

# Wirral Hospice St John's Quality Account 2024-25





# Quality Account 2024-25

## CONTENTS:

<b>Part 1: Overview</b>	<b>3 - 26</b>
Wirral Hospice St John's Vision and Strategy	3
Statement on Quality from the Chief Executive	4 - 5
Statement of Assurance from the Board	6
Clinical Services	7
Service Users	8
Myths about our Hospice Care	9
Clinical Activity	10 - 21
Our Educational Offer and Impact	22 - 24
Our Finances and Funding	25
Our Care Quality Standard	26
<b>Part 2: Priorities for Improvement</b>	<b>27 - 32</b>
Quality Improvement Priorities 2024-25	27 - 30
Quality Improvement Priorities 2025-26	31 - 32
<b>Part 3: Review of Quality Performance</b>	<b>33 - 42</b>
Leadership & Governance	33 - 34
Performance Management & Monitoring	34
Safe Staffing	35
Learning from Incidents	36 - 37
Patient and Family Feedback (Complaints, Compliments and Suggestions)	37 - 38
Clinical Audits	39 - 40
Research	40
Infection Prevention and Control Standards	40
Promoting Equality, Diversity and Inclusion	40
Reasonable Adjustments	40
Information Governance and Data Quality	41
Learning and Development	41 - 42
Site Strategy / Green Plan Improvements	42
Collaboration and Partnership Working	42
<b>Part 4: Hospice Experience</b>	<b>43 - 49</b>
Patient and Family Experience	44 - 45
Staff and Volunteer Experience	45 - 48
Public Engagement	49
<b>Part 5: External Statements</b>	<b>50 - 53</b>
<b>Information</b>	<b>54</b>

# Part 1: Overview

## Wirral Hospice St John's Vision and Strategy

### Our Vision:

To provide palliative & end of life care & support for people living with life limiting illness and to share our specialist knowledge and skills with other health & care professionals, so that they too are informed in their caring and decision making across our Wirral community.

### Our Purpose:

To enhance the lives of Wirral residents and those close to them, supporting them to live well until they die with dignity, each seen as an individual, listened to, respected, and consulted with, providing care and support, based upon what is important to them.

### Our Values:



#### Wirral Hospice St John's CARES Our Values

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



##### Compassionate

To care for and support patients, families, 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.

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

### Our Strategy 2023 – 2026:

Our 2023-26 strategy supports the progression of the Hospice's purpose and long-standing vision and was updated following engagement and feedback with our local community and our partners working in health and social care:

EXTENDED  
SERVICE  
REACH

SUSTAINABLE  
INCOME

EMPLOYER OF  
CHOICE

QUALITY CARE  
RECOGNITION

## Statement on Quality from our Chief Executive:

**I'm delighted to introduce the Wirral Hospice St John's Quality Account 2024-25 and share the developments achieved to ensure the best quality of services for our patients and their families.**

Our annual Quality Account sets out how we deliver our vision for meeting the needs of the people of Wirral with a terminal illness and supporting those close to them.

In addition, it sets out the quality improvements that we have introduced this year and those we are planning for next year, highlighting our progress and most importantly the impact on our patients and their families.

As an organisation we encourage and value patient and family feedback about their personal experience of our services. A range of opportunities to feedback are provided to ensure that this can be achieved with ease. Throughout the year we have received excellent feedback from patients, families, and professionals, praising the whole team, recognising that every member of Wirral Hospice St John's team supports the provision of our patient and family care.

We have concluded the second year of our three-year strategy, striving to deliver the best quality of care for the people of Wirral with a terminal illness, making a real difference when it matters the most. As a hospice we are committed to being an integral part of our community, collaborating and partnering with other health and social care providers to support integrated care provision for palliative and end of life care patients where and when they need it.

We have continued to increase our reach.

This includes the number of patients accessing our services both at the hospice and within our community, including children transitioning into adult services, the increasing number of patients with a non-cancer diagnosis such as those with neurological disease and liver disease.

We continue to work closely with the hospital and community services to support the movement of patients within the care system, reducing duplication, embedded a single point of contact for patients, families and professionals and continued the development of joint information booklets explaining elements of palliative care services in Wirral as part of Wirral's Palliative and End of Life Care Provider Partnership.

We acknowledge that as a hospice we cannot do everything; and working with others is pivotal to future success.

As part of Wirral's Palliative and End of Life Education Hub we continue to provide education to other health and care professionals to enhance their knowledge and skills caring for those at end of life in the community including working with the Ruth Strauss Foundation delivering training to professionals supporting bereaved children.

From across the Wirral community patient referral numbers continue to rise, such as our Wellbeing, Outpatient services, and Hospice at Home personal care, continuing to show year on year increases.

Our Inpatient Unit has continued to see an increase in referrals and a reduction in length of stay with over 50% of patients being discharged, most of whom return home after their stay.

Our quality improvement priorities for 2024-25 have made good progress and we have set ourselves new priorities to further enhance services during 2025-26 (see pages 27-32).

We have continued to place a high priority on the engagement and wellbeing of our staff and volunteers, who continue to support the delivery of our services with resilience, flexibility, compassion, and generosity.

Our staff wellbeing is a priority; we have ensured that they have timely access to wellbeing support through mental health first aiders and occupational health support inclusive of counselling. Our staff regularly engage in peer support offering the opportunity to reflect, share experiences, knowledge and support.

Staff continue to develop links with the Wirral's multi-cultural network, helping share experience and knowledge and learn together. 'Opening the Spiritual Gate' training is available for all staff.

We are immensely proud of all our volunteers and the many years of support that they have given us across our services, making a real difference.

This year's Quality Account has been prepared by our Quality Governance Lead, working with our Director of Clinical Services, in collaboration with the Senior Leadership Team.

## Helen Brown, Chief Executive



*"Took great comfort from the remembrance service especially, the flower arranging, with everyone being remembered as an individual along, with their name and best words.*

*Thought the stone and being able to write important words as a memento of my loved one. Also, the candle has been lit at family gatherings, so feel the patient is included and not forgotten. All lovely."*

*"Outstanding in every aspect ! "*

*"I called in sheer desperation regarding my husband.*

*Sister was incredible and all the staff have been the same. I am already so grateful."*

**"I cannot speak highly enough about the staff and the support given by all the Hospice wellbeing and Hospice at Home teams. All so helpful & professional in their work."**

**"If it wasn't for the Hospice Bereavement Counselling Service I wouldn't be here without a doubt. Thank you!"**

***“The service and communication is second to none. If anyone is every unfortunate enough to have a diagnosis you couldn’t be in better hands.”***

*“Hospice night nurses were great, and made my dad's last days at home much easier for us all to deal with. Remembrance service was fantastic and was thoughtfully carried out.”*

## Statement of Assurance from the Board:

On behalf of the Board of Trustees I am pleased to share our Quality Account and say that the Hospice has again this year continued to deliver and build upon its high level of patient and family care and support, across our community and here at the hospice.

By placing the patient and their families at the heart of everything we do, we as a board are confident in saying that the decisions being made by the Board, Chief Executive and Senior Leadership Team (SLT) are the right ones. We continue to work closely with the SLT to gain assurance about the quality and safety of patient care, patient experience, and staff wellbeing.

Through our Board Assurance Framework, we continue to manage and monitor our performance which enables us to ensure that we have confidence in the assurances being obtained, and that they are the correct ones to consistently deliver our high level of patient care. Throughout 2024-25 the Board received regular written reports from SLT, providing the opportunity for scrutiny, discussion, support and challenge in regular Governance Committee and Board meetings.

By having open discussions and listening to patient stories whether they are interviews or in certain cases actual video diaries we continue to appraise the services we deliver to ensure we are achieving the best possible outcomes for our patients and families on their respective journeys.

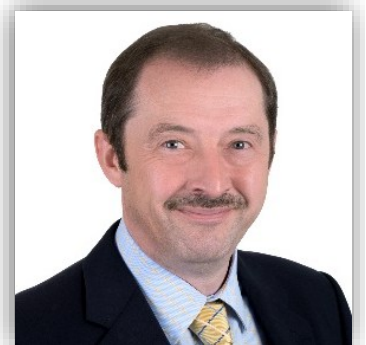
On a quarterly basis, our Clinical Governance Committee meets to review progress against priorities, consider patient and family feedback, and discuss key performance indicators, audits, complaints, incidents, and clinical risks. The Committee Chair provides a summary to the full Board of Trustees. Equally our board meetings continue to underpin the future of the Hospice by incorporating strategic discussions around future need, patient and family services, assurance, and compliance.

Finally, the Board is pleased with the progress that is being continually made against our key priorities for 2024-25 and look forward to the coming year with confidence as we strive to further improve and develop our patient and family services.

The Board supports the quality improvements planned for 2025-26.

Despite the economic uncertainty that exists within the Hospice sector we achieve this by working together in partnership with the health & social care sector and with the support of our Wirral community, putting our patients and their families front and centre of everything we do.

**Tim McDonnell, Chair of the Board of Trustees**





# Clinical Services:

During 2024-25, Wirral Hospice St John's provided the following clinical services: -

**Inpatient Service:** 24 hour specialist **end of life care support** and **short stay complex symptom control** with 16 bed spaces.

## **Outpatient Services:**

**Medical Consultations** with a Consultant or specialist Doctor at the Hospice to help patients with symptom management support.

Patients are also able to access wider MDT support including **Complementary Therapy, Counselling** and **Bereavement Care** to support improved quality of life and wellbeing

## **Interventional Pain Clinic:**

Consultant Anaesthetist review at the Hospice, providing specialist pain management support

**Motor Neurone Support Service:** MND Key Worker and access to counseling support

## **Wellbeing Service:**

A program of **patient education, support** and **activity sessions**.

Supported by access to the wider MDT including:

**Physiotherapy, Occupational Therapy, Complementary Therapy, Social Work, Children and Young People's support, Counselling, Spiritual Care, Bereavement Care** and **benefits advice provided by the Citizen's Advice Bureau**

## **Domiciliary Visits:**

**Medical Consultations** in the patient's own home working alongside the Community Trust Specialist Palliative Care Team (CSPCT), GPs and Community Nurses

## **Wirral Palliative Care**

**Advice Line:** Patients, families and professionals across Wirral can seek palliative care advice by calling the single Wirral Palliative Care Advice Line **24hrs a day** – the advice line is staffed by the hospice and CSPCT



**Wirral Hospice  
St John's**

## **Hospice at Home:**

- **Carer Respite Visits** for those in the last 12 months of life, sustaining carers by enabling them to have a break :-

- **Day Visits:**

Provided by hospice staff

- **Night Visits:**

Provided by hospice staff and coordinating Marie Curie Visits

- **Personal Care Visits** provided by hospice staff for patients in the last weeks of life, enabling patients to be discharged from hospital or to stay at home to die. Delivering multiple visits a day, for patients in the last weeks of life, working closely with Community Nursing Teams.

Our clinical services are provided by a **Multi-Disciplinary Team (MDT)** comprising medical, nursing and allied health and social care professionals.

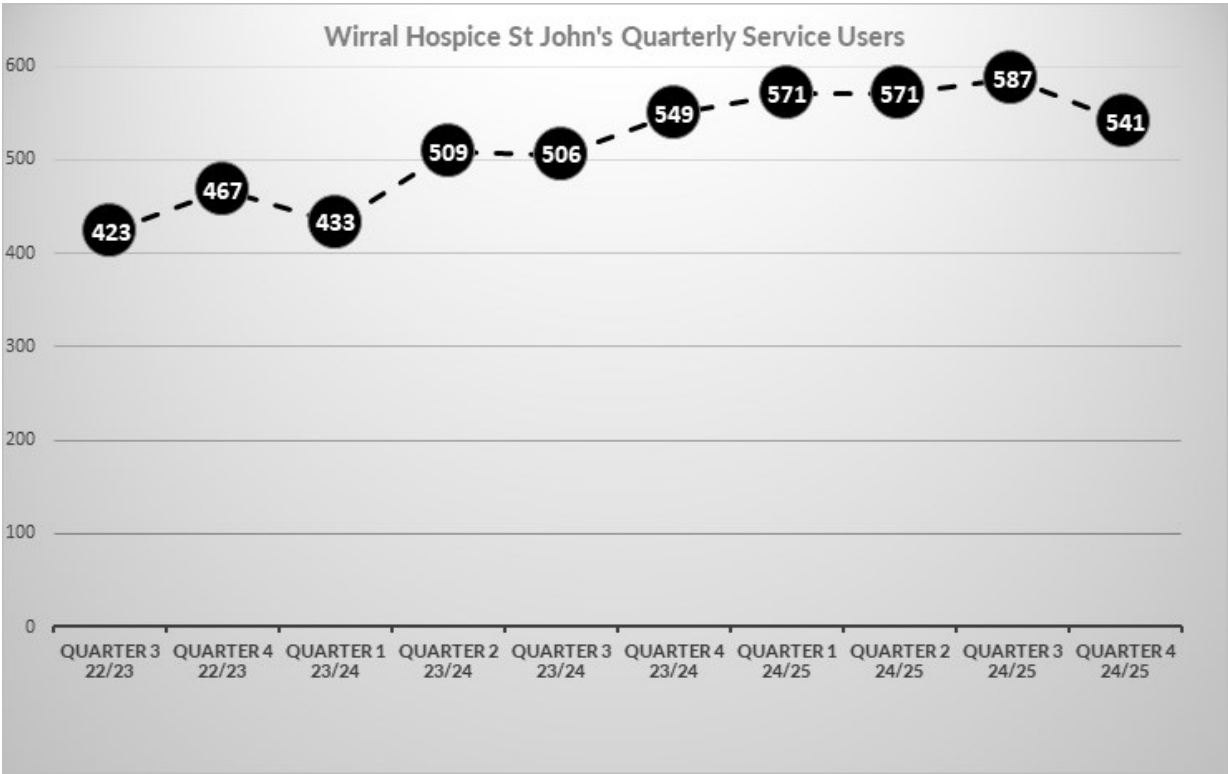
Our **Support Services Team** provide catering, domestic and maintenance services to support our patient care.

# Services Users:

We continue to include the identification of numbers of service users in our data reporting - supporting understanding of both our reach and changing trends across services and have further refined how we collate this data.

Monitoring use of services in this way will inform resource allocation and marketing attention.

Last year 2023-24, we reported supporting 1,061 patients – this year’s data shows we have supported 970 patients; we are aware this is due to improvements in the clarity of data reporting.



The increased activity across different hospice services suggests that patients are accessing a greater variety of hospice support.

These numbers do not include over 400 additional family members or carers who have had direct support from hospice services such as counselling, bereavement support or complementary therapy. Nor does it include the family members and carers who will have benefited from the intervention and care focussed on the patients’ needs, which on the basis of each patient having an average of two key family members or carers will be around a further 2,000 people benefiting from our support.

Hospice data is submitted to the NHS Merseyside and Cheshire Integrated Care Service (NHS M&C ICS).

This data is also reviewed monthly by the Senior Leadership Team, Clinical Forum and quarterly by the Board of Trustees and Clinical Governance Committee.

We continue to include the identification of numbers of service users in our data reporting – supporting understanding of both our reach and changing trends across services.

Monitoring services use in this way will inform resource allocation and marketing attention.



## Myths about our hospice:

These are commonly held misconceptions about our hospice, and we presented this information at stakeholder events throughout 2024-25.

1. ***It is where you go to die*** - let us tell you about Nicola, who came to outpatients where she informed the doctor that she was planning to go to Dignitas to end her life as she was scared of dying in pain.

A few months later, having attended the full suite of wellbeing services, she returned to outpatients and said: ***“You have given me my life back .... I am too busy living to think about dying, it will happen when it happens but when it does, I know you will be there to support me.”***

***We believe our hospice is “full of life”.***

2. ***It cares mainly for older people*** - our data shows that over a five year period, there has been an increase in the number of patients under the age of 70 attending wellbeing and outpatient services and increasing from 25% to around 40% and in the Inpatient Unit, this is nearer to 50%.

