, resulting in a revised policy being approved by the Clinical Governance Committee
- A review of falls-related side effects of frequently used palliative care medicine was carried out by the Medicines Management Working Group. Findings from the review were incorporated into nurse training
- The development of a multifactorial risk assessment tool now included in the revised policy and in use for every inpatient on admission and throughout their stay. This assessment includes consideration of patient footwear, gait, mobility aids and other influencing factors
- The development of a separate version of the multifactorial risk assessment tool, now in use with all Well-being & Support Centre and Outreach patients as part of their initial assessment
- Training for all relevant staff to support the implementation of the revised policy. This included training in multifactorial risk assessment and the use of new equipment
- Prompt cards, developed for nurses as an aide memoire to documentation requirements and incident reporting, following a patient fall
- 'How to manage the falling patient', incorporated into mandatory manual handling training for all clinical staff
- A new patient information leaflet, 'Woodlands Guide to Staying Steady', developed in conjunction with Woodlands Patient, Family & Friends Forum, the Falls Working Group and the Clinical Effectiveness Group. This leaflet is now included in admission packs for all inpatients and Well-being & Support Centre patients.

- A full review of falls prevention equipment in use on the Inpatient Unit; additional advice was sought from Aintree University Hospital's Falls Practitioner. Where necessary, equipment was replaced with the latest models - this included chair and bed pad alarms, and monitor brackets installed in every patient bathroom.
- 'Call! Don't Fall' signs displayed in all patient bedrooms to encourage patients and families to call for nursing assistance when helping patients to move.
- A 'Focus on Falls Fortnight', held throughout the Hospice, aimed at patients, relatives and staff to highlight awareness of falls prevention. The 'focus campaign' included information and advice for patients and families, staff training, quizzes, information boards and prompt card 'aide memoires' for staff.

CLINICAL EFFECTIVENESS

Priority 2: Improving Handover of Information about Patient Care

Improving handover was identified as a priority following feedback from multi-professional staff (including their concerns about the existing handover and ideas of how this could be improved), and a review of current literature on the safe transfer of patient information, including the productive ward toolkit.

How was this achieved?

- A multi-professional task and finish group was established to lead on this priority and engage with the wider inpatient team. The group considered the 'SBAR' (Situation, Background, Assessment, and Recommendation) communication tool as a guide for developing a handover template for the inpatient unit
- A further exercise, based on the SBAR tool was carried out with the multi-professional inpatient team to identify the key information required for an effective handover at Woodlands
- Members of the task and finish group visited other local hospices to see how their handover was conducted, and to see how a 'white board' could be used to enhance handover
- An audit tool was developed and a baseline audit of handover was carried out at different times over a two-week period, including weekends, to ensure all shift change handovers were included
- From the information gathered, the task and finish group recommended the purchase of a white board to be used to support safe transfer of patient information
- The 'Handover Board' was marked up to include the key information headings agreed by the team

(cont...)

- To preserve confidentiality of patient information, the handover board was sited in a room accessible only to staff using a keypad lock. Windows in the room are blacked out from the outside and the board can be closed when not in use. A 'No Entry, Handover in Progress' sign was prepared to deter unnecessary interruptions
- Staff were guided and supported through the changes to procedure and a new hand over template was developed, in conjunction with staff, to encourage safe and effective handovers. The whole team, including Healthcare Assistants, were encouraged to update the board with the most recent information for each patient
- Following implementation, the new handover system was again audited with good results. Feedback from the multi-professional team has been good and ongoing monitoring of the process will continue through regular audit.

PATIENT EXPERIENCE

Priority 3: Enhancing Support for Young People

An increase in the number of referrals for children and young people requiring pre-bereavement and bereavement support prompted the Hospice to focus on enhancing the support offered to young people. This was led by the Family Support Team, through the development of an individual child-centred model.



Family Support working with young people

How this was achieved:

- **Individual child-centred support:** An individual agreement is now completed with every child or young person referred to service. This in turn forms the development of a plan for support and intervention depending on the wishes of the child/young person. The plan might include legacy work, a memorial or a remembrance piece of artwork. Throughout the creative activity, children/young people are encouraged to talk through their feelings and emotions so that the team can direct support to their individual needs
- **Considering children as carers:** Children can often find themselves in an unofficial carer role for family members receiving palliative care at the Hospice. This caring role often goes unrecognised although children in this position can have additional needs in pre-bereavement and post-bereavement situations. Throughout 2017/18, the Family Support Team has been working with children, their guardians and carers to ensure their needs are recognised and the right support is given
- **Spiritual and pastoral care:** the team has been working with children to identify their spiritual and pastoral needs to ensure they are given an outlet to express their feelings and emotions in an appropriate way. Again this may involve creative activity but children are also given quiet space to enable them to reflect. In December 2017 the team put on a 'Children's Festival' for bereaved children. The festival included a short reflective service where candles could be lit, creative and reflective activity areas, and a family quiz. The festival was well attended and supported by staff and volunteers
- **Involving children in service development:** During the reporting period a Children and Young Person's Forum was developed. The forum has been heavily involved in the plans for the development of a children and young people's summer house which is due to be completed by September 2018. A nominated representative has met with the hospice Chair and architect for the project to express ideas. The forum is currently deciding on a name for the summer house as well as the interior design and furnishings
- **Developing age-appropriate group and peer support:** Individual support is always provided in an age-appropriate way in conjunction with the needs of the child. The children and young people's forum is aimed at children aged between 10 and 15 years. A second group will be developed in 2018/19 to enable younger children to participate in similar activities, and access peer support and facilitated groups.



The Family Support Team has established protocols and good practice in relation to environmental factors to ensure the safety, privacy and confidentiality of the children and young people they work with. Consent has been reviewed in line with the General Data Protection Regulations and an updated consent form has been devised.

An information leaflet aimed specifically at children aged 13 and over is currently in development to give them further information on the process of consent and the use of their data.

OTHER QUALITY IMPROVEMENTS 2017/18

Monitoring Quality:

- The Care Quality Commission (CQC) undertook a focused follow-up inspection on 12 April 2017. See section 3.2 for details of their report
- Woodlands' clinical audit plan was followed throughout 2017/18, supported by clinical working groups (see following section). A range of audits were scheduled throughout the year to monitor standards related to topics such as infection control, tissue viability and falls. Results of clinical audits were reported to the Clinical Governance Committee and associated actions monitored to completion
- The hospice existing non-clinical audit plan was followed through 2017/18. This included monthly fire safety and environmental audits which were carried out throughout this period with results being reported to, and reviewed by, the governance committee. Any resulting actions required were monitored to completion. The non-clinical audit plan will continue to be enhanced through 2018/19
- As in previous years, Hospice Trustees carried out visits throughout the year, talking with patients, families and staff about their experience of Woodlands and ideas for improvement. Visits focussed largely on key areas identified by CQC as the things that matter most to people, i.e. safety, effectiveness, responsiveness, being caring and well-led. Examples of some of the recommendations made by trustees during 2017/18 can be seen in Section 3
- As well as trustee visits, the Chief Executive and Patient Services Manager continued to take every opportunity to meet and talk informally with patients and families from all hospice services, gaining valuable feedback and enabling speedy responses to any improvement opportunities

(cont...)

