Wirral Hospice St John’s
Quality Account 2016/2017

Help Wirral Hospice keep serving our community
# Section 1

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Wirral Hospice St John’s provides Specialist Palliative Care and support for patients with severe and progressive disease, where curative treatment is no longer possible. Services are provided for Wirral and Neston and Willaston G.P residents from Western Cheshire. We care for adult patients with advanced, progressive, incurable diseases who have complex physical, psychological, spiritual, social or carer needs. We work in partnership with Wirral University Teaching Hospital NHS Foundation Trust and Wirral Community Foundation Trust to provide an integrated service for patients whilst extending care and support to those close to them.

We pride ourselves on providing a high quality service and endeavour to meet the needs of our patients, carers and their loved ones without discrimination. We are continuously looking for ways in which we can develop our service and further enhance our patient, family, carer and visitor experience. Quality is monitored and reported upon via a robust governance framework. Clinical Governance Groups are sub-committees to the Clinical Governance and Board of Trustees. The Board of Trustees undertake visits to the Hospice reviewing services incorporating the Care Quality Commission Key Lines of Enquiry. We encourage an honest and open culture and this is reflected within our engagement process, actively encouraging comments and suggestions about our services. All feedback received is welcomed and reviewed to help us improve our delivery of care. We are grateful for all comments received.

During 2016/17 we made excellent progress with our three priorities for improvement: Patient Safety: Medicines Management, Clinical Effectiveness: End of Life Care Documentation and Patient Experience: A review of processes to ensure our patient, carer, family and visitor views are considered to shape all service developments.

Following the demise of the Liverpool Care Pathway, Wirral Hospice has been instrumental in the development of the Wirral End of Life Care Charter. The Charter, with its twelve expectations, was originally launched in May 2015 to help everyone involved with or actually receiving end of life care to understand the standards to which we should all aspire. ‘One Year On’ Wirral Hospice continues to promote the Wirral End of Life Care Charter. An online resource has been launched for those seeking services that are available and for professionals to find guidance: www.endoflifewirral.org

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 Wirral Hospice St John’s.

Julie Gorry, Chief Executive
Philosophy of Care

The aim of Wirral Hospice St John’s is to warmly welcome people with progressive illness which has failed to respond to curative treatment, into the quiet calm of a highly professional, caring atmosphere which ‘comforts always’ both them and those who are important to them.

Core Values

1. Promoting mutual respect for everybody, maintaining dignity at all times and ensuring the strictest confidentiality.
2. Developing relationships built on trust and acting with the utmost integrity in everything that we do.
3. Encouraging open, clear communication throughout the Hospice, ensuring that everybody feels they are being listened to and their opinions respected.
4. Recognising that we are one team made up of committed, dedicated employees and volunteers who are working together to ensure the highest standards of care.

The Core Values are underpinned by the Hospice’s obligation to uphold all legal and regulatory requirements.
Wirral Hospice St John’s Strategy 2015–2019 is supported by an annual operational plan. The Trustees reviewed and approved the Operating Plan for 2016/17 which broadly outlined the work to be undertaken within the departments. As always, we work with all our key stakeholders and partners to progress our work programmes.

Our Strategic aims were:

**Clinical and Medical Services:** To work with Wirral Clinical Commissioners and our health and social care colleagues in developing a unified Service Specification for Palliative and End of Life Care services in Wirral.

**Governance:** To ensure that every department meets or exceeds the relevant legislative, regulatory and government requirements.

**Training Development and Audit:** To broaden the knowledge-base, thereby facilitating the development of employees' and volunteers' expertise in the delivery of the highest quality Palliative and End of Life Care. The Education Department is committed to the delivery of advance care planning to all health and social care professionals on the Wirral and a collaborative multi-model delivery will ensure greater accessibility for all. The Education Department is dedicated in continuing their work with various community groups which supports and facilitates a greater understanding of Palliative and End of Life Care across the Wirral.

**Financial Management:** The financial management of the Hospice is designed to ensure its viability as it endeavours to achieve its defined aims set out in the Statement of Purpose.

**Operational Services:** Operational Services supports the development and ongoing delivery of all the Hospice's services including Human Resources, Facilities, Clinical Support Team, Housekeeping & Catering, Volunteers and Information Technology.

**Fundraising and Marketing:** The Hospice is committed to raising money by implementing a varied Fundraising Plan which includes continuing its lively and inclusive fundraising programmes, particularly encouraging community involvement, further evolvement of reciprocal links with businesses and individuals and improving communication with supporters.
Section 2

Priorities for Improvement 2017 - 2018

Priority 1

**Patient Safety:** Tissue Viability, the development of an audit tool.

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

During 2016 –17 significant progress was made via the works of the Tissue Viability Governance Group, our Lead Nurse, the introduction of a new policy and delivery of mandatory training. Continuing on from all this hard work we wish to now introduce an audit tool that can be utilised within our Inpatient Unit to monitor care related to the prevention and management of wounds.

**This priority for improvement will be achieved by:**

1. The development of an evidence based Tissue Viability Audit Tool.
2. The performance of audit upon the Inpatient Unit as per the Hospice Audit Programme. To utilise this process when performing Post Incident Reviews.
3. Continuing the audit programme and peer review process via the North West Quality Locality Group.

Priority 2

**Clinical Effectiveness:** Measuring palliative care outcomes.

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

It is increasingly important to evidence the impact of palliative care and the experience of patients and their families. Outcome Assessment and Complexity Collaborative Measures (OACC) is a validated frequently used tool within palliative care. The use of some of the suite of measures are already embedded within our Inpatient and Outpatient Day Therapy Department, we wish to continue to drive quality improvements and therefore have chosen this as a priority for 2017/18.

**This priority for improvement will be achieved by:**

1. Implementation of the Integrated Palliative Care Outcome Scale (IPOS) measurements.
2. Collation and interpretation of electronic data in order to demonstrate we are making a measurable and positive difference to our patients and their families.
3. Continued staff education and communication of outcome findings.
Priority 3

**Patient Experience:** Review of Spiritual and Faith support across Hospice services.

How was this identified as a priority?

Patient and Carer Satisfaction and Post Bereavement Survey responses have identified a common theme that 60% of respondents identify themselves as not having a specific faith. An opportunity to change our current structure has arisen. The feedback we repeatedly receive raises the question ‘Does spiritual support in the Hospice need to be led by a minister of faith as has been our Hospice tradition?’.

This priority for improvement will be achieved by:-

1. Consultation with local faith groups.
2. Defining the role of the Spiritual Care Lead within the Hospice.
3. The recruitment of a new Spiritual Care Lead and establishing the role.
Statement of Assurance from the Board

The Board of Trustees supports the Quality objectives agreed for 2017-18. The Board is committed to high quality care for patients and their families throughout all areas of the Hospice.

The Trustees undertake unannounced visits to the Hospice on a regular basis. Patients and families are asked whether they are willing to participate in these visits by sharing their views on the services they have received. The Trustees speak with staff and volunteers. These visits help the Trustees to gain a greater understanding of the clinical services provided and gives the Board assurance of the quality of care.

