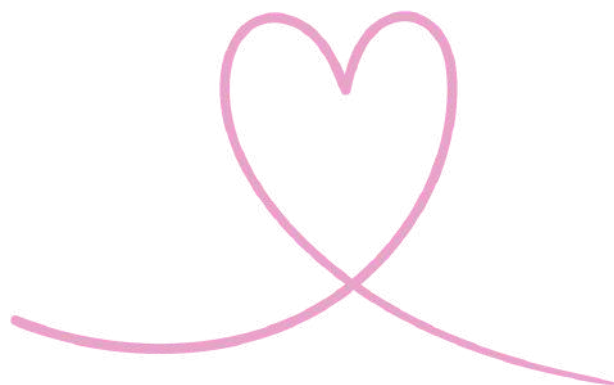


QUALITY ACCOUNTS 2022 - 2023



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Statement from the CEO.



On behalf of the Board of Trustees and the Senior Management Team, I am delighted to present our Quality Accounts for 2022/23.

This report demonstrates how, building on the accomplishments of previous years, we have continued to deliver and design services in response to the needs of the community with the patient at the very centre of all we do.

It is a reflection of how we strive, year on year, to improve the quality and responsiveness of our specialist palliative and end-of-life care services to our patients and those important to them. This is an opportunity to celebrate our successes, learnings and achievements through challenging economic times.

Dr Kershaw's is an independent Hospice charity that delivers its services to NHS patients in our local

area, without charge. We are funded principally by the enormous generosity of the local population, supported by NHS Greater Manchester Integrated Care (formally Oldham CCG).

This will be my last Quality Accounts as the Hospice's Chief Executive as this is my last financial year in post. In my nine years at Dr Kershaw's I have had the honour and privilege of watching our wonderful Hospice community expand and develop right in front of my eyes. I have been extremely privileged to have played a part in its transformation, surrounded by a fantastic team of staff and volunteers. They have all contributed directly to our achievements, holding true the values and aspirations. I would like to thank the people who support us unwaveringly and with such generosity despite the difficulties we are all facing financially at the moment.

Joanne Sloan
Chief Executive Officer

About Us.



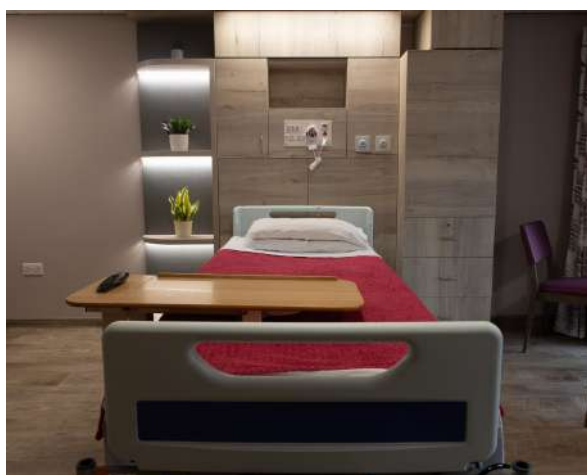
Dr Kershaw's Hospice provides free, specialist, end-of-life and palliative care for adults with life-limiting illnesses in Oldham and its surrounding areas in a peaceful and homely environment. The Hospice opened in 1989 following the conversion and development of a 1930s cottage hospital originally built with a legacy from Dr John Kershaw, a local GP.

The Hospice has a team of dedicated clinical staff including doctors, nurses, health care assistants and care givers who support patients in the Hospice's In-Patient Unit and Well-Being Centre along with supporting patients in the community through their Hospice at Home service and Caring Hands,

the Hospice's domiciliary service.

Our new state-of-the-art In-Patient Unit (IPU) opened in February 2021. The new IPU provides modern en-suite patient facilities and in 2023/24 will be combined with beautifully transformed gardens and woodlands for the patients and their loved ones to enjoy.

As an independent Hospice and a registered charity (Charity No. 1105924), Dr Kershaw's Hospice receives less than one third of its funding from NHS Greater Manchester Integrated Care with the remaining £4.1million annual budget coming from fundraising activities and donations.



Our Values.

Inclusiveness

We recognise, respect and embrace the diversity of our community, promoting equality in all that we do.

Openness & Transparency

Our openness and transparency reflects our duty to the patient and our statutory obligations.

Dignity & Respect

We treat our patients with the utmost respect, maintaining privacy and dignity at all times.

Responsiveness

We are responsive to the individual needs of our patient, their families and carers.

Compassion

We treat our patients, families and carers with compassion.

High Quality Care

We are dedicated to the provision of the highest quality evidence-based care.

Summary of the Quality of Our Services.

Dr Kershaw's Hospice provides a range of services tailored to those within the community living with life-limiting illness, along with their families. These include:

- In Patient Unit (12 Beds)
- In Reach
- Step Down
- Hospice at Home
- Caring Hands
- Bereavement Support
- Counselling
- Well-Being Centre
- Complementary Therapy
- 24 Hour Advice Line
- Medical Advice Line

The quality of our services is paramount to ensuring that we are delivering safe and effective care to all of our patients and their loved ones. We are regulated by the Care Quality Commission (CQC) and work closely with them to ensure that we are always meeting the high standards expected. The key domains that the CQC monitor are:

SAFE

People are supported to make choices and take risks and are protected from physical, psychological and emotional harm, abuse, discrimination and neglect.

EFFECTIVE

People are supported to live their lives in a way that they choose and experience the best possible health and quality of life outcomes.

CARING

People and their families and carers experience care that is empowering and provided by staff who treat people with dignity and respect and compassion.

RESPONSIVE

People get the care they need, are listened to and have their rights and diverse circumstances respected.

WELL-LED

People can expect that management and leadership encourages and delivers an open, fair, transparent, supporting and challenging culture at all levels.

At Dr Kershaw's Hospice, to ensure that we are meeting the requirements set out by the CQC, we have several reporting and audit functions that are monitored by the Quality & Governance Team. These include a Quality Monitoring Calendar, Internal Key Performance Indicators, Audit Calendars and several modules on our internal database, Vantage, that allows us to report and monitor incidents, complaints, concerns, compliments, training, policies, audits and action plans.

Our Clinical Services.

We have three very well-established clinical services including the In-Patient Unit, the Hospice at Home service and the Caring Hands domiciliary care service. We have been able to run these services as usual over the past year following a period of necessary changes during the construction of the new In-Patient Unit in 2020/21 and the pandemic.