- The Senior Management Team, Governance Committee and Board of Trustees continued to use the Risk Register as an essential management tool to focus attention on highlighted areas of concern. Areas of risk were monitored throughout the year and related actions prioritised until completed
- The Hospice Clinical Lead continued to chair the Clinical Effectiveness Group (CEG) regularly throughout the reporting period. The CEG includes operational clinical leads from all areas of the hospice and is responsible for ensuring clinical effectiveness and monitoring quality of care through out the organisation. The CEG met monthly to review and advance clinical priorities
- Clinical and non-clinical incidents continued to be reported throughout the year. The hospice has an open and honest culture surrounding incident reporting and uses the learning from them to support improvement. No Serious Incidents (as defined by NHS England, 2015) occurred during 2017/18.

Sharing Improvements:

Three posters were accepted for presentation at the Hospice UK conference in November 2017. These included:

- What's in a message? A Hospice project led by the Family Support Team to provide opportunities for people to release emotions and support and comfort each other
- Musical Chairs. Led by the Hospice Therapy team, who developed an established exercise group to introduce 'Love to Move' (an age and dementia-friendly programme), Tai-Chi, and music in the form of a group playlist where all group members selected a song that was special to them. These were then used as the background music for the exercises.

The third poster is described in the Patient Outcome Measures section (p. 17).



Images from two of the posters displayed at Hospice UK conference 2017

CLINICAL WORKING GROUPS

Clinical working groups, consisting of staff from a range of different professions, and representative of different areas of the hospice, meet regularly throughout the year to support specific key work-streams. Reports from the groups are reviewed by the trustee-led Clinical Governance Committee which requires groups to meet at least quarterly.

In December 2017 a decision was taken by the Clinical Governance Committee to reduce the number of working groups. This was in order to enable teams to secure regular attendance and participation at meetings, and maintain meeting regularity of the remaining groups, thereby enabling them to fully support the clinical agenda across the hospice.

The Clinical Governance Committee agreed to discontinue the following working groups:
Dignity: the Hospice promotes a culture of dignity and respect for all throughout every aspect of its work for patients and relatives, volunteers and staff. It was agreed that dignity and respect should continue to be owned by everyone and be demonstrated in our daily lives at the Hospice.

Documentation: documentation will continue to be reviewed and revised as needed across the Hospice but this work will be undertaken by relevant team members of individual Hospice services/departments as required.

Nutrition: the clinical team will continue to closely monitor nutrition and hydration individually for every patient, in conjunction with the catering team and this group will reconvene if there is any specific focus to be addressed.

The Chair of the Clinical Governance Committee thanked these teams for their hard work and assured them that commitment to ensuring quality in these areas would continue. Reports from the remaining groups follow.

Infection Control:

The group met 4 times during 2017/18, activities undertaken included:

- Mandatory infection prevention and control training; this continued to be delivered annually and on induction for all new staff and volunteers. The training is role-specific with clinical staff receiving in-depth training to ensure current guidance and best practice is always followed
- A review and update of the Carbapenemase-producing Enterococci (CPE) policy and procedure to reflect changes to guidance
- The completion of the annual infection control audit programme; results were reviewed with monthly audits regularly achieving the approved pass rate. Issues identified were acted on immediately and any requiring an improvement action plan were monitored to completion
- The identification and training of a new Hospice Inpatient Link Nurse
- Hospice Link Nurses attended regular updates with the Infection Prevention and Control Team in Aintree University Hospital.

Tissue Viability:

The Tissue Viability group met three times during the reporting period; the Group Chair also met with individual members of the clinical team to further develop work on the prevention and management of pressure ulcers. Activities undertaken included:

- Monthly audit of pressure ulcer incidence and outcome for patients continued throughout the year. Root cause analysis of Hospice acquired pressure ulcers did not highlight any omissions in care
- A detailed, in-depth review of the incidence of pressure ulcers was commenced, this is still being improved and the findings will be used to support the patient safety priority for 2018/19, 'To enhance patient care in relation to the prevention and management of pressure ulcers'
- The Tissue Viability Link Nurse continued to attend external updates and training (a second Link Nurse was identified towards the end of the year to support the work of the Group)
- The Tissue Viability Link Nurse led training and education in the prevention and management of pressure ulcers within the hospice.

Medicines Management:

The Medicines Management group met seven times during 2017/18, work undertaken by the group included:

- The development of the Bennion scoring system to support the management and monitoring of medicines-related incidents
- Monitoring and reviewing medicines-related incidents and audit results
- Supporting the implementation of national and local medicines management guidance e.g. the management of illicit substances
- Monitoring monthly expenditure on drugs to ensure the continuing use of cost-effective options
- Revising the content of mandatory medicines management training e.g. understanding medicines incidents, self-administration of medicines, and controlled drug administration
- Supporting the delivery of the mandatory medicines management training programme for nursing staff
- Undertaking preliminary investigative work to enable the consideration of the following initiatives:
 - o The introduction of a medicines management technician role to enhance multidisciplinary involvement in medicines management of the inpatient unit
 - o The introduction of electronic prescribing at the Hospice to enhance the quality of patient care
 - o A review of the benefits of single-nurse controlled drug prescribing with particular reference to enhancing the management of breakthrough pain for patients.



Patient Outcome Measures:

The Outcome Measures group is led by one of the hospice consultants and meets in accordance with member availability and outcomes from regional meetings.

- The Outcome Assessment and Complexity Collaborative (OACC) suite of Outcome Measures has continued to be utilised across the Hospice in the Well-being & Support Centre (WBSC) and the Inpatient Unit (IPU). This includes the use of three outcome measures:
 - o The Integrated Palliative care Outcome Scale (iPOS), Performance Status, and Phase of Illness. Data is collected weekly in the WBSC Multidisciplinary Team (MDT) meetings and is also discussed and documented weekly at the IPU MDT meeting
 - o A recent audit was undertaken on the IPU at the Hospice, which was able to demonstrate the positive impact of inpatient care through outcome measure use. The audit results showed that the iPOS score reduces by an average of 7-8 points during an inpatient admission, reflecting an improvement in the level of patients' holistic concern and distress. The audit also highlighted that the phase of illness changed from 'unstable' (indicating complex and unpredictable care needs) to 'stable' (indicating a more stable condition and effective plan of care) for the majority of patients within a week of admission. A poster demonstrating the positive impact of the use of outcome measures was accepted for presentation at the Hospice UK annual conference in November 2017
 - o Work is currently ongoing to increase uptake of iPOS completion on admission to the IPU to fully capture the impact of inpatient care. Data is also now collected weekly from the IPU MDT regarding iPOS, Performance Status and Phase of Illness with a plan to expand this to the WBSC in the next 12 months.

