

Quality Account

Derian House Children’s Hospice

2022/3

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# Part 1 – Statement of Quality from the Chief Exec

As the new Chief Executive of Derian House, I am very pleased to share this Quality Account.

Derian House Children’s Hospice is a charity (registered no. 1005165) and constituted as a company limited by guarantee (registered no. 02650110 (England and Wales).

* The Hospice is governed by a Board of Trustees and
* Run by the Chief Executive and the Senior Management Team thought delegated authority from the Board of Trustees.

Derian House provides two NHS commissioned services, one for specialist palliative care services for Chorley, Preston and South Ribble and one for community services for Oldham. This Quality Account specifically addresses the priorities set out in these commissioned contracts.

**Chorley, Preston and South Ribble**

We are commissioned by Chorley, Preston and South Ribble to develop a specialised palliative care team, integrating with the Paediatric Team within Lancashire Teaching Hospitals Trust, to deliver high quality care across all settings to prevent hospital admissions where possible and reduce length of stay by utilising the expertise and resources within the Children’s Hospice across the following:

**Tier 1**

**Derian House Children’s Hospice Core/Universal Service**

The core service offer includes the provision of planned short break respite care, access to emotional and psychological support services both pre and post bereavement, symptom management and care at end of life supported in the Hospice or at Home provided by the dedicated community team. Following the death of a child, families can also be referred for post bereavement care and use of the Sunflower suite, chilled bedrooms where a baby, child or young person can repose prior to funeral taking place. This service is also be offered following the sudden death of a child if appropriate.

**Training and education**

Derian House has an established training, learning and development programme including competency assessment for employed staff. A dedicated clinical education suite provides space for formal teaching as well as practical skill training with simulation equipment. The comprehensive education programme includes training on both invasive and non-invasive ventilation. The Derian House team will support advanced care planning and difficult conversations. This will be undertaken by sharing tools, symptom management, sharing learning/support, benchmarking and by standardising the approach between LTH and the ACP’s.

**Tier 2**

**Central Lancashire ICP Specialist Children’s and Young People Palliative Care/End of Life Service**

A specialist palliative care team is defined as one which is supported by a consultant with specialty training in paediatric palliative medicine (Tier 3 support) alongside other specialist level practitioners such as nurses, pharmacists, and psychologists. Key components of a specialised team include:

* Advanced symptom management
* 24/7 on-call support
* Parallel planning and enhanced supportive care
* End of life decision making

The service model of the specialist provision will be centred on a collaborative relationship between Derian House and Lancashire Teaching Hospitals Trust (LTHTR) with a shared team of Advanced Clinical Practitioners working on a rotational basis across the Hospice and the Hospital setting. This joint working approach will support information sharing, appropriate timely referrals to specialised palliative care services with care delivered locally reducing the need for referral to tertiary centres. This allows families to remain closer to home within their own network of support promoting choice and well-being.

**Multi-disciplinary Teams**

A multidisciplinary team approach will be taken to the delivery of care led by the medical team and Advanced Clinical Practitioners supported by professionals from both Derian House and LTHTR relevant to the child’s individual needs. This approach will ensure that care is person-centred and holistic providing a wraparound service to meet the very specific needs of a child and their family requiring palliative and end of life care.

**Referral Pathways**

Referrals to palliative and end of life care support from Derian can be made by any professional involved in the care of a child or young person with a life-limiting or life-threatening condition. It is essential that parent’s / carers are aware of the referral, and this is evidenced with written consent

There are three types of referral

* Urgent - child/young person is within ICU/HDU environment and withdrawal of care is planned. This would be anticipated to be accepted into the service within 24-48 hours
* Medium – plan in place to die at home/hospice. Usually accepted into the service within 7 days (prior planning is anticipated here)
* Routine – new diagnosis but not expected to die. Would access service within 6 weeks

**Staffing Model**

The team of Advanced Clinical Practitioners will ensure representation at relevant ward rounds and meetings informing the team at LTHTR the named individual responsible on a weekly basis. Working time and presence in the hospital will be flexible dependent on need and workload. As a developing model, this will be subject to change as the role and level of input evolves over time. Additional support can be provided by the wider palliative care team at Derian House including but not limited to, the Derian at Home community team, the perinatal specialist nurses and the Family Support and Play / Well-Being teams.