We also know that 10% of our patients are under 50 years old, which means they are highly likely to have dependent children.

For this reason, we invested in a Children and Young Persons Practitioner to work directly with children, young people and their families.

***We believe our hospice does not care mainly for older people - it “cares for families”.***

3. ***It is at Clatterbridge Health Park*** - The majority of our services support people living in their own homes and some are delivered in or close to people's homes.

We have two Hospice at Home services, one delivering respite support visits, that last year supported **227 people with 2,246 visits**. The newer personal care service supported **222 people with 6,921 visits**.

Our doctors carried over **150 home visits**.

Our adult bereavement service has extended its support to be given in **local health centres** and has a **walking group** meeting around Wirral.

Our young people are supported in **schools, cafes and their own homes**.

***We believe that, as well as being based at the Clatterbridge Health Park, we are as much “out in the community”.***

## Clinical Activity:



### A few highlights from 2024-25:

Day Case service introduced for patients providing **short term interventions** including blood transfusion and iron infusions on the inpatients ward.

System working review with WUTH to look at effective discharges from hospital has resulted in an **increased number of referrals** to Hospice at Home supporting peoples wishes to die at home.

Development of new tool to **aid advance care planning** for complex patients including those transitioning to our care from Claire House Children's Hospice.

New Wellbeing 8 week session for **patients with progressive neurological disorders** introduced and has been well received.



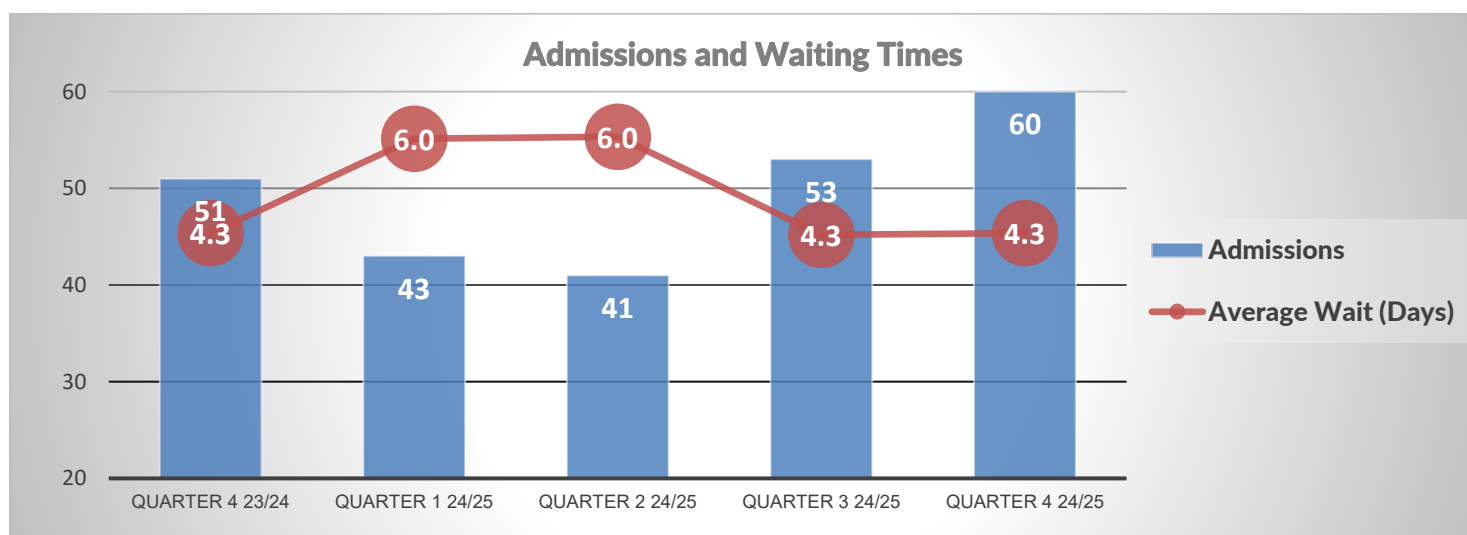
**Inpatient Unit (IPU):** Wirral Hospice St John's has 16 bed spaces, of which seven are single rooms and there are three, 3-bedded bays. Patients are admitted for symptom management and optimisation, following assessment by the MDT, where their needs cannot be met by palliative care providers elsewhere. Patients are admitted under the care of the Specialist Palliative Care Consultant.

**2024-25:** The unit has supported an average of 25 patients per month with an average of 16 admissions per month ranging between 11 and 12 when there was restricted staffing and increasing to 23 per month as staffing improved. Average length of stay at 19 days remains within the contract key performance indicators (KPI ) of 21 days, with the last three months all being below 15 days. End of year activity saw an increase in admissions attainable due to full nursing establishment.

**Quality Improvement:** In Q2, it was noted that wait times had exceeded the KPI for two quarters resulting in a deep dive to understand the reasons.

This identified that there were a number of accepted referrals where there had been fragile patients with altering circumstances meaning that they were not able to be transferred to the hospice on days when beds were available. This resulted in them being on the wait list for an extended period before either being discharged or admitted. Going forwards this will be managed by having a holding waiting list whilst further information is sought or until the patient is stable enough for admission.

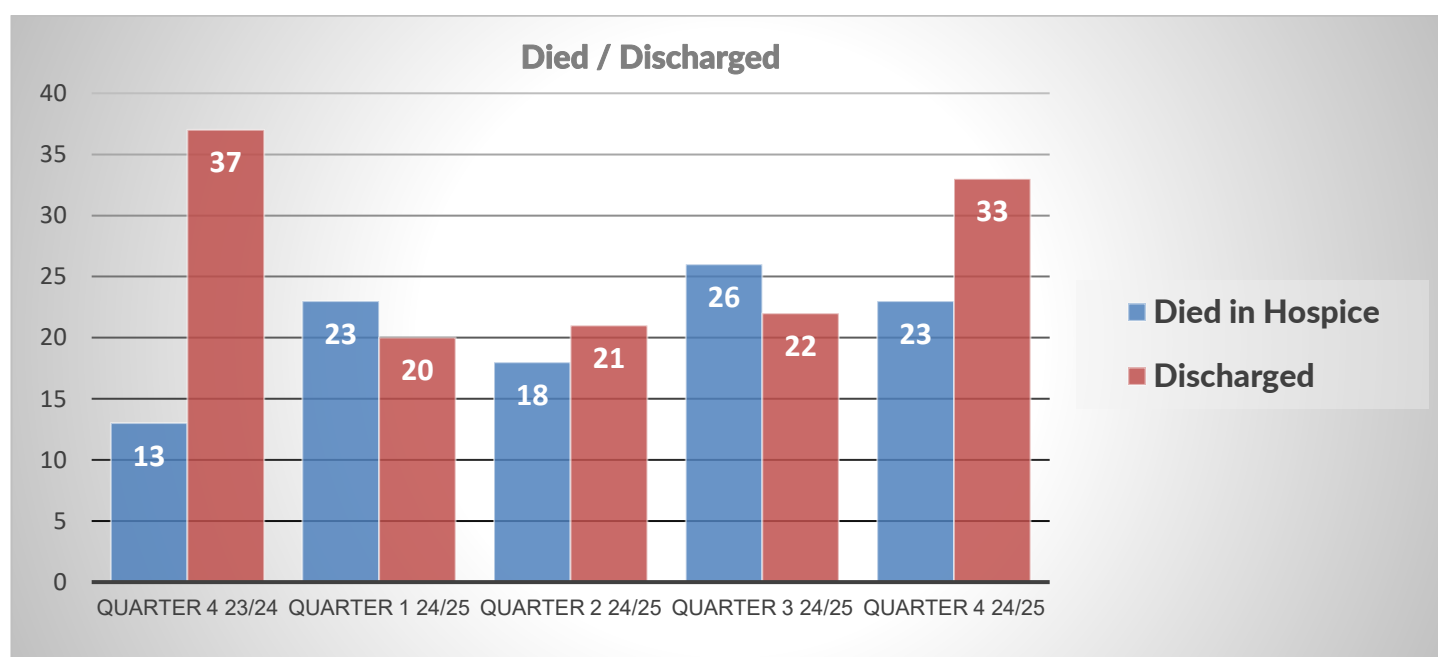
It also identified that wait times include weekends, when admissions don't routinely take place, and the need for defining the terms for ending referrals and improving processes of communicating this with administration staff.





Admission to Inpatient Unit:		Average Inpatient Length of Stay (Days):	
2022/23	165	2022/23	21.4 days
2023/24	186	2023/24	19.9 days
<b>2024/25</b>	<b>197</b>	<b>2024/25</b>	<b>18.6 days</b>
Occupancy (%):		Total Number of Discharges:	
2022/23	62.5%	2022/23	77 (48%)
2023/24	71%	2023/24	114 (61%)
<b>2024/25</b>	<b>67.5%</b>	<b>2024/25</b>	<b>96 (48%)</b>

48% of patients admitted have been discharged and 52% of patients have died (National HUK average remains 70% death 30% discharges). This continues to support the model of using specialist palliative care inpatient beds for symptom management and optimisation and, where possible, facilitating the discharge of patients to an alternative setting.



Towards the end of the year, we have had successful recruitment campaigns for registered nurses and, once current recruitments are completed, the nursing team will be at full establishment other than some long-term sickness.

This year, alongside internal challenges, the IPU has also supported the lack of consultant cover at Hospice of the Good Shepherd by taking admissions from out of area for patients too complex for their care.

There has also been an increase in uptake in other services from Cheshire West patients, but these are less directly attributable to consultant cover.

Cheshire West Patients								
Service Area	Inpatients		Outpatients		Wellbeing		Pain Clinic	
Year	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25	2023-24	2024-25
No of Appointments / sessions / bed days	69	392	40	59	98	136	14	45
Full cost of support £	£39,192	£278,320	£9,040	£13,086	£21,462	£48,416	£2,716	£10,412

Total cost year to date for Cheshire West patients across all services was £362,430 against an income of £111,000 ; this resulted in £251,430 worth of care delivered from charitable monies.

**Impact:** Alongside the financial implications of supporting additional Cheshire West patients has been the impact on the capacity to admit Wirral residents. The added acuity added pressure to our own IPU team and to the numbers of patients who can be safely cared for. Challenges associated with offering this support required the agreement to new referral pathways to access tertiary support such as tissue viability and dietician / speech and language therapy (SALT) support achieved with the Integrated Care Board (ICB) commissioner's support.

## Wellbeing Centre Service (WBC):

This 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.

Patients are offered an 8-week session programme with the option of further self-selected sessions at the end of this.



**2024-25:** Since reshaping the service activity is recorded as attendances, contract KPIs have not been updated to reflect this and refer to occupancy / attendance for the 48 sessions per week (4 x 14 patients per day). Translating this to patients attending for an 8-week series of sessions, results in 72 patients being supported per quarter. This KPI continues to be exceeded with WBC consistently supporting over 150 patients per quarter.

A slight drop in activity in Q3 was due to a thorough review of the caseload resulting in discharge of larger than usual numbers of patients. This coincided with seasonal illness, the weeks pre- and post-Christmas where more than usual patients cancelled their sessions, 8 working days over the Christmas period where Wellbeing did not run sessions, and days when sessions were cancelled due to the snow and ice. Data for Q4 to date shows this returning to nearer Q2 levels.

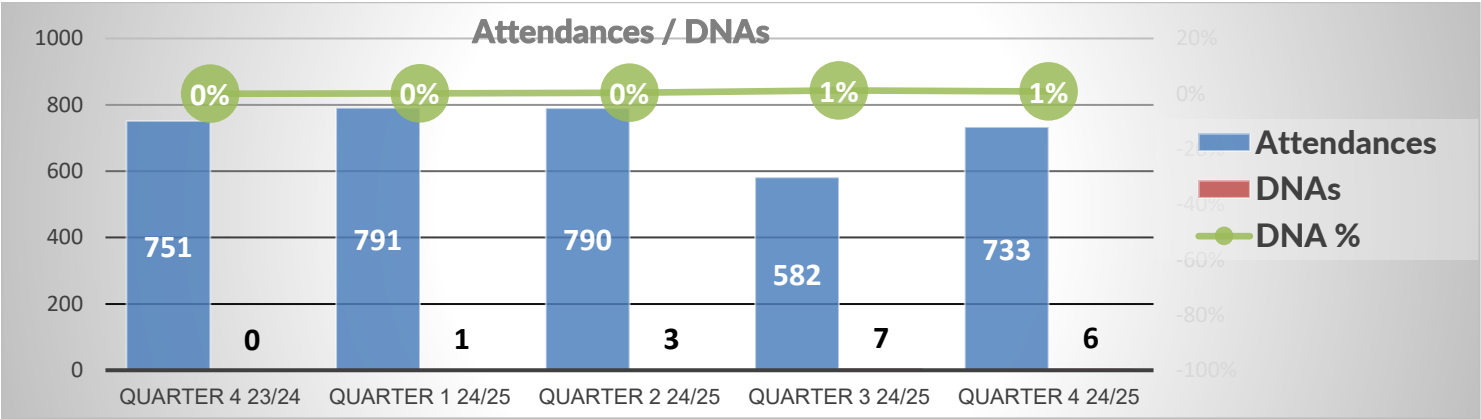
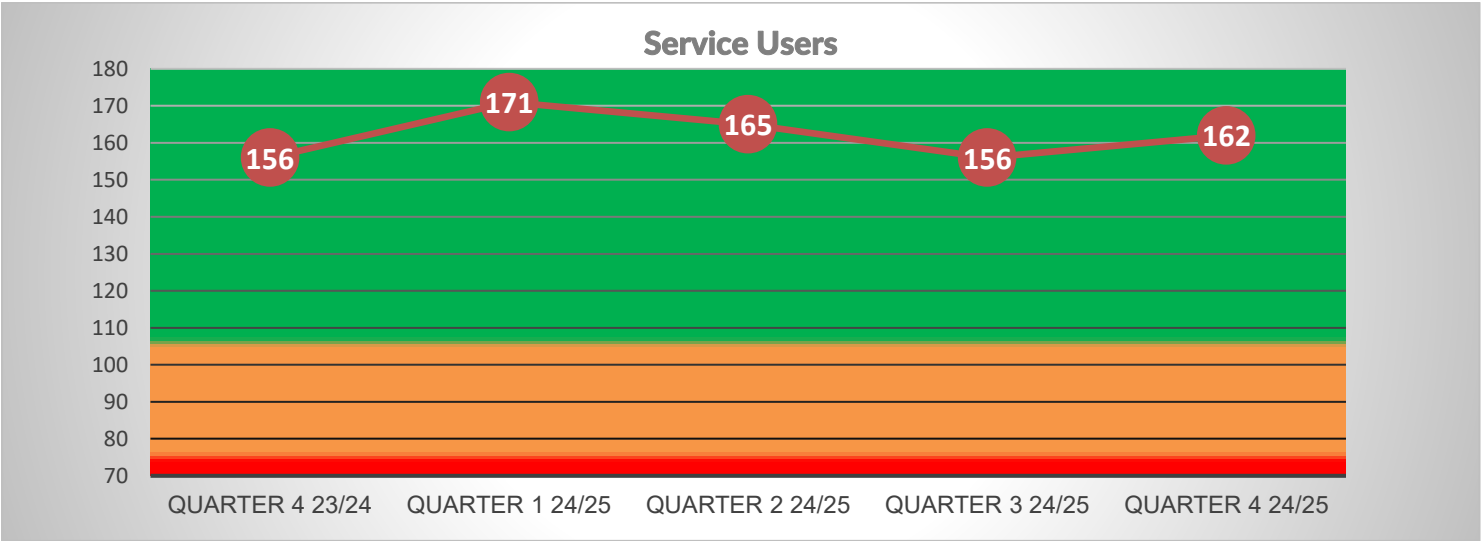
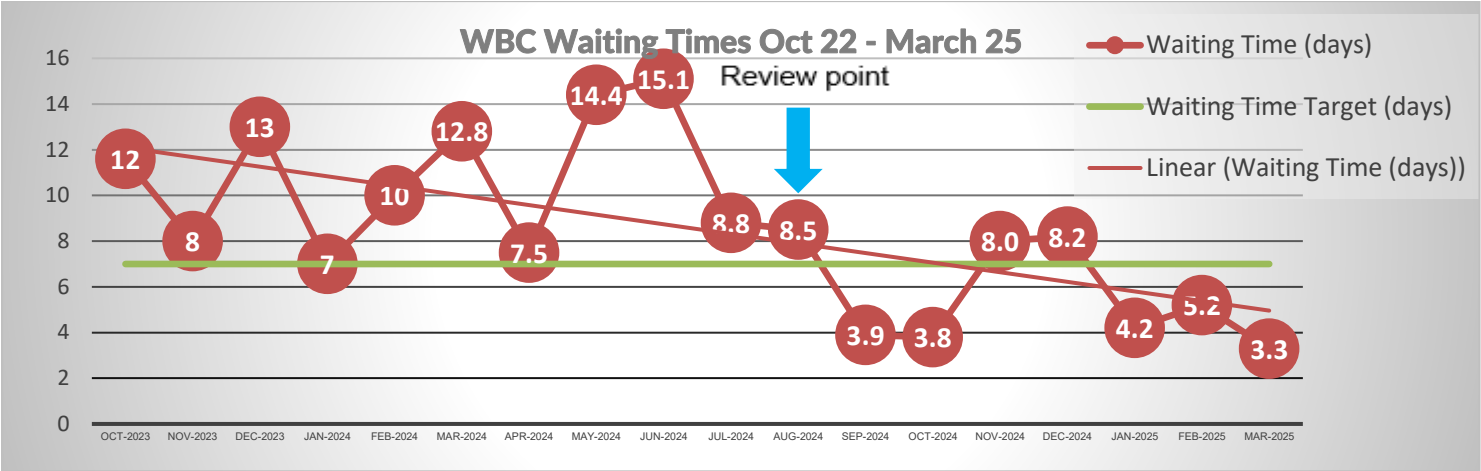
The exceptionally low did not attend (DNA) rate for WBC has been maintained, supporting that the content, and style of WBC sessions is meeting the interests and needs of those attending. Regular I Want Great Care (IWGC) feedback also supports this.