In January 2023, we began to fully utilise our two double rooms on the In-Patient Unit which had been used as single rooms due to the impact of the pandemic, reducing our beds to ten. This decision was made to accommodate an agreement with Royal Oldham Hospital to develop two new services that would help to relieve winter pressures until March 2023.

The two services are called 'In Reach' and 'Step Down'. One of our Senior Nurses visits Royal Oldham Hospital every morning to establish

whether there are any patients suitable for a hospice admission. If a patient is found to be appropriate, we arrange for them to be admitted to the Hospice on the same day.

The In Reach Service aims to recognise patients that are in need of end-of-life care who would be more suitably cared for in a hospice setting.

The Step Down Service allows us to offer care for patients who are to be discharged to their home or to a care/nursing home safely with appropriate social support.

Our Medical Director devised a flow chart to establish how these services can run safely and in tandem with our usual offering within the In-Patient Unit. This was released to all clinical staff so that we can safely prioritise urgent admissions and offer extra services.

	Step Down	In Reach
Number of Patients	7	16
Occupied Bed Days	259	
Referral to Admission Time	0.5 days	

Statistics: In-Patient Unit, Hospice at Home & Caring Hands.

In 2022/23, we have been able to continue providing excellent care across our core clinical services.

In-Patient Unit	2021 / 2022	2022 / 2023
Total Patients Cared for	180	195
Occupancy (%)	64%	68%
Average Length of Stay	10 days	10 days
Preferred Place of Death Met	98%	99%

Hospice at Home	2021 / 2022	2022 / 2023
Total Patients Cared for	283	265
Total Number of Visits	2,051	2,261
Hospital Admissions Avoided	480	575
Preferred Place of Death Met	99%	99.5%

Caring Hands	2021 / 2022	2022 / 2023
Total Patients Cared for	160	141
Total Number of Visits	8,468	7,792
Personal Health Budgets Completed	26	86
Preferred Place of Death Met	99%	98%

Medical Advice Line	2021 / 2022	2022 / 2023
Total Calls	161	196

Bereavement & Well-Being Centre Services.

Over the last year, we have re-designed our Well-Being Centre Service following closure during the pandemic. We have also had the opportunity to expand our Bereavement Services to include a qualified Counsellor, Bereavement Support Groups and a one-off tailored session to combat Sleep & Anxiety.

When re-opening our Well-Being Centre, we first invited all of our existing patients who attended the virtual well-being sessions during the pandemic. Some of these patients chose to join specialised groups and for the others, we host a social group in our Café to provide peer support and allow the participants to maintain existing friendships.

We are growing our well-being offer based on the needs of the community, collaborative working with local care providers, and feedback from existing service users.

Since re-launching, we have started to run sessions including:

- Men's Group - a small group exclusively for men living with life-limiting illnesses and an opportunity to meet regularly, spend time with those who have similar experiences and offer and receive peer-led support
- Exercise Group
- Mini Pampers for Hospice Patients
- The Nightbird Project - a really exciting new creative project which supports patients living with life-limiting illnesses and carers to tell their stories in creative way

Additionally, we established a working group of local dementia care providers in early 2022 including the Oldham Memory Assessment Service, Oldham Cares, Age UK, and Springboard, to determine how Dr Kershaw's Well-Being Centre could best contribute to dementia care locally.



Bereavement & Well-Being Centre Services.

As a result of our dementia working group, we have partnered with the Oldham Memory Assessment Service to create the Dementia Hub, which launched in November 2022. Presently, this is a weekly drop-in session for people living with dementia and their carers which provides access to healthcare professionals, informational support and social engagement. It has proved to be very successful with new and regular attendees joining us every week. We are developing therapeutic programmes focused on Life Story work, Advanced Care Planning, and carer support. We expect to

launch these as part of our expansion of the Dementia Hub later this year.

In terms of the expansion of our Bereavement Support Services, throughout the year we have seen a higher demand for more support and now run three Bereavement Support Groups. Our Qualified Counsellor has become a permanent member of staff following a successful fixed term contract and is able to offer onsite one-to-one counselling support along with providing emotional support to our patients on the In-Patient Unit.

Bereavement & Well-Being Centre Data	2022/2023
Bereavement Group Attendance	187
Bereavement & Counselling Call Duration	221 hours
Number of Counselling Sessions	103 sessions
Number of Patient's Receiving Emotional Support	197 sessions
Dementia Hub Attendance	337 attendances (patients and carers)

Strategic Goals Progress (2022/2023).

In 2023, we have completed a number of goals set out in our 5 Year Strategic Plan.

Undertake a review of the business planning process and prepare the annual business plan.

A business strategy has been created to help set out objectives and strategies for 2023/24.

Support future Board resilience via review of Board recruitment, selection and development processes.

This process has been defined and will be reviewed and monitored.

Determine series of measurements that enable Hospice to demonstrate effective performance against agreed contractual KPIs.

We have developed our Key Performance Indicators which will be a live document available to all staff. The data for each quarter will be collected and displayed through the Hospice.

Devise an integrated strategy to collect, review, learn from and apply patient and carer feedback across all Hospice services.

A Patient Experience and Engagement Strategy has been devised and outlines our plans to introduce people with life-limiting illnesses to the Hospice earlier via our Well-Being Centre and expands upon how we interact with our service users to gain more feedback.

Explore whether the Hospice should implement its own computerised payroll or procure this externally.

The Hospice made the decision to outsource and transfer all staff to the ELFS Shared Services Payroll System.

Benchmark the Hospice against identified CQC standards to determine progress and implement measures that support acquisition of an "Outstanding" CQC rating.

An e-portfolio of evidence has been created and showcases our supporting documentation between the five domains.

Review and develop provision of bereavement support and spiritual care to meet needs of wider patient/carers/family and staff groups.

Our Bereavement Support Services have been expanded to include an onsite Counsellor. We are able to offer one-to-one and group support.

Design, implement and evaluate a Learning Strategy demonstrating how the Hospice assesses, implements and evaluates the learning needs of all staff within a robust framework that supports equality of opportunity.

An Education, Training, Learning & Development Strategy has been devised and outlines our plan to deliver continually improved training internally and externally. A Prospectus has been created so that other organisations can benefit from our specialised training programmes.

Develop a recruitment, retention and resilience strategy that enables the Hospice to attract and maintain optimum workforce levels and skills.

A Recruitment and Retention Strategy has been developed to work towards recruiting and retaining the best skilled and dedicated workforce who are aligned to our values.

Strategic Goals - 2023/2024.

FINANCE & RESOURCING

Develop a robust estates strategy with clear short and long-term goals and a supporting project schedule.

Introduce eBay sales of donated high-end goods to maximise income generation possibilities and to make best use of changing consumer needs and profiles.