**Training and Education**

An external education programme will be developed to be available to all teams working in the speciality across Central Lancashire CCG. Effective delivery of the training and education programme will be co-ordinated by the Clinical Education Lead at Derian House but facilitated by the education teams across both settings to ensure a consistent approach. A collaborative approach to the delivery of training will enable Hospice staff to access relevant courses delivered by LTHTR providing the opportunity to increase acute clinical skills of Hospice nurses therefore enabling enhanced delivery of care within the Hospice. By utilising these opportunities this will mean that there can be earlier transfer of care from hospital to hospice providing appropriate support to children and families and also relieving pressure on acute service provision.

**Bereavement Counselling and Support**

In addition to the psychological and emotional support services provided through the core offer, specific bereavement counselling and support will be provided. Early referrals to a specialized palliative care service will mean that input will begin pre bereavement for parents, siblings and grandparents continuing after the child has died. There is scope to further develop these services by provision of bereavement counselling for those families not previously known to palliative care services, for example, in the case of a sudden death of a child.

**Access to 24/7 children’s nursing and palliative care services**

Derian House provides 24/7 care for children requiring palliative and end of life care. This includes out of hours on-call support for end of life care in the community provided by the Derian at Home team and supported by Advanced Practitioners.

**Care Coordination**

This will be led by the Paediatric Palliative Consultant supported by the Advanced Clinical Practitioners involving members of the wider team as appropriate.

**Respite**

In addition to the core offer of planned short break respite care Derian House will provide a responsive respite service for unplanned care at times of crisis and stress for families. The provision of this care may prevent hospital admission and will support the emotional and psychological well-being of the child and their family. Respite care will also be provided as step down from hospital care to facilitate earlier discharge from hospital and a smoother transfer to home. This will be especially important to support families following a lengthy hospital admission or where care needs have significantly changed, and families are gaining confidence in new skills required to care for their child.

Lancashire Teaching Hospitals Trust will build upon the elements that are detailed within the core offer. LTHTR will support this collaborative approach additionally through physical space, creating a Derian space within the paediatric ward.

*Estates* – there is an expectation that there will be an identified space within Royal Preston Hospital (LTHTR) that will provide a multi-purpose base for Derian House staff whilst based at the hospital. This space will utilise Derian House branding and will strengthen the collaborative approach of the new specialist service model between the two organisations and will promote opportunities for awareness raising for families and staff alike

**Tier 3**

**Palliative Care Consultant (ICS) Future working model**

Recruitment of a Consultant Paediatrician with a Special Interest in Palliative Care to lead and develop services across the ICS footprint. The post will be funded in partnership across all of the Clinical Commissioning Groups (CCGs) for HLSC and shared by Derian House Children’s Hospice. Within Derian House Hospice, the Consultant post-holder will provide medical advice to children and their families requiring palliative and end of life care as the clinical lead for the multi-disciplinary children’s palliative care team. This will involve management of children in a variety of locations in the community including patient’s homes, schools and within the hospice. This service is for all children, young people and their families that are resident and registered with a GP Practice within the geographical footprint of NHS Chorley and South Ribble Clinical Commissioning Group (CCG) and NHS Greater Preston CCG.

Derian House will provide care for babies, children and young people aged 0-25 however, care for young adults will be delivered alongside adult services. All babies, children and young people with a life limiting or life threatening condition are accepted for care irrespective of diagnosis. For many younger children diagnosis and prognosis will be uncertain so all care and service provision will be reviewed at regular intervals to ensure that it is appropriate to meet individual needs. Where a child’s condition improves, for example, following successful treatment for a cancer diagnosis there will be a planned discharge from palliative care services at the same time as ensuring that relevant services are in place to provide ongoing support as needed.

All CYP and families supported by the specialist palliative care team will be offered the opportunity to formulate an Advance Care Plan if they wish. Where a child is referred specifically for end of life care a DNAR form will be completed, this will be essential if transfer for care at home and also where transfer between settings is required.

**Interdependence with other services/providers**

* Lancashire Teaching Hospitals Trust
* Lancashire and South Cumbria Care Foundation Trust
* Lancashire County Council
* Primary Care Networks (PCNs)
* GP Practices
* St Catherine’s Hospice including any transition pathways

# Activity Review

**Activity Preston Chorley South Ribble**

All service user numbers - 210

All activity data – table below – total contacts 2436

Numbers of RIP - 10

**2022-3 Activity Overview**

**Activity** **Number of Contacts**

Derian at Home (Respite) 281

Derian at Home (EOL Care) 70

Perinatal 57

Counselling 326

Bereavement Support 249

Sibling Care 154

Family Support Services 118

Youth Work 343

Transition Services 118

Wellbeing Service 361

Hospice Night Respite 312

Sunflower Bed 33

Routine Referral 14

**Total** **2436**

**Oldham**

In line with the financial support received from Oldham CCG as a result of a successful matched funding bid Derian House will work in conjunction with the current Oldham Children’s Community Nursing team to provide a Hospice at Home service to the babies, children and young people in that area.

