

Wirral Hospice St John's Quality Account 2022-23

Quality Account 2022-2023

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Section 1:

Quality at Wirral Hospice: Chief Executive's Statement

Welcome to Wirral Hospice St John's Quality Account 2022-23 which focuses on the quality of the personalised services we provide for patients and families living in Wirral and West Cheshire (Wirral, Neston & Williston) communities, building upon the NHS Long term Plan, in addition to the NHS England Palliative and End of Life Care National Delivery Plan 2022-25, incorporating the Six Ambitions for Palliative & End of Life Care (2021), NICE Guidance for End of Life Care for adults (2019) and the Health and Care Act 2022 s3(1) NHS Act 2006 (as amended).

Wirral Hospice St John's is an independent charity (Registered no. 510643), constituted as a company limited by guarantee. The hospice is governed by a Board of Trustees and run by the Chief Executive and Senior Leadership Team (Medical Director/Consultant in Palliative Medicine, Finance Director, Director of Clinical services, Workforce Director and Income Generation, Marketing Director).

We provide specialist palliative care and support for adults with life limiting illness with complex physical, psychological, spiritual, and social or carer or family needs. Through integrated provision in collaboration with Wirral University Teaching Hospital NHS Foundation Trust and Wirral Community NHS Foundation Trust, we pride ourselves on providing accessible high-quality services, putting patients and their families at the centre of all that we do, helping meet the needs of our patients, carers, and their families without discrimination. Through this same collaboration our specialist knowledge and skills are shared with health and care professionals and providers across Wirral through the Wirral Palliative Education Hub.

Delivering high quality care and support is important to us. As a hospice, data is important to us, inclusive of Wirral Population Health data, and that generated within the hospice. We are continuously monitoring both internal & external data to inform our thinking, ensuring that our services continuously develop to meet the changing needs of our community, enhancing our patients, family, carer, and visitor experience. Quality is monitored and reported upon via a robust governance framework. The Board of Trustees delegates responsibility to its Governance Committees – Clinical Governance, Workforce Governance, Finance & Infrastructure Governance, and Income Generation & Marketing Governance. Trustees actively engage with staff, volunteers, and service users, monitoring the standard of services and the experience provided.

We encourage an open and honest culture and continuously seek the views of our service users through a variety of media. We aim to be a true 'learning organisation' with all feedback in whatever format welcomed and reviewed, discussed, and acted upon to enhance our learning and our care delivery.

2022-23 has continued to be challenging, following on from previous Covid-19 pandemic years and seeing the introduction of the new Integrated Care System July 2022, continuing to impact on ways of working and future develop providing both challenges and opportunities. However, we have continued to develop innovative ways of meeting our patients and their family's needs. Continuing into 2023-24 on our three priorities for improvement:

- ✓ Research- Active participation in research projects.
- ✓ Establishment of H@H Personal Care Service – successful integration with all Hospice and partner providers.
- ✓ Improved interpretation and reporting of patient outcome measures (working through HUK project).

As a Hospice, the Trustees, Chief Executive, Senior Leadership Team, our staff, and volunteers, remain totally committed to the delivery of compassionate, high-quality care for our patients, their families, and friends, upholding our values. We commend this report to you as evidence of the quality & compassion embedded in all that we do.

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,

Philosophy of Care

The aim of Wirral Hospice St John's is to warmly welcome people with a life-limiting illness to our hospice care and as a highly professional, values based, caring organisation, to put our patients and their families at the centre of all we do.



Our Hospice Core Values

Wirral Hospice St John's CARES

We will uphold our Hospice core values in all that we do: -

Compassionate:

To care for and support patients, families, and colleagues and the wider community with compassion and understanding

Accountable:

To be accountable for our own actions and decisions, and to hold each other to account

Respectful

To treat others with respect throughout all interactions, acknowledging and considering differing opinions

Equitable:

To act in an equitable manner for all, ensuring that individual needs are considered and supported

Sustainable:

To manage our resources efficiently, optimising use and value, whilst minimising waste

The Core Values are underpinned by the hospice's obligation to uphold all legal and regulatory requirements.

Our Strategy 2020-23

Wirral Hospice St Johns 3-year Strategy was launched in February 2020; it is supported with an Annual Delivery Plan (ADP) supported by our Trustees.

The Annual Delivery Plan outlines the aims and objectives across all departments linking with our key stakeholders and partners across the Wirral community to progress our work programmes.

Our four Key Strategic Aims are:

- 1. Increase the reach of our services across the Wirral community providing care and support closer to home.**
- 2. Secure sustainable income reducing the risk on the funding of care activities and provide funding for service developments.**
- 3. Be the employer of choice with a highly motivated workforce inclusive of volunteers supported through learning & development opportunities and investment in their skills and personal development.**
- 4. Ensure that Wirral Hospice St John's is recognised as an effective, efficient and thriving organisation, worthy of future investment.**



Section 2:

Priorities for Improvement 2023-24

1. Research: Active Participation in Research Projects:

How was this identified as a priority?

The hospice's Strategy for 2020-23 clearly identified becoming more research active as one of its clinical priorities. Whilst positive connections were made during this period with research projects, the Covid-19 pandemic, that was almost simultaneous with the strategy launch, adversely impacted the development of the identified research projects. This has remained a priority.

