
HOSPICE
OF THE GOOD SHEPHERD

# Quality Account

2024-2025

# Contents

# Welcome from our Interim Chief Executive

On behalf of the Hospice Executive Team and the Board of Trustees of the Hospice of the Good Shepherd I would like to present our latest Quality Account which reviews how the hospice has achieved its goals related to patient safety, clinical effectiveness, and patient experience in the past year.

I believe this will provide context as to how we will continue build on these ambitions and activities during 2025/26 with a view to continued improvements across the organisation. It is critical that we demonstrate and give assurance to all stakeholders that safety, quality, and exceptional care are at the heart of everything we do. During the year 2024/25 we experienced some challenges in relation to senior level medical staffing cover during a specific period earlier in 2024. Working in partnership with our local care providers we have used this challenge to strengthen our integrated processes and review our medical staffing model, and we believe that this will make us better prepared for future years.

The safety of people in our care has remained a key priority and as the NHS safety standards were further tightened through the introduction of the Patient Safety Incident Response Framework (PSIRF) the Hospice has embraced this and has placed a greater focus on learning and improvement ensuring continual improving practice and embedding this within our teams. Our focus has been on three main areas and these are medication incidents, pressure ulcers and patient falls.  Reviews in these areas help us to better understand how we can prevent these incidents going forward.

Our team actively seeks feedback from patients and their families through comments, compliments, and complaints. Our patient satisfaction results and compliments for the year have been exceptional, and you will find some examples of the many accolades we have received this year within this report. We gather feedback from visitors to our hospice via our new Quality and Improvement Volunteer sessions. We have also introduced an information feedback notice board showing how we have acted on the feedback and suggestions we have received.

The hospice provides and promotes the highest palliative and end of life care to those living in West Cheshire and Deeside. We partner with NHS England Cheshire & Merseyside (C&M) Integrated Care Board (ICB) and the NHS Wales Betsi Cadwaladr Health Board (BCHB) plus other community service providers. We also partner with Liverpool and Chester Universities

where we support both nursing and medical students.  The feedback we have received this year from students who have had placements with us has been outstanding.

Our team is totally committed to developing clinical services and education, striving to meet the complex and ever-changing needs of our patients and those important to them, including helping them to live as well as they can.

We know that building stronger relationships with our stakeholders is key to our future success and to reaching more patients within our community.  No matter who we are partnering with we recognise there are tremendous opportunities for development and improvement in the future.

# Our Vision

Everyone impacted by a progressive life limiting illness receives excellent support and care, whenever and wherever they need it.

# Our Purpose

To provide high-quality, safe, compassionate, person-centred care, support and treatment for people, families and carers impacted by a progressive life limiting illness who live in the West Cheshire & Deeside community.

## We have a range of strategic aims to ensure we deliver the best quality care


## Our Values Underpin Everything We Do

# Part 1a - Looking Back

## Our Quality Priorities 2024/2025

Our clinical services operational plan for 2024/25 had four objectives that linked to our strategic aims, with each of these objectives seeking to achieve improvements in these key areas:

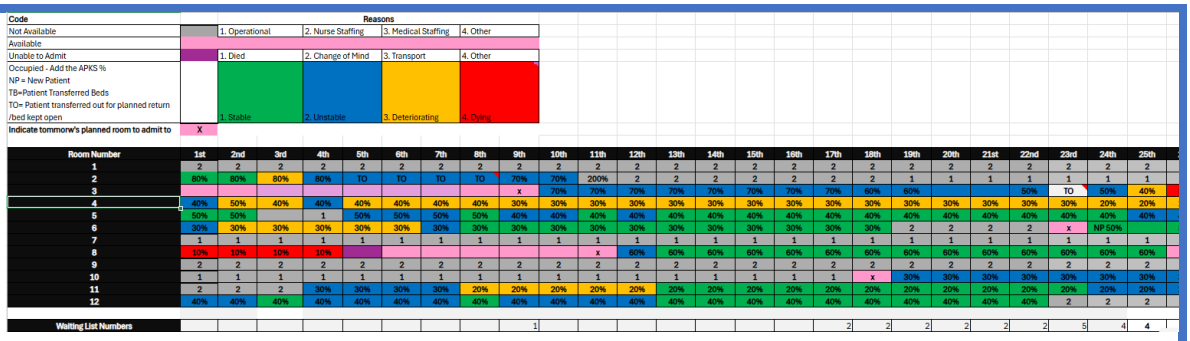
**Patient Safety -** *This means delivering care in a way that minimises harm by using effective approaches that reduce unnecessary risks.*

**Clinical Effectiveness** *- This means delivering care that is based on evidence and people's individual needs.*

**Patient Experience -** *This means delivering care which people can easily access, and feedback is welcomed. People feel they are listened to, and their preferences are taken into account.*

| Quality Priorities 2024/2025 | |
|---|---|
| Patient Safety 1 | **Our Aim** |
| | Further develop our Patient Safety Incident Response Plan to share learning and good practice to strengthen our quality and patient safety network across the Cheshire and Merseyside Hospice Provider Collaborative. |
| | **What did we do?** |
| | We launched our Patient Safety Incident Response Plan which sets out how we intend to respond to patient safety incidents over the next 12-18 months. Our plan has been endorsed by Cheshire and Merseyside Integrated Care Board.<br><br>The Patient Safety Incident Response Framework (PSIRF) sets out the national patient safety approach to developing and maintaining effective systems and processes for responding to patient safety events for the purpose of learning and improving patient safety. It is recognised that there will need to be a shift towards systems-based approaches to a learning culture to allow health care organisations including Hospices to effectively respond to and learn from events, with the purpose of reducing the risk of avoidable harm as low as reasonably possible. |

| | |
|---|---|
| | We took a closer look at our patient safety incidents during 2024/2025 which has driven our areas of focus:<br><br>**Medication Incidents -** Documentation errors (16 of 37 medication incidents) remain the highest percentage of recorded Controlled Drug incidents, accounting for half of the total number, followed by administration errors, this is despite the implementation of safe systems, policies, training and audit procedures.<br>We will explore the underlying reasons for Controlled Drug documentation incidents and identify system factors that contribute to human error where there is two persons checking procedure in place.<br><br>**Pressure Ulcers –** There were 11 pressure ulcers acquired at the hospice, the number of incidents continue to decrease. Thematic analysis shows proactive care planning at the time of admission for potential at risk patients can be improved on. We will look closer at the hospice acquired pressure ulcers that have resulted in patients declining to be repositioned with a particular focus on last days of life and what we can do to alleviate this issue<br><br>**Falls –** Of the 7 falls, 5 patients showed no signs of confusion. We will look at the contributing factors for patients who are assessed as being mobile and independent falling and how can this risk be mitigated.<br><br>This year we joined the newly formed Cheshire and Merseyside Patient Safety Incident Response Hospice Network to support the rollout of the local Patient Safety Incident Response Plans. |
| Clinical Effectiveness 1 | Our Aim |
| | Continue to maximise the use of our electronic clinical systems to improve responsiveness to individualised patient care and advance care planning |
| | What did we do? |
| | In June 2024, we developed an inpatient bed occupancy dashboard to assist with bed management. The dashboard is completed each day following our afternoon multidisciplinary resource meeting. In addition to the number of beds occupied, the dashboard displays the phase of illness and Karnofsky score (a score given to a patient's functional ability and ability to perform daily activities) which is measured weekly, discussed and recorded at the Multidisciplinary meeting. |



| Code | Reasons | | | |
|---|---|---|---|---|
| Not Available | | 1. Operational | 2. Nurse Staffing | 3. Medical Staffing | 4. Other |
| Available | | | | | |
| Unable to Admit | | 1. Died | 2. Change of Mind | 3. Transport | 4. Other |
| Occupied - Add the APKS % | | | | | |
| NP = New Patient | | | | | |
| TB=Patient Transferred Beds | | | | | |
| TO= Patient transferred out for planned return /bed kept open | | 1. Stable | 2. Unstable | 3. Deteriorating | 4. Dying |
| Indicate tommorw's planned room to admit to | X | | | | |

| Room Number | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th | 13th | 14th | 15th | 16th | 17th | 18th | 19th | 20th | 21st | 22nd | 23rd | 24th | 25th |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 2 | 80% | 80% | 80% | 80% | TO | TO | TO | TO | 70% | 70% | 200% | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 3 | | | | | | | | | x | 70% | 70% | 70% | 70% | 70% | 70% | 70% | 70% | 60% | 60% | | | 50% | TO | 50% | 40% |
| 4 | 40% | 50% | 40% | 40% | 40% | 40% | 40% | 40% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 20% | 20% |
| 5 | 50% | 50% | | 1 | 50% | 50% | 50% | 50% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% |
| 6 | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 30% | 2 | 2 | 2 | 2 | x | NP 50% | |
| 7 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| 8 | 10% | 10% | 10% | 10% | | | | | | | x | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% | 60% |
| 9 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| 10 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | x | 30% | 30% | 30% | 30% | 30% | 30% | 30% |
| 11 | 2 | 2 | 2 | 30% | 30% | 30% | 30% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% | 20% |
| 12 | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 40% | 2 | 2 | 2 |
| Waiting List Numbers | | | | | | | | | 1 | | | | | | | | 2 | 2 | 2 | 2 | 2 | 2 | 5 | 4 | 4 |

Following initial testing in June 2024, we adjusted the dashboard to display planned admissions or when a bed was held unavailable for a planned return admission. A further review was undertaken in January 2025; it was agreed to add succinct commentary from the multidisciplinary meeting to assist with responsiveness to providing individualised patient care.

This year we have participated in an inpatient unit data review as part of the Cheshire and Merseyside Hospice Provider Collaborative October 2023 to September 2024. The report suggested that the Hospice of the Good Shepherd ranked 3rd out of 9 participating hospices for discharging patients from inpatient care. This represented 43% of our patients discharged and 59% of patients who died expectedly on the inpatient unit. *(These two metrics do not equal 100% as they are different measures on different patient counts. i.e. multiple discharges for same patient for discharge and single patient metrics for deaths)*

Furthermore, the Cheshire and Merseyside Hospice Provider Collaborative have agreed a further data collection activity to benchmark information to highlight if "Place of Death is in line with patient wishes". They also agreed to work with ICB Colleagues to identify what Hospice data metrics would be useful to collect and report upon as a collaborative. Alongside this the steering group of Clinical Operational Leads across Cheshire West has reformed to develop a West Cheshire Palliative and End of Life Working Group, the first start up meeting was planned for April 2025 to review local delivery plans and priorities.

Our EMIS (Electronic Care Record) system has also been developed to enable clinical staff to view the advance care planning under a summary page for quick access.

Continuous improvement work is ongoing and is being taken forward by the multidisciplinary Hospice Clinical Systems Group. This priority will be taken forward in 2025/2026.

Clinical Effectiveness 2

Our Aim

Design and develop a data reporting system to measure clinical outcomes to demonstrate positive clinical outcomes due to hospice care.

What did we do?

The inpatient bed occupancy dashboard assisted us with our measurement of some clinical outcomes.