**Service Provision**

* Timely processing of referrals made in line with identified need
* Allocation of service in line with need
* Provision of respite in the CYP home
* Attendance at team meetings for joint review of cases
* Support the Palliative Care Nurse Specialist with the development of Advance Care Plans for CYP as needed
* In conjunction with local teams develop symptom management plans where appropriate
* Provision of peer support for Non-Medical prescribers in relation to the provision of end of life care
* Provide out of hours support for end of life care by means of telephone advice and home visits where needed
* Input from Family Support and Well Being teams for pre and post bereavement support
* Involvement of perinatal service

**Oldham**

All service user numbers - 43

All activity data – table below – total contacts 1521

Numbers of RIP - 4

**2022-3 Activity Overview**

Activity Number of Contacts

Derian at Home (Respite) 56

Derian at Home (EOL Care) 37

Perinatal 173

Counselling 408

Bereavement Support 182

Sibling Care 137

Family Support Services 89

Youth Work 298

Transition Services 26

Wellbeing Service 29

Hospice Daycare 1

Hospice Night Respite 61

Sunflower Bed 8

Routine Referral 15

EOL Care 1

**Total 1521**

This Quality Account looks at the quality of services measured by looking at:

Patient Safety

* how effective patient treatments are is there a clinical record of this?
* patient feedback about care provided

# How effective patient treatments are

# Patient feedback about care provided

We undertake our Friends and Family survey which is a contract requirement for our commissioned contracts. The Friends and family questionnaire is circulated every month on Facebook by Comms and email responses reviewed. These are reported to QSI and published on the Board Dashboard.

This year we commissioned DJS research to undertake an independent family survey the results of which have fed into the family survey action plan. The Hospice-wide results indicated:

**Compliments**

* 95% of families rate us as providing Very Good Care
* 100 families spoken to – 8 bereaved families
* We need to use the compliments we receive better internally and externally
* Action plan in place, key action: Quarterly Newsletter with families
* All compliments are stored and are reported internally to QSI and if needed to the Board and shared with CCGs within the reports

**Complaints**

* All complaints are actioned in line with Regulation 16 of the Health and Social Care Act.
* A register is kept and timescales are set out in the complaints policy this will be reported to CQC when they come in.

There were no complaints from Oldham in 2022.

The requirement to publish Quality Accounts is set out in the Health Act 2009. Requirements about the content of Quality Accounts are set out in the NHS (Quality Accounts) Regulations 2010, and in the amendments published in 2011. To the *best of my knowledge* the information in the Quality Accounts is accurate and a fair representation of the quality of care services provided by Derian House Children’s Hospice.

To consider below

Annex 1: The core quality account indicators

The following items are required per the regulations except for the Friends and Family Test – Patient element.

The core indicators are listed in the table below. The numbering scheme used in the table corresponds with the numbering of the indicators in the Regulation 4 Schedule within the quality accounts regulations. This list is not defined by NHS England and NHS Improvement and we are unable to change the regulations.

Some of the indicators will not be relevant to all providers, for instance, ambulance response times. Providers are only required to report on indicators that are relevant to the services that they provide or sub-contract in the reporting period.

Prescribed information Type of trust Comment

12. (a) The value and banding of the summary hospital-level mortality indicator (‘SHMI’) for the trust for the reporting period; and

(b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period.

Trusts providing relevant acute services In the table showing performance against this indicator, both the SHMI value and banding should be shown for each reporting period.

19. The percentage of patients aged:

(i) 0 to 14 and

(ii) 15 or over

readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.

All trusts It has been acknowledged that an error was made in the drafting of the regulations and that the split of patients for this indicator should be

(i) 0 to 15; and

(ii) 16 or over

The regulations do refer to 28-day readmissions rather than 30.

20. The trust’s responsiveness to the personal needs of its patients during the reporting period. Trusts providing relevant acute services

21. The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends. Trusts providing relevant acute services

21.1 Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2) Please note: there is a not a statutory requirement to include this indicator in the quality accounts reporting but provider organisations should consider doing so.

