

**East Cheshire  
Hospice**

*Where people come to live*

# Quality Account

2021-2022



# 1

---

## **Statement On Governance And Public Benefit – How we serve the population of East Cheshire**

East Cheshire Hospice Vision  
Strategic Aim  
Governance

# 2

---

## **Review of 2021/2022**

Response to Covid-19 Pandemic  
Infection Prevention and Control  
Capacity Tracker  
Collaborations  
Equality, Diversity and Inclusion  
LGBTQ+

# 3

---

## **Outcomes and Quality Improvement - Support Services 2021/2022**

Information Technology  
Build Project  
Income Generation  
Retail  
Finance  
Facilities  
Volunteer Workforce

# 4

---

## **Quality Performance and Activity 2021/2022**

Workforce  
Safe staffing Levels  
Training and Development  
Safeguarding Training 21/22  
Clinical Quality and Activity  
24-hour Advice Line  
Outcome Assessment Complexity  
Collaborative  
In-Patient Unit  
Hospice @Home  
Sunflower Wellbeing Centre and Outpatient Services  
Bereavement Support Services (Adult and Children)

# 5

---

## **Patient Safety Data**

Hospice UK Benchmarking

# 6

---

## **Feedback & Supporting Statements**



# Acronyms

---

AKPS - Australia-modified Karnofsky Performance Status

CQC - Care Quality Commission

CARE values – Collaboration, Association, Resourcefulness, Excellence

CCICP - Central Cheshire Integrated Care Partnership

CCCG – Cheshire Clinical Commissioning Group

CHC – Continuing Health Care

CWP - Cheshire and Wirral Partnership NHS Foundation Trust

DHSC – Department of Health and Social Care

DSPT - Data Security and Protection Toolkit

ECH - East Cheshire Hospice

EMIS - Egton Medical Information System

EOLP - End-of-Life Partnership

GMEC – Greater Manchester & East Cheshire (palliative group)

HCA – Health Care Assistant

HSCN - Health and Social Care Network

HUK – Hospice UK

ICS - Integrated Care System

ICP - Integrated Care Partnership

IPOs - Integrated Palliative Care Outcomes Scale

IPU - In-Patient Unit

IT – Information technology

LGBTQ - Lesbian, gay, bisexual and transgender, questioning/queer

NHS – National Health Service

NHSE - National Health Service England

OACC - Outcome Assessment Complexity Collaborative

OT - Occupational Therapy

PCiP - Palliative Care in Partnership

POI – Phase of Illness

PPE – Personal Protective Equipment

SCC – Strategic Collaborative Cheshire

SFC - Sunflower Wellbeing Centre

SMT – Senior Management Team



# 1 Statement of Assurance from the Board of Trustees

---



“On behalf of the East Cheshire Hospice Executive Team and the Board of Trustees, I am very pleased to present the Annual Quality Account 2021-22.

The Coronavirus Pandemic has presented an unprecedented challenge to the Hospice bringing intense pressure upon us as an organisation and as individuals. The response from our staff and volunteers has been truly outstanding and we acknowledge and celebrate all they have been able to achieve in the past year. We will take every opportunity, however, to reflect upon our practice and identify what lessons can be learned from both our experience and the experience of others.

During 2021-22, although still in the midst of a pandemic, East Cheshire Hospice’s services have been able to be opened up to more patients and visitors. Still following strict guidance and processes in relation to Infection Prevention and Control, all staff have returned to the building and there is more life in the corridors and meeting rooms as we are able to meet and work face to face.

Clinical staff have continued to adapt to changes in working processes whilst patients have returned to their weekly Wellbeing sessions in the Sunflower Wellbeing Centre. Outpatient and Family Support Services are now seeing patients face to face, where preferred, and staff are also still offering virtual sessions. This means we can support even more patients and their families during the times when they really need it.

Referrals into the In-Patient Unit for symptom management or end-of-life care have increased, due to patients and families being more accepting of admission. The visiting availability has much improved and the transfer process out of

hospital into the Hospice has become easier to manage, thanks to quicker processing with swabbing and health checks on all our patients and visitors.

Hospice @Home is busier than ever. With recruitment and expansion of the team, we have provided even more care and support to those wishing to stay in their own home in the last few months of life. The team now work around the clock, 24 hours a day, 365 days a year.

We still continued to face particular challenges during the winter months when illnesses other than Covid-19 began to emerge. Collectively the teams have come together to provide support across all services. The development of a more flexible workforce over the past few months has given us the ability to deploy staff to areas where patient need is highest, ensuring every patient receives the care they deserve in the place of their choosing.

Through these very difficult times, it has become even more evident how crucial the support that East Cheshire Hospice offers is to those who access our services. All of our staff are extremely grateful for the dedicated and consistent support we receive from the community we serve. Without this, we could not reach the patients and families that we do. Your support and fundraising enables us to take the lead in delivering the highest quality palliative care to patients in East Cheshire.”

*Will Spiuks*

Chair, East Cheshire Hospice



# Statement of Assurance from the CEO of East Cheshire Hospice

---



“With the Covid-19 pandemic in its second year we were able to use our experiences from 2020/21 to adapt our services and delivery methods through the subsequent variant waves. We are grateful for the dedication and commitment of staff and volunteers all of whom, except for those with medical exemptions, eagerly took up the vaccine and boosters to ensure patients were kept safe and sickness levels kept to a minimum. This approach meant that we were able to consistently deliver high-quality, personalised care to all our patients, carers and their families across all our services.

Having launched our daytime Hospice @Home team in 2020, we continued to build capability and capacity in the team, supporting more people at home in east Cheshire. We worked with partners Central Cheshire Integrated Care Partnership, Cheshire and Wirral Partnership, End-of-life Partnership, Marie Curie and Cheshire Clinical Commissioning Group to develop the Palliative Care in Partnership project which aims to deliver the same high-quality end-of-life care in patients’ homes throughout Cheshire.

We have maintained our ‘Good’ rating under the new Care Quality Commission monitoring framework and continue to receive monthly statements as a low risk organisation. The quality of our services and practice is monitored and reviewed by our Patient Care & Clinical Governance Committee which reports directly to East Cheshire Hospice Trustee Board.

We are committed to working in partnership with other healthcare organisations to improve quality and build a strong and effective Integrated Care System in Cheshire East Place and across the Cheshire and Merseyside Integrated Care Board footprint.

As we move into 2022/23 our strategic objective is to adapt our existing services, introduce new ones and partner with other organisations to increase access to high-quality, compassionate and co-ordinated palliative and end-of-life care for more patients and their families. We will offer real choice to, and be guided by, the patients who entrust us with their care, and we will learn from them to better meet the future needs of the communities we serve.

I confirm that to the best of my knowledge, the information contained within this Quality Account is a true and accurate account of quality standards at East Cheshire Hospice.“

*Karyn Johustou*

CEO, East Cheshire Hospice



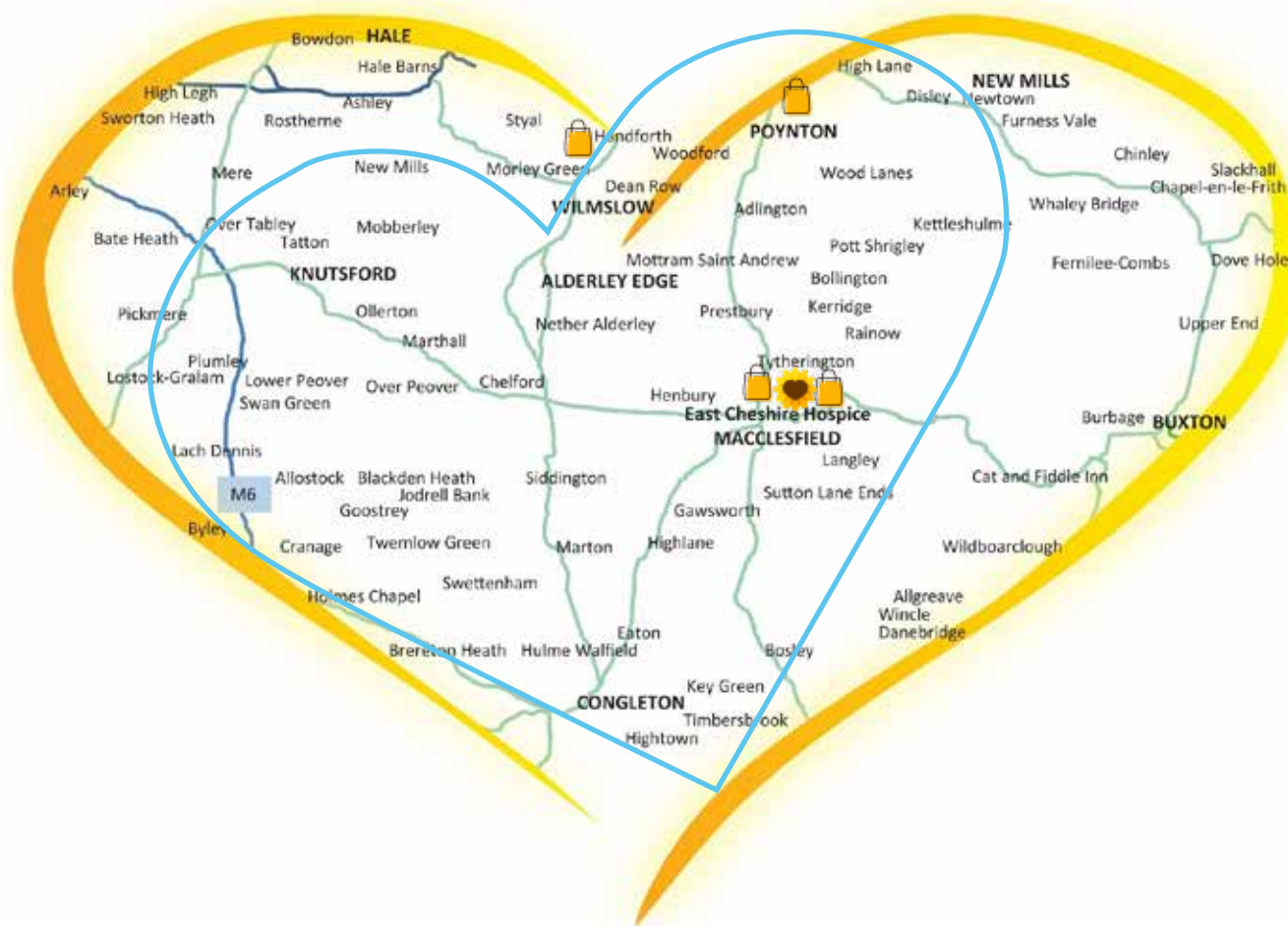
# Statement on Governance and public benefit

## How we serve the population of East Cheshire

East Cheshire Hospice cares for hundreds of patients (over the age of 18) every year who are affected by any life-limiting illnesses, whilst offering support to their families and carers too. Our services are delivered by a dedicated multi-disciplinary team which includes Nurses, Doctors, Allied Health Care Professionals, Complementary Therapists and Psychological Support Staff and Dementia Specialists.

We work in partnership with acute hospitals, community services, local authority social care providers and voluntary organisations to deliver care that is special and unique to each individual person. We support patients, families and loved ones right through their illness journey, from point of diagnosis through to treatment and beyond.

We have a range of services which we currently deliver from our Hospice site in the heart of Macclesfield, and our outreach covers the East of Cheshire. In addition to these services we also have our Hospice @Home team which delivers care directly in the patient's home, supporting a patient to be in a place of their choosing at the end of their life.



East Cheshire Hospice main site



Hospice @Home



Retail outlets



## ECH Vision

By 2028, East Cheshire Hospice will be at the centre of a whole-system solution delivering or facilitating high-quality, seamless, coordinated end-of-life care to people affected by life-limiting illness ensuring they are prepared, supported, and cared for in a place of their choosing and with minimum stress and anxiety.

## Strategic Aim

The aim of palliative care is to maintain and improve quality of life for patients and their families where possible. This includes providing relief from pain and other distressing symptoms, providing support to help people live as actively as possible until death, and to help families cope during a patient's illness and in their own bereavement.

Our strategic priority is to adapt our existing 14 services, introduce new ones and partner with other organisations to increase access to high-quality, compassionate and coordinated palliative and end-of-life care to more patients and their families.

We will offer real choice to, and be guided by, the patients who entrust us with their care, and we will learn from them to better meet the future needs of the communities we serve.

