“We wish to express our thanks and appreciation of the comfort and peace you gave to my husband. You gave him the care and compassion he needed and also helped us as a family to cope” (Letter from a relative)
Welcome to Woodlands Hospice
Quality Account 2014/15

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CHIEF EXECUTIVE’S STATEMENT

Woodlands Hospice Charitable Trust is an independent charity committed to delivering the best possible practice and development of Specialist Palliative Care for people with cancer and other life limiting illnesses. It honours people’s right to dignity and respect at whatever stage of their illness, by its aim to improve the quality of life for patients and their carers.

Woodlands is based in North Liverpool and covers a population of over 330,000 in North Liverpool, South Sefton and Kirkby in Knowsley.

Our key priority here at the Hospice is to ensure high quality care for all patients and their families and we pride ourselves on the excellent standards achieved on a consistent basis. We are always looking for ways to develop and further enhance every patient experience and have progressed well with the three priorities we set ourselves in the Quality Account for last year.

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

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

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

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

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

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

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

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

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

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

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

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

Mrs Rose H Milnes
Chief Executive
Section 1: Priorities for Improvement

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

1a. Priorities for Improvement 2015-2016

Patient Safety

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

How was this identified as a priority?

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

How will this be achieved?

• Implementation of the recently revised medicines management policy and procedures.

• Review of the annual medicines training programme to potentially revise content and frequency.

• Detailed analysis of medicines related incidents to inform learning.

• Review of the annual audit programme for medicines, and inclusion of registered nursing staff in the completion of these audits.
• Benchmarking with other local hospices where possible regarding medicines safety.
• Continue to raise awareness of medicines safety with staff, patients and visitors to reduce interruptions for nurses on medicines rounds and doctors when writing prescriptions.
• Development and implementation of more robust action plans following audits and incident analysis.

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

Clinical Effectiveness

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

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

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

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

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

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

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

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

How will progress be monitored and reported?

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

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

Patient Experience

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

How was this identified as a priority?

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

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

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

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

How will progress be monitored and reported?
Progress will be monitored through a variety of consultation methods to gather patient, family and carer feedback including:
• Consultation with the Patient, Family and Friends Forum
• Patient and family satisfaction surveys
• Patient and family narratives
• Data collection
• Feedback from referrers
Reports of progress against the above actions will be submitted to the Clinical Governance Committee every two months and overviewed by the Board of Trustees through submission of minutes.
**1b. Priorities for 2014 - 15 Review of progress**

**Patient Safety**

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

- The nutritional policy and procedure is now in place across all Hospice services and training in relation to the nutritional assessment tool, and care plan was delivered to nursing staff on WBSC towards the end of 2014/15.

- The nutritional assessment tool and care plan has been trialled with several WBSC patients. Some opportunities to further enhance the tool were identified and these are now in the process of being implemented. Following this, all WBSC patients will be assessed on accessing the service.

- A baseline audit of nutritional support to WBSC patients is due to be undertaken early 2015/16. When this is in place a regular audit of nutritional care in the WBSC will be included in the clinical audit plan for 2015/16.

- This will remain a priority on an ongoing basis and progress will be monitored through evidence of audits including patient feedback and achievement of actions following audit.

- The established Hospice Nutrition Working Group will continue to report to the Clinical Governance Committee every two months to ensure ongoing progress.

**Clinical Effectiveness**

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

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

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

• An audit of the quality of documentation in the End of Life Communication Record has commenced. This has also been looked at as part of the Hospice programme of unannounced Trustee visits.

• End of Life nursing care plans incorporating patient’s wishes and beliefs, family support and immediate bereavement support have been developed and implemented for use in conjunction with the End of Life Communication Record.

• Documentation records for ongoing nursing care for patients who are dying, and support for their families, have been developed in consultation with Aintree University Hospital and will be implemented following a period of staff training.

• A Care after Death record has been developed and is being used on the Inpatient unit to support the documentation of care after death.

• An information leaflet ‘Coping with Dying’ has been developed for families and carers of dying patients. The leaflet describes some of the typical features of the process of dying and anticipates questions families may have about what is happening and why.

• Additional Trustee visits by medical and lay representatives have been introduced on the Inpatient Unit with a specific focus on the Care of the Patient who is dying. The visits highlight areas of good practice and opportunities for improvement.

