St Cuthbert's Hospice

Making every day count since 1988

Quality Account

2024 – 2025

Our Mission

To make every day count for those affected by life-limiting illnesses.

Our Vision

To be a centre of excellence within our community and to provide all-embracing, compassionate and individualised care to all those affected by life-limiting illnesses, at a time and a place that is right for them.

Our Values

- Respect
- Professionalism
- Choice
- Compassion
- Reputation
- Integrity

Our Philosophy of Care

At the heart of St Cuthbert's Hospice is the individual who is seen as a unique person deserving of respect and dignity. Our aim is to support each person and their family and friends, helping them to make informed choices and decisions affecting their lives.

Individual care is planned to support the total well-being of each person, taking into account their physical, psychological, social and spiritual needs.

We will work together to provide a warm and welcoming atmosphere that accommodates diverse cultures and lifestyles within a calm and compassionate environment. As a team, we will strive to provide care of the highest standard by ensuring staff are up to date with current research and training.

We are aware of the valuable work undertaken by individuals and agencies in the community and we will work in partnership with them to provide excellent services for the people of Durham.

We see life – and death – as a journey to be made in the company of others. We are rooted in our local community and we approach life and death through a philosophy based on support and hospitality.

PART 1

Quality Statement

Welcome to our Quality Account for 2024/25. This report is for our patients, their families and friends, the general public and the local NHS organisations that contribute nearly half of our service costs. The remaining finance required to pay for our services is raised through fundraising, legacies, our nine shops and online sales.

The aim of this report is to give clear information about the quality of our services so that our patients can feel safe and well cared for, their families and friends are reassured that all of our services are of a high standard, and that the NHS is receiving good value for money. It also underlines our commitment to continually review our services and find ways to improve them so as to ensure patients remain at the centre of the services we provide and how we provide them.

In this document we give an account of how we have maintained our high standards, and, very often, exceeded the expectations of those who have used our services. We also identify some priorities for continuing our progress towards excellence during the coming year.

St Cuthbert's has faced significant financial challenges due to an increase in running costs and a reduction in donations and legacies, and sadly, we had to make the difficult decision to make 25% staff redundancies across the hospice, which was 17 members of staff. Whilst we were very grateful for St Cuthbert's share of the Government capital funding, it was not possible to prevent the redundancies as capital funding is to be used for buildings, facilities, equipment, technology or projects, it is not permitted to be spent on hospice running costs, such as salaries. Following redundancies and organisational change, our Living Well Centre Day Service has reduced by 50%, however we continue to provide groups, activities and therapeutic interventions.

As part of the financial savings and organisational change, our Adult Bereavement Support Service has ceased. We continue to provide a service with counselling sessions for children and young people aged 5-17 years.

It is testament to our staff that despite the challenges we have faced, they continue to strive to provide high quality care for our patients and their families. We could not give such high standards of care without our hardworking staff and our volunteers, and together with the Board of Trustees, we would like to thank them all for their support.

To the best of our knowledge, the information in the Quality Account is accurate and a fair representation of the quality of health care services provided by St Cuthbert's Hospice.

Laura Barker, Chief Executive Officer

Pauline Sturdy, Head of Clinical Services & Deputy Chief Executive Officer

PART 2

KEY ASPIRATIONS FOR IMPROVEMENT
DURING THE PERIOD 1 APRIL 2025 – 31 MARCH 2026

2.1 INTRODUCTION

St Cuthbert's Hospice will continue to strengthen processes that support and demonstrate an ethos of continuous clinical quality assurance and improvement across all levels of the organisation. We aspire to provide outstanding care to all our service users, provided by qualified and well trained medical, nursing, allied health, counselling and social care staff and underpinned by research evidence and sector leading best practice in an environment and culture that supports compassionate person-centred care.

We aspire to reduce risk, prevent harm and promote safety as the foundation for providing effective and responsive care services that meet the individual needs of each of our service users. We take our duty of candour seriously and we will openly and honestly identify any shortfalls in our services to individuals in our care. We commit to act promptly to address or resolve such shortfalls and appropriately report them and our actions to resolve them to patients and their families and to relevant partners or regulatory agencies.

Our service users need to know that they will be treated with compassion, dignity and respect in clean and safe care settings that are effectively managed to protect them from the known harms, avoidable accidents, recognised clinical risks (such as pressure ulcers and falls) associated with health systems. They need to be confident that agreed and consented clinical interventions are identified to meet their unique needs and will be underpinned by research and sector leading best practice such as National Institutes for Health and Clinical Excellence (NICE) guidance that aims to make every day count and enhance their quality of life.

2.2 ASPIRATION 1: To enable people at the very end of life to achieve a good death in the place of their choosing.

2.2.1 Why have we chosen this aspiration?

We only have one chance to get care at the very end of life right.

As far as possible we want to ensure that we meet an individual's preference for where they want to die.

Wherever the actual place of death, people want a "good death". Several research studies enable us to describe a good death with some certainty. It means that the person:

- Is able to make decisions about what is best for them
- Can be free of pain
- Is "at peace"

The problems are well articulated in the NICE Guidance on Care of Dying Adults in the Last Days of Life (updated 2017) and the NICE Quality Standard for End of Life Care for Adults (updated 2021).