Falls:

The falls group met three times during the year, although specific group members met several more times to review and plan work and activities in support of the patient safety priority for 2017/18 (developing approaches to falls prevention and management for inpatients). Activities undertaken included:

- Supporting the review and development of the Falls Prevention Policy and the Multifactorial Risk Assessment Tool
- Reviewing and delivering training to support the implementation of the revised policy and assessment process
- Input into the development of the patient information leaflet 'Woodlands Guide to Staying Steady'
- Input into the selection and purchase of new falls prevention equipment
- Supporting the delivery of the 'Focus on Falls Fortnight' campaign, to raise awareness of this important aspect of patient safety and the measures that can be taken to reduce risk
- Reviewed incidents of falls for the year in order to identify any recurring themes.

The falls group plans to repeat the 'Focus on Falls Fortnight' campaign in February 2019 to continue to promote the importance of falls prevention with patients, family and staff.



Patient Information:

During 2017/18 the hospice was very pleased to receive grant funding for the purchase of electronic information screens to be placed around the hospice displaying information for patients, families and visitors. These screens will be populated during summer 2018/19 with a wide range of information for patients, their families, carers and visitors and will include information about quality and improvement at the hospice.

Several patient information leaflets have been developed in this period including: The Woodlands Guide to Staying Steady and a leaflet for the public about hospice services.

Education:

Education of staff, volunteers, and healthcare professionals working in other settings is a priority for the Hospice. This ensures that patients with Palliative Care needs receive a high standard of care from a skilled and knowledgeable workforce, irrespective of the healthcare setting. In addition to its rolling programme of training and education, the Hospice team delivered the following educational programmes in 2017/18:

- The 'Six Steps to Success' programme, facilitating end-of-life education for care home staff in South Sefton
- 'Opening the Spiritual Gate' - a series of 1-day workshops, (or an e-learning option provided by Queenscourt Hospice), exploring spirituality at end of life
- Grief and bereavement training developed and delivered by the Hospice Family Support Team. This was initially aimed at Hospice staff, and has subsequently been extended to hospital, community staff and other hospices
- The Hospice Family Support Team has also provided a comprehensive training programme for its group of Family Support Volunteers
- Education and training on supporting people near the end of life, and their families, was developed and delivered by the Hospice Clinical Lead and Head of Family Support to newly qualified social care staff. The session was extremely well evaluated; it is hoped the training may be repeated in the future.
- The Hospice is committed to supporting the Specialist Palliative Care education of the next generation of healthcare professionals by offering student placements in all service areas.

The education sub-group of the Palliative Care Services Group is chaired by the Clinical Lead for Woodlands Hospice and is hosted by the Hospice. In conjunction with community and hospital colleagues, the Hospice also contributes to various educational events arranged by Aintree Specialist Palliative Care Services Group.

Training and education delivered in this way in 2017/18 included:

- Working in conjunction with Willowbrook Hospice and Marie Curie Hospice, a collaborative programme about Advance Care Planning, was delivered for a third time to a wide range of healthcare professionals
- Communication Skills Training for healthcare professionals providing palliative care in hospital and community settings
- In November 2017, a national Cancer Pain Management Study Day was held at Aintree University Hospital by the Hospice Clinical Lead and Pain Management Consultants from the Walton Centre. It provided learners with an opportunity to hear about the joint working between Pain and Palliative Medicine specialists which is so beneficial to the patients in this area. The day was attended by specialists working in Pain and Palliative Care and it is hoped that it will inspire similar close working relationships between the two specialties in other areas
- The Hospice has once again been asked to host a morning session on the European Pain Federation (EFIC) Winter Cancer Pain School international course in October 2018; planning for this is underway.

Community Engagement:

Engagement with patients, carers, healthcare professional, and members of the public continued throughout 2017/18 to increase awareness and improve ease of access to Specialist Palliative Care services.

Activities undertaken throughout the year included:

- Attendance and input into Sefton Motor Neurone Disease Professionals Group
- A fact-finding visit from Clinical Nurse Specialists from Liverpool Women's Hospital NHS Foundation Trust
- Attendance and input into Aintree Integrated Clinical care Group
- Attendance and input into Sefton Council for Voluntary Services
- Participation in Dying Matters Week 2017 with a Hospice stand and leaflets on the theme "What Can You Do?"
- Attendance and input into a Knowsley Stakeholder Event
- Talks to District Nurse groups in Walton, Maghull and Croxteth
- Meeting and discussion with Neurology Specialist Nurses at The Walton Centre NHS Foundation Trust
- Collaboration and sharing with leads from other local hospices.
- A talk at a local Asbestos Support group
- Attendance and input into Kirkby Lung District Nurses.
- An invitation to take part in a meeting of the Aintree neighbourhood Care Group (a multi-professional community group)
- Meeting and discussion with North Liverpool Community Matrons.



The Hospice again welcomed visits throughout the year from new and existing staff members from a wide range of healthcare professions working in hospital, hospice and the community, wishing to find out more about Woodlands services.

Patient, Family & Friends Forum:

Woodlands Patient, Family & Friends Forum met five times during the period 2017/18 in April, July, September, December and February.

Attendance at meetings has continued to include some core members who have been with the Forum from the start, a small number of new members and occasional 'drop-in' attendees. The group was pleased to welcome visitors from a Hospice in the Midlands to its July meeting; the visitors had heard of the work of the Woodlands Forum and had asked to attend the group to gain ideas and inspiration for a similar group they were hoping to set up.



Work carried out by the forum throughout the year included:

- A review of content for inclusion on electronic notice boards, due to be functional in two areas of the hospice from summer 2018
- Input into discussion of how to maximise the usage of the new exterior 'summer house' building whilst the children and young people are not using the space
- Giving feedback to the Pastoral Support Worker on developing pastoral support at the Hospice
- Reviewed the content of Advance Care Planning information aimed at patients
- Input into the development of a Falls Prevention leaflet for patients
- Two forum members took part in the 'Patient Led Assessment of the Care Environment in May 2017.

The forum plans to expand its membership throughout 2018/19 and has agreed to include a focus on dignity and respect as part of its agenda to support the Hospice-wide approach.

SECTION 2: STATUTORY INFORMATION AND STATEMENT OF ASSURANCES FROM THE BOARD

The following are statements that all providers must include in their Quality Account. (Not all of these statements are directly applicable to specialist palliative care providers.)

2.1 Review of Services

During 2017/18 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 2017/18 represents **75%** of the total income required to provide services which were delivered by Woodlands Hospice Charitable Trust in the reporting period.

What this means: Overall 75% of the Hospice's total costs are currently funded by the NHS. The majority of NHS funding is historically related to the Inpatient Unit which transferred from the NHS in 2009 with a 3 year funding arrangement which has been rolled over annually since with no increase. The Hospice relies heavily on fundraising activities to generate the remainder of its income.

2.2 Participation in clinical audits

During 2017/18, Woodlands Hospice contributed to a national blood transfusion audit, the results of which are awaited. The Hospice did not participate in any national confidential enquiries.

Woodlands clinical audit programme for 2017/18 included Medicines Management, Controlled Drugs, Infection Control, Documentation and other audits and reviews. 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.

Topics audited by these groups have included Outcome Measures Use at Woodlands Hospice, a Regional Audit of Constipation, and a Regional Agitation Audit. Results of some of the audits undertaken in 2017/18 can be seen under 'Clinical Audit' in Section 3.

