



**East Cheshire  
Hospice**

*Where people come to live*

# Quality Account

2022-2023



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# Acronyms

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CQC - Care Quality Commission

ECH - East Cheshire Hospice

EDI - Equality, Diversity, and Inclusion

EMIS - Egton Medical Information System

EOLP - End-of-Life Partnership

ESG - Environmental and Sustainability Group

H@H - Hospice @Home

ICB - Integrated Care Board

IPOs - Integrated Palliative Care Outcomes Scale

IPU - Inpatient Unit

IT - Information technology

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

NHS - National Health Service

SFC - Sunflower Wellbeing Centre

SMT - Senior Management Team

SPoC - Single Point of Coordination



# 1 Statement of Assurance from the Board of Trustees

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“On behalf of everyone at East Cheshire Hospice I am pleased to introduce our Quality Account for 2022-2023.

As the world adapts to new ways of living post-pandemic, I am extremely proud of how East Cheshire Hospice has managed to continue to innovate and collaborate whilst providing ongoing care and support to hundreds of patients and carers. Our new ways of working ensured we have continued to meet the needs of both our current patients, carers, and families and are well positioned to meet the needs of those who may need us in the future.

East Cheshire Hospice remains committed to providing high-quality care and continually strives to maintain the exceptional standards required by the Care Quality Commission. In the last 12 months we have made good headway within the seven key projects identified within our 5-year Strategic Aims and Delivery plan 2022-25. Further expansion of our Dementia services and Hospice @Home provision is underway and, by building capability and capacity within these services, it is enabling us to reach out and support many more patient and carers.

2022 saw the launch of our Carer Engagement Forums enabling us to actively listen to and engage with our local community to better understand the needs of patients and carers within East Cheshire. We have also continued to progress with the transformation plans for our digital infrastructure and early work has begun on data and analytics which will enable the Hospice to be more productive and secure, using smart facilities, leading to more effective monitoring and reporting which will ultimately support more effective decision making.

This Quality Account gives me the opportunity to highlight the exceptional work that has been going on over the past year and provides a forum to celebrate the innovative achievements of this small but highly impactful organisation. Our

new Equality, Diversity and Inclusion strategy launched with a bang in November 2022 as we celebrated the acceptance of the Navajo Charter Mark, an esteemed signifier of good practice, awarded to organisations who show true commitment and knowledge of the needs and issues faced by the LGBTQ+ community, when needing to access health and social care support in Cheshire and Merseyside. In addition to this Charter Mark, our commitment to changing practice and looking toward a greener future led to the hospice gratefully receiving the ‘Progress Towards Carbon Neutrality’ Award at the East Cheshire Chamber of Commerce Awards 2023. These awards confirm that East Cheshire Hospice remains focused on making every interaction, decision, and change a positive one for all.

In what have been a highly uncertain times, all our services have experienced and faced significant challenges. We have, however, come through with flying colours. We have only been able to do this with the support of our amazing community of supporters, families, patients, staff, and volunteers whose fantastic support has remained steadfast enabling us to not only maintain our existing services but also plan and develop important new palliative care services for our local community. We will continue to build our sustainability by collaborating with partners and ensuring that the generous support received from our communities is directly channelled into care and support for patients and their families.

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

*Will Spiuks*

Chair, East Cheshire Hospice



# Statement of Assurance from the CEO of East Cheshire Hospice

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"We are exceptionally grateful for the dedication and commitment of our staff and volunteers who worked so hard to return every element of Hospice care to pre-pandemic levels as soon as restrictions were lifted.

Our Inpatient Unit, Hospice @Home, Sunflower Wellbeing Centre and Family Support teams pulled together to meet an unprecedented demand for services and, as a result, were able to care for more patients and family members in 2022/23 than in any year of East Cheshire Hospice's 35-year history.

For the first time we provided a contracted service for an NHS organisation which proved to be hugely successful in terms of patient experience and supporting people to be where they wanted to be at end of life.

We maintained our 'Good' rating under the Care Quality Commission (CQC) monitoring framework and continue to receive bi-monthly confirmation 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 continue our commitment to working in partnership with other healthcare organisations to improve quality, open access and help to build a strong and sustainable Integrated Care System in Cheshire East Place and across the Cheshire and Merseyside Integrated Care Board footprint.

As we move into 2023/24 our strategic objective remains to continue to adapt our existing services and introduce new ones. That means we will relaunch our refurbished Sunflower Wellbeing Centre, expand our Dementia Carer Wellbeing Programme into the five Care Communities of East Cheshire, work to co-ordinate end of life care for everyone and add resource to our @Home team.

We fully understand that we need to work in partnership with a variety of organisations to increase access to high-quality, compassionate and co-ordinated palliative and end-of-life care for even more patients and their families. We will offer real choice to, and be guided by, the patients and families 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."

*Karyu Johustou*

CEO, East Cheshire Hospice



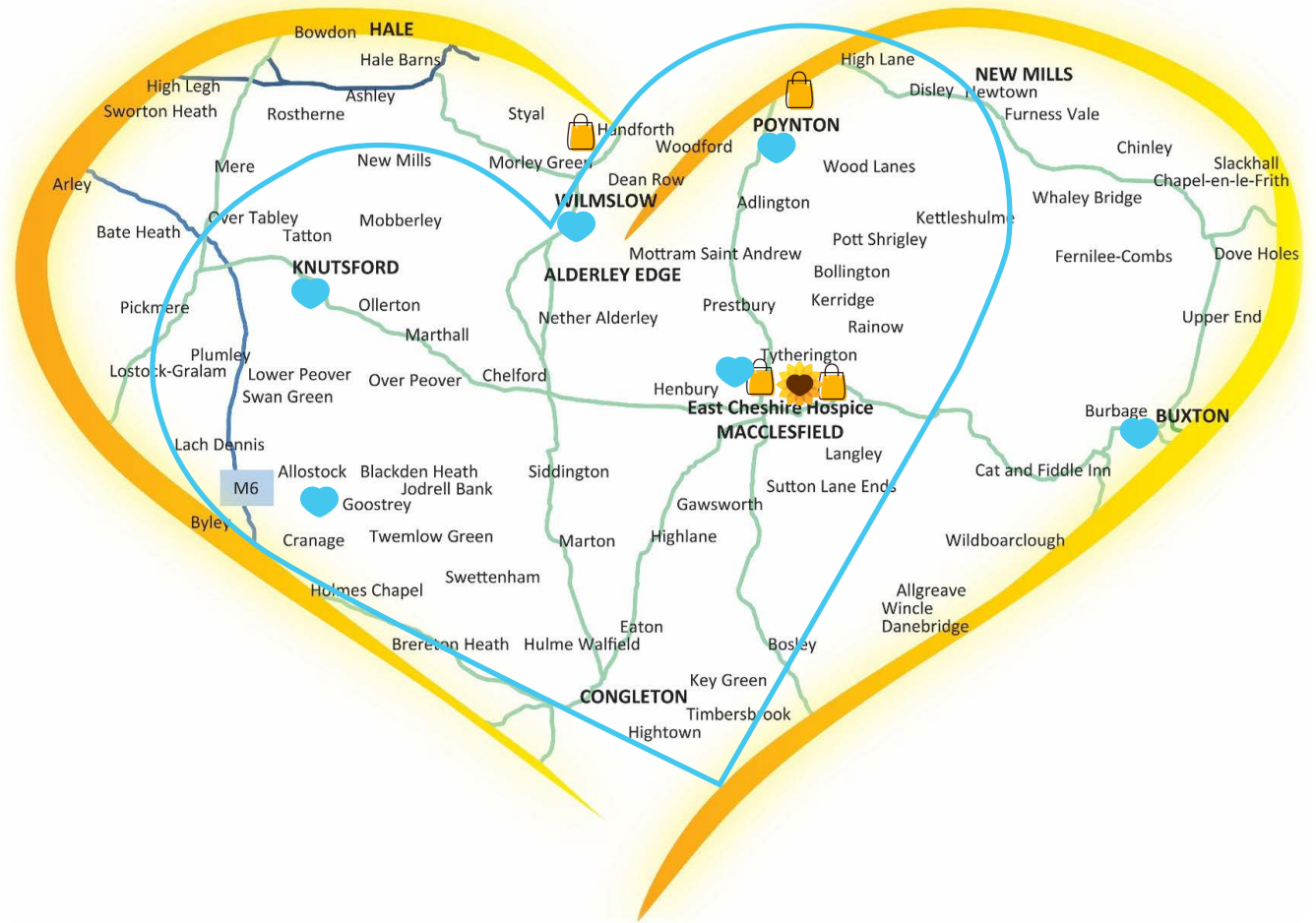
# Statement on Governance and Public Benefit

## How we serve the population of East Cheshire

East Cheshire Hospice (ECH) 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 Healthcare Professionals, Complementary Therapists, 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



Community Support Groups



## East Cheshire Hospice's Vision

By 2028, ECH will be at the centre of a whole-system solution delivering or facilitating high-quality, seamless, and 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.

## Our 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, 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.

## C ompassion

We ensure we put our patients and 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.

# Governance

## Equality & Diversity

ECH believes in the principles of social justice, acknowledges that discrimination affects people in complex ways, and is committed to challenging 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.



## Continuous Development

### Three-year Rolling Strategic Development Timetable - 2023/26

ECH continues to work towards the achievement of its 10-year vision first ratified in 2018.

Developed to run over a three-year rolling period, our strategic development timetable supports the delivery of our strategic priority and seeks to address key high-level risks by:

- Monitoring and reviewing year one (2022/23) of the seven multi-year programmes which are the key drivers of change
- Evaluating existing services within our continuous improvement programmes to keep our work safe, of high quality, and relevant to the communities we serve
- Creating and communicating a detailed annual delivery plan for the year ahead (2023/24)
- Setting key performance indicators and operational standards by which we measure our quality, progress, and risk mitigation
- Anticipating opportunities and challenges for the year beyond (2024/25).

## Care Quality Commission (CQC)

ECH is registered with the CQC for the regulated activities:

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

The Hospice last had a formal inspection in June 2016 and was given a rating of

'Good'

The CQC suspended their routine inspection programme in March 2020 in response to Covid-19 and it is not intended to resume in its previous format. They have begun to make changes to the way they monitor and regulate organisations and have now produced a 'single assessment framework'.

Why are they changing?

- To make things simpler so the focus can be on what really matters to people.
- To better reflect how care is actually delivered by different types of service as well as across a local area.
- The need for one framework that connects the registration activity to the CQC assessments of quality.

The 'Key Lines of Enquiry' is being replaced by new 'Quality Statements' to reduce duplication, but they remain focused on the five key questions and well-known ratings system, to set out their view of quality.

During this period of transition, the CQC have continued to use a mix of off-site monthly monitoring and six-monthly virtual meetings, to ensure the public have assurance as to the safety and quality of the care they receive from ECH. Our virtual monitoring meeting took place in March 23, and a review of the most recent data available to them about the Hospice resulted in them not finding any evidence that an inspection needs to be carried out to reassess our rating at this stage.

## Clinical Commissioning Group/ Integrated Care Board (ICB) Changes and Challenges

In July 2022, a new ICB was formed: National Health Service (NHS) Cheshire and Merseyside took over responsibility for commissioning healthcare treatments and services for the population of the

area from Clinical Commissioning Groups. ECH is committed to establishing its place within this developing Integrated Care System which embodies a new way of working, aiming to bring together all healthcare organisations in the area. We will do this by working together, as equal partners, to support seamless, person-centred care and tackle health inequalities. Within the Cheshire and Merseyside Health and Care Partnership, Cheshire East Place covers the Cheshire East Local Authority and is one of nine Places, all based upon the local authority geographies of Cheshire and Merseyside. Taking a place-based approach requires working effectively with other local authority departments and public sector organisations and ECH, along with the many Voluntary, Community, Faith, and Social Enterprise sector organisations, is adding significant value through our delivery of palliative care services in Cheshire East.

## Quality Partnerships

The collaboration between the Cheshire Hospices and the ICB in the form of the Cheshire Quality Leads meeting continues with the group assembling quarterly throughout the year. Representation from the Hospices and the quality and safeguarding teams within Cheshire East Place, provides a forum and the opportunity to share important updates that support the patient safety strategy, share and learn from clinical incidents, and maintain the quality schedules set for the year. Listening to each other and our patients and carers allows us to improve the way we work and create a culture that prioritises safety and is open to learning about risk. 2023/24 brings challenges for the Hospices to gain a better understanding of the new NHS Patient Safety Incident Response Framework, and adapt our current processes, enabling us to respond better to patient safety incidents and focus on the factors that contribute to them. Transition to the new way of reporting is planned to be completed by Autumn 2023.





## Equality, Diversity, and Inclusion (EDI)

As part of the Birdsong Charity Consulting Survey 2022, all staff and volunteers were surveyed regarding equality and fairness. While the results still reflect a commendable score, dropping from 94% in 2020 to 90% in 2022 was disappointing considering our significant efforts in the realm of EDI. However, this outcome has ignited a renewed determination to drive improvements and further enhance our practices.

Our EDI Forum launched in 2023 with the overall purpose of the forum being to ensure ECH (including its four retail premises) becomes the most equitable organisation it can be and is accountable and transparent in all aspects of EDI, for all service users, staff, volunteers, and customers.

Embedding EDI across the Hospice will ensure we create a diverse and inclusive workplace and accessible services.

On average 12 members of staff and volunteers meet every month with representation from across the organisation. The group are working together and are empowered to facilitate positive outcomes in all departments by:

- Influencing the effective integration and implementation of ECH's EDI policy and practices in all aspects of our work making 'everybody count'
- Asking people to challenge the organisation in terms of its practice, approach, and development of equality and diversity, in support of under-represented or disadvantaged individual groups
- Actively engaging and listening to our workforce and community to understand the perceived barriers to accessing care and support or to

working within the organisation, and to support improved outcomes where needed.

With a focus on enhancing communications, the Hospice strives to raise awareness regarding our performance in the realm of EDI.

Connections are being made with external organisations such as Space for Autism, Cheshire East Council, GP surgeries, and NHS Equality leads to learn and create the all-inclusive environment the Hospice aspires to become.