**Quality Improvement 1:** Despite the increased activity, a joint initiative between therapists and the Wellbeing Team launched a new bespoke group specifically for patients with degenerative neurological conditions in mid-September 2024. This group has run twice successfully supporting 11 patients and their carers and is recruiting for the third group. This development was in line with our priority of increasing access to patients with a broader spectrum of life limiting illnesses.

**Quality Improvement 2:** The KPI of 7 working days' time from referral to contact has been reviewed as it was not being met. The deeper dive found there had been a change in interpretation of contact. This had originally been measured as time from referral to the first telephone call. A change in staff had resulted in some members of staff identifying the first face-to-face assessment as the first contact. There was also a correlation between particularly high referral months and increase in wait times as these were processed.

The first phone call is always made by a healthcare professional from the wellbeing team prior to booking the patient in for a first face-to-face assessment. During this initial call, the patient's circumstances and understanding of the referral are explored, which often answers any immediate questions. This also enables the healthcare professional to offer appropriate advice and address any immediate concerns.

On review with the team, we concluded such is the depth of this first phone call that it constituted being classed as the first contact. Redefining the first contact with the Wellbeing Team has led to improved outcomes at the end of Q2 & Q3 data, with further improvement at the start of Q4.



<b>Total number of patients:</b> 2022/23 218 2023/24 312 2024/25 412	<b>Total number of referrals:</b> 2022/23 211 2023/24 246 2024/25 260
<b>Total Number of Wellbeing Session Attendances:</b> 2022/23 1,915 2023/24 2,585 2024/25 2,896	In line with increased patient numbers for 2024/25, the number of attendances per sessions was also higher with an extra 311 sessions attended.



**Hospice at Home:** Hospice at Home is now established into its 2 formats of **Support Visits** and **Personal Care Visits (PCV)**:-

- **Support Visit Service:** NHS Cheshire and Merseyside Integrated Care Board (NHS C&M ICB) has commissioned Wirral Hospice St John’s to continue to deliver Hospice at Home services for all Wirral residents.

A partnership arrangement with Marie Curie nursing service provides a 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.

**2024-25:** This service receives around 32 referrals each month and is supporting an average of 52 service users each month.



Visits delivered in Q3 were adversely affected by sickness, particularly in the night staff, and this recovered in February 2025 as staff returned.

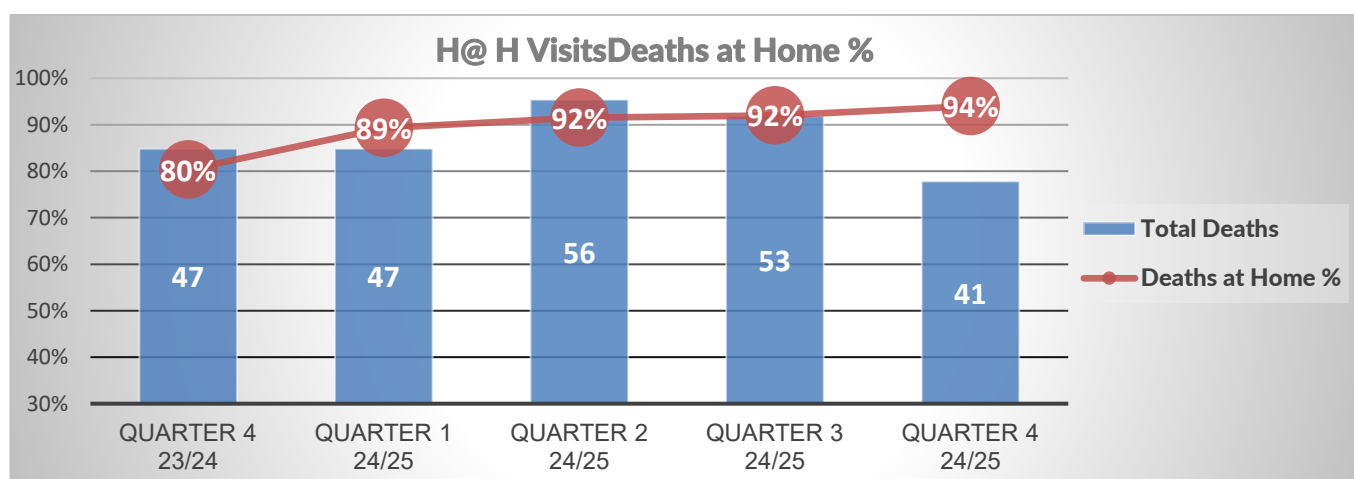
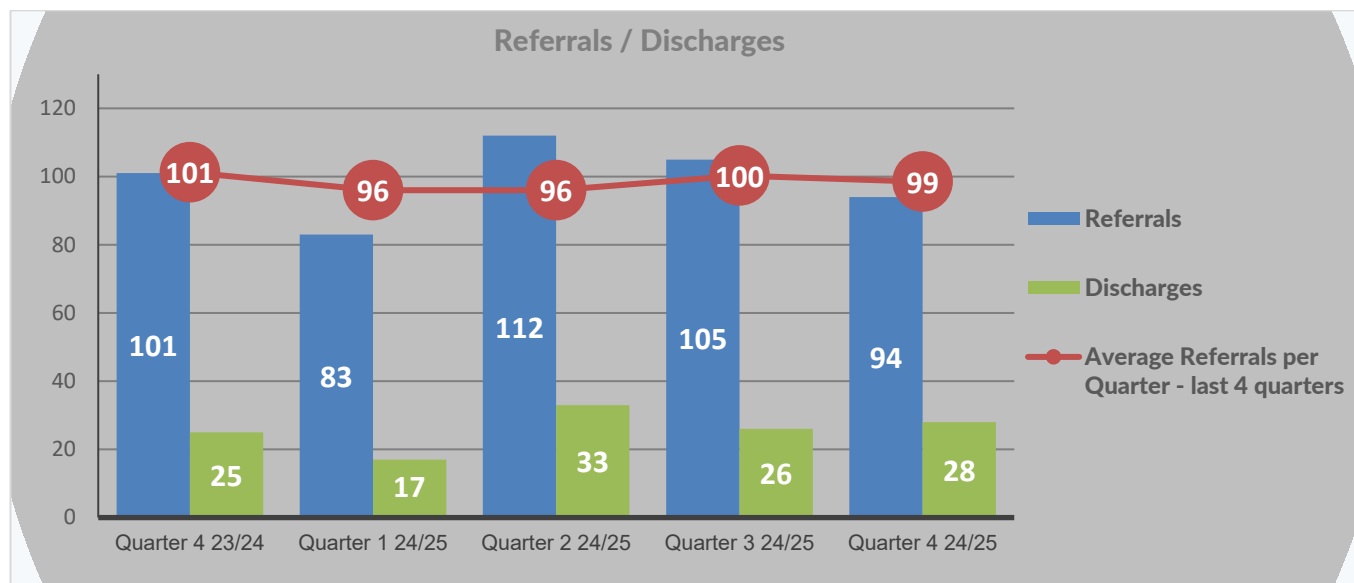
The service remains responsive with referrals being processed, usually on same, day and the service benefits from the referrals being processed over 7 days a week, as combined with Hospice at Home PCV weekend cover.

Total Number of Referrals:		Total Number of Day Sits:		Total Number of Night Sits:	
2022/23	420	2022/23	1,911	2022/23	320
2023/24	405	2023/24	2,118	2023/24	399
2024/25	394	2024/25	1,953	2024/25	293

This year, 180 people (92%) were supported to die in their own homes.

Of the 15 people who did not die at home, 9 died in the hospice.

Total Number of Deaths:		Total Number of Deaths at Home:	
2022/23	304	2022/23	254 (83%)
2023/24	246	2023/24	200 (81%)
2024/25	197	2024/25	180 (92%)



- Hospice at Home Personal Care Visits (PCVs):** The Hospice at Home PCV service was developed initially through partnership working providing personal care as an emergency measure in December 2021. PCV became fully established in the Health Care Assistant (HCA) team at the end of October 2023, enabling support to be delivered by two teams of HCAs each day, providing up to 3 calls per patient.

<b>Total Number of Referrals:</b>		<b>Total Number of Personal Care Visits:</b>	
2022/23	250	2022/23	1,868
2023/24	265	2023/24	5,880
<b>2024/25</b>	<b>301</b>	<b>2024/25</b>	<b>6,921</b>
<b>Total Number of Deaths:</b>		<b>Total Number of Deaths at Home:</b>	
2022/23	149	2022/23	138 (92%)
2023/24	150	2023/24	146 (97%)
<b>2024/25</b>	<b>169</b>	<b>2024/25</b>	<b>168 (99%)</b>

**2024-25:** There was a notable reduction in numbers of both visits and referrals between May and July 2024 compared to the first full quarter of the service in Q3 2023-24. However, Q3 and into Q4 shows an upturn in referrals with numbers averaging 26 per month, exceeding all previous quarters.

**Quality Improvement:** In September, discussions took place with the ICB Wirral Place to review means to ensure fullest utilisation of Hospice at Home PCV service. There was recognition that a large part of the value of the service was the responsiveness to people who were dying within a very short time frame (average length on caseload was 9.9 days). However, rapid turnover of patients leads to an unpredictable caseload and care ending more quickly than new referrals coming in; it was uncertain how much seasonal variation there was in service utilisation.

This led to considering the means of expanding the 4-week prognostication that the service was set up on to an 8 week prognosis, but not opening the service up to all patients who were eligible under fast-track criteria (which, whilst prognostically led, is often considered to be the last 12 weeks of life).

### Resulting Changes to service:

1. Expanding the timeframe for Hospital and Hospice referrals.
2. Hospice at Home continuing with the care of patients who were outliving the 4-week prognosis with appropriate review and reassessment.
3. Continuing health care (CHC) to refer in when alerted to capacity in Hospice at Home including cases that have already been put out to tender on the Liquidlogic system.
4. Introduced a review of impact of the above changes in 3 – 6 months.

This has also led to monitoring the numbers and % of unused visit slots to ensure that utilisation of the service is well understood.

**Outcomes:** Whilst these changes led to an increase in the average time on the caseload to 11.8 days, in December, due to monthly variation, the rate in the 2nd half of the year reduced to 8.9 days.

Monitoring service utilisation showed that less than 14% of sessions were unused. During Q3 & Q4, unused visits varied between 4% and 14% in a month (between 3 and 9 visits of the 168 available in a week). There has also been an increase in utilisation of the service for Wirral University Hospital Trust (WUTH) discharges.

This service continues to meet all the agreed KPIs with deaths in preferred place of death (PPD) at 97% and 98% of the 188 deaths being at home. The service retains its responsiveness maintaining assessment and provision of care within targets, with 85% of the care being provided within 24 hours of referral and all care being provided within 72 hours of referral.

Hospice at Home Personal Care Visits (KPI's):		2023-24	2024-25
Care provided within 24 hours of acceptance	≥75%	81.8	89
Care provided within 72 hours of acceptance	≥75%	96.7	100
% Deaths in preferred place of death	≥95%	90.4	97
% Deaths at home	≥95%	97.9	98
% Deaths in hospital	<5%	0.7	0.3*
% Deaths in other setting	<5%	1.4	0
% of Emergency admissions for patients on caseload	<5%	0.9	0

\* 1 death in hospital



**Outpatient Clinics:** We provide clinic appointments in our Outpatients Department (OPD) 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.

	Number of Referrals:	Total Number of New Appointments Attended:	Follow-up Appointments Delivered:
2022/23	239	136	671
2023/24	261	137	732
2024/25	273	177	865

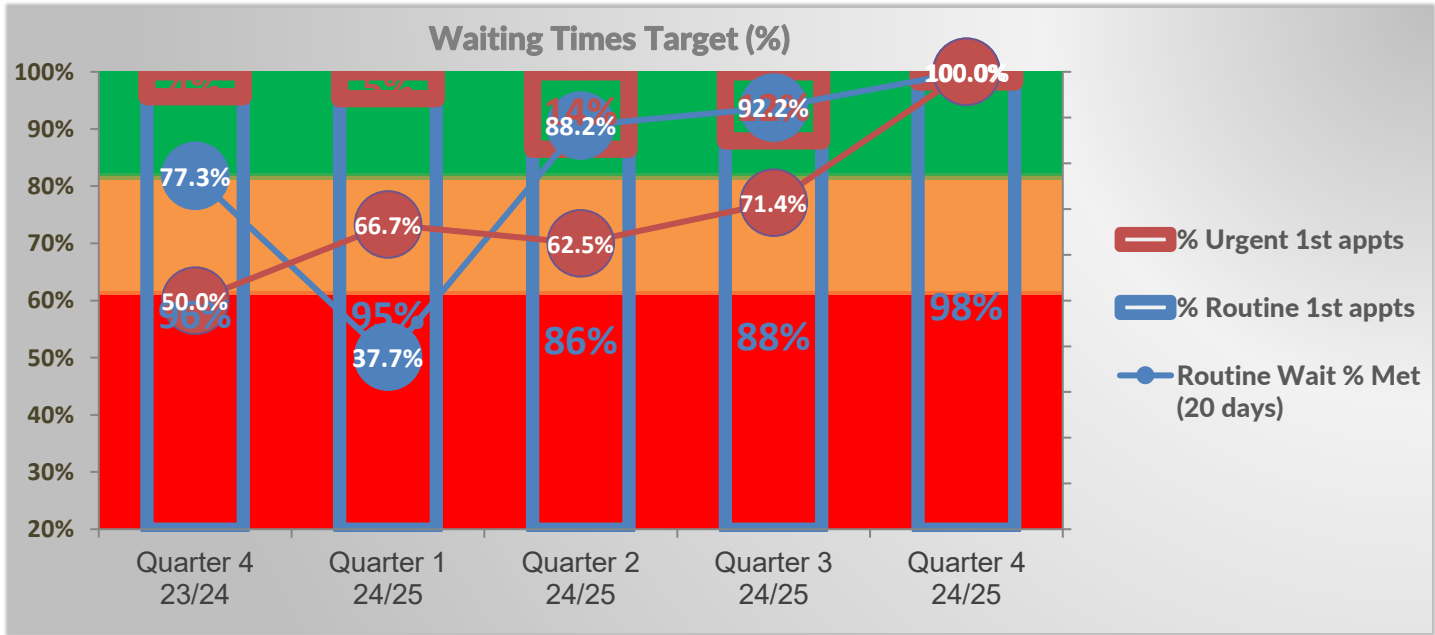
**2024-25:** Outpatient services continue to deliver above the service specification of minimum 2 OPD clinics per week - delivering an average of 6 per week, 68 referrals received per quarter and an increase in year on year activity.