2.3. Research

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

2.4 Quality improvement and Innovation goals agreed with our commissioners

Woodlands Hospice's income in 2017/18 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 (CQC):

Woodlands Hospice Charitable Trust is required to register with the Care Quality Commission (CQC); its current registration is for the following activities for adult patients:

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

The CQC carried out a follow-up visit focussed on Safeguarding in May 2017 – details of the report arising from the visit can be found in section 3.2.

Official Visitors:



The Mayor of Maghull, **Councillor June Burns**, visited the Hospice for the first time in October 2017. Councillor Burns enjoyed a tour of the Hospice and its facilities with Chief Executive Rose Milnes, before spending time with several of the patients on our inpatient unit.



MP for Liverpool Walton, Dan Carden, visited the Hospice in 2018 and said the Hospice was “...a place brimming with life”. Mr Carden went on to take the hospice funding issues identified by Woodlands to an adjournment debate in the House of Commons.

In February 2018 **MP for Liverpool West Derby, Stephen Twigg**, visited the Hospice. Mr Twigg was extremely impressed with his visit and learned a lot about the Hospice and the care and support we provide.



Chief Executive of Everton Football Club, Professor Denise Barrett-Baxendale, visited the Hospice in March 2018, along with Everton ambassadors, and said she experienced “such kindness and caring from all staff and volunteers” and enjoyed her chat with one of the patients. Prof. Barrett-Baxendale talked with team members about supporting adults and young people in bereavement and how we can work with Everton F.C. for the benefit of our communities.



Environmental Health:

The 5* rating from the Environmental Health Inspection carried out on 1st February 2017 is still in effect. The next visit is anticipated in late summer 2018.



Health & Safety:

Risk Assessment

No formal Health & Safety risk assessments were undertaken during 2017/18, although internal risk assessments are carried out routinely for applicable activities. The Hospice Senior Management Team holds a risk register which is monitored by the Trustee-led Governance Committee; all 'risk' items remain on the register until corrective actions are completed. Internal health and safety audits, including fire safety audits were 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 undertook a Fire Risk Assessment in June 2017. No essential actions were identified. However, at the point of assessment, no routine fire drill had been undertaken; this was addressed later in the year.

2.6 Data Quality

Woodlands Hospice did not submit records during 2017/18 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data for analysis by a range of organisations including local commissioners.

Why? This is because Woodlands Hospice is not eligible to participate in this scheme. The National Minimum Data Set for Specialist Palliative Care Services ceased to be collected on March 31st 2017 although the hospice continued to collect clinical data throughout 2017/18. Hospice UK is developing specific data collection criteria for hospices and an update of requirements is awaited.

2.7 Information Governance

In 2017/18 Woodlands again submitted evidence to Health and Social Care Information Centre (HSCIC) for compliance with NHS Information Governance Toolkit standards, maintaining its Level 2 status as required by Commissioners.

Achieving Information Governance standards across all areas remains a high priority for the Hospice and is reported as a standard agenda item to the Governance Committee and Board of Trustees.

Much work was undertaken in 2017/18 to prepare the Hospice for the General Data Protection Regulations (GDPR), due to come into effect on 25th May 2018. Action plans were prepared to ensure compliance with regulations under the following headings:

- General - including actions related to: staff and volunteer awareness raising of GDPR; updating processes for subject access requests; ensuring lawful basis for processing categories of data
- Fundraising - including actions related to: donor consent; a review of procedures for the use of photographs; updating processes for archiving donor information
- Human Resources - including actions related to: a review of contracts and payroll information, performance and appraisal outcomes, data related to protected characteristics, criminal records checks, and consent.

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.

3.1 Inpatient Unit



In-Patient Unit (15 beds)	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total number of patients	284	220	275	266	231	239
New patients (%)	87.7%	86.9%	89.8%	88.3%	91.8%	96.7%
Occupancy (%)	85.9%	86.3%	84%	83%	82%	85%
Patients returning home (%)	55%	63%	57%	48%	38%	34%
Average length of stay (days)	13.3	14.3	13.7	15.4	17.2	16.9
Non-cancer patients (%)	10.6%	8.2%	7.6%	7.9%	6.1%	12.1%

The percentage of patients being discharged from the inpatient unit has decreased during this period. There are a number of reasons for this including external factors in the local health and social care landscape. The Hospice Senior Management and Clinical teams have continued to work with commissioners, community teams and care homes to review current challenges and ensure that the inpatient services are accessible to local patients and families.

In addition, the current model of discharge planning support for the Hospice has been reviewed as this differs across the three CCG's. The Hospice intends to increase the remit of the Hospice-based Discharge Planner to provide discharge support for all Hospice patients and to network with community care providers within the locality to further develop discharge pathways. The increased presence of the Hospice-based Discharge Planner will also improve the opportunity for advance care planning (ACP) and carer needs assessments, potentially increasing the opportunity for patients to achieve their preferred place of care.

The percentage of non-cancer patients admitted to the inpatient unit has increased significantly, reflecting increased engagement of the Hospice Clinical Team with primary and secondary Healthcare Professionals from non-cancer specialities such as heart failure and neurological conditions.

3.2 Well-being and Support Centre

Multi-professional Assessment Days	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total number of patients	329	142	159	105	105	88
New patients (%)	70.2%	76.6%	78.6%	86.7%	82.9%	82.9%
Places used (%)	50.3%	60.3%	60%	40.3%	51.4%	48.2%
Average length of stay (days)	158	158.5	78.1	57.4	78.2	92.5
Non-cancer patients (%)	6.5%	8.5%	9.4%	19.4%	16.1%	25%

Outpatient services	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total number of patients	415	502	559	566	600	613
New patients (%)	28.9%	58.2%	50.3%	46.1%	51.2%	48.8%
Clinics (inc Physio, OT, Comp Therapies, Nurse-led & Medic)	No data	445	568	658	690	688
Group sessions	No data	137	349	386	349	329
Lymphoedema clinics	148	166	134	129	146	121
Attendances (inc Physio, OT, Comp Therapies, Counsellor, Nurse-led & Doctor)	No data	1043	1843	1886	1891	1939
Group attendances	No data	483	1843	1892	2060	1957
Lymphoedema attendances	673	540	669	534	579	520
Non-cancer patients (%) in outpatients	6.1%	5.6%	11.4%	9.4%	11.4%	9.8%



The Multi Professional Assessment days are designed for patients requiring a comprehensive holistic assessment over a period of 6-8 weeks. Patients are reviewed by a doctor on their initial attendance and then again after 4-6 weeks depending on their individual needs. Nursing assessments are completed weekly, with physio and occupational therapy assessments as required. Patients are then transferred to individual or group outpatient sessions for ongoing treatment and review or, depending on the patient's condition, it may be appropriate to discharge them to the community team.