The root causes are:

- The inadequate availability of Hospice care
- Poor access to Hospice care
- Avoidable admissions to/delayed discharges from Hospital

If we achieve our aims, we expect to contribute to an increase in the number of people in County Durham who die in their preferred place of death and, for those we care for in the Hospice, to strive to ensure that patients achieve a good death.

> "Our first experience of a hospice and was somewhat apprehensive beforehand. The room my mam is in is superb, comfortable, really homely as well as extremely clean. Every single colleague we have come in contact with has been so friendly, relaxed and have answers to every question, adding to the homely environment. A perfect place for my mam to spend her last days".

2.2.2 What will we do in 2025/26 to achieve this aspiration?

We will:

- Present the results of the VOICES Survey to promote the continuing development of integrated care in County Durham.
- Work with the Integrated Care Board, the County Durham and Darlington Foundation Trust (CDDFT) and other partners to develop a sustainable model of medical provision for palliative and end of life care in the county.
- Develop an integrated approach to medical and clinical governance across St Cuthbert's Hospice. Willow Burn Hospice, St. Teresa's Hospice and CDDFT Palliative Care Team.
- Continue to work with further education colleges, universities and vocational training schemes and host students and trainees (nurses, therapists and doctors).
- Work with Hospices North East & North Cumbria to secure analytics / health science resource to improve the reporting of outcome data.

2.2.3 How will we measure success?

- Presentation of the VOICES Survey results and its use in the development of Durham's Health and Well-Being Strategy and the Integrated Care Board's Palliative and End of Life Care Strategy.
- Development of an agreed model of medical provision at the Hospice and in the wider system.
- Development of an integrated approach to medical and clinical governance across the county.
- Continued provision of Trainee GP placements and good evaluation of training placements.
- Continued provision of student nursing placements and good evaluation of training placements.
- Deliver quarterly outcome-based reports to drive service improvement and development.

2.3. ASPIRATION 2: To enable people living with a life-limiting illness who use Hospice services to live well and make every day count.

2.3.1 Why have we chosen this aspiration?

The Hospice offers specialist palliative care to those for whom no cure is available for their illness. Some people only live for a very short time with life-limiting illnesses, while others may live for many years.

The Hospice's aim is to help people with life-limiting illness make every day count, recognising that where it is not possible to add days to life, it is still possible to add life to days.

The needs of people with life-limiting illnesses are many and varied—they include; symptom control, learning new ways of coping with everyday activities, information about choices and services available to them, social, psychological, spiritual and emotional support, an opportunity to make preparations for their death.

It is generally recognised, that wherever possible, people with life-limiting illnesses should be able to be looked after in their preferred place of care.

The Government estimates that at any one time, on average, 1% of the population will be on the palliative care register (PCR) – i.e. a doctor or clinician would not be surprised if the person were to die in the next 12 months.

However, there are other people who have a life-limiting illness for whom there is no curative treatment but who would have a life expectancy beyond 12 months. A palliative care approach with this population will be the choice of some.

Every year people die prematurely in County Durham from cancer. Cardiovascular disease, respiratory disease and liver disease are also significant causes of premature mortality in the county. The mortality rates for cancer, cardiovascular disease, respiratory disease and liver disease in County Durham are all above the national average for England.

A report in 2024, commissioned by Alzheimer's Society, shows that around a million people in the UK have a form of dementia. This is projected to rise to 1.4 million people by 2040. It is estimated that more than 7,600 people in County Durham aged over 65 are living with dementia.

Progressive neurological disorders are conditions where there's a gradual and ongoing deterioration of neurological function, often leading to a progressive decline of the body's function, including mobility, coordination, strength, sensation, and cognition. These conditions include motor neurone disease, Parkinson's disease, multiple sclerosis and Alzheimer's disease.

Living with an incurable illness can be deeply challenging. It requires adjusting to a new reality, focusing on quality of life, and seeking support from loved ones and healthcare professionals. While there's no cure, palliative care and therapies can help manage symptoms and enhance well-being.

Even for those who prefer to be cared for at home, admissions for symptom control or for rehabilitation and resilience building are an important part of responding to the problems they face.

Hospice day services offer a range of support to individuals with life-limiting illnesses, focusing on physical, emotional, social, and spiritual needs. These services aim to improve quality of life and provide a supportive environment. Although there has been a reduction in our Living Well Day Services provision, St Cuthbert's are still accepting referrals for; cognitive stimulation therapy, breathlessness management, fatigue management, dementia support, palliative rehabilitation, symptom management, acupuncture (physio), emotional support and carer support.

"Staff are lovely, fun staff and professional in their approach. Good to mix with fellow patients"

"Gives me a lift, especially when I have been having symptoms"

2.3.2 What will we do in 2025/26 to achieve this aspiration?

We will:

- Collaborate with other Hospices in the region to identify a common language to identify themes and trends from clinical incidents in order to identify and implement improvement programmes.
- Optimise the use of both the Inpatient Unit and Living Well Centre by:
    - promoting services to referrers and the general public
    - working with a common referral process to ensure that referrals are appropriate.
    - sustaining activities and groups in Living Well Centre and developing further groups/activities within the available resources
- Develop an options paper aimed at improving access to podiatry for patients with complex symptoms.
- Develop an options paper aimed at improving access to chaplaincy support for patients at the end of life and those with complex symptoms.
- Recruit volunteers trained to provide Reiki for patients in Living Well Centre.
- Develop a sustainable model for community outreach and dementia services.