## Safeguarding

Safeguarding refers to the process, practice, and culture that is embedded within ECH, where we ensure we provide a safe environment for any child or adult that is at risk are free from any form of abuse, neglect, or harm. Our Clinical Director Sandra Jones is the Hospice's identified Safeguarding Lead and supports the staff and volunteers to understand that safeguarding is their responsibility and that it is given the highest priority. The Hospice follows the best practice of pro-actively monitoring safeguarding trends, communicates any concerns effectively with the local Safeguarding Team at Cheshire East Council and acts accordingly within the Care Act 2014.

## Data Security

### Cyber Security

As part of our IT strategy, the Hospice identified the importance of reviewing and updating Cyber Security. In 2022 we conducted our first internal and external network penetration test, testing the resilience and compliance of our network which is an essential part of keeping our organisational data and network secure. Monthly vulnerability scans are now run, to provide us with extra visibility on potential threats on our network.

- A Cyber insurance plan was taken out to protect and cover the organisation against cyber-related threats and breaches. With this package we get access to dark web monitoring and phishing scanning, which is hugely beneficial to ECH.
- The implementation of the latest-generation Firewall has upgraded the older model and provides ECH with superior protection and more detailed visibility and monitoring, as well as improved network performance which is essential for day-to-day work.
- Enabling multi-factor authentication across all user accounts has added an extra layer of protection when signing into Microsoft Account. It is the new standard for securing accounts and preventing 99% of data breaches, as passwords alone are proven to not be strong enough. This is also one of the requirements as part of our annual NHS Data Protection Tool kit and a standard from the National Cyber Security Centre.

Moving into 2023 there are plans to continue to enhance our cyber security. We are working hard to achieve Cyber Essentials certification, which is a government-backed framework and industry-supported scheme to help protect organisations against online threats and to demonstrate that we are actively protecting our data.

## Information Governance

In June 2022, ECH completed the annual NHS Data Security and Protection Tool kit, an annual online self-assessment tool which enables the Hospice to measure and publish its security performance against the National Data Guardian's and NHS data security standards. The completion of the tool kit confirms that the Hospice has the correct level of data security to maintain the Health and Social Care Network broadband connection, which is required for ECH to connect to Egton Medical Information System (EMIS) clinical system.



# 2 Review of 2022-2023

The Board and Senior Management Team (SMT) of East Cheshire Hospice (ECH) conducted a review of the Strategic Aims and Delivery Plan 2022-25 during a retreat in January 2023. This event provided the group with a chance to acknowledge and celebrate the accomplishments and advancements made in 2022, as well as to collectively strategize and plan for the upcoming year 2023/24.

There have been significant advancements within the 7 key identified Change Programmes within 2022/23 which were:

- Development of Dementia Services
- Community Engagement
- Single Point of Co-ordination
- Digital Transformation
- Facilities Re-development
- Data Analytics
- Hospice Sustainability



Figure 2.1. Our Advantage circle

## Change Programme 1 - Development of Dementia Services

- We have made significant progress this year in enhancing our dementia care. One of our major advancements was the appointment of a second Dementia Nurse, who brings invaluable knowledge and expertise in mental healthcare for older people. As a result of expanding our team's capacity, we have been able to expand initiatives like our Singing Together groups, which has grown to the extent that it is now hosted off-site.
- Successful recruitment of a Band 6 Dementia Nurse.
- Dementia Carer Wellbeing Programme has been increased by 100%, delivering sessions to 6 cohorts p.a., thus reducing the waiting list. There is still much-needed support for those carers/patients who cannot attend the course, and for those who need ongoing provision after they have completed it.
- Furthermore, we have introduced Advanced Care Planning clinics, specifically designed for families living with dementia. These clinics aim to provide tailored support and guidance to help families navigate the challenges associated with dementia care.
- Patients and carers are benefiting from attending one or more of the Dementia Services now available to them.

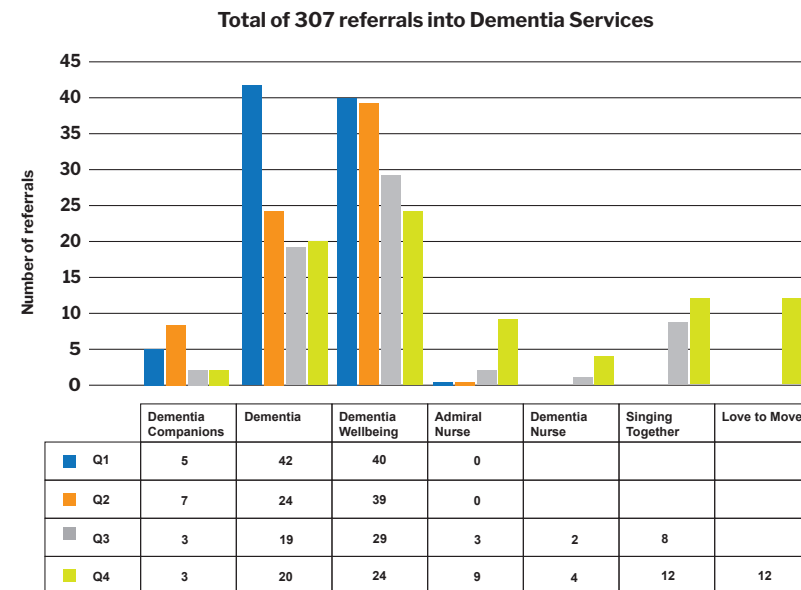


Figure 2.2. Referrals into our Dementia Services



The Board agreed the commissioning of two independent research projects, which have been undertaken by the University of Manchester and the University of Liverpool, to gain better understanding of the needs and experiences of those who are living and dying from dementia and the support they and their carers need. The results given to us by the universities will allow the Hospice to identify unmet need and develop an end-of-life pathway for this cohort of patients and carers with an aim to developing and delivering new services.



*Dementia Nurse, Paul Dale and Admiral Nurse, Debbie Kassas*

## Change Programme 2 - Community Engagement

The first meeting of Friends & Family Forum was held in September 2022, with carers/relatives of patients who have received ECH's care attending initial discussion points have been regarding 'care received' and messaging re: charitable status/fundraising.

The group will meet every 6-8 weeks, facilitating some weekend and evening slots, to allow more people to attend specialist groups, which are planned in 2023, starting with SFC patients/carers.

The design of a 360-feedback tool will ensure we present our feedback like a roadmap for ECH to

identify areas of growth and improvement, and find key themes and messages.

The recruitment of an 'In Memory Giving Assistant' has been a great asset and she has begun a series of engagement activities across the Hospice, including:

1. A weekly session working with patients in the SFC
2. A weekly session on Inpatient Unit (IPU) speaking with staff & visitors
3. Attendance at monthly Time to Remember services
4. Fortnightly meetings with IPU staff to share updates & news. This will be extended next year to include Hospice @Home (H@H) and SFC teams.

## Change Programme 3 - Single Point of Co-Ordination (SPoC)

In January 2023, the Hospice established a steering group consisting of key members from various organisations, including ECH, Specialist Palliative Care Team, Care Communities, End of Life Partnership, and East Cheshire NHS Trust Transformation Team. The primary objective of this initiative is to collectively strategize and create a centralised Palliative Coordination hub in East Cheshire. This hub will provide a direct 'SPoC' to support healthcare professionals, patients, and caregivers in need of palliative care services.

Progress has been steady and deliberate, with several notable achievements:

- The group has successfully developed Terms of Reference, outlining its scope and objectives
- Meaningful discussions have taken place to determine how the SPoC aligns with existing services, particularly in relation to the centralised Single Point of Access for East Cheshire Community wards

- Comprehensive mapping of the patient journey across all palliative and end-of-life services in East Cheshire is currently underway
- To ensure seamless collaboration across various care settings in the Hospice such as the IPU, H@H, and SFC, a daily triage meeting (referred to as a 'huddle') has been initiated. Notably, the specialist palliative care representative now participates in these meetings, facilitating improved communication and smoother patient transfers of care
- Group members visited District Nursing teams in Macclesfield & Congleton Care Communities to identify any gaps, particularly concerning after-hours care. The purpose was to explore ways in which SPoC could support and fill these gaps.

The Hospice is committed to ensuring that all plans and developments are closely aligned and integrated with other related projects emerging within NHS services, such as virtual wards and specialist Palliative 7-day working, which includes the availability of medical cover.

## Change Programme 4 - Digital Transformation

In 2022, phase one of the ECH Information Technology (IT) and Digital Strategy was completed, by enhancing the way we use IT and by modernising our infrastructure.

As IT systems and processes become more important in our everyday working lives across the organisation, the Hospice made investment in the IT department and successfully recruited an IT Assistant. The work ECH IT colleagues have been able to deliver has been hugely beneficial to ECH team enhancing productivity, collaboration, and data recording.



## Key IT Achievements from 22/23:

- As a result of the full implementation of Microsoft 365, it has subsequently become the hub for productivity apps and collaborating.
- There has been a Hospice-wide adoption of Microsoft Teams as a space for projects and meetings, with the development and launch of a brand-new SharePoint intranet site for staff, giving a platform for finding key Hospice information and news. This would allow ECH to offer more information that is easier to access and collaborate on than before, all in one place. This continues to expand and has the potential for the delivery of more features to staff in the coming years.
- As part of enhancing our meeting rooms and creating a unified space, we introduced a brand-new Microsoft Teams board from Yealink. This enables users to seamlessly join a Teams call and wirelessly screen share laptops and presentations. We look to implement similar MS Teams Rooms across our other meeting spaces.
- The implementation of more Surface Pro devices has created a hybrid office and simplified user experience.
- Implementation of Sentinel – Vantage; a data management platform which has over 30 compliance-related modules. The system has allowed ECH to build modules bespoke to the needs of the Hospice for monitoring and recording within our governance frameworks. The Incident Reporting module went live in October 2022 and gives us improved insights into our incidents and better reporting capabilities. In January 2023 we went live with a second module for Risk Management, enabling us to define our risks and reduce the impacts on our organisation.
- Creation of an app for H@H has improved the booking system for devices taken to patients' homes. It had to be quicker and more reliable than writing it down, keep a searchable history of all

devices checked out and easily show users who had what device at any time, and it has the bonus of cutting down on paper use.

- Creation of an app to allow Hospice staff to order catering for events and meetings has replaced a system that was being shut down and is part of a project to modernise our digital forms.
- Commencement of work on an app for our Workforce department that will allow easy tracking and management of job vacancies at the Hospice. This will also help line managers keep track of progress in the recruitment stages.

## Cloud Migration & Technologies

As part of modernising our IT infrastructure, a lot of preparation work took place in 2022 to assess our current infrastructure, understand dependencies, and create a plan for how we are going to migrate and host our servers in Microsoft Azure in 2023.

Last year we began moving on-premises files and applications to the cloud and moved away from any legacy-based systems. Moving to the cloud will have many benefits to our organisation including:

- Simplified user experience & ease of access on user PCs
- Availability of files and applications on any device
- 'Single Sign On' account across most ECH applications
- Enhanced IT management and improved security
- Cost effective and no on-premises energy costs.

## Change Programme 5 - Facilities Re-development/Build

Facilities Development will ensure our facilities are fit for purpose, efficient to run and safe to use. As mentioned previously, this year has seen the final approval of plans to improve and renovate our SFC,

and work began on this project in June 2023. Two Board sub-committees have been established to oversee this work, to ensure progress of service development and the build/costs control.

We are currently implementing plans to enhance and revitalise our IPU rooms. Our aim is to create a modern and inviting atmosphere that will not only appeal to patients and their families but also prioritise dementia-friendly designs.



*Illustration of proposed Sunflower Wellbeing Centre refurbishments/developments*

## Change Programme 6 - Data Analytics/EMIS (Egton Medical Information System) phase 1

In 2022 we began work on our Data Analytics programme to better understand data within the ECH systems and identify our reporting requirements to build a reporting dashboard which will help ECH gain better insights and improve business decisions.

Initially we are primarily focussing on our EMIS clinical reporting. As a team and with the support of a consultant, discussion workshops were held with our SMT and clinical leads to identify our pain points and identify what can be done better to improve outcomes and reports. From these discussions there is a plan for 2023/24 to streamline and improve EMIS processes and data parameters with an opportunity



to pilot an EMIS reporting/analytics system called APEX. APEX is currently used within GP surgeries, but there is an aim to adapt the system to meet Hospice reporting requirements.

Over the 12 months we have extended our reporting to include Palliative Outcome Scales to show how the care provided at the Hospice positively benefits our patients. For more information, see page 29.

In April 2023, we provided user training and implemented new EMIS functionality, including:

- A Bed Management Module to simplify admissions and discharges of IPU and SFC patients
- Dynamic Templates to improve data entry of clinical notes onto patient records
- Clinical Tasks to allow clinicians to share requests for further care
- An EMIS-X Assistant to provide an instant messaging system for EMIS users.

Over the coming months, EMIS will be introducing more features that ECH will also integrate into our daily practices.

## Change Programme 7 - Sustainability/Continuous Improvement

### Infection, Prevention, and Control

The Hospice has been committed to maintaining a safe and healthy environment for our patients, their families, our dedicated staff, and volunteers throughout this past year. Infection prevention and control remains a top priority as we strive in the wake of the pandemic to provide the highest standard of care.

Surveillance Data April 22 - March 23	
C- Diff	1
Norovirus/ Diarrhoea	0
MRSA	0
VRE	3
COVID	6 (all admitted with Covid)

As in previous years, 2022/23 was no different as the Hospice continued to implement rigorous infection prevention and control measures to minimise the risk of healthcare-associated infections within our setting. The measures are designed to adhere to the latest guidelines and recommendations from national and international healthcare authorities.

Our approach encompasses several key areas:

1. **Staff Education and Training**, ensuring they are equipped with the most up-to-date knowledge and skills related to infection prevention and control. This includes training on proper hand hygiene, personal protective equipment usage, safe handling and disposal of sharps, and adherence to standard precautions.