The number of patients and percentage attendance on these days has reduced over the last couple of years. Feedback from patients and referrers suggests that some patients may be fearful of accessing hospice services. However, clinical staff report once patients do access services they rapidly start to experience benefits and many comment that they wish they had attended sooner. To help patients overcome some of their fears about attending the Hospice, the Clinical Team is engaging with local stakeholders to consider the delivery of Hospice medical and nursing clinics in local health centres. It is anticipated that once patients have engaged with Hospice staff they will feel more confident to attend the Hospice for ongoing support.

Hospice outpatient services have continued to increase in 2017/18 with patients attending individual appointments or group sessions depending on their preference and needs.

3.3 Community Outreach Services

Community outreach services	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total number of patients	227	200	217	178	158	172
New patients (%)	85.3%	92%	83.9%	85.6%	96.2%	85.5%
Non-cancer patients (%)	13.2%	14.5%	19.8%	23%	25.9%	19.8%

Patients who are too unwell to attend the Well-being and Support Centre have continued to access Physiotherapy, Occupational Therapy and Complementary therapies in their own homes during 2017/18. The number of patients referred for Outreach services has increased; some patients with particularly complex needs have had a joint physiotherapy and occupational therapy assessment.

The percentage of patients with a non-cancer diagnosis accessing Outreach services has reduced in this period. The Clinical Team continues to promote Outreach services with Health and Social Care Professionals working with patients with a non-cancer diagnosis.

3.4 Hospice at Home

Hospice at Home	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Total number of patients	138	139	184	154	168	185
Crisis intervention home visits	53	52	11	13	6	20*
Accompanied transfer home (from hospice or hospital)	15	10	13	3	3	2
Sitting service	650 sits (85 pts)	863 sits (91 pts)	888 sits (126 pts)	947 sits (98 Pts)	1058 sits (99 Pts)	823 sits (119 Pts)
% Home deaths	76.1%	84.6%	87%	94%	90.5%	94.2%
% Hospital deaths	7.5%	2.1%	1.3%	4.2%	6.8%	4%
% non-cancer patients	15.9%	17.2%	22%	23.4%	27.8%	26%

*Includes crisis prevention visits

South Sefton CCG has continued to fund the Hospice at Home service for patients registered with a South Sefton GP throughout 2017/18.

The service 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 (care shifts)
- Accompanied transfer home
- Crisis intervention/Crisis prevention by our Consultant-led medical team.

The number of referrals to the service has increased during this period, with more patients benefitting from the sitting service. There has been a reduction in the total number of sits. This is thought to be because patients are referred prior to commencement of a care package; once the care package has commenced, input from Hospice at Home is reduced.

In addition, extended family members are often able to increase the support they provide to patients in the final days of life.



Hospice at Home Coordinators

The number of Consultant crisis intervention/ prevention domiciliary visits has increased in this period (in addition to this the Consultant has continued to provide crisis prevention input for South Sefton patients at weekly integrated multi-disciplinary meetings).

The majority of the patients supported by the Hospice at Home team continue to avoid admission to hospital and achieve their wish to die at home.

3.5 Bereavement and Family Support Services

Bereavement services		2015 - 16	2016 - 17	2017 - 18
Total number of users supported		86	177	249
New service users (%)		68.6%	61%	49.4%
Total contacts		642	891	828
Family Support services		2015 - 16	2016 - 17	2017 - 18
Total number of users supported		301	280	308
New service users (%)		100%	80.4%	83.8%
Total contacts		698	1118	1464

The Family Support team have continued to develop the service throughout 2017/18 with the recruitment and induction of an additional ten ‘family support volunteers’. The team have provided pre- bereavement and bereavement support to an increased number of family/carers through individual and group sessions. There has been a slight decrease in the total number of bereavement contacts, which may reflect service users requiring fewer individual sessions.

The number of family support contacts has continued to rise significantly year on year with trained volunteers providing additional resource to address this need.

As in 2016/17, the age of the majority of people accessing family support services in 2017/18 was under 65 years. As highlighted in the 2017/18 Patient Experience priority ‘Enhancing Support for Young People’ the number of young people and children referred to the service continues to grow.

3.6 Quality Markers we have chosen to measure

In addition to the limited number of suitable quality metrics in the national palliative care dataset, we have chosen to measure our performance against the following:

Patient Safety Incidents INDICATOR	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Number of serious patient safety incidents	2	0	0	0	0	0
Number of slips, trips and falls	43	43	35	54	50	42
Number of patients who experienced a fracture or other serious injury as a result of a fall	1	0	0	0	0	0
Infection Prevention and Control INDICATOR	2012 - 13	2013 - 14	2014 - 15	2015 - 16	2016 - 17	2017 - 18
Number of patients admitted with MRSA bacteraemia	0	0	0	0	0	0
Number of patients infected with MRSA bacteraemia during admission	0	0	0	0	0	0
Number of patients admitted with clostridium difficile	1	0	0	1	0	0
Number of inpatients who contracted clostridium difficile	0	2*	0	2	0	0

*unknown if transferred or acquired

Falls:

The Hospice team are pleased to report a 16% reduction in falls incidents in 2017/18, 'Developing Approaches to Falls Prevention and Management for Inpatients' was the Patient Safety Priority for this period and the details of the actions taken and changes implemented to prevent and manage patient falls can be seen in section 1b.

Infection prevention and control:

The excellent standards of infection prevention and control within the Hospice were maintained in this period. The Hospice will continue to monitor standards of infection prevention and control throughout 2017/18 to ensure adherence to best practice guidelines.

3.7 Clinical Audit

The following table shows a sample of the audits and reviews completed during 2017/18:

Patient Safety Audits/ Reviews	Findings and Actions to be taken to improve compliance/practice	Actions completed
Syringe Driver Audit (Inpatient Unit April 2017)	Good results. All checks had taken place within the 5hr window and no adverse findings were reported.	Good results shared with the inpatient team.
Administration of Controlled Drugs Audit (May 2017)	The audit found evidence of staff being fully compliant with policies.	Good results shared with the management and the nursing team.
Safe handling and disposal of sharps on the Inpatient Unit (July 2017)	The inpatient unit failed this audit, achieving only 90% - this was because a new student nurse on duty was unaware of what to do in the event of a sharps injury, and the sharps injury poster was not displayed (it had been removed during painting and had not been put back).	Extra support was given to the student to bring her up to speed with the actions to take in the event of a sharps injury. The poster was put back up and staff were reminded of its location.
Review of Medicines Incident reporting and management (August 2017)	A full review of the previous 12 month found anomalies in the recording and management of medicines-related incidents.	The procedure was reviewed and a 'grading' system was introduced to aid consistency in managing incidents.
Care Plan audit (Inpatient Unit October 2017)	Some minor information missing on care plan booklet. An anxiety care plan missing, but existing care plans were of a good standard.	Specific feedback was given to the nurse - missing information was addressed and a new care plan was developed.
Safe handling & disposal of sharps (Well-being & Support Centre November 2017)	The Well-being & Support Centre achieved a 100% pass with this audit.	Good results were shared with the team.
Environment audit (Inpatient Unit December 2017)	Results indicated a 97% pass but action was taken because a few permeable fabric-covered chairs had been found in patient's rooms and some boxes had been left on the floor in a store room.	The items were immediately removed/stored correctly; staff were reminded of storage requirements.