Trusts providing relevant acute services Not part of the quality accounts regulations

24. The rate per 100,000 bed days of cases of C.difficile infection reported within the trust amongst patients aged 2 or over during the reporting period. Trusts providing relevant acute services

25. The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. All trusts

# Part 2 – Future Priorities

**Oldham: Consideration for Future Developments**

* Increasing respite at home provision with introduction of outreach posts for the Derian at Home Respite team (DAHRT)
* Joint working with Francis House Children’s Hospice for the delivery of end of life care at home

**Part 3 – Quality Performance**

Both contracts have different deliverables

Audit is used across all areas of the hospice as a tool for improvement and to provide appropriate levels of assurance. We seek assurance through audit in the following ways:

* External Audit – provides full assurance to the Board for legal submissions and legal requirements to be met
* Trustee Deep Dives – to provide assurance on areas of interest or concern
* CEO Deep Dives – To ensure that we are meeting the needs under relevant Health and Safety legislation
* Internal Audit – to provide additional second line assurance where there are areas of concern

# External Audit

A number of external audits were undertaken this year.

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| **Audit of Accounts** |

RSM were appointed as auditors of the Derian House Financial Statements for the auditing of 2021 accounts. The audit report was received in May 2022 and was presented to the Board of Trustees with the opportunity for the Board to ask questions to the auditors without the presence of the Senior Management Team. This is in line with the requirements set out in the Charity Governance Code of Practice.

RESULT

PASS

There were no items noted as requiring correction or areas highlighted as an areas of concern in the audit. The following risks were identified:

* Recovery of the Retail Loan – we confirmed comfortable that the balance is not impaired and that the balance will be repaid once the Shops begin to generate a profit.

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| **Future Focus** |

Moore and Smalley have been appointed as our auditors going forward and we look forward to receiving their report on our 2022 accounts.

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| **Health and Safety** |

This year we have again appointed Ellis Whittam for a general health and safety risk assessment encompassing fire and statutory building compliance. All of Derian House estate was reviewed by the audit resulting in individualised General Risk Assessments for each location identifying any significant health and safety issues.

**Derian House Hospice, Chancery Road**

RESULT

PASS

Overall the audit was deemed as a pass, there were a couple off issues identified which have all now been rectified:

* Medium 4 medium actions and one low risk item were identified. These included:
* Medium Slow fire evacuation times and to ensure that these were recorded
* Medium Review the Fire Risk Assessment Periodically
* Low Ensure the recording of ladder training

**Retail Premises: Blackburn, Chorley, Horwich and Leyland**

Actions to follow up included:

RESULT

ACTIONS REQUIRED

* More focused risk assessment to be site specific
* Asbestos surveys
* Fixed wire testing and enhanced cleaning required in some areas.

# Further audits

There has been no Environmental Health Officer inspections this year of our catering facilities and we retain our 5 Star hygiene rating.

There has been no assessment by the British Institute of Cleaning Standards this year although this has been requested.

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| **Future Focus** |

During 2023 we will be completing another annual assessment with Ellis Whittam. We will also be reviewing our Gardens and auditing our arrangements for gardening services.

# Internal Audit

# There are four strands to Derian House’s internal audit:

# Clinical Internal Audit

# Trustee Deep Dive

# CEO Deep Dive

# Commercial Internal Audit

**Clinical Internal Audit**

Throughout 2022, internal clinical audits took place in the following areas:

# Infection, prevention and control

# Medication management

# Referrals

# Ventilation

# Documentation

The following scheduled audits were not completed:

# Community medication audit scheduled for completion in November

# In house medication audit scheduled for completion in November

# Uniform audit scheduled for completion in November.

The following audits were completed after their scheduled completion date:

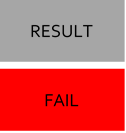
# Community medication audit scheduled for completion in February was completed in June

# Community medication audit scheduled for completion in August was completed in September

# In house medication audit scheduled for completion in August was completed in October.

There are two audits which require highlighting within this report which have led to significant changes internally.

1. **Referrals**

Derian House aims to comply with a six week referral timeline for non urgent referrals. The audit results consistently demonstrated that the referral process for non – urgent referrals is regularly taking longer to complete than the six weeks stated on the referral form. Whilst this is sometimes due to circumstances out of the control of Derian House it was important for Derian House to identify if any amendments could be made to the process to make improvements to this.