The impact for patient and family care: -

- Being involved in research offers patients the opportunity to contribute to the development of services and understanding of care methodology, treatments, and their impact. There is evidence to say being offered this opportunity has a positive impact on the patient's sense of value.
- Quality research helps develop evidence-based practice.

This priority for improvement will be achieved by: -

- Involvement in research projects.
- Networking with research bodies and organisations.
- Developing research skills and knowledge within the hospice staff group.

2. Establishment of Hospice@Home (H@H) Personal Care Service: Successful integration with all hospice and partner providers.

How was this identified as a priority?

The award of the contract to deliver personal care for patients in the last 4 weeks of life is a welcome addition to the hospice's portfolio of services. We are committed to ensuring we deliver a responsive and quality service to the people of Wirral, that supports all partner agencies and system wide developments.

The senior leadership and clinical management teams are aware of the time and resources required to make this successful development, and to embed the service into business as usual.

The impact for patient and family care: -

- Security and comfort from rapid access to a quality service - supporting their choice to die at home.
- Delivery of a flexible and knowledgeable end of life care service that is networked with community and specialist teams.

This priority for improvement will be achieved by: -

- A fully established team, with solid training and support mechanisms.
- Clear and reviewed referral and communication process with key partners – Community Nurses, Integrated Discharge Team and Hospital and Community Palliative Care Team.
- Clear data gathering and reporting processes.
- Effective feedback processes for all stakeholders.

3. Improved interpretation and reporting of patient outcome measures (working through Hospice UK (HUK) project):

How was this identified as a priority?

The use of the Individual Patient reported Outcome Score (IPOS) has been part of contract Key Performance Indicators (KPIs) for some time and has been embedded across clinical services and used to positively identify patients' priorities during their care. However, the interpretation of the data and the ability to triangulate it with other outcome measures has been limited.

Working alongside a new Hospice UK-led development, there is now the opportunity to utilise this data in a more rigorous way to support evidence of the impact of patient care.

The impact for patient and family care: -

- The effective use of outcome measures enables patient experience and needs to be better understood.
- Interpreting this data in the right way improves understanding of effective care and supports demonstrating to commissioners and supporters the impact of funding and donations that enable care delivery, thus supporting patient care by securing the sustainability of hospice services.

This priority for improvement will be achieved by: -

- Regular engagement with HUK developments.
- Investment of time and resources in utilising the reporting tools being developed.
- Contribution to the community of practice working on this development.
- Improved reporting.



Statutory Information and Statements

Statement of Assurance from the Board:

The Board of Trustees supports the Quality Objectives agreed for 2023-2024.

The Board is committed to high quality care for patients and their families throughout all areas of the hospice which it reflects in its own conduct of business.

Trustees undertake mandatory training in areas relevant to their responsibilities, for example safeguarding and data protection, in line with recommended frequency of refresher training. All newly appointed Trustees go through a process of selection designed to ensure they meet the “fit and proper” person test for charities including provision of references and a DBS check. Upon appointment, they undertake an induction programme with the senior managers of the hospice departments to familiarise the Trustee with the quality parameters, which guide and govern the operational activity of the hospice.

Through delegated authority from the Board of Trustees, Governance Committees led by Trustees, including senior hospice staff, meet regularly to review performance, gain assurance, discuss issues which have arisen, and identify risks. Any required amendments to policies or operating practice to mitigate risk are undertaken. In turn, Governance Committees report into the whole Trustee Board to demonstrate that diligent quality assurance is being conducted across hospice activity and escalating matters for consideration at this level when necessary. At both Governance Committee and Board level, the Trustees monitor the setting of strategic objectives and progress of individual work programmes for their achievement set out in an Annual Delivery Plan.

Meetings have predominantly returned to in-person after the pandemic, and Trustee review visits to each hospice department, including contact with patients and families, will resume on the same basis. We welcomed the resumption of assessment/quality assurance visits from regulatory bodies, as a supplement to the routine audit processes, which are carried out internally.

The hospice has clearly defined policies for the treatment of safeguarding issues, serious untoward incidents or complaints which include notification to the relevant Governance Committee Chair, or the Chair of Trustees and external mandatory reporting with their involvement as necessary. The Board also appoints a Trustee to act as Safeguarding Lead on their behalf.

Each Governance Committee includes the review of risks as a standing agenda item and reports significant risks, together with proposed mitigating actions, to the Board, which maintains the overall Risk Register.

Trustees conduct an appraisal process annually, which covers both individual contribution to the role as well as the effectiveness of the Board structure and its workings. Recognising the value of communication, Trustee bi-annual reports are published to ensure staff and volunteers are fully informed and engaged with the Board.

Steve Schroeder, Chair of the Board of Trustees

Review of Services:

During 2022/23, Wirral Hospice St John's has re-established all services following the Covid-19 pandemic - some services have maintained an element of virtual contact as an option for patients and families, notably in bereavement, counselling, and memorial services where this has been evaluated favourably by those living at a distance or working. All other services function predominantly in a face-to-face manner.

Inpatient Service:

Up to 16 beds providing short stay complex symptom control and end of life care support.

Wellbeing Service:

A program of patient education, support and activity sessions. Supported by access to the wider Multi-Disciplinary Team (MDT) including Physiotherapy, Occupational Therapy Complementary Therapy, Social Work, Counselling, Spiritual Care, and Bereavement Care.