The visits also focus on the five key lines of enquiry (KLOE) prioritised by the Care Quality Commission (CQC) - Safe, Effective, Caring, Responsive and Well led. The latest Trustee Visit was undertaken during March 2017. The visit consisted of a review of compliance with the five CQC KLOE and Infection Prevention and Control. The report was extremely positive with no suggested actions or recommendations.

The Board of Trustees will continue to monitor progress against the priorities for improvement, in addition to our other quality monitoring processes including Key Performance Indicators, our Patient, Carer, Family and Visitor Engagement Process, Complaints and Incidents, and the clinical risk register through the Clinical Governance group and monthly Board meetings.

Dr P.J.R. Cuthbertson MBE
Chairman of the Board of Trustees
Wirral Hospice has reviewed all of the data available to them on the quality of care in all of these services.

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Participation in Clinical Audits

Wirral Hospice St John’s participates annually in the Palliative Care Regional Audit programme and has also participated in national clinical audits. The Hospice clinical audit programme for 2016/17 is detailed in Section 3.

Research

The number of patients receiving services provided by Wirral Hospice St John’s in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee was none.

Research and audit is a key element of any specialist health care service. It is included in our organisational strategy that research awareness and utilisation is heightened and audit becomes part of everyday work. As a result the current Training and Development team will support clinical services in the development of a two year research and audit strategy. To ensure staff have the skills to use and ultimately participate in research and audit within the organisation and ensure both internal and external audits inform practice. This proposal will be reviewed via Clinical Governance.

Quality Improvement and Innovation goals agreed with our commissioners

Wirral Hospice’s income in 2016/17 was not conditional on achieving quality improvement and innovation goals through the commissioning for quality and innovation framework. The Hospice is a third sector organisation therefore it was not able to take part.

Data Quality

Wirral Hospice is not required to submit records to the Secondary Uses service for inclusion in the Hospital Episode Statistics. Hospice data is submitted to the Wirral Clinical Commissioning Group (CCG), reviewed monthly by the Board of Trustees, Senior Management Team, Clinical Forum and quarterly at Clinical Governance.

Financial

The income received from the NHS services in 2016/17 represents 40.0 % of the total income generated by Wirral Hospice St John’s for 2016/17. The income generated from the NHS represents approximately 49.5%of the overall running costs of the Hospice. The Hospice receives funding from Wirral Clinical Commissioning Group as a contribution to the overall cost of service provision. 100% of the financial support from the NHS goes towards patient services. All services are reviewed on an on-going basis to ensure we are providing them as efficiently as possible.
Wirral Hospice St John’s is subject to periodic review by the Care Quality Commission (CQC). The CQC has not taken any enforcement action against Wirral Hospice St John’s during 2016/17.

The CQC carried out an announced inspection of Wirral Hospice during 2015-16 in March 2016. We received an overall rating for our service as ‘GOOD’. We scored ‘Good’ in all the Key Lines of Enquiry. The full report can be found upon the CQC and Hospice website and within Hospice Departments.

During our visits we saw that the premises were safe and clean and a programme of regular planned maintenance was in place. We observed that medicines were stored, checked, administered, recorded and disposed of safely.

Staff and volunteers received annual mandatory training and were supported in their roles by the management team. People who used the service had a choice of nutritious meals and every effort was made to accommodate individual dietary needs and preferences. People’s capacity to make decisions and give consent was assessed and recorded.

People were treated with kindness, compassion and respect. The specialist professional advisor commented ‘General observations of interactions between staff, patients, and family members during the visit demonstrated caring, trusting relationships built on genuine respect, and person centred care was being delivered. Patients openly praised staff during introductions and interactions observed, and spoke very highly of the care they received. They all said they felt safe at the hospice and symptom management was effective.’

The quality of the service was assessed and monitored regularly by a series of external and internal auditing tools. People who used the service, and their families, were encouraged to give feedback and their observations and comments were acted on.
Wirral Hospice set 3 priorities in 2016/17. The following highlights the significant progress in which the organisation has demonstrated and improved the quality of care for patients and their families.

**Priority 1: Patient Safety** Introduce Medicine Administration Competencies and improve patient knowledge of their medications.

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

- The ratification of a new Management of Medicine Policy, provision of Mandatory Training and a review of the Management of Medicines incident reporting process highlighted the necessity for Medicine Administration Competencies.
- Patient knowledge of their medications gained via questionnaires and concerns regarding patient concordance upon Hospice admission and Day Therapy attendance identified opportunities to develop and improve patient knowledge, symptom management and safety.

**Progress to date:**

- Registered Nurses medicine administration competencies have been produced for prescription interpretation and medicine administration calculations. This is linked in with established medicines management induction programme for new registered nurses. We have also introduced a formalised medicines management induction programme for prescribers to improve quality of prescribing and prescription clarity.
- Ongoing tutorials, clinical team brief, and posters are provided by the Palliative Care Pharmacist on the significant changes in medicine management procedures and learning outcomes from medication related incidents. The Medicines Management Incident Trends Report is produced quarterly, forwarded to all Registered Nurses and Prescribers and discussed at the quarterly Drugs and Therapeutics Meeting. This includes summaries of the categories and frequency of medication incidents, actions and lessons learned. This was utilised at mandatory training in March 2017.
- Annual medicine administration and calculation competencies for all Registered Nurses have been introduced.
- A questionnaire was provided to Inpatients during their admission to gain feedback of their perception of medicines information provision.
- The introduction of a formal process for issue of the Medicine Management Information Leaflets to all patients upon their first encounter with the Hospice. Includes Opiates, Off Label medication, Drug Driving and Syringe Pumps. Identified the need for roll out of medication information provision for Outpatients and the mechanism for delivery of this is being explored.
How will progress continue to be monitored and reported?

- Progress will be monitored and reported via the Drugs and Therapeutics group and Clinical Governance group quarterly.
- Clinical audit of management of medicine policies.
- Training & Development and Induction Records.

**Priority 2**  
**Clinical Effectiveness:** Development and implementation of documentation to support individualised care in the last few days of life.

How was this identified as a priority?

Audits carried out within the Hospice identified that documentation in the last few days of life required improvement and that continuity of care across care settings could be improved. The NICE guidance on care in the last few days of life identified key recommendations including:

- Daily assessment of hydration status.
- If Artificial Hydration commenced, 12 hourly review of benefits/harm.
- An individualised approach to anticipatory prescribing.
- Named lead health care professional, responsible for shared decision-making and daily feedback regarding any anticipatory medications administered.

Wirral Hospice wished to incorporate these recommendations into the care and support that is provided in supporting patients no matter where their care is received.