The results were as follows:

* January 2022 - 50% of referrals taken to referral panel within 6 weeks
* April 2022 – 46% of referrals taken to referral panel within 6 weeks
* July 2022 – 80% of referrals taken to referral panel within 6 weeks
* October 2022 – 58% of referrals taken to panel within 6 weeks

There were two elements which required addressing:

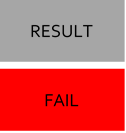
1. Signed parental consent: The current referral process specified that no referral could commence without written consent from the child or young person’s (CYP) parent or legal guardian agreeing to this referral and for medical information to be sought. Following discussions with the Head of Governance and Compliance it was agreed that written consent was not required to process an application for referral. It was agreed that should the referee be a registered professional, it would be acceptable for their written confirmation that consent had been sought from the family.
2. Medical information: An amendment was made to the referral form to request medical information be sent with the referral form wherever possible. This seeks to avoid delays that can ensue when awaiting this which ultimately resulted in delays in the referral process.
3. Confirmation of diagnosis: It was identified that all referrals had to complete the full referral process even though they did not meet the acceptance criteria of Derian House.

A proposal was made by the Hospice Manager and the Referral Lead to introduce a triage process into the referral process and to complete a weekly triage meeting where confirmation would be made that:

* The CYP has a life limiting condition that meets the charitable objects of Derian House
* The CYP does not have a life limiting condition and does not meet the charitable objects of Derian House and would be declined based on the medical information provided.
* Or the referral does not provide enough medical information to determine if the CYP does or does not have a life limiting condition and does or does or does not meet the charitable objects of Derian House. In this instance, additional medical information will be sought.

For much of 2022, there have been two referral processes in place as those CYP who were referred on the previous system were required to complete the referral following this process. Whilst benefits are already evident regarding the time scales of referrals under the new process, it is likely to be in 2023 when the benefits are fully evident as all referrals will be following the new process.

1. **Ventilation**

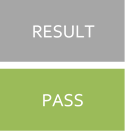
The three ventilation audits that took place in 2022 highlighted there a small but important number of staff who were lacking in knowledge regarding management of the ventilator when in use with oxygen and generally felt unconfident. It was recognised during the audit that due to the COVID19 Pandemic staff had lost confidence in providing care for those who were ventilated. Further evidence of a gaps in staff knowledge of ventilators became apparent after 3 clinical incidents were raised in March and May 2022. Two incidents were raised for one CYP and one incident raised for a second CYP all of which resulted in no harm.

Following a number of no harm incidents, it was deemed necessary by the hospice manager to temporarily suspend all respite for CYP who were ventilated if they were not attending with their own carers. Before this respite could be reinstated training was arranged for staff to increase their competence and knowledge in the management of ventilators. This training took place in June 2022, facilitated by ventilation nurse specialists from Alder Hey and Royal Manchester Children’s Hospital. Upon completion of this training, respite was reinstated for those CYP who are ventilated and no incidents further incidents have since been raised.

Also identified was a misunderstanding of the CYP’s ventilation level as this was not completed correctly in all care plans. This relates to what support the ventilator is providing for the CYP’s breathing. It is now required that all CYP who are ventilated have their level of ventilation stated on the electronic handover sheet.

Furthermore, to assist in staff ongoing ventilator competence and confidence, Derian House now has a ventilation nurse specialist in post.

**External Clinical Audits**



**Controlled Drugs Safe and Secure**

Derian House has an agreement with Lancashire Teaching Hospital Pharmacists to complete a monthly audit Control Drugs safety and security of storage audit. All audits were a PASS.

**Clinical Audit Process Improvement**

Medication Audit

During the scheduled completion of medication audits, the Medicine safety Officer identified that the in house medication audit was not yielding information that could seek to identify areas of improvement for the process of medicines management. Subsequent in house medication audits will focus upon the medication errors that have been reported onto the incident reporting system since the completion of the previous audit.

Ventilation Audit

It was identified that the ventilation audit did not assess staff’s understanding and competence of level of ventilation. A question about this has now been added to the audit.

Following on from these audits, significant changes have been made to management of referrals and management of those children and young people (CYP) who are ventilated.

# Trustee Deep Dives

Trustees are required to ensure that the Charity is accountable[[1]](#footnote-1) and they are able to demonstrate that the charity is complying with the law, well run and effective. Derian House Trustees utilise Deep Dives for areas of concern, increased regulatory attention or areas of interest to assure themselves that the hospice is operating compliantly.