Outpatient Services:

Medical Consultations:	Consultant or specialist Doctor consultations at the hospice
Domiciliary Visits:	Medical Consultations in the patient's own home
Interventional Pain Clinic:	Review by Consultant Anaesthetist

Supported by access to the wider MDT including Complementary Therapy, Counselling and Bereavement Care.

Hospice at Home:

Day Carer Respite Visits:	Provided by hospice staff
Night Carer respite Visits:	Provided by hospice staff and coordinating Marie Curie Visits
Personal Care Visits:	Provided by hospice staff – in conjunction with Community Nursing Teams for patients in last weeks of life.

Wirral Palliative Care Advice Line:

Professional's Palliative Advice and Information Line	-	Out of Hours
Patient Carer and Family Advice and Information Line	-	24/7

Wirral Hospice St John's has reviewed all the data available to them on the quality of care in these services.

Research:

Research is a key element of ensuring that the hospice is at the forefront of advances in palliative care and is one of our priority projects for 2023-24.

We are currently engaging in two national research projects.

After being involved in phase 1 of a research project by the University of Strathclyde, the hospice was identified as one of 4 pilot sites in England and Scotland for phase 2 of a large study to understand the effectiveness of digital platforms for outpatient care. This project remained delayed by Covid-19 throughout 2022–23 with recruitment of patients only commencing in March 2023.

The second research project led by the University of Surrey into hydration at the end of life also commenced recruitment at the end of March 2023 and will run for up to two years.

Patients and staff have had a positive response to engaging in research in the endeavour to improve patient care in the future.

All research activity has been approved by the corresponding university ethics committees.

Engagement in research continues to be a priority in the hospice and we are being supported by the Clinical Research Network providing 2 days of support with a research nurse and in collaboration with the Research Network will seek further research opportunities.

Quality Improvement and Innovation Goals agreed with our Commissioners:

Wirral Hospice St John's income in 2022-2023 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.

The Quality Schedule agreed between the hospice and ICB (Integrated Care Board) Quality Team continues to form the foundation of Quality reporting to the ICB, providing an assurance framework of quality performance, improvements, and innovation measures.

Data Quality:

Wirral Hospice St John's 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 Place NHS Cheshire & Merseyside Integrated Care Board (NHS C&M ICB) reviewed monthly by the Senior Leadership Team, Clinical Forum and quarterly by the Board of Trustees and Clinical Governance Committee.

The hospice also submits and is fully compliant with the national Data Protection and Security Toolkit provided by NHS Digital to assist in measuring the quality of the IT data systems, standards and processes we use to collect data.

Financial Position:

The income received from the NHS in 2022-2023 represents **30.0%** of the total income generated by Wirral Hospice St John's for 2022-2023. The income received from the NHS represents approximately **42.1%** of the overall running costs of the hospice.

The hospice receives funding from the Wirral Place NHS Cheshire & Merseyside Integrated Care Board (NHS C&M ICB) 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 they continue to meet the needs of our patients and their families and we are providing them as efficiently as possible.

Latest Care Quality Commission (CQC) Inspection,

August 2022:



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 2022-23.

In August 2022, the CQC carried out an announced inspection of the hospice inspecting the Key Lines of Enquiry of **Well Led** and **Safe** – we were found to retain a Good rating for both domains.

The domains of Effective, Caring and responsive were not inspected and retain their Good status from the previous CQC inspection in 2016.

From the report published on 26 October 2022, the CQC advised: -

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.*
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountability. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.*

There were two identified areas for improvement: -

- The service should ensure that the syringe driver competency assessments introduced by the hospice are routinely carried out as part of regular training updates.*
- The competency framework was in place and all outstanding staff had completed this within a week of the inspection. This now forms part of routine competency training and assessments.
- Managers should continue with plans to ensure that learning disability awareness training is completed at the earliest opportunity once this is available.*
- The training became available in October 2022 and by January 2023, there was 97% compliance for Autism Modules and 87% compliance for Learning Disabilities

Section 3:

Priorities for Improvement 2022-23: Progress

Wirral Hospice St John's set three priorities in 2022-2023. The following highlights the considerable progress in which the organisation has demonstrated and improved the quality of care for patients and their families.

Priority 1: Expanding our reach increasing accessibility to Specialist Palliative Care and Support:

Developing a service for People with Heart Failure and their families across Wirral

How was this identified as a priority?

- Through initial audit of numbers accessing and types of support provided for patients diagnosed with heart failure.
- Following audit, through initial links established and discussion with local Cardiologists, it was recognised many of the people on Wirral diagnosed with heart failure did not access hospice care which may be of benefit to them and all concerned wanted to address this.

The impact for patient and family care: -

- Providing locally based coordination of care, effective communication, support and direct access to counselling services to patients with heart failure and their families from diagnosis and throughout their heart failure journey.
- Facilitating increased uptake of wider hospice services including bereavement support.
- Education initiatives to improve understanding of heart failure across care giving networks.
- Access to support at an earlier stage following diagnosis for patients with heart failure and their families.
- Improved access to information, knowledge and access to services with timely support throughout illness.
- Improved emotional health and well-being.

This priority for achievement will be achieved by: -

- Support for people diagnosed with heart failure through established links with cardiology clinics at Wirral University NHS Foundation Trust and tertiary cardiology centres.
- Coordination of Multi-Disciplinary Team improving coordination and planning.
- Established relationships with cardiologists serving the locality activity data dashboard produced reviewed quarterly and adjustments undertaken as required.
- Monitoring of project development through regular management and steering groups.
- Gathering of data and outcomes to support project evaluation.