Progress to date:

- A working group was formed and the Excellent Care at the End of Life Record was developed to be used across Wirral.
- The document was piloted within the Hospice and Wirral University Teaching Hospital.
- The completion of the pilot document was reviewed via audit.
- Training sessions were provided to support staff in using the document.
- Staff feedback relating to documentation use has been sought and the record was reviewed and amended in line with the feedback.
- A final audit report was produced upon the use of the pilot document and recommendations made. This will be presented at Clinical Governance, Clinical Forum Group and to staff at the Education and Audit Sessions.
- Version 2 Excellent Care at the End of Life Record is to be utilised with plans for future use of an electronic version.
- Consent form is utilised and information leaflets are provided.

How will progress continue to be monitored and reported?

- Clinical Governance group quarterly.
- Re-audit of version 2 documentation use.
- Staff communication and feedback relating to documentation use at the Education and Audit Sessions.
How was this identified as a priority?
A Lead Manager was appointed for Patient and Family Support Services in 2015, with responsibility for reviewing audit mechanisms, to ensure patient and carer views continue to be considered and used to shape all service developments.

Progress to date:

- Our “Have Your Say” Patient and Carer Group continues to meet quarterly. The membership of this group has expanded and we have received attendance from both patients and carers. Membership continues to fluctuate depending upon the health of the patients upon the day of the meeting and therefore we are exploring mechanisms for continual recruitment to the group.

- We are reviewing processes around identifying Patient and Carer members who would be willing to attend key Hospice meetings.

- New Satisfaction Surveys have been produced which allow core theme comparisons across our service areas (Outpatient Clinic, Day Therapy Department, Interventional Pain Clinic, Inpatient Department and Hospice at Home).

- We are currently reviewing the means of reporting upon the percentage satisfaction and comments received, both positive and those requiring improvements. We are also reviewing means of communication/display now that we have gained sufficient new data to interpret.

- The Experience and Engagement Group continues, with plans to increase volunteer support in the gathering and compilation of our engagement processes.

- The Hospice Leaflet and Information Process has been reviewed as a result of plans and patient carer and family feedback. The information and literature that is provided has been reviewed in response to the feedback we have received and the group is continuing preparations for bedside / table top information folders and audio equipment.

- Great progress has been made with our Patient and Carer Story process. Patients and Carers are asked if they wish to participate and write a short story about their journey and experience of our care. It is difficult to explain to others outside the Hospice what happens inside the Hospice and these stories explain to those who have not experienced our care what it is like. These are real experiences in the words of real people. We use these stories to help ensure we are meeting the standards of care we aim to provide for our patients and those important to them. All stories are anonymised and written consent is gained.

How will progress continue to be monitored and reported?

- Process will be reviewed via monthly reporting and all outcomes will be reported via the Clinical Governance group quarterly.
Duty of Candour

Wirral Hospice St John’s endorses the recommendations of being open and candid. The aim of the regulation is to ensure that the Hospice is open and honest with patients or those acting on their behalf when things go wrong with their care and treatment.

The Board of Trustees and Senior Managers play a crucial role in ensuring the Being Open framework and principles are embedded in the organisation. Being Open is at the core of the organisation’s values and culture. The Being Open Principles are embedded within the Hospice Core Values ensuring they relate to all patients, family members, carers, staff and volunteers.

The Hospice has a Being Open- Duty of Candour Policy and other Hospice related policies and procedures in place. From recognition that an incident has occurred, procedures are followed to identify and openly report internally and externally via our statutory notifications process.

These principles were included within mandatory training for staff and volunteers.

Communicating effectively with patients and those close to them is a vital part of dealing with patient-related incidents and robust policies are in place to support those involved in this process.

NICE Quality Standard 2016, Care of dying adults in the last days of life, is captured within our Excellent Care at the End of Life Record. The audit tool utilised will be used as a baseline for future audits as per our Hospice Audit Programme.

Healthwatch Visit

Healthwatch Wirral conducted an 'Enter and View' visit during January 2017 as per their statutory right to visit health and social care providers. The purpose of their visit was to gain an understanding of the services we provide and to raise any concerns witnessed with us and then subsequently report to the public about their findings.

Healthwatch spoke to patients, families, volunteers and staff and visited all clinical areas of the Hospice. They made observations on the Hospice’s environment, including the food provision for patients. Feedback was very positive and a formal report will be published upon their website. This report will be shared with staff, volunteers and the Board of Trustees.
Community Engagement and Events

Dying Matters Week
During May 2016, the annual Dying Matters week to promote public awareness of dying, death and bereavement took place; with this year’s theme being ‘The Big Conversation’. We worked with all health and community partners to co-ordinate activities across the Wirral to celebrate this annual campaign. We held the Wirral End of Life Care Charter ‘One Year On’ event, promoted our ‘When I think of you’ initiative and launched the endoflifecarewirral.org website at the Hospice.

Dying Matters North Launch Event
Wirral Hospice St John’s hosted this event, which was attended by over 70 delegates from across the UK. Topics included initiatives which are designed to help people discuss death and dying, the plans they can put in place, how to help the people they care about and those in the wider community.

Carer’s Week
During June 2016 the Hospice pledged Carer’s Week support on behalf of our organisation and had some new faces at our Friends and Family Meeting. This meeting takes place monthly and is open to carers supporting patients known to Wirral Hospice.

Hospice Care Week
During October 2016, Hospice Care Week took place, which is an annual week of activity to raise the profile and help to change people’s perceptions of hospice care. We promoted Wirral Hospice and the Wirral End of Life Care Charter with events at local libraries and our charity shops. The week concluded with the Hospice Open Day and the Bake Off cake competition which was supported by staff, volunteers, friends, families, patients and our local choir.
Wirral End of Life Care Charter: ‘One Year On’

Following the demise of the Liverpool Care Pathway, Wirral Hospice was instrumental in the development of the Wirral End of Life Care Charter. The Charter was designed by Wirral’s Health and Social Care professionals. It is supported by the Wirral Palliative and End of Life Care Partnership Group and the Palliative & End of Life Care North West Coast Strategic Clinical Network.

The Charter, with its twelve expectations, was launched in May 2015 and can help everyone involved with, or actually receiving end of life care, to understand the standards to which we should all aspire. It is important that everyone involved with end of life care knows of the standards contained within the Charter and commits to endeavoring to achieve them, so that Wirral residents have the peace of mind that they can rely on good, respectful and dignified end of life care. We incorporated these expectations into our staff and volunteer training and adopted the five priorities for care from the ‘One Chance to Get it Right’ outlining new standards for end of life care. A laminated copy is within all patient records and a pocket guide available for Hospice staff use.

The ‘One Year On’ Event was held during May 2016 and organisations across the Wirral continue to be encouraged to sign up to the Charter. Health and Social Care Professionals pledge to the charter means that they will ensure colleague awareness and provide information for the Wirral ‘Find Me Help’ website: wirral.findmehelp.org.uk.