## Governance

### Equality and Quality

East Cheshire Hospice believes in the principles of social justice, acknowledges that discrimination affects people in complex ways, and is committed to challenge all forms of inequality.

To this end, the Hospice aims to ensure that:

- Individuals are treated fairly, with dignity and respect regardless of their age, marital status, disability, race, faith, union membership, gender, language, social/economical/political background or being lesbian, gay, transgender and any other distinction based on protected characteristics.
- It affords all individuals, volunteers, and employees the opportunity to fulfil their potential.
- It promotes an inclusive and supportive environment for staff, volunteers, and visitors.
- It recognises the varied contributions to the achievement of the Hospice's mission made by individuals from diverse backgrounds and with a wide range of experiences.

We are committed to maintaining a culture that values diversity and is fair for not only our patients and visitors but our staff and volunteers too. We recognise that we are not all the same and that this is our greatest strength. By welcoming staff from diverse backgrounds, appreciating our differences and range of experiences, we can create a team that will grow and learn better together, providing the highest quality care and support to the communities we serve and enabling us to meet our CARE values and principles.

### C ompassion

We ensure we put our patients, their families and carers at the centre of everything we do, and we always act with care and compassion.

### A ssociation

We will work in partnership and collaboration, forming productive alliances in the interests of our patients.

### R esourcefulness

We will make the best use of our resources, ensuring that income from our communities is directly channelled into care and support for patients and their families.

### E xcellence

We will invest in learning and development for our staff and volunteers - striving for excellence in all we do.



## Care Quality Commission (CQC)

East Cheshire Hospice is registered with the CQC for the regulated activities:

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

The Hospice was last inspected in June 2016 and was given the rating

**'Good'**

Since then, we have worked tirelessly to maintain and improve our rating and to meet all 5 standards drawn from the fundamental standards any registered provider is required to achieve. East Cheshire Hospice is committed to ensuring people receive safe, effective high-quality care and will regularly refer to the Key Lines of Enquiry, as a guide.

Regular 'Transitional Monitoring' meetings have taken place with the CQC during 2021/22, allowing us to update them with the evidence they have requested to monitor our activity, and although this process has not been able to change our rating, they are satisfied with the information they have been provided, and are reassured we are maintaining a high-quality service.

## Cheshire Clinical Commissioning Group (CCCG)

NHS Cheshire CCG (CCCG) is committed to working with partners to ensure that the people of Cheshire can access consistently good care. In 2022 the CCCG will be transitioning into the Cheshire and Merseyside Integrated Care Board and ECH will be part of the Integrated Care System in Cheshire East Place. NHS Cheshire CCG is committed to working with partners to ensure that the people of Cheshire can access consistently 'good care.' There are key standards that providers of care must strive to deliver, and East Cheshire Hospice's participation in local and national initiatives will ensure that the delivery of high-quality palliative care continues.

In 2021 the CCCG and the Cheshire Hospices came together to form a new collaborative 'Cheshire Hospices Quality Leads' group and developed a standardised Quality Reporting Schedule to enable the Hospices to submit quality data as part of their contractual agreements. The

group meet biannually, sharing best practice, learning, and benchmarking data.

The local quality requirements are based on CQC regulations, safeguarding compliance, patient safety data, clinical effectiveness, and quality indicators. With the support of the CCCG Quality Improvement Team, East Cheshire Hospice has used the reporting schedule as a tool to ensure all reporting requirement processes are clearly defined and adhered to in practice. The CCCG is keen to encourage an ethos and focus on incident reporting as being about learning and making the most of the opportunities to improve care. This includes giving attention to where things go well and to consider how those factors can be maximised to prevent future incidents.

East Cheshire Hospice has identified four equality objective priorities for 2022/24 aiming to help to deliver equality for:

- Patients, Carers and Visitors who access the Cheshire Hospices services.
- Staff and Volunteers of the Cheshire Hospices.
- Health and care providers that we collaborate with.

Our approach will align with the Strategic Aims and Delivery Plan 2022-25, to take a more flexible and targeted approach to understanding our equality analysis and use this to inform our future strategies:

1. To actively engage with our local community and to hear the voices of people more likely to have difficulty accessing Hospice care or have a less satisfying experience of health care and support.
2. To improve equality and human rights in our assessment frameworks and methods for both our workforce and patients.
3. To work with the Cheshire Hospices to improve equality of access, experience, and outcomes for patients, carers, staff and volunteers.
4. To ensure core learning is available for all staff and volunteers including board members on equality, human rights, diversity and inclusion, and offering specific learning sessions and resources on equality and human rights themes.

## Safeguarding

East Cheshire Hospice pledges to work cooperatively with staff, volunteers, users, carers and local partners within a safeguarding framework for action, aimed at prevention, identification, investigation and resolution of the abuse of vulnerable adults. We are committed to safeguarding our patients, staff and volunteers from harm ensuring everyone understands their responsibilities to raise any concerns and act upon them immediately. The Patient Care and Clinical Governance Committee have identified a specific individual board member who will serve as a champion for safeguarding and support the Safeguarding Lead for the organisation, to oversee the implementation of legislation and guidance, in order that East Cheshire Hospice responds appropriately to this area of need.

To deliver safe practices in relation to safeguarding, East Cheshire Hospice leaders will need continually assess the organisational readiness and current practice.

## Information Governance and Security

The Data Security and Protection Toolkit (DSPT) was completed and submitted on 10 June 2021. The toolkit is an annual online self-assessment tool which enables the Hospice to measure and publish its security performance against the National Data Guardian's data security standards. The completion of the toolkit confirms that the Hospice has the correct level of data security to maintain the Health and Social Care Network (HSCN) secure broadband, which is required to provide a connection for Egton Medical Information System (EMIS) Web software.

The Hospice has implemented 'Two Factor Authentication', an electronic authentication method in which a user is granted access to accounts and applications only after successfully presenting additional evidence beyond just a username and password. Clinical staff have access to NHS email accounts to provide secure transmission of patient data between healthcare professionals, used to receive referral documentation and communicate with organisations not using EMIS Web.





# Review of 2021/22

---

## Response to the Covid-19 Pandemic

By 17 March 2020, East Cheshire Hospice lockdown plans were in place. Every existing process and procedure had been reviewed and adapted to work under this unique set of circumstances. The Information Technology team had ensured all business staff had the equipment and necessary software to work remotely and our Retail team prepared the shops for closure. Strict infection control measures were put in place for the In-Patient unit and Hospice @Home and stocks of Personal Protective Equipment (PPE) to meet current the prevailing guidance were deemed appropriate.

All volunteers were requested to stay at home to protect themselves, family visiting was restricted to reduce footfall in clinical areas and our Sunflower Wellbeing Centre team had created new telehealth protocols to care for their patients remotely. The official guidance was changing daily, and the team were working hard to adapt. East Cheshire Hospice planning and actions were constantly changing, but we felt we were ahead of the game, keeping our eyes and ears open to the potential worst-case scenarios on the horizon, maintaining caution in every decision that was made, especially when restrictions were easing. Our strict infection control measures could not stop the virus affecting the team and over the past two years we have had to deal with waves of Covid-19 related staff sickness. We are proud to say, even at the toughest of times our key services remained functional and our patients and carers, whether at home or in the In-Patient Unit, had regular contact and hands-on help if they needed it.

At time of writing, East Cheshire Hospice has been adapting to the Covid-19 virus whilst keeping our patients, volunteers, visitors and staff as safe as possible, alongside the community around us being in and out of lockdown. The development of a Wellbeing Plan for our staff is priority for 2022/23 to deal with the physical and psychological toil it has taken on the team thus far.

We still do anticipate future waves even following the success of the vaccines roll out. Whilst we can all be proud of our response, the true impact of this pandemic on East Cheshire Hospice and the community it serves will only be evaluated in future studies.



## Infection Prevention and Control

Preventing and controlling infection is a fundamental component of good care, essential to patient, visitor and staff safety and wellbeing (Hospice UK 2021).

Covid-19 measures for health care workers have been evolving continuously during the past year and East Cheshire Hospice has used guidance from Public Health England and more latterly the Health Security Agency, to inform the adaptation of infection prevention and control procedures with regular communication going out to all staff and volunteers.

PPE and testing kits have frequently been ordered via the Department of Health and Social Care (DHSC) and National Health Service (NHS) England, free of charge to the Hospice and will continue to be available until March 2023.

### Surveillance Data April 2021- March 2022

<b>C-Diff</b>	<b>MRSA</b>
0	0
<b>Norovirus/ Diarrhoea</b>	<b>Other -VRE</b>
0	0

## Covid-19

7

## Capacity Tracker

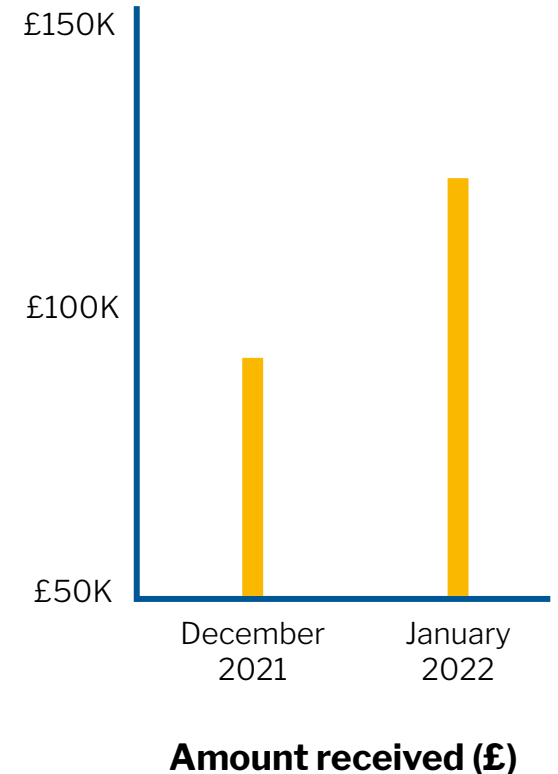


During 2021/22, dedicated staff reported daily into the NHSE Capacity Tracker. This platform provided Care Homes, In-Patient Community Rehabilitation centres and Hospice Providers the ability to make visible their vacancies and other critical information, providing rich information across Health and Social Care organisations on vacancies, PPE levels, Covid-19 infection status and vaccination numbers. The platform was one of the main sources of information for the government, which allowed them to direct the management of the pandemic, and offer the support required to hospices.

Completing the Capacity Tracker was a condition of emergency funding and the funding restricted towards the Hospice providing patient care and support as part of the NHSE Covid-19 response, and as of the 31st of March 2022 that funding came to an end.

HUK Capacity Funding has been received for December 2021 (£93,411.70) and January 2022 (£126,467.00). Further monies were received in for February & March 2022.

### Hospice UK Capacity Funding



## Collaborations

Efficient collaboration with all partners involved with health and social care services has been key to the pandemic response in eastern Cheshire and we were able to strengthen existing relationships and make new connections to support patients and families under exceedingly difficult circumstances.

### ICS (Regional) and Integrated Care Partnership (ICP) (coterminous with Cheshire East Council footprint)

Work within the Greater Manchester and Cheshire & Merseyside networks has continued to establish East Cheshire Hospice as one of the lead voices in palliative and end-of-life care within the newly established ICS (Regional) and ICP (coterminous with Cheshire East Council footprint).

### National/regional palliative care & dementia virtual meetings

Our continued attendance at national/regional palliative care & dementia virtual meetings has enabled us to benchmark our practices with other hospices/settings and share best practice.

### Local General Practitioners

East Cheshire Hospice continues to build our relationships with our local General Practitioners by attending the meetings where end-of-life patients will be discussed. This ensures that East Cheshire Hospice is considered as part of their care options and gives us an indication of what may be in the required in terms of support for patients and carers in the coming months.

### East Cheshire Hospice's Medical Director

East Cheshire Hospice's Medical Director has taken on the lead role to ensure we are a key stakeholder in the drive to integrate palliative care services across Cheshire. The newly formed focus group consisting of regional medical and service leads has come together with the aim of developing a 'Palliative Single Point of Coordination' for health care professionals, patients, and carers, improving access to care and support and enhancing the end-of-life experience for all. The Hospice was successful in obtaining a grant from HUK which has kick-started this new initiative project, enabling the facilitation of workshops which were attended by specialist palliative care teams and hospice professionals to brainstorm ideas and determine end-of-life priorities for Cheshire.