3.8 Trustee Visits 2017/18

Date & Visit Topic	Comments/recommendations from Trustee	Progress to date
<p>Good Governance (CQC regulation 17) (April 2017)</p>	<p>“It was clear that the staff I spoke with understood the principles of Information Governance and Data Protection”. Recommendations/ considerations included: Non-clinical audits should be further developed during 17/18; Re: information held in Excel spreadsheets - consider if this is the best method and that encryption is secure.</p>	<p>Some development of non-clinical audit was achieved in 17/18 – this work is carrying over to 18/19. All spreadsheets containing data have been reviewed in-year as part of work undertaken to comply with GDPR.</p>
<p>Is the service safe and caring? Trustee visited to speak specifically to patients about their experience of Woodlands. (August 2017)</p>	<p>“Each patient felt extremely safe within the unit”. One patient stated that medication changes and dosage increases were handled “very effectively”. “References to the high standard of individual care were consistent from each patient”. The Trustee gave no recommendations for improvement.</p>	<p>The good results were shared with the team.</p>
<p>Staffing, and Fit & Proper Persons Employed (CQC Regulations 18 & 19) (August 2017)</p>	<p>“I was very impressed by the knowledge of staff and felt confident that systems and processes were well-managed”. Recommendations/ considerations included: The frequency of PDRs and 1:1s appears inconsistent sometimes. Consider agreeing timescales for the frequency of these sessions; Consider a ‘buddy’ system to improve the induction process for Healthcare Assistants (HCAs).</p>	<p>Frequency of PDRs and 1:1s has been agreed and a system to ‘flag’ when these meetings are due has been introduced.</p> <p>A buddy system has been successfully introduced as part of the support system for newly appointed HCAs.</p>
<p>Discussions with staff on their perception that the organisation is ‘Well-led’ (CQC Key Lines of Enquiry) (March 2018)</p>	<p>All staff who met with the Trustee: understood and supported the vision and values of the service; felt they knew what was expected of them; felt communication between management and themselves was open and transparent; and were confident about steps to be taken if they wanted to raise concerns. The Trustee gave no recommendations for improvement.</p>	<p>This visit was undertaken as part of a larger exercise which will include the participation of all Hospice staff in the Hospice UK Staff Survey in June 2018.</p>

3.9 Complaints

From April 2017 the Hospice changed the way in which it reported complaints, separating out those relating to Woodlands Hospice Charitable Trust, (i.e. services provided by the Hospice for which we are registered with the Care Quality Commission (CQC)) from those related to Woodlands Hospice Ltd (the trading arm of the Hospice, such as its charity shops) and its fundraising activities and events. This was to enable reporting to specific committees and sub-groups.

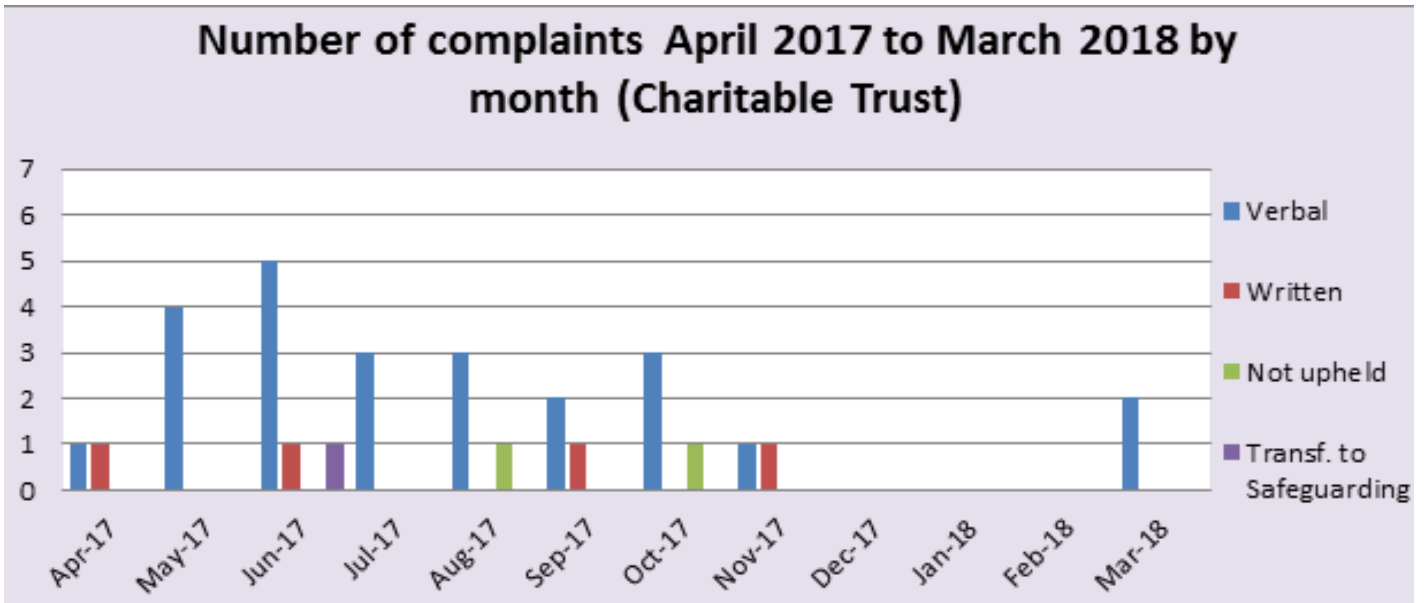
Charitable Trust services include how patients and their families are cared for, the environment in which that care is provided, and the management and leadership supporting the delivery of care. All services registered with the CQC need to demonstrate they are safe, effective, caring, responsive and well-led. Complaints relating to these services are reported below. (During this period the Hospice received a small number of complaints relating to its trading and fundraising activities – these are reported separately).

Hospice policy has always been to log and report on every complaint/comment for improvement received, categorising them as verbal or written; historically this has included reporting on informal verbal comments which have been quickly resolved.

From 1st April 2017 to 31st March 2018 Woodlands Hospice Charitable Trust received a total of 31 complaints. Following investigation, three of these complaints were not upheld and one was subsequently transferred to the Local Authority as a Safeguarding Concern, leaving 27 actual complaints; four of these were written, the remainder were verbal. This was an increase in the total number of Charitable Trust-related (previously reported as patient-related) complaints received when compared to the previous three years. The increase was concentrated in the 6 months from May to October 2017 (see the graph showing the distribution of complaints throughout the year).

Table showing total number of Charitable Trust – related complaints received from 2014/15 to 2017/18.