GOVERNANCE

Develop a clear action plan to support optimal IT use within Hospice and/or implementation of new technology to address identified needs.

Demonstrate commitment to excellence of patient care by ensuring patient stories and patient experience are discussed at all meetings and forum.

Design a new communications strategy and supporting action plan that reflects best communication practice with all key internal and external stakeholders.

PATIENT SERVICES

Construct a new In-Patient Services building, develop external grounds and gardens and provide supporting infrastructure as agreed within approved proposals.

Introduce the role of Activity Co-ordinator into the Well-Being Centre.

Review provision and effectiveness of physiotherapy provision across Hospice services.

Implement strategy to support cadre of RNs to complete training /undertake nonmedical prescribing (V300).

Implement EPMA within In-Patient Services.

Introduce e-HNA into the Well-Being Centre.

WORKFORCE

Construct an organisational wide competency framework and skills matrix to support staff effectiveness and personal/organisational development.

Become a centre of excellence in End-of-Life education and develop /implement an action plan to support this.

Design and deliver a Volunteer Development Programme.

Explore introduction of the Assistant Practitioner role within the Hospice.

PATIENT SERVICES (COMPLETED – WAITING ON APPROVAL FROM COMMISSIONERS)

P1b. Implementation of a complementary night sitting service.

P2. Develop business case to support proposal for 7-Day Admissions to Hospice In-Patient Services and initiate this.

Quality Improvement.

Quality Achievements in 2022/23

Vantage Improvements

We made several improvements to our internal reporting system, Vantage, throughout the year to improve operational practices.

In 2022, we developed a new module to log concerns and complaints electronically. This means that we now have a robust electronic system for collecting feedback, detailing the subsequent investigation and action log. At the end of 2022, using the data from the new module we developed our annual Concerns & Complaints Report detailing how we had made improvements based on feedback received.

We streamlined our auditing process throughout the year and developed a module to store audits and create action plans. This allows us to effectively

track audit completion and the analysis of compliance. If an audit needs to be recompleted sooner than the usual schedule, it can be easily tracked using the module.

The Audits and Action Plans module on Vantage has allowed us to keep all of the actions across the organisation in one place with 'widgets' and 'quick reports' for staff to easily view what actions they have and when they are due.

Previously we monitored CAS Alerts using a shared internal spreadsheet but this has now also been moved to Vantage. The module is working effectively and allows our clinical, catering and facilities teams to log CAS or Food Safety Alerts and note what actions have been taken.

**SEVERAL
IMPROVEMENTS
MADE TO
VANTAGE
THROUGHOUT THE
YEAR!**



Quality Achievements in 2022/23

Quality Assurance

The Quality Team has made several improvements over the year to provide quality assurance to our Senior Management Team and Board of Trustees.

We already had a well-established Clinical Audit Calendar that we sought to match across other teams. We developed and finalised a Non-Clinical Audit Calendar and our HR and Volunteer Teams followed suit with their own calendars.

To monitor all of the audits that are completed throughout the Hospice we also developed a Quality Monitoring Calendar that lists all of the audits, the responsible staff member and how frequently it is completed. This is also split into the five CQC domains to easily display to staff and any visitors how we are providing quality assurance across the domains.

A new audit that we introduced in 2022/23 was the Hospice Assessment & Accreditation System Audit Tool (HAAS). A similar tool is used in the community and we adapted it to measure the quality of care that is provided at the Hospice. The framework incorporates key clinical indicators and the five standards set out by the Care Quality Commission (CQC). In August we achieved 94%

and developed an action plan to make improvements. We re-completed the audit in December 2022 and achieved a very impressive 98%. We have added this to our audit calendars and will complete annually. At the Hospice we have a large number of policies to provide clear processes and guidance for our staff in every aspect of their roles. We decided on a core set of policies that we wanted to ensure all of our staff read and understood upon release and following updates.

We developed a Policy Roll-Out Scheme towards the end of 2022 and by January 2023, all staff had signed to state that they had read and understood the set of core policies. This process will be continued as and when the core policies have reviewed and updated.

One of our strategic objectives was to develop a set of Internal Key Performance Indicators. This document was developed and approved towards the end 2022/23, the targets were established by using national averages or averages of our own data. The document will be used for the first time in April 2023 and we will display this so that staff can see what is important and what we have managed to achieve.

**98% in HAAS
Audit**

**Policy Roll-
Out Scheme
developed**

**Internal Key
Performance
Indicators
developed**

Quality Achievements in 2022/23

National Audit of Care at the End-of-Life (NACEL)

Dr Kershaw's Hospice registered to take part in the Hospice UK case note review based on the National Audit of Care at the End-of-Life (NACEL) with overall 81 adult hospices registering to take part.

NACEL is a national comparative audit of the quality and outcomes of care experienced by the dying person and those important to them during the last admission leading to death in acute hospitals, community hospitals and mental health in-patient providers in England, Wales and Northern Ireland.

Our Lead Nurse for Clinical Services managed the audit and was asked to review ten consecutive deaths occurring between 1st February 2023 and 21st February 2023. Between the dates above our Hospice had eight deaths and the audit was completed for all eight patients.

Once the audit report has been released we will share them internally and use the benchmarking data to generate an action log for improvements if required.

Priorities in Quality for 2023/24.

Over the next year, the Quality Team will continue to make improvements across the organisation, here are some of the main priorities:

Develop a Quality and Governance Strategy

Choose a Nice Guidance Quality Objective to improve, develop and monitor

Develop electronic audits and eliminate the use of paper-based auditing

Develop a suite of Facilities Management Modules on Vantage

Explore the use of dashboards on Vantage for the whole organisation

Use Vantage to monitor our Strategic Objectives across the organisation

Develop a Vantage module to maintain and manage the risk register that is currently reviewed via a shared spreadsheet

Utilise Vantage to manage an e-portfolio of CQC evidence

Quality Achievements in Medical Services.

Staffing, Collaborative Relationships and Learning

In 2023, we welcomed a new doctor to the Senior Medical Team who is a Consultant in Palliative Medicine at the Royal Oldham Hospital and has agreed to cover a number of weekend on-call shifts at Dr Kershaw's Hospice. It makes the Hospice's on-call cover more resilient, it strengthens the relationship between the hospital and Hospice Palliative Care Team and it brings new treatment approaches to our Hospice.

The doctors have launched a 'Journal Club', a bi-monthly medical meeting at which we take turns to present and critically appraise research papers from palliative care journals. This helps us examine and better understand the evidence for the treatments we use, scan the horizon for new and alternative management options, share best practice and new ideas.