The creation of the End of Life Care online resource www.endoflifecarewirral.org in 2016 gave everyone, professionals and public, access to information on services and organisations who can offer help and support. It underpins the 12 expectations set out in the End of Life Care Charter and is under constant development, as people put forward their views on the information they would find most useful. The aim is to create a worthwhile and dynamic bank of information. Wirral aims to be a beacon of good practice in the delivery of the highest quality end of life care.
Wirral End of Life Care Charter
Care, Kindness and Understanding

The Wirral End of Life Care Charter was created and launched in 2015 to help everyone understand, that here on Wirral, Care, Kindness and understanding lie at the heart of all who care.

You May Expect:

<table>
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<th>Support by skilled and knowledgeable staff that recognise your situation &amp; who work together to co-ordinate &amp; manage your care.</th>
<th>With your permission that plans, if you have made any, are shared with those involved in your care, so that your wishes may be fulfilled.</th>
<th>That, if you wish, those who are important to you are involved in decisions about your care &amp; treatment.</th>
</tr>
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<td>Care, which includes what you eat &amp; drink, control with your symptoms and support with your emotional, social, cultural and spiritual needs.</td>
<td>Regular reviews of your individual care plans that will meet your needs and include decisions &amp; actions that are made to best fit your wishes.</td>
<td>The possibility that you may die within the next few days or hours is communicated clearly &amp; sensitively, to you &amp; those who are important to you.</td>
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<tr>
<td>The support of trained staff, who will help you to think &amp; plan ahead, if you want, to discuss your preferences &amp; wishes for your care.</td>
<td>Support to help keep your independence as long as possible by caring staff respecting your dignity &amp; sense of control throughout your illness.</td>
<td>The needs of your family &amp; others important to you are respected &amp; met, as far as possible.</td>
</tr>
<tr>
<td>That you, and others important to you, will be treated with compassion &amp; respect towards the end of your life.</td>
<td>That your body will be treated with dignity and respect after your death.</td>
<td>That during your illness &amp; after your death, those important to you receive practical, emotional &amp; spiritual support.</td>
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This is a Wirral collaborative endeavour, to improve End of Life experience for Wirral.

Health and Social Care Professionals pledged to the Charter mean they will:-

- Endeavour to meet all the expectations set out in the Charter.
- Ensure all their colleagues in their organisation are aware of the Charter and its expectations.
- Train and support their colleagues in the delivery of these expectations.
- Undertake to inform their service users about the Charter and its expectations.
- Provide End of Life Care service information, for the Wirral “Find Me Help” website.

Creation of an End of Life care resource in 2016: [www.endoflifecarewirral.org](http://www.endoflifecarewirral.org) gives everyone, professionals and public, access to information on services and organisations who can help.

For further information please contact:
Julie Gorry, Chief Executive Wirral Hospice
julieg@wirralhospice.org
Tel No.: 0151 334 2778 x240
Mobile: 07909254742
Charity No: 510643

http://www.endoflifecarewirral.org.uk
Twitter: @WirralEoL
http://wirralfindmehelp.org.uk

On behalf of Wirral Palliative & End of Life Care Partnership

Quality Account 2016/17
The Queen’s Award for Voluntary Service

It is with great pleasure that we can confirm that the Queen’s Award for Voluntary Service was awarded to our Volunteers at Wirral Hospice, a truly major achievement and one that every one of our volunteers should be proud of. This honour is the highest recognition that can be bestowed to volunteer groups across the UK and everyone can take great pride in knowing that their hard work and dedication has helped making this possible.

The award celebrates the contribution of all volunteers to the Hospice from its founding in 1983, to the 500 volunteers who today work tirelessly as a team, raising funds and providing support across all patient services and Hospice support services. Volunteers work on site at the Hospice, at patient homes, and in the community.

This voluntary support permeates through the fabric of the Hospice itself and out into the community. Every role is important, from Trustee to catering support to shop helper; too many roles to list, but each one makes such a difference.

An Award well earned by all the Hospice’s loyal supporters: thank you so much for your excellent efforts.

Dr Paul Cuthbertson MBE
Chair of Board of Trustees

Thank you from the Trustees

The Queen’s Award for Voluntary Service is the highest award a voluntary group in the UK can receive.

This year, it has been granted to the volunteer team at Wirral Hospice St John’s, where we have a force of over 500 generous-hearted, wonderful volunteers who do such valuable work.

It is with great pride that the Trustees thank each and every one of the volunteers for their stalwart support, whatever the role they play in the Hospice’s life.

Dame Lorna Muirhead, Lord Lieutenant of Merseyside presents the award to our Volunteer Group.
Clinical Governance Groups

Our Clinical Governance Sub Groups report regularly to the Hospice Care Quality Commission Steering Group and Clinical Governance.

These include:

Nutrition and Hydration

This group meets quarterly to ensure that people using our services are receiving good nutritional care and that staff are fully aware of patients’ nutritional requirements.

Actions this year have included:

• Continued review of protected meal-times and choice as to where patients can eat their meals.
• Supply of a range of food and snacks available to Inpatients when the main kitchen is closed.
• Introduction of a new weekly menu plan.
• Implemented the 4 week menu rota upon our Inpatient Unit.
• We now include fruit and fruit drinks frequently.
• Plans are in process for displaying menus and pre-ordering the day before.

Patients and their families are able to make use of the restaurant facilities available in the Hospice ‘HUB’ providing an informal meeting place away from the Inpatient and Outpatient environment. Patients are also encouraged to eat their meals in the patients’ lounge and dining room.

Environmental Health

We were inspected by Environmental Health in November 2016 and we are proud to have our 4* Food Hygiene Rating.

Wirral Hospice St John’s
15th Nov 2016
Quality

This group meets monthly. Actions this year have included:

- Review of Hospice Clinical Policies and Procedures with the ratification of numerous new and amended policies.
- Review of the Hospice Audit Planner and process.
- Review of Incidents and Near Misses with actions noted and implemented.
- Audits continued and actions noted and implemented.
- Mandatory Training delivered March 2016-17.
- Infection Prevention and Control Policy compliance reviewed.
- Annual Infection Prevention & Control Conference attendance.
- Lead Nurse joined the Wirral Catheter Associated Urinary Tract Infections ‘CAUTI’ Group. This group meets monthly with actions to improve patient care, use of documentation, passports and pathways.

Health and Safety and Infection Prevention & Control (IP&C)

This group meets quarterly. Actions this year have included:

- Refurbishments to the Inpatient Lounge, Family Room and Quiet Space and soft furnishings purchased. New Health and Safety notices in place.
- Medical Devices and Equipment Policy produced in draft awaits ratification. Process reviewed and new responsible persons identified. New Medical Device Annual Self Assessment Competencies implemented.
- Review of Incidents and Near Misses with actions noted and implemented.
- Audits continued and actions noted and implemented.
- Mandatory Training delivered March 2016-17.
- Infection Prevention and Control Policy compliance reviewed.
- Annual Infection Prevention & Control Conference attendance.
- Lead Nurse joined the Wirral Catheter Associated Urinary Tract Infections ‘CAUTI’ Group. This group meets monthly with actions to improve patient care, use of documentation, passports and pathways.