**Quality Improvement:** On recognition that KPIs for OPD wait times for appointments were not met for several months in the summer, we carried out a service review. Return to full establishment of the Consultant Team, after periods of sickness and maternity leave, led to some improvement. This identified challenges in the ratio of new to follow-up appointments. It also established that non-working days were being included in the timeframe. Amendments to data processing and reviews of administrative processes in booking appointments have seen a large improvement in performance against KPIs. It is worth noting that, on average, less than 10% of referrals are for urgent appointments and therefore 50% not meeting the KPI can be as little as 1 patient.

Work in the early part of the year on reducing DNAs continues to be effective with an average of 3 DNAs for follow up appointments a month and less than 1 per month for new appointments.

**Impact:** In the last quarter 100% of all referrals were seen within the time frame.

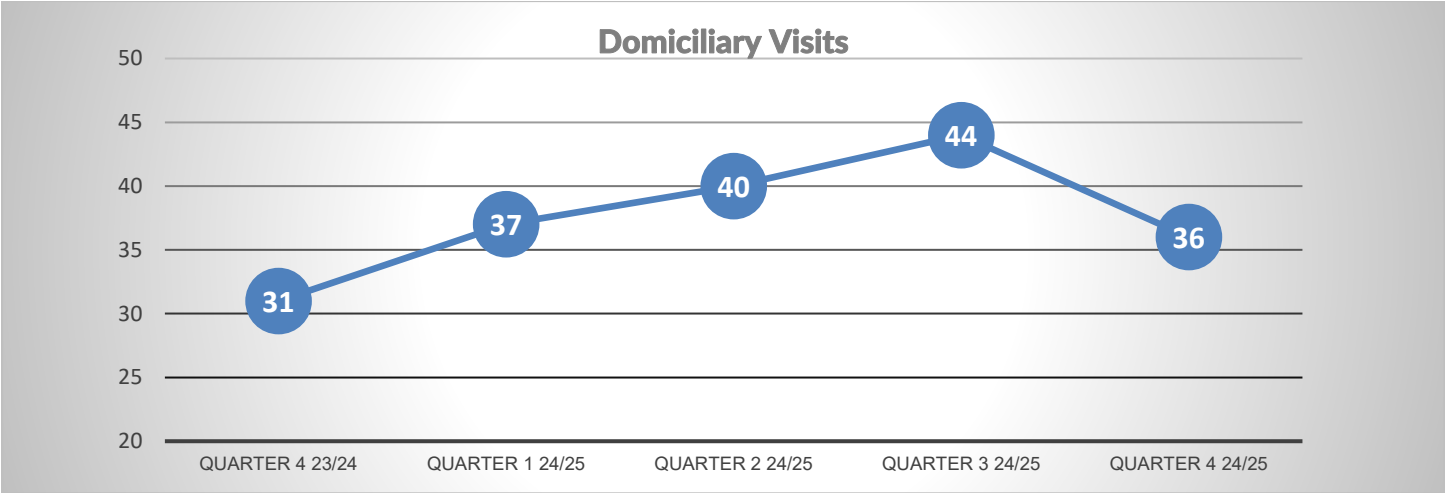
The review also identified that work successfully carried out with different specialities, including heart failure, has resulted in referral of patient groups who have less urgency for appointments. We have therefore been able to revise the appointment criteria to Tier 1 appointment within 10 working days, Tier 2 appointment with 20 working days and Tier 3 appointment within 30 working days to enable effective triaging of referrals and allocation of appointments.



## Domiciliary Visits:

**2024-25:** Medical domiciliary visits by Consultants or Specialist Doctors benefitted from improved staffing in the Consultant Team and have continued to increase throughout the year resulting in 43 more visits in 2024-25. This ensured those most in need of medical support remaining at home were still able to access specialist review. These results exceed the contractual KPI of 10 visits per month.

Total Number of Medical Domiciliary Visits:	
2022/23	115
2023/24	114
2024/25	157

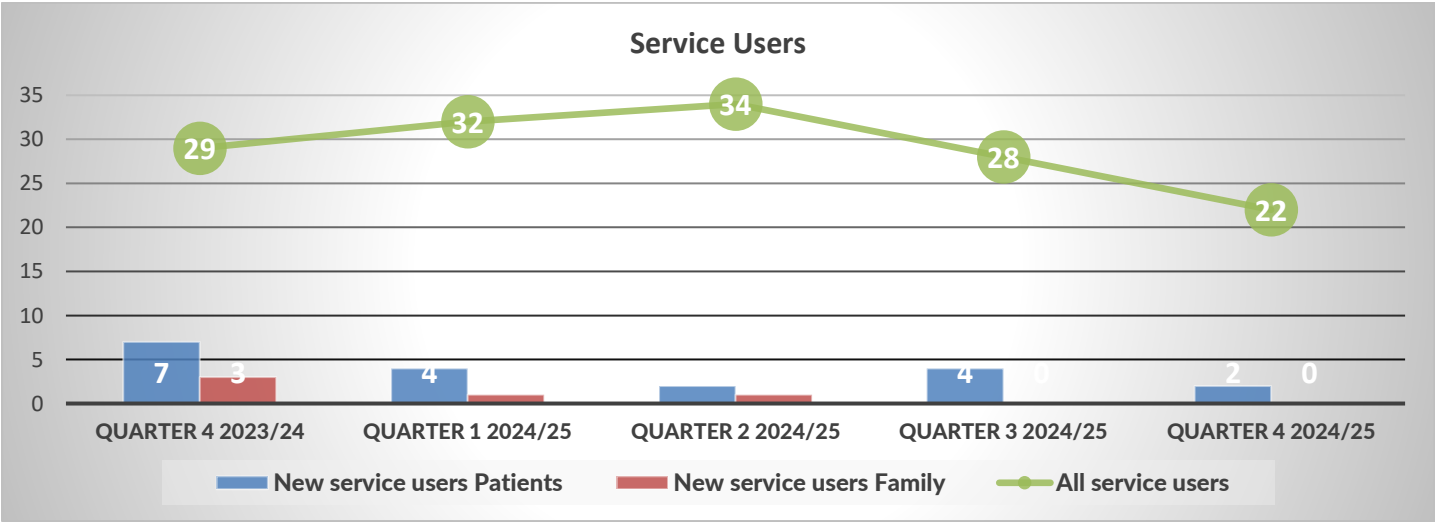


## Motor Neurone Disease (MND) Key Worker Service:

The MND service is in its fourth year. The service received funding for its first two years from the Wirral Branch of the MND Association to get it off the ground, followed by the third year's funding from NHS M&C ICB. MND Association Wirral Branch enabled increased support to Motor Neurone Disease patients by funding additional complementary therapy at home for a year.

**2024-25:** The MND service is now fully funded from Wirral Hospice's charitable funding, as there was no further contribution from the ICB, but the hospice recognises the valuable contribution this service gives. The service continues to support the majority of people with MND on Wirral, often within a month of diagnosis. It supports advance care planning, early intervention and support that helps reduce acute admissions and improves the quality of life for those living with MND, and their carers.

This service is delivered in close partnership with Wirral Branch MND Association.



**Children's Services:** This service commenced in 2023-24 with the Children's and Young People's Practitioner undertaking considerable networking with other local third sector organisations.

**2024-25:** During 2024-25, there were 72 referrals working with a monthly caseload of 29 adults and children through face-to-face sessions, phone support sessions and home and school visits.

*"I just want to thank you all for being there and supporting me"*

*"My daughters received some amazing support following the loss of their Mum, which we will be eternally grateful for"*

**"I also believe the work you did prior to her mum's passing has been invaluable and has helped her massively.**

**She has returned to school much more mature..... and louder!!**

**Thank you for all your advice and support, it means a lot.**

**You do an amazing job!!"**

*"Could not fault the service provided.  
My daughter made a great connection with your practitioner.  
The sessions have assisted a lot.  
Thank you!"*

**Wirral Palliative Care Advice Line:** This Specialist Palliative Care Advice Line can be accessed 24/7 in Wirral by professionals, patients, family members or carers through a single central number. The advice line is a successful example of collaborative working between Wirral Hospice St John's with the Community Trust's Community Specialist Palliative Care Team and the local children's hospice, Claire House working together to combine previous support lines for patients and healthcare professionals, reducing costs, sharing resources and providing an improved and valued service.

**2024-25:** The hospice continues to offer advice to professionals between the hours of 5pm and 9am and 24hrs a day to families and patients. This continues to be monitored in partnership with the Community Specialist Palliative Care Trust who provide the professional support 9am to 5pm.

The advice line remains well used by professionals, patients and families alike. A continued growth in the number of calls has been experienced since the creation of the joint advice line back in April 2022.

During 2024-25, 152 professionals sought advice out-of-hours from the hospice and 190 calls were taken from patients or family members.



**Interventional Pain Service:** This 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. It is provided by a Consultant Anaesthetist from Liverpool University Hospitals NHS Foundation Trust.

**2024-25:** This service continues to be well used and evaluated well by patients who attend. It is felt that this support enables many patients to avoid crisis and functional deterioration.

Total number of referrals:		New appointments offered:	
2022/23	73	2022/23	67
2023/24	77	2023/24	59
2024/25	77	2024/25	59



## Our Educational Offer & Impact:

Fundamental to the core ethos of Wirral Hospice St John's is to influence the care of the people of Wirral, not only through our direct services, but also by sharing our knowledge and skills with other hospices and the wider health and social care workforce. This is achieved through the Wirral Wide Palliative and End of Life Care Education Hub; Medical, Nursing and Allied Health Professional Training; School Enrichment Programme and Apprenticeships: -

- **Wirral Wide Palliative and End of Life Care Education Hub:**

The Education Hub brings together the expertise of our hospice, Wirral Community Health and Care NHS Foundation Trust, Wirral University Teaching Hospital and, more recently Claire House to deliver an all ages programme of end of life care and palliative care education. When it comes to the end of life, there is only one chance to get it right. This can be achieved by increasing the skills and confidence of the local health and care community, who are delivering care across all ages to people with life limiting illnesses, supporting them through their last years or days at home, in hospitals, hospices or care homes.

The programme is led by practising experts from our hospice, the Community Specialist Palliative Care Team and WUTH's Specialist Palliative Care Team and blends evidence-based knowledge with firsthand experience ensuring learning is practical, relevant and grounded in the realistic caring for those at the end of life. [www.wirralhospice.org/wirraleducationhub/](http://www.wirralhospice.org/wirraleducationhub/)



### Impact during 2024-25:

In 2024, the Education Hub has delivered and / or coordinated the delivery of over 60 learning events across over 20 different courses / topics to over 800 delegates from across the hospice, community health trust and wider health and social care network.

This education has all been provided at no cost to the delegates or their employers.

*(For more detail see page 31 Quality Improvement Priorities – Priority 2)*



- **Medical, Nursing and Allied Health Professional (AHP) Training:**

The hospice offers professional education experiences through medical training rotations, student nurses, doctors and AHP placements and individualised learning days for those with an interest in or where their services overlap with Palliative End of Life Care.

**Impact during 2024-25:** We hosted 38 University of Liverpool medical students on 10-day palliative care placements – totalling 380 days, an increase on the previous year's 23 students, and the 2025-26 cohort is anticipated to be between 35 and 42 students.

Students have a set of learning objectives from the university to help gain an understanding of palliative care.

*"This has been one of my favourite placements ever, the education team were amazing and so supportive - palliative can be very emotional and they were so open with us and made sure if we needed any support they were there. My educational supervisor was also incredibly helpful and a great teacher"*

*"Very supportive and helped me to achieve all the requirements for this placement"*

*"It was very well scheduled and organised"*

*"I could not fault Wirral Hospice, the staff were so lovely and provided helpful teaching during my time there! I learned lots about palliative care."*

*"The F2 was very helpful during my placement, she provided lots of relevant feedback and allowed me to observe as she had some difficult conversations with patients and their families."*

In 2024, we hosted 200 additional days of training placements for a further 25 professional medical and nursing students: -

Year	Job Role	No of Students	No of days
Jan-Dec 2024	Student Nurse	18	183.5
	F2 Drs	4	14
	GP ST1	1	0.5
	Trainee Assistant Practitioner	1	1
	Nurse Associate	1	1
TOTAL		25	200

We supported a further 13 single days of professional development to nine health care professionals.

This equates to over two professional learners each working day of the year.

- **School Enrichment Programme:**

**Impact during 2024-25:** To the wider Wirral community in 2024, we have also hosted 23 A Level students on 12-week enrichment programmes within both the clinical and retail settings.

A further 30 students from 15 different schools and colleges volunteered across the organisation, gaining important work experience and developing their personal skills.



- **Apprenticeships:**

We have also embraced the opportunities for career development at Wirral Hospice St John's since 2018 and offer a range of apprenticeship in finance, fundraising, communications, IT and human resources.

A total of seven apprentices have been recruited during this time, with subsequently all securing permanent roles.

In 2025-26 we are planning to introduce three clinical apprenticeship opportunities in Health Care Assistant and Clinical Administration roles.

- **Impact during 2024-25:** Four current staff and one former staff member were engaged in apprenticeship programmes across the hospice and all have successfully achieved their training goals.





## Our Finances & Funding:

All of Wirral Hospice St John's services are provided free of charge to our patients, families, friends and carers.

We review our services on an ongoing basis, to ensure we continue to meet the palliative and end of life care needs of our patients and local community, and so that we are spending wisely in delivering this care and we are delivering our services as efficiently as possible.

The running costs for Wirral Hospice St John's for 2024-25 were **£6.2 million**.

Towards the overall cost of service provision, we receive NHS funding via the NHS Cheshire and Merseyside Integrated Care Board which represents approximately 47% of our overall running costs. All of this NHS funding goes towards patient services.

The remaining 53% of our funding continues to be provided through the generous support of our local community in the form of donations, legacies (gifts in wills), fundraising events and activities, our lottery and our chain of ten charity shops



Once again, our costs have risen faster than our income. This is because, to recruit and retain staff, we follow the NHS Agenda for Change pay scales. Our contract income has not kept pace with pay rises, and as over 70% of our expenditure is staff costs, this has a large negative impact on our finances.

We remain heavily reliant on legacy income. Fortunately, we have received legacies of £1.9m during 2024-25, which is £900k more than average.

Without this large amount of legacy income, we would have recorded a deficit for 2024-25.

For 2025-26, we aim to further optimise our fundraising income and have set ambitious but realistic targets. Investment in our retail network continues, which is currently providing good returns. We are actively engaged in looking to achieve sustainability through partnership and collaboration with local health and social care partners and hospices across Cheshire and Merseyside and with other hospices around the country through our long-standing affiliation to Hospice UK.

We remain financially viable and through good financial management have built up reasonable reserves which means in the medium term, we can cover the deficits forecast for the next four years.



## Our Care Quality Standard:

We are registered with the Care Quality Commission (CQC) who undertake periodic inspections of our services to rate the level of our care quality.



During 2023-24, no enforcement action was taken by the CQC against Wirral Hospice St John's.

On 6 July 2023, the CQC reviewed the information and data available about Wirral Hospice St John's and found there to be no evidence for any reassessment of the rating at this stage; they continue to monitor information about our service.

The last announced CQC inspection took place in September 2022. The inspection looked at part of our service and only reviewed two of the five Key Lines of Enquiry - **Well Led** and **Safe**. We retained our rating of **Good**.