2. **Comprehensive Policies and Procedures:** We maintain robust policies and procedures that outline specific protocols for infection prevention and control.
3. **Regular Audits and Assessments:** We conduct routine audits and assessments to evaluate our infection prevention and control practices.
4. **Enhanced Surveillance and Monitoring:** We maintain a vigilant surveillance system to promptly detect and respond to potential outbreaks or infectious incidents and allows the implementation of targeted interventions to prevent the spread of infections within our Hospice.
5. **Collaboration and Communication:** We prioritise open communication and collaboration with healthcare partners allowing the Hospice to stay informed about emerging infectious diseases, share best practices, and work collectively to prevent and control infections.
6. **Patient and Family Education:** We empower our patients and their families with infection prevention and control knowledge. Through newly designed ECH educational materials and patient information leaflets, clear communication, and guidance, we ensure that patients and families understand the importance of hand hygiene, respiratory etiquette, and other preventive measures. This collaborative effort helps create a safer environment for everyone involved.

By adhering to these comprehensive infection prevention and control strategies, we aim to create a Hospice environment where the risk of healthcare-associated infections is minimised, and the health and wellbeing of our patients and staff are safeguarded.

We remain dedicated to continuous improvement, monitoring emerging trends, and implementing evidence-based practices to ensure the highest standards of infection prevention and control at ECH.



## Audit Programme

ECH annual clinical audit programme plays a crucial role in continuously evaluating and improving our clinical practices, ensuring compliance with CQC regulations, and delivering optimal patient care. Our programme is designed to identify areas for enhancement, mitigate risks, and cultivate a culture of excellence within our Hospice setting. Each year, the ECH audit programme evolves to contribute to overall improvements in patient care, organisational performance, and quality assurance.

In the most recent audit cycle (22/23), several key outcomes have been achieved:

- **'Inpatient Referrals' Management:** Through the review and audit of clinical practices, protocols, and documentation, we have successfully met standards and adopted best practices. This will lead to enhanced quality of care and patient safety, as any identified gaps or deficiencies have been promptly addressed.
- **Medications and Controlled Drugs:** Conducting quarterly audits and reviewing non-medical prescribing processes have ensured our adherence to guidelines, policies, and legal obligations, minimising the risk of non-compliance and potential penalties. These clinical audits also contribute to effective risk management by identifying potential risks and hazards within our Hospice settings.
- **Infection Prevention and Control:** By regularly assessing and auditing processes, protocols, and documentation related to infection prevention and control, our audit program identifies and mitigates risks associated with infection, patient assessments, and other critical aspects of care. This commitment ensures that patient safety remains our top priority.
- **Equality, Accessibility, and Exclusivity:** Our audits include an examination of data on patients, carers, staff, and volunteers regarding 'Protected Characteristics.' Quarterly reviews of our lesbian,

gay, bisexual and transgender, questioning/queer (LGBTQ+) and homelessness facilitated services promote continuous improvement in equality and accessibility to care and support from all our Hospice services. This iterative process refines care protocols, enhances staff training, and optimises resource allocation, resulting in improved patient experiences and outcomes. Audit findings highlight areas where additional training or resources are needed, enabling our staff to consistently deliver high-quality care.

- **Transparency and Accountability:** Annual and bespoke audits are conducted on various aspects, such as Mouth Care, Falls Occurrences, H@H Phone Line Support, Patient Outcomes Reporting, and the Environmental Fifteen Steps. By documenting and reporting these findings and implementing corrective actions, ECH has demonstrated its commitment to quality care and ethical practices. This has fostered trust among patients, families, and stakeholders.

Through our comprehensive clinical audit programme, we strive to continuously enhance the care and services we provide, ensuring that ECH remains at the forefront of excellence in end-of-life care.



Hospice @Home Nurse, Jo Helm

## Collaborations

Over the past year, the establishment of effective collaboration between ECH and healthcare partnerships in Cheshire and Merseyside has been vital in developing comprehensive systems that enhance patient care, facilitate resource and expertise sharing, ensure continuity of care, improve health outcomes, drive innovation, and address complex healthcare challenges. By working in synergy with local healthcare organisations, we maximise our impact in palliative and end-of-life care, promote the delivery of high-quality services, and ultimately contribute to the improved health and wellbeing of the communities served by ECH.

### Key connectors in 2022/23 have been:

#### Cheshire & Merseyside Palliative and End-of-Life Care (P&EoLC) Oversight and Delivery Group – Hospice Sustainability Project

The ongoing progress of this group has facilitated direct reporting to the ICB Transformation work stream. Efforts are underway to address the funding disparities in the region, with Cheshire East standing out as a clear outlier on the distribution curve. Currently, we are actively working towards establishing a baseline for safe medical and clinical staffing in all P&EoLC services.

#### Cheshire & Merseyside Hospices Collaborative – Strategic Programme Lead

The Collaborative consisting of all twelve Hospices in Cheshire & Merseyside has solidified its structure by appointing a strategic programme lead. Alison McCudden has been chosen for this position and is employed by ECH. In the first year, her salary and associated costs will be covered by a one-time grant of £35k from the NHS Northwest Coast Clinical Network, along with contributions of £2.5k from each of the Hospices. With the assistance of this strategic programme lead, ECH will further strengthen its position as a prominent advocate for palliative and



end-of-life care services in the area.

### **Collaboration within the five Care Communities in Cheshire East Place**

ECH maintains the practice of having a senior clinician attend P&EoLC (aka Gold Standard Framework) meetings in our five Care Communities whenever possible. The development progress of the Care Communities varies, and the strain on primary care is evident. We are committed to collaborating with our colleagues in these communities to provide support for their end-of-life patients and ensure that ECH services are considered among the available care options.

In December 2022, funding was allocated by the ICB to address gaps in the Specialist Palliative Care workforce throughout Cheshire. This presents an opportunity for additional Consultant and Clinical Nurse Specialist coverage for patients receiving care in their own homes, particularly in East Cheshire. ECH has offered to host the Consultant position, as we believe it aligns well with our SPoC and home care initiatives.

### **Palliative Care in Partnership**

As we approach the end of the first year of service, it is an opportune time to review the Palliative Care in Partnership service. Collaborative Care Integrated Care Partnership (the main contract holder) has submitted the first annual report to the ICB, providing evidence of care provision and service quality, including Key Performance Indicator data. Currently, there is no feedback available regarding the report.

The Clinical Operational Group convenes on a monthly basis, with quarterly contract meetings involving service leads and finance teams. The Key Performance Indicators indicate a consistent flow of referrals each month, enabling the delivery of approximately eight care packages. Additionally, the H@H team demonstrates flexibility in meeting the needs of patients requiring end-of-life care at home,

offering services such as carer breaks, night care, and rapid response.



*Some of our H@H team*

### **Cheshire Hospices and other Healthcare Providers**

The development and integration of the Hospice's Homelessness and LGBTQ+ Facilitator roles within the Cheshire area continue to progress. The three Cheshire Hospices have made a commitment to secure funding for both positions for an additional twelve months, either through grants or allocated funds per Hospice. However, recent changes in the ICB and Place settings have raised concerns regarding the grant funding received for the Homelessness facilitator role this year. St Luke's Hospice, responsible for managing the post, is actively investigating these issues and will keep ECH informed of any developments. Fortunately, ECH has allocated funding in its budget for the Homelessness facilitator role for the 2023/2024 period, should the need arise.

The LGBTQ+ facilitator has played a crucial role in assisting each Hospice in recruiting champions, revising policies and processes, conducting audits to identify barriers to care for this diverse community, and promoting equity.



*LGBTQ+ Development Facilitator, Ellie Coleman*

Our Dementia team have made strides in obtaining key connections with groups already established that support those living with dementia and their carers, ie Golden Memories and Carers Hubs within our locality, to provide them with a specialised resource that will support those who attend. In addition, links with the local Memory Clinic and Community Mental Health Services have resulted in an increased number of referrals to Hospice Dementia Services.

**ELOP** has consistently worked with ECH, collaborating with various partners to adopt a comprehensive approach in achieving the objectives outlined in the Strategic Collaborative Cheshire's Plan for Palliative and End of Life Care (2020-2025). The Palliative Care Strategy Groups throughout Cheshire have played a vital role in enhancing education, conducting audits and research, and implementing strategies for electronic data sharing within the region. With the transition of Clinical Commissioning Groups to ICBs, the future of the Strategic Collaborative Cheshire may be uncertain. However, all partners recognise the value of a collaborative approach, acknowledging that working together yields significant achievements. Therefore, in 2023, ECH will continue to collaborate with the End of Life Partnership to identify the most effective means of enhancing people's experiences in palliative and end-of-life care.



# 3 Quality Outcomes and Quality Improvements - Support Services 2022/23

Recognising the significance of our work and service delivery, we understand that it encompasses more than just clinical outcomes. The success of our organisation heavily relies on the business aspect and operations that take place behind the scenes.

The collective efforts of these teams are indispensable in maintaining the exceptional standards of clinical services and quality that we are accustomed to. We greatly appreciate the invaluable contributions of our volunteer and business teams.

## Finance

- Circa 3,200 invoices processed via our online system iCompleat.
- These invoices required payment to be made to over 500 different suppliers (includes expenses paid to staff and volunteers).
- Around 75 new suppliers added during the year.
- Over 1,150 individual shop reconciliations and postings to Sage.
- Approx. 250 individual reception till reconciliations.
- Circa 200 sales ledger invoices raised.
- Approx. 1,450 batches of data extracted from Raisers Edge and processed into Sage.
- Circa £110k of bulk coin / note donations counted in the Finance Office.
- Weekly cash collections prepared for three different bank accounts with over £400k of cash / coins collected in the year.

The Finance Office has three part-time staff and two volunteers.

## Fundraising Relations and Engagement

Our fundraising activities have changed significantly in recent years, in part due to permanent societal changes brought about by the Covid pandemic. The team was restructured this year to better reflect the needs of our supporters, including merging events and community activity into one larger team.

Community activities have returned with gusto to the calendar this year, with support groups such as our Quiz Night team, What Women Want, and multiple independent fundraisers holding events, all proving to be a great success. The Art Fair was a particular highlight, taking place in Macclesfield Town Hall for ten days over the Jubilee weekend in May and generating more than £60k. We also held several Hospice-led events this year, including a Hospice-to-Hospice Hike, Fashion on the Edge and a Winter Ball.



Photos of some fundraising events from 2022/23





# 8

We have eight Fundraising Support Groups that fundraise on behalf of the Hospice – they are all made up of volunteers and hold several local events a year.



Community Fundraising events - we've had plant sales, open gardens, cake sales, coffee mornings, karaoke nights, cocktail afternoons, fêtes, festivals, and balls.

# £17.2k

Handmade Goods raised £17,200, and all items were made by volunteers – we have over 60 key voluntary groups and individuals who all contributed to that.



One of our Handmade Goods volunteers



We have 14 Collection Box Monitors and over 400 Collection Box sites.



We have 19 regular bakers that supply cakes and other sweet treats for lots of different events across the year – from shop openings to quiz nights and coffee mornings. They did an extra amazing job last year as we ran Adlington Hall Tearooms every Sunday for three months over the summer, which we would not have been able to do without their baking, plus extra help to run the tearooms on the days too.



There has been over 44 individual fundraisers who have repeated their fundraising activities– some doing multiple events in the year.



We have three admin volunteers in the fundraising office to support us with ad hoc tasks and data entry.

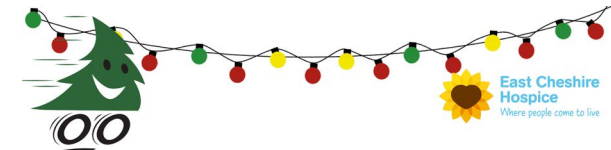
Christmas saw the usual flurry of activity, with 34 schools and nurseries taking part in our Elf Run,



and more than 6,600 trees recycled as part of our Christmas Tree Collection.



Notably, 2023 was the 25th anniversary of the creation of the Collection by Pete Chapman and his family, who have inspired dozens of other hospices across the UK to launch their own collections and have raised a staggering **£1.65m for East Cheshire Hospice**.



## 2023 total:

# £145,000!

Main Sponsor:



Our Major Donor activity continues to achieve remarkable success and is currently directing its efforts towards generating income for our specialised Dementia Services. We continued to hold virtual Meeting of the Minds events throughout the year, but were also able to host several physical events, including a summer afternoon at Peover Hall and our annual Christmas Concert at Capesthorpe Hall. We are immensely thankful for the remarkable generosity of our long-time supporter, Dr Michael Oliver DL OBE, who made an extraordinary donation of £800k this year to support our H@H services. This substantial contribution will make a profound difference in the lives of those we serve, and we are truly humbled by his kindness.

How many grants did we win?

**26 grants**

What did we achieve in total against our target?

**£327k actual v £188k target**

Pledged donations expected in FY23/24:

**Six grants totalling £165k**

Legacies continue to be a vital income stream for ECH, with income from legacies helping to provide care for around one in three of our patients and families. Although this income is notoriously unpredictable, we were humbled to receive our greatest value of legacy gifts ever this year, reaching more than

**£2.6million**

Another noteworthy advancement within the team was the evolution of the Individual Giving income stream, which was expanded in September. Since then, our team has dedicated their efforts to collaborating closely with our clinical colleagues to offer assistance and support to individuals raising funds in memory of their departed loved ones. This collaborative partnership has yielded numerous tangential advantages and stands out as one of the most positive outcomes of the year.



£74k

raised by 19 amazing supporters who took part in a sponsored Trek across the Sahara Desert in November.



1294

portions of cake baked by our amazing volunteers to sell at our events!



£9,721.30

made at Goostrey Open Gardens first event in 2022.



184

miles canoed across the UK by the Bentham brothers, to raise money in memory of their Dad.



8454

children taking part in our annual Christmas Elf Run in 2022.



73

new people signed up to East Cheshire Hospice Lottery and play on a weekly basis.