2.3.3 How will we measure success?

- Development of a joint Patient Safety Incident Reporting Plan.
- Occupancy at 85% or above.
- Plan on a page for improved access to podiatry for patients with complex symptoms.
- Plan on a page for improved access to chaplaincy support for patients at the end of life and those with complex symptoms.
- Development of volunteer led Reiki service in Living Well Centre.
- Funding arrangements in place for a sustainable model for community outreach and dementia services.

2.4 ASPIRATION 3: To provide the information and support that carers of people with life-limiting illnesses need to provide the care they want to provide.

2.4.1 Why have we chosen this aspiration?

From its inception, the Hospice movement has been as much about caring for the family as it has been about caring for patients.

Research identified the following 5 needs common to most carers of people with life-limiting illnesses:

- Recognition that carers have their own needs
- Respect for the fact that they are expert partners in care
- Support in every setting
- To be acknowledged into bereavement
- Caring shouldn't be a fight

Carers need support because:

- People are often suddenly in the role of carer without preparation or training.
- Carers often feel side-lined by professionals.
- Caring is not valued or appreciated.

> "Excellent care and support given by all the living well unit staff".
>
> "Day services has been a life saver for all of us!"

2.4.2 What will we do in 2025/26 to achieve this aspiration?

- Continue use of the Carer Conversation Wheel as the preferred carer needs assessment tool in Inpatient Unit and Living Well Centre.
- Continue to provide a dementia carer education programme with option to have cared for person supervised/ supported in same building

2.4.3 How will we measure success?

- Feedback from dementia carer education programme.
- Feedback from IPU and Living Well Centre.

2.5 ASPIRATION 4: To break down the taboos associated with dying, death, loss and grief.

2.5.1 Why have we chosen this aspiration?

The general public need to be able to support their family, friends, neighbours and colleagues who are experiencing death, dying, grief or loss.

They also need to be able to understand the options that are available to them if they were to be diagnosed with a life-limiting illness to make preparations for the end of life, whenever and however that might occur.

The population of County Durham is approximately 500,000. Everyone is likely to be affected by death, dying, grief and loss.

The End of Life Care Strategy for England notes that there appears to be a lack of public openness about death. This assumed lack of awareness and failure to discuss death as part of normal life may have several consequences, including fear of the process of dying, lack of knowledge about how to request and access services, and a lack of awareness and openness between close family members when a person is dying.

Some of the causes of the problem are:

- Deep seated fears – that talking about death can hasten death
- Death now a less public and more private event
- Focus on death as a medical event rather than as a social event

Consequences of the problem are can include unresolved grief (leading to further complications) and lack of ability to make informed choices about good end of life care.

> "Being referred to the Hospice was the best thing to happen. People think of a hospice as this big black scary and sad building that you go into and never come out of but for us that couldn't be any further from the truth. The Hospice is such a bright and welcoming place".

2.5.2 What will we do in 2025/26 to achieve this aspiration?

- Withdraw staff ethically from the community outreach hub, enabling it to function independently and staff to focus on Everything in Place educational sessions.
- Facilitate the community outreach hub to function independently as a social network group and a compassionate community.
- Work to source more sustainable funding for community outreach with a focus on Everything in Place, generating income from a business/corporate model, to deliver to corporate and communities' side by side.

2.5.3 How will we measure success?

- Community outreach hub functioning as an independent social network group and compassionate community supporting each other.
- Achieving a more sustainable business/corporate model for Everything in Place with delivery of the education to corporate and communities.

2.6 ASPIRATION 5: To ensure that the Hospice has the Governance systems and processes it needs to deliver our other aspirations.

2.6.1 Why have we chosen this aspiration?

Governance is important because it:

- Ensures that the provision of healthcare services is of high quality, promoting patient outcomes, and building confidence in the system.

- Reduces negative outcomes such as medication errors, infection rates, and adverse events.
- Helps drive high quality care for the people you support.
- Helps benchmark quality care against other organisations.
- Plays a significant part in quality assurance.
- Aims to reduce variations in quality of care provided
- Helps sustain and improve high standards of patient care

2.6.2 What will we do in 2025/26 to achieve this aspiration?

- Review medical governance against GMC Guidance, Effective Clinical Governance to Support Revalidation.
- Development of an agreed model of medical provision at the Hospice and in the wider system, incorporating medical governance at St Cuthbert's Hospice.
- Develop an integrated approach to medical and clinical governance across St Cuthbert's Hospice. Willow Burn Hospice, St. Teresa's Hospice and CDDFT Palliative Care Team.
- Develop service level agreements for all medical staff employed by CDDFT with practising privileges at St. Cuthbert's

2.6.3 How will we measure success?

- Agreed model of medical provision at the Hospice and wider system, incorporating medical governance at St Cuthbert's.
- Development of an integrated approach to medical and clinical governance across the county.
- Robust SLA's in place for medical provision and governance at St. Cuthbert's.