• The Clinical Effectiveness Group continues to oversee all End of Life care and documentation and reports are submitted regularly to the Clinical Governance Committee.

**Patient experience**

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

• Work is ongoing to achieve standardised multi-professional initial assessment documentation which could follow the patient across the hospice.

• As an interim measure, access to clinical and medical notes in the Well-being and Support Centre (WBSC) has been improved to enable Healthcare Professionals to access a patient’s WBSC notes if they are admitted to the Inpatient Unit (IPU) out of hours. A flow-chart has been developed to inform staff on this process.

• WBSC and Hospice at Home staff are now ‘flagging’ patient information software...
when a patient is known to them to raise awareness to IPU staff when a patient is
admitted. This enables patient information to be accessed prior to admission and
minimises the number of times a patient has to tell their story.

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

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

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

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

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

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

- The report is currently being considered by the Senior Clinical team; an action plan will be developed from the resulting recommendations, in conjunction with the new Advance Care Planning Facilitator. A re-audit will be undertaken in the autumn.
- The Hospice’s annual patient satisfaction survey included a specific question around sharing of information and the results, when published, will help inform future development.

Other Quality Improvements 2014/15

**Monitoring Quality**

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

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

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

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

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

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

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

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

Clinical Working Groups

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

Dignity

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

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

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

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

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

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

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

Nutrition

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

Falls

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

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

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

Tissue Viability

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

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

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

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

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

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

Medicines Management

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

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

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

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

**Documentation**

• The Documentation Group met eight times throughout the year with multi-professional membership drawn from each clinical area.

• The Group supported documentation audit across the Hospice to monitor:
  • the standard of documentation for Hospice at Home
  • Inpatient Nursing Admission notes
  • Wellbeing & Support Centre patient notes

• Group members contributed to documentation-related achievements towards the 2014/15 priority to ensure integrated sharing of clinical information across the Hospice.

• The Group Chair led the improvement in personalised Inpatient Nursing Care Plans by:
  • Developing action plans following audit results and disseminating associated feedback to staff.
  • Contributing to the development, pilot and implementation of a revised set of Inpatient Nursing Care Plan templates
  • Delivering training to all registered nurses in the development of individualised care plans

• The Group contributed to the ongoing development of patient packs across the Hospice, including an updated folder for packs.

**Patient Outcome Measures**

• The Patient Outcome Measures group met three times throughout the year.

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

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

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

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

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

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

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

During 2014/15 the Woodlands Hospice team has contributed to various educational events, both in-house as well as to those provided by Aintree Specialist Palliative Care Services Group.

The education sub-group of the Palliative Care Services Group is chaired by the Clinical Lead for Woodlands Hospice, Dr Kate Marley and is hosted at Woodlands.
Education provided includes:

- A collaborative programme of GP education, working in conjunction with Willowbrook Hospice and Marie Curie Hospice to produce a series of evening sessions on caring for people in the last hours and days of life.

- The delivery of the ‘Six Steps to Success’ programme of education for care home staff in South Sefton.

- ‘Opening the Spiritual Gate’ – a series of 1-day workshops, (plus an e-learning option provided by Queenscourt Hospice), exploring spirituality at the end of life.

- Core and Intermediate Communication Skills Training.

- Education to support the implementation of the new regional unified ‘Do Not Attempt Cardio-Pulmonary Resuscitation’ (DNACPR) policy.

- A newly-formed Hospice education group, which has devised a programme of regular sessions for hospice staff to promote education and enhance team working. The group will also pay attention to the development of teaching skills for individuals who wish to deliver more education.

- An ongoing programme of in-house education and training for hospice staff which has included Consent to Care & Treatment, the Mental Capacity Act and Deprivation of Liberty Safeguards (key features of the CQC’s strengthened focus for 2013-16).

- In November 2014, Woodlands hosted a session on a cancer pain conference jointly with the European Pain federation (EFIC). Several healthcare professionals from the Hospice presented on it and some patients who have attended the joint Pain and Palliative care Clinic at Woodlands attended to give delegates an insight into what it is like to live with cancer pain and how best to manage it. This provided them with a unique opportunity to experience joint working between Pain and Palliative Medicine specialists in the Hospice setting.