Safeguarding Forum

The focus of the Safeguarding Forum is to ensure our patients, their families and our staff are safe. This entails having robust policies and practices when there are concerns of harm or abuse to patients or their families, from internal or external sources and that appropriate alerts are raised with the local authority and information shared across the health and social care services. Establishing as routine practice, the acceptance of patients’ rights to take risks and make decisions regarding their care and treatment alongside consideration, assessment and documentation of their mental capacity to make informed decisions. Ensuring patients who lack mental capacity, to the extent that their care and treatment deprives them of their liberty, are subject to Deprivation of Liberty Safeguards and authorisation processes.

This group meets bi-monthly. Actions this year have included:

- Existing policies reviewed and ratification of the new Advance Care Planning policy.
- Safeguarding Adults at Risk and Children Mandatory Training provided for staff and volunteers and online training has been identified for new starters.
- Mental Capacity and Best Interest assessment templates developed upon SystmOne.
- Commencement of the Wirral Safeguarding Adults Partnership Board - WSAPB Safeguarding Standards Audit.
Dementia

Caring for patients with dementia is a national priority with end of life care an area of increasing focus for hospices.

Actions this year have included:

- Continued adaptations to the environment and any future refurbishments will take into account the requirements of patients with dementia. Further work has been planned to improve signage across all areas of the Hospice.
- Dementia Friends training continued for our Board of Trustees, staff and volunteers.
- Support from our Lead Nurse with a degree level study in end of life care in dementia.
- Care plan developed for assessing and caring for patients who are confused and agitated.
- Scoping the Hospice role within dementia care was included as a Clinical Services Objective.

Drugs and Therapeutics

This group meets quarterly. Actions this year have included:

- Management of Medicines policy updated which includes Standard Operating Procedures (SOP) Controlled Drugs and a new index of separate sections to facilitate easy access to relevant required information.
- Medicines Management tutorials.
- BNF (British National Formulary) electronic access.
- New Management of Medicines Clinical Incident and Near Misses Trends Report.
- Recent changes and reminders regarding drug administration.
- Guidance upon unlicensed and off-label medication.
- New Approved Group Medicines List.
- Review of anticipatory medicines prescribed for Inpatients at the point of admission.
- New arrangements agreed for on-call remote prescribing.
- Issue of new medicines management patient information leaflets.
- Patient Safety Alerts awareness and communication.

Falls Prevention & Management

This group meets quarterly. Actions this year have included:

- Review of all incidents involving slips, trips and falls for trends and were appropriate improvements and changes to practice implemented.
- Patient and Family education continued including promoting the new community Mobile Response Pick-Up Service.
- Falls Prevention policy produced during 2015/16 has been reviewed in line with current legislation and guidance.
- New Falls Prevention and Management Audit produced, performed and action plan produced. Also presented at the North West Quality Locality Group as part of ongoing peer review plans.
**Tissue Viability**

This group meets quarterly. Actions this year have included:

- Tissue Viability Link Nurse role continued.
- Agreed as essential training upon the Hospice Training and Development Prospectus.
- Tissue Viability mandatory training provided March 2017.
- Prevention and Management of Pressure Ulcers Policy ratified and introduced.
- Compliance with the Safeguarding Policy, reporting and forum attendance.
- Wirral Tissue Viability Education Session Link Nurse attendance.

**Patient and Carer Engagement Group**

This group meets quarterly.

Actions this year have included:

- Redesign and utilisation of the Hospice Satisfaction Survey. Development of data presentations for professionals and public.
- Redesign of the Hospice process for reviewing and displaying patient and carer information and leaflets. New televisions display information in our communal areas.
- Redesign of the Patient and Carer Story process and broadening its use across the Hospice.
- Participating in the annual PLACE assessment of the Hospice environment.

**Staffing Establishment**

This group meets quarterly. Actions this year have included:

- The group continues to focus upon adequate resources being in place to ensure approved establishment levels are upheld to support all service needs. This includes assessing/predicting potential ‘vacancies’ due to long term absence/maternity leave as well as attrition. Post the meeting any recruitment is immediately undertaken.
- Continued work has taken place to ensure service developments are supported, employees’ development and requests are considered.
- Projection of resources against plan is provided at all meetings which also helps identify service needs.

**Staff Induction**

Actions this year have included:

- Work has continued on drafting the overall proposal for the Induction Programme.
- As part of Clinical Induction, initial training in the electronic system (SystmOne) will be conducted during the first few days of the employees start date, the scheduling of which will fall within the induction framework.
- A timetable for producing the training programme is being prepared.
Hospice data is submitted to the Wirral Clinical Commissioning Group CCG. This data is also reviewed monthly by the Board of Trustees, Senior Management Team, Clinical Forum and quarterly at Clinical Governance.

**Outpatient Clinics** are provided by a team of Consultants in Palliative Medicine, Healthcare Assistants, Bereavement Counsellors and an Aromatherapist Services. Clinics are provided for patients under the care of their General Practitioner (GP) and the Community Team requiring medical access to the wider multi professional specialist palliative care service through the specialist palliative care Multi-Disciplinary Team (MDT).

<table>
<thead>
<tr>
<th>Outpatient Clinics</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of referrals</td>
<td>577</td>
<td>600</td>
</tr>
<tr>
<td>New appointments</td>
<td>322</td>
<td>433</td>
</tr>
</tbody>
</table>

**Interventional Pain Service** is an Outpatient service for patients with cancer-related pain who are not responding to conventional treatment and patients with life-limiting illnesses who are suffering from chronic pain. Patients are assessed by the Consultant either as an Outpatient or Inpatient at Wirral Hospice. A referral can be made by Consultants or General Practitioners (GPs).

<table>
<thead>
<tr>
<th>Interventional Pain Clinics</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of referrals</td>
<td>72</td>
<td>100</td>
</tr>
<tr>
<td>New appointments</td>
<td>65</td>
<td>68</td>
</tr>
</tbody>
</table>
Day Therapy services are available on four days a week in a purpose built unit for 12 patients per day, provided by a specialist multi-professional team, working alongside patients and their families to enable them to live well with a life-limiting disease. Patients attend Day Therapy for a maximum of 8 weekly sessions during which they may access Aromatherapy, Creative Therapy, Occupational Therapy, Physiotherapy, Relaxation, exercise classes, breathlessness management, anxiety management, fatigue management, counselling, support with advance care planning and benefits advice. The aim is to introduce a rehabilitative model of care encouraging patients to maximise their potential within the constraints of their illness.