Progress: -

- Completed audit of heart failure patients known to the hospice to enhance understanding of existing referral patterns - findings shared at system wide audit meeting.
- Links made with cardiology teams and heart failure clinics, monthly attendance at MDT.
- Referral criteria and pathway clarified and disseminated.
- Plans for a further reaudit late in 2023.

Priority 2: Enhancing Equitable Access to 24/7 access to high quality advice and guidance for professionals, patients and their support networks:

Expansion and merger of separate advice lines with enhanced delivery

How was this identified as a priority?

- Static activity with minimal increase in use of Professional Advice Line.
- Recent turnover of staff requiring increased training to uplift skilled resource.
- Awareness via feedback and audit of potential difference in quality of advice at differing times of the day.
- Requirement for readily accessible 24/7 advice and guidance for all with current system of operation limited for the future.

The impact for patient and family care: -

- Readily accessible information for professionals to inform the care of patients and the support for families across Wirral's health & care sector.
- Optimal opportunity for patients to be cared for in their place of choice
- Patients have their symptoms well controlled to enabled them to live and die symptom free with their peace and dignity.
- Improved patient safety – with accurate information readily accessible
- Enhanced support for those important to patients.

This priority for achievement will be achieved by: -

- Existing separate numbers merged.
- Single number marketing campaign delivered across Wirral for health care professionals
- Patients and carers to receive individual information at point of access.
- Additional training to be delivered to all hospice nursing staff and refreshed annual or when key information changes.
- Call monitoring form to be refreshed.
- All calls to be reviewed within 48 hours by medical professional.
- Data dashboard to be shared at quarterly meetings.
- Shared learning to be cascaded to teams across organisations.

Progress: -

- There has been an increase on quarterly hospice Advice Line activity rising from 32 calls in Q4 2021-22 to in excess of 70 calls in Q3 2022-23.
- PAIL Service rebranded as Wirral Palliative Care Advice Line.
- One single number to access all sources of support for professionals or patients and family for all ages and includes access to Claire House team. This telephone number is promoted through Wirral Wide Palliative Care information leaflet on websites from WUTH, Community Palliative Care Team and Wirral Hospice St John's.
- All hospice RNs and HCAs received training on call handling and RNs updated teaching on symptom control advice.
- Revised Advice Line forms, and improved internal review process and audit.
- Completed Audit and report on calls completed jointly with CSPCT.

Priority 3: To enhance the knowledge and skills of health & care professionals across Wirral caring for palliative patients: To formally launch Wirral Palliative Care Education Hub expanding delivery across Wirral through variety of media

How was this identified as a priority?

- Through collaborative governance need identified to pool resources for optimum coverage.
- To meet increased demand for safe and effective palliative care across Wirral, the need for appropriately trained and skilled workforce across the whole system identified.
- To meet National Ambitions for palliative and end of life care additional training and education required for staff.
- To meet the challenge of being able at 'Place' to support patients to live and die well in the place of their choosing requires staff being supported to facilitate.

The impact for patient and family care: -

- Patients and those important to them supported by competent and confident staff throughout Wirral.
- Equitable access to high quality palliative and end of life care.
- Patients supported to die with peace and dignity in a place of their choosing.

This priority for achievement will be achieved by: -

- Formal launch of the Wirral Palliative Care Education Hub (WPCE HUB).
- Development and launch of Wirral Palliative Education ECHO platform.
- Formal programme of education developed in response to National Ambitions target, Place, Incidents, feedback and identified individual organisation needs.
- Ongoing review of feedback to inform future delivery reviewed at quarterly meetings.
- Data dashboard of activity collated and reviewed at monthly and quarterly meetings.

Progress: -

- Formal Launch of the HUB was held with nationally acclaimed guest speaker and presentations on structure and ambitions for the WPCE Hub.
- The potential for hosting and ECHO platform continues to be explored.
- Education Leads from partner organisations continue to be linked in with Cheshire & Merseyside Education Strategy Group, enabling the HUB to engage in nationally funded education initiatives, and input into discussion about education needs.
- The partner organisations have continued to deliver a range of education opportunities to health and social care staff across Wirral at no charge.
- Standardised feedback developed for all courses and collated and reviewed by the educators and senior managers and used to influence course delivery.

Review of Quality Performance:

Patient safety and effective clinical care are central to everything we do at Wirral Hospice St John's.

Rebuilding services post COVID-19 Pandemic:

The beginning of 2022-23 saw us continuing to rebuild services within the receding limitations from the COVID-19 pandemic, through working closely with the local IPC team, the North West IPC Regional Network and reflecting updating national guidance we were able to minimise the impact of COVID measures on practice, reducing the barriers caused by patient testing and PPE requirements and enabling full group activities to resume for our Wellbeing Centre, bereavement and carer activities. We have also introduced group activities for patients on our Inpatient Unit – with therapy led activity session, and joining Wellbeing Centre activities, such as a baking and garden games. We have however retained some of the virtual contacts we developed tough COVID to extend the options available to patients and families; this includes families attending outpatient appointments by video connection, offering bereavement and counselling support through video platforms and continuing to deliver our regular remembrance events in both a face to face and virtual format.