Community Engagement

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

- Attendance at ‘Dying Matters’ week events in Sefton, Liverpool and Knowsley.

- Service updates to Community Nurses, Matrons and Clinical Nurse Specialists across the catchment area.

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

Patient, Family and Friends Forum

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

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

Forum members on 3rd June 2014
Section 2: Statutory Information and Statement of Assurances from the Board

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

2.1 Review of Services

During 2014/15, Woodlands Hospice Charitable Trust provided the following services:

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

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

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

2.2 Participation in clinical audits

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

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

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

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

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

2.3. Research

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

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

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

2.4 Quality improvement and Innovation goals agreed with our commissioners.

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

Care Quality Commission

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

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

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

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

Official Visitors

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

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

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

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

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

**Environmental Health**

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

**Health & Safety**

**Risk Assessment**

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

**Fire Safety**

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

**2.6 Data Quality**

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

**Why is this?** This is because Woodlands Hospice is not eligible to participate in this scheme. However, in the absence of this we audit our clinical records regularly and submit annually National Minimum Dataset reports to ensure our data is as accurate as possible.
SECTION 3 – Quality overview

Review of quality performance
Woodlands Hospice is committed to continuous quality improvement. This section provides:
• Data and information about the number of patients who use our services
• How we monitor the quality of care we provide
• What patients and families say about us
• What our regulators say about us

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

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

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

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

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

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

**Multiprofessional Assessment Day**

(previously Day Therapy)

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

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

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

**Outpatient services**

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

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Total number of patients</td>
<td>415</td>
<td>502</td>
<td>559</td>
</tr>
<tr>
<td>% New patients</td>
<td>28.9%</td>
<td>58.2%</td>
<td>50.3%</td>
</tr>
<tr>
<td>Clinics (inc Physio, OT, Comp Therapies, Counsellor, Nurse led and Medical)</td>
<td>No data</td>
<td>445</td>
<td>568</td>
</tr>
<tr>
<td>Group Sessions</td>
<td>No Data</td>
<td>137</td>
<td>349</td>
</tr>
<tr>
<td>Lymphoedema Clinics</td>
<td>148</td>
<td>166</td>
<td>134</td>
</tr>
<tr>
<td>Attendances (inc Physio, OT, Comp Therapies, Counsellor, Nurse led and Medical)</td>
<td>No Data</td>
<td>1043</td>
<td>1843</td>
</tr>
<tr>
<td>Group Attendances</td>
<td>No data</td>
<td>483</td>
<td>1956</td>
</tr>
<tr>
<td>Lymphoedema Attendances</td>
<td>673</td>
<td>540</td>
<td>669</td>
</tr>
<tr>
<td>% Non Cancer patients in Outpatients</td>
<td>6.1%</td>
<td>5.6%</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