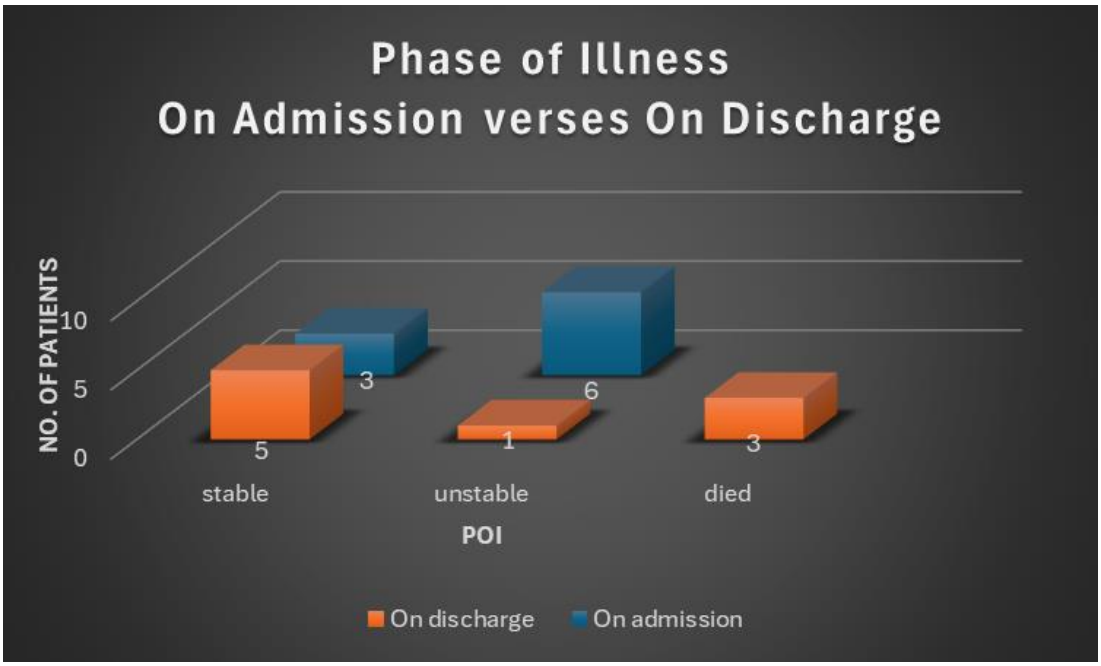
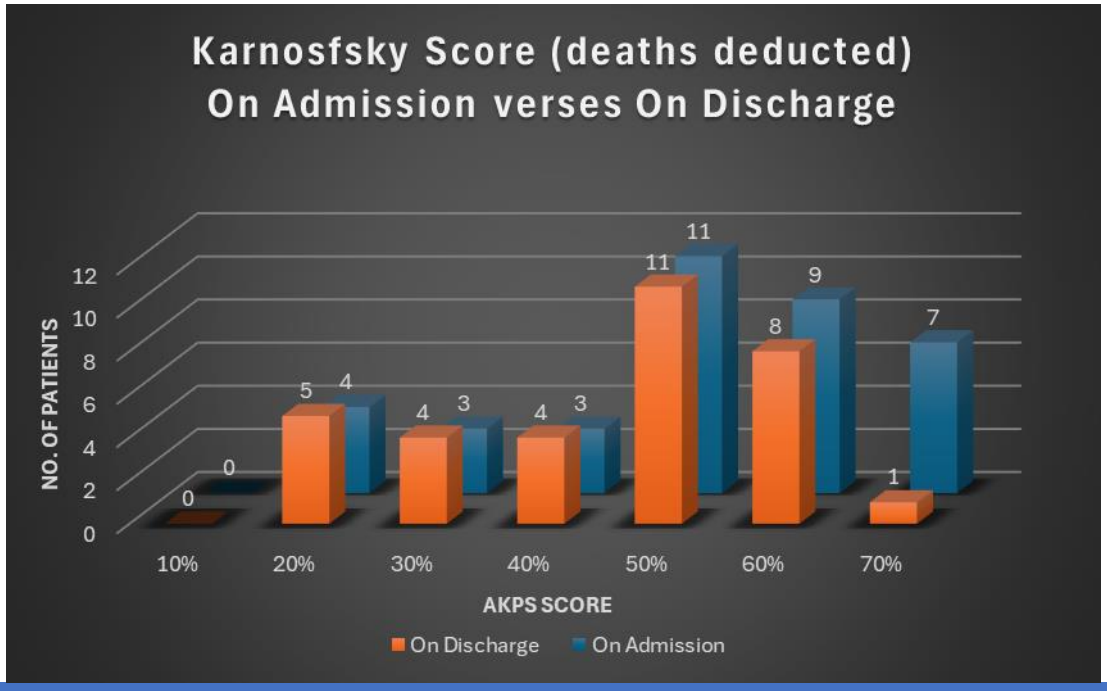



Chart 1 – Phase of Illness on admission compared to discharge June 2024 – March 2025

Chart 1 shows the phase of illness upon admission and following discharge from June 2024 to March 2025. Over the course of the admissions, care interventions including pain and symptom control, psychological support and care coordination the patient's condition had stabilised for 28 patients. 24 patients died while receiving end of life care. These deaths were expected as part of the patients advanced illness. Each patient received specialist palliative support focused on comfort, dignity and quality of life and end of life care in accordance with their individual care plan.



| | |
|---|---|
| | Chart 2 - Karnofsky score on admission compared to on discharge June 2024-March 2025<br><br>Chart 2 shows that patients overall the functional ability and ability to perform daily activities has decreased between admission and discharge. This was expected in relation to the patient's diagnosis. Further work is underway to enable us to showcase the changes in patients' symptoms overall which is currently captured on EMIS (Electronic Patient Record) (electronic patient care record) and discussed by the multidisciplinary team.<br><br>Our Living Well Centre also record patients' phase of illness, patient symptoms, Karnofsky score which is presented at the multidisciplinary team. Again, further development is underway to showcase our clinical outcomes to demonstrate quality care. |
| Patient Experience 1 | Our Aim |
| | Continue to enhance patient and service user feedback activity to include utilising all methods through the innovation of digital platforms |
| | What did we do? |
| | This year we have worked in collaboration with our service users to redesign and test our hospice website **https://hospiceofthegoodshepherd.com/inpatient-services/**<br><br>**Design:** We have designed the colours around the hospice brand which is used throughout our advertising.<br><br>**Navigation:** We've made it simpler for people to find what they're looking for by categorising nodes of the website based upon people's reason for visiting (i.e., requiring services, wanting to volunteer, look for events). We've moved everything that exists for healthcare professionals to our footer where they would expect to find it, and where it doesn't clog up the top navigation bar that should be optimised for use by the public and service users.<br><br>**Home page:** We have revamped the home page content so it primarily serves people who may need to use our services and directs them as quickly as possible to the service information they need.<br><br>**Search:** We've added a site-wide search bar so people can find what they need.<br><br>**Contacting us:** We have added sticky buttons that make contacting us via email or phone is just a one-click step for users. |

**Accessibility:** We have added a sticky button, which when clicked opens a variety of accessibility options such as enlargement of text, greyscale and more.

**Promotion of lottery and donations:** We have added sticky buttons to the site that make it easier for people to make a direct donation and to promote our hospice lottery at all times.

We have increased website security so that we ensure people's data is secure. This also extends to making our cookie policies explicit when someone first visits the website and allows them to consent to exactly how their browsing data on our site is monitored and stored.


We designed and implemented a project plan to work in partnership with our service user participation group to create a new volunteer role to enhance patient and service user feedback to maximise opportunities to improve patient experience. Following the recruitment of two quality and improvement volunteers with experience of living with and caring for someone who has used our services.

So far during 2024/2025 our Quality and Improvement Volunteers held 12 sessions and chatted with 25 service users across the hospice who took their time to talk to share their experience of how the hospice can be improved. We have also set up a feedback notice board in our Hospice reception area. Here are some of the positive feedback captured when talking about the hospice experience:


When we asked but what could we do even better we obtained some innovative ideas to improve the patient overall experience:

- People asked for more information on complementary therapies so we co-produced a complementary therapy leaflet with our Service User Participation Group.
- People asked for the café to be available after complementary therapy, this is not always possible however a hot drink is offered in the living well waiting room.

Furthermore, the hospice continues to request feedback through the 'in house' service user feedback form. This year there was a 100% response rate with 206 people stating that the overall care provided was either good or outstanding.

Patient Satisfaction Summary

- Inpatient Unit
  - 97% rated their experience as *outstanding*
  - 3% rated it as *good*
- Living Well Services
  - 92% rated their experience as *outstanding*
  - 8% rated it as *good*
- Counselling Services
  - 77% rated their experience as *outstanding*
  - 23% rated it as *good*

# Part 1b - Looking Forward

## Our Quality Priorities 2025/2026

For 2025/2026 we have agreed on the following quality priorities:

| Quality Priorities 2025/2026 | |
|---|---|
| Patient Safety | Our Aim |
| | Embed our Patient Safety Incident Response Plan to explore a deeper understanding of why medication, pressure ulcer and fall incidents occur and to share learning and good practice to strengthen our accountability for quality and patient safety |
| Clinical Effectiveness | Our Aim |
| | We will enhance our clinical effectiveness through continuous improvement, collaboration with the CQC Action Group, and implement best practice guidance to drive innovation in specialist palliative and end-of-life care. |
| Patient Experience | Our Aim |
| | To review and strengthen our clinical data and patient feedback processes to ensure we effectively capture, monitor, and embed patient and family experience alongside clinical outcomes. This will enable more informed multidisciplinary decision-making and meaningful service improvements. |

# Part 2 - Statutory Information and Statement of Assurance from the Board

This section of the report includes responses to any National requirements defined by a set of statements that are common to all Quality Accounts. Some of these, however, are not directly applicable to Hospices. The statements provide assurance that we are performing to essential standards, measure our clinical processes and performance and show where we are involved in any national projects and initiatives that are aimed at improving quality and safety.

## Corporate Review

We are a registered charity (Registration Number 515516) and Company Limited by Guarantee (Registration Number 1843427). We submit an Annual Return for public display on the Charity Commission website *https://www.gov.uk/government/organisations/charity-commission*. Our Auditors are Cobham Murphy.

The Integrated Care Board have granted the Hospice of the Good Shepherd with £925,276 which makes up just 15% of our income. All other income needed to run Hospice services is generated through our Fundraising, Lottery and Retail teams through events and campaigns, lottery, retail shops, donations, legacies, and generous support from our local community.

## Our Services

During 2024/2025, the Hospice of the Good Shepherd provided the following types of service:

## Inpatient care

- 12-bed inpatient unit (grant funded 10 beds), 8 individual rooms 4 with ensuite, 4 bay room
- Specialist Palliative Care to help symptom control
- End of Life Care
- Respite Care
- Care Home Visits
- Occupational Therapy
- Physiotherapy
- Complementary Therapies
- Counselling
- Social work support
- Spiritual Care

## Living Well Centre Services

- Living Well Day group – support group for patients with complex care & mobility needs
- Peer Support Group (Wednesday Group)

- Complementary therapies for patients and carers
- Nurse assessments/reviews
- Blood Transfusions
- Bisphosphonate Infusions
- Individual Carer sessions
- Wellbeing sessions
- Coffee & Chat sessions
- Art Therapy Sessions
- Music Therapy Sessions
- Therapy Dog
- Carers Group Sessions
- Social Work
- Spiritual Care

## Counselling Services

- Adult Counselling including trauma therapy for inpatients, outpatients, carers and family members
- Child Counselling including trauma therapy young carers and family members
- Bereavement support for carers and family members – children and adults
- Couples counselling
- Family therapy sessions
- Play therapy for children
- Home visit counselling sessions to palliative care service users
- Counselling for those who are Homeless
- Group sessions for young children
- *Emotional support youth club after school* - this is offered after counselling sessions end – to offer ongoing support to help with self-esteem and relationships

The Hospice of the Good Shepherd has reviewed all the data available to them on the quality of care in all these services.