1000

pieces of art from local artists on sale in our biannual Art Fair in May, raising more than £60k



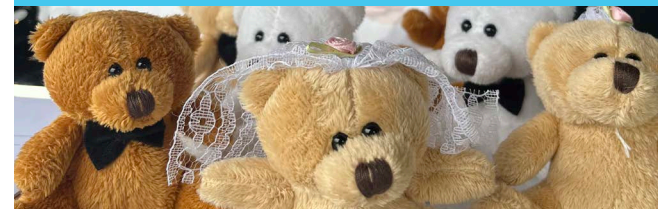
1,400+

Creme Eggs were donated to sell over Easter as Easter Humpties



30

new links made with wedding venues to promote wedding favours.



## Retail

Despite the substantial diversion of donations to Ukraine during the early part of the year, our retail shops concluded the year on a positive note, achieving income that was only slightly below their original budget. This success can be attributed to the dedication and hard work of our remarkable team, which includes our staff and dedicated volunteers at the shops, and those assisting with the furniture van. They have diligently capitalised on every opportunity to sustain the necessary levels of income.

Our second 'boutique' style shop was opened in May in our Chestergate premises and has proven to be hugely successful, capitalising on the gentrification of the Chestergate area and maximising its impact through clever use of social media and influencers. The rest of the shops are also utilising social media effectively to sell specific items, often furniture, and to encourage footfall in the shops.



*Chestergate shop and its donations on shop shelves*

Every shop has a dedicated manager overseeing its operations, along with two full-time assistants who are shared among the four shops. Furthermore, the shops receive unwavering assistance from a devoted group of volunteers who wholeheartedly support the Hospice and its profound impact on our local communities. These volunteers are driven by compassion and a deep sense of dedication to the cause.

Thornton Square		
	Budget	Actual Achieved
Income	£196,800	£198,519
Costs	£111,000	£107,000
Net Contribution	£83,624	£91,057

Chestergate		
	Budget	Actual Achieved
Income	£89,000	£87,444
Costs	£57,218	£64,484
Net Contribution	£31,782	£22,880

Handforth		
	Budget	Actual Achieved
Income	£138,000	£139,725
Costs	£76,973	£79,673
Net Contribution	£61,827	£61,251

## Facilities

Cleaning, along with effective facilities management, plays a crucial role in maintaining a safe and comfortable environment at ECH. In this sensitive setting, where patients often have compromised immune systems and are dealing with end-of-life care, cleanliness and facility maintenance become even more essential. A clean and well-maintained Hospice instils a sense of peace and tranquillity, providing a supportive atmosphere for patients, their families, and the dedicated healthcare staff. By prioritising cleanliness and effective facilities management, our amazing Housekeeping and Facilities team ensures a space that promotes healing, comfort, and respect, ultimately enhancing the quality of care provided to those who need it most.

- **Over 28,000 facilities** inspections have been carried out by the team of eight dedicated individuals. Regular and thorough cleaning practices, in conjunction with proper maintenance of equipment and infrastructure, not only help prevent the spread of infections but also contribute to the overall wellbeing and dignity of the patients.
- **2,272** environmental risk assessments completed.
- Average performance score is 99%.
- 115 maintenance and housekeeping issues highlighted and actioned throughout the year.



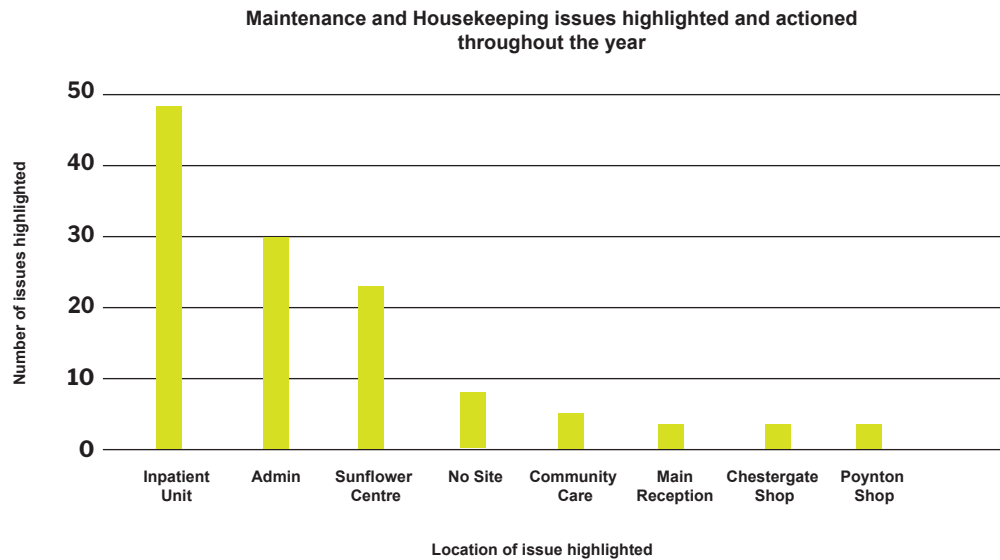


Figure 3.1. Maintenance and Housekeeping issues highlighted and actioned through the year 2022/23

## Catering

During 2022/23 the Hospice has worked hard to ensure the catering team plays a crucial role in collaborating with other members of the Hospice care team to monitor and address any changes or challenges in a patient's appetite or dietary needs. They serve as an integral part of the interdisciplinary team, sharing valuable insights and observations regarding a patient's eating habits and collaborating on adjustments to the meal plan when necessary.

Working together we have identified the importance of ensuring the meals are served with compassion and sensitivity, recognising the unique needs and challenges of patients in Hospice care.

The dedicated team contributes to the overall comfort and wellbeing of patients by delivering meals that are not only nourishing but also appetising and enjoyable. They understand that mealtimes can be an important source of comfort, normality, and social interaction which is invaluable to patients in our care. The Hospice catering team holds tremendous importance, particularly on special occasions throughout the year.

During these memorable moments, they go above and beyond to provide delicious lunches and special afternoon teas. By offering these exceptional meals, the team

contributes to the overall wellbeing and happiness of everyone involved, ensuring that these special occasions in the Hospice are cherished and precious memories are made.

Approx. **61,000** patient meals were served last year

Approx. **520** visitors were served breakfast/lunches/dinners

Approx. **9200** staff meals were served

Approx **1700** meals were provided to patients attending SFC Wellbeing services

Total **72,500 meals**



## Volunteering

Our Volunteers play an invaluable role in establishing a strong bond between us and our local community. They generously contribute their skills, talents, and perspectives to enhance our work in numerous ways. We were thrilled to welcome all our dedicated volunteers back this year after the challenges posed by Covid, and they continue to bring their expertise and unwavering enthusiasm to every facet of Hospice life. Whether it's providing support to patients on the ward, baking delightful cakes for events, or assisting with fundraising activities, their presence uplifts and enriches our Hospice community.

4 Volunteer teams established

133 Volunteers recruited

75 DBS checks completed

16 Volunteers recruited over 16 roles in clinical, business, and all departments

3 Engagement events, for around 180 people

### Retail Volunteer Workforce as follows:

#### Chestergate

23 volunteers volunteering 92 hours per week

#### Thornton

27 volunteers volunteering 127 hours per week

#### Handforth

22 volunteers volunteering 90 hours per week

#### Poynton

34 volunteers volunteering 136 hours per week

#### Van Drivers

14 volunteers volunteering 42 hours per week

Volunteer Befriending – 23 new volunteers recruited, trained and 18 matches.

Providing 947 hours of volunteer-delivered person-centred friendship, emotional support, and practical help to support 18 patients, and 22 carers.

19 Florists returned to volunteer as of April 2023.

301 hours covered per month by Reception Volunteers.

172 hours of volunteer time by our gardeners.



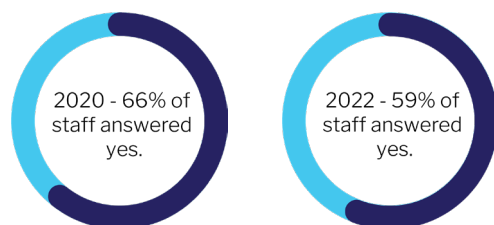
Some of our ECH Volunteers



## Environmental and Sustainability Group (ESG)

In 2022, The Birdsong Charity Consulting Survey asked staff and volunteers the question 'Is this charity doing everything it can reduce its impact on the environment?'

The response:



The difference between how those in clinical and non-clinical roles felt about this issue was stark, with only 43% of clinicians vs 69% in non-clinical roles believing the charity was doing all it can to help the environment. This was disappointing as our carbon footprint is already quite low.



As the results of the survey came through, the Hospice launched its ESG which, couldn't have come at a better time. The forum has been established as part of our strategic approach to promote, communicate, and expand the efforts to improve our sustainability.

To us, sustainability means we act responsibly, consider the wider implications of our actions, and strive to better our practices to minimise waste, energy, and our carbon footprint whilst achieving the

Hospice's service objectives and ensuring patient care is not adversely impacted.

We encourage environmental responsibility amongst our staff, volunteers, supply chain, and Trustees.

Our long-term goals are to:

- Decrease energy use, waste, and costs in the Hospice
- Significantly decrease the environmental impact of the running of our organisation in all its properties
- To become a trailblazer, inspiring other organisations in our local health and social care system to become more Environmentally Sustainable creating higher standards of public health and environmental protection .



ESG members (from left to right) Claire Duncan, Beth England, Louise Delany, Michelle Walker-Brown, Rachel Allcock, and Lisa Ball.

### ESG Achievements for 22/23:

- Successful Solar Panel Appeal.
- ESG Terms of reference drafted and agreed at Board Level.
- ESG Strategy drafted and approved.
- ESG goals and targets set.
- Top ten tips poster designed and use in offices
- ESG annual calendar designed and rolled out throughout the organisation.
- Energy audit carried out for baseline comparison, then subsequently the IT department created Red, Amber, and Green Energy stickers to indicate electrical items that can be switched off to save

energy and costs.

- Last out energy audit completed.
- ESG questionnaire sent to all staff and volunteers.
- Identified and communicated the excellent initiatives already happening throughout the organisation including retail outlets to raise awareness e.g. recycling programmes, smart food sourcing, monitoring of suppliers and contractors, reducing energy use by taking actions with insulation, heating and lighting, switching off monitors etc., preventative maintenance programmes, solar panels, Hybrid H@H cars, avoidance of disposable cups straws etc., growing of herbs and vegetables on the Hospice grounds, using fair trade where possible and reduction in waste.
- ESG statement added to all new job descriptions.
- ESG interviews with Macclesfield Express and Hospice UK.
- Toner and Ink recycling scheme started with cashback for ECH .
- Recycling old IT hardware.
- Moved away from paper-based processes and cut down on the use of paper and printing.
- Applied eco-friendly settings to our computers and printers.
- Moving away from on-premises servers to save energy and 24/7 usage.



# 4

## Quality Performance and Activity 2022/23

A trained clinical workforce is indispensable at East Cheshire Hospice (ECH) as it plays a vital role in providing compassionate, comprehensive, and specialised care to patients nearing the end of life. These skilled professionals possess the knowledge, expertise, and sensitivity necessary to address the unique physical, emotional, and spiritual needs of both patients and their families. Our Hospice staff offer comfort, dignity, and support during this delicate stage of life. ECH values the importance of extensive training and experience and is reliant on the clinical workforce ensuring that symptom management, pain relief, and palliative care interventions are delivered effectively, enhancing the quality of life for patients and facilitating a peaceful transition. Additionally, their expertise in end-of-life care enables them to navigate complex ethical dilemmas, facilitate difficult conversations, and nurture meaningful connections with patients and families, fostering a sense of trust, reassurance, and emotional wellbeing. Ultimately, the presence of a well-trained clinical workforce in the Hospice embodies the values of compassion, empathy, and professionalism ECH holds within its 'CARE' principles while offering comfort and solace to those in their most vulnerable moments.

### Workforce

ECH offers comprehensive and tailored training programmes for all our staff to ensure high-quality services and care delivery. We are committed to improving our staff's performance, whatever department they work in and patient safety outcomes. We strive to enhance our staff's efficiency and patient safety standards.

September 2021 gave the Hospice another opportunity to work in partnership with the local Andrews Pharmacy, enabling staff to attend several vaccination sessions made available purely for Hospice staff. Due to the successful roll-out of the Flu and COVID vaccination programme:

- 78% of all Hospice staff received the COVID booster
- 82% of all Hospice staff received the Flu Vaccination

- Lateral Flow testing has continued to be provided and a requirement for all symptomatic staff, and if tested positive staff did not return to work until at least two negative tests were obtained. This has enabled us to isolate cases and reduce the impact of outbreaks as in previous years.

Over the past few years, we have seen a steady decline in sickness absence within our contracted staff cohort, and this year is no different, with 200 days less sickness time taken. This shows a rise of 10.6% in working time resulting in positive outcomes in attendance and performance.

The Workforce department have made many changes to their processes during this past year, improving and increasing efficiency by:

- Digitalising recruitment and new starter documentation
- Updating of recruitment processes to improve speed and efficiency
- Relaunching Corporate Induction and Breakfast/Afternoon Tea with the Boss
- New processes for tracking Human Resource activity
- Improvements in the visual impact of the website vacancies page
- Implementation of improved equality monitoring for staff and volunteers
- Review and updating of Human Resource policies, in a new simplified format
- Volunteer management quality standards established, involving new processes, and 24 volunteer management meetings with staff over five sites.

The Quality Account 2021/22 announced the roll-out of the Birdsong Charity Consulting Survey carried out on behalf of Hospice UK. The survey seeks to benchmark performance against hospices in the sector. The survey was launched in May 2022 and remained open for responses until the end of June, with 32 hospices taking part.

There has been so much to celebrate in the results received for ECH in this survey. However, as previously mentioned, there will be no resting on our laurels for this organisation, as continuous improvement is at the heart of everything we do.

Overall, we scored better than all hospices in every section of the questionnaire.

- Respondents scored 98% and 99% respectively in believing in the aims of the charity and being proud to work/volunteer for ECH.
- 94% of respondents felt that overall, they were satisfied with their job/volunteer role, that they would recommend ECH as an employer, and that they would like to be working/volunteering for ECH in a year's time.
- Reassuringly, 98% of respondents (no change from 2020 survey) said that if a friend or relative needed treatment, they would be happy with the standard of care provided by ECH.
- Confidence in the SMT had risen slightly from 82% to 84%





- Volunteering - best-ever Birdsong feedback, with 100% of respondents saying they'd recommend volunteering at ECH!

