



Quality Account

2025-2026

Contents

Contents	2
Welcome from our Chief Executive.....	4
Our Vision	5
Our Purpose.....	5
Our Aims.....	5
Our Values	5
Part 1 - Looking Back	6
Our Quality Priorities 2025/2026	6
Part 2 - Looking Forward	12
Our Quality Priorities 2026/2027	12
Part 3 - Statutory Information and Statement of Assurance from the Board	13
Corporate Review	13
Our Services	13
Inpatient care.....	13
Living Well Centre Services	13
Counselling Services.....	13
We also work in partnership with our integrated care teams:	14
Our passionate and dedicated people.....	14
Regulatory Information	14
Safeguarding.....	15
Our Equality and Diversity Work	15
Freedom to Speak Up	17
Quality Assurance	17
Clinical Audit Highlights	19
Quality Safety Metrics 2025/2026.....	22
Part 4 - Our Quality Highlights 2025/2026	24
Clinical Innovations	24
Medical and Nursing Students	25
Patient Support Volunteering	26
Counselling Volunteering.....	27

Part 5 - What people said about us in 2025/2026	28
Inpatient unit service user comments.....	28
Living Well Centre service user comments.....	28
Counselling service user comments	29
Social & Public Media 2025/2026.....	29
Stakeholder feedback during the year	32
Part 6 – Other Mandated Statements	33
Research	33
Commissioner agreed Quality initiatives.....	33
Data Quality	33
Part 7 – Stakeholder Feedback	34
Healthwatch.....	34
Cheshire and Wirral Partnership NHS Foundation Trust	34
NHS Cheshire and Merseyside ICB	35

Welcome from our Chief Executive

I am pleased to present this year's Quality Account, which reflects the progress and achievements we have made as an organisation. Over the past year and due to the receipt of capital funds from NHS England, we have carried out building works to improve the quality of the patient environment in the inpatient unit. This will support our commitment to improve access, enhancing care quality, and ensuring that we continue to meet the evolving needs of the community we serve.

The Hospice of the Good Shepherd makes no charge to its patients, their families or carers for the services we provide. 17% of the funds needed to deliver the charity's services are provided by the NHS and the remainder is sourced through the operation of a lottery, charity retail shops, fundraising, voluntary donations and legacies from members of the public. It is a fundamental principle that the services we provide are delivered to a high standard. The public, as our main funders, do so in the expectation that those who need to access the hospice's services will receive a high quality and safe standard of care.

Our clinical governance framework enables the fulfilment of this obligation and has over the last year demonstrated improvement in the effective management of clinical risk and embedding the principles of continuous improvement.

Our purpose is to provide high-quality, safe, compassionate, person-centred care, support and treatment for people, families and carers impacted by a progressive life limiting illness through free, high quality, specialist palliative care, advice and guidance.

In our endeavours to achieve this purpose we strive to maintain a culture of clinical excellence by seeking feedback and encouraging all staff to share their views openly. We are pro-active in our responses, identifying weaknesses, and taking action to ensure that we learn and improve.

The Director of Quality Improvement has prepared this report and as I am the officer responsible for this Quality Account, I am satisfied that the information contained in this report is accurate and is a true and fair reflection of the quality of the Hospice's services.

Dr Richard Soulsby
Chief Executive

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.

Our Aims

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

Our Strategic Priorities



Our Values

Our Values Underpin Everything We Do

Our Values



Part 1 - Looking Back

Our Quality Priorities 2025/2026

Our clinical services operational plan for 2025/26 had three objectives that linked to our strategic aims, with each of these objectives seeking to achieve improvements in these key areas:

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

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

Patient Experience - *delivering care which people can easily access, where feedback is welcomed, people feel they are listened to, and their preferences are considered.*

2025/2026 Quality Priority 1

Our Patient Safety 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

What we did?

Following a detailed review of our most frequently reported incidents, we undertook focused investigations as part of our Patient Safety Incident Response Plan (PSIRP), which was reviewed and approved by the NHS Cheshire and Merseyside Integrated Care Board Central Patient Safety Team and launched in June 2025.

We allocated named clinical staff (link nurses) to lead improvements in key safety areas. We also established regular multidisciplinary team discussions following incidents, known as SWARM huddles and After Action Reviews, enabling staff to quickly understand what happened, learn together, and make timely improvements. Alongside this, we adopted a simple “plan, do, study, and act” approach, helping staff build confidence in reviewing incidents and putting learning into practice. This approach ensures that we direct our learning and improvement efforts to areas of greatest risk and impact.

We prioritised three key patient safety area:

- **Controlled Drug Safety**
- **Pressure Ulcer Care**
- **Inpatient Falls**



This table displays a summary of key patient safety insights, improvements, and areas of good practice identified following After Action Reviews undertaken in response to incidents.

Theme	Key Insights	Key improvements	Areas of good practice
Controlled Drug Safety	<ul style="list-style-type: none"> ▪ Documentation and prescribing errors persisted despite two-person checks ▪ Risks linked to workflow complexity, interruptions, and human and system factors ▪ Importance of clear processes and accurate recording 	<ul style="list-style-type: none"> ▪ Medicines optimisation training and reflective learning ▪ Strengthened prescribing guidance 24 hours a day ▪ Improved documentation and checking processes ▪ Reduced distractions through system changes ▪ 48% reduction in incident rate* (Chart 1) 	<ul style="list-style-type: none"> ▪ Strong safety culture with staff proactively identifying and addressing 100% of errors before harm occurred ▪ Effective teamwork & communication supporting safe practice
Pressure Ulcer Care	<ul style="list-style-type: none"> ▪ Risks linked to patients declining repositioning and end-of-life decision-making, which needs improved documentation ▪ Importance of responding to rapid changes (e.g. oedema) ▪ Human factors highlighted opportunities to strengthen risk assessment and communication 	<ul style="list-style-type: none"> ▪ New risk assessment approach (PURPOSE T) ▪ Clinical System - EMIS template improvements to support care planning ▪ Mandatory training and clinical skills programme ▪ 33% reduction in incident rate* (Chart 1) 	<ul style="list-style-type: none"> ▪ Consistently holistic, person-centred care ▪ Strong multidisciplinary working and dietetic input ▪ Active involvement of patients and families ▪ Timely response to changing clinical needs
Inpatient Falls	<ul style="list-style-type: none"> ▪ Falls occurred with patients assessed as mobile/independent ▪ Mostly low/no harm incidents (e.g. slips) ▪ Unfamiliar environment and patient independence increases risk 	<ul style="list-style-type: none"> ▪ New Falls Prevention Care Plan with clearer risk scoring (in testing) ▪ Enhanced mobility and falls education ▪ Link Nurse leadership and EMIS integration ▪ Bite-sized learning and communication training ▪ 18% reduction in incident rate* (Chart 1) and no repeat falls in high-risk patients 	<ul style="list-style-type: none"> ▪ Respect for patient autonomy alongside clear safety advice ▪ Prompt post-fall clinical review and action ▪ Strong documentation and Duty of Candour compliance ▪ Effective communication with families and the multidisciplinary team

Table 1 – Summary of key patient safety insights, improvements, and areas of good practice

** Incident rate is calculated per 1,000 bed days which is a way of showing how often incidents happen, adjusted for how many inpatients we were caring for at the time of the incident occurring*

Chart 1 displays incident rates per 1,000 bed days, comparing the pre-PSIRP period (April 2024 - May 2025) with the post-PSIRP period (June 2025 - March 2026). The observed reductions demonstrate the impact of targeted key patient safety areas, informed by incident reporting, SWARM huddles, and structured After Action Reviews.