24/7 Medical Advice and Support

Since the pandemic, Dr Kershaw's Hospice's team of senior doctors have been providing a 24/7 advice and support service for healthcare professionals in the Oldham community teams. This service has been sustained at no extra cost to the NHS. In addition to advice, they can also provide hands-on support by sending prescriptions directly to the patient's pharmacy.

We have increased the number of junior doctors on the In-Patient Unit and have extended the hours during which there is on-site medical cover from 8 - 11, Monday to Friday excluding bank holidays. This provides improved support for our nursing teams and additional flexibility when it comes to admitting new patients to the ward.

**MEDICAL
ADVICE
LINE: 07597
363 025**



Integrated Palliative Care Outcome Score (IPOS)

The Hospice doctors implemented a new quality monitoring tool on the In-Patient Unit: the Integrated Palliative Care Outcome Score (IPOS). Twice a week, patients report on a range of physical and psychological symptoms as well as other markers of well-being / distress. This allows our clinical teams a “live” insight into what each patient’s biggest issues are and provides robust evidence of whether the current management is effective. Our doctors and nurses use this tool to make changes to achieve the most positive changes

regarding a patient’s quality of life. For the first time ever, these scores allow the In-Patient Unit to measure the impact that it has on patients’ lives.

The results have been hugely positive, as an example, an admission to the Dr Kershaw’s Hospice In-Patient Unit addresses on average 96% of all practical problems that a patient may have had on admission. It resolves on average 89% of all vomiting issues. It reduces breathlessness symptoms by two thirds.



Addresses an average 96% of all practical problems

Resolves an average 89% of vomiting issues

Reduces breathlessness symptoms by 2/3

Information Governance.

During 2022-23, the Hospice has continued to develop the Information Governance programme. This year, there has been a focus on strategy, information risk management and ensuring that clear and relevant policies are embedded to support the secure and appropriate use of information.

The Hospice met all mandatory standards in line with the NHS Data Security and Protection Toolkit and we are extremely proud to report that the

Hospice has now also gained certification to the Cyber Essentials Scheme.

Through working with our partners, we have also recognised the heightened risk of cyber-attack and fully understand how this could affect the organisation should it occur. We have invested time and resource into upskilling our workforce and have also taken specialist advice in this area to ensure that our organisation, information and service users are protected as much as possible.



Collaborative Working.

Dr Kershaw's Hospice embraces collaborative working on a local, regional and national level, establishing widespread positive alliances with various organisations, key partners, significant stakeholders and the community we serve.

Several examples include:

The Hospice Chief Executive is the Programme Sponsor for 'The End of Life Transformation Board'

The Board has a key responsibility to improve the end-of-life pathway for the Borough of Oldham and ensure that services are delivered safe, are well managed and that there are clear lines of accountability for all parties

Provider of End-of-Life Education for Trainee Nurse Associates at Pennine Care NHS Trust

Active member within the GM Hospices Partnership Collaborative, including various sub committees

The Christies NHS Foundation Trust provides support to patients within our Well-Being Centre, enabling patients to receive chemotherapy closer to home

Hospice UK Patient Safety Project

Oldham Memory Assessment Service

Macmillan 1-1 Support Oldham



Patient Safety.

Infection Prevention & Control

We have several measures in place to support our commitment to excellent infection prevention and control including:

- Core mandatory training programme in place including Infection Prevention and Control, Hand Hygiene and ANTT
- Weekly audits completed by the Lead Nurse for Clinical Services
- Housekeeping Team have had additional training to reduce the risk of cross contamination
- Specialised cleaning products used in clinical areas
- Adequate resource of PPE available
- Close links with our Community Lead Infection Prevention Nurse
- Infection Prevention & Control Audit is part of the Clinical Audit Calendar
- Cleaning checklists in place and monitored for compliance
- Viro Cube (Ozone Gas) unit used to sterilise and decontaminate areas throughout the Hospice

Safeguarding

Dr Kershaw's Hospice are fully committed to safeguarding the welfare of all those we care for, our visitors and staff. We recognise our responsibility to promote safe practice and to protect all from harm. We have measures in place to ensure we are able to handle safeguarding issues effectively:

- The Safeguarding Vulnerable Adults and Safeguarding Children Policies form part of our core policies that all staff must read
- All staff must complete periodic face to face training in Safeguarding Adults, Safeguarding Children and Prevent
- Our volunteers are required to complete Safeguarding Training upon joining
- We have robust reporting mechanisms through our Incident Reporting Module
- We have several staff trained as Mental Health First Aiders
- The Safeguarding Audit is part of the Clinical Audit Calendar
- We have robust recruitment practices in place
- Mandatory DBS processes for staff and volunteers including renewals



Incident Management

The Hospice has a comprehensive incident reporting mechanism communicated through policy, training and management feedback. All incidents are reported in a timely manner on our Incident Reporting Module. They are thoroughly investigated to identify learning and the opportunity to implement any changes to practice to ensure the likelihood of reoccurrence is minimised.

We made some changes to the Incident Module this year so that we can effectively analyse how

high the risk level was when the incident occurred and how it had improved once the risks had been mitigated. The module now prompts staff when they need to complete supplementary documentation including Root Cause Analysis, Rapid Review and Significant Event Analysis.

A Quick Reference Guide was also created and is displayed around the Hospice so that staff can seek guidance quickly when they need to log or investigate an incident.

Safe Staffing

To ensure that we have appropriate and safe staffing levels we use an acuity tool for each patient to assess how many staff are needed to provide care. This means that we can effectively manage the amount of staff who are on shift and manage the outcome of referrals.

This year we took the opportunity to review our Business Continuity Plan and updated our Safe Staffing Guidelines. We developed a RAG rated system to assess staffing levels and provided a list of indicators to inform staff when we might be at

risk of an amber or red shift. A flow chart was also introduced and is displayed in clinical areas to inform staff how to escalate their concerns around safe staffing levels.

In October 2022, we completed a Test of Change audit using the PDSA Cycle. The aim was to test that the safe staffing guidelines were adhered whilst discussions were ongoing during handover. Following this test, we felt confident that our Safe Staffing Guidelines worked appropriately and that staff felt comfortable with this process.