	April 2014 to March 2015	April 2015 to March 2016	April 2016 to March 2017	April 2017 to March 2018
Number of complaints	16	15	8	27



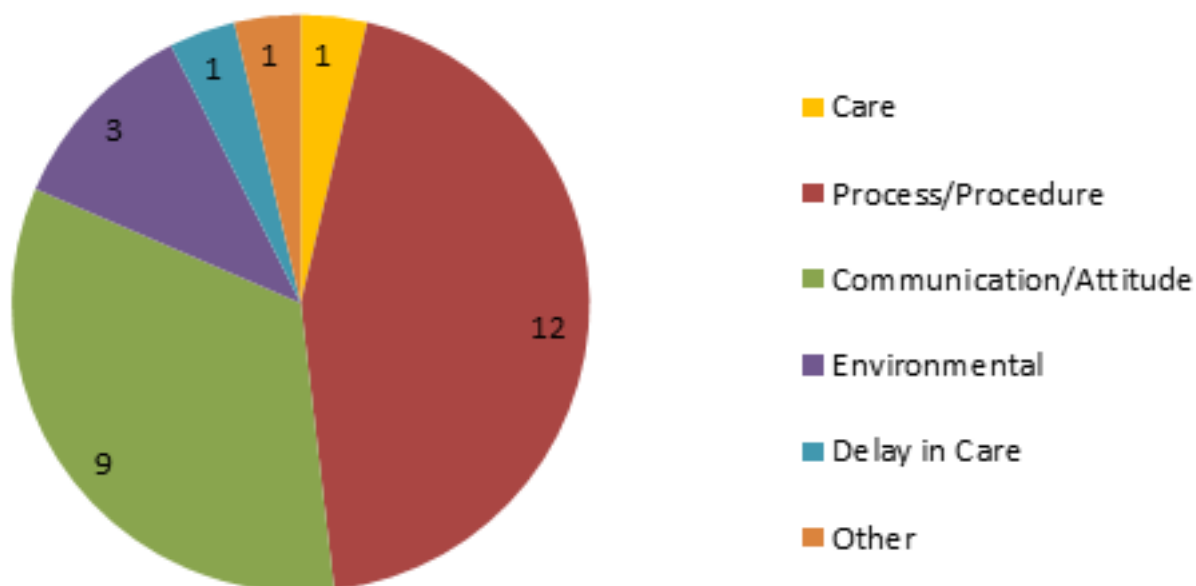
Graph showing the distribution of complaints throughout the year.

All complaints received during this period were managed according to Woodlands Complaints Management policy, and resolved within agreed timescales. However, in June 2017 the Hospice Senior Management Team expressed concern about the rise in the number of complaints and comments being received and an action plan was put in place to provide additional support to the inpatient nursing team during a period of staff and ward management changes. By the end of the year the number of complaints and comments had fallen considerably.

[From April 2018 the Hospice will revise the way it logs and reports on complaints, categorising them into ‘informal verbal complaints’ (i.e. those which are easily and quickly resolved to the satisfaction of the complainant with little or no investigation required), and ‘formal complaints’ (i.e. those which require investigation and action to achieve resolution)].

Complaint Themes

Main Themes of Complaints received 2017/18



3.10 Compliments

In the year 2017/18 Woodlands received nearly 600 compliments in the form of thank-you cards, letters, emails and comments on social media (nearly 500 were received in 2016/17). These were in addition to the many verbal comments and compliments received throughout the year.

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

- The dignity, respect, and compassion shown to patients and those close to them
- The calm and peaceful environment here at Woodlands
- The emotional and physical support offered to all
- The excellent standard of patient care
- The high quality of the food prepared for patients, including the personalised choice of dishes and the attractive presentation.

The words of thanks and kindness are testament to the dedication of all Hospice staff and volunteers.

Number of Compliments and 'Thank-yous' received 1st April 2017 to 31st March 2018 (by month)

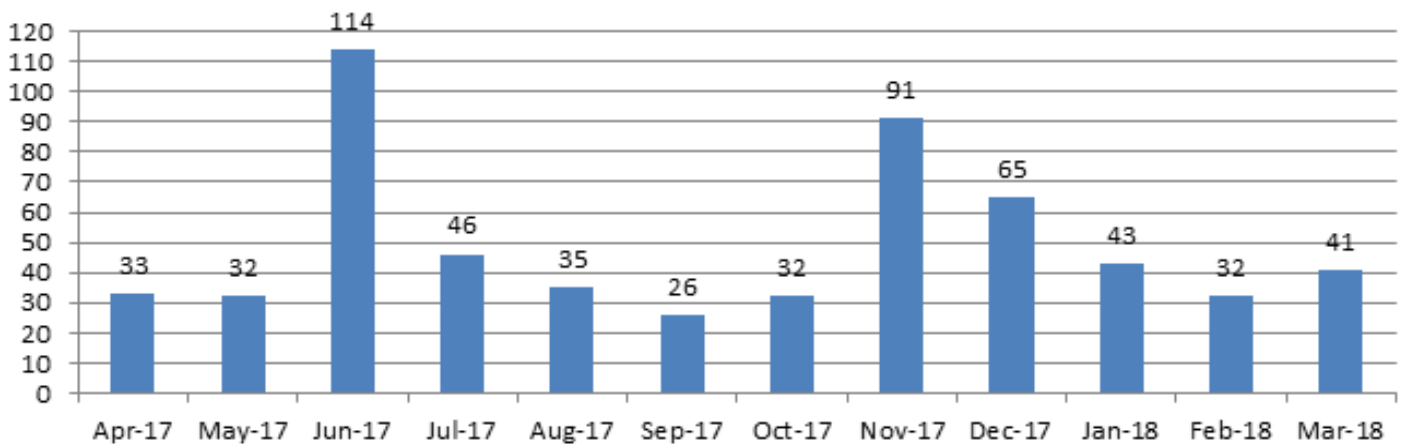
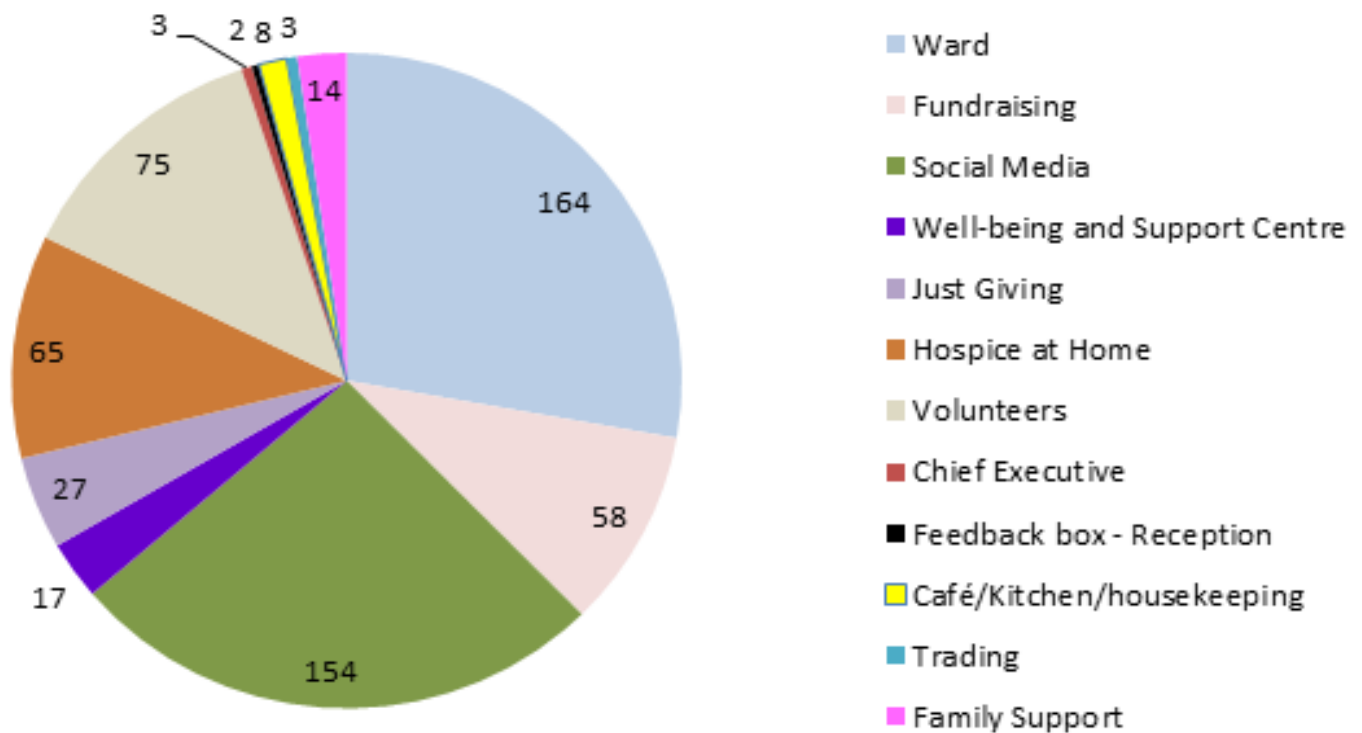