## Our Clinical Services are provided by a multi-disciplinary team:

- Director of Clinical Services & CQC Registered Manager
- Director of Quality and Improvement

- Consultant in Palliative Medicine
- Specialist Doctors in Palliative Medicine plus qualified and experienced doctors
- Ward Manager
- Deputy Ward Managers & Practice Development Roles
- Registered Nurses
- Link Nurses in Diabetes, Dementia, Infection Prevention Control, Tissue Viability, Blood Transfusion, MND, Manual Handling, Mattress Champion, Pain and Oncological Emergency
- Nurse Associates
- Health Care Assistants
- Social Worker
- Counsellors
- Clinical Administrators
- Spiritual Care workers
- Support services providing cleaning, catering and laundry services for patients
- Physiotherapy
- Patient Support Volunteers
- Pharmacist

## We also work in partnership with our integrated care teams:

- Countess of Chester NHS Foundation Trust – Consultant in Palliative Medicine, Medicines Information Pharmacist, Integrated Single Point of Referral meeting, Specialist Palliative Care Integrated MDT
- Cheshire and Wirral Partnership NHS Foundation Trust – Clinical Nurse Specialists, Tissue Viability Service, Infection Prevention Control Team, Integrated Single Point of Referral meeting, Specialist Palliative Care Integrated MDT
- Clatterbridge Cancer Centre – Consultant in Palliative Medicine – who provided cover in the absence of our Senior Speciality Doctor
- St Lukes and East Cheshire Hospice - Homeless Palliative Care Coordinator and Equality, Inclusion and Diversity Coordinator
- Cheshire & Merseyside Hospice Provider Collaborative
- Supportive Care UK – Board Rounds and 24/7 telephone Consultant in Palliative Medicine advice
- Cheshire and Mersey, Hospice Community of Practice Forum & Hospice Patient Safety Incident Response Framework Network
- Cheshire and Mersey Medical Directors and Responsible Clinician Forum

- Cheshire and Mersey Palliative and End of Life Partnership Clinical Network & Steering Group
- West Cheshire Specialist Palliative Care Integrated Steering Group

## Our passionate and dedicated people

We simply could not achieve what we do without our incredible staff and volunteers. This year we employed 130 staff with a wide range of skills, knowledge, professional qualifications, and experience and had the support of 400 volunteers.

## Our Staff

Our aim is for our staff to be well-rewarded and to be paid a salary that is competitive in line with other charities of a comparable size and location. We have Agenda for Change (NHS) terms and conditions for all our IPU staff and Clinical Director, and we also have Speciality and Associate Specialist terms and conditions for our doctors.

In addition to the NHS pension scheme for pre-existing members of clinical staff we also run an auto-enrolment pension scheme for the benefit of our staff who are not members of the NHS scheme. The auto-enrolment scheme involves employee and employer contributions.

The auto enrolment scheme is managed on our behalf by Royal London and the finances are completely independent of the charity's finances. The charity's contributions are recognised within our statement of financial activities, in the month in which the salaries are paid.

We continue to operate both hybrid and flexible working policies, which help to attract and retain staff. We have an Employee Assistance Programme in place providing free mental health support, online GP service and Debt advice along with salary sacrifice schemes including a cycle to work and gym membership scheme.

## Our Volunteers

Our volunteers support all departments at the Hospice. This equates to 38,000 hours a year which would cost approximately £450k. We are very grateful for their support as we know that without them our Hospice would not be able to operate. Volunteering at the Hospice not only benefits our patients, but our Hospice staff and the volunteer themselves. We continue to improve our volunteer experience, and have made significant improvements to the application process, utilising the online recruitment system making it available to prospective volunteers. As a result of this, we have been able to streamline our internal processes improving efficiency. We have further developed our volunteer database, to improve accuracy, output and effectiveness.

## Regulatory Information

The Hospice of the Good Shepherd is registered with the Care Quality Commission (CQC) for our regulated activities:

- Treatment of disease, disorder, or injury.
- Caring for adults over 65 years
- Caring for adults under 65 years
- Dementia
- Physical disabilities

In August 2024, the CQC conducted a focused review on the inpatient unit further to concerns raised regarding senior level medical staffing cover at the Hospice of the Good Shepherd. As a result, a condition was imposed under Section 31 of the Health and Social Care Act 2008 and therefore we were rated ‘Requires Improvement’. The conditions were subsequently lifted following evidence of a sustainable contingency plan to ensure the hospice had senior medical cover in compliance with Cheshire and Merseyside Key Principles for Medical Staffing in Hospice Based Specialist Palliative Care Units. We established a collaborative and flexible relationship with Consultants in Palliative Medicine

at the Clatterbridge Cancer Centre to provide cover during periods of absence through honorary contracts. We have also recruited a permanent joint Hospice and Community Specialist Consultant in Palliative Medicine post commencing in June 2025 in collaboration with Cheshire and Wirral Partnership NHS Foundation Trust and the Countess of Chester NHS Foundation Trust strengthening our integrated working relationships.

Key questions relating to the 'Caring' and 'Effective' domains was assessed as 'Good'. We are particularly proud that the CQC report reflects the high number of compliments we receive in the form of cards, letters and flowers to the inpatient unit, and that 95% of responses in our inpatient survey highlighted their overall experience as 'outstanding' or 'good' (5% did not answer the question on the survey).

Our CQC Action Group meet weekly to review the key questions against each of the CQC domains Safe, Effective, Caring, Responsive and Well-Led and to self-assess against the ambitions for palliative and end of life care framework to help make sure our patients, service users and those close to them receive high quality care that protects and meets their individual needs whilst showcasing our clinical effectiveness and sharing good practice.

## Safeguarding

We are committed to ensuring safeguarding is part of our core business and recognises that the safeguarding of children, young people and adults at risk is a shared responsibility with the need for effective joint working between partner agencies and other professionals.

We have a legal duty under the Human Rights Act 1998 to uphold and promote Human Rights in everything that we do. As a hospice we are committed to carrying out our functions and service delivery in line with a Human Rights based approach and the FREDA principles of Fairness, Respect, Equality, Dignity, and Autonomy. We recognise our responsibility to safeguard our patients, service users and those most close to them against abuse, neglect, and discrimination. Our Designated Safeguarding Lead/Advanced Social Work Practitioner ensures that all staff are knowledgeable, confident and equipped with the skills to deal with process and procedures when concerns arise relating to safeguarding and patient safety, this is reflected through our policies, incident management system, audits and training programmes.

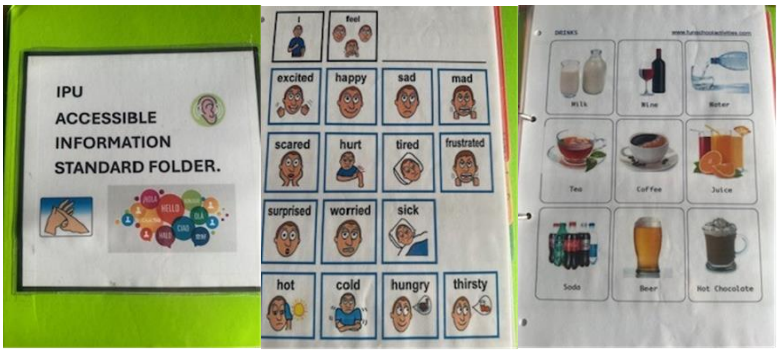
Our Designated Safeguarding Lead also provides clinical performance data and activity to our monthly Clinical Governance Committee, coordinates and leads the quarterly Hospice multi-disciplinary Safeguarding Forum and produces annual safeguarding assurance report which is presented at our Care Committee. This year we achieved compliance with the NHS safeguarding standards contract following self-assessment and approval from the Designated Safeguarding Lead at West Cheshire Place, Integrated Care Board.

## Our Equality and Diversity Work

We believe that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices. We are committed to promoting equality,  removing discrimination and harassment and fostering good relations between people that hold a protected characteristic - age, disability, sex, race, religion and belief, sexual orientation, gender reassignment, pregnancy and maternity and marital and civil partnership status (Equality Act 2010).

Our Equality and Diversity Steering group meets quarterly to review and plan for increased access to services by all members of the community as well as addressing workforce issues.

As part of our individualised care planning approach, we collect protected characteristic information to highlight any specific needs. Easy read and accessible information is available in clearly labelled folders on our inpatient unit, as well as through our Living Well and Counselling Services, ensuring patients can access the support and guidance they need in line with Accessible Information Standard 2017 (DCB1605 Accessible Information).




We work with the Wirral Multicultural Centre to access face to face translation services for patients and carers where English is not their first language. As a second option we also access Language Line when a face to face translator is not available. In addition, we can access a British Sign Language Interpreter to support deaf patients and their families/carers.

The Hospice of the Good Shepherd continues to work with East Cheshire Hospice, and St Luke's Hospice have continued in their collaborative approach to deliver the co-produced Equality, Diversity and Inclusion Strategy to support in their endeavours to promote a truly inclusive culture and accessible service delivery.

In August 2024, we attended the 12th annual Chester Pride event, with members of the Hospice team proudly walking in the parade and hosting a table in the Health and Wellbeing tent. We promoted that Hospice care is open and accessible to all, reaching out and engaging with the LGBTQ+ community who attended on the day. We are already planning and looking forward to this year's event.



In October 2024, members of Hospice staff and volunteers went through the assessment process of the Navajo Merseyside Cheshire Manchester LGBTIQA+ Charter Mark Award for Equality, Diversity, Inclusion, Intersectionality and Equity for all, especially Gay and Gender Variant individuals. We are delighted and proud to retain the charter mark for another 2 years, to further improve and build on all aspects of Equality, Diversity, Inclusion and Equity work and principles.

The Charter Mark consists of ten simple assessment criteria, each asking for supporting resources. These resources can be specific documents, such as a copy of the Equality & Diversity Policy, a monitoring form, or brief details of working procedures, e.g. how and when new staff members are trained or whether there are always private areas available for service users to talk to your staff.

## Freedom to Speak Up

We have a Freedom to Speak Up Guardian who is accredited with the National Guardian Office and is trained to support staff and volunteers across all disciplines within the Hospice of the Good Shepherd. We understand that raising a concern can help keep our patients, staff and volunteers safe, help us learn and make quality improvements. By providing a confidential safe space we encourage our staff and volunteers to have the Freedom to Speak Up about any issue, whether it affects patients, colleagues or something which affects them personally. We recognise Speaking Up about any concern or worries at work is important to our commitment to growing an open, honest and transparent culture. In addition, each team have their own staff engagement representative who collate feedback and innovative ideas to share at the Staff Engagement Forum held every two months.