<table>
<thead>
<tr>
<th>Day Therapy (48 places per week)</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of available places</td>
<td>2496</td>
<td>2508</td>
</tr>
<tr>
<td>Total number of allocated places</td>
<td>2039</td>
<td>2552</td>
</tr>
<tr>
<td>% attendance of available places</td>
<td>63%</td>
<td>64%</td>
</tr>
<tr>
<td>Mean length of stay (sessions)</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>
Inpatient Unit. Wirral Hospice St John’s has 16 Inpatient beds, of which 7 are single rooms and there are three, 3 bedded bays. The Unit has a large bright patient and visitor lounge with dining facilities, a relative’s room with shower room for overnight stays and easy access to patio areas and gardens. Patients are admitted for short term interventions following assessment by the MDT whose needs cannot be met by specialist palliative care providers elsewhere. Patients are admitted under the care of the Palliative Care Consultant.

<table>
<thead>
<tr>
<th>Inpatients (16 beds)</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of admissions</td>
<td>247</td>
<td>224</td>
</tr>
<tr>
<td>% Occupancy</td>
<td>90%</td>
<td>92%</td>
</tr>
<tr>
<td>Mean Length of stay (Days)</td>
<td>20</td>
<td>23</td>
</tr>
<tr>
<td>Total number of discharges</td>
<td>108 (45%)</td>
<td>93 (42%)</td>
</tr>
</tbody>
</table>

Multi-professional team meetings are held once a week. All patients are discussed and a management plan devised to address their complex symptoms and needs. In addition patients are reviewed daily by a doctor and twice weekly by a Consultant.

Patients are admitted for a period of assessment for up to two weeks, however currently the average length of stay is three weeks. Discharge planning commences at the point of (or even prior to) admission, and discharge occurs once the patient’s specialist palliative care needs have been met and appropriate ongoing community support is in place. This is an ongoing challenge.

Relatives of patients admitted to the Inpatient Unit are able to stay overnight in a designated relative’s room. During 2016/17, refurbishments were made to the Inpatient lounge, family room and Quiet Space.
Hospice at Home Service. Wirral Clinical Commissioning Group continued to support the Hospice in 2016/17 in the delivery of Hospice at Home services for all Wirral residents. A partnership arrangement with Marie Curie Nursing service provides a more co-ordinated night sitting service.

The Hospice at Home team continues to provide quality end of life care to patients wishing to remain at home providing practical and emotional support to patients, families and carers in a variety of ways. Evaluation from service users, families and healthcare professionals provides positive qualitative feedback (page 36).

<table>
<thead>
<tr>
<th>Hospice at Home</th>
<th>2015/16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of referrals</td>
<td>488</td>
<td>405</td>
</tr>
<tr>
<td>Accompanied Discharge</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hospice at Day</td>
<td>2649</td>
<td>2336</td>
</tr>
<tr>
<td>Hospice at night</td>
<td>320</td>
<td>489</td>
</tr>
<tr>
<td>Total number of deaths</td>
<td>231</td>
<td>239</td>
</tr>
<tr>
<td>Total number of deaths at home</td>
<td>205 (89%)</td>
<td>215 (90%)</td>
</tr>
</tbody>
</table>
To ensure that we are continually meeting standards and providing a consistently high quality service, Wirral Hospice St John’s has an annual Audit Plan which includes clinical and non-clinical audits. Our audit programme reviews the effectiveness of the clinical care that we provide.

### A sample of clinical audits completed over the last 12 months:

<table>
<thead>
<tr>
<th>Audit subject</th>
<th>Outcome of Audit</th>
<th>Actions/recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLACE assessment</strong></td>
<td>Audit carried out by patient representatives and Healthwatch.</td>
<td>Actions will be mainly focused on improvements in signage, toilet facilities and soft furnishings. Re-audit 12 months.</td>
</tr>
<tr>
<td>Patient Led Assessment of the Care Environment takes place every year, with the involvement of Healthwatch. Results are reported publicly to help drive improvements in the care environment, and show how we are performing nationally and locally.</td>
<td><strong>Audit findings:</strong>&lt;br&gt;Food: 90.30%&lt;br&gt;Condition, appearance and maintenance: 90.94%&lt;br&gt;Privacy, Dignity and Well-being: 90.24%&lt;br&gt;Dementia: 78.77%&lt;br&gt;Cleanliness 100%</td>
<td></td>
</tr>
<tr>
<td><strong>Infection Prevention and Control</strong></td>
<td>Monthly audits carried out against all 23 infection prevention and control policies have highlighted the following improvements required in:-&lt;br&gt;Bare below the elbow&lt;br&gt;Sharps box compliance</td>
<td>Staff communication via Team Brief.&lt;br&gt;Infection Prevention and Control Lead provided education.&lt;br&gt;Mandatory Training delivered March 2017 to staff and volunteers.&lt;br&gt;Continue to audit monthly.</td>
</tr>
<tr>
<td>Audit subject</td>
<td>Outcome of Audit</td>
<td>Actions/recommendations</td>
</tr>
<tr>
<td>---------------</td>
<td>------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td><strong>Controlled Drug Accountable Officer (CDAO) annual self-assessment</strong></td>
<td>Utilised the CQC and Hospices UK audit tool. 100% in all areas of Standard Operating Procedures.</td>
<td></td>
</tr>
</tbody>
</table>
| **Excellence Care at End of Life Record Audit** | The audit results show that use of this document has improved overall documentation of physical, psychological, social, and spiritual care for Wirral Hospice patients at the end of life compared to previous practice. This document supports the organisation to evidence care in keeping with key national guidance. Results show significant improvements in documentation from the previous years audit.  
Assessment of medication 100%  
Evidence supported to eat drink 95.65%  
Daily assessment of comfort 96.88%  
Daily assessment of hydration 96.88%  
12 hourly nursing assessment 96.67% | Recommendations include a review of appropriate timing for commencement of the record of care within the Hospice, Spiritual reassessment and pilot of version 2 upon SystmOne.  
Audit to be presented at Clinical Forum, Staff Education Sessions and Clinical Governance. |
<p>| <strong>Advance Care Planning (ACP) Audit</strong> | Where to document ACP discussions remains inconsistent. | Suggested further training is required as to where to document upon SystmOne. |</p>
<table>
<thead>
<tr>
<th>Audit subject</th>
<th>Outcome of Audit</th>
<th>Actions/recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Prevention and Management of Falls Audit</td>
<td>Falls audit undertaken within the Inpatient Unit. This was a large piece of work and has allowed us to gain clear percentages regarding documentation, environment and governance compliance. Documentation = 77% Environment = 75% Governance = 82%</td>
<td>Actions include clinical decision making of the location of documentation upon SystmOne and additional bedsides policy guidance. This will be managed by the Falls Prevention Lead. Repeat audit 6 monthly. Report communicated to staff, Clinical Management, Falls Prevention Group, Clinical Forum and Clinical Governance.</td>
</tr>
<tr>
<td>Quality in Nursing</td>
<td>Review of all aspects of nursing care including safety and management of medicines. 50% patients and 50% staff interviewed. Scored Green (100%) in all areas (except point relating to discharge board use and discharge planning upon admission = Amber)</td>
<td>Inpatient Manager addressing discharge process plans. Results reported to staff in Team Brief and to all Clinical Governance groups.</td>
</tr>
</tbody>
</table>

We also participated in the:

- **Do not attempt cardiopulmonary resuscitation (DNACPR) audit.** (Cheshire and Merseyside Palliative and End of Life Care Network regional audit program).