### Palliative Care in Partnership (PCiP)

- Following the success of Hospice @Home and a three-year pilot in central Cheshire, we have come together with other local healthcare organisations to form PCiP, to better meet patients' needs and maximise their quality of life during their final weeks.
- PCiP has seen Central Cheshire Integrated Care Partnership (CCICP), Cheshire and Wirral Partnership NHS Foundation Trust (CWP), and East Cheshire Hospice each manage a Cheshire-based 'hub' and deliver the same quality of care to local eligible patients.
- Hospital discharge teams, General Practitioners, hospices, and community health teams are now able to refer into the service. By working together, it is hoped that PCiP will also reduce the amount of time healthcare professionals spend referring into several services. During the run up to the launch of PCiP, Hospice @Home has already been delivering contracted Continuing Health Care (CHC) planned packages of care to a small number of patients across the Cheshire area. Up until now, this service has been referable only via the CHC fast track system.

- East Cheshire Hospice will now be managing the PCiP Hub in East Cheshire, which will in time replace CHC fast track. Over the next few years, the Hospice @Home team capacity will continue to grow and will be delivering more community care across Cheshire East with additional provision for further night support by working in collaboration with Marie Curie.

### End-of-life Partnership (EoLP)

The Cheshire Hospices and the EoLP have strengthened their collaborative working in 2021/22 with several projects that have been progressing, these include: -

- ✓ Improving and developing the 24/7 advice line. Achievements include:
  - Development of training package, including workbook for staff. Advice line training will be co-delivered by the Hospice and EoLP during Essential Skills days.
  - Updated advice line recording form and policy, to make more user friendly.
  - Data is collected for benchmarking across the three Cheshire Hospices.
  - Plans for ongoing joint audit and service user evaluation across the hospices.
- ✓ The End-of-Life Facilitator, a collaborative post, is continuing to support end-of-life priorities as a pilot in Bollington Disley & Poynton care community which is improving patient flow across hospital/community/hospice services.
- ✓ Development and attendance at the new East ICP Palliative & End-of-life Steering group using the Ambitions Framework to focus on priorities for care.
- ✓ Cheshire Palliative Care Medical Leads group has been set up in response to the Covid pandemic, which has continued fortnightly. Ongoing focus is on reviewing Specialist Palliative Care workforce across Cheshire.



✓ Collaborative General Practitioners Quality Improvement has provided support to all 23 GP surgeries within the locality and seen the production of a quarterly newsletter for palliative and end-of-life care focusing on aspects of end-of-life i.e. advance care planning, difficult discussions, do not resuscitate discussions.

✓ The Last Days of Life template was re-launched, East Cheshire Hospice has supported education and training in general practice and community groups i.e. District Nurses and Specialist Palliative Care.

### **The Strategic Collaborative Cheshire (SCC)**

The SCC consists of Local CCGs, NHS hospital and community trusts, hospices, councils, strategic clinical networks and voluntary sector organisations driving the collaborative approach and transforming the palliative care experience.

– Three workstreams have been established with representation from East Cheshire Hospice in each group:

- Personalised Care
- Communication & engagement
- Collective system leadership

### **Other Healthcare Providers**

East Cheshire Hospice are working with other healthcare providers to share knowledge and use of EMIS web, including: -

- Hospice of the Good Shepherd – EMIS implementation.
- Greater Manchester Hospices – Utilisation of the Outcome Assessment Complexity Collaborative (OACC) framework including the use of Integrated Palliative Outcome Scale and phase of illness.
- PCiP Partners – Care Plans development of which can be personalised according to patients individual needs.
- Cheshire Care Record.



## Equality Diversity and Inclusion projects

The CQC pledge to re-affirm the fundamental rights of homeless people and other excluded groups to be treated with dignity, compassion and respect, and aim to improve the quality of health care for these groups of people.

The three Cheshire Hospices collaboratively provide a lead practitioner that supports place of choice and care for homeless people nearing or at end-of-life. The geographical area covered includes both Cheshire East and Cheshire West and Chester delivering support for staff including the hospices, homelessness hostels and support staff, General Practitioners, Specialist Care teams, hospitals and District Nurses. The project has harnessed existing services which offer end-of-life support but has also been creative when services have not fit the client group.

Homelessness Lead (post across three Cheshire Hospices) progress in 2022 includes:

- Established an East Cheshire Steering Group.
- Planned and delivered education sessions including new focus on non-malignant conditions.
- Facilitated completion of reporting templates and data collection.
- Established links with key homelessness services in East Cheshire.
- Supported previously known clients and continues to receive referrals for new clients as care needs are highlighted.
- In January 22 the recruitment of a new facilitator following a retirement.
- Development of referral process and EMIS templates for Homelessness Lead in East Cheshire is now completed and embedded in East Cheshire Hospice systems.

### LGBTQ+ (post across 3 Cheshire Hospices)

A HUK Masonic grant was awarded in 2021 to fund an additional collaborative Lesbian, Gay, Bi-sexual, Transgender and Questioning/Quer+ (LGBTQ+) Facilitator post for a year. The work began in October and is focused on developing and equipping champions in each hospice, raising the level of staff knowledge around how best to support this client group and engaging with the LGBTQ+ community to raise awareness of the support available from hospices. Progress so far includes:

- Recruiting a LGBTQ+ Facilitator for two days per week covering the three hospices.
- Expansion of the network including new contacts to LGBTQ network leads at Marie Curie and Chester Pride and attendance at the HUK Trans Community Workshop and Chester's Gender and Sexuality Working group.
- Delivery of four staff training sessions 'LGBTQ+ Concepts and Conversations' at East Cheshire Hospice and planned delivery of more in 2022/2023.
- In the process of reviewing policies and procedures to ensure inclusivity.
- Recruitment of five Hospice LGBTQ+ champions.
- Confirmation that East Cheshire Hospice's submission for Navajo Charter Marker had passed onto stage two. An onsite first assessment was undertaken in May 2022 where a formal decision was made as to whether the East Cheshire Hospice will be granted the Charter Mark – confirming that the organisation is committed to supporting everyone in the workplace regardless of sexual orientation or gender identity.



# Outcomes and Quality Improvement - Support Services 2021/22

It is important to acknowledge that the quality of our work and service delivery is not solely about the clinical outputs but is heavily reliant on what goes on within the business element of the organisation. Without the collective hard work of these teams the clinical services cannot be maintained.



## Information Technology (IT)

In 2021/22 the Hospice IT has developed in many key areas. Successfully created an IT and digital strategy for 2022-25 which provides a framework on our vision and aims for developing and modernising the Hospice's IT infrastructure. This will enhance our patient care and how our staff work.

Throughout the year we have:

✓ Implemented over 30 new personal computers (PCs) and monitors for our clinical services, providing them with high specification compact machines to make working more efficient and enable better access to their suite of applications.



✓ Integrated hybrid working technologies such as Microsoft Teams and Surface Pro devices are in place to enable staff to securely work from home and keep connected to the Hospice from any location. Microsoft Teams is now used throughout the organisation, enabling staff to collaborate, join online calls and link files.



✓ Supplied the Hospice @Home team with new iPad and iPhone devices enabling them to access patient records and complete consultations whilst on visits. The iPhones enable the team to access our Avaya phone system by the user-friendly mobile app.

✓ Applied various cloud-based applications such as iAuditor for inspection and audit management, providing us with rich templates for organisational assessments and data dashboards to analyse facilities performance.



✓ Embedded Kinetic, a new volunteer management platform which enables us to manage volunteer data better and connect with the local community to find more volunteers.



✓ Implemented the latest version of EMIS Mobile for the Hospice @ Home Team. This allows the staff to view and record patient information in a simple way during their home visits to our patients.

✓ Added new services and improved functionality in EMIS Web to include the additional patient and carer support given by the Sunflower Wellbeing Centre and gain valuable and data-rich patient information from personalised care plans and evaluations.



✓ Instigated new policies and procedures to improve confidentiality for our Bereavement Counselling service and developed new processes for patient services in relation to nutrition, hydration and pressure area monitoring.

✓ Extended our activity reporting to include key performance indicators for many of our services with the ability to evidence the impact they make. This also provides information that supports the new PCiP project delivered by our Hospice @Home team.



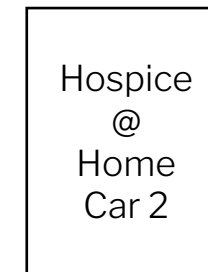
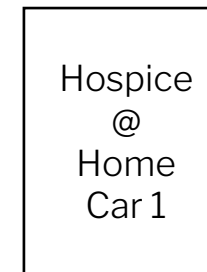
## Build Project

In September 2021 we opened our Community Care Hub to provide a new base for the Hospice @Home Team, Clinical Senior Management Team (CSMT), Workforce and Income Generation Teams. We give grateful thanks to the employees of Proseal UK Ltd and to founders Steve Malone and Robbie Hargreaves for their generous donations making this building possible.

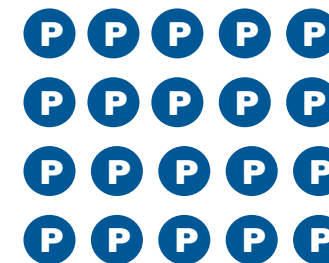
Also included were solar panels on the roof, three electric vehicle charge points and an extension to the In-Patient Unit ward office plus additional car parking spaces. The project was delivered within our project budget and only a couple of weeks later than planned, which under the Covid-19 restrictions during the entire build was a fantastic effort by the build team.



3 electric vehicle points



2 Specific Hospice @Home spaces



Extra 20 car park spaces



# Income Generation

## Retail

As of 2022, we have four shops, each with a strong presence in the high street, providing a good and steady source of income. Year end 20/21 the three shops open at the time brought in the following Income: -

**Poynton - £179,000**

**Handforth - £135,000**

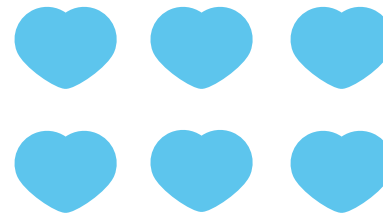
**Thornton - £202,000  
Square**

In addition, we have 23 van drivers (all volunteers) who work over six days a week collecting and delivering items of furniture donated by the public.

Numerous donations each day ranging from bric-a-brac, clothing, electrical, books and of course furniture are donated to the four locations.



23 van drivers (all volunteers)



Volunteering 6 days a week



4 locations

Across the four shops there are eight members of employed staff who are supported by a dedicated team of around 60 shop volunteers.

Christmas cards this year brought an income of around £20,000 and are sold in each of the shops and at the Hospice reception.



6 members of employed staff



£20k Christmas cards sold





## Finance

3,000 invoices processed via iCompleat.



Invoices paid to 415 different suppliers (this includes expenses paid to staff / volunteers).

£110k bulk coin / note donations counted in the Finance Office – mostly by a dedicated finance volunteer.



1,350 batches of data extracted from Raisers Edge and processed into Sage.



## Facilities

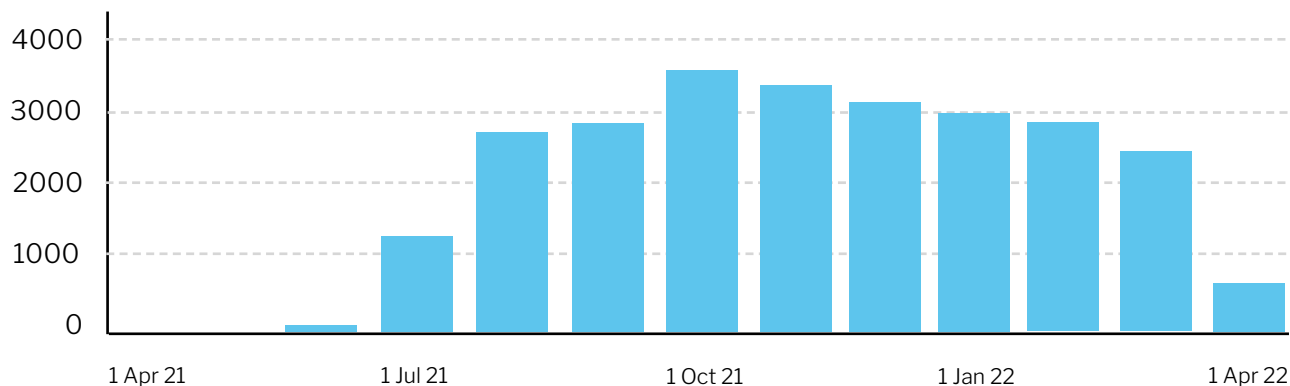
The team implemented the use of iAuditor at the beginning of 2021 to monitor and record daily room inspections for maintenance and housekeeping issues throughout the Hospice site, identify areas of concern and report on any actions. The use of this tool has been highly beneficial especially whilst maintaining higher levels of infection control processes throughout the pandemic.