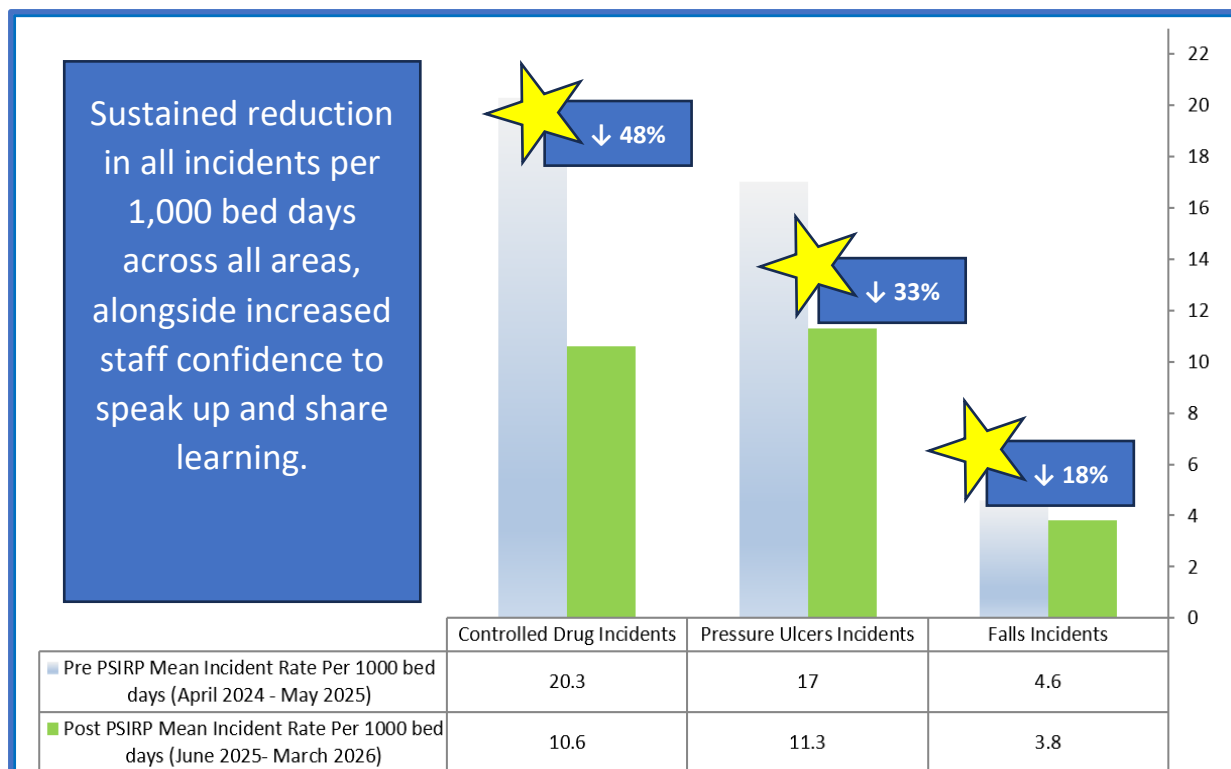


Chart 1 – Incident Rates per 1,000 Bed Days: Pre- and Post-PSIRP

2025/2026 Quality Priority 2

Our Clinical Effectiveness 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.

What we did?

During 2024/25 and into 2025/26, we implemented a structured, organisation-wide improvement programme. Initial priorities focused on stabilising clinical services by strengthening the medical workforce and supporting staff wellbeing and retention.

We established an inclusive, staff-led approach to improvement, underpinned by psychological safety, transparency, and compassionate leadership. A multidisciplinary **CQC Action Group** was created, providing a forum for staff across all roles to share insight, raise concerns, and co-produce solutions.

A comprehensive self-assessment against the CQC framework was undertaken, triangulating intelligence from staff surveys, patient and service user feedback, and organisational performance data. This informed three organisation-wide improvement programmes:

1. **Inclusive Access to Care & Patient Experience**
2. **Culture of Safety, Workforce Development & Staff Wellbeing**
3. **Governance, Clinical Systems & Digital Transformation**

The impact is displayed in Table 2.

Improvement Programme 1. Inclusive Access to Care & Patient Experience

What we achieved:

- Established a baseline of service reach and population need and aligned priorities to the NHS Long Term Plan
- Strengthened access through improved referral pathways and the introduction of a Living Well Centre weekly multidisciplinary team
- Implemented NEWS2 and a Sepsis Policy, alongside ongoing medicines optimisation work
- Developed a safer staffing dependency tool
- Improved safety through emergency preparedness (Martins Law) and upgrade
- Introduced co-production approaches to embed equity, diversity, inclusion, and dementia-friendly care

Next Steps:

- Strengthen advance care planning processes and monitoring
- Expand accessible communication and patient information
- Develop and commence implementing a Clinical Strategy enhancing accessibility of our services
- Expand outreach education with continued focus on embedding equity and inclusion across all services

Improvement Programme 2. Culture of Safety, Workforce Development & Staff Wellbeing

What we achieved:

- Developed a People Strategy and Wellbeing Strategy, defining how we support and measure staff wellbeing, with improved facilities
- Introduced a quarterly Wellbeing Pulse Survey (March 2025) maintained a wellbeing score of 7/10.
- Delivered values-based training for all managers and introduced new appraisal and one-to-one templates focused on wellbeing conversations.
- Expanded wellbeing support (24/7 GP, counselling, crisis and financial support)
- Introduced Wellbeing Champions, a programme of wellbeing activities with a regular wellbeing bulletin

Next Steps:

- Further improve workforce outcomes and demonstrate the positive impact of staff experience on patient care.
- Integrate workforce and quality data to strengthen decision-making and risk management
- Continue to build a culture of continuous development with confident, compassionate leadership

Improvement Programme 3. Governance, Clinical Systems & Digital Transformation

What we achieved:

- Strengthened governance with risk heat maps to improve oversight and decision-making
- Achieved full compliance with policy reviews
- Improved digital systems (EMIS redesign of inpatient admission process and Radar incident forms)
- Enabled safe use of AI (Artificial Intelligence) to support non patient activity
- Introduced interactive data analysis using Power BI and Radar Dashboards
- Embedded an open learning culture (open meetings, safety bulletins, Patient Safety Assurance Forum progress)
- Strengthened clinical quality partnerships across local providers support resilience and efficiency
- Introduced a daily 5-minute situational report meetings with a dashboard on a Teams Channel to highlight immediate operational risks and key data

Next Steps:

- Integrate electronic palliative care coordination system framework
- Embed EMIS clinical system improvements with better data use
- Launch clinical outcomes interactive dashboard to support decision making
- Launch Quality Strategy
- Regularly review performance measures with a focus on equity, diversity and inclusion

Table 2 – Summary of key achievements from the improvement programmes in response to the CQC self-assessment

2025/2026 Quality Priority 3

Our Patient Experience 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.