- **Blood Transfusion Audit.** (NHS Blood Transfusion, Royal College of Nursing, Hospice UK): National Audit.

### Key Performance (Quality) Indicators

<table>
<thead>
<tr>
<th>Key Performance (Quality) Indicators</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical Complaints</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of Clinical complaints</td>
<td>1 (potential)</td>
<td>2 actual 3 (potential)</td>
</tr>
<tr>
<td><strong>Patient Safety</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Medicine Incidents directly related to patient care*</td>
<td>35</td>
<td>31</td>
</tr>
<tr>
<td>Number of Medicine Incidents not directly related to patient care</td>
<td>103</td>
<td>151</td>
</tr>
<tr>
<td>Number of slips, trips and falls</td>
<td>68</td>
<td>52</td>
</tr>
<tr>
<td><strong>Pressure Ulcers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of avoidable pressure ulcers Grade 2 or above</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of unavoidable pressure ulcers Grade 2 or above</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td><strong>Infection Prevention and Control</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patients who developed MRSA during admission</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Number of patients who developed Clostridium Difficile during admission</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Number of patients admitted with MRSA</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Number of patients admitted with Clostridium Difficile</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Clinical Complaints

Wirral Hospice treats any complaint or dissatisfaction as important, investigating them thoroughly, in a timely manner and seeking to gain feedback from the people who use the Hospice service. We have a robust Complaints Policy in place and our ‘How to make a Complaint’ leaflet is available and upon display. There were 2 actual complaints and 3 potential complaints received during 2016/17. All of these were dealt with promptly in accordance with Hospice policy.

Patient Safety

Medicine Incidents

Wirral Hospice has a robust reporting process and all medicine related incidents are strictly recorded to ensure patient safety, that lessons are learned and to reduce the risk of recurrence. *In accordance with the CQC classification of medicine incidents in the Provider Information Return (PIR), 31 (35 during 2015/16) are reportable as medicine associated incidents; omissions, too much/too little or duplication, wrong medicine, wrong person, wrongly recorded or wrongly administered. 151 incidents were not directly related to patient care or well-being e.g. categories such as documentation, storage and stock. During 2016/17 we implemented comprehensive recording of the category omissions of signature or code. This new recording mechanism led to an increase in reporting of incidents with 119 occasions relating to this category. We have implemented various measures throughout the year and this was formally raised with all Registered Nurses at the March 2017 mandatory training. A Working Group has now been formed specifically to address omission of code documentation related incidents. The numbers and types of incidents will continue to be highlighted and reviewed at the quarterly Drugs and Therapeutics group meetings, Clinical Governance and Board meetings. Also refer to page 12 and 22.

Slips, Trips and Falls Prevention

During 2016-17 we recorded a total of 52 patient slips trips and falls incidents (68 during 2015-16). 43 of these incidents were non-harmful with 9 incidents causing minor patient harm including bumps, bruises, grazes and superficial abrasions. No statutory notifications were necessary. Patients, carers and family members are orientated to their environment/ bed space and educated upon admission regarding slips, trips and falls prevention through a Mind Your Step Hospice leaflet and poster designed for this purpose. The leaflet instructs patients, carers and family members about patient foot wear, use of their bedside equipment and storage of belongings. They are advised to keep belongings, walking aids and their call bell within reach. Audits are performed to review compliance with the above.

All falls are fully investigated and reported via our incident reporting process and falls statement form as policy. Patients are fully assessed and reviewed by a doctor. The patient is kept up to date, their next of kin is informed and their falls care plan is updated. Patients and family members are educated and measures are put in place to prevent repeat falls occurring were ever possible. All incidents are recorded upon our Trends Report so we can log actions and review any possible lessons learned from each and every incident. The Hospice has a Falls Prevention multi-professional group who meet quarterly to review all incidents involving slips, trips and falls, to increase analysis and improve patient safety (Page 22). We review trends, lessons learned and review avoidable falls versus unavoidable falls categories. During 2016-17 we worked alongside other Hospices utilising the Quality Locality Group to network, audit and benchmark in regards to falls prevention and management. A peer review process was introduced which allowed us to review and compare our policy, documentation, risk assessments, equipment, environment, auditing tools and processes.
Infection Prevention and Control

During April 2016 we had 1 Clostridium Difficile case classed as a Hospice Associated Infection. The patient developed symptoms during their Inpatient stay. The patient was cared for appropriately. This case was fully investigated by the team and a post-infection review performed.

We continue to be very proud of our Infection Prevention and Control standards and practices. Patients are assessed prior to admission in compliance with our Infection Prevention and Control Admission, Transfer and Discharge Policy. Patients are also routinely screened for infection on admission and as policy within our Out Patient Department.

Staff and Volunteer training in Infection Prevention and Control is part of our mandatory training programme which was delivered in March 2017, hand-hygiene and Bare Below the Elbow is continually promoted and monitored throughout the Hospice.

The Infection Control lead carries out monthly audits against our 23 policy sections and action plans are devised and communicated to senior managers, department managers, staff and volunteers.
Our Engagement and Experience Strategy includes all the means by which we gain the views and suggestions from our patients, families, carers and visitors. This process includes Satisfaction Surveys which are provided to every patient or their family member/carer to complete and Comments and Suggestions Leaflets and Comments Boxes.

This process is managed by the Experience and Engagement Group and responses are collated and reviewed weekly by Clinical Management. Comments received are very positive and any areas of concern are usually addressed immediately as appropriate by a member of staff. Other comments and suggestions are logged so that they can be monitored for themes or actioned in a timely manner. These comments are very well received as they are utilised to improve our Hospice practice and environment. Examples of improvements are new name badges, nutritional changes, the review of our leaflet and information process and our spirituality service.

Positive feedback and ‘Your Comments Our Actions’ is displayed for our patients, carers families and visitors to view and is utilised within Hospice reports and campaigns. Thank you cards we receive are anonymised and also placed upon display. The following pages contain a sample of the numerous positive comments that we received during 2016/17.

100% of patients would recommend Wirral Hospice St John’s.

“Staff, including auxiliary and volunteers are all wonderful”.

“I have found the whole experience to be a well catered and sympathetic journey”.

“I was very frightened of coming to the Hospice as I thought I was coming here to die. But when I arrived I felt like I had stepped into a little bit of heaven. It is very peaceful here”.

“Pleasant atmosphere, kind people, professional care”.

Quality Account 2016/17
Patient Experience

“Lovely and happy, jolly place. I love it!”

“I recommend Wirral Hospice St John’s as a peaceful, professionally run centre, with excellent staff including all volunteer staff”.

“Made my life so much better wish I had come sooner. Pain Clinic”.