In 2021/22 an astonishing **25,000** inspections were carried out, averaging on about 2,000 per month.

Throughout the year, 54 maintenance and 13 housekeeping issues were identified, most of which were reported when the tool was first put into use. Gradually as the months have passed the reported issues have reduced. All staff have access to QR code reporting directly to the facilities team via iPads located around the building.

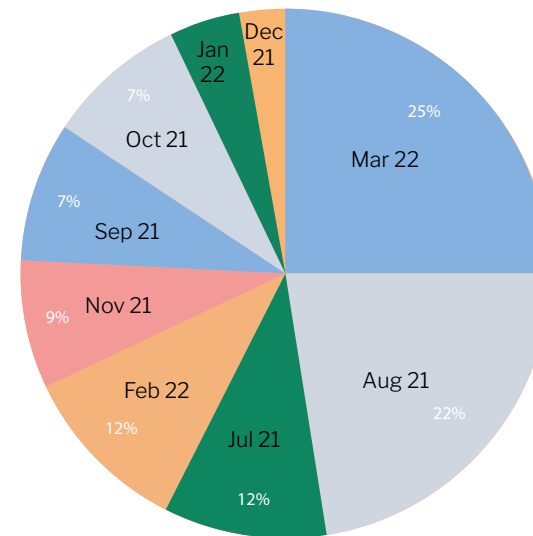
Total inspections conducted

25,963



The hard work and dedication of this team has ensured we have kept infection prevention and control at the top of the agenda, quickly acting upon any issues that have developed whilst maintaining a safe working environment for all who have been present in the building during the Covid-19 epidemic.

% of reported issues by month



# Volunteer Workforce

2021/22 saw the continued return of our volunteer teams. East Cheshire Hospice entered 2021 with **81** Hospice-based volunteers over three teams.



**45 receptionists** welcomed people to the Hospice **7 days per week**, and supported business, clinical, and community phone callers and visitors. They worked closely with the team of **12 family liaison volunteers** testing visitors, and helped them on and off with PPE.



Our **11 gardeners** continued to make East Cheshire Hospice a beautiful place to be and developed the new serenity garden.



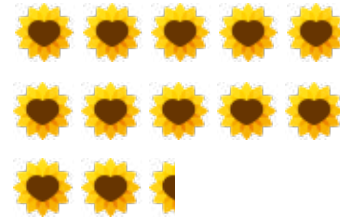
**13 Drivers** transported patients to their Sunflower Centre Wellbeing sessions.



Spring 2021 saw the safe return of Sunflower Wellbeing Centre assistants and administrators, dementia buddies, and complementary therapists. Our community dementia companions returned to their roles in January 2022, small in number but with another five recruited and trained in early 2022.



By the end of 2021, we had **124 Hospice-based volunteers** safely returned, vaccinated, regularly testing, adapted to their adjusted roles and making a difference to patients, visitors and staff.



100 + Fundraising volunteers and supporters who had spent 2020 thinking of creative ways to raise funds in a socially distanced way and were able to get back to what they know best: baking cakes, crafting, helping out at events, running stalls, holding lunches, and moving online quizzes into real life.



## Fundraising

Despite a second year of disruptions and limitations, our Income Generation team had a strong year, ending up at **£645K** ahead of budget.

### Commercial

Our charity shops had an exceptionally strong year, performing at higher levels than pre-pandemic. The new Poynton shop has proven particularly successful, both in terms of revenue production and integration into the local community.

We also received a generous donation of more than **1,300 brand new rugs** this year, which were sold in our shops, online, and at a series of special sales events.

Our premises on Chestergate are now back in use as a shop, and we used the model from Poynton to create a 'boutique' style for this space. Initial reception to the shop opening has been excellent and we are hopeful that it will prove profitable and popular moving forward.

### Relationships

Our fundraisers worked hard to maintain our supporter relationships throughout Covid-19, and it was gratifying to see these efforts result in an upturn of activities as restrictions lifted this year.

Our Christmas Tree Collection is always our biggest fundraising event of the year, and we were delighted that it was able to go ahead on schedule this January, raising us more than **£150K**. We remain indebted to Richard Raymond and Peter Chapman and their families and friends, without whose hard work and dedication the Collection would not happen.

Other successful community-based activities included our Jingle Bell Jog, a Christmas run for children which involved 48 schools/nurseries across the region. Some 9,937 children took part and raised almost **£82K** in sponsorship. Our supporter group What Women Want's annual bingo night was also a great success, raising an impressive **£10.5K**.

Our major donor activity continued its success throughout the year, and successfully reached its five year funding target of **£775K** to seed fund the East Cheshire Hospice Co-ordinated Care Service. The online programme of 'Meeting of the Minds' events continued to be popular, thanks in no small part to the involvement of one of our Patrons, BBC's Nick Robinson. The Ambassador Group has now moved on to a new target of **£975K** over five years, to fund the expansion of our Sunflower Centre Dementia wellbeing programme.

### Engagement

Digital engagement continues to be a priority for the team, with email and social media communications often proving the most effective way to stay in touch with our supporters. However, we have taken advantage of the reduction in restrictions to increase our physical engagement activities, hosting our first live event in two years back in October. This was a drive through cinema held at Capesthorpe Hall, and represented a significant milestone in our journey out of Covid-19.

Since then, we have held a successful new event, Pie & Pint, as well as our annual memory walk. We do not anticipate a return to the large-scale events of the past, but it is fantastic to be able to engage directly with supporters once more.



# Sustainability at East Cheshire Hospice

We aim to be a sustainable healthcare system that respects and protects the environment, whilst continuing to improve the quality of life and care for those in our community with life-limiting illnesses.

As part of our commitment to care for our community for many more years to come, we also have a commitment to protect the ground we walk on and the air we breathe. That's why in 2022 and beyond, we're focusing on sustainability, reducing our waste, and encouraging our community to enjoy nature.

As a Hospice, the past two years have seen us completely change the way we fundraise. From the cancellation of our events, to virtual fundraising, to navigating the ever changing 'new normal', it has never been a more difficult time to raise the vital funds needed. Yet our services have never been more important.

Installing solar panels is part of a proactive and long-term solution to the increasing costs and care demands that the Hospice faces, as well as helping to protect our environment.

## Redesign of our patient garden

During Spring we began to revamp our courtyard for patients and their families. Ben Darlington, The Wild Gardener, has designed a beautiful garden that puts the patient first.

The exciting project will be run by our dedicated garden volunteers who work tirelessly every week to ensure the grounds of the Hospice are welcoming and tidy.

## Tailored diets and smart menus created by our chefs

Our catering team visit our patients every day to assess their dietary needs. They create individual diet plans to suit the needs and wishes of our patients, whether that's a low fibre smoothie or their favourite chocolate milkshake – the catering team have it covered!

Every meal made in our kitchen is cooked to order and follows a seasonal three week menu. We also source our food from local suppliers, not only helping our local economy, but also reducing our carbon footprint. Smart menus also mean we can minimise our food waste and utilise every ingredient we buy.

## A Summer of open gardens!

Each summer we ask people in our local community to open their garden in aid of East Cheshire Hospice. We are looking for gardens of all shapes, sizes and styles for members of the public to visit. If you are a green-fingered garden guru or it's something you've started over lockdown, this is a chance to share your passion with others, all while supporting your local hospice.

## Recycling your clothes and furniture

Our charity shops thrive off receiving pre-loved clothes and giving them new life in a new home.

Not only do we accept pre-loved clothing but also furniture! We love seeing how our customers up-cycle all sorts of furniture such as drawers and arm chairs.

The eco benefits don't stop there. Our staff and volunteers are passionate about reducing wastage as much as we can. When we receive unsellable items,

we recycle as much of them as possible. For example, if we receive a scratched CD, the case will be split from CD and every part recycled.

## Our knitters and crafters

We have an army of wonderful knitting and craft groups and volunteers who create a huge range of items for the Hospice. Anything from silk clothes hangers to baby clothes to door stops, our genius volunteers utilise all fabric available to them to create beautiful products.

Supporters also donate spare wool, fabric and haberdashery for our volunteers to use, making their work even more sustainable.

One of our volunteers also recycles old cards to make brand new cards, ready to bring joy to another celebration!



# Quality Performance and Activity 2021/22

East Cheshire Hospice is committed to ensuring our members of staff have the right skills to deliver the right care at the right time and in the right place. We are dedicated to developing our staff, focusing on the quality of care, patient safety, and efficiency.

## Workforce

Even through high periods of uncertainty and sporadic high periods of sickness due to Covid-19 during 2021/22, there has been a significant reduction in absent days in comparison to 2020/21, which is now more on par with pre Covid-19 years.

- We have ensured all our staff and volunteers have access to regular weekly lateral flow and PCR testing which has reassured our workforce and helped detect some asymptomatic cases, meaning Covid-19 has been identified and isolated before it has had chance to spread throughout the teams.
- Our clinical teams have worked flexibly covering the three main clinical services and business staff have supported catering, housekeeping and reception when staffing shortages have arisen.

At the end of 2020, 270 members of staff (including volunteers) completed the 'Hospice Survey' run by Birdsong Charity Consulting, on behalf of HUK. The main areas of questioning were communication, wellbeing, and development. Bearing in mind the survey was completed during the first 6 months of the pandemic, the responses were extremely positive. The SMT were encouraged to see that even

though anxieties were increased, the staff felt well supported by their line managers and were proud to work for the charity hence achieving a great sense of job satisfaction. However, teams did identify that they were feeling 'divided' during the pandemic. Business teams working from home and clinical teams being isolated to their individual units resulted in the workforce becoming unavoidably disconnected, therefore the enhancement of communications was highlighted as an area of high priority for 2021/22. Regular cross organisational updates and the roll out of Microsoft Teams has improved the transmission of good communications, and the release of restrictions has enabled staff to feel more cohesive.

Addressing Staff Wellbeing was also a significant objective and consequently a number of priorities were identified and initiated: -

- Access to complementary therapies was allowed for staff during the pandemic where possible
- Group wellbeing sessions with a facilitator were offered and delivered with afternoon tea included
- Free counselling help line available 24/7
- 1:1 Supervision for staff organised where appropriate
- Planned training for staff to develop 'mental health first aiders'
- An additional 'wellbeing day' gifted to all staff, along with a "thank you" gift card, to be taken in addition to allocated annual leave for 2022/23.