2.7 ASPIRATION 6: To provide a safe and compassionate place for the delivery of services

2.7.1 Why have we chosen this aspiration?

The environment in which end of life care is delivered can support or detract from the physical, psychological, social and spiritual needs of patients and family members.

2.7.2 What will we do in 2025/26 to achieve this aspiration?

- Implement and audit against the National Cleaning Standards.
- Complete the redecoration of the Inpatient Unit
- Ensure that ensure all premises and equipment, including but not limited to, the cold room, are safe, clean, and properly maintained, and that this is recorded appropriately.

2.7.3 How will we measure success?

- Cleaning audit reports
- Confirmation from Infection Control Audit
- Report against planned maintenance schedule

2.8 ASPIRATION 7: To recruit, retain and develop people (staff and volunteers) who share our values and are committed to the mission and vision of the Hospice

2.8.1 Why have we chosen this aspiration?

Workforce development is key to the achievement of our mission, vision and all our aspirations.

2.8.2 What will we do in 2025/26 to achieve this aspiration?

- Continue to implement and develop new and established link practitioner roles.
- Implement safeguarding excellence training to non-clinical staff, volunteers, and supporters to raise the profile of safeguarding as everyone's business.
- Ensure that staff providing care and treatment have the training, qualifications, competence, skills, and experience, to do so safely.
- Review our workforce plan, to ensure the Hospice is able to recruit and retain excellent staff (paid staff and volunteers)
- Retain our Continuing Excellence status in the Better Health at Work awards.
- Review training and induction to ensure this is meaningful and appropriate.
- Deliver on the staff action plan and Health, Safety and Wellbeing Strategy.
- Conduct a staff and volunteers survey.
- Embed our Freedom to Speak Up Service

2.8.3 How will we measure success?

- Link practitioner slides
- Feedback from staff who attend training
- Quarterly workforce reports
- Retention of Better Health at Work award
- Results of Staff and Volunteers Survey
- HR Key Performance Indicators

PART 3

REVIEW OF SERVICE QUALITY PERFORMANCE
DURING THE PERIOD 1st APRIL 2024 to 31 MARCH 2025

3.1 Background and Context

3.1.1 Opened in 1988, St Cuthbert's Hospice provides specialist palliative care for the people of North Durham living with life-limiting conditions with a multidisciplinary team approach. The Hospice is based in the historic Park House, close to Durham city centre. Patients and relatives are welcome to enjoy the several acres of beautiful grounds with views across the Durham countryside.

3.1.2 Our highly qualified and trained multiprofessional staff and volunteers work together to provide individual, high-quality care in a peaceful environment, and to provide care and support for relatives and carers.

3.2 Our Statement of Purpose

3.2.1 Our Hospice's vision is to be a centre of excellence within its community, providing all-embracing, compassionate and individualised care to all those affected by life-limiting illnesses, at a time and a place that is right for them.

3.3.2 In line with this vision, the Hospice's purpose is to provide the highest quality of holistic specialised palliative and end of life care for adults aged 18 and upwards in our community who have a life-limiting illness including a diagnosis of cancer, offering support also to their families and friends and helping them to make informed decisions affecting their lives.

3.2.3 Our Aim

To achieve the Hospice's purpose our aim is to meet the physical, social, psychological and spiritual needs and wishes of all who need our services, at every stage of their journey, in order to "make every day count" for them.

3.2.4 Our objectives

At the heart of St Cuthbert's Hospice is the individual, who is seen as a unique person deserving of respect and dignity. Our specific objectives revolve around our core values of compassion, respect, integrity, professionalism, choice and reputation. They are:

- to support and help patients, their families and carers with the provision and maintenance of care in their chosen location.
- to provide a service that is both responsive and flexible to needs.
- to recognise and evaluate the psychological and spiritual aspects involved in care, and ensure provision of appropriate psycho-social and spiritual support for both individuals and their carers.
- to provide physical and emotional palliative rehabilitation to maximise quality of life.
- to collaborate and liaise with other agencies in order to facilitate integrated care.

- to assess pain and other related symptoms and advise on how best to control them
- to provide care that is of the highest standard by ensuring that our staff are up to date with current research and training and that this is reflected in every aspect of their work with our patients, their families and other carers.
- to work together as a hospice team to provide a warm and welcoming atmosphere that accommodates diverse cultures and lifestyles within a calm and compassionate environment.
- to collaborate and liaise with other agencies in order to facilitate integrated care.