What we did?

We have strengthened how we use the **Integrated Palliative Care Outcome Scale (IPOS)**, to more actively inform clinical decision-making. IPOS data is now routinely reviewed and acted upon in advance of MDT meetings, enabling proactive identification and management of patient needs. We are further developing an **interactive dashboard** to support real-time visibility of trends and patterns, enabling teams to identify emerging issues, monitor outcomes over time, and enhance multidisciplinary decision-making.

We undertook a comprehensive review of patient, family and carer feedback from multiple sources, including compliments, social media, and service user feedback questionnaires, to better understand users' experiences, alongside clinical outcomes measures. Quantitative data reinforces these findings, with 100% of respondents rating their experience as good or outstanding. Outstanding ratings were particularly high across services (98% - Living Well Centre, 91% - Inpatient Unit, 91% - Counselling Service), alongside consistently strong scores for dignity, respect, communication, and emotional support.

Part 2 - Looking Forward

Our Quality Priorities 2026/2027

For 2026/2027 we have agreed the following priorities for quality improvement:

Quality Priorities 2026/2027	
Patient Safety	<p>Our Aim</p> <p>To sustain our strong safety performance, maintaining zero harm incidents while embedding our second Patient Safety Incident Response Plan to proactively anticipate risks, strengthen learning, and continuously improve patient safety.</p> <p>We will:</p> <ul style="list-style-type: none"> ▪ Refine and embed our second Patient Safety Incident Response Plan to strengthen learning from emerging incidents and near miss trends ▪ Maintain high standards of care to prevent harm (medication, falls, pressure ulcers) ▪ Improve early recognition and response to deterioration ▪ Strengthen a psychologically safe culture where staff feel confident to speak up ▪ Ensure safe transitions and clear communication across services
Clinical Effectiveness	<p>Our Aim</p> <p>To implement and embed The Hospice of the Good Shepherd’s Clinical Strategy, ensuring the delivery of timely, equitable and integrated palliative and end of life care closer to home.</p> <p>We will:</p> <ul style="list-style-type: none"> ▪ Implement and embed the Hospice of the Good Shepherd’s Clinical Strategy across all services – align teams, pathways and systems to support consistent delivery of care ▪ Develop our data use, audit, and service user feedback to measure outcomes and drive continuous improvement
Patient Experience	<p>Our Aim</p> <p>To strengthen patient and family involvement by expanding lived experience representation within our Service User Participation Group, and to use patient stories to improve care and support sustainable income generation.</p> <p>We will:</p> <ul style="list-style-type: none"> ▪ Expand and diversify membership of the Service User Participation Group. ▪ Embed Lived Experience in Improvement and service design ▪ Enhance storytelling for meaningful impact

Part 3 - 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 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 a 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 17% 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 2025/2026, the Hospice of the Good Shepherd provided the following types of service:

Inpatient care	Living Well Centre Services	Counselling Services
<ul style="list-style-type: none"> ▪ 10-bed inpatient unit, 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 	<ul style="list-style-type: none"> ▪ 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 	<ul style="list-style-type: none"> ▪ Adult Counselling including trauma therapy for in/out patients, carers and family ▪ Child Counselling including trauma therapy young carers and family ▪ Bereavement support for carers and family members – children and adults ▪ Play therapy for children ▪ Counselling for the Homeless ▪ Group sessions for young children ▪ Emotional support youth club after school

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
- St Lukes and East Cheshire Hospice - Homeless Palliative Care Coordinator and Equality, Inclusion and Diversity Coordinator
- Cheshire & Merseyside Integrated Care Board – West Cheshire Place, Chester East PCN, Central Patient Safety Team, Medicines Optimisation
- 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
- Chester University, Medical School and Nursing School Placements
- Liverpool Medical School
- Wrexham University
- The End of Life Partnership
- MARS (Multiagency for Rough Sleepers)

Table 3 – Hospice of the Good Shepherd Clinical Services

Our passionate and dedicated people

We could not achieve what we do without our dedicated staff and volunteers. In the year to March 2026, we employed 130 staff (both full- and part-time) with a wide range of skills, knowledge and professional qualifications. We are also fortunate to be supported by over 400 volunteers who give their time freely. Without their continued commitment, we would not be able to deliver our services.

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

During 2025/2026, we continued to strengthen patient safety, governance, staff wellbeing, and clinical systems, building on the whole-organisation improvement programme introduced following our focused Care Quality Commission inspection in August 2024. This inspection rated the hospice as Requires Improvement.

Safe	Requires Improvement
Effective	Good
Caring	Good
Responsive	Requires Improvement
Well-Led	Requires Improvement

In March 2026, the Care Quality Commission revisited for a full inspection, providing us with positive initial feedback. Inspectors highlighted safe systems, effective oversight, compassionate and person-centred care, strong teamwork, and a well-led organisation with clear governance arrangements linking frontline care to Board-level oversight. There were no areas for improvement raised, we await the formal report.

Our latest report for Hospice of the Good Shepherd will be published shortly on the Care Quality Commission website [Hospice of the Good Shepherd - Care Quality Commission](#).

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.

During 2025/26, the Hospice of the Good Shepherd strengthened its approach to safeguarding, ensuring patients, families, and carers remain safe and well supported. Improvements to leadership and oversight have made it easier for staff to raise concerns, leading to an increase in reporting and earlier support for those at risk. Most concerns related to people's emotional wellbeing, including mental health and vulnerability, highlighting the importance of timely, compassionate care. The hospice continues to work closely with external partners such as health services, social care, and schools to provide joined-up support. Overall, safeguarding is now more visible across the organisation, with a strong focus on openness, learning, and providing safe, person-centred care for everyone who uses our services.

Our Equality and Diversity Work

Our Equality, Diversity and Inclusion Steering group has grown in numbers, with more representation from all service areas, and has continued to make good progress throughout 2025.

A key project was the 'Pride in Caring' week, which saw the Hospice and our shops take part in a special week-long event in the lead up to the Pride event that takes place every August in Chester City Centre.

Everyone was encouraged to colour in their own Pride flag that was then displayed and our café provided Pride themed cakes and sandwiches, which went down very well. In retail, the shop windows were dressed to support Pride, raising the awareness and support of this special event. The week concluded with 20 members of staff, Trustee and volunteers walking in the parade, proudly wearing Hospice t-shirts and holding up our banner, really promoting our amazing care and support to the whole LGBTQ+ community.