The following Trustee Deeps Dives have taken place this year, there were no items for concern highlighted during these deep dives:

# Duty of Candour

* + - Policies and procedures are in date and appropriate for Derian House
    - There had been no reportable incidents for the last two years
    - Areas for improvement and focus included:
      * Raising awareness of professional responsibility for all Derian employees about Duty of Candour principles
      * Training for non-clinical staff
      * Raising awareness of notifiable patient safety incidents and need for external reporting for clinical staff

# Leavers

* + Assurance that there is a process in place and leavers rates are monitored
  + Reviewed the reasons for leavers at Derian House
  + Leavers review is now a 6 monthly report for the Board
  + **Recruitment**

In addition to this deep dive an annual audit into New Starters referencing the NHSE New Starters was also completed. This identified a number of actions including:

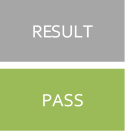
Ensuring that all job descriptions were loaded onto staff members accounts

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| **Future Focus** |

Trustees are at liberty to request areas for deep dive as they require. Leavers and Recruitment are now part of the six monthly audit cycle for the Strategic HR Subcommittee

# CEO Deep Dives

The Chief Executive delegates responsibility for the safe and efficient running of the Derian estate to the Head of Facilities and Infrastructure. To assure themselves that Derian House is operating compliantly a number of short notice inspections are carried out through the year. This has included:

* Fire Alarm Testing
* Fire Door Inspections
* Passenger Lift Servicing
* Water Temperature
* Shower Clean and Chlorination
* Pest Control Services
* Sling Servicing
* Elevating Bed and Trolley Servicing
* Boiler Servicing and Gas Pipework

There were three CEO Deep Dives which required further attention:

RESULT

ACTIONS REQUIRED

* PAT Testing and Microwave Emissions Testing PASS WITH ONE MINOR ACTION
* Emergency light shut down

RESULT

FAIL

* + Paperwork required from contractor, with processes and follow up from Derian Required
* Emergency lights monthly
  + Paperwork required from contractor, with processes and follow up from Derian Required

**Future Focus**

**Case Studies**

**Case study Oldham: Mohammed Hassan Ali**

Mohammed Hassan Ali and his family, from Oldham, have benefitted from the services at Derian House.

Thirteen-year-old Hassan was diagnosed with a glioma of the spine in 2019 and spent most of the next 18 months in and out of Central Manchester Children’s Hospital to receive chemo and radiotherapy. Hassan was referred to Derian House after MRI scans revealed that he wasn’t getting better. Derian House worked alongside Oldham Children’s Community nurses, Macmillan, GPs and hospital consultants to ensure the wishes of Hassan and his family were incorporated into his care plan.

Hassan’s sister, Zunera Ali, said: “When Hassan was first diagnosed we were quite hopeful that he would get better. He began to improve when he started treatment. “However, he didn’t enjoy being in hospital and the COVID lockdown only made things worse. Hassan could only get visits from me and our mum. It must have been strange for him because our house is always filled with family. “Hassan’s condition began to worsen, and as he became more unwell he wanted to be at home with his family, away from the hospital. Plus, as a teenager, he wanted as much control as he could over his own life.

“Derian House was incredible. The Derian at Home team made sure that Hassan had all the help he needed outside of the hospital. The one thing that Hassan couldn’t get access to at home was a bath so he visited Derian to use their accessible baths and loved it. He would take bath bombs with him. “Mum, me and Hassan visited Derian for respite stays. We went for a swim in the pool and watched films in the cinema. That time was precious for us all.

“Our family were able to make memories with Hassan at the Derian on Holiday Lodges at Ribby Hall. We all had an amazing time and Hassan was so much like his normal self that it was difficult to remember that he was poorly.”

With 24-hour support from Derian at Home, Hassan was able to spend his last few months at home with his mum and dad, twin brother Hussain, big sister Zunera and his other three siblings. Zunera said: “Hassan was such a big personality – he had so much love for everyone, especially for his family. Derian allowed him to squeeze everything he wanted to do in those last few months, and allowed him to be himself, which was so important.”

On February 6, 2022, Hassan passed away peacefully at home surrounded by his family.

Hassan’s family remain in contact with Derian House’s family support team.



1. 9. <https://www.gov.uk/government/publications/the-essential-trustee-what-you-need-to-know-cc3/the-essential-trustee-what-you-need-to-know-what-you-need-to-do#ensure-your-charity-is-accountable-1> [↑](#footnote-ref-1)