During this year, we have enabled the return of many of our volunteer workforce whose input brings so much added value to our patients' experience and introduced new volunteer roles to support service developments. Volunteer drivers now bring patients without transport to our wellbeing sessions and volunteer complementary therapists support patients, families and staff wellbeing.

Infection Prevention and Control:

Effective infection prevention and control has always been a high priority and over this year this has been reinforced by preparation for the introduction of the National Standards for health care cleaning, which has led to revised cleaning and inspection schedules between our IPC lead nurse, health care and support services teams – with initial trail inspections producing positive results. We have also committed to completing the Hospice UK IPC Audit over 2023-24.

Patient Safety:

We have joined the Hospice UK Patient Safety Group, which enables us to submit incidents over the 3 key areas of Medicines Management, Pressure Ulcers and Falls. This gives us perspective on how we compare to other hospice settings and has also caused us to evaluate how we record and evaluate patient safety incidents (some of this is demonstrated in the revised reporting on Key Performance Quality Indicators).

Whilst altering reporting categories and methodology may see some types of incidents increase, we are pleased to note that the vast majority of our incidents result in no or low harm, and many medicines management incidents are identified before they affect the patients. We encourage an open culture of incident reporting and have been supporting this with the development of an electronic incident reporting system.

Falls prevention and management continues to be a focus balancing the desire to maintain the mobility and independence of our patients whilst minimising the risk of injury. Our therapy team have been leading on introducing patient goals to maintain their motivation and function. We have revised our manual handling training to ensure the use of the most appropriate equipment and techniques. We have invested in a 3 new beds and training for staff with integrated falls alarms and also in a Raizer Chair, which enable staff to safely assist fallen patients from the floor, preserving their dignity. Patients falls risks are identified at daily patients' safety huddles and there is a falls group who review all aspects of falls to maintain best practice.

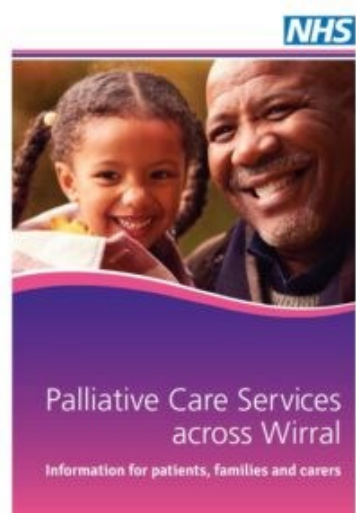
To maintain patient safety, we also require a workforce who are trained and skilled in their roles, and with the reducing limitations from COVID, we engaged in a comprehensive programme of face-to-face teaching with associated competences for many of our registered health care staff. This has included symptom

control and medicines management updates, call handling training to support those who respond to the Wirral Palliative Care Advice Line, training on the identification of and support for those who use illicit drugs.

Quality through system wide working:

Quality of patient experience is not only limited to the care we provide directly but is also achieved through services working well together. This year has seen continued close working relationships between the hospice and Community and Hospital Palliative and End of Life Care (PEoLC) teams. This is formalised in the bi-monthly Wirral Wide PEoLC Governance meeting, giving opportunity to share learning, developments and responds to cross organisational incidents.

One piece of work has led to the publication of a cross organisational leaflet covering all Palliative Care services across Wirral. We have also jointly established a single phone number access for all elements of the Wirral Palliative Care Advice Line - which accesses 24/7 support for professionals, nursing homes and patients and families. To ensure the needs of young people are met, Claire House Children's Hospice young adults (18-25s) team is now also accessible through this single number.



Working within the Wirral healthcare system has also led to the development of the Hospice at Home service; after providing personal care as an emergency measure during Winter 2021-22, this has continued to be provided throughout 2023 with a contract being awarded to develop this initiative to provide personal care for those in the last 4 weeks of life across Wirral. This project has succeeded due to the close working relationships between the Community Nurses, Hospital discharge team and Continuing Health Care team supported by the Commissioners. Feedback from professionals, patients and families has been overwhelmingly positive.

We continue to work closely with the ICB and Wirral PEoLC partnership groups, supporting strategic developments and helping to achieve required Place based standards and ICS requirements. We have continued the development of and delivered on the reporting required by the quality reporting schedule agreed with Wirral ICB Place Quality team.

We have also continued in partnership working with the Motor Neurone Disease (MND) Association, concluding a successful 2-year pilot of a key worker role and enhanced access to counselling services, securing funding from the ICB to continue this work for a further year and we have continued out contact with the Citizens Advice Bureau (CAB) to provide specialist benefits advice to our patients and families. (This initiative is funded through successful small grants applications for the charity sector).

Information Governance: Wirral Hospice St John's works hard to ensure we protect the personal information of patients, staff, volunteers and donors in line with legislation. We completed the annual NHS Digital Data Protection & Security Toolkit self-assessment, against which our performance was measured and found to be fully compliant against the National Data Guardian's 10 data security standards. This continues to give assurance we are practicing optimum data security and that personal information is handled correctly in line with GDPR and our contractual obligations.

Monitoring Activity – Hospice Data

Hospice data is submitted to the Wirral Place NHS Cheshire & Merseyside Integrated Care Board (NHS C&M ICB). This data is also reviewed monthly by the Senior Leadership Team, Clinical Forum and quarterly by the Board of Trustees and Clinical Governance Committee.