All incidents are reported in a timely manner

We developed a RAG rated system

We completed a Test of Change audit using the PDSA cycle

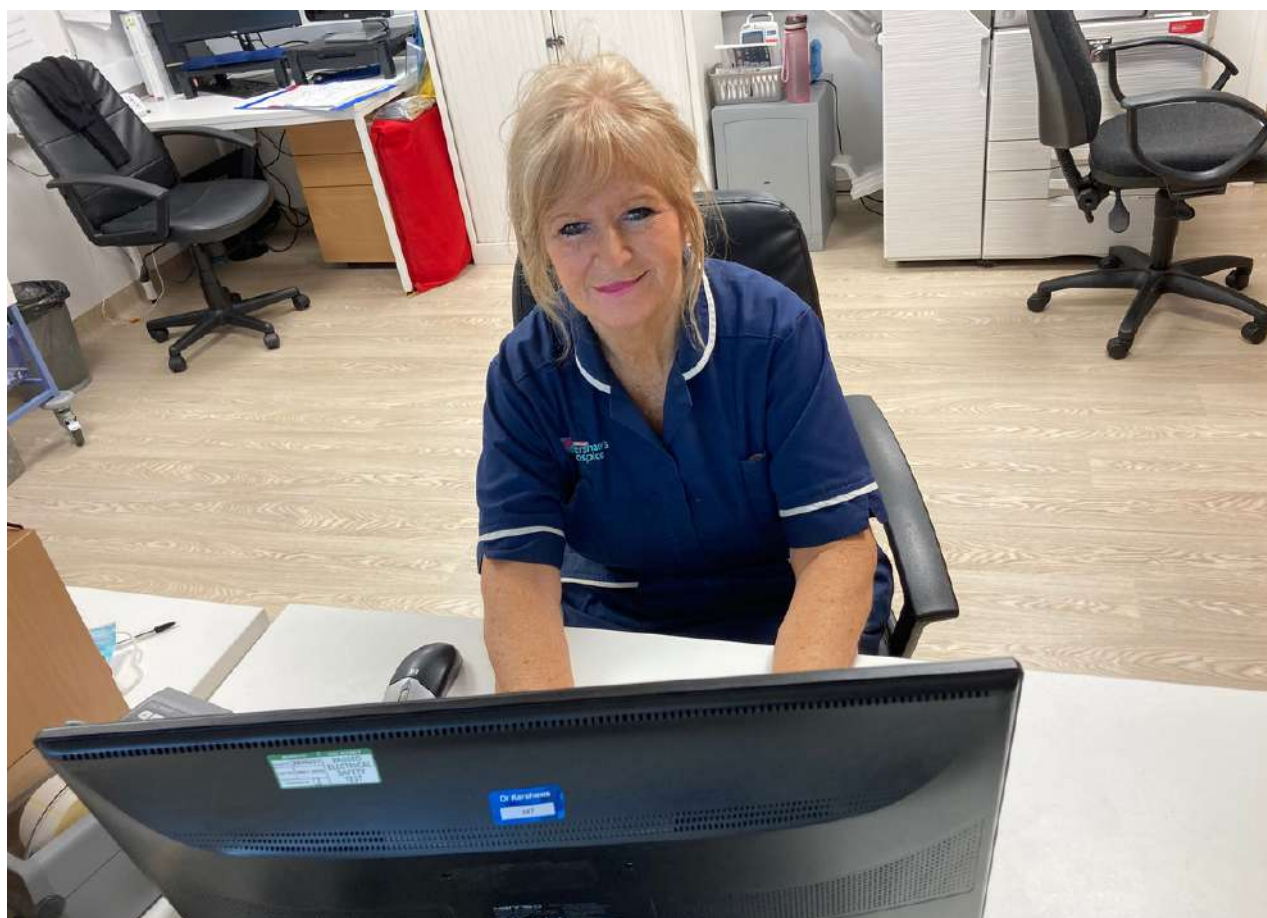
Patient Safety Project & Care and Safety Evaluation.

We have continued to participate in the Patient Safety Project ran by Hospice UK. It enables clinical benchmarking between hospices across the UK. The benchmarking data is discussed on a quarterly basis at our Clinical Governance Sub Committee and we use it to see how we compare to similar-size hospices across the UK.

Since participating in this national project, we have used data on a daily basis to support staff in patient huddles on the In-Patient Unit, this is known as the Care and Safety Evaluation (CASE).

CASE Huddles involve identifying any key issues resulting from bed occupancy/utilisation and any issues relating to actual/potential quality and safety issues linked to falls, pressure ulcers and/or medication.

Used daily, safety huddles help to increase safety awareness amongst front-line staff and allow our Clinical Team to develop action plans to address identified safety issues and foster a culture of safety.



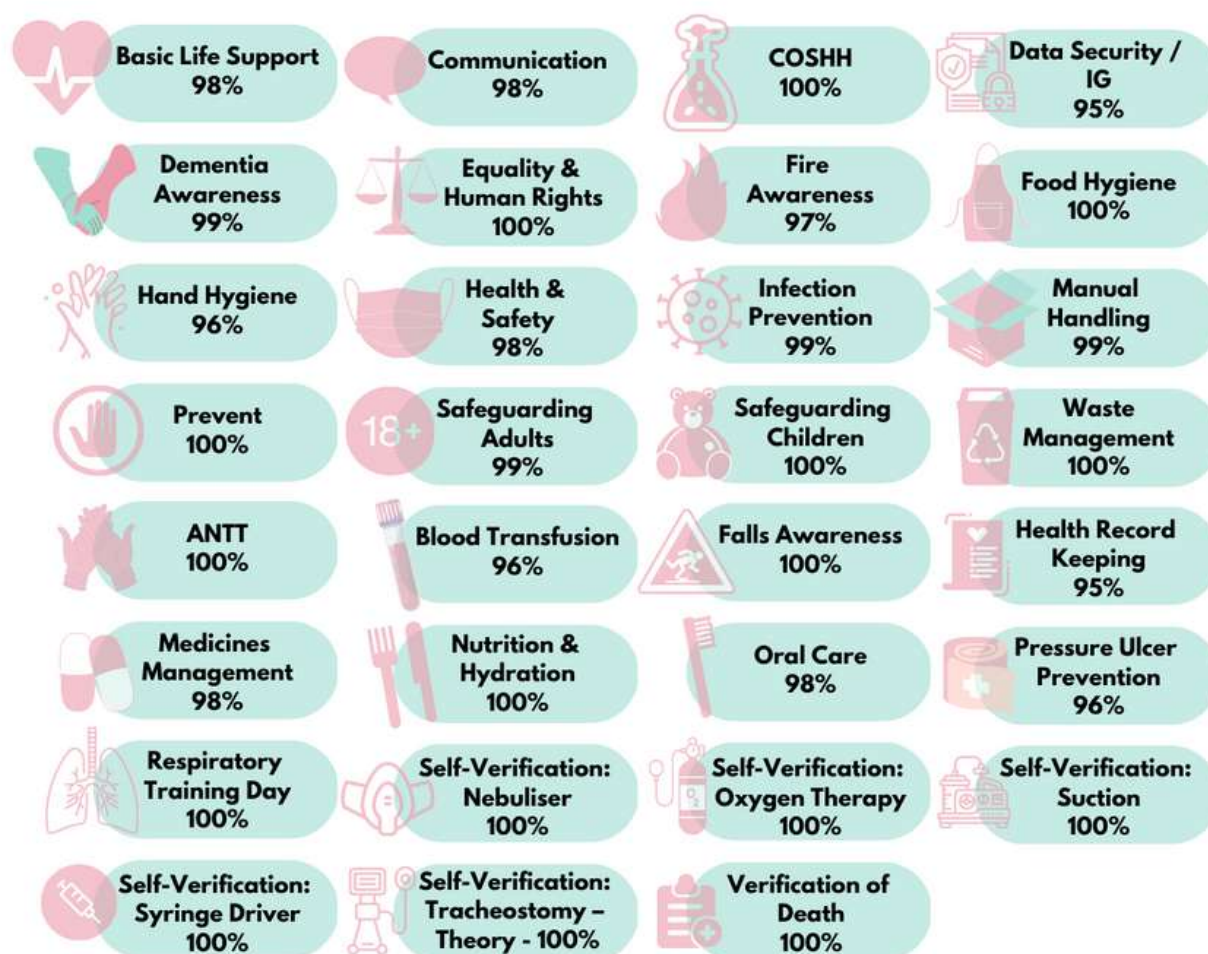
Education & Training.