The other Key Lines of Enquiry - **Effective, Caring** and **Responsive** - were not inspected and retained their Good status from the previous routine CQC inspection of all of the service in 2016. Our overall rating for the Care Quality Standard therefore remains **Good**.

[www.cqc.org.uk/location/1-120370910](http://www.cqc.org.uk/location/1-120370910)

- 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.*

From the CQC's subsequent report issued on 26 October 2022, only **two** specific areas for improvement were identified as follows: -

- 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 continues to form part of routine competency training and assessments. As of June 2025, 100% of all permanent contract registered nurses working on the Inpatients Unit had syringe driver competencies in place and 3 nurses within their probationary period have it as a target in their probation.
- Managers should continue with plans to ensure that learning disability awareness training is completed at the earliest opportunity once this is available.* Training commenced with clinical staff in 2022. In 2024, Oliver McGowan Mandatory Training on Learning Disability and Autism was rolled out to all staff across the hospice. Current compliance is 92% across the whole organisation; clinical staff compliance is at 95%.

We have been unable to source the face-to-face component of the Oliver McGowan training to enable clinical staff to be trained at level 2 and the ICB is aware of the lack of access locally to this training.

## Part 2: Quality Improvement Priorities:

At Wirral Hospice St John's, we are committed to providing the best care and experience possible to our patients, families and carers and to increasing the reach of our services.

We continually work to improve practice so that our services and our processes are patient focused, safe, effective, efficient and sustainable and are aligned with our strategic objectives, as set out in our hospice Strategy, 2023-26.



**Our priorities for quality improvement of palliative and end of life care are identified through: -**

- **New evidence on how best to provide care and treatment**
- **Patient and family surveys and feedback**
- **Staff and volunteer engagement**
- **Learning from clinical incidents, complaints and comments**
- **Engagement and collaboration with other healthcare providers, hospices and partners across Merseyside and Cheshire**

In this section, we outline our considerable achievements during 2024-25 and our future plans for the next 12 months, to demonstrate and improve the quality of our care for patients and their families.

### Progress against Priorities for 2024-25

#### 1. Improved interpretation and reporting of patient outcome measures (working through Hospice UK project)

##### Project Summary:

- This project was carried over from 2023-24 when we identified the opportunity for working alongside a Hospice UK-led development because it did not progress as anticipated and it remains important to ensure we have the best understanding of how patient outcome measures can be effectively utilised to improve patient care, support resource allocations, and demonstrate impact.
- The use of the Individual Patient reported Outcome Score (IPOS) has been part of contract 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.
- 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
- Working alongside a new Hospice UK led development, there is now the opportunity to utilise this data in a more rigorous way to support evidencing the impact of patient care.

### **The project's key targets were: -**

- Regular engagement with Hospice UK 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.

### **Achievements to date: -**

- The Hospice UK project launched in March 2023 did not take shape as anticipated when making this a priority, so we have continued to develop our utilisation of the IPOS tool within hospice services excluding Hospice at Home.
- The scope and potential for utilisation of the new reporting tool is still being developed and we have not fully explored this yet.
- The IPOS tool has been used as an integral measure in the development of the new Wellbeing Group developed specifically to support people with degenerative neurological conditions; the pre and post course IPOS scores showed a positive impact both on symptoms as well as psycho-social and practical concerns.
- The use of IPOS was revisited and audited with those attending the Wellbeing programme. The audit findings showed an overall positive impact from attendance at the Wellbeing Centre with improved symptom management in both psychological and physical symptoms; 35% of patients felt more at peace after attending an 8-week programme and the majority of patients maintained an assessment of a 'stable' as their phase of illness despite underlying deteriorating conditions.
- The use of the IPOS assessment has been introduced as part of the admission process; we have yet to audit how this and the 2<sup>nd</sup> IPOS identify impact of the initial treatment and care plans.

## **2. Delivering increased opportunities for psycho-social education for clinical staff**

### **Project Summary: -**

- The intention of the hospice is to provide high quality holistic care for patients and families, and this requires the Clinical Team to maintain and enhance their skills in supporting the psychological, social, and spiritual domains of care. It has been some time since a programme of education was delivered internally across the staff groups to meet these needs.
- The hospice equally has a commitment to share knowledge and expertise through the provision of palliative care education within the health and social care system and does so through the Wirral Palliative Care Education Hub delivered collaboratively by Wirral Hospice St John's, Wirral Community Health and Care NHS Foundation Trust, Wirral University Hospital Trust, and Claire House.

[www.wirralhospice.org/wirraleducationhub/](http://www.wirralhospice.org/wirraleducationhub/)



### **The project's key targets were: -**

- Hospice clinical staff will be skilled and confident to recognise and support social needs and spiritual and psychological distress, making appropriate referrals to internal and external specialists, as required.
- Delivering new programmes of education in partnership to clinical and Allied Health Professionals.

## Achievements to date: -

- Working in partnership the Ruth Strauss Foundation, and the hospice's Children and Young Person's Practitioner delivered "No Conversation Too Tough" training to professionals on supporting families where children are facing the death of an adult. As of March 2025, 31 hospice staff and 53 external staff, including 10 from the Community Trust Specialist Palliative Care Team (CSPCT), had been trained. Six further dates have been identified for 2025 and of the 96 delegate spaces available, 39 have been booked to date. Feedback received finds that the course is 'relevant to needs' and 'pitched at the right level'; attendees often comment that the role play section is the most beneficial.



- Mayfly Advance Care Planning training was undertaken by 2 hospice and 1 CSPCT members of staff, who all completed the facilitator training. 4 Mayfly Advance Care Planning training sessions were delivered in 2024 to 37 attendees including 11 hospice staff. In 2025, 3 sessions are due to be delivered to a further 48 delegates. All of these Mayfly sessions are delivered through the Education Hub to both hospice, community and hospital staff. Regular feedback received that acknowledges the course for its focus on communication skills, giving a better understanding of documentation used, and the depth of knowledge and experience shown by those delivering the course.
- Two Audit and Education events were held during 2024-25. The first was in September 2024 with 14 attendees and comprised of an audit presentation and two education presentations. The second had 10 attendees in March 2025. This time, there were 2 audit presentations and one education presentation. Feedback from both session's praises them for the usefulness and relevancy for improving practice.
- During 2024-25, 9 online education sessions were delivered through the Education Hub to both hospice, community, and hospital staff. From the feedback received, the attendees would recommend the events and they rated the event as either excellent or very good. 5 more sessions are planned for 2025-26.
- A Super Study session was also delivered through the Education Hub in September 2024 to 24 attendees from the hospice, community and hospital staff (target audience GP's) by a hospice Consultant and one member of CSPCT. They were supported by various internal specialists in the session's delivery. All attendees commented that the content was 'helpful to them' and 'pitched at the right level', and overall feedback suggests a great awareness of Palliative and End of Life Care is achieved.
- A one-day Palliative Care Conference took place in April 2025 and was a collaborative event between Wirral Palliative Care Education Hub and Clatterbridge Cancer Centre (CCC) with 10 guest speakers covering a range of topics to support the theme 'how can we best provide holistic care collaboratively'. It was very attended by 40 delegates from across Cheshire & Merseyside including hospice staff and overall positive feedback was received about the variety and quality of speakers, being able to implement the information into clinical practice, how interesting and empowering the day was, and the quality of food provided.





- 2 hospice and 1 CSPCT members of staff attended the Opening the Spiritual Gate training and completed the facilitator training. As a result, they will deliver 3 more Opening the Spiritual Gate training sessions during 2025 through the Wirral Education Hub to 50 hospice, community and hospital staff.
- 3 basic sign language taster sessions were delivered to 16 members of staff from both clinical and non-clinical teams in March and April 2025.
- We have engaged with local faith leaders to deliver faith education training sessions. The first session was delivered by the Muslim community to hospice and CSPCT staff in 2024 and the second session was delivered by a Rabbi in June 2025 to 23 hospice staff/ volunteers and CSPCT staff.

### 3. Increased number of pathways for non-malignant conditions into core hospice services

#### Project Summary:

- Hospice care provides holistic support for people with life limiting illness. To ensure the effective use of hospice services for people with specific conditions, previous experience has shown the need for focussed work with specialist teams to develop understanding between specialities and pathways for effective referrals.
- Through this project, the aim was to improve the patient and family care by ensuring patients with non-malignant conditions are offered timely access to hospice services to receive the holistic support available, to enhance their quality of life and that of their families.

#### The project's key targets were: -

- Continued development of the work commenced in 2023-24 with the community cardiac teams, embedding the agreed pathways and presence at the monthly cardiac MDT meeting.
- Development of work with the Liver Teams to identify people with end stage liver failure who will benefit from specialist palliative care support, to engage them in core hospice services.
- Development of Wellbeing services tailored to the needs of those with life limiting neurological conditions.
- Developing education opportunities to expand the knowledge and skills in care of cardiac, liver failure and neurological conditions for the specialist palliative care teams and Wirral Hospice St John's own MDT.

Good to hear what other carers are feeling and found it helpful to share my feelings.

It was nice to meet other people with similar conditions to myself. Talks were informative and relevant, thoroughly enjoyed attending the course I felt well supported.

#### Achievements to date: -

- Pathways developed with community cardiac teams, regular MDT attendance, Cardiac Specialist Nurses attending hospice for experience of setting, currently exploring means of improving holistic support for cardiac patients.
- Initial engagement commenced with Liver Failure Team, regular attendance at MDT.
- Wellbeing programme for neurological conditions developed between Therapy and Wellbeing teams. A pilot group was delivered in September 2024 and attended by 7 patients and their carers.
- Following evaluation evidencing both a positive impact on confidence in managing their condition (Likert Confidence Scale [1-10], patient score increased from 6.1 to 8.5 and carers 6.5 - 9.3) and a positive effect on physical symptoms and psycho-social impact of illness using the IPOS assessment. A second group was delivered in Q4 2024-25 attended by 6 patients.
- This development was shared in a poster presented at the Association for Palliative Medicine of Great Britain and Ireland (APM) Palliative Care Congress conference in Belfast in March 2025.

# New Priorities for Improvement for 2025-26

## 1. Eye Donation

**How was this identified as a priority?** In 2024-25, it was identified that a small number of hospices had successful partnerships with the NHS Blood and Transplant Service (NHSBT) and were proactively speaking to patients about the possibility of eye donation as part of advance care planning discussions. We were aware we have a small number of patients who ask questions about organ / body donation but addressed these requests on an ad-hoc basis with no agreed process in place and poor knowledge amongst all clinical staff.

Initial work in partnership with the NHSBT has led to conversations taking place with inpatients and as a result, 2 patients became donors. Having proved the concept can work in our Inpatient area, we now want to bed this into routine practice and explore its potential within other hospice service areas.

### **The impact for patient and family care: -**

- Patients and families who have been involved in the early conversations have responded positively to being given this opportunity to help others, feeling valued and respected. Some patients have been prepared to be donors when they die and were not aware that donating eyes is still a possibility even for those with a cancer diagnosis.

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

- Continued education with the clinical team and upskilling of key team members to include this aspect in advance care planning conversations, utilisation of the standard operating procedures (SOPs) put in place and continued relationship with the NHSBT.

## 2. Improvements to incident management process – Patient Safety Investigation Response Framework (PSIRF)

**How was this identified as a priority?** The implementation of PSIRF across NHS funded services is a mandated requirement. The approach which seeks to ensure that there is support for all involved in a patient safety incident and that there is positive learning and action from an event is welcomed by the hospice team, and in line with our approach. During 2025-26, it is our intention to improve the way we consider all incidents and share learning effectively with the hospice teams and into local and specialist networks.

### **The impact for patient and family care: -**

- Learning from incidents will be transparent to patient and family members, when a patient safety event occurs there will be open and supportive conversations both during the investigations and inclusion in sharing the outcomes and learning.
- Analysis and understanding of our incident profile will help initiatives intended to reduce the number, or minimise the impact, of patient safety events improving patient care and experience.

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

- Improving the use of the Vantage incident reporting system.
- Having a central place accessible for all staff for learning to be shared.
- Patient safety event feedback becoming a routine feature in team communication or meetings.
- Establishment of the Patient Safety Forum to review significant incidents and completed thematic analysis.



### 3. Falls Reduction Initiative

**How was this identified as a priority?** Two thematic analyses of all falls over 6-month periods within the Inpatient Unit showed a correlation between falls and patient needing to urinate, getting out of bed to go to, or on their way to or back from the toilet. The Physiotherapy Team became aware of results from hospitals published in journals covering this success of exchanging tea and coffee used in inpatient settings for decaffeinated drinks. Investigation into this approach indicated it may have a positive impact on reducing falls related to toileting needs for our inpatients. Communication also took place with the team in WUTH who have also successfully tried this approach.

#### **The impact for patient and family care: -**

- The decreased urgency to urinate from changing to decaffeinated drinks may reduce the frequency and urgency for patients to get to the toilet, reducing the associated falls.
- There may also be additional benefits such as improved sleep by not drinking stimulants at bedtime. However patient information and choice remains key, as does the need to monitor for any impact of reduced caffeine intake.

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

- Routinely providing decaffeinated drinks for inpatients, having a process that identifies those who have selected to continue to drink caffeinated drinks, ensuring this is noted in patient falls reports.
- Completing a 6-month thematic review after project start.
- Results from a palliative care setting will hopefully be compared to those in other acute care settings.

#### **Progress to date:**

- Decaffeinated drinks introduced in February 2025.

## Part 3: Review of Quality Performance

Key Performance Quality Indicators	2022-23	2023-24	2024 -25
Clinical Complaints (directly received)	4	3	3
Complaints upheld	2	1	2 **
Incidents in All Clinical Areas	129	141	143
Notifiable Patient Safety Incidents (Duty of Candour)	0	2	3
Medicines Incidents (Directly related to patient care)	28	22	34
Medicines Incidents – Moderate Harm +	0	0	1
Patient Falls	30	33	41
Falls - Moderate Harm +	0	1	1
Pressure Ulcers on admission *	33	39	32
Hospice Acquired Pressure Ulcers *	14 *	16	26
Hospice Acquired Pressure Injuries - Category 3+ (Moderate Harm +) *	3	2	3
Acquired Infections, inc. MRSA, C-Diff., Covid-19	1	1	0

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

\*\* 2 complaints were partially upheld

Patients, families and carers are the focus of all our activities in alignment with NHS England's Six Ambitions for End of Life Care.

Across all our clinical services, ensuring patient safety and providing high quality clinical care are fundamental to Wirral Hospice St John's. We promote a culture of continuous improvement and clinical leadership.

**We ensure that these key elements of quality are achieved as follows through: -**

- **Leadership and Governance:** Our Board of Trustees, working alongside the hospice's Senior Leadership Team, direct and guide the operational and strategic direction of Wirral Hospice St John's and undertake important statutory duties to ensure good governance and optimum use of resources, including strategy development, business and financial planning and overseeing the quality and sustainability of clinical and support services.
- Underpinning the work of the Board are four governance committees – Clinical, Finance & Infrastructure, Workforce and Income Generation & Marketing; these meet quarterly to provide assurance to the Board that adequate risk management measures and full legal and regulatory compliance are in place.



- The remit of Clinical Governance Committee is to provide assurance of care quality and patient safety; Clinical Governance Trustees are actively engaged in monitoring and reviewing the delivery of our clinical services, projects and associated Key Performance Indicators and in helping to resource, maintain and develop our services. This ensures we continue to provide the best possible care that meets the present and future palliative and end of life care needs of our Wirral community.