Outpatient Clinics: are provided for patients under the care of their General Practitioner (GP) and the Community Team who require medical access to multi professional specialist palliative care service through the specialist palliative care Multi-Disciplinary Team.

Outpatient Clinics:	2021-22	2022-23
Total number of referrals	304	239
New appointments offered	221	136
Total number of Medical Domiciliary Visits	165*	115

** During Covid-19, more home visits were completed to support reduce the need for patients to travel to clinic setting*

During 2023, the referral process has altered with patients being referred directly to or seen initially in Wellbeing services.

Wellbeing Service: is provided by a specialist multi-professional team, working alongside patients and their families to enable them to live well with a life-limiting illness and introduces them to a rehabilitative model of care, which encourages them to maximise their potential within the constraints of their illness.

Wellbeing Service:	2021-22	2022-23
Total number of patients	188	218
Total number of referrals	148	211
Total number of Wellbeing Session attendances	1,093	1,915

In 2022-23, the service has been redesigned to enable direct referrals from health care professionals (reducing the need for outpatient consultant medical review prior to attendance) and to offer an 8-week session program with further self-selected sessions at the end of this program.

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.

Interventional Pain Clinics:	2021-22	2022-23
Total number of referrals	84	73
New appointments offered	55	68

Inpatient Unit: Wirral Hospice St John's has 16 Inpatient beds, of which seven are single rooms and there are three, 3-bedded bays. Following assessment by the MDT, patients are admitted for short term interventions whose needs cannot be met by palliative care providers elsewhere. Patients are admitted under the care of the Specialist Palliative Care Consultant.

Inpatients (16 beds)	2021-22	2022-23
Total number of admissions	146	165
% Occupancy	82%	62.5%
Mean Length of stay (Days)	21.7	21.2
Total number of discharges	88 (60%)	77 (48%)

Due to Covid-19 infection prevention and control measures, the available number of beds was reduced, and the occupancy calculation was adjusted from October 2020 onwards.

During 2022-23, the Unit has been measuring occupancy against 13 beds.

Hospice at Home Sitting Service: Wirral Place NHS Cheshire & Merseyside Integrated Care Board (NHS C&M ICB) continued to support the hospice in the delivery of Hospice at Home services for all Wirral residents. A partnership arrangement with Marie Curie Nursing service provides a more coordinated 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.

Hospice at Home: (Sits)	2021-22	2022-23
Total number of referrals	437	420
Hospice at day	1,818	1,911
Hospice at night	351	320
Total number of deaths	290	304
Total number of deaths at home	215 (74%)	254 (83%)

Hospice at Home Personal Care Service:

Commenced 06.12.21

This service has extended over 2022-23 with a contract being awarded in November 2022 allowing recruitment of new staff to develop a multi visit service for those in the last 4 weeks of life – this service commenced in mid-March 2023.

Personal Care Visits	2021-22*	2022-23
Total number of referrals	58	250
Personal Care Visits	508	1868
Total number of deaths	27	149
Total number of deaths at home	25 (92%)	138 (92%)

* 2021-22 4 months of service.

Wirral Palliative Care Advice Line:

During 2022-23, two advice lines for patients, families and carers and for professionals were merged and expanded to create a single accessible advice with a single telephone number. Professional calls to the advice line are supported by the Community Specialist palliative care team 9am-5pm.

Advice Line Calls (taken by the Hospice)	2021-22*	2022-23
Calls to the Professional's Palliative Advice and Information Line (OOH)	66	130
Calls to the Patient Carer and Family Advice and Information Line 24/7	40	71
Total number of all calls taken by hospice	106	201

Clinical Audits:

Wirral Hospice St John's has an established Audit Program covering both local clinical and non-clinical audits to ensure that we are continually meeting standards, providing a consistently high-quality service and to monitor the effectiveness of the care we provide.

This has been revised for 2023-24 to utilise a greater number of Hospice UK or NHS audit tools. They are set out in our annual Audit Plan.

Our Clinical Governance Committee and Board of Trustees review clinical audit findings and service evaluation reports on a quarterly basis to assess and receive assurance about the standard of care provided and the lessons learnt to ensure continuous improvement.

Audit and Education events take place bi-monthly to disseminate learning from our own audits, hospital or community end of life care provider partners and from the national and regional audits we have participated in. These events take place in a blended face-to-face and online format allowing colleagues from across the services to attend in person or remotely.

We have shared audits and service development work through 7 poster presentations at the national Hospice UK conference in November 2022.

The following is a sample of the clinical audits completed over the past 12 months; the audit findings and actions from which were all presented to staff and our Clinical Governance Committee: -