Mandatory Training

Mandatory training is delivered hospice-wide for both clinical and non-clinical staff. Sessions are delivered in a variety of formats including face to face, Microsoft Forms or e-Learning for health.

We also have a Focus of the Month to raise awareness of certain topics across the teams. They are mainly clinical subjects that require frequent refreshers to maintain awareness and ensure that staff maintain a good knowledge of evidence-based practice.

In 2022, we were lucky enough to source Pip (Patient in Practice), our state-of-the-art simulation mannequin. The mannequin is utilised to deliver a wide range of formal clinical skills training, as well as ad-hoc clinical skills confidence-based training. The mannequin is used to support staff who may be uncertain of a particular skill or to assist in the explanation of skills to student nurses.



External Training

Towards the end of the financial year, we finalised the Training Prospectus which contains a breakdown of all training offered at Dr Kershaw's Hospice. We offer a wide range of clinical and non-clinical training courses available both in-house and externally to other professionals.

One of our bespoke clinical training offers is designed for Trainee Nurse Associates (TNAs). The TNAs attend the Hospice for a 2-day specialist training in End-of-Life and Palliative Care. We have also offered training to other services and teams such as Learning Disability Staff and Student Paramedics.

Nurse Champions

The Hospice promotes individuals' skills and interests further by allocating nurse champion roles. The nurse champions access additional training to give them more specialised expertise in

their area of choice. This ultimately empowers them to cascade their skills across the team and enhance patient experience.



Corporate Services.

Café K

The pandemic presented a number of challenges for Café K with restricted visiting and periods of increased precautions that have ultimately impacted this element of the catering service.

During the re-design and developments of the Hospice Well-Being Service the Catering Department took the opportunity to review the Café model, which had been operating as a 'coffee and cake' style volunteer-led service with minimal activity. Changes to the staffing structure were implemented to ensure continuity of service availability and provide a supportive lead for the café volunteers.

In November 2022, Café K was relaunched with an optimised menu offering a range of meal options including sandwiches, salads, jacket potatoes, homemade soup and a variety of sweet treats.

A rotational menu is now in place to support the planning of the meal service and additional 'specials' that are included as a varied alternative option during the week.

Since the relaunch, Café K has gone from strength to strength and is back to having a lovely buzzing atmosphere with staff, volunteers and Hospice service users all utilising the additional catering service.

The café has provided a welcoming, safe and caring space for people to meet and interact whilst attending a Well-Being session, attending the Christie's Clinic or visiting a patient on the In-Patient Unit. This is evidenced in the feedback received and service users who state they look forward to coming to the Hospice every week. A sample of the overwhelming positive feedback received includes:

Staff friendly and food quality good.

We love how peaceful it is, it gives off a relaxing vibe and feeling - big thank you!

The staff in the Café are lovely and so accommodating. The food is excellent!

Brilliant value for money.

I think the Café is great!

Very friendly - this is the second time of us getting refreshments. 5* service again.

Don't need any encouragement it is excellent!

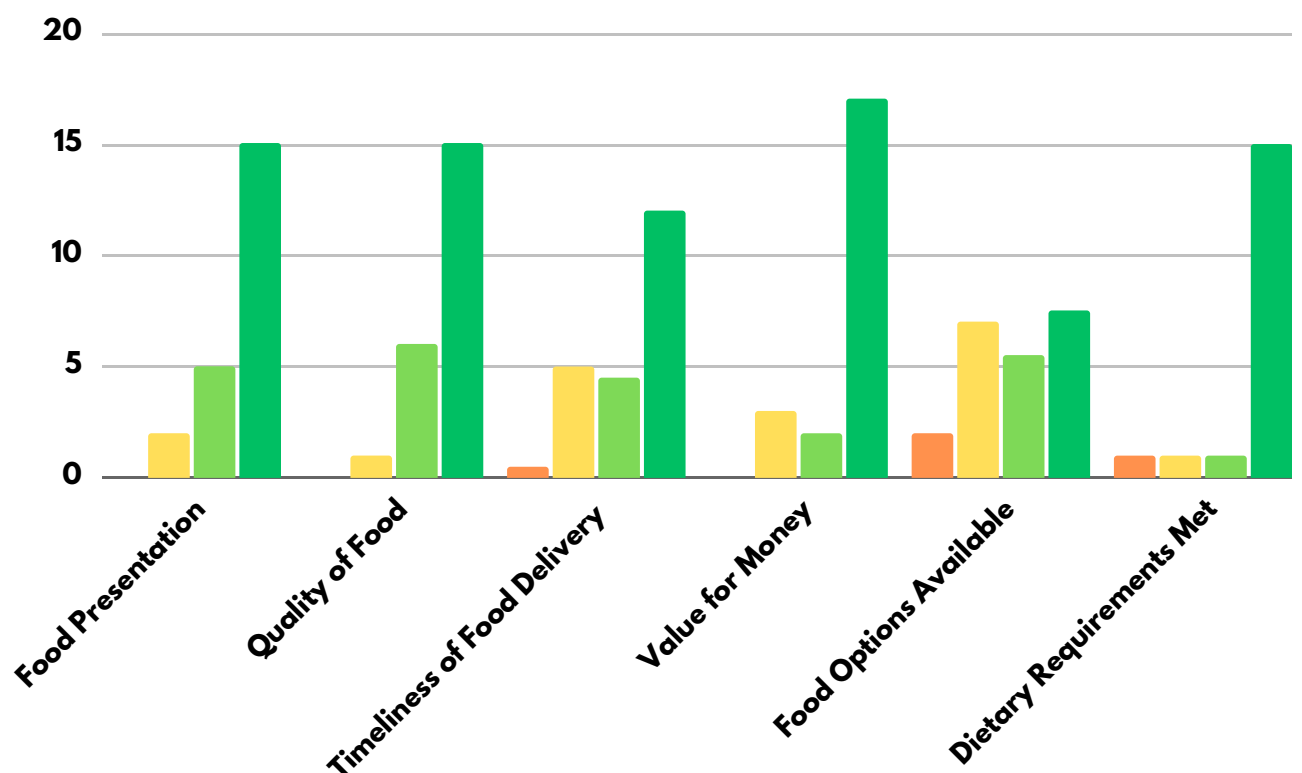
Excellent facility, outstanding staff!