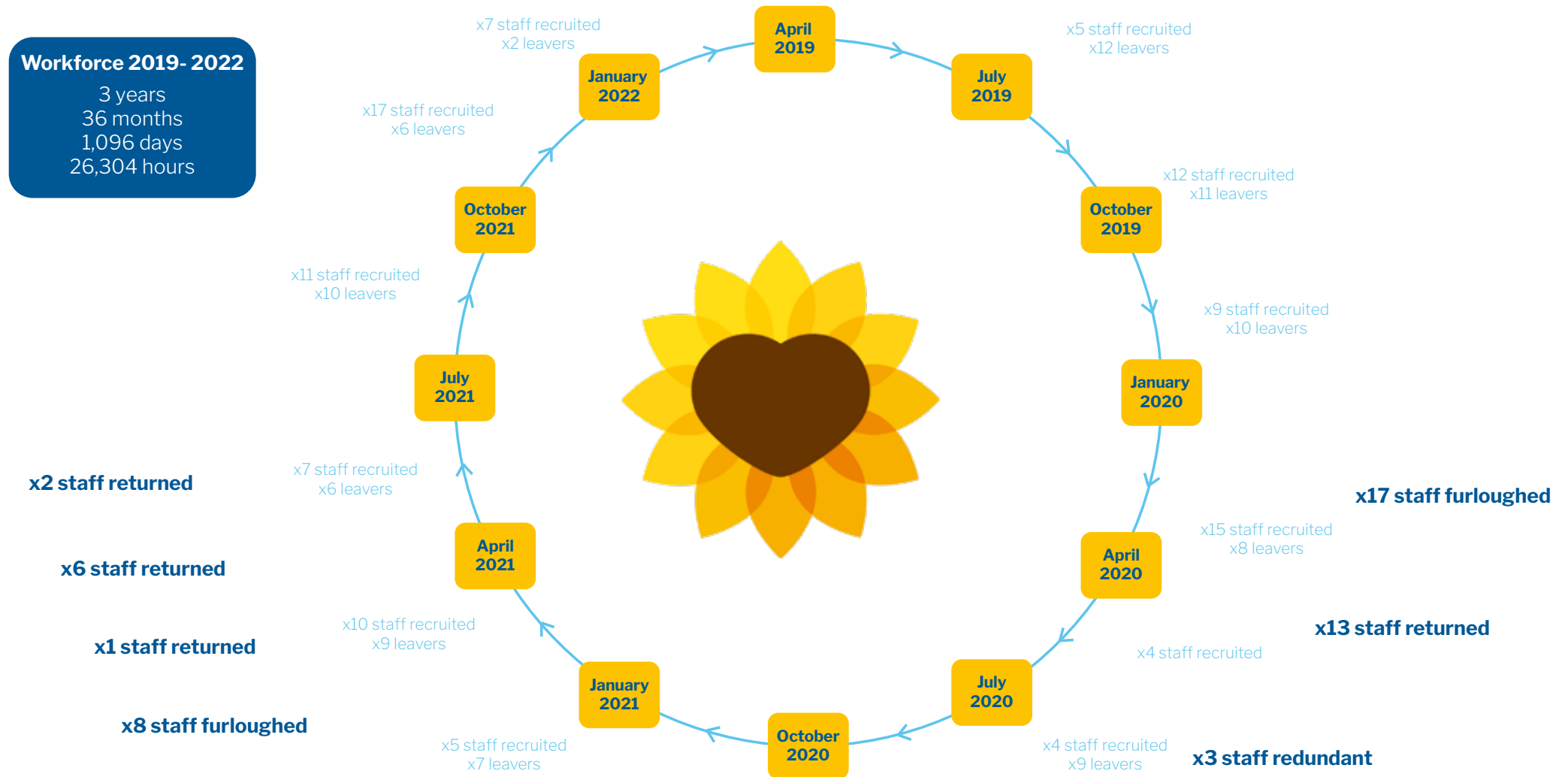
The survey is repeated every two years and was planned for June/July 2022 this was disseminated to all staff and volunteers in May 2022. Since then the survey has collected 110 staff responses and 119 volunteer responses, and the review of responses is underway with the results being available for the Quality Report 22/23.



# Safe Staffing Levels

Across the whole organisation there have been 49 leavers and 57 successful new recruitments.

- We have been able to increase the number of Health Care Assistants (HCAs) in our community team in preparation for the launch of PCiP.
- Supported Band 3 HCA development to allow for staff flexibility and cross-organisational working.
- Increased the medical time on the ward enabling our Medical Director to be involved in more strategic developments.
- Recruited more bank staff, allowing for more flexibility to increase support where need arises.
- Introduced a Ward Hostess role, linking catering and nursing teams to support high-quality nutrition and hydration monitoring and provision for all patients.
- Provided a Covid-19 and flu vaccination clinic in collaboration with the local Andrews Pharmacy, meaning approximately 95% of our workforce was vaccinated.



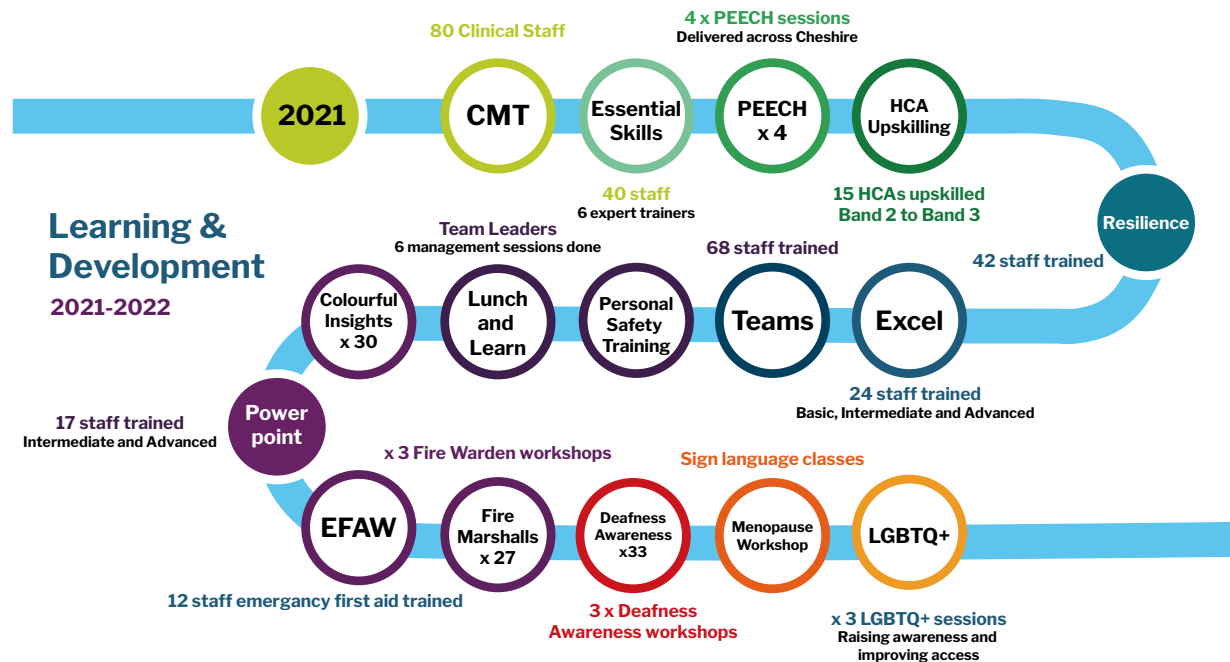
# Training and Development

Mandatory training programmes have continued over 2021/22. Some sessions required reduced numbers of staff to comply with safe social distancing, however the number of sessions available was increased to ensure all staff were allocated a session.

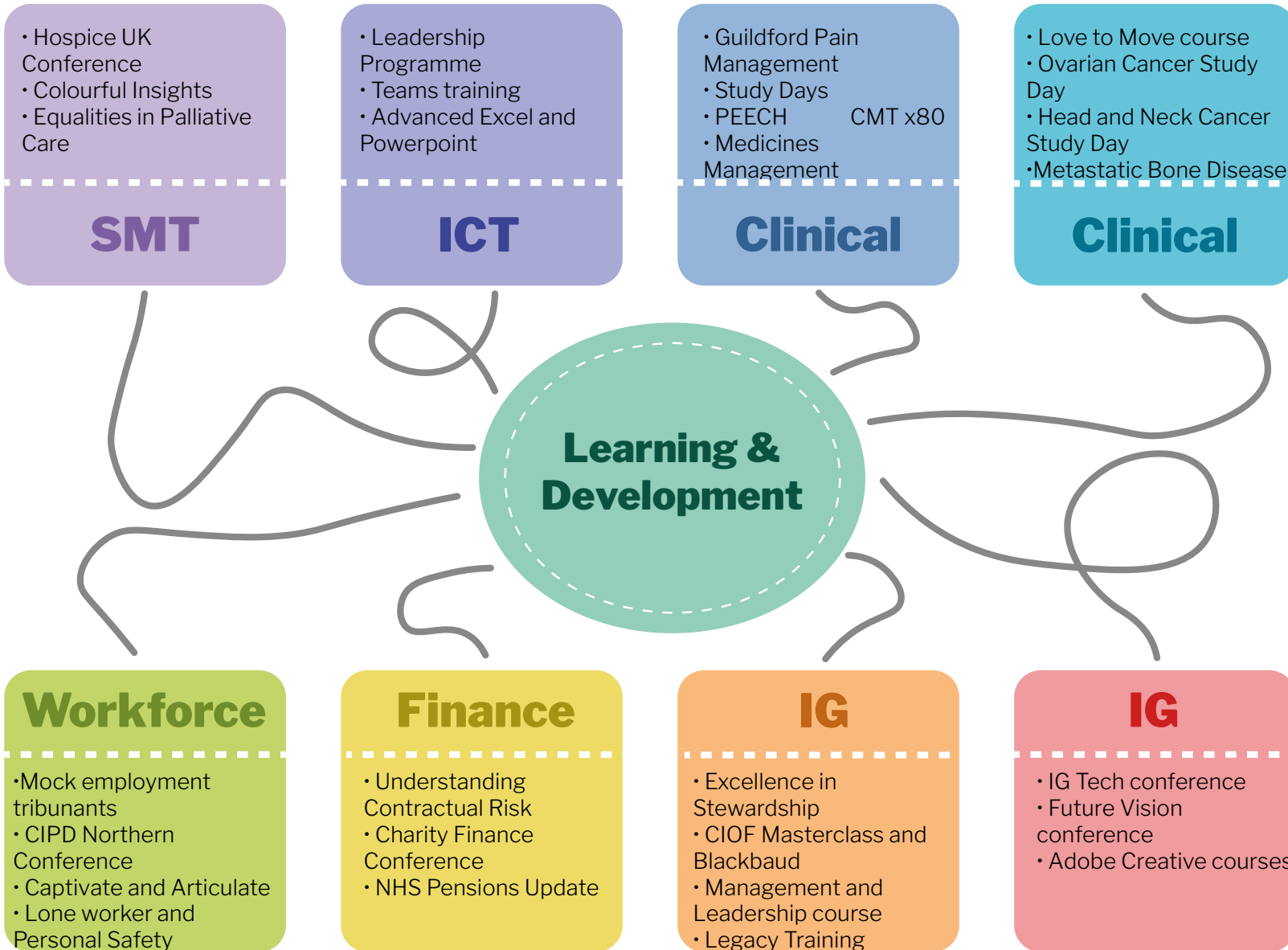
In addition to mandatory training, bespoke sessions for individual teams have been delivered along with the roll out of group equality sessions covering 'raising awareness of LGBTQ+ and improving access' and 'deafness awareness'. Other sessions have included IT systems training and safety sessions such as first aid, fire marshal updates and tissue viability.

Apart from new starters in 2022, all staff have completed Colourful Insights training, a model of discovery that allows staff to develop relationships, create self-awareness, improve communication, and drive change. Recognising colour energies in staff has allowed us to adapt our behaviours to meet others' needs and is used successfully within individual teams by increasing the level of emotional intelligence; allowing us to consciously adjust our communication styles where needed.

Mandatory Training and Education				
	Q4 21/22	Q3 21/22	Q2 21/22	Q1 21/22
<b>E-Learning is reported as a cumulative figure</b>				
Inpatient Unit E-Learning %	90	79	81.2	92
Sunflower Centre E-Learning %	93	80	93	89
Hospice @Home E-Learning %	95	84	94	94
<b>Face to face mandatory training resets on April 1st each year and compliance increases as the year progresses.</b>				
In-Patient Unit Mandatory Training %	95	76	42	0
Sunflower Centre Mandatory Training %	100	72	20	0
Hospice @Home Mandatory Training %	100	82	42	0



# Training 2021-22





## Safeguarding Training 21/22

There is a nominated Safeguarding Lead for the Hospice – Clinical Director Sandra Jones, who will speak to all new starters within the first week of induction, ensuring all staff and volunteers know their responsibilities to safeguard those around them, and will support and advise if there are any concerns raised by staff and volunteers or patients and carers.

- **11 out of 11** trustees have completed their Safeguarding Adults e-learning (this is not offered face to face for trustees) with a nominated Safeguarding Champion on the Board.
- **140** staff have completed Safeguarding Adults e-learning (some outstanding as new to the Hospice or waiting for certificates from other organisations where main job is held e.g. medics).
- **84** staff have received face to face Safeguarding training (all clinical).



## Clinical Quality and Activity

At the beginning of 2021 the Hospice SMT were making plans on how to safely move out of lockdown and reopen services. However, in May 2021 the progress we had made towards returning to full operations was curtailed for a short time by the rising levels of Covid-19 cases in our communities.

All outpatient and wellbeing services had been reduced with most being delivered virtually. The In-Patient Unit was under strict infection control procedures, with reduced bed availability due to routine isolation being required for all admission. Minimal visiting was allowed for the patients that were admitted, however it was unsafe to return to the flexible pre covid visiting due to the vulnerability of all in the unit.

Enormous strides were taken towards our aim of creating a more flexible workforce who were skilled, equipped and adequately compensated to be able to work across whichever service needed them.