## Challenges and improvements identified for 2023/24

Survey response:

Improving interdepartmental communications: in 2020, only 54% of respondents thought that communication between departments was effective, and this dropped to 50% in the 2022 survey.

Plan 2023/24:

- Improving interaction between teams.
- Communicating of regular updates via team leaders to share departmental news as soon as possible.
- Create staff forums that meet regularly to share experiences and gain understanding of each other's area of work. These forums which will be the vessels for feeding ideas back to the SMT.

Survey response:

84% of respondents in 2022 agreed with the statement "This charity actively encourages its staff to improve their physical and mental wellbeing", which is lower than the 92% of respondents who agreed with this statement in 2020.

Significant effort has been made to support the wellbeing of staff. However, as we emerge from the depths of Covid, some of the wellbeing 'perks', such as access to complementary therapies, have been deployed back to patient and family services. This may feel like a loss of support.

Plan 23/24:

- Ensure Team Leaders are signposting staff for support.
- Gain ideas from the staff forums.

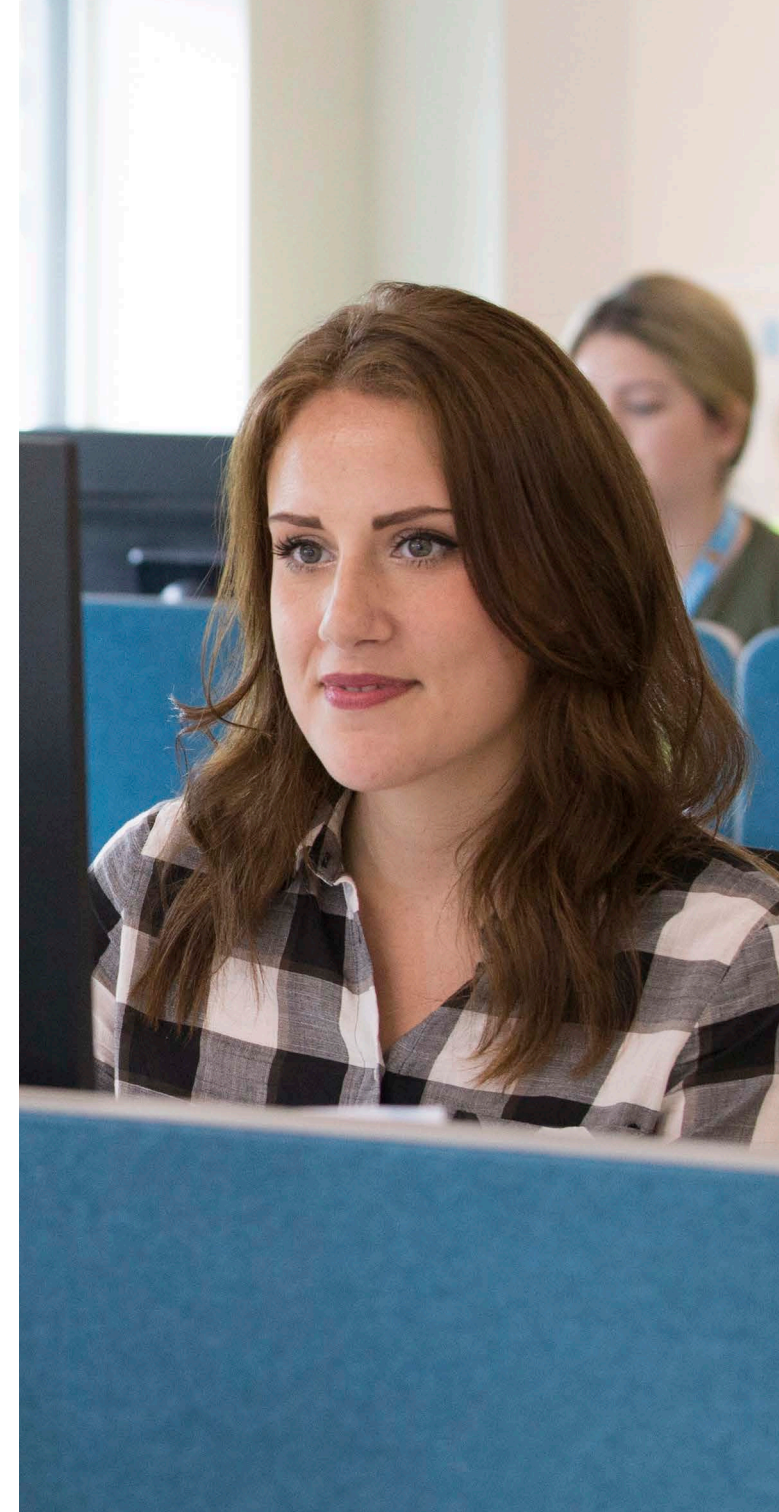
Survey response:

"I have access to appropriate emotional and mental health support at work" agree responses to this question declined from a high of 87% in 2020 to 81% in 2022.

There has been no change in our policy or practice around giving staff access to counselling or professional supervision services between the two surveys, therefore this drop may be a response to healthcare and Covid response charity workers feeling like the focus of their efforts has already been forgotten.

Plan 23/24:

- Raise the profile of the seven trained Mental Health First Aiders.
- Reiterate support that is still currently available.
- Conduct a short survey to find out what additional support would be considered appropriate.



# Training and Development

Training and education plays a crucial role in achieving identified goals and milestones. They provide our Hospice staff and volunteers with the knowledge, skills, and resources needed to excel in their respective fields and contribute to the success of a project or initiative. By investing in training and education, the Hospice can empower individuals to develop a deep understanding of the subject matter, stay updated with the latest advancements, and acquire the necessary expertise to overcome challenges effectively. Moreover, ongoing learning opportunities foster a culture of continuous improvement, promoting innovation, creativity, and critical thinking among team members. Training and education not only enhances individual capabilities but also encourages collaboration, as individuals from diverse backgrounds come together to share their knowledge and experiences. Our training programmes this year have been extensive, and ultimately, by prioritising training and education, we have maximised our chances of achieving our goals and equipping the workforce with the necessary tools to drive success and adapt to changing circumstances.

## Volunteer Training

To ensure the safety and up-to-date knowledge of our 500+ volunteers who provide invaluable support to our hospice in various capacities, it is crucial that we offer them a comprehensive training package. This training will equip them with the necessary skills and information to navigate their roles effectively while adhering to the latest guidelines and best practices.

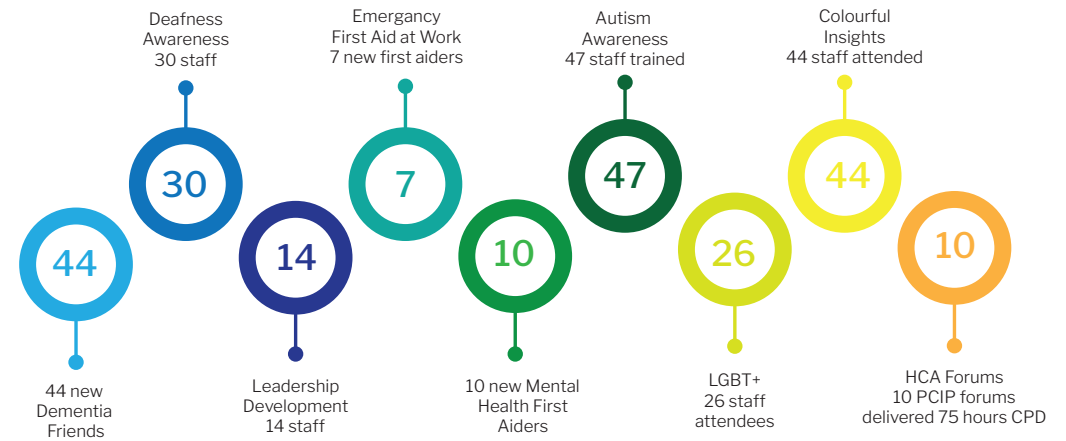
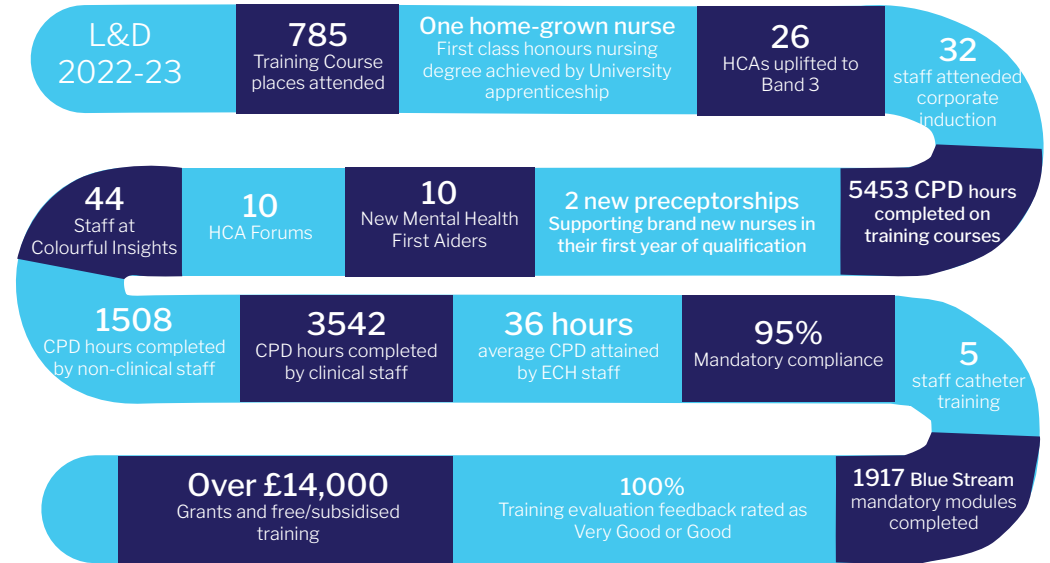
Over 50 Hospice-based role training sessions organised.

174 volunteers completed ECH online training.

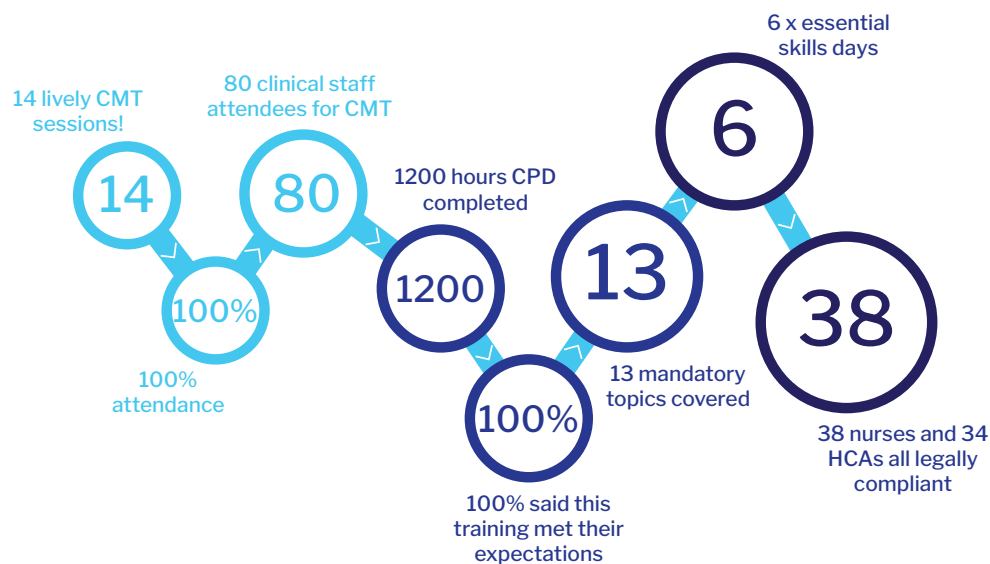
187 training sessions included over nine topics, such as Dementia Friends, Confidence to care at end of life, LGBTQ+, and Anticipatory Grief.

Bespoke Retail Health and Safety online training, with 69 volunteers completing it online, and paper copies provided for those who are not able to.

## Staff Training



## Clinical Mandatory Training: CMT and Essential Skills



Some of our ECH Dementia Friends



First class honours nursing degree achieved by University apprenticeship, Carly Forrester

## Quality Performance–Clinical activity

Covid-19 has continued to be a controlling factor on how we admit and care for patients within the clinical units. However, as the government relaxed the rules and changed the guidelines for healthcare, the staff, patients, and visitors have seen the benefits. It has allowed for more flexibility in admissions, and visitors now come and go more freely, enabling the patients to benefit from that contact and support of their family and friends. Personal Protective Equipment regulations have eased for the staff.

All services have reopened to pre-pandemic status; however, we have continued to assess and make changes where necessary ensuring staff, volunteers, patients, and visitors are kept as safe as possible, with good infection control procedures being key to our successes of low infection rates.

The flexible Healthcare Assistant workforce developed in 2021/22 has allowed for staff to be deployed across all clinical departments, ensuring shifts were adequately covered as patient care and service delivery has remained a top priority.

In the past year, a total of **647 patients** have been fortunate to receive support from our three primary Hospice services. These services include attending the SFC for day support, receiving dedicated assistance from the H@H team in the comfort of their own homes, or being admitted to our IPU. Every patient has the privilege of accessing the numerous services that we offer, ensuring they receive comprehensive support tailored to their needs. These services encompass a holistic approach and patients have the opportunity to benefit from one or more of them, fostering their overall wellbeing.

### Duty of Candour

At ECH, we recognise the Duty of Candour as a vital component of patient safety and maintaining the trust of our patients and their caregivers. By prioritising transparency and accountability, our Hospice strives to enhance patient outcomes, foster effective communication, and cultivate a culture of continuous learning and improvement in clinical practice. We take immense pride in placing patient quality and safety as the cornerstone of our healthcare organisation. Our commitment is to deliver exceptional care that aligns with the needs and expectations of our patients and their families.