Café K

In January 2023, a dedicated satisfaction survey was introduced and the feedback was used to support the Catering Department to improve, develop and adapt to ensure the service delivery is of optimised quality and meets expectations.

Future developments include extending opening hours, 7-day service, opening to the public, loyalty and reward schemes and outdoor café service during Summer months.

Café K Satisfaction Survey - January 2023



Health & Safety: Quality Improvements.

Throughout 2022/23 a number of quality improvements have been made to enhance the Hospice operational risk management processes and structures.

Safety Management System

A safety management system has been developed which is compliant with the requirements of current health and safety legislation. The specific elements of the system are:

- Level 1 Policy, Procedures and Flow Charts
- Level 2 Documents and Forms
- Level 3 Guidance Notes

A dedicated Health & Safety section on the intranet has been created to ensure accessibility to all staff, this includes associated documentation and key reports/registers.

The Hospice Legal Register has been updated to reflect all Health & Safety legislation/regulations and Hospice compliance with all requirements has been captured within the register.

Risk Assessments

A full review of all Hospice risk assessments was carried out in 2022/23 and further opportunities were identified with regards to staff awareness and operational risk control. A suite of documents was designed to accompany all risk assessments, which form part of 'Working Safely at Dr Kershaw's' and include all relevant controls in place to minimise identified risk. All staff have been issued with the 'Working Safely at Dr Kershaw's' booklet and interactive Safe System of Work training sessions have been held to further enhance the Health & Safety core mandatory training.

In addition to Working Safely at Dr Kershaw's a range of Tool Box Talks are now in place and available for specific safety topics and used as part of a briefing, discussion or induction with staff and volunteers. Plans are also in place to internally deliver IOSH Managing Safely accredited training to all Department Managers, which will support the strategic approach that the Hospice is taking

to effectively manage operational health & safety and risk.

In March 2023, an internal workplace inspection schedule was implemented to provide assurance that the risk management controls, processes and procedures in place throughout all departments are working effectively. The report findings are also enabling the Hospice to continuously improve health and safety performance.



Volunteers.

Having used previous years to review our practices and processes we had a strong foundation going into 2022. This has allowed us to begin building our volunteer numbers once again, reaching 330 for the first time in several years.

The Volunteer Department have made significant progress implementing the Volunteer Development Programme over the last 12 months following successful development of the Volunteer Strategy.

Our Vision

By 2025, we want to achieve three key objectives in the Volunteer Department:

WE WANT TO BROADEN OUR RECRUITMENT DEMOGRAPHIC, MAKING VOLUNTEERING MORE ACCESSIBLE FOR A WIDER RANGE OF PEOPLE, INCLUDING THOSE SEEKING EMPLOYMENT, YOUNGER PEOPLE (AGED 16-21) AND THOSE STILL IN WORK

We have made progress on this objective through updating our recruitment processes to be more modern and accessible. We have also started to build stronger networks with local education providers, community groups and have been promoting our Duke of Edinburgh offer. We have made improvements to our expenses processes in order to ensure they are both robust and that volunteers can claim back out-of-pocket expenses in a timely manner.

WE WANT TO FURTHER INTEGRATE VOLUNTEERS INTO THEIR DEPARTMENTS, THROUGH CONTINUING TO DEVELOP THE ROLE OF VOLUNTEER LEADS

We continue to work alongside departments to see how they can include their volunteers into their strategic planning for the whole department. Improving communication between the Volunteer Department and the Volunteer Leads continues to be a priority to ensure employees are able to access advice and guidance relating to volunteer management.

We are currently working on further developments to the Volunteer database to give Volunteer Leads access to more information regarding their volunteers and to identify new ways to record incidents and escalate concerns to the Volunteer Department.

Volunteer management and responsibilities has also been built into the new People Management Programme (PMP) course, which was launched in 2023.

WE ARE PASSIONATE ABOUT OUR VOLUNTEER ROLES ADDING VALUE TO THE HOSPICE AND HAVE DEVELOPED A NUMBER OF NEW SPECIALIST VOLUNTEER ROLES, IN ADDITION TO FURTHER DEVELOPING OUR TRADITIONAL VOLUNTEER POSITIONS

Working alongside departments within the Hospice we will identify areas which could benefit from specialist roles and potentially new volunteer-led services. We have implemented a clear request process for new roles to assist departments who are looking for additional support.

In the current economic climate there are plans that we could be restricted from implementing due to funding restrictions. Engaging professionals on a voluntary basis could potentially allow us to gain advice and knowledge we could not otherwise access.

Quality Assurance in Volunteering

Building upon the development of an annual spot check calendar the department have also created an audit calendar along with the relevant audit tools. These implementations have helped us monitor volunteer opportunities across all departments and highlight new areas for improvement and/or development.

Being involved in the process of relaunching the Well-Being Centre has allowed for the team to recruit in a very targeted way, ensuring the Clinical Team have the support and skillset they require to be able to offer the best patient experience. We plan to build upon this success with the exploration of additional clinical volunteer roles over the next few years.