3.3 Our Activities

3.3.1 St Cuthbert's Hospice provides:

- A medically supported 10 bedded Inpatient Unit.
- A rehabilitative day care service in our Living Well Centre that offers a holistic model of care and a range of therapeutic groups and activities to enhance peoples' wellbeing and quality of life
- Family support services - high quality social work, children and young person's bereavement and pastoral care.
- Therapy support including physiotherapy and occupational therapy.
- Medical and nursing support.
- A community-based specialist Dementia Service including: -
    - Admiral Nurse – Admiral Nurses are specialist dementia nurses developed, supported and/or approved by Dementia UK, who work with family carers, professional carers and/or other people with dementia
    - Namaste Care - specialist support for family carers, professional carers and/or other people with advanced dementia.
- Bereavement Support - a children and young person's bereavement service for those bereaved because of someone taking their own life or sudden unexpected and traumatic death; emotional support to the families of in patients.
- Community Outreach – a social model and extension of Hospice services into the community which provides Everything in Place, a Public Health approach to encouraging family conversations around death, dying and bereavement. The course covers topics such as Wills, Power of Attorney, Advance Care Planning, funeral planning and making memories
- Guest Services **–** housekeeping, catering and reception teams who: -
    - Provide a high quality, welcoming and cost-effective catering, housekeeping and reception service to patients, staff and visitors.
    - ensure that all Hospice areas are well maintained, reporting all maintenance issues and need for decoration to the Estates and Facilities Manager.
    - look after the Hospice general ambience and make sure that the guests and their visitors have a positive experience from the catering, housekeeping and reception teams.

3.3.2 St Cuthbert's Hospice accepts it is accountable for the standards of care it provides and has developed robust systems and processes to monitor, review, report and act in response to all clinical issues and incidences. This allows us to record evidence of patient harm which can be analysed to identify what measures could be implemented to minimise the risk of harm for patients in our care.

3.4 Our Workforce

We have a workforce of over 90 staff working across the Hospice and in the Community. As well as our clinical team of Nurses, Doctors, Occupational Therapists, Physiotherapists, Pharmacists, Social Workers and Counsellors, we also employ a fundraising team, retail team and employ people in various enabling roles. Our workforce is supported by approximately 400 volunteers who help in our clinical services, reception, laundry, gardens, café and retail outlets, as well as at fundraising events and in the community.

Sadly, following significant financial challenges, we had to make the difficult decision to make some posts redundant across the organisation and reduce or cease some service provision to achieve financial savings.

We continue to be supported with consultant cover by Supportive Care UK. We are working with the Integrated Care Board (ICB) and County Durham and Darlington Foundation Trust (CDDFT) to establish a sustainable medical model for direct clinical care and medical governance.

We continue to provide placements for training of GP registrars in palliative care as part of the Vocational Training Scheme and this evaluates positively.

We continue to support training and we have 3 non-medical prescribers, one pharmacist and two nurses. All staff receive mandatory training, which includes safeguarding, mental capacity act training and deprivation of liberty, duty of candour, record keeping and falls prevention.

All Registered Nurse and Health Care Assistant vacancies on IPU are filled, so IPU is at full staffing establishment which allows us to be more responsive to service needs.

To better match our workforce skill mix and numbers of staff to demand; as measured by patient numbers, dependency and acuity we use the Mary Potter Hospice IPU Acuity Tool. This helps us to establish benchmark acuity data to better model and predict our IPU care workforce needs against fluctuating bed occupancy and changes in patient acuity.

Our nurse-to-patient ratio on the In-Patient Unit under usual circumstances is:-

- 8am to 2pm: 3 Registered Nurses (RN's) and 2 Healthcare Assistants (HCAs) to 10 patients
- 2pm to 8.30pm: 2 RN's and 2 HCA's to 10 patients
- 8pm to 8.30am: 2 RN's to and 1 HCA to 10 patients

3.5 Governance

We have continued to be successful in ensuring we had strong clinical governance at St Cuthbert's Hospice. Throughout 2024 - 2025 our Board of Directors (Trustees), the Clinical Governance Sub-Committee, Senior Management Team, Clinical Governance Group and Integrated Care Board (ICB) received and reviewed comprehensive

quarterly progress reports about care delivery, clinical audit, incidents, accidents, investigations and complaints. Each group has been rigorous in monitoring and critically reviewing the evidence provided about the safety and quality of care services and where necessary approved detailed action plans to support a culture of continuous service development and quality improvement.

3.6 Patient and Family Feedback

We consider feedback from service users as being central in helping to ensure we are responsive to the needs of those who access and use our services. Under normal circumstances we routinely collect '*Friends and Family Test*' feedback as part of our specific service user questionnaires. The summary of findings can be seen at Appendix 4 Service User Feedback.

3.7 Health Care Associated Infection (HCAI)

We recognise that there are a high number of factors that can increase the risk of acquiring an infection but seek to minimise the risk by ensuring high standards of infection control practice. This ensures that patients and guests are cared for in a safe, clean environment by addressing any deficits in standards requiring further action.

We have adopted the following systems and processes for Infection Prevention and Control within the Hospice:

- A nominated Senior Nurse acts as our link practitioner for Infection Prevention and Control across all clinical and non-clinical areas within the Hospice.

- The Infection Control Group have met, and report to the Clinical Governance Sub Committee, on a quarterly basis.

The Infection Control Group is represented by clinical and non-clinical members including a retired Consultant Medical Microbiologist

The terms of reference for this group are as follows:

- To identify key standards for infection control and prevention as part of the Hospice clinical governance programme.
- To ensure that programmes for the control of infection are in place and working effectively.
- To ensure that appropriate infection control policies and procedures are in place, implemented and monitored.
- To ensure that robust plans for the management of outbreaks of infection are in place and to monitor their effectiveness.
- To highlight priorities for action in infection prevention and control management.
- To monitor the quarterly infection prevention and control audit programme and act appropriately as needed in relation to outcomes.
- To ensure that local and national guidance for best practice in infection prevention and control is implemented and practiced within the hospice.
- To liaise with Infection Control Nurse from the ICB as required.
- Report to Clinical Governance Sub Committee.