“The main benefit I have had from coming to day therapy is getting out which helps my mood as I do not have time to dwell on my condition, the ability to be able to talk things through with staff is a real benefit”.

“Fantastic staff always treated with respect and dignity”.

“Have become a person here, not just a patient with cancer”.

“Real Home

“I reviewed a patient in clinic today who has been attending the baking group. She told me that this was a very positive experience for her, and she has now started baking regularly at home with her husband. Her mood is brighter than I have seen for some time. She also found it very meaningful to tell her patient story, and feels really pleased that this will help us to learn as an organisation. Her self-confidence in noticeably improved.”

“Think it is a beautiful place and everyone helpful”.

Think it is a beautiful place and everyone helpful”.

Quality Account 2016/17
Family and Carer Experience

“Very welcoming & friendly as soon as you walked into reception. Nothing too much trouble for staff and very caring. Meals provided to dad were lovely, fresh and hot. Room facilities very high standard and comfortable and clean”.

“I was already suffering a bereavement and they gave me some valuable sittings to enable me to have some away time. The sitters were wonderful and compassionate and caring. Their sits were invaluable”.

“Day Therapy - how significant an impact this has had upon her father’s life. Described Day Therapy as precious; “you are the jaguar of his care and experts at what you do”.

“This enabled my mum to get a break and a good night's sleep”. It was a wonderful service.”
Visitor Experience

“Lovely staff.. Nice place.”

“Excellent service”.

“Very friendly staff”.

“Great service.. and a wonderful place”.

“Beautiful place to be”.

“Relaxed and friendly place”.

“HUB-tastic!”.

“Staff are very helpful and kind”.

“..marvellous Hospice..”
Bereavement Support Service Experience

The Hospice offers bereavement support both individually and in groups. The Bereavement Groups offer support to those whose partner or spouse have died. The Hospice establishes whether the service is achieving its aims and objectives via comments received from our annual questionnaire.

The following are some of the comments received this year regarding the Bereavement Groups and the individual bereavement support offered:

“Supporting me to accept how I was feeling is part of the grieving process”.

“I was able to express my feelings and thoughts without being judged”.

“It is a safe secure environment to talk about issues which are very difficult to talk about”.

“Felt comfortable enough to talk about worries, concerns and even those dark thoughts sometimes you are frightened to say ... guidance through a difficult time”.

“Being able to talk freely and selflessly about my grief. No brave face needed. Most of all being listened to with such care and kindness and being made to feel 'normal' in how I was coping with grieving”.

“It is clear our clients benefitted from the Bereavement Service and it enabled them to rebuild a future without their loved one which is the aim of our service. As regards to group support, we feel the mix of experience we have in the group works well. Overall comments were very positive and most importantly the service enabled those who had lost loved ones to rebuild a meaningful future”.

Bereavement Support Co-ordinator
On behalf of NHS Wirral Clinical Commissioning Group (CCG) I would like to commend Wirral Hospice St John’s on all the excellent care delivered to the patients of Wirral over the last year.

Wirral Hospice St John’s is a valuable partner within our commissioning model for Palliative and End of Life Care delivering inpatient, outpatient, and day therapy hospice care for the population of Wirral. Their continuous efforts to develop and improve the quality and standards of care offered to patients and their families at the last period of life are borne out by this report.

During 2016-17 Wirral Hospice St John’s has continued joint working with Marie Curie care to enable efficient use of both the Hospice at Home and Night Sitting Services to deliver a comprehensive and complimentary set of services.

Wirral Hospice St John’s has also been actively involved in initiatives on behalf of the Wirral Palliative & End of Life Clinical Group and has both led and facilitated the development and launch of the Wirral Citizens End of Life Charter in May 2015 and continue to support the Wirral End of Life on-line resource that was launched in May 2016.

The Wirral health economy continues to face significant challenges of an ageing population with an ever increasing range of long term conditions that will inevitably become palliative and lead to the end of their lives. There is also a considerable financial challenge for the CCG to ensure the services it commissions are affordable and fit with the needs of our population.

Wirral CCG and Wirral Hospice St John’s are actively working in partnership to enable the best use of the resources currently available and are working to ensure the development of future service models continue to build on the excellent care and reputation of Hospice services for our community.

Wirral CCG looks forward to continued good working relationships for 2017-18.

Paul McGovern, Commissioning Manager
Lead Commissioner for Palliative & End of Life Care
Healthwatch Wirral would like to thank Wirral Hospice St John’s for the opportunity to comment on their Quality Account for 2016/2017.

The Hospice core values were noted and relevant. It was pleasing to read that the Hospice recognises that they are one team of dedicated staff and volunteers who work together to ensure that they provide highest standards of care.

**Priorities for Improvement 2017 – 2018**

The 3 priorities were noted.

- **Priority 1**  Patient Safety – Tissue Viability. The development of an audit tool.
- **Priority 2**  Clinical Effectiveness – Measuring palliative care outcomes.
- **Priority 3**  Patient Experience – Review of spiritual and faith support across Hospice services.

Healthwatch Wirral look forward to receiving quarterly reviews on progress against the priorities.

**Review of Quality Priorities in 2016-2017**

It was positive to note that:-

**Patient safety**

Issues around medicines administration competencies had been addressed by the introduction of a formalised medicines management induction programme for prescribers. Also, annual medicine administration and calculation competencies for all Registered Nurses.

To improve patient knowledge of their medications the Hospice sought feedback from inpatients. This resulted in the introduction of a formal process to issue Medicines Management Information leaflets to all patients at their first encounter with the Hospice. The Hospice is also exploring methods to supply information to outpatients.

**Clinical Effectiveness**

The Hospice has developed and implemented documentation to support individualised care in the last few days of life. The document ‘Excellent Care at the End of Life Record’ has been piloted at the Hospice and Wirral University Teaching Hospital with a view to being used across Wirral. Staff have been trained in how to use the document and there are plans to produce an electronic version.

**Patient Experience**

The hospice continues to ensure that patient and carers views are taken into consideration and will be used to shape any service developments.

It is reassuring to read that the Hospice will continue to audit and monitor progress on all of these Quality Priorities.
Key performance Indicators
These were noted. Healthwatch Wirral look forward to receiving quarterly reviews during 2017-2018.

Wirral End of Life Charter
Also, noted is that the Hospice continues to encourage organisations to sign up to the Charter and that an End of Life Care online resource has been created. This resource is accessible to anyone who may require information about services and organisations who can provide support and help.

The Queens Award for Voluntary Service
Healthwatch congratulate the Hospice in achieving this award to celebrate the valuable contribution of all of their volunteers.

Overall the Quality Account was positive.
Healthwatch Wirral has enjoyed working alongside the Hospice during this year. We have utilised the functions, duties and powers of Healthwatch to provide challenge and assurances and we recognise the mutual value in our relationship.

We look forward to working with the Hospice to support the implementation of the Quality Account and strategic plans.

Karen Prior
Healthwatch Wirral Chief Officer
On behalf of Healthwatch Wirral
Further Information

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