Volunteer Engagement

Engaging with volunteers in a variety of ways continues to be a priority, with regular retail visits scheduled, drop-in sessions offered and regularly sharing updates through newsletters, emails and texts. We have continued to schedule social media posts, promoted the variety of roles we have on offer and the real impact our volunteers are having on the lives of patients and their families. One of the highlights of the year has been the ability to relaunch a social calendar for our volunteers, with a Christmas Social, Volunteer Week Celebrations and a number of small coffee mornings.

In addition to ensuring we maintain a high level of training compliance through our robust renewal

process we have also sought opportunities to offer specialist training and development opportunities to our volunteers, e.g. Me and My Therapy Workshops, Deaf Awareness and Sign Language.

Despite the uncertainty of recent years we are fortunate to have retained a large number of our volunteers and we are seeing an increase in applicants wanting to support us. In the last financial year, 318 volunteers contributed 30,914 hours of their time making a cost saving of £315,359.68 to the Hospice. Without volunteer support there are a number of services we would struggle to continue to deliver and the pressures on our staff would increase significantly.



“

I have gained a great deal personally from my time volunteering for Dr Kershaw's and hopefully have made a little bit of a difference to the organisation.

”

“

Volunteering gets me out into the community, allows me to meet a variety of people and gives a focus to life.

”

Compliments, Complaints & Concerns.

The process for collecting feedback from surveys continued to work effectively throughout the year however, we made some improvements in relation

to the collection and reporting of concerns and complaints.

Concerns & Complaints Module

A new module was developed on the internal reporting system, Vantage, so that staff could log and escalate concerns and complaints more effectively. We are able to input actions that arise from concerns or complaints and also define what the lessons learnt were. As a result, we are able to effectively keep track of actions and analyse emerging themes and trends in complaints. The module has made it much easier to report on complaints as shown by the release of our first

Concerns & Complaints Annual Report for the attention of our Board of Trustees. This report can also be found on our website.

We reviewed and updated our Concerns & Complaints Policy to reflect the new process, to provide guidance on how to define a concern, informal or formal complaint. A flow chart was also embedded to provide guidance on how and who to escalate concerns and complaints too.

Patient Experience & Engagement Strategy

A Patient Experience & Engagement Strategy has been developed to ensure that we continue to improve how we receive and use feedback, how we

use digital innovations to allow further efficiency and improvements that we seek to make to engage our patients and service users.

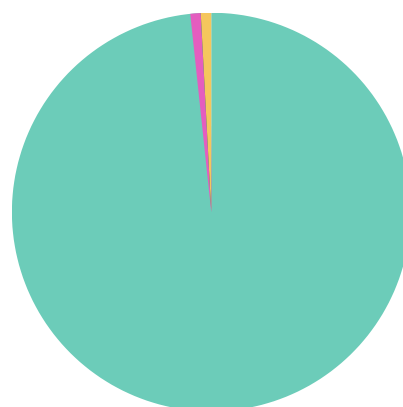


Friends and Family Test (FFT)

We have continued to participate in the Friends and Family Test by asking 'Overall, how was your experience of the service?' in our survey.

The results are always overwhelmingly positive but it has also generated some valuable feedback to enable us to improve our services.

Very Good	117
Good	1
Neither Good Nor Poor	0
Poor	0
Don't Know	0
Not Answered	1



Hospice at a Glance

We collect and showcase monthly data on our 'Hospice at a Glance' board in the Reception area, this includes occupancy data, patient safety data and a quote from one of the returned surveys.

We also have an area called 'You Said, We Did' to show how we are always using feedback to improve our services.

“

I will be forever grateful for the care myself and family received during the last couple of weeks of my dads life.

”

“

The staff were friendly, caring and very helpful in making my mum comfortable and clean during her last few days, and I can't thank them enough for that.

”

“

My dad had lovely massage treatments, just small touches that meant a great deal as he loved attention and fuss and it made his last days more comfortable.

”

“

It was the perfect place for dad to receive comfort and care, whilst providing us with support and calmness in very sad times.

”

Staff Well-being & Engagement.

Updates

Our focus on a healthy workforce, remains a top priority at the Hospice, with our Well-being Toolkit firmly embedded through our Well-being Weeks across the year. These include a range of activities and enable time to get to know each other and also includes both Complementary Therapy and home cooked treats to eat.

In addition, we are strengthening our team of Mental Health First Aiders as we approach re-training in this area.

Remaining in place across the Hospice is clinical supervision, staff surveys and Pinboard Bulletins - tips and techniques for general well-being. We also offer staff counselling sessions, a cycle to work scheme, a staff discount card and the opportunity to enjoy a discounted meal from our Catering Team, or in the lovely Café K.

We have both a Well-being Strategy and Recruitment & Retention Strategy in place across the Hospice.

Our desire to support and develop our leaders of the future is being driven by our People Management Development Programme, which is run monthly throughout the year.

In 2022, "Snibbles" (staff meet and greets) was successfully launched giving time for staff to take a

breather and get together for a buffet lunch, which staff themselves provide for each other.

Schwartz Rounds are group reflective practice forums giving staff from all disciplines an opportunity to reflect on the emotional and social aspects of working in healthcare. We introduced this in early 2022 and they now take place quarterly, enabling staff to come together from all areas of work, to share their work experiences and support one another in coping with the day-to-day stresses and emotions which can come from our roles at work. Some of the topics that we have discussed so far include 'When I dealt with a challenging situation' and 'The day I made a difference.'

A staff 'pantry' has been created, supported and provided for by staff to help their colleagues, during the cost of living crisis for anyone in need.

Adding further to our Well-being Toolkit is a Staff Resource Pack created to acknowledge and support both Stress Awareness Month (April) and Mental Health Awareness Week (May) containing tips and techniques for managing pressure. A Special Mentions board was created in order to display positive feedback from patients, service users and colleagues about specific staff members. This is displayed in the staff room and updated periodically.



Staff Survey.

The annual 'temperature check' was completed in April 2022 to get a better understanding of how staff were feeling and to listen to feedback on how to improve the working environment.

In April 2022, 18 non-clinical and 19 clinical staff

members participated in the survey. There was an overall decrease in responses when compared to the results in November 2020. However, this survey was paired with a travel survey that made it quite lengthy and therefore, it will be issued as a standalone survey in April 2023.

	November 2020	April 2022
I feel well-informed	98%	100%
I receive updates	100%	100%
I do not feel anxious at work	94%	92%
I feel emotionally supported	94%	92%
I feel safe at work	100%	97%
My manager is supportive	96%	92%
I have the resources needed to do my job	94%	100%

*Not completed in 2021 due to COVID-19 Pandemic.





"I honestly didn't know places like Dr Kershaw's existed, the Hospice is amazing!"

A Patient's Family

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