Audit Subject:	Key Audit Results / Outcome of Audit:	Key Actions / Recommendations:
Infection Prevention and Control: Bare Below Elbows (BBE) Hand Hygiene (HH) Infection Alerts (IA) Process	<p>BBE high compliance: percentage of between 94% and 100%. 1 x staff wearing false nails and 1 x staff wearing stoned ring.</p> <p>HH compliance: although high percentage of compliance of between 90 and 100%, 100% is expected. Staff member not wetting hands prior to applying soap and not using non touch technique with turning off taps reason for non-compliance - educated at time of audit.</p> <p>IA compliance: percentage of between 85% and 100%. The reason for the lower percentages is care plans not being initiated and the infection alerts not being documented on the patient's home screen of their notes.</p>	<p>BBE policy reminder to all staff has been sent out by Ward Manager.</p> <p>Reminder to all staff sent on HH process, linking in with IPC link nurses. HH training will be covered in upcoming Aseptic Non-Touch Technique (ANTT) training videos. HH will be covered for all staff this coming year in ANTT training.</p> <p>Reminder to RGNs on importance of utilising infection alert care plans. This has been emailed and will be discussed at next ward meeting</p>
Controlled Drug Accountable Officer Annual Self-Assessment	<p>A positive audit demonstrating the safe management of controlled drugs throughout their journey at the hospice.</p>	<p>Explore potential for benchmarking prescribing against similar organisations.</p>
Equality, Diversity and Inclusion (EDI) Monitoring information	<p>This was a new Audit that was reviewing our first year of actively collecting <i>protected characteristics</i> and</p>	<p>Further work on refining monitoring, understanding data and trends over a longer period is required alongside</p>

Audit	<p>drawing comparisons with local population data. Some of that data enabled direct comparisons and some did not. Key findings: - Gender: Larger number of female respondents, 4% did not respond. Age range: Is older than whole population age range. Marital Status: Increased numbers of widowed; 20% compared to Wirral 6% Sexuality: Wirral 3% were not Heterosexual, 6% declined to answer WHSJ 1.8% Bisexual, 83% were Heterosexual, 14% did not answer Ethnicity: Wirral 95% White WHSJ 94% White and 3.7% Chinese Religion Wirral has a higher rate of <i>No religion</i> compared to WHSJ</p> <p>Questions of Gender Reassignment and Pregnancy were not been responded to sufficiently to report on.</p>	<p>development of more detailed EDI plan including consultation with Wirral residents of different communities.</p> <p>Further work on distribution and communication about purpose and process of EDI information.</p>
Patient-led Assessments of the Care Environment (PLACE)	<p>The hospice scored highly across all areas, with results between 78% and 98% compliance. There were no significant findings but several small areas for improvement being addressed in a detailed action plan. Some actioned on the day. 4 areas had improved from previous inspections, 4 areas had marginally decreased.</p> <p>The hospice scored favourably when benchmarked with other hospices other than 12 categories where results were marginally below the national averages.</p>	<p>Immediate and short-term remedial actions put in place and medium-term jobs put into facilities schedules.</p>
Safeguarding Audit	<p>Overall Safeguarding concerns have been identified and appropriately addressed.</p> <p>Staff are aware of principles and processes for safeguarding but lack confidence and they don't deal with this often.</p> <p>There was improvement in responses in many areas from 2019, although response numbers were lower.</p>	<p>Review clarity and consistency of documentation both in records and prompts on safeguarding forms.</p> <p>Ensure current outcome form is completed and alter outcome form to prompt feedback to person raising concern.</p> <p>Use the significant conversation template in patient records for recording the raising and addressing of a safeguarding concern and for any safeguarding plan put in place.</p> <p>Face-to-face training for staff including case examples and location and completion of documentation - this will be best delivered after the implementation of the electronic incident records system.</p>

Key Performance (Quality) Indicators:

Key Performance (Quality) Indicators:	2021-22	2022-23
Clinical Complaints		
Total Number of complaints	3	4
Total number of complaints upheld	1	2
Medicine Incidents		
Total Number of Medicine Incidents (Directly related to patient care)	35	28
Incidents prevented *	11	11
Incidents not prevented *	-	17
(Not directly related to patient care)	24	-
Medicines Incidents resulting in Moderate Harm +	-	0
Patient Falls		
Number of Patient Falls	32	30
Falls with Moderate Harm +	-	0
Pressure Ulcers		
Number of Pressure Ulcers Stage 2 or above	4	-
Pressure Ulcers on admission *	-	33
Hospice Acquired Pressure Ulcers *	-	14 **
Hospice Acquired Pressure Ulcers Category 3+ (Moderate Harm +) *	-	3
Infection Prevention and Control:		
Number of patients with a hospice acquired Health Care associated infection	0	1

* Not reported on previously in these categories - these reflect changes in our reporting processes in line with the Hospice UK Patient Safety Programme.

** This reflects changed practice in recording each pressure ulcer separately and not per patient as had been previous practice.

Patient, Carer, Family & Visitor Experience:

We appreciate everyone making their views known to us about our care and support services, because this facilitates making improvements where they are needed.

Our Engagement and Experience Strategy includes all the ways in which we gain views and suggestions from our patients, families, carers and visitors.

Over 2022-23, we have developed a robust process for patients, relatives receiving care and support and visitors and carers to able to provide feedback through the ***I Want Great Care (IWGC) platform***.

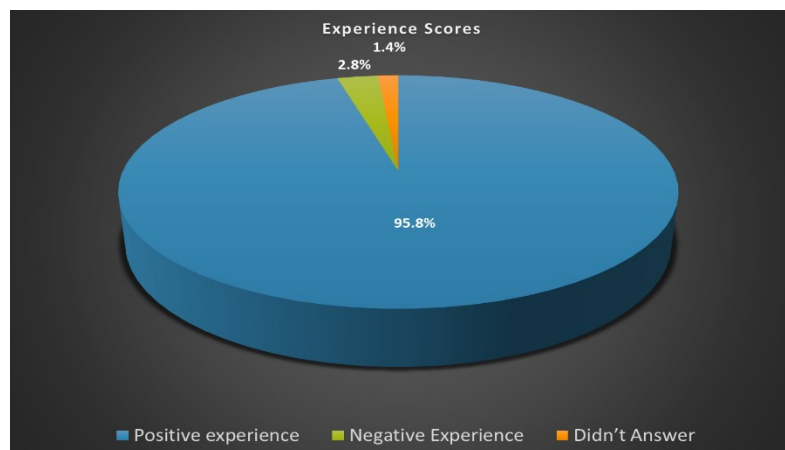
This is a 3rd party web-based platform that enables our satisfaction levels to be accessed directly by the public, increasing transparency in this area.