We had 3 Freedom to Speak Up cases reported in 2024/2025 in relation to worker safety/wellbeing and inappropriate attitudes/behaviours, with one person stating perceived bullying or harassment. Each case was reviewed with the staff members and further follow up action was not required. In response the hospice launched a Well Being Task and Finish Group with representatives across the hospice to develop our strategy and continue to improve the provision of staff wellbeing and support.

## Quality Assurance

We evaluate the quality of our services using various methods to ensure care is safe, effective, and aligned with strategic objectives, policies, legislation, and best practices.

The tools and methods used for quality assurance from 1 April 2024 to 31 March 2025 are detailed in the following table. This information supports the data reviewed for this reporting period and meets statutory reporting requirements outlined in part two of the report.

| Name | Type | Purpose | Frequency |
|---|---|---|---|
| Blood sugar testing - Living Well Centre (weekly)<br>- IPU (nightly by staff and monthly by COCH) | Continuous Audit | Compliance against policy/ minimum standards and best practice | Nightly/Weekly/ Monthly |
| Catering, Cleaning, Fridge Inpatient Unit, | Continuous Audits | Compliance against policy/ minimum standards and best practice | Monthly |
| Controlled Drugs, CQC & CDAO Audit | Continuous Audit | Compliance against policy/ minimum standards and best practice in line with the local intelligence network | Monthly Internally, Quarterly Externally & Annual |
| Consent, Individualised Care Planning, Nutrition and Hydration, FP10 Stationery, Neuropathic Pain, Treatment Escalation Plan, DNACPR, Medicines, Pressure Ulcers, Falls, Mattress, Handwashing | Internal Clinical Audit Programme | To assess and demonstrate the effectiveness of our clinical activities and to sustain clinical outcome improvements in compliance with policy and best practice to reduce the risk | Annual |
| Infection Prevention & Control | Clinical Audit Programme | Compliance against policy/ minimum standards and best practice in line with National Infection Prevention and Control Manual | Annual |
| Antibiotic Audit | Clinical Audit Programme | Antimicrobial stewardship assurance for using antimicrobial agents as outlined in the NHS Quality Schedule for independent providers | Annual |

| | | | |
|---|---|---|---|
| NHS Safeguarding contractual standards | Self-Assessment | Assurance/compliance with legislation and statutory guidance | Annual |
| NHS Quality Schedule for Independent Providers | Reports, audits and exception notifications | Demonstrates meeting requirements of West Cheshire Place Integrated Care Board | Quarterly |
| Patient Safety Incident Response Policy and Patient Safety Incident Response Plan with monthly reports to clinical governance committee, medications management and health and safety committee | Policy and Plan, Thematic trend analysis/ identification of areas for improvement/areas of good practice | To demonstrate how we engage compassionately and respond in a proportionate way to Patient Safety Incidents, undertaking Patient Safety Incident Investigations. | Annual |
| Data Sets and Key Performance Indicators | Reports to Clinical Governance, Care Committee and Board Report | To monitor early warning signs using significant process controls analysis. | Monthly & Quarterly |
| Risk Register Heat Maps | Departmental Risks and Strategic Risk Registers | To provide assurance to our Board and Governance Committees of risk mitigation where possible and areas for concern. | Quarterly |
| Patient Experience Surveys, compliments, concerns and complaints collated in writing and face to face sessions | Quarterly Patient Experience Reports and Annual Complaints Report to Clinical Governance, Care Committee | To demonstrate continuous improvement to services as a result of implementation of action plans developed using intelligence from patient surveys. | Monthly & Quarterly |

| | | | |
|---|---|---|---|
| | and Board Report | | |

Our reports and audits produce detailed assurance around the quality of our services. As part of our quality assurance these findings are discussed at the relevant governance meetings which where multidisciplinary discussions take place, sharing of good practice and clinical challenge to practice and enable quality improvement, across our services. Figure 1 displays the meetings which form part of the Ward to Board governance structure.

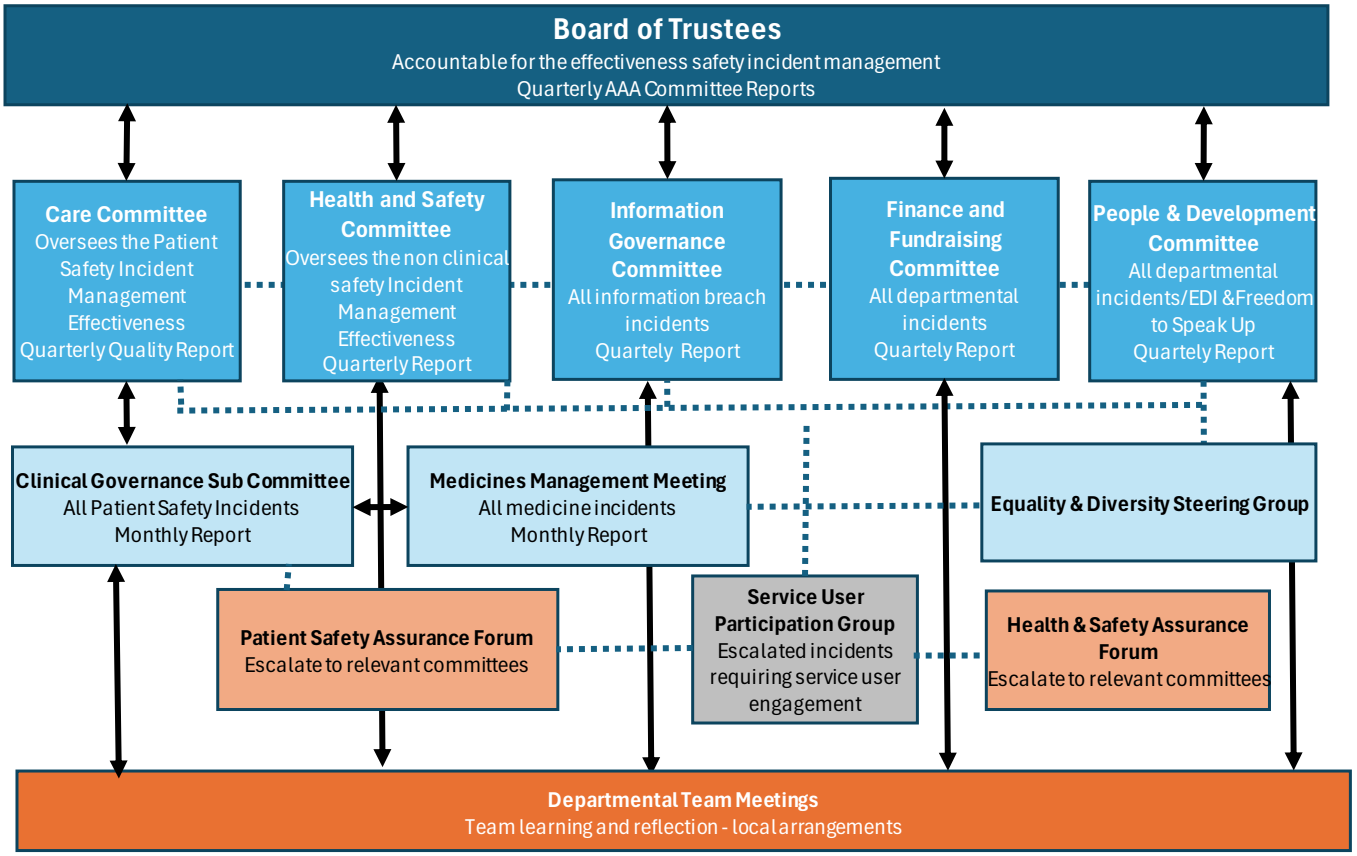



Figure 1 – Patient Safety Governance Meeting Structure

## Clinical Audit Highlights

During 2024/2025, we have highlighted some of the audits we have undertaken as part of the annual audit programme:

| Our Key Audits - Actions and Learning | |
|---|---|
| Neuropathic pain audit | Why we audit:<br>Pain is the most common presenting symptom of patients referred to palliative services. The effective management of pain is therefore paramount to any palliative service. Neuropathic pain has been defined as |

“pain arising as a direct consequence of a lesion or disease affecting the somatosensory system” and is common amongst patients with cancer.

The standards we used to audit:
The hospice uses the SOCRATES (Site, Onset, Character, Radiation, Associated Factors, Timing, Exacerbating and Relieving Factors and Severity) framework to assess pain. 16 patient records were audited 01/01/2025 to 31/03/2025.
What we found:

| | 2023 | 2024 | 2025 |
|---|---|---|---|
| % patients fully assessed using all 8 elements of the SOCRATES mnemonic | 0% | 0% | 0% |
| % patients partially assessed | 100% | 100% | 100% |
| Average score out of 8(one point for each part of SOCRATES) | 3.3 | 4.6 | 4.875 |
| Site recorded | 100% | 100% | 100% |
| Character recorded | 33.3% | 89% | 56% |
| Associated Factors recorded | 22.2% | 32% | 56% |
| All 3 recorded | 5.55% | 29% | 37.5% |

We found that some aspects of SOCRATES were recorded in 100% of patients. 37.5% patients had information on all three of site, character and associated factors documented (previously 29% 2024 and 5.5% 2023). There had been further increase in documentation of some elements of the SOCRATES mnemonic since the previous audit, including associated factors (56% compared with 32%). However, we have been less good at documenting character of pain (56% v 89%).

What we did:
Good practice and areas for improvement were shared with the medical team to continue to encourage the use of SOCRATES for each pain a patient has, to aid assessment of possible cause and include documentation of negative findings such as ‘no associated factors’.

Antibiotic audit

Why we audit:

We undertook a re-audit of antibiotic prescribed to our inpatients (n.17) over a three month period (January 2025 – March 2025) to look at the decisions made around antibiotic prescribing within the hospice and whether these decisions are aligned with the hospital formulary.

The standards we used to audit:

Using the the standards of the 4-Pol-6 Safe Management of the Administration of Intravenous Therapy Hospice Policy and hospital formulary antibiotic guidance.

What we found:

| Indication | 2024 audit % | 2025 audit % |
|---|---|---|
| Sepsis unknown focus | 28% | 6% |
| C Diff/VRE (Clostridium difficile and vancomycin-resistant enterococcus) | 6% | 0% |
| Lower Respiratory Tract Infection | 44% | 44% |
| Urinary Tract Infection | 22% | 25% |
| Other | 0% | 25% |

| Antibiotic | Feb 2024 | Jan 2025 |
|---|---|---|
| Tazocin | 35% | 22% |
| Co-Amoxiclav (PO and IV) | 22% | 11% |
| Ceftriaxone (IV) | 0% | 6% |
| Nitrofurantoin | 4% | 0% |
| Trimethoprim | 13% | 6% |
| Doxycycline | 9% | 28% |
| Amoxicillin | 4% | 6% |
| Metronidazole and Flucloxacillin | 0% | 6% |
| Cephalexin | 0% | 6% |

| | | |
|---|---|---|
| Fosfomycin | 0% | 6% |
| Ciprofloxacin | 4% | 6% |

During this audit cycle there has been an increase in the percentage of patients prescribed a course of antibiotics (70% previously 44%). Lower Respiratory Tract Infection remains the most common indication for antibiotic prescription. The majority of patients continue to receive antibiotics orally 62% (Similar to last audit 70%).