- **Performance Management & Monitoring:** Our KPIs for all our clinical services and their staffing are monitored and reviewed in detail at the quarterly Clinical Governance and Workforce Governance Committee meetings before being presented to the Board for further scrutiny and sign off. These quality measures range from nationally recognised measures of harm, such as pressure injuries and falls, to more locally agreed indicators such as clinical activity or clinical training uptake. We have continued to contribute to Hospice UK's benchmarking programme relating to patient safety incidents, utilising information for quality improvement initiatives.
- Wirral Hospice St John's income in 2024-25 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.
- NHS Cheshire and Merseyside Integrated Care Board have the statutory responsibility for planning and delivering joined up local NHS health and care services for the region, with 90% place-based commissioning being undertaken in Wirral to meet local need through an integrated commissioning framework. During 2024-25, we continued to deliver on the Quality Schedule agreed with Wirral Place ICB Quality Team. This forms the foundation of quality reporting to the ICB, providing an assurance framework of quality performance, improvements, and innovation measures. We continue to work closely with the ICB and Wirral Palliative and End of Life Care (PEoLC) partnership groups, supporting strategic developments and helping to achieve required place-based standards and Integrated Care System (ICS) requirements.
- We continue to liaise with CQC as required and have considered the delivery of our services in line with the current Quality Statements of the Single Assessment Framework, to ensure our services remain, responsive, effective, caring, well led and safe.

- **Safe Staffing:** Good staffing levels have been maintained across the hospice's medical and therapy teams throughout the year. The Community Services have been mainly staffed at the agreed levels, with successful recruitment in the developing Hospice at Home Personal Care Team that became fully established in September 2023. The hospice continues to have trainee doctors on rotation in IPU and regular cohorts of medical and nursing students.
- Wirral Hospice St John's applies the following safe staffing nursing levels to maintain patient safety on the Inpatient Unit: -

Staff Staffing Levels:	Earlies	Lates	Nights
<b>Above, at or between recommended ratio</b>	1 Nurse in Charge 1 RN - 4pt 0.5 HCA per RN	1 Nurse in Charge 1 RN per 5 pt 0.5 HCA per RN	>13pt 2 RN 2 HCA <13pt 3 RN 1 HCA
<b>At minimum ratio</b>	1 RN - 4pt 0.5 HCA per RN	1 RN per 5 pt 0.5 HCA per RN	2 RN 2 HCA
<b>Below minimum ratio</b>			

- Staffing within the IPU has been maintained at optimum staffing levels for the vast majority of shifts, occasional minimum safe staffing has taken place on occasional lates and night shifts as a result of increased patient numbers or late notice absences. Use of bank, agency and contract staff doing extras reduced over the year as nursing establishment improved.

	Earlies					Lates					Nights				
	Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4		Q1	Q2	Q3	Q4	
<b>At / Above</b>	100	100	100	100		95.6	100	100	100		100	98.9	100	100	
<b>Minimum</b>	0	0	0	0		4.4	0	0	0		0	1.1	0	0	
<b>Below</b>	0	0	0	0		0	0	0	0		0	0	0	0	

- The hospice successfully recruited to a number of key roles in 2024-25, including an Inpatient Unit Ward Sister, Deputy Community Services Manager for Hospice at Home and a Clinical Quality and Innovation Lead at the start of 2025-26.
- During 2024-25, whilst we continued to be affected by both national and local challenges in nursing recruitment, we worked hard to promote our vacancies and the benefits of working for our hospice and so were able to recruit 6 RNs and 5 HCAs.
- We are also experiencing increasing numbers of staff retiring from across our teams; in this last year 2 (full time) Registered Nurses (RNs) and 2 (full time) HCAs left our hospice through retirement.
- Workforce profiling and planning carried out in 2023-24 enabled us to have a clear understanding of pressures on the workforce related to age, retirements and staff turnover. This identified that we had 28.83% in the age bracket 45 - 54 and 36.81% in the age bracket 55 - 64. This work supported our understanding of anticipated future workforce demands, together with a review of the future skill mix requirements. This has informed decision making about recruitment, career pathways and workforce planning during 2024-25.
- Acknowledging these continual recruitment challenges we experience within a tight labour market, it is essential that we now continue to enhance our 'grow our own' future workforce approach.

- **Learning from Incidents:** As part of its approach to patient safety, Wirral Hospice St John's encourages an open culture of incident reporting. Any events or circumstances that result in physical and / or psychological harm, or a near miss with the potential to cause physical and / or psychological harm to our patients are recorded as "clinical incidents". We are pleased to note that the vast majority of our clinical incidents result in no or low harm, and the majority of medicines management incidents are identified before they affect the patients.
- All clinical and organisational incidents are recorded via an electronic incident reporting and management system, Vantage, which is successfully used by many other hospice and healthcare providers across the UK. This forms part of our strategic approach to optimise use of digital and replaces our paper based system that was no longer fit for our data reporting and governance purposes.
- All clinical incidents are reviewed on a quarterly quality working group level e.g. to the newly established Patient Safety Forum, and ongoing Medicines Management Group, to identify any trends - these are discussed at Clinical Forum, a meeting of Senior Clinical Leads, and agreed learning disseminated and change of practice or policy agreed. Themes and trends of clinical incidents are reported on a quarterly basis to the Clinical Governance Committee chaired and attended by trustees for their independent scrutiny and oversight.
- In Autumn 2024, working in partnership with C&M ICB, the hospice developed its policy and plan in line with the NHS Patient Safety Incident Response Framework 2023 (PSIRF). Staff undertook the Health Services Safety Investigations Body (HSSIB) Systems Approach short course and other eLearning relevant to their roles to support them with the introduction of patient safety incident investigation processes and procedures.
- The hospice's approach through patient safety is to:-
  - promote a fair, open, inclusive and just culture and learning that promotes the belief that incidents cannot simply be linked to the actions of individual staff but also focuses on the system in which they were working in order to learn lessons.
  - be open in the handling of patient safety incidents and the application of the hospice's Being Open and Duty of Candour policy.
  - promote learning from Patient Safety Incidents.
  - disseminate the findings from its Patient Safety Incidents across the organisation for the purpose of learning and improving patient safety.
- As members of the Hospice UK Patient Safety Group, we are able to submit incidents over the 3 key areas of medicines management, skin damage and falls. This helps contribute to building a national picture of significant events across hospices and provides an opportunity for shared learning.
- 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. Patients falls risks are identified at daily patients' safety huddles and at the newly introduced Patient Safety Forum which reviews all aspects of falls to maintain best practice. Two thematic analyses of all falls within the Inpatient Unit which were conducted in 2024-25 identified a correlation between falls and patient's toileting needs; in response to this, we have established the Falls Reduction Initiative as one of priority objectives for improvement for 2025-26 (*See page 32*).

## Impact of Incidents:

<b>Falls</b>	<ul style="list-style-type: none"> <li>Identified that neurological observations had not always been followed per policy following head injury.</li> <li>Review of policy and staff's (doctors / nurses) understanding, easy to follow flow chart, increased clarity in the electronic health care record (EHCR), education.</li> <li>Further incident evidence, better decision making and documentation of appropriate observations.</li> </ul>
<b>Near Miss Falls</b>	<ul style="list-style-type: none"> <li>Patient observed and almost falling when getting out of chair, recognised patient was taller and heavier than average patients and required larger chair.</li> <li>Identified that we did not have height and weight limits for all equipment in a single place - document created.</li> <li>Identified we would benefit from knowing prior to admission if patients' size would affect the equipment we needed, so being added to referral form.</li> </ul>
<b>Medication Infusion Pumps</b>	<ul style="list-style-type: none"> <li>Total Parenteral Nutrition (TPN) feed ran through at incorrect rate, paracetamol at incorrect rate.</li> <li>Re-education for staff on setting up infusion pumps - including clearer SOP.</li> <li>Including new practice locking of pumps once set.</li> <li>Competencies checks with all relevant staff.</li> </ul>
<b>Controlled Drugs Volume reconciliation miscalculations</b>	<ul style="list-style-type: none"> <li>Staff identified they were not confident with calculating volumes of medication when commencing new bottles.</li> <li>Training approach developed by pharmacist - tiered down through ward sisters to all RNs.</li> </ul>

## • Patient and Family Feedback (Complaints, Compliments and Suggestions):

- Wirral Hospice St John's recognises that all feedback, whether expressing dissatisfaction or satisfaction, is an important and valid way of monitoring the quality of our activities and identifying learning and improvements to practice and processes to prevent reoccurrence. The hospice culture perceives complaints or concerns as an opportunity to learn, rather than a threat, providing the chance to demonstrate openness, transparency and accountability by listening and responding to those accessing our services.
- Hospice policy sets out that all complainants and those raising concerns should be fairly treated and responded to promptly, sensitively, and efficiently. We meet with anyone raising concerns or complaints to fully understand and address their issues as soon as possible.
- Whilst we receive relatively few complaints each year (*see Key Performance Quality Indicators Table on page 33*), we take all concerns about the quality of patient and family care seriously and apply Being Open and our Duty of Candour processes where appropriate. All are fully investigated; the actions taken and proposed resolutions are overseen by the Clinical Governance Committee.
- During 2024-25 of the three clinical complaints that the hospice received directly, two were partially upheld and the other one was not upheld. An anonymous complaint was also received via Care Quality Commission; the case was closed with no actions required of the hospice by CQC and by Wirral Safeguarding following Multi-Agency Safeguarding Hub (MASH) screening.



## Impact of Complaints:

<b>Access to patient areas by bereaved relatives</b>	<ul style="list-style-type: none"> <li>▪ Highlighting the importance of tactful communication and gaining clear understanding of what someone is asking for (there was confusion about if they were asking to see a patient's bedroom, the patient lounge or quiet room).</li> </ul>
<b>Bereavement cards</b>	<ul style="list-style-type: none"> <li>▪ Process for sending bereavement cards including what is written in the cards was refreshed. Bereavement cards continue to be sent; but a review was undertaken of how the list of recipients for bereavement cards is produced to ensure that anyone who declines bereavement support contact, is not added to this list.</li> </ul>
<b>Next of kin / patient's consent</b>	<ul style="list-style-type: none"> <li>▪ In order to enable patients to choose their next of kin / key persons contacts with insight and understanding, the importance of explaining to patients during advance care planning what discussions and decisions their named contacts may become involved within the future, if they are unable to make their own decisions was re-emphasised with the clinical teams and at wider Wirral palliative and end of life care governance meetings.</li> <li>▪ Incorporated a recap with patients regarding what that involves for those people they are naming, ensuring understanding and consent.</li> <li>▪ Highlighted the potential benefit of considering recording who is present when these discussions take place.</li> </ul>
<b>Manual handling</b>	<ul style="list-style-type: none"> <li>▪ All manual handling training that takes place in addition to regular training sessions is recorded.</li> </ul>

- Wirral Hospice St John's also welcomes and responds to comments, suggestions, compliments and other positive feedback to demonstrate our care quality to our patients, commissioners and donors, partner organisations and the wider Wirral community, and for workforce morale and motivation.
- (See Part 4: Hospice Experience on pp 43-49).

- **Clinical Audits:** Wirral Hospice St John's has an established annual audit programme 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. We utilise Hospice UK or NHS audit tools wherever possible to benchmark our care nationally; these are identified in our annual Audit Plan.

Our Clinical Auditing in 2024-25:			
<b>Q1:</b>	<ul style="list-style-type: none"> <li>• Influenza Report</li> <li>• Children's Safeguarding Audit</li> <li>• Mortality Review Annual Report and End of Life Record of Care Audit</li> <li>• Service User feedback summary (quarterly)</li> <li>• Hospice UK Patient Safety Benchmarking: Falls, Pressure Ulcers &amp; Medication (quarterly)</li> </ul>	<b>Q2:</b>	<ul style="list-style-type: none"> <li>• Safeguarding Audit</li> <li>• Anti-Microbial Stewardship</li> <li>• Hospice UK Management of Controlled Drugs</li> <li>• Patient and People Moving and Handling</li> <li>• Service User feedback summary (quarterly)</li> <li>• Hospice UK Patient Safety Benchmarking: Falls, Pressure Ulcers &amp; Medication (quarterly)</li> </ul>
<b>Q3:</b>	<ul style="list-style-type: none"> <li>• NHSE Standards of NHS Health Care Cleanliness</li> <li>• Falls Audit – Policy and Process Compliance</li> <li>• Mental Capacity – Policy and Process Compliance</li> <li>• Hospice UK Controlled Drugs Accountable Officer (CDAO) Self-Assessment</li> <li>• Service User feedback summary (quarterly)</li> <li>• Hospice UK Patient Safety Benchmarking: Falls, Pressure Ulcers &amp; Medication (quarterly)</li> </ul>	<b>Q4:</b>	<ul style="list-style-type: none"> <li>• Advanced Care Planning</li> <li>• Patient Led Assessment of Care Environment (PLACE)</li> <li>• Equality and Diversity</li> <li>• Service User feedback summary (quarterly)</li> <li>• Individualised Patient Outcome Score Audit (Wellbeing)</li> <li>• Hospice UK Patient Safety Benchmarking: Falls, Pressure Ulcers &amp; Medication (quarterly)</li> </ul>

Examples of the Impact of Audits:
<b>End of Life Record of Care Audit</b> <ul style="list-style-type: none"> <li>• <b>Finding:</b> Information leaflets were not being offered out as no longer available as printed versions and staff were unhappy with the presentation and content of the available literature.</li> <li>• <b>Outcome:</b> We worked with Wirral Wide Governance Group to develop and agree a system wide information leaflet on "What to expect in the last days of life" which has been well received.</li> </ul>
<b>Advance Care Planning (ACP) Audit</b> <ul style="list-style-type: none"> <li>• <b>Finding:</b> Showed improvements in completion of ACP documentation but identified further improvements could be made.</li> <li>• <b>Outcome:</b> Multi professional group redesigned the ACP template in the EHCR to support consistent and clear documentation.</li> <li>• Re-audit showing further improvements.</li> </ul>
<b>PLACE 2024</b> <ul style="list-style-type: none"> <li>• <b>Finding:</b> Provided best results to date following changes made in previous years - cleaning schedules, external work on pathways, internal signage, hand powered bins.</li> <li>• <b>Outcome:</b> Further recommendations for dementia friendly flooring in the WBC will be accommodated in the 2025 planned refurbishment.</li> </ul>

- 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 to staff from our own audits, hospital or community end of life care provider partners and from the national and regional audits we have participated in. In 2024, we shared our service development of the Neurological Wellbeing Group at the Association for Palliative Medicine of Great Britain and Ireland's Palliative Care Congress in Belfast.
- **Research:** Being research active was a previous priority project for the hospice and engagement in research continues to be a key element of ensuring that the hospice is at the forefront of advances in palliative care.
- In 2024-25 our participation in the national CHELsea Research programme on clinically-assisted hydration at the end of life concluded with us making a significant contribution of research candidates. We are awaiting the publication of outcomes from this research
- We are currently in discussions regarding involvement in two further research projects being developed by colleagues at the Clatterbridge Cancer Centre.
- **Infection Prevention and Control (IPC) Standards:** Effective IPC has always been a high priority; we implemented the National Standards for Health Care cleaning and, during 2024-25, our housekeeping team leader completed standardised external training. This will support the maintenance of these standards and ensure all housekeeping staff members are appropriately trained.
- Engagement in the North-West IPC meetings has identified infections with increasing prevalence across the region. As a result, we ensure our procedures are up to date and fully embedded in day-to-day practice.
- We continue to audit all clinical areas for IPC compliance, monthly, quarterly and annually and these consist of observational audits, a review of healthcare record keeping and discussion with staff members. For 2024-25 these audits demonstrated good compliance across all clinical areas and made a series of recommendations including new commodes, meeting identified clinical training needs, updating spillage and sharps procedures, improving documentation of infection alerts, and a review of sinks to align with the IPC Manual for England, as well as setting the compliance levels for future audits.
- **Promoting Equality, Diversity and Inclusion (EDI):** Hospice trustees and leaders encourage a positive organisational culture, focusing on achievement of quality standards and the needs of patients and families and promoting equality, diversity and inclusion. The hospice's EDI policy sets out our commitment and approach to promote equality, to value and manage diversity and inclusion and to encourage and ensure fairness and equality amongst and throughout our workforce and to provide accessible and appropriate services and patient care in all settings.
- EDI monitoring is undertaken across our workforce to fully understand core demographics and any potential support needs that our staff and volunteers may have (*see Hospice Experience on page 47 for more information*).
- Work has been undertaken across the hospice building to improve the compatibility of spaces with hearing systems and to improve staff's familiarity in using existing equipment. Our volunteers were willing supporters in developing this work. We also strengthened links with the local Muslim community who delivered an educational session for all staff on their community and faith.
- **Reasonable Adjustments:** Towards the end of 2024, we developed a patients' questionnaire / template / flag with the intention of rolling this out in the clinical areas on 2025-26. This work will enable digital flags to highlight the need for reasonable adjustments to patient's health care to be added to the electronic health care record to ensure we support patients, carers and families in the most appropriate way.