The Hospice's infection prevention and control link practitioner leads and co-ordinates a schedule of infection prevention and control audits agreed and monitored via the Hospices Clinical Governance Sub Committee and Board. Infection Prevention and Control is a mandatory training requirement for staff and volunteers and is delivered throughout the year at regular intervals. We also use e-learning and workbooks in relation to Infection Control, for staff and volunteers who have been unable to attend face-to-face mandatory training. Compliance with mandatory training is monitored via the Hospice's People and Resources Sub Committee and the Board of Trustees.

We have established close links with the Infection Prevention and Control team from NENC ICB. Their Lead Nurse undertakes an external Infection Prevention and Control Audit at the Hospice annually to ensure Hospice compliance. This enables our organisation to monitor our compliance and put systems in place with infection control standards and policies, thereby reducing the risks of healthcare-associated infections.

3.8 Service Contract Quality Performance Reports

As part of our NHS contract requirements, St Cuthbert's Hospice provides NENC ICB with quarterly Service Contract Quality Performance Reports. These are available on the website (www.stcuthbertshospice.com). Publication of these reports helps fulfil our duty of candour and enables our service users and those who support the Hospice to view and measure the quality of our performance over each quarter.

3.9 Our Services

3.9.1 Inpatient Unit (IPU)

The Inpatient Unit (IPU) has continued to meet the needs of our population during the year and the total number of admissions was 254 (out of 418 referrals received). Between 1 April 2024 and 31 March 2025 183 patients died on the IPU of which 181 achieved their preferred place of death. IPU bed occupancy in this year was 84.6%. Our average length of stay for the year was 11 days.

3.9.2 Dementia Services

During 2024 - 2025 we have continued to provide support to people affected by dementia.

Admiral Nurse
Over the past year our Admiral Nurse has had 484 contacts providing information, advice and support to 134 individual people.

Within Hospice services the Admiral Nurse has provided consultancy and supervision to our inpatient and day services and clinical leadership to the Namaste and Community Outreach Services. The Admiral Nurse has supported the facilitation of 150 community/Hospice groups and externally has provided attended 9 community memory cafes to provide specialist support.

Our dementia training offer has continued to develop. 29 face- face training sessions have been delivered by the Admiral Nurse to Hospice staff, students within local educational establishments and carers in the dementia carer education sessions.

3.9.3 Namaste

Over the past year we have continued our Namaste Service for people living with advanced dementia and their carers including the Namaste group within our Living Well Centre. Our Namaste Coordinator and Dementia Support Worker train and support volunteers to practise Namaste Care both one- one with people within their own homes and in our Namaste groups.

Although Namaste Care was initially designed to benefit people living with advanced dementia evaluation has identified significant benefits to carers also. These include carers feeling more supported in their caring role, gaining joy through observing the positive impact Namaste care can have on their loved ones and appreciation of the quality time spent together Namaste care promotes. Carers also voice feeling reassured by the accessibility of additional support from the Admiral Nurse as required via the Namaste Service.

Through our Namaste Service over the past year 2364 contacts were made supporting 92 individual patients and carers.

We are working to secure further funding for our Dementia and Namaste service to provide a sustainable model alongside the Community Outreach Service.

3.9.4 Bereavement Services

As part of the financial savings and organisational change, our Adult Bereavement Support Service ceased in 2025. New referrals stopped in December 2024 and ethical endings for clients on the caseload were reached by February 2025. Adults who need bereavement support are signposted to services. We continue to provide a service with counselling sessions for children and young people aged 5-17 years and we provide wrap around care for adults who need bereavement support to help them to support a child in the family.

Between April 2024-March 2025, the team delivered 494 face to face appointments and 65 wellbeing calls to adults and 504 counselling sessions to 73 children and young people.

3.9.5 Family Support Team

The Family Support Team have been focused on providing emotional support to Living Well Centre guests and Inpatients and their family members. They continue to implement the Listening Ear Service, an emotional support service offering including anticipatory grief and post bereavement support needs. The Family Support Team oversee the volunteer chaplaincy support.

The Family Support Team use the Carers Conversation Wheel within the IPU and LWC, which has a focus on immediate needs experienced during short term interventions such as IPU and LWC.

As part of the financial savings and organisational change, the family support worker's post was made redundant and she left the Hospice in January 2025. The social worker continues to provide the service for the Family Support Team and she works closely with the children and young people's counsellors and bereavement support team lead.

3.9.6 Living Well Centre

Following redundancies and organisational change, our Living Well Centre Day Service was reduced. However, we continue to provide groups and activities for guests within a reduced capacity. We deliver therapy groups including cognitive stimulation therapy group, health and wellbeing group, physio-led strength and balance group and fatigue, anxiety and breathlessness (FAB) group, which includes seated exercises. We continue to offer Day Hospice services for interventions such as blood transfusion.