Restrictions slowly eased in Q2 & 3 with high vaccination rates and access to routine testing making it possible, and access to hospice services more manageable. We saw the return of patients into our clinics for face-to-face appointments and wellbeing day services and with strict monitoring visitors were able to spend more time in the In-Patient Unit with their loved ones.

### 24 - hour Advice Line

Our Medical Director has worked with the Cheshire Hospices and the ELOP on a project to give consistent, county wide access to telephone support for end-of-life patients, their families and healthcare professionals involved in their care. Data has been collected over a 12-month period and analysed with the results informing changes to the health and social care system where there were previously undocumented process gaps.

24 Hour Advice Line	2019	2020	2021	2022 (Jan - 11 Mar)
Total number of calls	132	184	148	36
Number of HCP callers	66	106	64	21
Number of patient/carer calls	66	78	84	15
Symptom management	87	113	97	34
Service information	22	25	27	8
Other	23	46	24.	4

(Recording data changed in 2021/22 during collaborative review – multiple option choices now selected for ‘reason for call’)



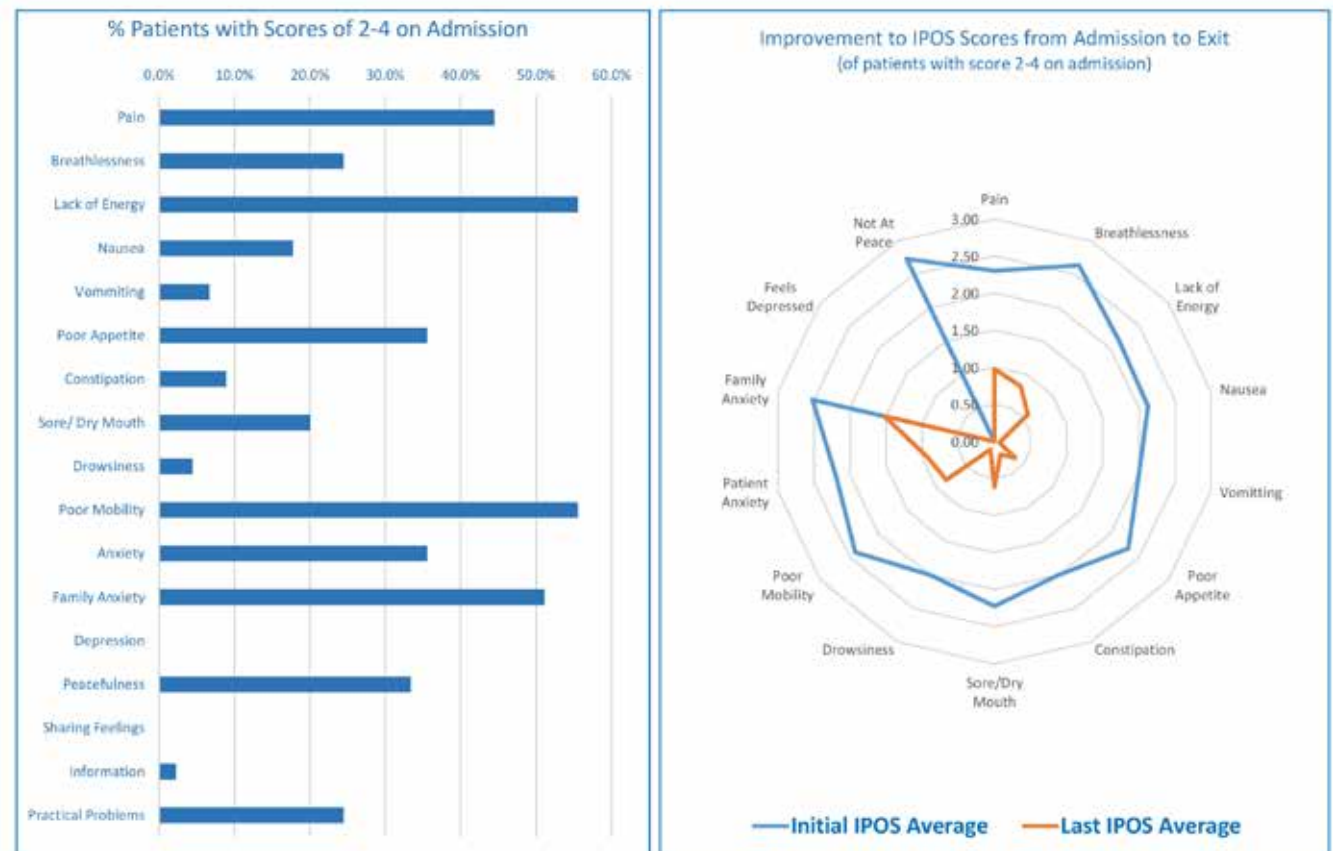
## Outcome Assessment Complexity Collaborative (OACC)

The OACC project (2013), led by a team at Kings College, London, designed a suite of measures to capture and demonstrate the impact that palliative care services make. These measures can be used to drive quality improvement, provide evidence on the impact of services and achieve better results for patients and families. The data is also used to inform commissioning via the quality reporting schedule for Cheshire Hospices.

East Cheshire Hospice has been collating data and recording POI, IPOS and Australia - modified Karnofsky Performance Status (AKPS) in clinical practice throughout the pandemic, mainly within Hospice @Home and the In-Patient Unit. At the beginning of 2022 East Cheshire Hospice brought together a OACC working group with the aim of beginning to understand how the collated data can inform daily working practices, patient care and evidence positive patient outcomes. Preliminary work has begun internally and has led to an opportunity of working in collaboration with Greater Manchester Network, providing a platform to explore the framework as a collective. This working group has identified the need to develop four regional workstreams to move forward with a more consistent, unified approach to data collection and reporting.

Currently the information collected at East Cheshire Hospice is used to facilitate discussion during daily multidisciplinary meetings and informs staff of patient performance status, prioritises need (symptoms and concerns) and enables medics and staff to focus on making positive changes to the patient's current situation and encompasses personalisation of care. The initial outcomes from collating and this data,

although still in development, are really constructive, providing evidence that the care given to patients is benefitting them but also allowing us to understand where changes can be made and how our data collection and care delivery can be improved.



## In-Patient Unit

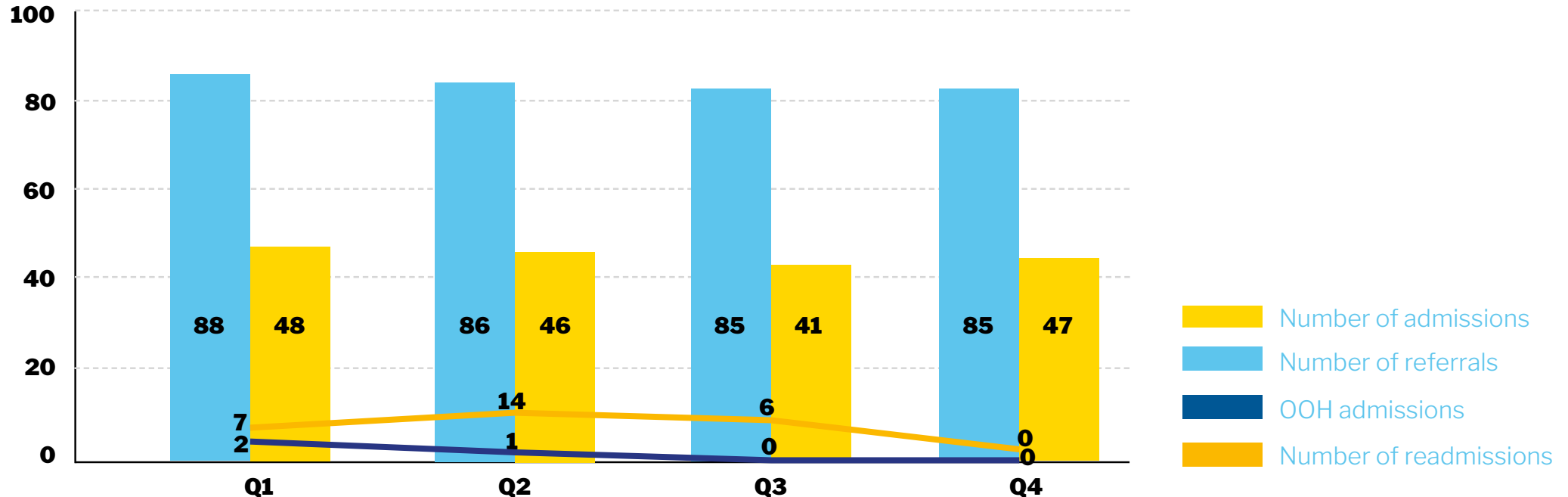
The In-Patient Unit accepts referrals from a variety of health care professionals with above **90%** of patients being admitted within **48 hours**. Completion of a referral allows the Hospice access to vital information held within the EMIS shared records system, which is utilised by all community teams within East Cheshire, and should an admission or acceptance into a service need to be activated in a quick manner, the referral process would not cause a delay. In addition, a proportion of the patients referred to In-Patient Unit have voiced a desire to stay at home for end-of-life care. However if the patient's needs change and care cannot be facilitated at home, a transfer can occur in a timely manner.

- In 21/22 the In-Patient Unit admitted **210** patients with an average length of stay **16.5 days**, and ran at a bed occupancy of **72.4%**.

- In December 2021 the CCG approached the Hospice and asked if as part of a funding criteria, support could be offered to enhance capacity and relieve winter bed pressures at Macclesfield District General Hospital. From mid-December East Cheshire Hospice allocated two 'winter pressure beds' to palliative patients who were stable and ready to be discharged from acute services. Funding was allocated for three months, reviewed, and subsequently extended for a further four weeks at the end of March 2022. This resulted in six patients being cared for for an extended period = 118 bed days, until long-term care was sourced for them and extra funding of approximately £53K was secured in 21/22.

15.5% non-cancer  
vs  
84.5% cancer

## IPU Referrals and Admissions 21/22



## Hospice @Home

Hospice @Home expanded in April 2021 to 24/7 care to provide support to more patients who were choosing to stay at home where they felt safest.

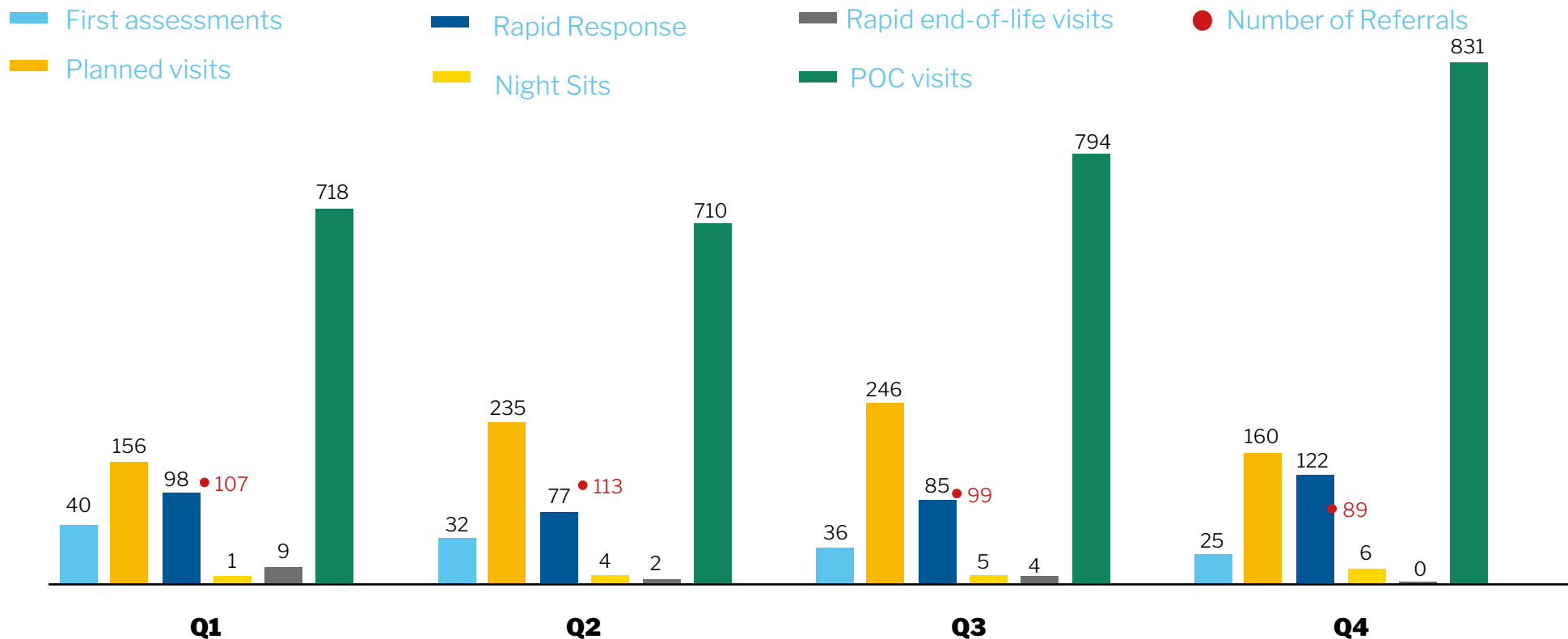
26% non-cancer  
vs  
74% cancer

- **408** referrals received into the service.
- **4247** supportive co-ordination telephone calls.
- **4351** face-to face house calls achieved day and night.
- **382** rapid response unplanned visits carried out within an hour of contact where the team were called out of hours, (at night and weekends) when families and careers needed help. These visits go a long way to preventing unwanted hospital admissions.