The majority needing IV antibiotics were noted to be systemically unwell. It would be interesting to be able to correlate this with a more objective measure of illness (For example NEWs score). The most common IV antibiotic used remained Tazocin, however, there was a wider selection of oral antibiotics being used, which may be related to the doctors being clearer and more targeted regarding the likely focus of infection (This year only 6% were being treated for sepsis of unknown focus compared with last audit of 28%).

Since the 2024 audit there has not been any improvement in the percentage of microbiology samples being sent or discussions with microbiologists to target therapy (66%), which remains an area for improvement. To note, of those who did have samples sent only (27%) returned a positive result. There has been an improvement in the prescribing in line with the hospital formulary (81%). This figure rises to 87% if including the appropriate treatment given to the patient with parotitis, following a recent cheshire integrated care board guidance.

Documentation on the prescription charts was generally good for both the length of treatment/review date (81%) and reason for stopping (100%), but the indication and intention of treatment was poorly documented with only 50% having this documented.

The majority of patients completed their courses of antibiotics, with only one course being stopped early due to adverse effects. For those patients who died in the unit, all had their antibiotic courses completed at least 48 hours prior to death and 83% of courses were completed at least 1 week prior to death. This is a significant change from the 2024 audit, where 4/13 (31%) were still on antibiotics <48 hours prior to death.

What we did:

| Areas for improvement | What did we do? |
|---|---|
| Lack of documentation regarding intention of treatment | We shared our audit findings with doctors and discussed appropriate |

| | | |
|---|---|---|
| | of antibiotics may help guide appropriate timing of discontinuation of antibiotic in those approaching end of life | documentation of intention of antibiotics |
| | 1/3 of patients did not have any microbiology specimens sent for confirmation of infection/treatment guidance | We shared results of audit with doctors and reminder regarding sending microbiology samples to help with treatment guidance - Doctors continue to send specimen samples to microbiology to help guide appropriate therapy |
| | Majority of patients having intravenous, antibiotics as Systemically Unwell | We will review this against the NEWS score at next audit cycle to enable a deeper analysis. |

Infection Control

Why we audit:
Infection prevention and control (IPC) management an integral part of our overall business and is afforded high priority. An annual audit is undertaken:
1. To reduce the risk of microbial contamination in everyday practice

2. To ensure there is a managed environment that minimises the risk of infection to patients, clients, staff and visitors

The standards we used to audit:
The audit was carried out using the Hospice UK Infection Prevention Control Audit Tool.

What we found:
The following areas were audited:

| Indication | 2024 audit % | 2025 audit % |
|---|---|---|
| Patient Placement | 100% | 100% |
| Hand Hygiene | 92.3% | 96.2% |
| Respiratory and cough hygiene | 100% | 100% |
| Personal Protective Equipment | 100% | 100% |

| | | |
|---|---|---|
| Care Equipment | 100% | 100% |
| Care Environment | 100% | 100% |
| Healthcare Linen | 100% | 92.3% |
| Blood and Body Fluid Spillages | 100% | 100% |
| Safe Disposal of Waste | 93.3% | 94.1% |
| Occupational safety: Prevention of Exposure (including sharps injuries) | 100% | 96.6% |

All clinical staff asked were aware of where to find policies and procedure documents by accessing radar (Hospice risk management system), all have received training on induction and a password. All staff that were approached were able to explain their responses and give examples
The results of the audit demonstrate that Infection Prevention Control measures are robust. They show that staff are aware of the policies and procedures and how to implement these in their role.

What we did:

- Continue with annual audit process as per national guidance and evidence for providing safe care as it is a reminder for staff and helps address any problems
- Audit to take place annually to ensure compliance with IPC policies for Standard infection control precautions is being monitored and achieved.
- It should be based on the requirements of the Health and Social Care Act 2008, the National infection prevention and control manual (NIPCM)for England and national cleanliness standards.
- In the event of non-compliance, action plans should be produced and reviewed regularly to demonstrate continuous improvement
- We reference any infection in individualised care plan and report at clinical governance

<table>
<tr><td></td><td>
<ul>
<li>Link Nurses to continue to support IPC lead role and link into Cheshire and Wirral Partnership Infection Prevention Control team for additional support for Inpatient Unit</li>
<li>Hospice has devised a new Hand Hygiene observational audit tool to continue to improve hand hygiene standards within the Hospice</li>
</ul>
</td></tr>
<tr><td>Nutrition and Hydration</td><td>
Why we audit:<br>
We have demonstrated our compliance against regulated activities to:
<ul>
<li>Reduce the risk of poor nutrition and dehydration by encouraging and supporting people to receive adequate nutrition and hydration</li>
<li>Provide choices of food and drink for people to meet their diverse needs making sure the food and drink provided is nutritionally balanced and support their needs</li>
</ul>
The standards we used to audit:<br>
The standards set out by Hospice UK Nutrition & Hydration audit<br>
What we found:<br>
We found that 1 out of 10 had patients did not have a nutrition screening tool completed on re-admission. Further work has been undertaken to ensure that patients have all their risks assessed and that there are appropriate care plans that are implemented and followed to ensure compliance is maintained with our policies and procedures.
<table>
<tr><th>Area Audited</th><th>Findings</th></tr>
<tr><td>Organisation</td><td><ul><li>The audit tool showed organisational policies and standard operating procedures have 100% compliance with the standards required.</li></ul></td></tr>
<tr><td>In-Patient Unit</td><td><ul><li>The audit tool showed compliance of 100%.</li><li>All five in-patient records reviewed had an initial nutritional screening completed on admission.</li><li>All patient records reviewed had a nutritional care plan.</li><li>All assessments were completed by a qualified staff member.</li></ul></td></tr>
<tr><td>Day-Hospice (Living Well)</td><td><ul><li>100% compliance on patients having protected mealtimes and a communal eating and supportive equipment.</li><li>Whilst patients are consulted by staff on food and drink, there was not a specific leaflet about</li></ul></td></tr>
</table>
</td></tr>
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| | |
|---|---|
| | nutrition for day patients, which is why the audit tool shows compliance of 93.8%.<br>• 2 out of 5 Patients reviewed did not have evidence of a completed nutritional screening during their initial assessment. |

What we did:
Clinical staff reflected on the importance of nutritional screening when patients are first assessed at the Hospice.
A redesign of the service user feedback report has been recommended to encourage more specific comments on nutrition.

**DNAR Audit**

Why we audit:
A reaudit in 2024 from 2017, 2020 and 2021 was completed during inpatient admission between 01/02/2024 and 01/09/2024 to:

1. Assess the quality of completion of the paper unified North West DNACPR (Do Not Attempt Cardiopulmonary Resuscitation (uNWDNACPR) form.
2. Assess the quality of the information recorded in the patients notes when a uNWDNACPR form is completed.
3. Assess how information is disseminated when patients are transferred to a different care setting.
4. Understand how many patients and families are being offered written information to support these DNAR discussions.

The standards we used to audit:
The standards used are set out in the following guidance:

1. GMC guidance. Treatment and Care Towards the End of Life. Accessed September 2024 at: https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/treatment-and-care-towards-the-end-of-life/cardiopulmonary-resuscitation-cpr
2. Guidance from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing. Decisions relating to cardiopulmonary resuscitation. 3rd edition (1st revision) 2016.
3. 2-Pol-5 Resuscitation Policy. Hospice of the Good Shepherd Policy.

What we found:
5 were duplicate DNACPR forms that were completed as the originals were not brought in by patients. 13 were completed following decision made at the Hospice.

All patients had a primary diagnosis of cancer apart from one.
The main sections of DNACPR forms are being completed fully. However, as in the last audit, care is needed to ensure all boxes are completed and ticked in top right section of the form (organisation name, and whether electronic form completed and whether consent obtained to share the decision).
Although none of the patients lacked capacity to discuss the DNACPR decision, an increased number of decisions are being discussed with relevant others (100% in 2024 and 2021 compared to 50% in 2017 and 77% in 2020).
It may be that implementation of prompts within the medical EMIS (Electronic Patient Record) admission has ensured good documentation of discussions regarding DNAR decisions with patients and their families since this is often where DNACPR discussions were initiated.
A consultant countersignature was not present, however guidance suggests the endorsement of DNACPR decisions by the most senior responsible clinician when a consultant is not available.
Communication regarding DNACPR decisions within the discharge letter remains 100%. It was only documented that the DNACPR forms were given to 73% of patients discharged.

What we did:

The findings were presented at a Doctor's Business Meeting and the following discussed:

1. Continue to use the EMIS (Electronic Patient Record) prompts to document DNACPR discussions with patients and families.
2. Consider including a prompt on the EMIS (Electronic Patient Record) template to document the offer of DNACPR written information to patients.
3. Explore with clinicians whether leaflets are not being offered (and if not why not) or whether this is a documentation issue.
4. 6 out of 17 DNACPR forms were duplicates as the original was not with the patient. This highlights the importance of informing the patient/those important to them about the form being with the patient at all times.
5. Most senior responsible clinician to countersign DNACPR decisions.
6. Nursing teams could also be prompted on EMIS (Electronic Patient Record) to document that DNACPR forms have been given to patients to take home at discharge.

| | |
|---|---|
| Consent | Why we audit:<br>The aim of this audit was to establish whether the appropriate consent decisions are documented correctly on EMIS (Electronic Patient Record) , which demonstrates whether a patient or carer has consented to share information with other health care professionals, share information with relatives / carers, consented for medical procedures such as blood transfusion and catheterisation. All patients admitted to IPU between 1/6/24 and 1/9/24 were selected for this audit (21 patients). We do not currently have a paracentesis service, so no patients had ascitic drains inserted, and only one patient had a blood transfusion on the ward during that time. This audit also looked at consent for catheterisation.<br><br>The standards we used to audit:<br>The Hospice consent policy (3-Pol-4 Consent Policy) documents that all issues regarding the obtaining of consent, and the assessment of the ability of a person to do so, are conducted in accordance with the Department of Health Reference Guide to Consent for Examination or Treatment and the Mental Capacity Act 2005. Consent should be documented for all patients for sharing information with Health Care Practitioners, sharing information with relatives/carers, and any procedures on the inpatient unit such as blood transfusion and catheterisation.<br><br>What we found:<br>Consent for sharing information with other health care professionals: 21/21 patients (100%) had electronic documentation of consent EMIS (Electronic Patient Record) states this consent can be given by the patient or their next of kin.<br>Consent to share information with relatives/carers: 13/21 (62%) patients had electronic consent documented on this admission. A further three patient admissions had previous documentation of consent from earlier hospice experiences (2 of these were the same patient who had 2 admissions during the audit period) so 16/21 had documentation that they had given consent at some time (76%). 3/21 patients had specific documentation to say they were unable to consent (e.g. unable to communicate/unrousable). Two patients (9.5%) had no obvious documentation of consent to share information with relatives/carers.<br>**Blood Transfusion:** the patient who had received a blood transfusion had signed a written consent form with the doctor and this had been scanned into EMIS (Electronic Patient Record). The nurse commencing the transfusion had also documented that consent had been obtained (100%)<br>**Catheterisation:** 7 patients were considered for catheterisation and 7/7 had documented verbal consent for the procedure (100%) |

| | |
|---|---|
| | This is the first time an audit of consent has been undertaken since we have changed to EMIS (Electronic Patient Record) for patient record keeping. There was consistent documentation of consent to sharing information with other health care practitioners, possibly because it is integrated into the admission template which is always completed when a new patient is seen by the medical team.<br>Documentation for sharing information with relatives or carers was slightly less consistent although still good.<br>The one patient who had a blood transfusion had clear documentation by both the nurse, confirming consent had been gained, and by the doctor completing the consent form with necessary information. However, this information was not user friendly to find.<br>Documentation of consent for catheterisation was consistently present, though again was only located by trawling the records.<br>What we did:<br><br>Recommendations following this audit are that staff must remain vigilant when documenting consent and they are to record consent for all patients and all procedures that require consent.<br><br>To look at a separate EMIS (Electronic Patient Record) template specifically for consent for procedures, with separate consent codes for each procedure could improve clarity and efficiency for recording and locating consent information (e.g. for transfusion, catheterisation, bisphosphonate infusion). This may also help with data collection for frequency of procedures. |