- **Information Governance and Data Quality:** Wirral Hospice works hard to ensure we protect the personal identifiable information of patients, staff, volunteers and donors in accordance with legislation.



- In June 2024, we again successfully completed the annual NHS Digital Data Protection & Security Toolkit (DPST) self-assessment, against which our performance was measured and found to be fully compliant against the National Data Guardian's ten 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.
- To continue to achieve compliance with the DPST requirements, we comprehensively reviewed the hospice suite of information governance policies to align them to the Digital Care Hub policy and good practice. We created a new Network Security policy and this was signed off by the Board of Trustees in September 2024 along with the updated hospice policies – the overarching Information Governance policy; Data Protection & Confidentiality; Electronic Communication; Communication Devices; and Information Management & Data Retention policies.
- This has set us in very good stead for our annual submission of the DSPT by the end of June 2025. To build upon this foundation, we are planning to undertake Cyber Essentials Plus during 2025-26.
- 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 was submitted to NHS Cheshire & Merseyside ICB / Wirral Place and reviewed monthly by our Senior Leadership Team and Clinical Forum and quarterly by the Board of Trustees and Clinical Governance Committee.
- As part of our approach to embracing digital resources optimally, engagement continues with Hospice UK on outcome measures and data quality; we completed their annual activity and demographics request, submitted monthly financial information to support timely benchmarking and completed their clinical workforce survey.
- We are continuing to further our digitalisation agenda by using the Vantage system for incident reporting and introducing dashboards for our Senior Leadership Team and wards sisters so they can keep track of incident data to support trend analysis and learning. We have initiated modules in CQC compliance, risk management, health care related alerts, and display screen assessments. In 2025-26, we plan continue to develop our portfolio of modules to support safe and effective delivery of services across the organisation.
- In human resources, we have introduced an applicant tracking system, Talos, to streamline the experience for applicants and reduce administrative recruitment burden. In Fundraising, our lottery database has been combined into our existing Donorflex database.
- All these digitalisation and cyber security measures are intended to make us more efficient and cost effective as well as continuing to be safe and secure.
- **Learning and Development:** To maintain patient safety and high quality services, we require a workforce who are trained and skilled in their roles and so we have a comprehensive programme of eLearning as well as face-to-face teaching with associated competencies for many of our registered health care staff. Through working in partnership with WUTH Clinical Skills Lab and the community Tissue Viability service we have refreshed and upskilled clinical staff on: - Intravenous (IV) interventions, tissue viability including pressure ulcer prevention and wound care, catheter care, mouth care and hygiene, and Aseptic Non Touch Technique (ANTT).
- This year, we have introduced Resilience based clinical supervision and maintained our priority



commitment to deliver education on psycho-social elements of our practice (*further information can be found in our Priorities section on pages 28-30*) and delivered a joint conference between our Education Hub and Clatterbridge Cancer Centre on “*Collaborative approaches to Palliative Care*”.

- Liverpool University Medical School reviewed our medical undergraduate training programme and again noted the high quality of our student placements; this was borne out by the excellent qualitative feedback from the medical students cohort in 2024-25, highlighting the quality of teaching and support offered by whole hospice team (*see page 23*).
- **Site Strategy / Green Plan Improvements:** In 2024-25, the hospice received support from the government’s NHS England (NHSE) capital grant scheme totally £132k towards a series of improvement works which contribute towards its Green Plan and to environmental and efficiency savings. These include the purchase of two electric cars for staff to use for Hospice at Home visits, new recycling bins, and the installation of new double glazing / energy efficient boilers – all of which go towards making the hospice more energy efficient and sustainable.
- Wirral Hospice’s Site Strategy and its supporting capital and maintenance programme for 2025-26 was also drawn up with the Board and Senior Leadership Team in January 2025. Considerable engagement has since been undertaken with patients, service users, families and staff on the proposed capital projects within it. Improvements are planned to upgrade Wellbeing, the Inpatients Lounge, the Family Room and the Laundry; in addition solar panels will be installed to support our Green Plan objectives.
- These works are due to be supported by a further tranche of NHSE capital funding in 2025-26.
- **Collaboration & Partnership Working:** The quality of patient experience is not only limited to the care we provide directly but is also achieved through working well together with other services.
- We have continued to work closely with the Community and Hospital Palliative and End of Life Care teams through a joint bi-monthly Wirral Wide PEOLC Governance meeting, which gives us the opportunity to collectively share learning, developments and responds to cross-organisational incidents.
- In addition, we continue as members of the following - Wirral Place’s Strategy & Transformation Group representing all age palliative care, Wirral Council for Voluntary Services (CVS) with other community, voluntary, faith and social enterprise sector partners, and the Wirral Community and Palliative Care Board. The latter provides us with the opportunity to network and strengthen links with Primary Care Networks (PCNs) and the local GP collaborative.
- Partnership working also continued with Citizens Advice Bureau (CAB); we successfully secured a further twelve months funding, through charity sector small grant applications, enabling us to maintain our contract with CAB to provide onsite specialist benefits advice for patients and families.
- As members of the Cheshire and Merseyside Hospices Collaborative, we have developed key data benchmarking for both activity and finance and compiled a service directory. We are continuing to explore the development of a sustainable future commissioning model for hospices with the ICB and a project initiation document is being produced.
- In Summer 2024, we implemented a joint working arrangement in partnership with St Rocco’s Hospice and Willowbrook Hospice through which we are sharing our expertise to help them to develop their clinical systems, data input/outputs and their staff’s knowledge and skills to support their development for the future.
- Collaboration with Claire House Children’s Hospice is going from strength to strength. In addition to them coming on board as partners in the Education Hub (*see page 22*), we agreed a six month secondment of our Infection Prevention & Control Nurse to Claire House to share knowledge in 2024-25; this will commence in the first quarter of 2025-26. Also in 2024, a joint benchmarking exercise on our transition work over the past 5-6 years was completed which the ICB have found very positive.
- Going forwards, we are also keen to explore opportunities to expand partnerships within the wider community to support meaningful work experience or volunteering opportunities.

# Part 4: Hospice Experience

## Patient and Family Experience

Wirral Hospice St John's appreciates everyone making their views known to us about our care and support services; all feedback is well received.

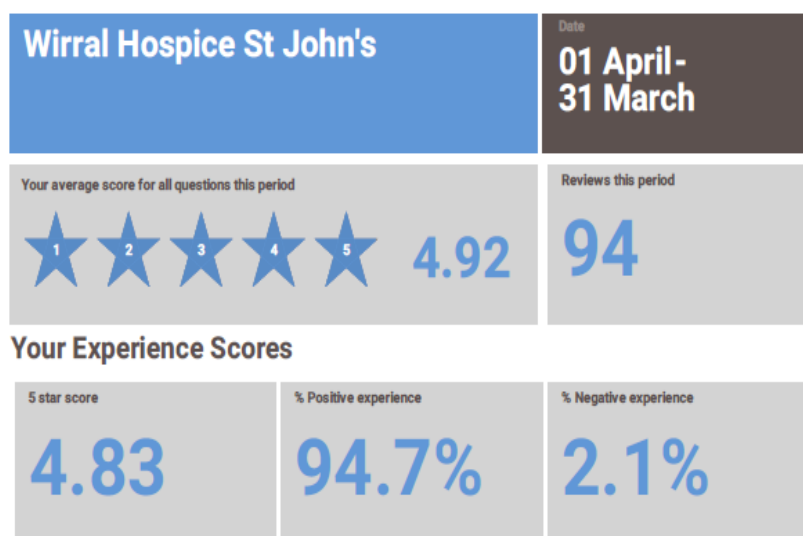
We recognise the importance of listening to the needs of our patients and families and the ideas of our supporters, volunteers and staff and to learning from both positive and negative comments.

This allows us to improve our hospice practice and environment where and how it is needed. Where required, concerns are managed through our complaints process. All the comments, ideas and suggestions received are reviewed to ensure timely improvement actions are taken and they are recorded so that they can be monitored for any recurring themes or issues.

Our **Engagement and Experience Strategy** includes a variety of ways through which our hospice can gain the views and input of patients, families, carers and visitors as follows: -

- **I Want Great Care (IWGC):** We continued to seek feedback in 2024-25 from patients and their relatives receiving care and support and from visitors and carers through the IWGC satisfaction surveys hosted on a third party web-based platform. IWGC can be accessed directly to review and rate all aspects of our patient care and experience and to provide suggestions for improvement, which provides a robust, transparent process for measuring our satisfaction levels.
- Feedback is captured online through the IWGC website or by accessing IWGC via QR codes embedded in appointment cards and letters or by completing a printed version.
- Where patients or carers choose to complete a paper version, then their feedback is uploaded into IWGC. [www.iwantgreatcare.org/hospitals/wirral-hospice-st-johns-1](http://www.iwantgreatcare.org/hospitals/wirral-hospice-st-johns-1)
- In 2024-25, we gained a 5-star rating across all criteria and achieved an overall score of 4.83 out of 5; which compared well with 4.97 out of 5 for 2023-24. The feedback from IWGC across our clinical services achieved 96.8% from 94 responses. Feedback results across all clinical areas continue to show an extremely high level of satisfaction of experience of 94.7%; again comparing favourably with 96.8% for 2023-24.

### I Want Great Care: Patient Results 2024-25



*"All the staff are very caring towards my Mum and us as a family. Their help is invaluable as although mum has limited communication I know she enjoyed her sits from the hospice and I feel completely at ease leaving mum. It also gives me a break for some time with the rest of the family"*

*"Warm, friendly welcome, efficient helpers, effective treatment, careful after care."*

- Utilising IWGC has enabled specific feedback on different elements of hospice services such the memorial services and Hospice at Home services, as well as on the long-standing services, such as Wellbeing and Inpatients. We invested in a set of bespoke questions from May 2024 which better relate to the psycho-social services, with the hope of improving returns from services such as Bereavement Support, Counselling, and Young People and Children's Support. In 2025-26, we will be reviewing our feedback groups in IWGC to enable easier feedback for service users and to incorporate new service developments.

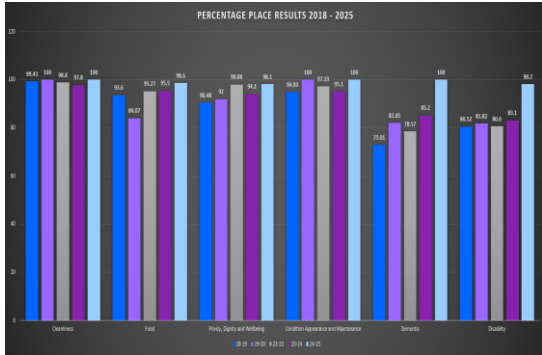
## ***“YOU SAID... WE DID”***

### **Responding to Feedback from Patients and Families**

<b><i>Family had not been successfully contacted to advise patient was deteriorating</i></b>	<ul style="list-style-type: none"> <li>Updates made to End of Life Record of Care (EoLRoC) template to ensure there is better clarity about who wants to be contacted, recheck of contact numbers and addition of second contact option.</li> <li>Updated telephone template to ensure that success of call can be recorded.</li> <li>Improved practice within team to continue to try family if contact not made.</li> </ul>
<b><i>Family felt all staff had been in handover and had not responded quickly with support</i></b>	<ul style="list-style-type: none"> <li>Handover practice altered to take place between a smaller number of staff, ensuring most staff from outgoing shift remain visible and accessible on the ward.</li> </ul>
<b><i>Client had struggled to get to hospice for bereavement support</i></b>	<ul style="list-style-type: none"> <li>Review of capacity within volunteer drivers – now supporting Bereavement Support and Complementary Therapies appointments. 3 clients have been supported to date.</li> <li>Bereavement Support Counsellor also offers sessions via telephone or online; a number of clients accessing support in this way</li> </ul>
<b><i>Patients wanted easier access to the fishpond</i></b>	<ul style="list-style-type: none"> <li>Improved paving to the fishpond with sufficient space for wheelchairs</li> </ul>

- Comments and Suggestions:** Feedback collected via our comments boxes situated throughout the hospice enables our patients, relatives, visitors, visiting professionals, volunteers 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.
- This has proved a particularly useful way of gathering suggestions which help to shape our care, where face-to-face discussion is not possible or where the respondents may wish to retain their anonymity
- Emailed to [info@wirralhospice.org](mailto:info@wirralhospice.org):** This email link is hosted on our website and the inbox is checked Monday to Friday, with all those using this mechanism receiving an individualised response to their suggestions from the appropriate staff member.
- PLACE Audit:** Patients' voices are critical to help our hospice deliver effective services in good care environments. Each year, as another element of its Engagement and Experience Strategy, Wirral Hospice St John's undertakes the national Patient-Led Assessments of the Care Environment (PLACE) audit, which enables its findings to be benchmarked against the results of other hospices and healthcare

providers. It is carried out by a team of voluntary assessors which can comprise of patients, relatives, carers, friends, patient advocates, and volunteers, supported by hospice staff.



- Through PLACE, the hospice can better understand how well patients' needs are being met through its patient environment and support services and identify improvements to address any issues raised; these may relate to cleanliness, maintenance, accessibility, needs of dementia and disabled patient groups, patient privacy & dignity, and the quality and availability of food and drinks

- The 2024-25 PLACE findings gave the best results to date across all categories. The hospice continues to maintain a high quality environment which instils confidence in those accessing services. There is clear value in regularly appraising the hospice environment and the plan is to repeat PLACE in 2025 - 26.

## Staff & Volunteer Experience

For Wirral Hospice, staff and volunteer engagement and wellbeing, as well as opportunities for learning and career development support the achievement of our hospice's strategic aims to be an employer of choice and to attain recognition as an effective, efficient and thriving organisation, worthy of future investment.

The views and input from our staff and volunteers are captured through a variety of mechanisms: -



- **Workforce Survey:** This is the primary method of seeking and measuring employee and volunteer feedback and continually developing and assessing the levels of engagement within the hospice and it is supported by our enabling Workforce Strategy in ensuring the ongoing delivery of our current and future talent pipeline.
- Since 2017, Wirral Hospice St John's has participated in the Birdsong Consulting hospice surveys, providing the opportunity for both staff and volunteers to provide confidential feedback on working / volunteering at the hospice and to benchmark the results from previous years surveys with other participating hospices.
  - In May 2025, the hospice invited all staff, volunteers and trustees to participate in its latest Workforce Birdsong Survey; 104 staff responses were received, which is a return rate of 61%, and 181 volunteers replied, which is a return rate of 43%.
- **Employee Forum:** Wirral Hospice St John's is continually looking at ways to develop our workforce systems and processes to ensure that they are as effective as possible. The Employee Forum which meets quarterly provides a key opportunity to engage with the workforce through its staff representatives.