During 2024-2025 the Living Well Centre delivered 3931 face to face appointments.

3.9.7 Guest Services – housekeeping, catering and receptions teams who: -

- Provide a high quality, welcoming and cost-effective catering, housekeeping and reception service to patients, staff and visitors.
- ensure that all Hospice areas are well maintained, reporting all maintenance issues and need for decoration to the Estates and Facilities Manager.
- look after the Hospice general ambience and make sure that the guests and their visitors have a positive experience from the catering, housekeeping, and reception teams.

3.9.8 Community Outreach

The Community outreach project commenced in September 2022 and encompasses the Compassionate Communities model and Ambition six 'Each Community is prepared to help' of the Ambitions for Palliative and End of Life Care framework. Grant funding was secured through Big Lottery for 3 years, which is nearing the end. We are working to secure further funding, in particular to focus on the delivery of Everything in Place education sessions. We are ethically withdrawing staff and facilitating the community outreach hub to function independently as a social network group and a compassionate community.

3.9.9 Everything in Place

Everything in Place promotes a Public Health approach to encouraging family conversations around death, dying and bereavement. The course is delivered over eight, weekly sessions, covering topics such as Wills, Power of Attorney, Advance Care Planning, funeral planning and making memories. The overall aim of the

programme is to encourage what can be difficult conversations, support informed decision making and the drafting of legal/informal documents preparing individuals and families for later life/end of life. As part of the community outreach project, we are working to achieve more sustainable funding through a business/corporate model for Everything in Place with delivery of the education to corporate and communities.

4.0 Awards

We are proud to say that we continue to meet the Better Health at Work Award standard of 'Continuing Excellence'.

Local Key Performance Indicators (KPI's)

Indicators.	Threshold	2024-2025 quarterly performance.				End of year 2024-2025	
		Q1	Q2	Q3	Q4		Year 2024-2025 Performance
Total number of in-patient referrals received	N/A for monitoring purposes	105	107	113	93	418	N/A for monitoring purposes.
Average waiting time from referral to admission for inpatients (excluding weekends and planned respite).	**≤ 48 hours**	24.6	47.1	30.5	30.9	33.3	
Total number of inpatient admissions.	N/A for monitoring purposes	65	61	64	64	254	N/A for monitoring purposes.
Percentage bed occupancy.	**≥ 85%**	71.31 (80.47%)	82.28 (87.72%)	83.15 (86.26%)	76.80 (84.08%)	78.39 (84.63%)	As we do not admit on weekend and bank holidays, we have realised that the decreasing our bed occupancy by including these in our calculations, therefore we have recalculated and the figures in purple do not include these.
Percentage bed availability.	**≥ 95%**	99.56	100	100	100	99.89	
Average length of stay for inpatients.	**≤ 15 days**	10.1	12.3	11.6	11.2	11.3	
Number and percentage of inpatients that have been offered an Advance Care Plan.	**90%**	100%	**100%**	**100%**	**100%**	**100%**	
Number and percentage of patients who died at the hospice and have preferred place of death recorded.	N/A for monitoring purposes	**45 100%**	**44 100%**	**43 100%**	**51 100%**	**183 100%**	N/A for monitoring purposes.

Number and percentage of patients who died at the hospice who stated their preferred place of death and achieved this.	N/A for monitoring purposes	44 97.8%	**43** **97.7%**	**43** **100%**	**51** **100%**	**181** **98.9%**	N/A for monitoring purposes
Patient's risk of falls to be assessed within 6 hours of admission.	**100%**	100%	**100%**	**98.41%**	**100%**	**99.6%**	
Patient's written care plan tailored to address falls risk completed within 6 hours of admission.	**100%**	100%	**100%**	**98.41%**	**100%**	**99.6%**	
Pressure ulcer risk assessment to be completed within 6 hours of admission. (Ref - NHS Improvement 2018 Pressure Ulcers: revised definition and measurement).	**95%**	100%	**100%**	**100%**	**100%**	**100%**	
Patient's written care plan tailored to address pressure ulcer risk within 6 hours of admission (Ref - NHS Improvement 2018 Pressure Ulcers: revised definition and measurement).	**95%**	100%	**100%**	**100%**	**100%**	**100%**	
Venous thromboembolism (VTE) risk to be assessed within 24 hours of admission to determine if prophylaxis required.	**100%**	98.5%	**100%**	**98.41%**	**100%**	**99.2%**	
Percentage of patients that report a positive experience of care via the Friends and Family Test.	**90%**	100%	**100%**	**100%**	**100%**	**100%**	Q4 - 14 forms returned.
Number of complaints and compliments received and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes Refer to Sect 5.2 in report
% of patients with an Emergency Healthcare Plan (EHCP) or offered discussions (for hospice inpatients or hospice at home care patients).	98%	**100%**	**100%**	**100%**	**100%**	**100%**	
% of discharge summaries to be sent to GP within 24hrs	95%	**94.1%**	**92.8%**	**100%**	**100%**	**96.7%**	