## Quality Safety Metrics 2024/2025

Our incidents are graded by risk, based on the consequence and the likelihood of reoccurrence. Our incidents are monitored and quality assured each month by our Clinical Governance Committee, with all associated risks escalated to our quarterly Care Committee on behalf of the Board. During 2024/2025 there were nine notifiable patient safety incidents where we applied the statutory duty of candour.

| | 2022/2023 | 2023/2024 | 2024/2025 |
|---|---|---|---|
| **Clinical Incidents** | | | |
| Medication Incidents | 50 | 36 | 37 |
| Pressure Ulcer | 23 | 32 | 26 |
| Falls | 12 | 12 | 7 |
| Other Clinical Incidents | 31 | 34 | 6 |
| **Clinical Complaints** | | | |
| Total number of formal Complaints | 3 | 0 | 3 |
| **Clinical Indicators** | | | |
| RIDDOR (Patient related) | 0 | 0 | 0 |
| Outbreak of Infection Disease | 3 | 2 | 1 |
| Statutory Duty of Candour | 7 | 11 | 9 |
| Incidents Reported to CQC | 7 | 11 | 9 |

The statutory Duty of Candour is laid out in Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. It puts an overarching legal duty on health and social care providers to be open and transparent with people using services, and their families, in relation to their treatment or care.

We treat each unexpected event that occurs as an opportunity to learn how we could do things differently in the future. The same open and transparent Duty of Candour principles are applied, regardless the seriousness of the incident.

Throughout the year we have shared our monthly Quality and Safety Bulletins outlining key learning from patient safety incidents internally and externally. We continue to share our learning and celebrate good practice across our partnering organisations.

## Here are some of the quality highlights

- Responding to feedback and complaints
- Learning from medication documentation and administration errors
- Building security in the summer months
- Introducing our Quality and Improvement Volunteers
- How to speak up and raise concerns - Freedom to Speak Up Guardian
- Medication Optimisation/Nursing forums increasing engagement in managing incidents
- Medical Task and Finish Group (RAPID Improvement Group)
- Handling Controlled Drugs in the LWC review
- Ongoing excellence with Hand Hygiene Audits
- Increased collaboration and communication across the organisation
- Re-launched Living Well Centre Multi-Disciplinary Team Meeting
- Safeguarding Forum
- Our Patient Safety Incident Response Framework training now linked to Blue Stream
- Our Information Governance Bulletins
- Quality and Safety Bulletins
- CQC Action Group
- Clinical Leads and Hospice Leaders Meeting

# Our Numbers

**2236**
Total Counselling Sessions

**471**
Patient Sessions

**281**
Carer Sessions

**597**
Adult bereavement sessions

**887**
Children's bereavement sessions

**98**
Individual music therapy sessions

**222**
Living Well Group Sessions
1669 patients attended

**1143**
Complementary therapy sessions

**72**
Inpatient unit admissions

**14**
Mean average stay on our inpatient unit

**502**
Carer support sessions

**64**
Social work new patients/ families referred
1090 contacts with patients/ family

**80**
Patients benefitted from spiritual care

**961**
Contacts with patients/ families

**143**
Advice line calls

# Part 3 - Our Quality Highlights 2024/2025

## Clinical Learning and Education

In 2024/25, we held quarterly 'Welcoming You' corporate induction for staff and volunteers. Alongside our mandatory e-learning and face to face training programmes delivered by our training provider Blue Stream, our clinical staff are signed up to the Palliative and End of Life Care Learning Pathways to continue their professional development in accordance with the Cheshire recommended minimum standards. Staff within the inpatient area are expected to achieve clinical competencies which are regularly updated. These are monitored during regular reviews and 1:1's.

This year, our in-person clinical essential skills mandatory programme includes interactive sessions on Quality, Complaints, Medicines Management delivered by Pharmacy, Mental Capacity and Safeguarding, CPR, Pressure Ulcers, Infection Control, Blood Transfusion and Safe Management of Medicines. In addition, our Deputy Ward Manager and Link Nurses lead the nursing team clinical competencies to ensure each member of staff is competent and remains competent to carry out clinical care in line with their professional qualifications.

At the hospice staff receive safeguarding training appropriate to their roles. Clinical staff complete Safeguarding Level 2 training, which is delivered face-to-face three times per year. In addition to clinical staff training, we also provide face-to-face Level 1 safeguarding training for all housekeeping and catering staff, and a tailored Teams presentation for all volunteers to ensure consistent safeguarding awareness across the organisation. In April 2024, Ann Craft Trust delivered Level 3 Children, Young People and Adult Safeguarding training to our clinical leads. In June 2024, we were delighted to host the 'No Conversation is too Tough' workshop delivered free of charge to our nursing staff by the Ruth Strauss Foundation helping them to support parents to prepare their children for parental death. The training is facilitated by the Hospice Social Worker and Designated Safeguarding Lead, who is regularly commended for his passionate and interactive delivery. Feedback highlights the value of real-life examples and case studies used to reinforce key safeguarding principles in a meaningful and engaging way.

85% of our workforce have accessed Oliver McGowan Training and 92% of our workforce, including our Board of Trustees has accessed Patient Safety Incident Response essential training.

There have been further learning opportunities to continuously develop and build capability within our workforce, helping them to attain professional qualifications:

- Leap 76 has also provided Leadership Training to our managers and leaders
- Our Social Worker attained a MSC in Advanced Social Work Practice.
- Our Counselling Manager is now qualified in delivering Trauma Counselling.
- Our Deputy Ward Managers have passed their Leadership course

In line with the Ambitions framework 'All staff are prepared to care' the inpatient unit nursing team attend clinical skills sessions twice yearly. Clinical skills include education and/or competency assessed training on symptom management sessions, oncology emergency and updates to guidelines and competencies. Education sessions are provided with the expertise's of the whole multidisciplinary team.

Integrated education session on topics related to palliative care are provided every two months. Sessions are organised by the Hospice, Cheshire and Wirral Partnership Foundation Trust and Countess of Chester NHS Foundation Trust, topics for 2024/25 have included CJD (Creutzfeldt-Jakob disease, a rare and fatal prion disease that affects the brain), Research, Agitation management, Homelessness, Health and Palliative Care, Diabetes in Palliative Care and Immunotherapy. Sessions are recorded and disseminated to the clinical team with the support of outside speakers and the expertise of the multidisciplinary team.

To support learning from incidents, Pressure Ulcer management sessions have been provided to staff at Clinical skills session, Clinical Mandatory Training Sessions, CWP tissue viability team and through webinars on moisture associated skin damage and back to basics of pressure ulcer care. As well as ad hoc sessions on addressing skin tones, updates in safeguarding guidelines from the Department of Health and use of the ASSKING template to support prevention of pressure ulcers. This has led to a reduction in the number of pressure ulcers recorded as 'acquired' on the in-patient unit.

The Inpatient unit as part of Medicines Optimisation holds regular learning from incident session during the hospice Clinical Mandatory Training and holds nurse forum on medication errors. Following Medication incident, a SWARM huddle is held to develop any learning, feedback is given to staff thought the nurse forums, safety briefing, ward meeting or clinical skills training.

All of our training presentations are held on an interactive white board accessible to staff via QR codes. All nurses on the in-patient unit have a designated link nurse role with an area on interest to them such as diabetes, nutrition. Each link nurse has is able to provide

ad hoc training sessions using the white board. Link nurses also champion their link nurse role on annual days such as Diabetes or Dementia Awareness Days or Stop the Pressure Day to support the development of staff on IPU.

Supportive Care UK provided education to our medical staffing as part of the virtual Board Rounds twice weekly along with 2nd on call Consultant in Palliative Medicine advice provision.

## Medical and Nursing Students

Through partnership working with universities, we have facilitated professional placements for Medical, Nursing and Social Work students. An induction programme for student nurses is currently being trialled to support their learning experience. Working alongside the University we have also been able to introduce the role of Nurse Associate. This has provided career progression for Healthcare Assistances to the Nurse Associate role. In addition, our Living Well Centre Senior Staff Nurse delivered bespoke seminar to student nurses regarding creative healthcare.

The University of Liverpool School of Medicine was delighted to award Dr Beth Roberts with a Certificate of Commendation in recognition of her commitment to the delivery of high quality undergraduate medical education and provision of support for our student doctors.

## Here is what some of our students had to say:

“Beth was brilliant at teaching us on the ward, giving us regular informal teaching in the doctors office in between seeing patients. She also went out of her way to make sure we got our ePortfolio requirements. Thank you for helping our students to have a positive experience during their time on clinical placement.”

"Teaching and staff was of very high standard. Everyone was very accessible, welcoming and willing to teach. Particular doctors that were especially supportive were Dr Beth Roberts and Dr Suzanne Bullock."

"Team at the hospice were fantastic, so so much teaching, feel like I have a great understanding on palliative care. Bonus there was some lovely patients to talk histories and examine also."

"This has been the best placement of medical school so far. The staff have all been so lovely and welcoming and really made us feel a part of the team. The teaching has been amazing and really high quality and I feel like I have learnt so much in the two weeks. We have been really well supported with our portfolios and the timetable was so well organised and thought out. I just wish the placement was longer!"

## Supporting Staff Well Being

We launched a new Wellbeing Task and Finish Group with staff representing teams across the Hospice who are reviewing the themes of the staff survey (leadership, medical staffing and communication). A wellbeing toolkit has been completed to identify strengths and weaknesses, and a wellbeing strategy is being created.