In October 2025, the Hospice undertook a Dementia-Friendly Environment Audit to assess how effectively its physical environments support people living with dementia and cognitive impairment. The audit aligns with the Care Quality Commission (CQC) Single Assessment Framework, specifically the Responsive domain and the Equity in Access quality statement, by ensuring that hospice services remain inclusive, accessible, and responsive to diverse needs.

The audit used the Alzheimer’s Society Dementia Friendly Environment Checklist, a nationally recognised assessment tool. Each area was assessed across seven environmental domains. Findings were rated as fully meeting, partially meeting, or not meeting the assessment criteria.

Findings:

- 71% of criteria were fully met
- 29% were partially met
- 0% criteria unmet.

Areas identified for further improvement:

- enhancing directional signage,
- ensuring signage is consistently positioned at eye level
- improving colour contrast in toilet areas
- adding visual indicators to glass doors
- removing potentially confusing flooring features such as 3D rugs.

The Hospice of the Good Shepherd is committed to promoting, improving, and embedding equality, diversity, and inclusion across all services, ensuring that patients, families, carers, staff, volunteers, and customers feel valued, respected, and supported.

Freedom to Speak Up



We have a Freedom to Speak Up Guardian, accredited with the National Guardian Office and trained to support staff and volunteers across all disciplines. 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 has their own staff engagement representative who collates 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 2025 to 31 March 2026 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
Regular Audits Checks: Controlled Drugs, Infection Prevention Control, Blood Sugar Testing, Individualised Care, Mortality, Pressure Ulcers, Falls	Continuous Audit	Check compliance with standards, best practice & policy	Nightly/Weekly/ Monthly – internal & external
Clinical Audit themes: Clinical Care & Symptom Management, Decision Making, End of Life Care, Equality and Diversity, Medical Equipment, Governance and Reporting, Infection Prevention Control, Duffie, Medicines, Nutrition & Hydration	Internal Clinical Audit Programme	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
NHS Safeguarding contractual standards	Self-Assessment	Assurance/compliance with legislation and statutory guidance	Bi-Annual
NHS Quality Schedule for Independent Providers	Reports, audits and exception notifications	Demonstrates compliance with Cheshire & Mersey Integrated Care Board	Monthly

Name	Type	Purpose	Frequency
Patient Safety Incident Response	Policy & Reporting	Ensure proportionate response, learning and improvement	Annual & monthly reporting
Data and Key Performance Indicators	Reports	Monitor performance and early warning signs	Monthly & Quarterly
Risk Register Heat Maps	Risk Monitoring	Provide assurance on risks and mitigation floor to Board	Monthly & Quarterly
Patient Experience & Complaints	Reports	Drive improvement from feedback	Monthly & Quarterly

Table 4 – Quality Assurance Framework

Our audits and reports provide assurance on service quality. Findings are reviewed in governance meetings, where multidisciplinary teams share good practice, challenge care, and drive improvement across services. Figure 1 displays the meetings which form part of the Ward to Board governance structure.

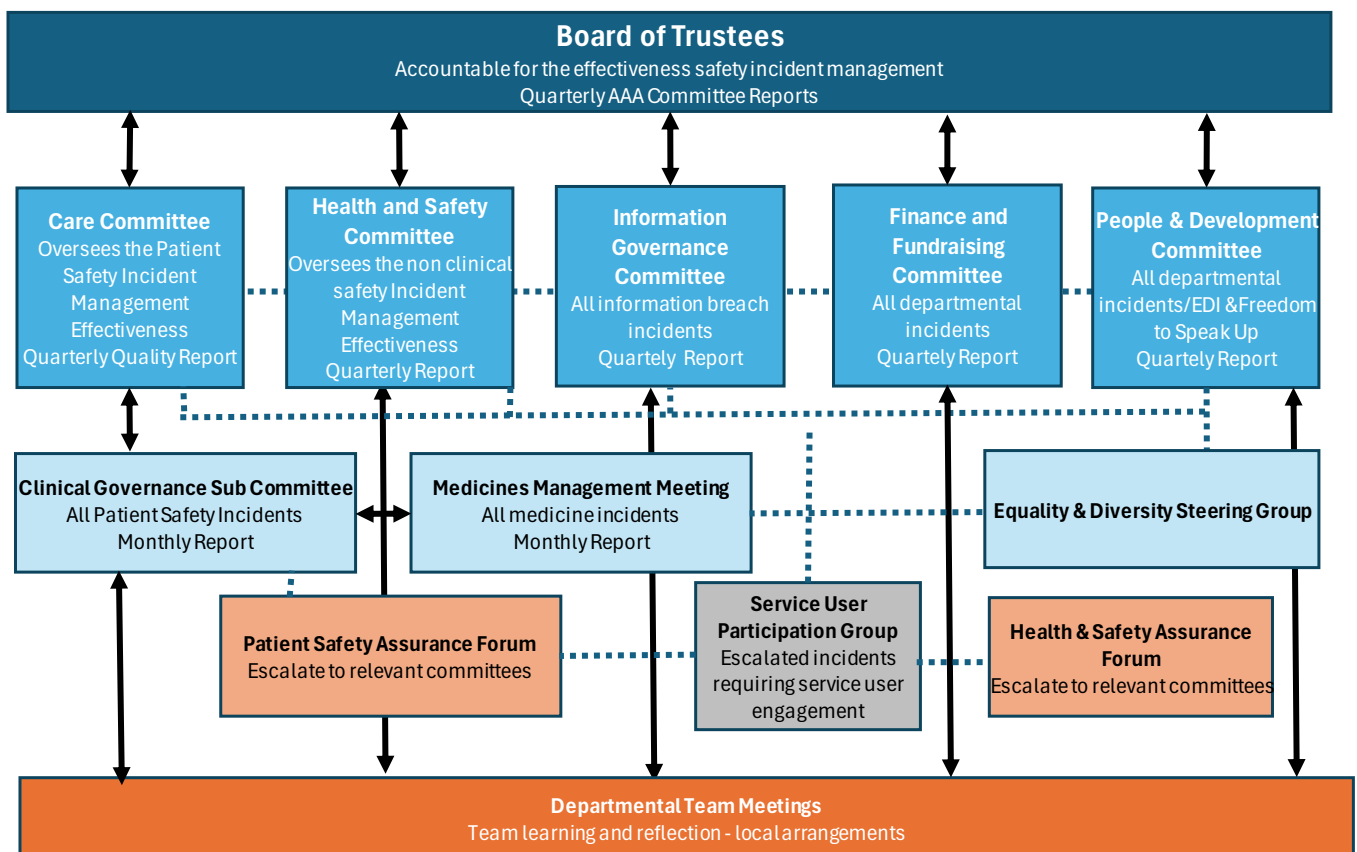


Figure 1 – Patient Safety Governance Meeting Structure

Clinical Audit Highlights

During 2025/2026, we have highlighted audits we have undertaken as part of the annual audit programme:

Audit Area	Key Findings	Improvement
Clinical Care & Symptom Management:		
Nausea and Vomiting	<ul style="list-style-type: none"> ▪ Reversible causes consistently treated ▪ ↑ Use of parenteral antiemetics (90% vs 73% 2024) ▪ ↑ Symptom control within 72 hrs (73% vs 59% 2024) ▪ Strong, consistent prescribing of regular & as required antiemetics 	<ul style="list-style-type: none"> ▪ New audit standards to be developed using the North West Coast Clinical Network symptom guidelines.
Constipation	<ul style="list-style-type: none"> ▪ Small cohorts; limited comparability ▪ Bloods high → dropped in 2025 (67%) ▪ Most patients already on laxatives (up 89%) ▪ High use of suppositories/enemas (≈70–78%) ▪ Rectal exam rarely done before rectal meds; gaps in documentation 	<ul style="list-style-type: none"> ▪ Reinforced non-drug management and documentation ▪ Improved bowel care template (incl. Bristol stool chart) ▪ Promoted Rectal exam before rectal interventions ▪ Raised awareness of medication-related constipation ▪ Agreed use of consistent clinical guidelines
Neuropathic Pain	<ul style="list-style-type: none"> ▪ Average documentation score improved 2023; 2024; 2025 (3.3 → 4.6 → 4.9). ▪ Site always recorded (100%), but character and associated factors were inconsistent although improved 2023; 2024; 2025 (5.5% → 29% → 37.5%) still below 100% target. ▪ Associated factors documentation improved; recording of pain character declined from 2024. 	<ul style="list-style-type: none"> ▪ Promoted SOCRATES (Site, Onset, Character, Radiation, Associated Factors, Timing, Exacerbating and Relieving Factors and Severity) use for all pain assessments ▪ Ensured clear recording of positives and negatives (e.g. “no associated factors”) ▪ Improved documentation quality and completeness
Blood Transfusions	<ul style="list-style-type: none"> ▪ 100% consent recorded with forms and observations completed correctly ▪ Blood collected on time; records complete ▪ Safe double-checking by trained staff ▪ Observations and escalation appropriate ▪ Strong staff competency and compliance ▪ Group compatibility not consistently recorded on the pink therapy chart 	<ul style="list-style-type: none"> ▪ Training updated to include identified gaps with refresher added to 2026/27 study day ▪ Competency checklist updated (TACO Transfusion Associated Circulatory Overload, compatibility, traceability)

Audit Area	Key Findings	Improvement
Clinical Care & Symptom Management:		
Hypercalcaemia	<ul style="list-style-type: none"> ▪ Documentation: 100% symptoms recorded ▪ Symptoms: mixed presentations; confusion (2), nausea/vomiting (2), pain (1) ▪ Calcium: 2.76–2.84 (median 2.79) ▪ Renal function: 100% checked in all cases ▪ Fluids: 100% received Sodium Chloride 0.9% ▪ Bisphosphonates: 1 treated; 2 not applicable ▪ Follow-up: limited; 1 improved with fluids ▪ Overall: good adherence to initial care; treatment limited by deterioration 	<ul style="list-style-type: none"> ▪ Standardised follow-up calcium checks
Other audits:		
Treatment Escalation Plan (TEP)	<ul style="list-style-type: none"> ▪ TEP use low: completed in 7/17 (41%) Q4 24/25 & Capacity recording inconsistent: 6/17 (35%) → needed improvement. ▪ Recognition of patient wishes examples where treatments were identified as beneficial ▪ Limited treatment options documented: mainly hospital transfer and IV antibiotics ▪ Evidence of shared decision-making: discussions documented around hospital transfer and IV antibiotics 	<ul style="list-style-type: none"> ▪ Consultant Led ward rounds in place from June 2025 ensures TEP in place ▪ TEP template reviewed as part of the EMIS improvement works.
Equality Diversity & Inclusion - Dementia Friendly Environment Audit	<ul style="list-style-type: none"> ▪ Strong overall compliance: 71% Alzheimer Society criteria fully met; 0% unmet ▪ Positive environment: all areas supportive and dementia-friendly ▪ Best performing area: Living Well Centre highest scoring ▪ Key improvement: signage consistency, toilet contrast, flooring design ▪ Good practice: lighting, seating, and visual landmarks well implemented 	<ul style="list-style-type: none"> ▪ Improved signage (clear, contrasting, consistent) ▪ Enhanced environment (toilet contrast, flooring, glass safety) ▪ Provide patient resources (activity box, room signage) ▪ Strengthen staff support (awareness, training, access to tools)

Audit Area	Key Findings	Improvement
Other audits:		
Infection Prevention & Control	<ul style="list-style-type: none"> ▪ Patient Placement/Risk Assessment - 100% ▪ Hand Hygiene - 96.2% ▪ Respiratory/Cough Hygiene - 100% ▪ PPE - 100% ▪ Care Equipment - 100% ▪ Care Environment - 100% ▪ Linen - 92.3% ▪ Blood/Body Fluids - 100% ▪ Occupational national Safety – 96.6% ▪ Waste Disposal – 94.1% 	<ul style="list-style-type: none"> ▪ Introduced new hand hygiene audit tool ▪ Strengthened IPC governance and reporting ▪ Safety bulletins and posters increased awareness ▪ Strengthened waste disposal compliance
Antibiotic Audit	<ul style="list-style-type: none"> ▪ Reduction in antibiotic use (71% → 38%) ▪ Less IV, more oral prescribing ▪ Good formulary compliance ▪ Improved microbiology use ▪ Safe care maintained (no ↑ hospital transfers) ▪ Appropriate end-of-life prescribing 	<ul style="list-style-type: none"> ▪ Introduced objective criteria (NEWS) to define “systemically unwell” ▪ Improved justification for IV therapy initiation ▪ Supports more consistent clinical decision-making
FP10 Stationery	<ul style="list-style-type: none"> ▪ 100% FP10 reconciliation compliance ▪ No missing or unsafe FP10 use ▪ EMIS recording inconsistent (50% compliant) ▪ Nursing entries incomplete ▪ New staff awareness gaps 	<ul style="list-style-type: none"> ▪ Reinforce mandatory use of the FP10 EMIS template ▪ FP10 process part of induction ▪ Targeted feedback to clinicians

Table 5 – Clinical Audit Highlights

Quality Safety Metrics 2025/2026

Our incidents are risk graded by severity and likelihood, reviewed monthly by the Patient Safety Assurance Forum, with key themes reported to the Clinical Governance Committee, with associated risks escalated quarterly to the Care Committee. From 2023 to 2026, patient safety has improved, with no serious harm incidents and reductions in moderate harm (n.11 to n.4) and low/no harm (n.142 to n.91). The harm rate per 1,000 bed days has more than halved. Medication incidents increased (n.36 to n.49), reflecting stronger reporting, including near misses. This remains a key improvement focus, with early evidence of improvement in controlled drug incidents following the implementation of Patient Safety Incident Response Plan in June 2025. In 2025/2026, four notifiable incidents met Duty of Candour requirements (Regulation 20, Health and Social Care Act 2008 Regulations 2014) relating to grade 3 pressure ulcers and were reported to CQC. We treat all incidents regardless of severity as opportunities to learn, applying the same principles of openness and honesty throughout.