- **Speaking Up Speaking Out:** Being able to share issues and concerns openly in healthcare is crucial to protect both patient safety and care quality and to improve staff and volunteer experience. Wirral Hospice St John's recognises this is only possible in an open and transparent workplace where all such issues raised are used as opportunities for learning and improvement.
- The Board of Trustees and the Senior Leadership Team support the hospice's commitment to speaking up / speaking out safely and to zero tolerance of any form of reprisal against anyone who speaks up through the following: -
  - Its Workforce **Speak Up Speak Out policy**
  - Mandatory **Speaking Up** eLearning for Health for all staff, volunteers, trustees, managers, team leaders and senior managers.
  - A variety of **Speaking Up & Speaking Out channels** which allow staff and volunteers to share in confidence and, if preferred, anonymously.
  - Two **Freedom to Speak Up (FTSU) Guardians** are members of staff who support their colleagues (staff and volunteers) to speak up if unable to do so through any other routes.
  - Two nominated **Freedom to Speak Up Senior Leaders** provide senior support for our FTSU Guardians and are responsible for reviewing the effectiveness of our FTSU arrangements.
  - A nominated **Speak Out Trustee** provides independent support to the FTSU Guardians; and is a fresh pair of eyes to ensure investigations are conducted with rigor and to help escalate issues, where needed to the Board.
- Through the introduction of this approach, the Board of Trustees and the Senior Leadership Team reaffirmed the hospice's commitment to speaking up / speaking out safely and to zero tolerance of any form of reprisal against anyone who speaks up.
- **Staff and Volunteer Long Service Recognition:** Volunteer long service award events have been a long established feature going back many years but we introduced combined staff and volunteer Long Service events in 2019. Since that date, a total of four award ceremonies have taken place, with a total of 321 people and 3,185 years' service recognised. The events are both well attended and well received; they generate positive feedback and a sense of appreciation, pride and team spirit between the staff and volunteers.



*"Tuesday was the fab Long Service Awards. It makes me as a volunteer feel appreciated and valued"*

*"Thank you so much for my long service award yesterday evening. It is on pride of place on my mantelpiece! It really was a lovely special evening. I feel immensely privileged to work for this organisation with its amazing, dedicated volunteers and my equally amazing colleagues."*

*Hearing the maths quantifying how much time and value our volunteers give was both humbling and heartening. And that doesn't touch on friendly, caring, and professional way that this support is given!  
... Roll on the next five !!"*



*"Just to say thank so much for a delightful evening. I am very proud of my service award and a little daunted by the prospect of 25 years. With very best wishes!"*

- **Staff 'thank-you' events:** In addition to the Long Service Awards, having the opportunity to say 'thank-you' for the wonderful work that every one of our staff does, is really important to us. For this reason we introduced our first series of 'thank you events' in 2024-25 to recognise the loyalty and commitment of our hospice team. The first afternoon tea event, provided the opportunity for staff to spend time chatting to colleagues from different departments, and for the Chief Executive, the Trustees and SLT to show appreciation for all that our staff do in support of our patients, and those who use our services.



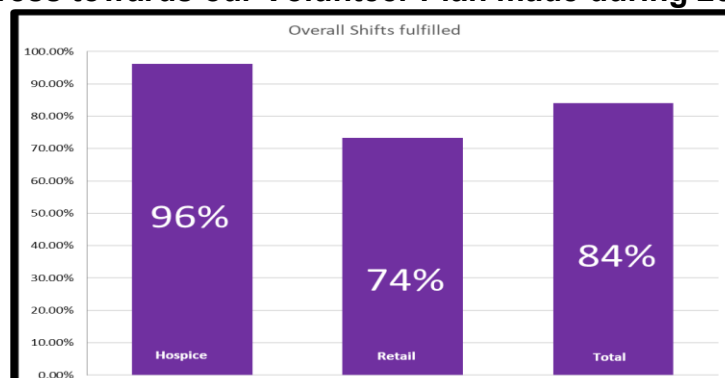
- **Workforce Equality, Diversity and Inclusion (EDI) Framework:** Wirral Hospice St John's is committed to identifying and eliminating any forms of discrimination and to encouraging and ensuring fairness, social inclusion and equality amongst and throughout our workforce and in our recruitment and selection processes. In February 2024, we commenced EDI monitoring of all staff, trustees and volunteers to capture their characteristics and to help to identify any potential support needs that the hospice can strengthen or further develop so it can continue to promote a truly inclusive workforce.
- During 2025-26, staff and volunteers will be invited to let us know if any of their circumstances have changed and what, if any, further support can we provide to them.
- **Domestic Abuse policy:** This Domestic Abuse policy was introduced as part of the hospice's approach towards creating a working environment promoting staff wellbeing. It embodies our safeguarding commitment that everyone has the right to a life free from abuse in any form and that violence against people is unacceptable. The policy clarifies the supportive measures the hospice will offer to any member of its workforce, employee or volunteer, who experiences domestic violence and abuse.



## Volunteering:

Over the last 12 months we have increased the number of active volunteers within the team to more than 430, with an average age of 62 in various roles, supporting patient care and working within our community charity shop network. Through expansion of patient services, this has also provided opportunities for new volunteering roles to be created.

### Progress towards our Volunteer Plan made during 2024-25:



- The impact of the work our volunteers bring to the hospice has resulted in an additional £1 million equivalent of care and support being provided to our patients and their families.
- We have now added our EDI form to the volunteer application form which enables us to be more supportive when responding to requests and ensuring we provide the right levels of support to our volunteers joining the team.
- Our sixth form enrichment programme with a local school goes from strength to strength with Cohort 7 currently in place with planning underway for Cohort 8 to start in September. The programme has been recognised at a national level by Hospice UK at their national conference. Over the last 12 months our engagement with local schools, colleges and universities has increased building stronger partnerships with more student opportunities in roles supporting the hospice and increased awareness of what hospice care is.
- Over the past year we have offered opportunities to our volunteers to learn new skills, attending courses including Basic Life Support and Dementia Friends as well as other courses which have been developed to allow volunteers to undertake new roles including bereavement support and hand massaging.



## Public Engagement

**We provide free care for adult patients with life-limiting illnesses; we also support carers and loved ones. Patients and their families are at the heart of everything we do.**

Wirral Hospice St John's have provided over 41 years of service to the Wirral community, whose very support and commitment enabled the hospice's inception and has ensured its continued existence and development ever since.

We very much value the support, engagement and affection that the people of Wirral give to the hospice; nothing demonstrates this strength and quality of their relationship with Wirral Hospice more than the confidence and trust they show in allowing the hospice to care for their loved ones and their families at the most challenging times.



Whilst we receive NHS funding to deliver our hospice care, the majority of our income is donated by individuals, families, groups, companies and charitable trusts. We are reliant on their donations and support, without which we would not be able to sustain our services.

Our Fundraising and Marketing Team engage with our supporters, donors and the general public to promote the work of Wirral Hospice and services available as well as our ongoing need for support and the ways people can help.

Our largest public event is Light up a Life held every December in the hospice grounds, approx. 2,000 supporters attended in 2024. We continue to use a range of social and other media to reach and communicate with key audiences. Digitally, our social media platforms help us to reach large audiences and the hospice's website typically has around 6,500 hits per month. 16,000 supporters receive our twice-yearly postal newsletter. Several thousand more copies of the newsletter are distributed to our customers through our expanding network of charity shops, which are an important part of the Wirral's wider community infrastructure.

Last year, we continued with hosting a series of showcase events for guests from across Wirral's health and social care organisations, local trusts and foundations, the business community and voluntary, community and faith sectors. These sessions help to dispel the myths that people often assume about hospice care and to highlight Wirral Hospice services and the positive impact they have for our patients and their families. It is particularly important there is sufficient knowledge across Wirral of our services so that patient referrals can be offered at the right time and decisions are made on the back of facts and not assumptions. Further showcase sessions will continue to take place during 2025-2026 to raise awareness to wider audiences about the valuable work we do and the full extent of our care and our services.



## Part 5: External Statements



Cheshire and Merseyside

### Statement from NHS Merseyside and Cheshire Integrated Care Board (NHS C&M ICS)

NHS Cheshire & Merseyside welcomes the opportunity to comment Wirral Hospice St John's Quality Account for 2024/25. We would first like to congratulate you on celebrating your 40th birthday as an establishment. We appreciate the transparency and continued engagement with patients, families, and local stakeholders throughout the year.

We commend Wirral Hospice St John's for its focus on patient safety, particularly the work undertaken with their implementation of PSIRF. The collaborative work undertaken to enable a new systems way of learning is to be highly recognised, and as a C&M ICB we have enjoyed being a part of this important workstream and will continue to be a support on your PSIRF journey. We are pleased to see that PSIRF has been identified as one of your 2025/26 priorities, with your aim to 'improve the way you consider all incidents and share learning effectively with the hospice teams and into local and specialist networks.'

It is evident that Wirral Hospice St John's has an important role in the local community and have supported and facilitated education to other health and care professionals. You have shared your expertise and knowledge across the system to increase knowledge and skills to care for those at end of life within the community.

Wirral Hospice St John's has continued to successfully achieve the delivery of increased opportunities for psycho-social education for clinical staff.

Wirral Hospice St John's has expanded services outside of end-of-life care; additional services include Motor Neurone Disease (MND), Children Young People (CYP) services with the introduction of a dedicated CYP worker, and Wirral specialist palliative care 24/7 advice line, which offers valuable and accessible expertise to patients, families and professionals on the Wirral. We recognise the valuable contribution these services provide.

We recognise that as members of the Cheshire and Merseyside Hospices Collaborative, you have stated you are 'exploring the development of a sustainable future commissioning model for hospices' and you show multiple proactive measures.

Wirral Hospice St John's clinical audit programme has been described within the account and assures oversight of clinical effectiveness. Wirral Hospice report at a local, regional, and national level to continue to benchmark and improve services in line with national standards. You also describe participation in audits through 'Pallaborative' The North West's Palliative Care Regional Audit Programme, attendance of these meeting enables key learning back to Wirral Hospice St John's biannual hospice education and audit events.

Finally, it is recognised that the individual effort of staff and teams within Wirral Hospice St John's make a huge impact to patient care, support to families and professionals seeking your expert advice. This is strongly recognised within the account describing the ongoing programmes.

It is also positive to see the pride you have in your volunteers and the opportunities you are providing via the 12 week enrichment programmes to encourage students at college to gain work experience with yourselves. This experience will encourage them to practice kindness, empathy and compassion in everyday life.

**Chris Douglas MBE**  
**Executive Director of Nursing & Care**

## **Statement from Health Watch Wirral:**

This Quality Account has been sent to Health Watch Wirral

## **Supporting Statement from Willowbrook Hospice:**

At Willowbrook Hospice, we are proud to contribute to Wirral Hospice St John's Annual Quality Account and to stand alongside our partners in demonstrating a shared commitment to outstanding end-of-life care.

As two specialist palliative care providers rooted in our local communities, we believe that collaboration across the sector is essential to ensuring people receive compassionate, dignified, and person-centred care when they need it most.

Over the past year, we have continued to strengthen partnerships with our Cheshire and Merseyside Hospice colleagues to improve collaboration which has enhanced the quality of care we provide and helped to reduce inequities in access.

We remain committed to working together to ensure that every individual we support feels heard, valued, and cared for - today and into the future.

**Lynda Finney**  
**Executive Clinical Director**  
**Willowbrook Hospice**

## **Supporting Statement from Wirral Community Health and Care NHS Foundation Trust:**

The Community Specialist Palliative Care Team, employed by Wirral Community Health and Care NHS Foundation Trust, enjoys a close working relationship with the Wirral Hospice St John's team to provide co-ordinated care to our patients.

This year we have worked in close collaboration with Wirral Hospice St John's on a number of initiatives aimed at delivering the highest quality care for people in Wirral living with a terminal illness.

One such initiative includes the development of a joint information booklet titled *'What to Expect When Someone Is in Their Last Days of Life'* to help families and carers recognise and understand the changes when someone is dying, and to help guide them at this time.

This is expected to be available for teams working in the Hospice, Community and Hospital from July 2025.

**Charlotte Botes**  
**Community Specialist Palliative Care and End of Life Team Manager**

## **Supporting Statement from Wirral CAB:**

Over the past year, Citizens Advice Wirral has continued to work in close partnership with Wirral Hospice St John's. Our on-site advisers have consistently reported feeling welcomed, supported, and treated as a valued member of the hospice team. This level of inclusion not only enhances the working relationship but directly benefits the patients and families we are there to support.

Our collaborative approach meeting regularly for review meetings has continued to ensure open communication and has allowed us to continually improve the way our services work together.

We also appreciate the additional training and support provided to our advisers, which strengthens their ability to contribute effectively to the wider care being delivered.

We look forward to continuing our work together to support those who rely on the hospice services.

***Louise Goulding, Operations Manager***

## **Supporting Statement from Claire House Children's Hospice:**

We are tremendously proud of close collaboration over the last 7 years, with the team at Wirral Hospice St John's, delivering both the Transition Service and the innovative Young Adult End of Life Care model. This partnership continues to bring immeasurable value to the lives of the young adults we jointly support and their families.

The whole team consistently goes above and beyond to ensure that young adults feel safe, respected, and truly cared for within the adult palliative care service. They ensure families feel heard and included, which is immeasurable.

Through this work, the hospice has built lasting, trusted relationships with those who need it most - ensuring continuity of care and enabling young people to live as fully as possible throughout their young adult years.

Professionally, this has been a powerful example of integrated care. The two-way exchange of knowledge between paediatric and adult services has fostered a dynamic and responsive model, raising the standard of care and becoming a benchmark for others across the sector.

The dedication and compassion shown by the Wirral Hospice St John's team is deeply appreciated. They should be incredibly proud of the difference they have made - and continue to make - for so many.

***Louise Smith, Young Adult Palliative Care Nurse Specialist***



# Information:

## Abbreviations:

<b>Wirral Hospice services:</b>	<b>HOSPICE AT HOME</b> - Hospice at Home <b>HOSPICE AT HOME PCV</b> - Hospice At Home Personal Care Visits <b>IPU</b> - Inpatient Unit / Ward <b>OPD</b> - Outpatients Unit <b>PFSS</b> - Patient & Family Support Services <b>SLT</b> - Senior Leadership Team <b>WBC</b> - Wellbeing Centre
<b>Nursing and Medical:</b>	<b>ANPs</b> - Advanced Nurse Practitioners <b>ANNT</b> - Aseptic Non Touch Technique <b>CHC</b> - Continuing Health Care <b>CSMs</b> - Clinical Service Managers <b>EHRC</b> - Electronic Health Care Record <b>EOlRoC</b> - End of Life Record of Care <b>HCA</b> s - Health Care Assistants <b>ICS</b> - Integrated Care System <b>IPC</b> - Infection Prevention and Control <b>IV</b> - Intravenous <b>MASH</b> - Multi-Agency Safeguarding Hub <b>MDT</b> - Multi-Disciplinary Team <b>MND</b> - Motor Neurone Disease <b>PEoLC</b> - Palliative and End of Life Care <b>PPD</b> - Preferred Place of Death <b>PSI</b> - Patient Safety Incident <b>PSII</b> - Patient Safety Incident Investigation <b>PSIRF</b> - Patient Safety Incident Response Framework <b>SOP</b> - Standard Operating Procedures <b>RNs</b> - Registered Nurses <b>TPN</b> - Total Parenteral Nutrition
<b>Quality Measures:</b>	<b>DNA</b> - Number of Patients who did not attend <b>DPST</b> - NHS Digital's Data Security and Protection Toolkit <b>IPOS</b> - Integrated Patient Outcome Scores <b>IWCG</b> - I Want Great Care (Satisfaction Survey) <b>KPIs</b> - Key Performance Indicators
<b>Other Health &amp; Care and Voluntary, Community &amp; Faith Sector Organisations:</b>	<b>CAB</b> - Citizens Advice Bureau <b>CSPCT</b> - Community Trust Specialist Palliative Care Team <b>CRN</b> - Clinical Research Network <b>ECLiHP</b> - North-West Executive Clinical Leads in Palliative Care <b>NHS C&amp;M ICB</b> - NHS Cheshire & Merseyside Integrated Care Board / Wirral Place <b>NHS C&amp;M ICS</b> - Cheshire and Merseyside Integrated Care Service <b>NIHR</b> - National Institute for Health and Care Research <b>WUTH</b> - Wirral University Teaching Hospital NHS Foundation Trust

## Contact Us:

**Wirral Hospice St John's**

Mount Road, Higher Bebington, Wirral CH63 6JE

**0151 334 2778** | [info@wirralhospice.org](mailto:info@wirralhospice.org)

[wirralhospice.org](http://wirralhospice.org) | Registered Charity No. 510643