## In 2024/2025 we have:

- Improved Employee Assistance Programme, including counselling support, online GP, health and financial advice and support
- Managers attended a bespoke Communication, team building and leadership training
- All staff were gifted a well-being day
- Breakfast drop-in with bacon butties, a chance for staff to mingle
- Weekly Midday Music
- Held staff meetings/Town Hall meetings – Trustees attended
- Weekly staff support 'drop in for a cuppa' session with our Chaplaincy Officer.
- Managers/Team Leaders Meeting re-launched
- Director of Clinical Services Recognition Awards

## We look forward to launching:

- Wellbeing Strategy
- Wellbeing champions
- Wellbeing initiatives being explored for classes/experiences/events
- New staff room space to be created
- Team photos arranged
- Regular lunchtime drop-in events to be introduced
- Staff Survey to go out October 2025
- Trustees attending All Staff Meetings
- Re-launch staff recognition scheme

## Our Director of Clinical Services Award

In January 2025, our new Director of Clinical Services Claire Royce, launched the *Clinical Services Recognition Award* to celebrate and acknowledge the vital contributions of our clinical and support staff to patient care. Each month, a name is drawn at random, providing the opportunity to recognise and thank our staff for the individual meaningful difference they make in delivering high-quality, compassionate care. This initiative reinforces our commitment to valuing staff and fostering a culture of appreciation across this special area of work.


In January 2025, our Spiritual Care Lead, Elaine White was recognised for 'The focus on care and compassion that they provide to everyone in this organisation, patients and staff alike'.

In February 2025, our Chef, Martin Herridge, was recognised for 'The care and attention that they give not only to their work but to those around him.'


In March 2025, our Registered Nurse, Louise Peacock was recognised for 'The care and compassion they show to patients and loved ones alike, making time and listening, so they feel heard.

In April 2025, our Complementary Therapist, Brighid Rowe was recognised for 'Their warmth, empathy and genuine care and their gift for making people feel seen, heard and valued.

We have a dedicated Volunteer Focus Group that meets quarterly, to discuss Hospice projects, share ideas and suggestions, and really give our volunteers a voice and an opportunity to have their say. Recent projects have included reviewing how we recruit volunteers to our busy warehouse. The group suggested an open morning, inviting prospective volunteers to look around, see the site and meet the team. As a result of this we were able to recruit 5 new volunteers and give them a real taste of what it's like to be a Warehouse Volunteer. We are now looking to run the open morning twice a year to help with recruitment. The group have also had vital input into how we recognise and communicate with volunteers, bringing new ideas and enthusiasm, which is very much appreciated.

In June 2024, we held our annual Volunteer Recognition event in our Hospice marquee. We were able to present to 43 volunteers with long service awards ranging from 5 years to 35 plus years! The volunteers were able to enjoy a delicious afternoon tea, produced by our fabulous catering team, and celebrate their dedication and commitment together.

In December 24 we hosted a very special Christmas Volunteer Thank You Evening held in the Chapel at Eaton Hall, by kind permission of the Duke and Duchess of Westminster. The evening was attended by approximately 80 volunteers who enjoyed festive carols performed by the amazing SingMe Merseyside choir, followed by a social gathering to enjoy mince pies. The event was enjoyed by all, and it was fabulous to be able to thank our volunteers in such prestigious surroundings.

Corporate volunteers continue to choose the Hospice as their charity of choice to offer volunteer days. This year we welcomed volunteers from Timberland, Lloyds Banking Group, M&S Bank and Sykes Cottages to name but a few. We are so appreciative of the work they get involved with helping us with maintenance tasks at the Hospice or supporting our team at the warehouse with collections, sorting and PAT testing.

## Patient Support Volunteering


Yasmine – Our Patient Support Volunteer said on #PowerOfYouthDay an annual celebration of youth social action across the UK:

"As a Patient Support Volunteer, I am motivated by the belief that small acts of kindness and service can make a meaningful difference to patients, their families, and friends."

"Volunteering at the hospice has taught me how to be more present, more compassionate, and how to support people beyond just their physical needs. I carry these lessons into my clinical work as a healthcare assistant, where I always try to

approach care as an opportunity to offer comfort, dignity, and human connection in every interaction."

"I would encourage more young people to volunteer, as every day you give is a chance to serve your community, build real-life skills, and grow into a more compassionate human being."

## Counselling Volunteering

Pam is one of our counselling volunteers. Here is what her manager Christine has to say about her:

"Pam is a welcome addition to our team. She engages with the whole team, shares skills and knowledge and is eager to help anyone."

"She shows compassion, care and professionalism. She is engaging, consistent and accommodating never missing any training or meetings held at the hospice. Pam also celebrated her 10 years of counselling at the hospice, and we look forward to presenting her certificate to her at our event tomorrow."

"I am so happy to have Pam as part of the team–long may it continue. Thank you Pam!"

We are so lucky to have so many dedicated volunteers at the hospice and we really do appreciate every single one.

## Supporting the Environment

Our environmental group meet every quarter. Where we can, the team at the Hospice works hard to ensure we respect the environment with sustainability and recycling initiatives.

In January 2025 our fundraising team collected over 4000 Christmas Trees from homes within the catchment area.  These were then chipped and used for much reducing landfill equating to 55,000kg of Co2 being diverted.

We use our electric van for use in our retail business which is a saving on both fuel costs and emissions.

In 2024/2025, based on our sales figures for ladies, men’s and children’s clothing we achieved the following:

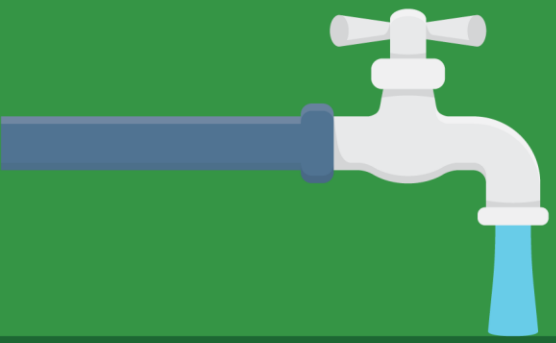
HOSPICE
OF THE GOOD SHEPHERD

# Retail Impact Data

April 2024 - March 2025

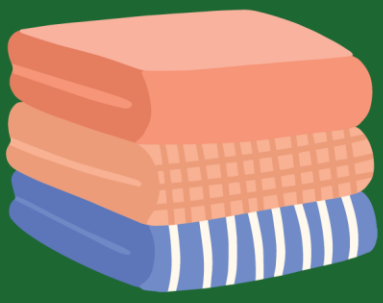
Total sales of preloved clothing generated £388,335 of income.

Our shops prevented around 19,982 kg of goods going in to landfills.



Hospice retail shops have saved 31,963 $m^3$ of water.

We sold 69,941 preloved clothing items in our shops.



Clothing sales have diverted 179,748 kg of Co2 from entering the atmosphere.

# Fundraising Highlights 2024/2025

The pantomime horse race raised £40,000

Our Christmas tree collection raised £50,000


Sparkle walk raised £36,500


Collection tins and bucket collections raised £60,000

Farndon Soapbox Derby raised £57,000

Foamtastic Colour Blast raised £31,500

Chester Santa Dash raised £73,000


Our Festive Fun Run raised £37,000

Santa's Grotto raised £38,000

# Part 4 - What people said about us in 2024/2025

## Inpatient unit comments

### First class care

“I can't believe the care and attention that is given to patient and family. We are all truly grateful and happy with everything you are doing for xxxx. We thank you from the bottom of our hearts. You are all amazing. You should all be very proud of yourselves. Thank you so much.”

“You are all marvellous! Love the Chef's food! Feel very much cared for and think you're all outstanding. The family feel very involved in all then care.”

“We have found that staff (all staff) show empathy. Respect and give dignity to our family member. There is a sense of 'calmness', instilling confidence in the team. All questions are answered with knowledge, truthfulness, but respecting our feelings and concerns. A BIG THANK YOU TO YOU ALL.”

“During xxx's stay here she has felt safe and supported. She has built up relationships with many of the entire staff. It's very much appreciated knowing xxxx is genuinely cared for at all times.”

“Everyone has been superb from the moment we arrived to the day xxxx passed. Thank you so much for the personal touches displayed and looking after her in such peaceful and professional environment to all staff and volunteers thank you.”

“The hospice provides a peaceful environment and space to destress. The gardens are so well kept, and having flowers on the ward is also so lovely and calming.”

“The whole experience would have been so much worse due to my disability, they are an essential service needed.”

## Living Well Centre comments

“All the staff are very friendly - you are recognised and known by your name. Any problems or needs are dealt with sensitively and without fuss. Nothing seems too much trouble. Endless cups of coffee, lovely lunches and opportunities to chat and make friends. A very uplifting experience. THANK YOU.”

“Attending the Hospice for regular complementary therapy gave me invaluable periods in which I can fully relax and talk about the progression of my wife's cancer.”

“I have been coming to the Living Well Centre about 18 months and would be lost without it. Everybody so friendly and helpful.”

“The care has certainly helped. I am given guidance to look after myself at home. I am motivated to continue fighting my disease.”

“This is the one really lovely experience which happens in mums’ life. There are few things which she enjoys/tolerates/ is responsive to. This if definitely one and I’m very grateful for these positive memories.”

“One never thinks they will be dying and what support is given to help. I was a nonbeliever in Comp Therapy and now I am a complete convert. Thank you so much for being there. Your skills are numerous.”

## Counselling service comments

“I am happy with everything. My counsellor was lovely. It’s been easy to talk about my loved one and be listened to. It’s subsided my suicidal thoughts.”

“I have used two counsellors at the Hospice. They were both excellent. I greatly appreciated their help and expertise in dealing with bereavement. My counsellor was excellent, gentle, caring & had great empathy in helping me talk through the challenges of bereavement. I can't thank the team enough for their care & wise words throughout a hugely difficult time in losing my daughter.”

“The team and manager were superb in helping me cope with my husband's passing and in handling subsequent distressing illness of my Mum and pet. I couldn't have got through the past seven/eight months without their expert guidance, advice and listening ear most importantly.”

“The service from my prospective was excellent.  I know I needed to speak to someone who could listen & support me which they did, and I am very grateful. Thank you.”

## Navigating Grief

“I have liked having someone to talk to about my family.”

“It's been amazing. He loved coming. I'll be back soon.”

“Just to say a huge Thank you on behalf of myself and the children for how amazing and invaluable that your help has been.”

# In the press 2025/2026



● The Hospice of the Good Shepherd counselling team: Front from the left - Anne Evason, Jane Rowlinson, Joanne Wynne, Julie Karmy; Back from the left - Pam Johnston, Nick Dunn, Paul Hughes. and (below) Christine Ankers

Callum Parmar

## 'Caring for those coming to the end of life can be tough - and rewarding'

**THE Hospice of the Good Shepherd in Backford is one of Chester's best loved charities and care centres. In the latest in an occasional series written by Hema De Winter, we highlight some of the moving and poignant personal stories of the people whose lives have been touched by the hospice.**

WHO has the words to help a terminal patient come to terms with the reality of their impending death?

Who takes the responsibility for helping young children understand that they're going to lose mummy or daddy forever?

Who is resilient enough to work with a dying parent to help create memory boxes, buy presents and write farewell letters and birthday cards to be handed to their children after their death?

Who has the skills to help a young person overcome the trauma of losing someone very special?

People like Christine Ankers.

Christine is the counselling manager at The Hospice of the Good Shepherd in Backford, working with a team of experienced, skilled and dedicated counsellors who between them bring a range of specialist skills in both adult and child bereavement counselling.

"I'd worked as a counsellor elsewhere and visited the hospice to see a friend who was a patient here.

"There was a lovely feel around the place - no sense of doom, gloom or sadness at all. It felt like a really uplifting place to be. When a counselling role became available, I applied and was lucky enough to be appointed."