During a time of global uncertainty, the Hospice remained focused on ensuring that personalisation of care and advanced care planning remained high priority.

**82.6% of Hospice @Home patients and 84.6% of IPU patients** achieved their preferred place of death where one had been decided and recorded.

## Hospice @Home Referrals and Visits 21/22



## Sunflower Wellbeing Centre and Outpatient Services

The Sunflower Wellbeing Centre has been running at **76%** capacity.

- **990** attendances.
- **941** telephone calls/virtual consultations.
- **178** referrals for carer support.

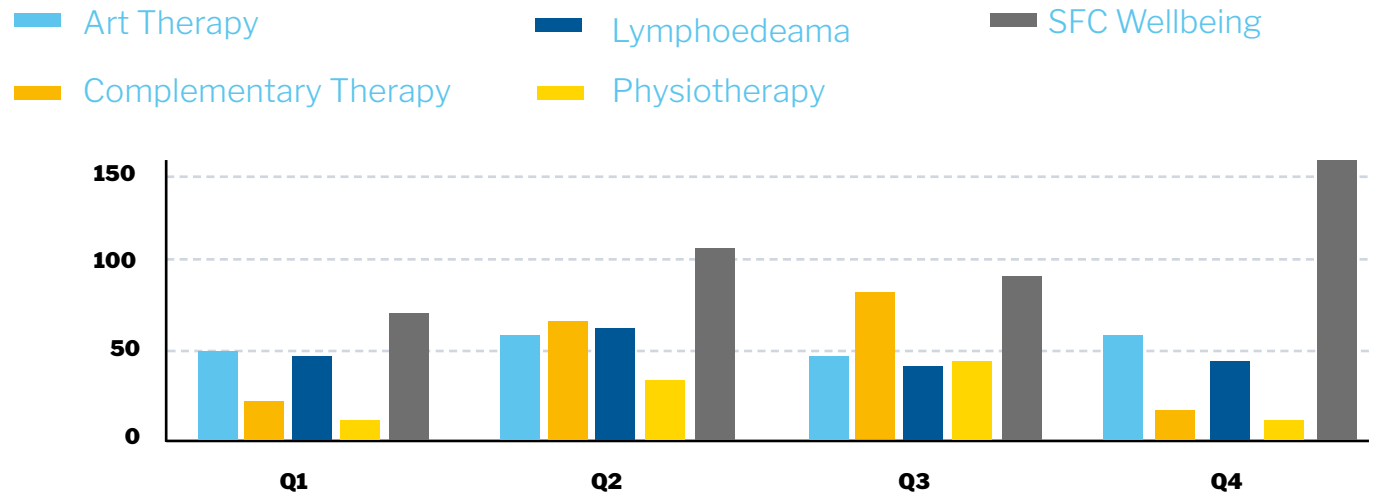
Dementia services includes carer support, additional day care days for the patient, Singing for Dementia and Love to Move – **22** patients referred with **117** attended sessions.

- **35** dementia carers supported with **270** attended sessions.

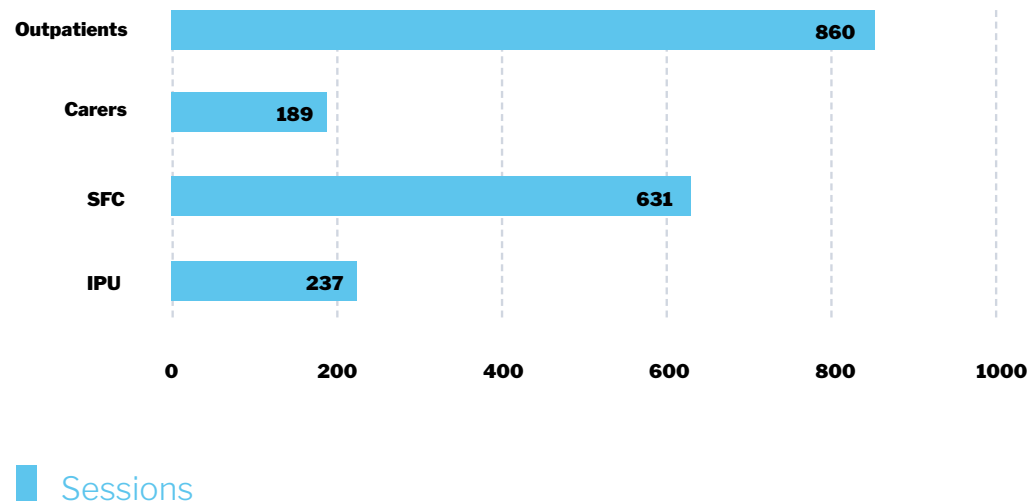
The Sunflower Wellbeing Centre remained open for most of 2021/22 and adapted its ways of working to ensure that the vital support patients and carers required was done in a Covid-19 safe way. Volunteer drivers continued to collect the patients and bring them into the centre, staff restructured face to face sessions, utilised PPE and followed procedure by lateral flow testing and social distancing all those who attended.

Feedback from patients indicated the Sunflower Centre was a 'lifeline', especially for those who were feeling socially isolated during the pandemic, reporting that they felt safe and reassured which improved the mental health of patients and their

## Referrals into Therapy and Wellbeing Services



## 1917 Therapy Sessions 21/22 (Art, Complementary, Lymphoedema, Physiotherapy and Carer)



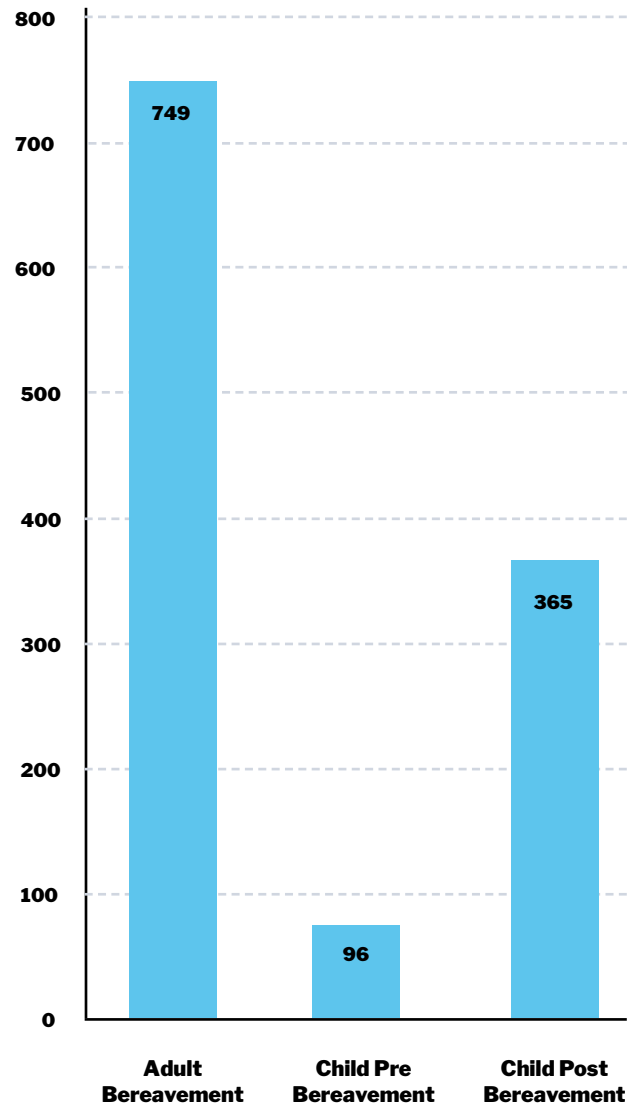
## Bereavement Support Services (Adult and Child)

Bereavement Support Services moved off site in April 21, to a Wellbeing Centre in the middle of Macclesfield town centre. The location provided a safe space for clients and children to attend sessions, therapeutically engage, process difficult emotions, and feel nurtured. A blended approach to therapy resulting in **749** sessions worked well during a time when it was difficult for some to attend face-to-face, with zoom and telephone consultations making access to support easier.

At the core of the Children's Service is the provision of face-to-face counselling and therapeutic play and this is augmented by our additional support of family members and the professionals who care for those children. Support groups, a training programme for carers and professionals, telephone or face-to-face support and occasional family days has accumulated into **461** consultations being delivered in 21/22.

Death (multiple cases for clients), grieving and other challenging/traumatic life events taking place after bereavement(s) during Covid-19 times is ongoing and many therapists predict for a future tsunami effect of clients needing therapy. East Cheshire Hospice has a solid foundation with the sessional counsellors in place and need to be mindful and prepared to flex on demand with sessionals/admin support to what lies ahead with client need.

## Bereavement Consultations 21/22



A total of

# 1076

**new referrals received and individuals supported by East Cheshire Hospice services.**



# Patient Safety Data

Clinical Auditing 2021/22

East Cheshire Hospice Incident Reporting Data			
	19/20	20/21	21/22
Clinical Incidents	40	63	51
Drug Incidents	32	31	30
Recorded Pressure Ulcers	57	90	Hospice Acquire d- 40 Identified on Admission - 45
Safeguarding	0	0	4
Falls	32	24	36
Clinical Complaints	1	1	2
21/22 Reportable Incidents Care Quality Commission/ Cheshire East Clinical Commissioning Group/ NHS Controlled Drugs reporting			
Deprivation of Liberty	4		
Safeguarding	0		
Pressure Ulcer Cat 3 and above	4		
Serious Adverse Event	0		
Controlled Drug NHS Incident reports	1		

Q1

- Controlled drugs audit
- OACC measuring audit
- Last Days Of Life audit
- Regional delirium audit
- In-Patient Unit response to referrals
- Nutrition needs audit
- Hospice @Home audit of care plans

Q2

- Controlled Drugs audit
- Infection prevention and control audit of policies and protocols
- Pressure sore audit
- New updated audit calendar
- CQC principles - SAFE paper

Q3

- Controlled Drugs audit
- Safeguarding commissioning standards audit
- CQC principles - EFFECTIVE paper
- Regional audit of the recognition and management of delirium in palliative medicine patients
- CQC self-assessment tool for controlled drugs
- Management of Covid-19 - checklist and monitoring
- Review of the use of the 24 hour advice line
- Social care assessor service review

Q4

- Controlled Drugs audit
- CQC principles - CARING paper
- Audit of hand washing on In-Patient Unit
- In-Patient bathrooms infection control audit
- In-Patient Unit mouth care audit
- Duty of Candour audit
- Antibiotic prescribing audit
- Art therapy service review
- Occupational therapy (OT) service review



## Hospice UK (HUK) Benchmarking

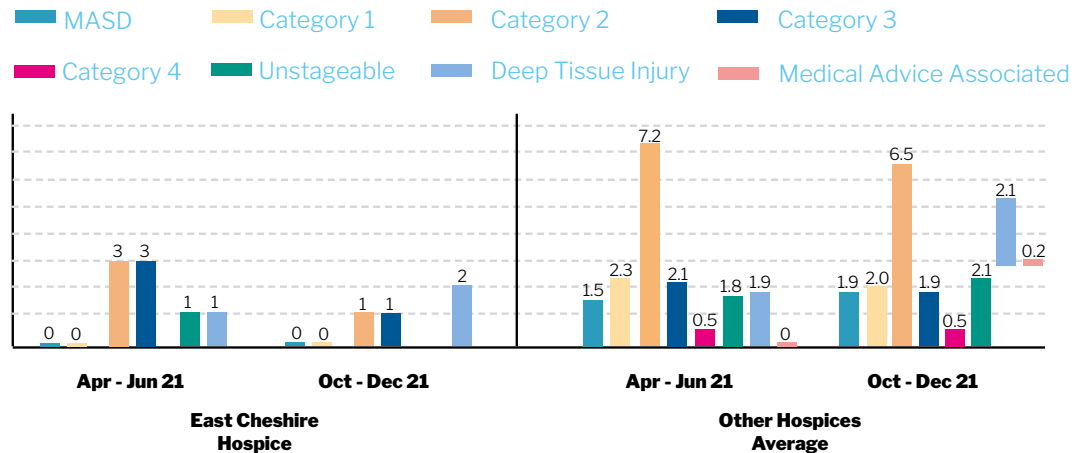
The East Cheshire Hospice Quality Management Committee reviews the quarterly reports received from HUK and feedback into Patient Care and Clinical Governance Committee any concerns or trends that have been identified. In April 2022 (year end) it was highlighted that:

- There has been significant improvement in the initial reporting of pressure ulcers on the In-Patient Unit, however there are still some concerns that they are not re-graded throughout their admission. Training was received in March 21 from the Tissue Viability Team at the District General Hospital, for key clinicians identified as link nurses for wound and pressure area care. This training will be cascaded to the rest of the clinical team throughout 2022/23 to ensure identification and classification of pressure ulcers is consistent, and reviews are clearly documented within the incident reporting process and within the patient clinical data base – EMIS.
- There continues to be identification and reporting of 'low level medicine incidents', no specific pattern or trends noted and no harm to patients. Every member of staff is encouraged to report any level of incident, which are individually reviewed by a senior manager and used as learning opportunities to improve patient care, and support staff with identified training needs and mitigating risk where possible.