## Improving Patient Experience and Outcomes

To ensure the prevention of harm and errors, we adhere to evidence-based practices and standards, continuously monitor our performance, and actively enhance our processes to promote patient safety and satisfaction. Throughout the past year, we have intensified our efforts in gathering feedback from both our patients and staff. This valuable input enables us to learn from both our successes and failures, driving us towards constant improvement.

By prioritising patient quality and safety, we aim to achieve superior outcomes and provide exceptional experiences for all individuals involved in our care delivery.

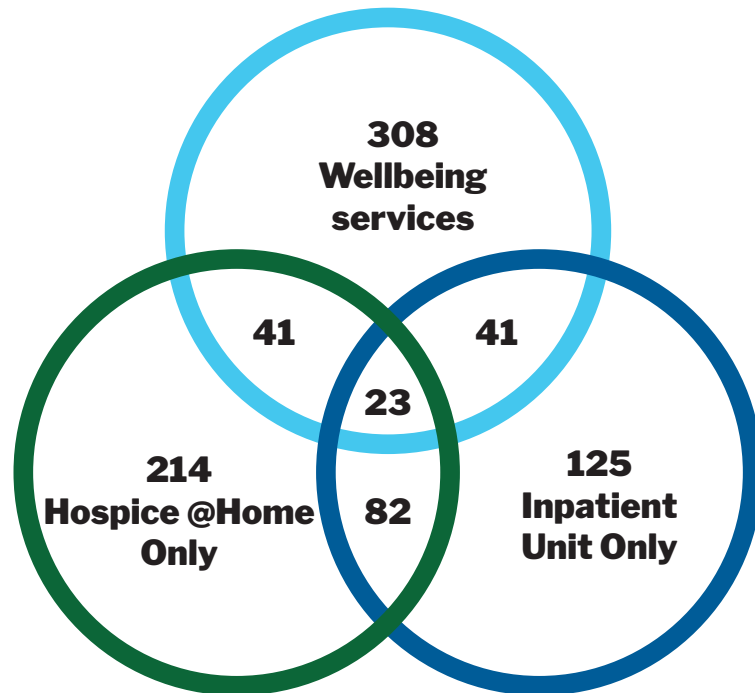


Figure 4.1. The number of patients who have accessed services April 2022 to March 2023.

## 24-hour advice line

24-hour advice line	2020	2021	2022
Total number of calls	184	148	187
Number of healthcare professional callers	106	64	82
Number of patient/carer calls	78	84	105
Symptom management (clinical, psycho/social)	113	97	144
Service information/ other	72	51	44

A positive outcome of collaborations between our Medical Director, Cheshire Hospices, and the End-of-Life Partnership (ELOP) mentioned last year in the Annual Account 2021/22 was the establishment of a project aimed at providing consistent, county-wide telephone support for end-of-life patients, their families, and healthcare professionals involved in their care. Over the last 12 months, data continues to be systematically collected and analysed. The insights gained from this analysis shows that the advice line continues to be an invaluable resource. The provision of this service, and often the meaningful changes implemented as a result to address these gaps identified in care and support, ensures a more cohesive and effective support network for individuals facing end-of-life challenges.

This project highlights the power of collaboration, data-driven decision-making, and the commitment to enhancing the quality of care provided to patients and their families during a critical phase of their lives.



# Outcome Assessment Complexity Collaborative

Patient outcome measures play a vital role in our practices here at ECH. Over the past year, we have dedicated efforts to utilise a suite of measures, providing a systematic and objective approach to daily evaluate the effectiveness and quality of care we deliver to our patients. By capturing pertinent information about the impact of our interventions, treatments, and services on the health and wellbeing of our patients, outcome measures enable us to assess the outcomes and make informed decisions for further improvement. Moreover, using patient outcome measures fosters accountability and transparency, facilitating comparisons with other providers and settings.

As part of a collective effort, we utilise the Outcome Assessment Complexity Collaborative suite of measures across hospices, enabling us to prioritise patient-centred care by actively considering patients' experiences, preferences, and goals. By incorporating patient-reported outcomes into our decision-making processes at handovers, during huddles and when reviewing a patient's plan of care, we gain valuable insight into the unique needs and perspectives of the patients who seek our services, enabling us to provide personalised and tailored care, ensuring it remains patient-focused, evidence-based, and consistently evolving to meet the needs of our patients.

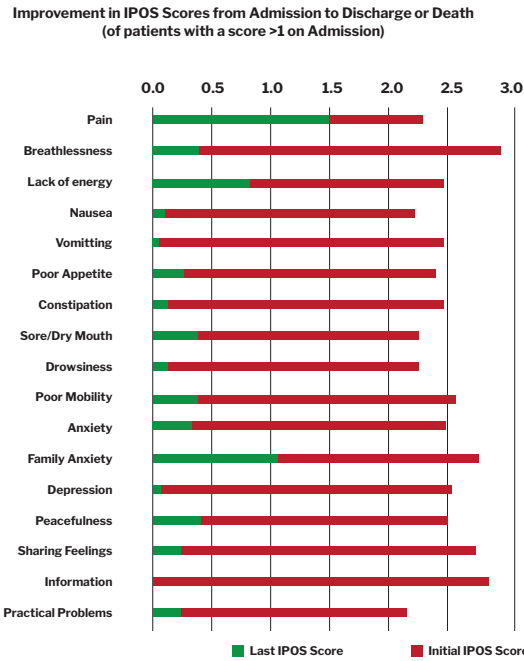


Figure 4.2. Improvement in IPOS Scores from admission to discharge or death.

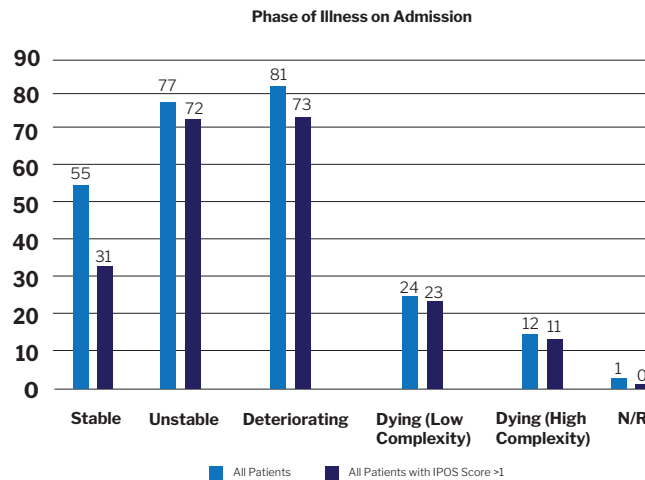


Figure 4.3. Phase of illness on admission to ECH.





## Inpatient Unit (IPU)

The IPU at our Hospice accepts referrals from various healthcare professionals. An audit on referral response rates was carried out this year and reassured us we can take pride in knowing we admit all patients requiring a bed, inclusive of urgent cases, within 48 hours of request. The completion of a referral grants the Hospice access to essential information stored in the EMIS shared records system, which is utilised by all community teams in East Cheshire. This streamlined access ensures that, in cases where an admission or acceptance into a service needs to be activated urgently, the referral process does not cause any unnecessary delays. It is worth noting that some patients referred to the IPU express a preference for receiving end-of-life care at home and may come in for assessment, symptom control, and optimisation before returning home with support from our H@H team. However, if their needs change and home-based care becomes infeasible, we can swiftly arrange a transfer to our facility, prioritising timely and appropriate care for the patient.

During the period of 2022/23, a total of 225 referrals facilitated by the IPU, with an average length of stay of 16 days. The bed occupancy rate averaged at 75%, indicating a well-utilised facility. Among the admitted patients, 45 individuals had multiple stays on the unit, highlighting the provision of ongoing care and support. Notably, 157 patients were able to fulfil their wishes for a preferred place of death, experiencing the comfort of the unit surrounded by their loved ones and supported by our dedicated clinical teams. The IPU at the Hospice provides support to patients with various palliative needs. While cancer is the most prevalent cause, we also offer care for individuals with non-cancer conditions such as neurological disorders, dementia, respiratory issues, cardiac conditions, and frailty. Our dedicated team is well-equipped to address the diverse range of needs presented by these conditions, ensuring that patients receive comprehensive and tailored care during their stay at

the IPU. Throughout their stay, all patients on the unit had access to a range of valuable services, including physiotherapy and occupational therapy, as well as our comprehensive family support services. These services encompass complementary therapy, pastoral care, psychological support, and a dedicated pre- and post-bereavement team, catering to the needs of children, young persons, and adults alike.

We extend our support not only to the patients but also to their families and caregiver network, emphasising a holistic approach to care and wellbeing.

The team supported the ICB to address winter bed pressures in the local NHS Trust, taking palliative patients who were fit for discharge but awaiting a placement in a long-term care facility. The Hospice was able to facilitate eight admissions outside of normal referral criteria between December 22 and March 23. Extra funding was secured to care for these patients, freeing up beds at the hospital.

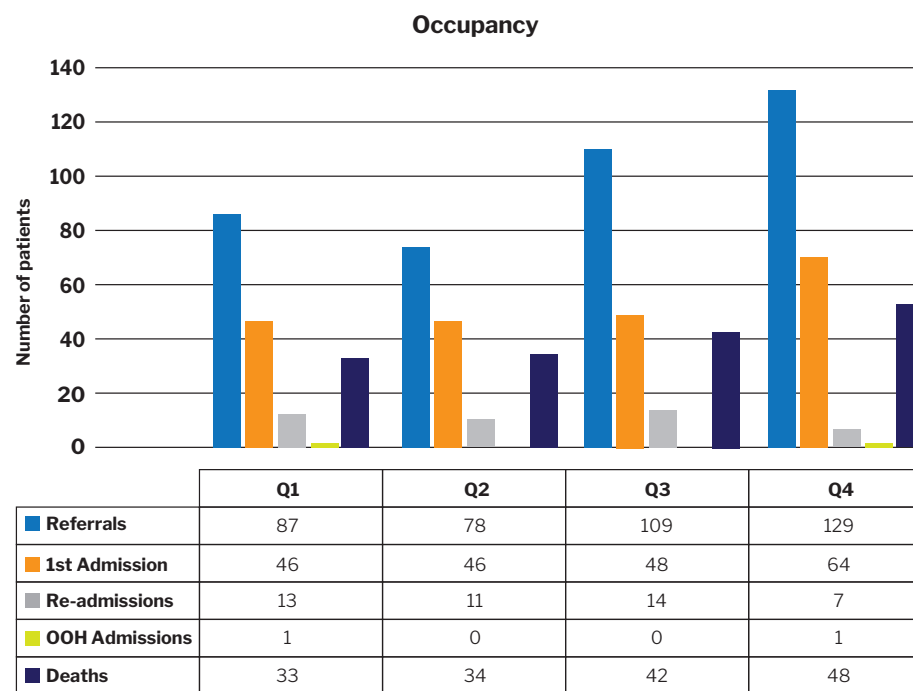


Figure 4.4. Number of patients during occupancy at ECH across four quarters of the year.

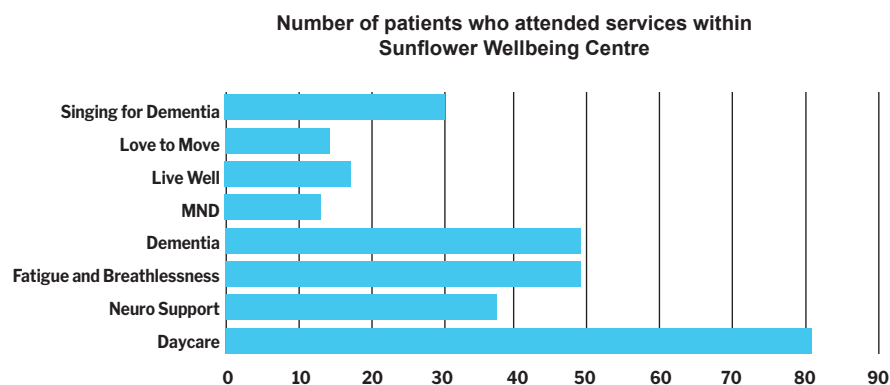


## Sunflower Wellbeing Centre (SFC)

ECH's SFC offers numerous benefits to individuals and their families facing serious illnesses who wish to attend for the day or individual session via Outpatients appointments. Firstly, these services provide a supportive and welcoming environment where patients can receive individualised patient care, symptom management, and emotional support. It allows patients to maintain their independence and quality of life while remaining in their own homes. These services also foster social connections and a sense of community, as patients can engage in activities and share experiences with others facing similar challenges.

In the SFC we have had:

- **195** accepted Patient Referrals for programmes (excluding Dementia Services and Therapy Sessions), with some patients accessing a number of services = **1709 patient day attendances**
- **794** telephone calls supporting either patient or carer directly.



	Daycare	Neuro Support	Fatigue and Breathlessness	Dementia	MND	Live Well	Love to Move	Singing for Dementia
Number of patients who attended services within Sunflower Wellbeing Centre	81	37	49	49	13	17	14	30

Figure 4.8. A bar chart showing the number of patients who attended services within the SFC.