Chart showing the number of compliments/'thank-yous' received in 2017/18

Chart Showing the Route of Compliments received in 2017/2018



The number of compliments and comments received via social media has risen to 154 this year (from 30 in 2016/17); perhaps indicative of the work Woodlands has done this year to raise its profile on these platforms.

3.11 What our patients and families say about us

Heartfelt thanks to all the staff for the care and kindness shown to my dear friend. Although he was only with you for a short time, I shall always be grateful to you for making his last days comfortable and peaceful

(Letter to the Hospice, April 2017)

I wanted now to write to try to put into words the gratitude we feel for everything you did both physically and emotionally for my mum. From your very first visit she embraced your help and support and told me she was touched by your kindness. I also valued the communication I had with you. You were always reliable in every respect and sensitive to me. My family and I thank you from the bottom of our hearts. Long may you continue your invaluable service helping others as you helped us.

(Letter to Hospice at Home Team May 2017)

Just had a consultation with Dr *** who once again helped me out with my pain, such a wonderful doctor from a wonderful hospice with a brilliant team.

(Twitter, May 2017)

What a magical place this is, so calm and happy! This comes with huge thanks for fixing my dad; he comes home pain free a million times happier and at least 3 stone heavier. You are all so special and doing such a wonderful job.

(Card to Hospice July 2017)

The service is brilliant, this enabled me to leave mum in expert hands and visit dad who is in a care home. The ladies were wonderful, giving their help and support. I don't know what I would have done without them.

(Feedback form to Hospice at Home July 2017)

You can make things in honour of your lost one , you can be yourself, you can have a laugh, you can reminisce, you can be creative ,you can have fun.

(Feedback from 13 year old boy receiving bereavement support from Family Support Team, 2017)

Thank you for taking such special care, for going that extra mile and for making his passing easier for us all. You always treated him with love dignity and respect and we will be forever in your debt.
(Card to Ward, September 2017)

As a group of nurses, her friends were extremely impressed with the standard of care she received, she loved coming to the support group and if she couldn't be at home the IPU was her next best place. She was very fond of the staff and loved the food here.
(Feedback to Inpatient Unit, October 2017)

Sometimes I cry inside and no one knows, that's why I like to talk to you.
(Feedback from 7 year old girl receiving bereavement support from Family Support Team 2017)

Thank you to all. Although mum had not been attending for long she enjoyed her Mondays there so much and was always telling everyone how well she was looked after and how friendly everyone was.
(Card to Well-being & Support Centre, January 2018)

"For the care you showed mum, no words can describe how much you supported and brightened her days during her illness. You created such a special bond. Thank you for all the advice you gave me, I would have been lost without you and will be forever grateful."
(Card to WBSC March 2018)

With grateful thanks for all that you did for my beloved husband. You were caring, compassionate and supportive to both myself and him. Doctors, nursing staff, volunteers, domestics etc., you were all kind and caring. The chef and the kitchen staff always tried to cook something that would be easier for him to swallow. Thanking you all is not enough to express how I feel.
(Card to Hospice, February 2018)

The Hospice is somewhere you can go to be yourself, to have memorable times, to have happy times.
(Feedback from 12 year old girl receiving bereavement support from Family Support Team 2017)

3.12 What our regulators say

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

CQC inspectors have not carried out a routine inspection of Woodlands since May 2016. At that time the overall rating awarded to the Hospice was 'Good' although, in relation to the question 'Is the service safe?' CQC gave the Hospice a 'requires improvement' rating. This was because: "...the local authority's and the hospice's safeguarding process had not been followed on one occasion to protect people from abuse".

The Hospice responded immediately to this request for improvement by developing an action plan which included a review of the mandatory 'safeguarding adults' training given to safeguarding leads, managers and staff.

CQC subsequently undertook a focused inspection of Safeguarding on 12 May 2017 and said:

"On this inspection we found improvements had been made and the service was now meeting requirements".

Following that inspection CQC issued Woodlands with a rating of 'good' in all five service domains.

3.13 The Board of Trustees' commitment to quality

Woodlands Board of Trustees works tirelessly throughout the year to promote quality of patient and family care and support the Hospice leadership, management and governance. The Board meets bi-monthly and an Annual General Meeting is held every September.

During 2017/18 the Hospice was very pleased to welcome a new Chair to its Board of Trustees. Existing Trustee and local architect and businessman, Mr Barry Bartlett, took over the mantle on 1st August; as well as leading the Board Mr Bartlett chairs the Trustee-led Finance Committee and also chairs the Hospice Capital Projects Committee.



Woodlands Trustee-led committees, including Governance, Clinical Governance, Personnel, Finance and Income Generation meet bi-monthly to ensure Hospice commitment to statutory duties, support strategy development and advise on service development and improvement.

Throughout the year Trustees again volunteered their time to support Woodlands' rolling programme of Trustee Visits, meeting patients, families, volunteers and staff, gathering feedback and monitoring quality and performance against standards, policy and procedure. Some of the findings from Trustee Visits can be found in section 3.

3.14 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 2016/17 Woodlands has continued to work closely with South Sefton, Liverpool and Knowsley Clinical Commissioning Groups (CCGs), proactively participating in the following:

- Liverpool End of Life Steering Group
- South Sefton End of Life Group
- South Sefton Care Homes
- Knowsley CCG Clinical Reference Group.

The Chief Executive has met with the CCG End of Life Commissioners on a regular basis throughout the year to discuss developments and performance; the Hospice is grateful for their ongoing support.



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