Feedback through the IWGC platform can be made on paper forms, via their website and on QR codes embedded in appointment cards and letters.

This approach has increased feedback by over 100% from across our clinical services resulting in 143 pieces of feedback across.

Feedback results continue to show high levels of satisfaction of experience across all clinical services

Results from 2022-2023 Satisfaction Survey across all hospice areas:



- **143 reviews out of 5 Stars**

Average score for all questions for this period: -

- **4.94 out of 5 Stars**
- **62 reviews completed by patients**

In addition to the IWGC approach, feedback can also be given through:

- Comments and Suggestions Cards collected via our Comments Boxes, enabling feedback by the public, staff volunteers and visiting professionals. Our red Comments Boxes situated throughout the hospice enable our patients, visitors and staff to tell us what they think more easily in their own words. All suggestions and ideas posted into the comments' boxes are fully considered and responded to by the relevant Senior Manager. Through the pandemic, this has proved a particularly useful way for visitors and staff to give feedback to shape our care where face-to-face discussion has not been possible.
- Feedback emailed via info@wirralhospice.org – this email link is hosted on our website and the inbox is checked Monday to Friday, with all contacts receiving an individualised response from the appropriate staff member.

All comments and suggestions are reviewed and logged so that they can be monitored for themes or the need for actions on individual experiences. All feedback is well received, as we recognise the importance of learning from both positive and negative comments to improve our hospice practice and environment. Where required, concerns are managed through our complaints process.

"All the girls who looked after my husband were all caring and kind people. They felt part of our home in the last few weeks of my husband's life; they lifted me up and guided me.

The personal care service is amazing!

Each one has a special place in my heart.

I would like to thank Sarah, Jess, Jenny and Mandy – they showed us kindness and professionalism throughout.

They all had beaming smiles and showed compassion and support when I needed it most.

These girls were angels.

There's isn't one thing they could have done better!"

"All carers have been friendly and professional. The advice given has been invaluable. We have felt very supported and cared for. You are all amazing,

*"Felt at ease...
...Great relief to
be able to talk
to someone"*

*"I am my partner's carer. Looking after him 24/7. It has been absolutely wonderful to find that I can have a few hours to myself
I so look forward to that time knowing my partner is in safe and caring hands
Such patience is shown to my partners ... gentle too"*

*"TOTALLY FEEL AT HOME
WITH THE LOVE AND CARE
RECEIVED*

THEY ARE BRILLIANT...!!!

*REALLY PROFESSIONAL,
ATTENTIVE, BRILLIANT AT
SUPPORT GIVEN.*

*CANNOT FAULT THEM IN
ANY WAY AT ALL"*

"All staff are so welcoming and positive. They care and I really enjoy going. I feel the benefits of going to the sessions. They do a fantastic job!"

*"Everyone so kind and caring. Interested in me as a person.
They do everything they can to make you comfortable."*

"The hospice provides an excellent service"

"Everyone has been kind and caring and listened to my views"

Statement from Wirral Place, NHS Cheshire & Merseyside Integrated Care Board (NHS C&M ICB)

On the 1st July 2022 NHS Cheshire & Merseyside Integrated Care Board took responsibility for planning NHS services, previously undertaken by Clinical Commissioning Groups (CCGs). Wirral Place is a sub-ICB location (formerly NHS Wirral CCG) and is one of nine localities that make up NHS Cheshire & Merseyside Integrated Care Board (NHS C&M ICB).

NHS C&M ICB takes seriously the responsibility of ensuring that patients' needs are met by the provision of safe, high-quality services and that the views and expectations of patients and the public are listened to and acted upon. Wirral Hospice St John's (WHSJ) is a partner member within the Integrated Care System. We welcome the opportunity to comment on this account and believe it reflects accurately quality performance in 2022/23 and sets out forthcoming priorities for 2023/24 and encourage the shared learning and improvement of quality of care for palliative care patients across the Wirral.

We are pleased to note the collaborative work undertaken alongside Wirral health and social care partners to progress the Hospice @ Home pathways which incorporates day, night, and personal care provision to enable people to reside within their own homes and provide the quality of care needed during such a distressing time.

Following an unannounced CQC inspection in 2022, WHSJ retained their GOOD rating status. It is apparent to see that WHSJ are continuing to strive and improve their work in achieving high quality of care amongst their training of staff and improvement in competencies. We acknowledge the improvements recommended following the CQC inspection.

The priorities for improvement set out within the Quality Account for the 2023/24 years are appropriate and we believe that the quality account gives a high importance to quality improvement and the need to continuously learn and develop patient care. We look forward to the continued working with WHSJ in 2023/24.

Dona Quigley

Consultation with Health Watch Wirral:

This Quality Account was also sent to Health Watch Wirral.

For more information, please contact us:

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