	2023/2024	2024/2025	2025/2026
Clinical Incidents			
Serious harm incidents	0	0	0
Moderate harm incidents	11	9	4
Low/No Harm/Near Miss	142	98	91
Harm rate per 1000 bed days	4.78	5.88	2.57
Top 3 Patient Safety Incident Categories			
Medication Incidents	36 <i>(18 Controlled/18 Non Controlled Drug)</i>	37 <i>(18 Controlled/19 Non Controlled Drug)</i>	49 <i>(23 Controlled/26 Non Controlled Drug)</i>
Pressure Ulcer	32	26	21
Falls	12	7	7
Clinical Complaints			
Formal Complaints	0	3	1
Clinical Indicators			
RIDDOR (Patient related)	0	0	0
Outbreak of Infection Disease	2	1	0
Statutory Duty of Candour	11	9	4

Table 6 – Quality Metrics

Our Numbers 2025/2026

Living Well Services

1011 Adult Counselling sessions (Average waitlist time 5 weeks)	445 Child Counselling sessions (Average waitlist time 2 weeks)	265 People accessed our Adult and Child Counselling Services
866 Patient complementary therapy sessions (Supporting 173 patients)	281 Carer complementary therapy sessions (Supporting 65 carers)	576 Carer Support contacts (Supporting 89 carers)
810 Patient contacts made by Living Well Nurses	102 Average monthly Living Well patient caseload (Data available from June 2025)	66 Patients attended group music therapy sessions
724 Attended Coffee and Chat group sessions with many regulars attending every week	1742 Attended our Living Well Centre groups and wellbeing programmes (Supporting 180 service users)	222 New patient referrals accepted into our Living Well Centre

Supporting all services

913 Spiritual Care contacts with patients and families/carers	735 Nurse time on Advice Line call in minutes (reintroduced in December 2025)
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Inpatient Unit

107 Patient admissions	16 Mean average stay in days on our Inpatient Unit	3 days Average Inpatient Unit wait list time
1.2 Average bed throughput People discharged / no. beds	59% Average bed occupancy (reduced occupancy due to IPU improvement works)	51 Patient discharges from the Inpatient Unit (to own home, care home or hospital)

Part 4 - Our Quality Highlights 2025/2026

Clinical Innovations

We created the space, support and encouragement colleagues need to explore ideas with confidence, offering protected time, accessible leadership and a culture where curiosity is valued. By listening deeply and fostering psychological safety, we've built trust and empowered people to lead meaningful change.

Here are some of the clinical innovations achieved during 2025/2026:

Continuously improving our patient safety and care:

- Earlier identification of deterioration and clearer escalation through the introduction of NEWS.
- Safer, more individualised medicines practice, including changes to PRN charts, improved prescribing, electronic drug lockers and stronger learning from incidents.
- A more open, supportive patient-safety culture, with better reporting, shared learning and fewer pressure ulcers, medication incidents and falls.

Stronger support for patients and families:

- Improved access to specialist advice through integrated resourcing of Consultant in Palliative Medicine across community and hospice teams, the re-launched Out-of-Hours Advice Line, helping people feel supported and reducing unnecessary hospital admissions.
- More responsive and inclusive bereavement support, including volunteer-led groups and more personal Time to Remember services.
- Stronger safeguarding leadership, giving staff clearer support and improving resilience across the service.

A supported, skilled and confident workforce:

- Our Consultant in Palliative Medicine commenced post in June 2025
- Investment in staff wellbeing, including regular debriefs, wellbeing champions and space to talk honestly during difficult times through the CQC action group.
- Strong education partnerships with universities, NHS teams and other hospices.
- Leadership projects that have strengthened nursing leadership, communication and day-to-day practice.
- Improved recruitment and stability across medical, nursing and HCA roles, supporting continuity of care.

Care that feels personal, inclusive and kind:

- Thoughtful acts that really matter: celebrations, memory-making, creativity, shared moments of normality, dignity and comfort at the end of life.
- A clear commitment to inclusion through Pride in Caring, menopause conversations, EDI work and making sure people of all faiths and none feel welcome.
- Small but meaningful changes that help people feel seen, respected and cared for as individuals.

Smarter ways of working:

- Clear improvements to digital systems/processes from admission to equipment tracking and data quality.
- Tools that save time, reduce duplication and help staff focus on what matters most: care.
- Using homegrown produce to provide nutritious food for our patients and café services.

“Innovation did not happen by chance. Staff identified improvements, shared ideas, tested changes, and learned together always keeping patients and families at the heart of care”

Lisa Parker, Director of Quality and Improvement

Clinical Learning and Education

In 2025/2026, our in-person clinical essential skills programme includes interactive sessions on Quality, Complaints, Medicines Management (Pharmacy), Mental Capacity and Safeguarding, CPR, Pressure Ulcers, Infection Control, Blood Transfusion, and Safe Medicines Management.

Our Deputy Ward Manager and Link Nurses lead clinical competencies to ensure staff remain skilled and compliant with professional standards. Link Nurses also raise awareness through information display boards for staff, patients, and families, highlighting initiatives such as Dementia Action Week, Stop the Pressure, and Infection Prevention and Control.

This year, we introduced a Clinical Practice Forum to encourage shared learning and continuous improvement. It provides a space for open discussion across the multidisciplinary team, helping to strengthen collaboration and ensure we consistently deliver the highest standards of care.



Through the End of Life Partnership, four of our Senior Nurses completed a Leadership programme, delivering improvements in medicines optimisation, debriefing, the Nurse in Charge role and pain assessment for cognitively impaired patients.

A twice-yearly Clinical Skills Training programme for Registered Nurses was introduced in line with the Ambitions for Palliative and End of Life Care, ensuring staff are “ready to care.” It strengthens competence, confidence, and preparedness through multidisciplinary teaching, including NEWS2 and sepsis updates.

In addition, further learning opportunities continue to build workforce capability and support professional development, with Leap 76 providing leadership training for managers and leaders. Overall, this structured approach supports a confident workforce and high-quality, person-centred care.

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 has been 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 Assistants to the Nurse Associate role. Our inpatient staff designed and delivered a clinical skills day at the University of Chester for student nurses.

Through university partnerships, we have supported placements for medical nursing, and counselling students. A student nurse induction programme has been trialled to enhance learning, and collaboration has enabled the introduction of the Nurse Associate role, creating progression routes for Healthcare Assistants. Inpatient staff also designed and delivered a clinical skills day to the students at the University of Chester.