Christine qualified as a counsellor after experiencing her own personal loss.

"On the surface I would have appeared chatty, bubbly and confident but deep down I was in a state of darkness.

"I didn't think I'd ever again be able to smile or experience happiness. Although I was initially dubious about the value of having counselling, it proved totally transformative for me - that's how I got involved in counselling."

She continued: "It's just magical to work with complete strangers who trust you enough to share their most intimate details with you and then see them have that lightbulb moment that can pull them out of their own profound darkness and change their lives forever. It's so humbling. It's really all about building trust and truly listening to people."

How do people cope with the approach of the end of their lives?

"Most individuals worry less about themselves than the loved ones they will be leaving behind. There's inevitably sadness and continuous expressions of love but rarely a sense of anger," Christine explains.

The role is incredibly varied: "In just one day I could be listening to a very unwell 80-year-old who's in tears as he looks back on the life that is ebbing away, encouraging a couple to open up to each other before it's too late, helping them to start the difficult conversation that they have been unable to start on their own, and helping a young person to understand why they feel so angry about their parent being diagnosed with a terminal illness.

"We're often asked to write letters and birthday cards to children, partners and siblings when patients can no longer do that for themselves, perhaps because they are now too ill or not really able to find the word to say what they want to say.

"There will be thank you and goodbye letters and we'll help children write letters to their dying parents.

"We'll help create memory jars and boxes and buy presents on behalf of patients that can be given to loved ones at Christmas, on birthdays or other special occasions after their death.

"When patients need us, we will do our best to respond almost instantaneously. By the time they ask, they can be close to the end and there might be only a short window during which they are still able to verbalise their wishes."

Working with children who have been or are facing bereavement requires special skills, as Christine explains: "Without the tools and experience to understand and process what's happening, children can react with anger when they face losing someone close to them. That's often the easiest way for them to react when they don't have the experience to process and verbalise their feelings.

"Some of the team are specifically qualified in art or play therapy and will use art, figures and even marbles to enable them to get their feelings across. Sometimes there will be more than one counsellor working with a family, depending on the circumstances and the skills they need."

The impact on children and young people from the loss of someone close can be devastating.

"Anger, self-harm, loss of self-esteem, absenteeism, disengagement, broken relationships – these are just some if the symptoms that are common and can have serious, long-term consequences if they're not addressed."

It's not just hospice patients and their families that the team is able to support: "We run the Reflect bereavement counselling service specifically for young people in Cheshire West who have been affected by bereavement. We work with individuals, in group settings and in local schools."

The Hospice of the Good Shepherd also provides informal drop-in adult bereavement support sessions at various locations including Storyhouse, Ellesmere Port Library and at the hospice.

How does Christine and her colleagues cope with being constantly faced with the pain, panic and intense anguish of others without it affecting their own well-being?

"We learn to keep some emotional distance without which we just wouldn't be able to do the job as well as we need to, and as well as our clients deserve.

"We also have opportunities to share our feelings with colleagues on a formal and semi-formal basis if we need to, and we're all good at switching off away from work and exercising self-care.

"In my case, that involves singing and music in general which are very emotive and therapeutic for me. I also write poems and short stories and look after various animals, as well as baking and gardening.

"It can be tough, there's no question but if I and my colleagues don't step forward to do this work, who will?"



## Heartfelt £15k thank you to caring hospice

BY HEMS DE WINTER

THERE was a warm welcome at the Hospice of the Good Shepherd for patient Ben Hirst.

Ben was diagnosed with bowel cancer in May this year at the age of 35.

He was referred to the hospice soon after and has since been visiting on an almost weekly basis for treatments and procedures.

Accompanied by close family, he made a special visit to Backford to present cheques totalling £15,000 as a heartfelt 'thank you' to the hospice team for the care and support he and his family have received since his referral.

Ben was referred to the hospice from Clatterbridge Hospital where he received his initial treatment.

"I suppose I reacted in the same way that others do when the word 'hospice' is mentioned. There's a bit of fear, even dread," he recalled.

"I was lucky. My partner Alice Little is a psychologist working with young cancer patients at Alder Hey Hospital and was able to help me understand what hospices are really all about.

"From everything she told me, they were places where you could have a good death and I felt that the Hospice of the Good Shepherd was worth exploring as an option for my future care."

Ben was invited to come in for a chat and a tour.

"Everyone on the team were just incredible and the facilities and atmosphere were amazing," he said.

"The café was a lovely space and we learned about all the services that were available including the Living Well outpatients' centre, the Coffee and Chat gatherings, the complimentary therapy sessions, the support available for families and all the counselling services. Staff and volunteers were just so welcoming and kind. Everything was calm, clean and spacious.

"When it comes to medical facilities, it's like comparing a budget hotel with The Ritz. I felt comfortable being there."

He added: "The way everything was done helped make a really difficult situation that little bit easier to bear. The notion that hospices are places where you go in and never come out is as far from the truth as you can get."

The donations presented by Ben covered the cost of some essential equipment. They included £1,427 for a new suction machine from City Framers, Chester, owned by Ben's dad Rick Nieto. Ben's family and friends raised an additional £6,598.

"Most of that was down to my younger brother Joe," said Ben.

"He wanted to do what he could to help and volunteered for a sponsored head shave. We were all staggered that he raised so much through sponsorship and donations and I was so proud of him for doing that. It was so emotional."

The money will be used to buy a new Mag Ozone Generator which is used to sanitise rooms.

Following a bid by Rick, there was also a £7,000 donation from The Earl of Chester Fund for a specialist bladder scanner.

Ben presented the cheques to ward manager Debbie Evans.

"To be able to say 'thank you' to the hospice in this way was so important to me. It was wonderful to be able to think that we'd all been able to make a difference to the patients that will be here in the future."

Thanking Ben and his family for their kindness and generosity, Debbie said: "The Inpatient Unit staff are so grateful to Ben and his family and friends for these donations that will enable us to purchase this essential equipment.

"It will help us continue to give outstanding care not just for Ben but all future IPU patients."

Debbie added: "Ben is amazing in the way he feels so strongly about the hospice that he still wanted to come and thank us in this way. We're so grateful."

● Ben Hirst with brother Joe following the sponsored head shave



● Scenes from the Farndon Soapbox Derby which raised an impressive £48,500 for The Hospice of the Good Shepherd and 12 other local good causes

## 'Amazing spectacle' Derby raises £48,500 for good causes

BY HEMS DE WINTER

UNDAUNTED by relentless rain, slippery slopes and sodden chicanes, intrepid drivers and their amazing karts took to the starting grid for this year's action-packed Farndon Soapbox Derby.

Now in its third year, the damp conditions failed to deter visitors and supporters: the event raised an impressive £48,500 for The Hospice of the Good Shepherd and 12 other local good causes.

"It took the combined efforts of our participants, sponsors, suppliers and volunteers over many months to put on this amazing spectacle," said hospice director of income generation, Caroline Siddall.

"We are particularly grateful to the members of the event committee who coordinated what has now established itself as a major, not-to-be-missed annual event."

Over 30 karts took part representing businesses and individuals from throughout the area. Some were participating for the third successive year.

Key sponsors included Gittins & Co; Daulby Read; Rickitt Partnership; Aaron & Partners; Ellis & Co and Rawsons Digital.

Teams, including Mr Fixit Rides Again, Glow Glow Barbie and Team Thunderbirds, competed against each other in an ingenious array of home-made karts down a steep, obstacle-filled track through a closed-off Farndon village centre to the gasps and cheers of the onlookers.

Funds raised from the three events now total £122,000.

"This is an astonishing figure," Caroline Siddall added. "We are immensely grateful to everyone involved: the committee, our sponsors, participants, visitors and volunteers, and to all those who so generously donated both online and on the day.

"Every penny of the money donated to The Hospice of the Good Shepherd will go to providing the very best support to those who turn to us in the final chapter of their lives for care, comfort and reassurance, both for themselves and their loved ones."

The top five fundraisers were Team Thunderbirds are Go (£1,759); Team Apitude (£1,665); Glow, Glow Barbie (£1,547); Mr Fixit Rides Again (£1,204) and Men of Churton Age (1,200).

The top three performers in the Corporate category were Aaron on a side of caution (1st), Rickitt Racers (2nd) and EVK Titanic (3rd).

The winners of the Senior category, Race & Retro, with Comic Trio the runners-up and Hypersonic in third place.



## Josh is running 500 10ks in his cousin's memory

BY HEMS DE WINTER

IT'S one of the most ambitious challenges ever undertaken on behalf of the Hospice of the Good Shepherd – and it won't be completed until 2026!

Every single day until then, teacher Josh Weller will be running 10km in memory of his cousin Katie Anderson, a hospice patient who passed away earlier this year aged just 38 years.

Josh started his challenge of running 10K each day for 500 consecutive days on April 10 this year and will finally complete the 5,000 kilometre – 3,106 mile marathon on Sunday, August 23, 2026!

By then, he hopes to have raised at least £10,000 to support the work of the hospice team in caring for patients and families from communities throughout Chester and Ellesmere Port.

What's more, Josh has signed up to run the Chester Marathon in October to boost his fundraising efforts. The event takes place on November 16 which would have been Katie's 39th birthday.

"I texted Katie just over a week before she passed away to tell her what I was planning," Josh, 26, explained.

"I asked her whether there was a particular charity that she wanted the money to go to and she unhesitatingly chose the hospice. Katie had been supported for some time by the team at the hospice's Living Well outpatient centre."

Josh continued: "There's no particular significance in running 500 days consecutively - I just felt it was a good number to aim for. I previously ran 5k every day for 486 days in memory of my grandmother. I thought that this time I would be a bit more ambitious."

Katie, a telesales manager for Vauxhall, married Rob in November 2019 and the newlyweds settled into their Northwich home, excited for the future. Katie's mum Jann lives in Chester.

Just two years later, at the age of 34, Katie was diagnosed with Stage 4 bowel cancer. The diagnosis came only after an unlikely twist of fate: a skydive organised by a friend to raise money for breast cancer.

The effort caused Katie's stomach pain to worsen and spread to her right shoulder.

It was this new symptom that led to further tests, ultimately revealing the devastating diagnosis.

Josh continued: "If there were 50 people in a room, it would be Katie who stood out. She was the brightest star.

"Throughout this ordeal, Katie showed us all what true strength, courage and determination looks like. She was a beacon of optimism and hope. Every single day, she continued to live her life with amazing positivity, believing she would win.

"We are all incredibly proud of her, not just for how she lived and fought but how open and honest she was, and the way she wants to share her story in a bid to make others aware of the symptoms of bowel cancer and how it doesn't just affect older people."

He added: "I'm not particularly looking forward to running every day during the cold and rainy winter months but I'm really proud to be honouring Katie's memory by supporting the hospice in this way.

"The services provided by the hospice team are so important to so many patients and families. It's not just pain relief, reassurance and end-of-life care – the therapies, counselling, practical, emotional and spiritual support and advice are all so important to people when they face their ultimate challenge. It's a privilege to help."

You can follow his journey on Instagram @jdw_runs.


● Teacher Josh Weller will be running 10km every day for 500 days in memory of his cousin Katie Anderson

● Katie Anderson with her husband Rob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