**Community Outreach Services**

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

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

**Hospice at Home**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

<table>
<thead>
<tr>
<th>Patient Safety Audits</th>
<th>Findings and Actions to be taken to improve compliance/practice</th>
<th>Action plan completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Infection Control</strong></td>
<td><strong>Safe handling and disposal of sharps</strong></td>
<td>An audit carried out in April 2014 of procedures for safe handling and disposal of sharps in the Wellbeing and Support Centre indicated 96% compliance with procedure although one sharps bin was found to be closed incorrectly. An email was sent to all staff as a reminder. Re-audit in May 2014 indicated 100% compliance with procedure.</td>
</tr>
<tr>
<td><strong>Medicines</strong></td>
<td><strong>Administration of controlled drugs</strong></td>
<td>The audit in June 2014 identified a small number of documentation errors. The nurses involved were managed in accordance with hospice procedures. A re-audit in August showed a great improvement.</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td><strong>Alerts audit</strong></td>
<td>54 Safety Alerts were received in August 2014. The audit indicated that all had been circulated and actioned as per procedure.</td>
</tr>
<tr>
<td><strong>Infection Control</strong></td>
<td><strong>Hand Hygiene</strong></td>
<td>The audit of hand hygiene on the inpatient unit carried out in October 2014 showed 100% compliance with procedure.</td>
</tr>
<tr>
<td><strong>General</strong></td>
<td><strong>Syringe driver audit</strong></td>
<td>An audit of syringe driver checks and associated documentation carried out November 2014 indicated an improvement on previous audits with the exception of one missing signature. Staff were advised of the acceptable times allowed between checks after discussion with the Ward Manager and Patient Services Manager. Re-audit in December noted compliance with regular 4-hourly checks and use of lock-boxes. Staff were reminded of legibility requirements. A spot check carried out in January showed full compliance with procedure.</td>
</tr>
<tr>
<td><strong>Medicines</strong></td>
<td><strong>Pharmacist controlled drug audit</strong></td>
<td>The audit carried out in early January 2015 indicated some amber ratings, mainly due to the policy being under review. The Policy for the Safe Management of Controlled Drugs was reviewed and approved in January 2015 and circulated to staff early March 2015</td>
</tr>
<tr>
<td><strong>Infection Control</strong></td>
<td><strong>Management of Patient Equipment</strong></td>
<td>Audits were completed in February for both the Wellbeing and Support Centre and the Inpatient Unit. Both achieved positive results of 100% and 97% respectively.</td>
</tr>
<tr>
<td>Regional Audits</td>
<td>Findings and Actions to be taken to improve compliance/practice</td>
<td>Recommendations included:</td>
</tr>
<tr>
<td>-----------------</td>
<td>---------------------------------------------------------------</td>
<td>----------------------------</td>
</tr>
</tbody>
</table>
| Woodlands Inpatient Unit Hospice referrals audit - presented July 2014 (looked at referral sources, average waiting time to admission, length of stay (LOS), reason for referral and discharge information) (EOLC = end of life care) | • 303 referral forms were reviewed (211 of those were admitted)  
• Most referrals from Aintree University Hospital - referral source not documented for 3 patients  
• Average waiting time was lowest for patients referred from home/GP/DN  
• Majority of admissions cancer-related  
• Average waiting time to admission was 2.9 days  
• Average LOS 14.9 days (skewed by a few longer stays)  
• 52% of patients eventually discharged to home (40% died on WIPU/Woodlands Inpatient Unit, 8% discharged to other hospitals/hospice/care home)  
• 80% of patients referred for symptom control. Some referred for >1 reason. Only 19% referred for EOLC (although some patients recorded as being referred for symptom control were actually for EOLC)  
• Patients for EOLC had the shortest waiting time to admission | • Consider re-wording referral form to reflect awaiting information vs date referral accepted.  
• Improve documentation of information on forms.  
• Continue prioritising admissions appropriately |
| Symptom Control Medication & the Dying Person – a regional audit presented January 2015 | The audit presentation outlined the results of a literature review, shared existing standards & audit results, and highlighted proposed updates to Standards & Guidelines. The Case Note Review Audit demonstrated that most existing standards are met. | When new standards and guidelines are finalised they will be presented and discussed at the next available audit meeting. |
## Trustee Visits

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

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

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

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

<table>
<thead>
<tr>
<th>Number of Complaints Received</th>
<th>April 14 - Mar 15 by month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient-related</td>
<td>Non-patient-related</td>
</tr>
<tr>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

Process/Procedure related complaints included: General procedures (nursing & department related); Confidentiality; Documentation/record keeping; Patient property;

Communication related complaints included: Relaying of clinical/medical terms; Communication following bereavement; Documentation

Attitude related complaints included: Staff attitude involving patients/relatives

Non-patient related complaints included: Grounds management; Hospital trust-related processes; Staff attitude to volunteer; Volunteer attitude re: donations made to shop; Processes related to Support groups & Fundraising.

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

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

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

Compliments

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

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

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

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

“My family and I want to thank you and your colleagues, the respite team and all the many people who helped xxx. He did enjoy his chats with you and you helped him accept a very difficult time”.
[Letter to Well-being & Support Centre]

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

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

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

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

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

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

“So many people don’t realise what Woodlands do, plus the image of a Hospice to some is gloomy. It’s definitely not a gloomy place!”
[Card to Fundraising]
“Although the time that XXX spent with you was short we will never forget the special memories that we made with our ‘balloon ride’ and bikers with ice cream that became possible whilst in Woodlands”

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

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

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

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

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

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

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

[Email to CEO]

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

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

3.3 The Board of Trustees’ commitment to quality

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

3.4 Supporting Statements

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

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