Patient Support Volunteering



Amanda has volunteered as a Patient Support Volunteer since 2021. She reflects on her experience:

"I knew I wanted to volunteer for the Hospice, as my good friend works here and had told me about the support they provide and how people can get involved. When the Patient Support volunteer role was suggested, I did feel a little daunted as I had no idea what it would involve, however I didn't need to worry. The staff made me feel so welcome and, combined with the training, I soon realised this was exactly the role I wanted to do.

What the hospice do is nothing short of amazing. The care and support offered to patients and their families is incredible.

I have had the privilege of meeting some of the nicest people, many of whom are facing challenges no one would ever want to, and their strength and courage is incredible."

Counselling Volunteering

“Paul has volunteered for the bereavement service for 3.5 years and from being a student and completing their necessary hours for qualification.

He has been a consistent and reliable member of the team and meets all with empathy, and professional integrity.

Paul’s dedication and approach to all clients comes from a rare empathy for the clients at the Hospice and his commitment to volunteering has supported the counselling team. He is an invaluable asset to the team and contributes to all team meetings, sharing skills and knowledge with his peers. Thank you Paul for giving you time and compassion to the hospice service and the community”



Part 5 - What people said about us in 2025/2026

Inpatient unit service user comments

“The Hospice is a small piece of heaven, and the staff is chosen carefully, I have been surrounded by angels. There are no words to describe the Good Shepherd. I came in body battled, I leave healed and at peace.”

“A very warm welcome was given and my daughters the same respect leaving them very reassured. I found the hospice very clean, tidy and warm, as for the food and chef - spot on. The chef would come round and encourage me with different foods. I had my first meal in many days.”

“The service has been amazing; staff couldn't do more for me. Doctors and Nurses and volunteers are all lovely. It is a very calming environment for me and my family. Thank you!”

“The care and attention given to me as an inpatient here has been excellent. I cannot praise the hospice's whole staff and care given highly enough. Thank you”

“The staff are brilliant. They take great care of you. Have a great sense of humour and are always polite and friendly”

Living Well Centre service user comments

“The Hospice entered my life when I'd almost given up hope & become resigned to the fact that I would live the rest of my life in pain. I've met so many wonderful people and had some truly beautiful experiences there. Hospice care and ethos is very different to hospital care, it's personal, it's sincere and it genuinely makes a difference. Thank you!”

“100% I can't thank the Living Well team enough. So grateful for being able to receive treatments during my cancer diagnosis.”

“Friendly, professional advice & care always, staff are very good at recognising the individual needs of each individual patient.”

“Completely not what I thought it would be. Really helpful and informative and accepting.”

“The support given by the Living Well Centre to me as the carer is second to none. It is a vital service that is offered.”

“As a carer I am always treated with the utmost respect, with my feelings and welfare considered as important as the person I care for.”

“You have made a very difficult time filled with kindness and warmth. The hospice is a cherished space”

Counselling service user comments

“The sessions I received with [counsellor] were life changing for me. She listened and responded in a positive and professional way- always with a sense of caring. She has helped me become more "in the moment" and able to face terminal cancer with a more positive (and realistic) frame of mind. THANK YOU!”

“Having not received counselling previously I didn't know what to expect. The whole experience was very helpful and handled with great care.”

“Excellent all-round service. I've been really impressed with the support & communication throughout the whole process.”

“The service was personal yet professional. Went at a pace that worked for me. The sessions were in a "safe" environment that allowed me to fully open up.”

“The service that was given was given with compassion and understanding, always with clarity.”

“My counsellor was amazing at helping me to be reflective and work out my anxieties and in some cases deal with the anger I felt about my bereavement.”

Social & Public Media 2025/2026

- ["An amazing place with amazing people" | Hospice of the Good Shepherd](#)
- [Michelle's Special Christmas at Hospice of the Good Shepherd | Hospice UK](#)



Hospice of the Good Shepherd
Published by Callum Hotgs · 14 November 2025 ·

Jeff Banks
14 November 2025 ·

This weekend last year we had our Christmas at the [Hospice of the Good Shepherd](#) who pulled out all the stops to make Michelle's room so festive, to help us as a family ... [See more](#)

Hospice of the Good Shepherd
Published by Callum Hotgs · 10 August 2025 ·

"My grandad passed away this year aged 98 he would regularly donate to the hospice every month it was very close to his heart. My daughter wanted to do the sparkle walk in his memory and to carry on his support through us together. Thank you for every little thing you do for everyone." Sparkle for someone special, and for everyone who needs our care at Chester Sparkle Walk 🌟
<https://bit.ly/3HFxJQ>

[See insights and ads](#) [Boost post](#)

54 4 comments 1 share

Hospice of the Good Shepherd
Published by Callum Hotgs · 4 March at 19:00 ·

Yesterday, Bill & Rita celebrated their 69th anniversary on our ward ❤️ Our catering team provided afternoon tea, as our wonderful nursing team created a private area for the two to enjoy their day 🥰

These special moments are what hospice care is all about - it was such a pleasure to see the happy couple enjoying themselves, and still very much in love after all these years.

[See insights and ads](#) [Boost post](#)

Radfield Home Care Chester & Ellesmere Port and 565 others 28 comments 12 shares

Like Comment Share

Hospice of the Good Shepherd
Published by Callum Hotgs · 19 March 2025 ·

Our resident Therapy Dog, Ned, has just won again at Crufts 🐾🏆

Ned and his owner, Brenda, have been spreading joy and helping patients here at the hospice for years now, and we're so pleased to see them getting recognition for their amazing work 🤝
[@therapydogsnationwide](#)

[See insights and ads](#) [Boost post](#)

218 36 comments 13 shares

Like Comment Share

Hospice of the Good Shepherd
Published by Callum Hotgs · 9 August 2025 ·

"I am completing the Sparkle Walk with my daughter in honour of the incredible support the hospice gave my Mum and my family at a time when we needed it most." ... See more



See insights and ads Boost post

85 10 comments 4 shares


Hospice of the Good Shepherd
Published by Callum Hotgs · 4 August 2025 ·

"Myself and my family have supported the Hospice for years and here is the reason why..."

"11 years ago my mum and my best friend were both being treated for terminal cancer, although neither of them was ever admitted to the hospice both enjoyed visiting to experience some of the holistic therapies you offered at the time. Both expressed how amazing it was there and how wonderful the staff were. In fact my mum in particular requested that we raise money to support yourselves even before her passing."

"We remember my mum daily of course, but given the opportunity we bring our children along to such events to support and explain the reason why. I thank you for the work you all do and always try and give a little back when we can."