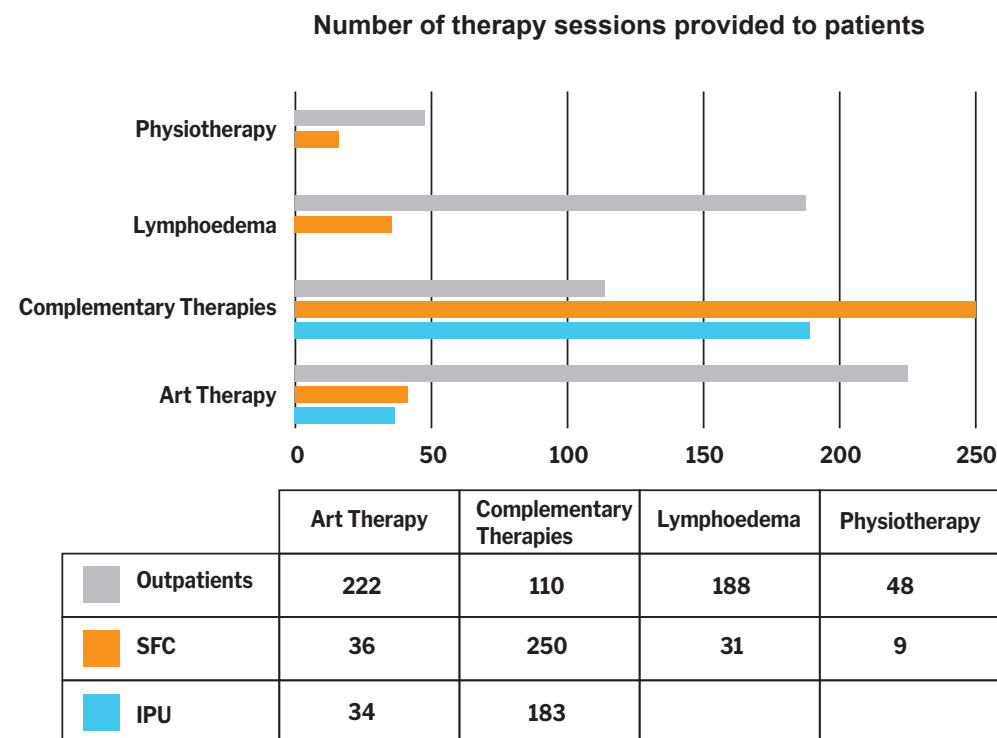


Figure 4.9. Number of therapy session provided to patients in the SFC.

## Carer Wellbeing

In addition, palliative wellbeing day care services provide essential respite for caregivers, offering them valuable opportunities to take a break, rejuvenate, and recharge. These services not only give caregivers time off but also extend support to them in diverse ways. They can participate in support programmes alongside the patient or attend sessions individually, benefiting from one-on-one psychological support sessions. It is worth noting that during this period, we have accepted 232 referrals specifically for caregivers, recognising the significance of their wellbeing and providing them with the necessary assistance.





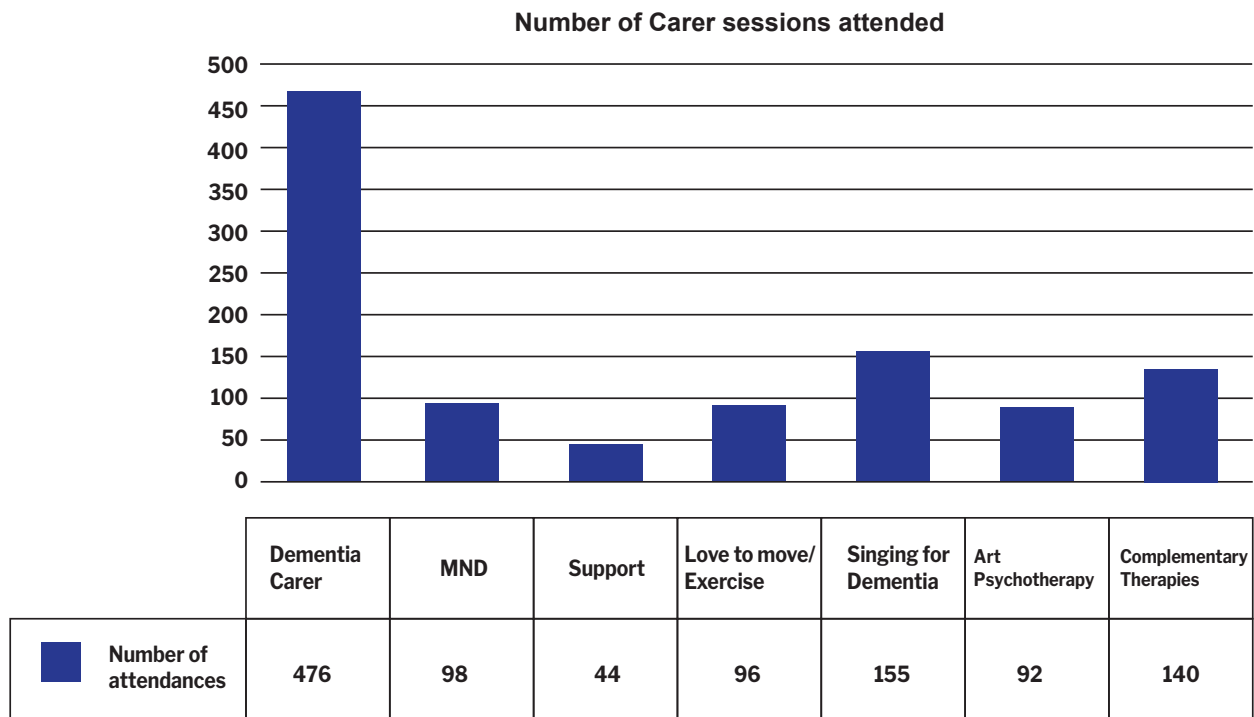
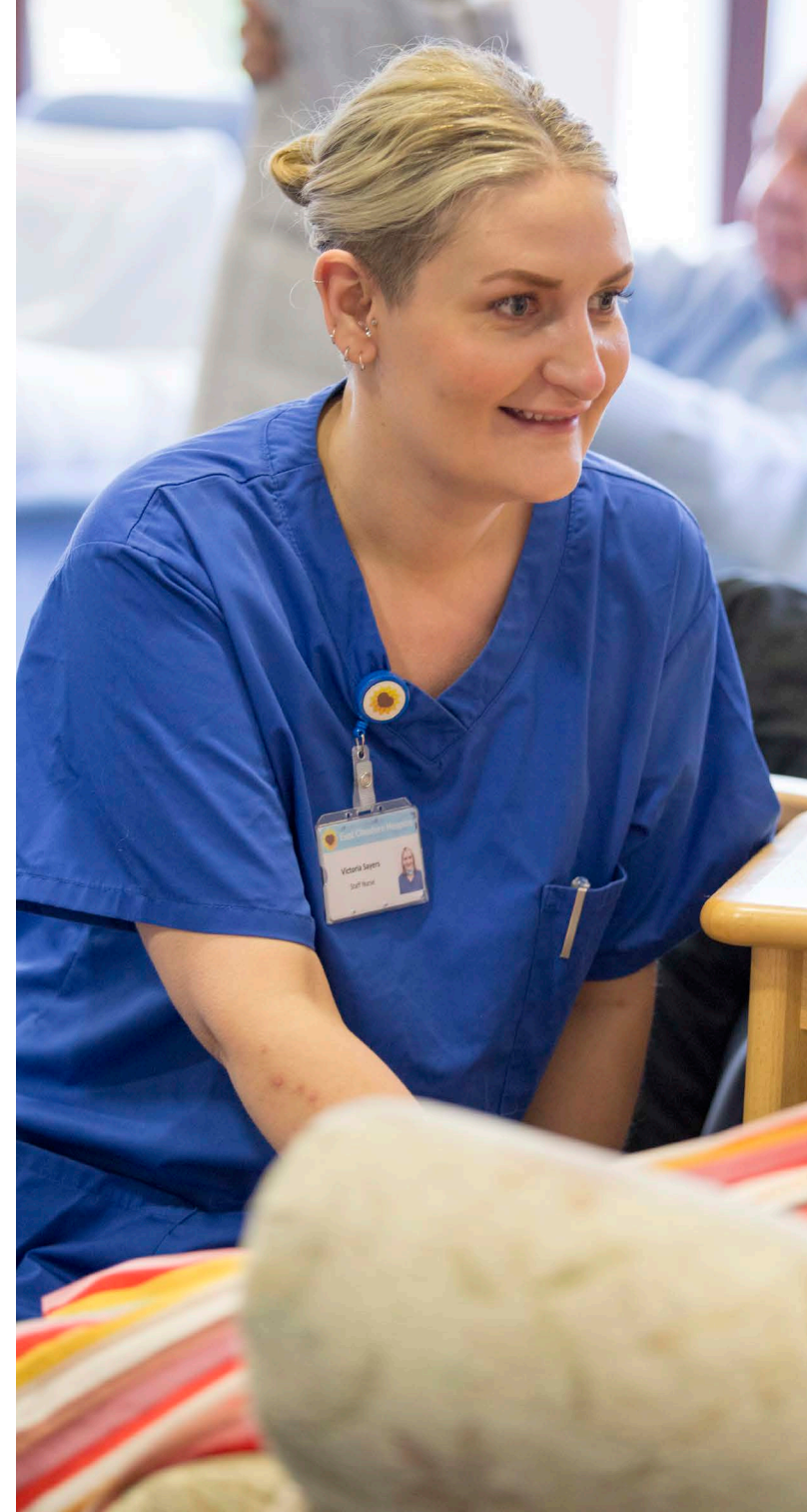


Figure 4.10. Number of carer sessions attended in the SFC.



## Hospice @Home (H@H)

Our H@H Service offers specialised palliative care to patients in the comfort of their own homes, with the aim of preventing unnecessary hospital admissions and allowing them to remain in the place where they feel most at ease. By providing this specialised care, we strive to honour our patients' wishes and enhance their quality of life during this challenging time.

This year has seen the successful launch of the Palliative Care in Partnership project. This ground-breaking initiative encompasses a wide range of services aimed at providing exceptional care to patients in their final 12 weeks of life under the Continuing Healthcare national guidelines, including our H@H Daytime Service, respite for caregivers, night care, and specialised bereavement support. We collaborate closely with the NHS and other voluntary services, such as Marie Curie, to deliver tailored and personalised care packages. By working together, we strive to maintain the highest standards of support for our patients.

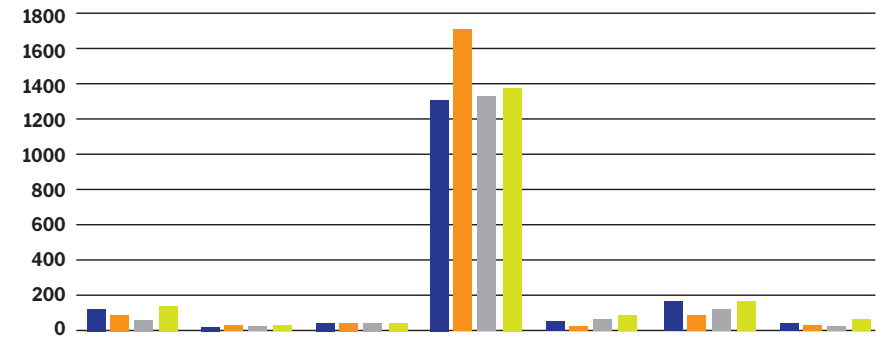
While the H@H service has consistently provided outstanding care since 2017 and has continuously evolved to meet the community's needs by fostering collaboration and integration within the broader healthcare system, we recognise that there are still unaddressed needs within this population.

Given the current capacity of the team, meeting these needs has proven to be infeasible. The shortfall can be attributed to the high level of care complexity required and the significant distances the team needs to travel. There also remains an identified unmet need of approximately 40-45%. In response, the ECH Board has approved the expansion of the H@H service by launching a third team, dedicated to enhancing and reinforcing this project to better serve the community in the future. Data capture will continue to provide evidence to the ICB, ensuring transparency in service evaluation.

There has been:

- An increased number of referrals for H@H provision to 434 this year.
- An increased number of supportive co-ordination telephone calls to 4731.
- 5402 face-to-face house calls achieved day and night, which has increased from previous years.
- 493 unplanned rapid response calls preventing many unwanted 999 calls and hospital admissions.

Care Provision



		Number of referrals	First Assessments	Night Care/Sits	Planned Daytime Visit	Carer Breaks	Rapid Response Calls and End of Life visits	Deaths Achieving PPD
■	Q1	113	30	63	1309	51	148	50
■	Q2	105	35	63	1698	37	92	46
■	Q3	91	32	63	1332	62	105	40
■	Q4	131	39	63	1395	72	148	70

PPD: Preferred Place of Death

Figure 4.11. Care provided by H@H.



## Bereavement

The ECH Bereavement Support Team plays a vital role in helping both adults and children navigate the challenging journey of loss and grief.

The Adult Bereavement service supports those close family members and carers who have a loved one accessing Hospice services. This team offers a safe space to express emotions, process grief, and receive guidance from trained professionals. Adult Bereavement services at ECH historically only took referrals following a bereavement, but the Hospice has expanded over 2023 to include pre-bereavement support, equipping individuals with coping strategies and anticipatory guidance, helping them prepare emotionally for the impending loss. Post-bereavement care continues to provide ongoing support, helping adults navigate the complexities of grief, cope with the void left by their loved one's passing, and find meaning in their lives again.

The Children and Young Persons Bereavement Team accepts referrals for anyone under 18 years requiring support in East Cheshire. The service provides age-appropriate resources and a supportive environment to understand and process their grief, preparing children for the upcoming loss, offering them opportunities to express their emotions, ask questions, and receive reassurance. The care offered also addresses the unique needs of grieving children, helping them navigate the complex emotions and adjustments that come with the loss of a loved one. These services utilise therapeutic interventions, counselling, and support groups tailored to children's developmental stages, fostering healing, resilience, and healthy coping mechanisms.

**110 new referrals to bereavement services in 2022/23**

**989 bereavement consultations held**



**Number of Bereavement Sessions Delivered**

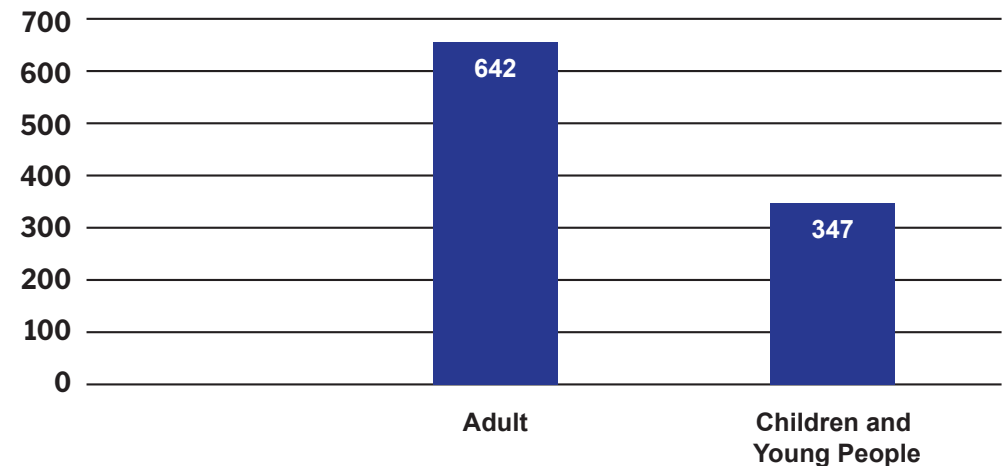


Figure 4.12. Number of bereavement sessions delivered.