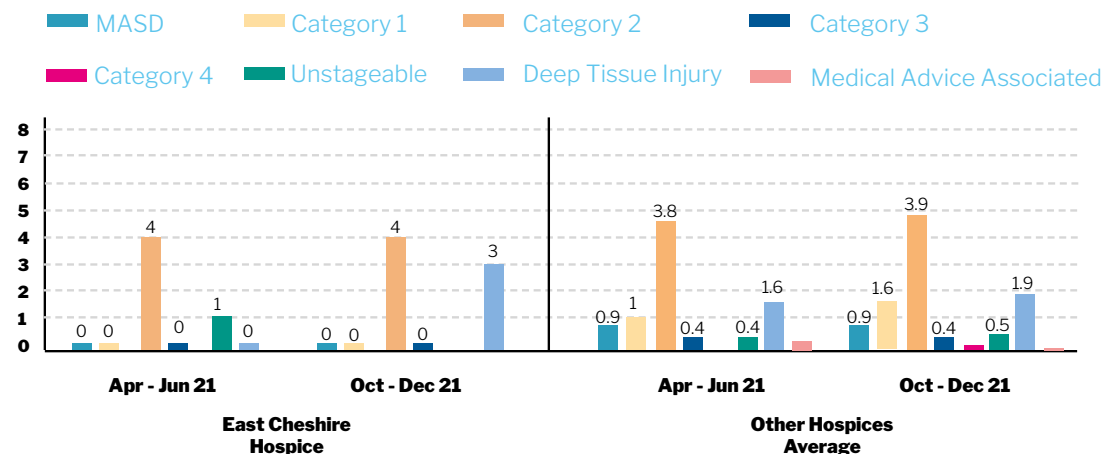
To improve the quality and consistency of communication when service users are involved in a notifiable incident East Cheshire Hospice is reviewing the Duty of Candour policy and process during 2022/23. The organisation is committed to ensuring that, if mistakes are made, service users and/or their carers receive the information they need promptly in

order to enable them to understand what has happened, and that an apology is offered; and service users and/or carers are informed of the action the organisation will take to try and ensure that a similar type of incident does not occur.

## Pressure Ulcers on Arrival to Hospice



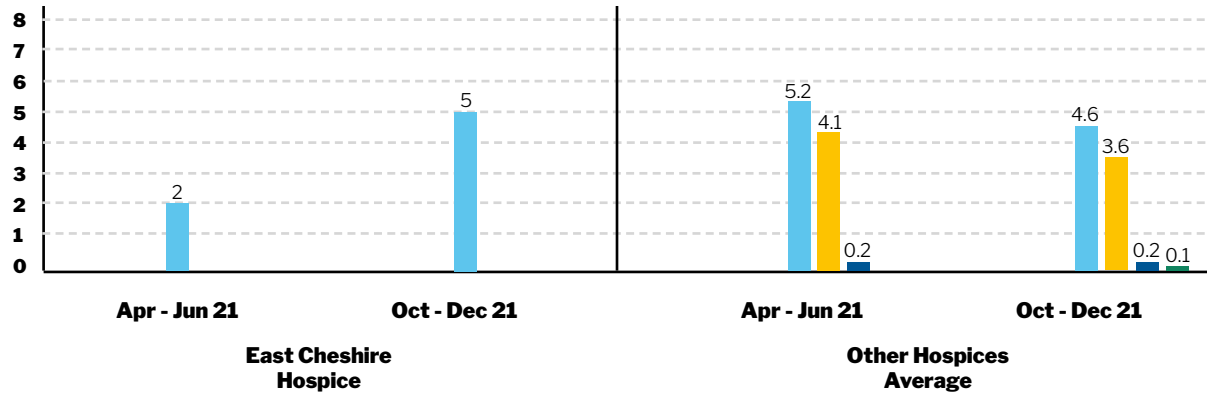
## New Pressure Ulcers





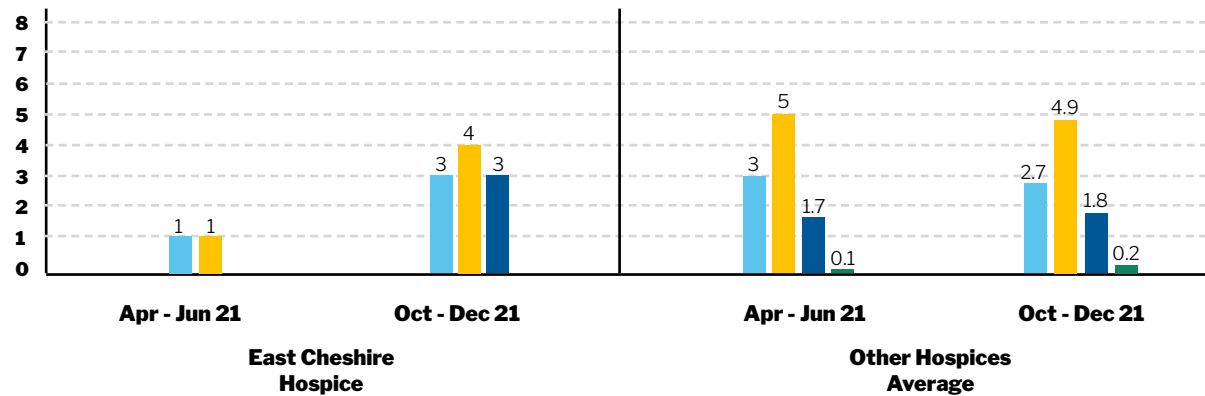
# Patient Falls

■ No Harm   
 ■ Low Harm   
 ■ Moderate Harm   
 ■ Severe Harm   
 ■ Death



# Medication Incidents

■ Level 0   
 ■ Level 1   
 ■ Level 2   
 ■ Level 3   
 ■ Level 4



# Feedback

---

“We want to thank you for your help, care and expertise in his last couple of days. As a consequence, he was able to die very peacefully, at home, surrounded by his family as he wished. Your excellent aftercare was very helpful too”

“I am writing to thank all of those involved in caring for my husband. He was a lovely man, and it was a great comfort to me and both our families, that his last days were spent with you and your wonderful professional care, delivered with such kindness. For me personally, you were like a lifeboat on a stormy sea – I was definitely drowning, so big thanks”

“A very big thank you for officiating so sympathetically at the funeral of our dad. Your words were so appropriate, so kind and so full of hope”

“Thank you for the wonderful care he received from the Sunflower Centre in particular, and during his stay and as an In-Patient in the Hospice. He loved going to the Sunflower Centre and I am so grateful to you all as his stay allowed me to recharge my batteries for the end of his journey”.

“The care you gave fills my heart and eyes each time I remember. Thank you, the courage and comfort you ministered was tangible to witness as he bravely, fairly quietly moved on. You have my gratitude and love for your wonderful place. He could not have had better care anywhere and I feel eased with that thought”.

“I would like to say a heartfelt and sincere ‘thank you’ to you all for the outstanding and compassionate care you have given. We have both been so reassured by the kind and thorough management of both his respite and In-Patient stay. I am so pleased that he is now well enough to be home for Christmas!”

“She received such wonderful care from your Hospice @Home team during her final day. We will always be grateful for the marvellous support that East Cheshire Hospice gives to the local community”

“Thank you for the calm reassurance when we arrived. Thank you to the doctors attending to dad – such difficult conversations and questions to ask but done so calmly and sensitively. For the continued communication, particularly our frank, open and honest conversation about Dads final days. At last, someone to courageously speak the truth with clarity and compassion”



# Feedback & Supporting Statements

---

“ Building on their existing Hospice @Home model, colleagues have worked relentlessly to both reshape and re-engineer existing services and to establish mature collaborative partnerships in order to facilitate the delivery of this service. This will enable quality of care to be delivered to patients who are near to the end of their life across East Cheshire. Thanks to East Cheshire Hospice who have played a key role in order to bring this to fruition and for being supportive of the practicalities of effectively embracing this new model, which is a great achievement. As part of the development and implementation of the Palliative Care in Partnership service, it has been a pleasure to work with East Cheshire Hospice, in particular with colleagues, Karyn Johnson, Sarah Dale and Tess Cleaver.”

- From CCICP, Sheena Wood, Business Development Manager.

“ East Cheshire Hospice and the EOLP have a long standing partnership and have collaborated on a wide range of projects to benefit people providing and receiving palliative and end of life care in Cheshire. Hospice colleagues have worked with the EOLP for many years to deliver initiatives to support local GPs, to develop education and training for the workforce and to support people caring for their family members at the end of life. East Cheshire Hospice also lend their expertise and experience to the Strategic Collaborative Cheshire for Palliative and End of Life Care, a partnership of health and care organisations that is committed to working together for the benefit of patients, families and communities. “

- Catherine Morgan Jones Head of Service and Practice Development – End of Life Partnership [EOLP]

Prior to publication East Cheshire Hospice Quality Account 2021-2022 was shared with the Quality Improvement Team NHS Cheshire and Merseyside.

“ NHS Cheshire and Merseyside recognises the unprecedented challenge COVID-19 has continued to bring to Hospice staff, patients, their families, and the wider community. Despite this the hospice has worked hard to develop new ways of working and continued to make progress in planned improvement goals and collaborative working.

We acknowledge the hospice’s approach to implementing virtual wellbeing and support services, to ensure specialist palliative patient care was delivered

during the pandemic. Development to integrate and implement new technologies to support ways of working is also acknowledged.

NHS Cheshire and Merseyside recognises the importance of equality and inclusion. Your collaboration and partnership working with east and west Cheshire Hospices to develop improved access and patient pathways to palliative and end of life care for the homeless and Lesbian, Gay, Bi-sexual, Transgender and Questioning/ Queer+ (LGBTQ+) communities is to be commended. We would like to take the opportunity to congratulate you on achieving the Navajo Charter Mark recognising outstanding practice and commitment to equality.

Your continued focus on driving excellence and best practice through a proactive research and integrated approach is welcomed. It is positive to note the hospices’ participation in a successful pilot programme for “Hospice at Home” services resulting in the development of The Palliative Care in Partnership East Cheshire Hub; the plan for this work to continue with local healthcare organisations in partnership is welcomed.

As commissioners we welcome the Hospice’s transparent and responsive approach to patient safety and clinical governance and continue to support this way of working.

Your commitment to clinical quality and improvement is evident and provides assurance to patients, their families, and commissioners regarding the safe and effective delivery of patient care.

We support the areas the Hospice has identified as priorities for the forthcoming year and value working in partnership with you to assure the quality of services for the grant agreement for 2022-23.”

- NHS Cheshire and Merseyside Response to Quality Account Report 2021-2022 for East Cheshire Hospice