Sparkle for someone you love, and for everyone who needs our care ✨ Join Chester Sparkle Walk
👉 <https://bit.ly/3HFxJQ>



See insights and ads Boost post

57 1 comment 6 shares

Like Comment Share


Cheryl Whittingham
My sister in law Carol had rest bite and her last days at the good shepherd after she was diagnosed with MND, cant praise them enough they were wonderful and made such a big fuss of her on her last birthday,
32w Love Reply Hide 3

Hospice of the Good Shepherd
Published by Callum Hotgs · 10 April 2025 ·

Thank you so much to [Markscharityart Hotgs](#) who delivered a fantastic art workshop in our Living Well Centre today, which was enjoyed by patients and staff alike ❤️

Mark has supported the hospice for years with his talent, and it's a pleasure for us to have him sharing his passion with us here at the hospice 🙌

#thankyou



See insights and ads Boost post

69 1 comment 6 shares

Like Comment Share

Debbie Evans
Lovely to see thank you Mark x
49w Like Reply Hide

Stakeholder feedback during the year

Supportive Care UK said “We work collaboratively with the Hospice of the Good Shepherd to deliver safe, coordinated and person-centred care. The team consistently demonstrates professionalism, compassion and a clear focus on patient needs, supporting effective clinical decision-making, continuity of care and strong communication across services

We have observed collaborative care planning, responsive management of changing needs, and a strong commitment to supporting patient choice and coordinated care across settings The leadership team are approachable and responsive, with a clear commitment to maintaining high standards and fostering effective partnership working.”

The End of Life Partnership said “Feedback from supervision and wider engagement confirms a deeply embedded culture of kindness, compassion and respect. Staff consistently demonstrate empathy and sensitivity in all interactions, ensuring people receiving care feel valued, listened to and treated with dignity at all times. Leaders demonstrate strong insight into the challenges of palliative and end of life care and actively support staff wellbeing, development and inclusion. They role model compassion, integrity and professionalism, fostering a culture where staff feel respected, heard and confident in delivering high-quality care. This leadership approach underpins the organisation’s ability to sustain excellence and continuous improvement”

Part 6 – Other Mandated Statements

Research

Hospice of the Good Shepherd has not engaged in any formal research in the period covered by this account.

Commissioner agreed Quality initiatives

There are no mandated quality initiatives agreed with the Integrated Care Board (ICB) related to our grant and no quality inspections were completed in the year under review.

Data Quality

The mandated statements do not on the whole apply to the Hospice.

The Hospice did not submit records during 2024/25 to the Secondary Uses service for inclusion in the Hospital Episode Statistics.

The Hospice is compliant with level 2 of the NHS Information Governance Toolkit. All care staff and volunteers have completed Data Awareness refresher training via the NHS e-learning for health and/or refresher training on GDPR via the BlueStream Academy.

Part 7 – Stakeholder Feedback

Healthwatch



Healthwatch Cheshire are grateful for the opportunity to comment on this Quality Account. The Hospice of Good Shepherd consistently demonstrates how it provided care and support for patients and their loved ones during the most difficulty periods of their lives. Healthwatch Cheshire regularly hears feedback from residents who really value all the services that this Quality Account highlights. The holistic approach combining inpatient care, living well centres and counselling services clearly shows the Hospice's understanding of the needs of people who need treatment and support.

Cheshire and Wirral Partnership NHS Foundation Trust

RE: Hospice of the Good Shepherd Quality Account 2025/2026



WATKIN, Anna (CHESHIRE AND WIRRAL PART)
To ● Lisa Parker



Mon 15/06/2026 11:36

i You replied to this message on 15/06/2026 13:21.

[Click here to download pictures.](#) To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

We are committed to delivering high-quality, person-centred care through strong collaborative working across our organisations. Our hospice works in close partnership with our community team to ensure seamless care for patients and their families, regardless of setting. We share priorities, align goals, and maintaining open communication, we are able to respond effectively to patient needs, support continuity of care, and drive improvements in service delivery. This joined-up approach enables us to maximise our collective impact and uphold consistently high standards across all areas of care.

Dr Anna Watkin

Consultant Psychiatrist
Neighbourhood Strategic Clinical Director
Cheshire and Wirral Partnership NHS FT

Older Adult Service, Upton Lea Resource Centre
Bowmere Hospital, Liverpool Road, Chester CH2 1BQ

01244 397434 07920500710

a.watkin@nhs.net



[Virtual Coffee, tutorials and workshops with me](#)



West Cheshire Health Collaborative

Working together for better health

Services provided by:
Cheshire and Wirral Partnership NHS Foundation Trust
Countess of Chester Hospital NHS Foundation Trust



Ref: Hospice of the Good Shepherd

NHS Cheshire and Merseyside ICB
No1. Lakeside
920 Centre Park Square
Warrington
WA1 1QY

26th June 2026

Sent by email to:

Lisa Parker, Director of Quality & Improvement
Lisa.Parker@hospicegs.com

Re: 2025/26 Quality Account Statement

Dear Lisa

NHS Cheshire and Merseyside Integrated Care Board welcomes the Hospice of the Good Shepherd's Quality Account for 2025/2026 and recognises the significant progress made in strengthening quality, safety, and patient experience across all services.

During 2025/26, the Hospice has made demonstrable progress against its quality improvement priorities. The hospice has demonstrated a clear and systematic approach to improvement, underpinned by strong clinical governance and a commitment to learning. The implementation of the Patient Safety Incident Response Plan, alongside multidisciplinary learning approaches, has delivered measurable reductions in key patient safety incidents, including medication errors, pressure ulcers, and inpatient falls. These improvements highlight a proactive and transparent safety culture focused on reducing harm and embedding continuous learning.

NHS Cheshire and Merseyside particularly recognise the hospice's whole-organisation improvement programme, developed in response to its CQC self-assessment. This has strengthened inclusive access, workforce wellbeing, and governance systems, while fostering a culture of psychological safety, staff engagement, and innovation. The introduction of enhanced digital systems and data dashboards further supports effective oversight and informed decision-making.

Patient and family experience remains a key strength. The hospice consistently achieves exceptionally positive feedback, with all respondents rating care as good or outstanding. The organisation demonstrates a strong commitment to compassion, dignity, and personalised care, and has made notable progress in embedding patient-reported outcomes and feedback into routine clinical practice.

We also acknowledge the hospice's progress in addressing previous regulatory findings. Following its 2024 CQC inspection, the hospice has taken decisive action to improve systems, leadership, and governance. The positive feedback from the March 2026 inspection reflects this progress, evidencing a well-led organisation delivering safe, effective, and person-centred care.

Looking ahead, we support the hospice's priorities for 2026/27 to sustain zero harm, implement its Clinical Strategy, and further strengthen patient and family involvement through co-production. These priorities are well aligned with system-wide ambitions to deliver high-quality, equitable, and integrated palliative and end-of-life care closer to home.



Cheshire and Merseyside

In summary, NHS Cheshire and Merseyside considers this Quality Account to present a fair and accurate reflection of the hospice's performance. The Hospice of the Good Shepherd is a valued partner within the local health and care system, and we commend its continued commitment to delivering safe, effective, and compassionate care to the communities it serves.

Yours sincerely

Fiona Lemmens
Executive Clinical Director
NHS Cheshire and Merseyside ICB

cc. Kerry Lloyd, Helen Meredith, Jo Forkner



Hospice of the Good Shepherd, Gordon Lane, Backford, Chester, CH2 4DG
hospicegs.com
01244 851 091
info@hospicegs.com
Registered charity no. 515516