# 5 Patient Safety

## Hospice UK Benchmarking - Patient Safety

Patient safety is a top priority at East Cheshire Hospice (ECH), always ensuring the wellbeing and security of our patients, staff, visitors, and volunteers. The Hospice embraces a culture of continuous learning and actively encourages both staff and volunteers to promptly report any concerns or incidents they encounter. In order to maintain comprehensive oversight and respond effectively, the Quality Management Forum and Patient Care and Clinical Governance Committee convene on a quarterly basis. During these meetings, they diligently review and gain valuable insights into reported incidents, devise appropriate action plans, and actively foster practice changes when necessary.

As part of our commitment to excellence, we utilise the expertise of Hospice UK to benchmark our data. This enables us to measure our performance against industry standards and identify areas for improvement. Additionally, we report our findings to the Cheshire and Merseyside ICB and Patient Safety Team and share our learning with the Cheshire Hospices.

East Cheshire Hospice Clinical Incident Reporting Data			
	20/21	21/22	22/23
Clinical Incidents (IPU and H@H)	63	51	26
Drug Incidents (IPU and H@H)	31	30	24
Information Governance (Internal)	2	7	4
Information Governance (External)	7	13	8
Pressure Ulcers (Acquired at ECH)	90	40	15
Pressure Ulcers (Identified at home or on admission)		45	37
Safeguarding (IPU and H@H) Patients where concerns have been reported.	0	4	7
Falls on IPU	24	36	30 (26 unwitnessed & 4 witnessed)
Falls attended to by H@H	4	6	12
Clinical Complaints	1	2	2
22/23 Reportable Incidents Care Quality Commission/ Cheshire and Merseyside Integrated Care Board - Patient Safety Team/ NHS Controlled Drugs reporting			
Deprivation of Liberty	10		
Safeguarding - 1st account and Cheshire Quality Commission	5		
Pressure Ulcers - Cat 3 and above/DTI/Ungradable	8		
Serious Adverse Event	0		
Controlled Drug NHS Incident Report	1		



## Clinical Audits and Reviews Completed 2022/23

Clinical audits continue to serve as a systematic and structured approach to evaluate and improve the quality, safety, and efficiency of our ECH services. They help drive accountability, foster a culture of continuous improvement, and ultimately benefit patients by ensuring the delivery of high-quality care. By comparing performance indicators against established benchmarks, the audits completed this year have helped identify best practices, establish new guidelines, inform policy decisions, and provide opportunities for improvement.

### Q1

- CQC Principle - Responsive
- CD Quarterly Audit
- IP&C - IPU & SFC PPE audit
- IP&C - IPU, SFC and H@H sharps audit
- Increasing Accessibility to Cheshire Hospices (LGBTQ+) Progress report
- End of Life Care for the Homeless - Progress report

### Q2

- CD Quarterly Audit
- IP&C - Care of Deceased Patients
- IP&C - Waste Audit
- IP&C - Mouth Care Audit
- IPU - Falls Audit

### Q3

- CD Quarterly Audit
- IP&C - IPU hand and cough hygiene audit
- CQC - Meeting the needs of people with protected equality characteristics
- IPU - Review of IPOS Data
- IPU - Prescription sheet Audit for Allergies
- 15 Steps Environmental Audit
- IPU Safe and Secure storage of Medicines

### Q4

- CD Quarterly Audit
- IP&C - Blood and Spillages Audit
- IPU - Non-medical Prescribing Audit
- IPU - Response to Referrals and Admissions Audit
- H@H - Phone line Support Audit

CD: Controlled Drug; IP&C: Infection, Prevention, and Control



For all Figures on this page; approximately 100 Hospices submit data to HUK each quarter. ECH is benchmarked against other Hospices of the same size. Collectively providing an average 360 beds.

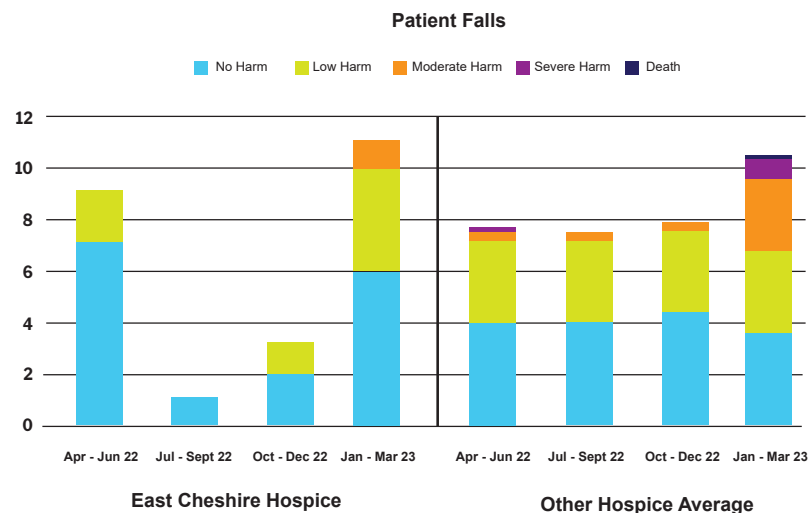


Figure 5.1. Number of patient falls at ECH compared with other Hospice averages.

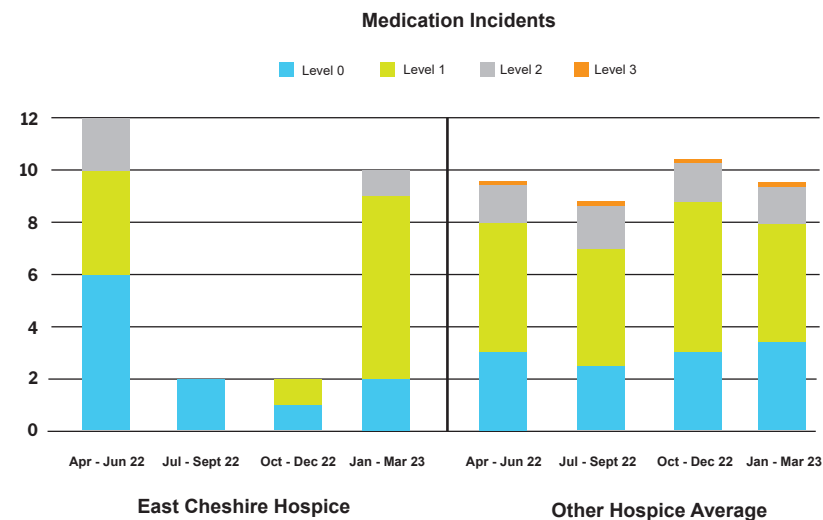


Figure 5.3. Number of medication incidents at ECH compared with other Hospice averages.

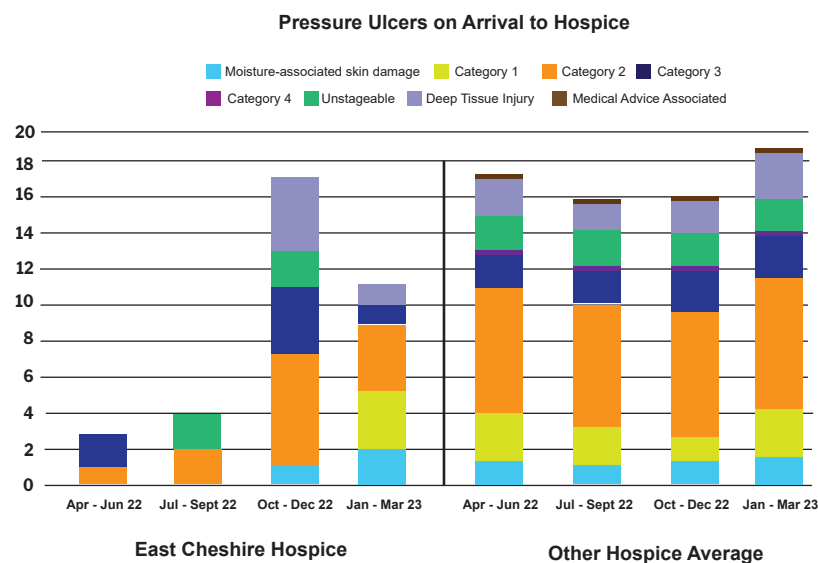


Figure 5.2. Number of pressure ulcers on arrival to ECH compared with other Hospice averages.

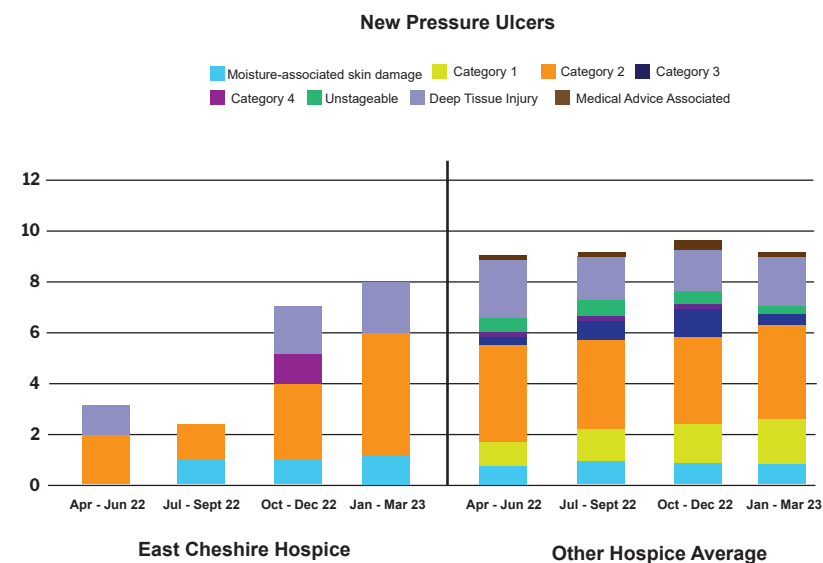


Figure 5.4. Number of new pressure ulcers at ECH compared with other Hospice averages.



# 6

## Feedback & Supporting Statement

This report serves a comprehensive overview of ECH's commitment to quality and will provide stakeholders with valuable insights into the ongoing efforts to deliver high quality services and experiences.

"You are all angels in my mum's final resting place. You respected her independence and witnessed her grace. You put your arms around her and gave her all your love and prepared our mum for her journey up above. We simply cannot find the words to convey our thanks. Your compassion was felt without measure. You made our goodbye to mum a time we will forever treasure. What you did for Mum will always be remembered. You are all angels in our eyes. You surrounded us all with peace as Mum transcended to the skies."

"I just wanted to express my gratitude to you all for the kindness and care shown to my friend. It was not the big things that shone through but the little touches. You were all so professional, welcoming and your attention to detail was superb."

Prior to publication, the ECH Quality Account 2022-2023 was shared with the Quality Improvement team NHS Cheshire and Merseyside.

"Eleven adult hospices and one children's hospice came together in 2022/23 to form C&M Hospice Provider Collaborative to ensure there is fair and equal access to high quality specialist palliative and generalist end of life care wherever you live across Cheshire and Merseyside. The Collaborative is a learning group, keen to share best practice and our collective skills and experience to enhance the experience of all patients and those important to them. East Cheshire Hospice, with its innovative and cooperative ethos, was a driving force in the establishment and early success of the Collaborative, and I have no doubt that with their continued support, the people of Cheshire and Merseyside will be able to access exceptional care and support whenever and wherever they need it."

**Rhian Edwards**

*Chair of C&M Hospice Provider Collaborative*

"East Cheshire Hospice has been generous with the time and expertise of its experienced leadership team in the creation of appropriate governance structures

to support the Cheshire & Merseyside ICB Strategic Plan. Their contributions to the collective effort, both inside and outside of meetings, has helped to reinforce and embed a positive 'can do' culture that has benefitted the system as a whole and ensured that patients and carers experience continuously improving outcomes."

**Helen Brown**

*Chair & SRO, Cheshire & Merseyside P&EoLC Programme Board*

Cheshire and Merseyside Integrated Care Board (ICB), Cheshire East Place, are pleased to comment on the East Cheshire Hospice Quality Account 2022/23. NHS grant funding forms only a small part of the funding required by Hospices to operate, but the ICB recognises the contribution this makes to the services you offer.

It is evident from this report that the seven key change programmes identified within the 5-year Strategic Aims and Delivery plan (2022-25) have progressed, not least with the Hospice @ Home provision, and Carer Engagement Forums commencing during the year. We have supported the collaboration of hospices across Cheshire, particularly the creation of a patient safety culture and implementation of the Patient Safety Incident Response Framework and were keen to read the other areas of collaboration mentioned in this report.

We commend your repeated excellence in the Birdsong Charity Consulting Survey and benchmarking above all other hospices surveyed. However, given the breadth of services offered, to both inpatients and outreach, shows the commitment you have to offer the right care to patients and their families who require your support at a very stressful time in their lives.

East Cheshire Hospice continues to be renowned by the local population as a place of excellence with a golden thread of quality woven through your values and strategies which we have seen in this report and is recognised in your CQC Good rating.

We look forward to working together with the Hospice over the coming year to develop and monitor the quality of services you provide for patients and to ensure continued improvement. The ICB wish to state that to the best of their knowledge, the data and information contained within the quality report is accurate.

Yours sincerely



*Associate Director Quality and Safety Improvement  
Cheshire East Place, NHS Cheshire & Merseyside ICB*