Number of clinical and non-clinical incidents and actions taken	N/A for monitoring purposes	-	-	-	-	-	N/A for monitoring purposes Refer to Sect 5.2 in report.
Total number of patients attending the Living Well Centre	N/A for monitoring purposes	143	**154**	**149**	**111**	**263**	N/A for monitoring purposes
Number and percentage of Living Well Centre patients receiving a care plan	**100%**	100	**100**	**100**	**100**	**100**	
Percentage occupancy	**≥ 80%**	60%	**63%**	**64%**	**80%**	**66.75%**	If everyone booked to attend had attended occupancy would have been 94%. Q4 figures have been reduced to 10 people per day following restructuring.
Time from referral to Living Well Centre and contact to arrange home visit / assessment.	**90% within 7 days**	100%	**100%**	**100%**	**100%**	**100%**	
Time from first referral in LWC to Physiotherapy assessment	**100% within 21 days**	100%	**100%**	**100%**	**100%**	**100%**	
Time from referral in LWC to Occupational therapy assessment	**100% within 21 days**	100%	**100%**	**100%**	**100%**	**100%**	
Percentage of patients that report a positive experience of care via the Friends and Family Test	**90%**	100%	**100%**	**100%**	**100%**	**100%**	Q4 – 2 forms returned since HCA champions identified.
Total number of clients accessing bereavement support services (adults)	N/A for monitoring purposes	63	**65**	**46**	**38**	**105**	N/A for monitoring purposes
Number and percentage of clients contacted within 15 working days of receipt of referral (adults)	**95%**	100%	**100%**	**100%**	**100%**	**100%**	

Number and percentage of written assessments of needs and action plans agreed with clients (adults)	**100%**	100%	**100%**	**100%**	**100%**	**100%**	
Percentage of clients that report a positive experience of care via the Friends and Family Test	**90%**	100%	**100%**	**100%**	**100%**	**100%**	Q4 - 17 forms returned.
Number of complaints and compliments received and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes. Complaints are recorded on the Incident Log. Refer to Sect. 5.2 of report.
Number of safeguarding incidents and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes Refer to Sect. 5.2 in report
Total number of patients attending Dementia Support Service	N/A for monitoring purposes	**93**	**102**	**95**	**118**	**206**	N/A for monitoring purposes.
Time from referral to Admiral Nurse for first contact and appointment arranged for assessment.	**95% within 15 days**	100%	**100%**	**100%**	**100%**	**100%**	
Time from referral to Namaste care for first contact and appointment arranged for assessment.	**95% within 15 days**	**100%**	**100%**	**100%**	**100%**	**100%**	
Percentage of patients who provide feedback and report a positive experience of care	90%	**100%**	**100%**	**100%**	**100%**	**100%**	Q4 – 1 form returned.
Number of complaints and compliments received and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes Refer to Sect 5.2 of report
Number of clinical and non-clinical incidents and actions taken	N/A for monitoring purposes	**-**	**-**	**-**	**-**	**-**	N/A for monitoring purposes Refer to Sect 5.2 of report

PART 4

Statement of Assurance from Board of Directors

During the period 1 April 2024 to 31 March 2025 St Cuthbert's Hospice provided the following services:

- **Inpatient unit** - a medically supported 10 bedded in-patient unit that offers specialist holistic assessment, end of life care, complex pain and symptom management, psychological, spiritual and emotional support, crisis management/carer support, palliative rehabilitation and respite care.
- **Living Well Centre** - rehabilitative day services in the Living Well Centre that offer a holistic model of care including family support services - social care advice and support, therapy support including physiotherapy, occupational therapy and complementary therapies, specialist medical and nursing.
- **Bereavement Support** - pre and post-bereavement counselling for adults; a children and young person's bereavement service for those bereaved because of suicide or sudden unexpected and traumatic death; emotional support to the families of in patients.
- **Family Support Service** to address social care needs, psychosocial and spiritual needs including anticipatory grief and post bereavement care. Once the referral has been received, under usual circumstances, clients are expected to be contacted within 2 working days. Once the referral has been accepted clients are expected to receive an appointment within 5 working days.
- **Dementia Services** - A community-based specialist dementia care service that provides sensory activities, reminiscence work and cognitive stimulation therapy, specialist Admiral Nurse support to patients with dementia and their carers, Namaste Care for people with advanced dementia in their own homes.
- **Community Outreach: Everything in Place** – a project to help make talking about death and our own future wishes as easy as possible and designed to help break the taboos that surround death and dying and support these conversations and to provide outreach into the community to meet the palliative and end of care needs of our local community.

During the period 1 April 2024 to 31 March 2025, St Cuthbert's Hospice provided or subcontracted NHS services (In-patient services, day-care services, and bereavement support services, including a specialist bereavement support service for children and young people).

St Cuthbert's Hospice is funded by both NHS income and by Fundraising Activity. The grants allocated by the NHS funding contribute to approximately 50% per cent of Hospice total income needed to provide these services. This means that all services are partly funded by the NHS and partly by Charitable Funds.

For the accounting period 2024 - 2025 St Cuthbert's Hospice signed an NHS contract for the provision of these services.

PART 5

Statement of Assurance from North East and North Cumbria Integrated Care Board

NHS
North East and
North Cumbria

Commissioner statement from NHS North East and North Cumbria Integrated Care Board (NENC ICB) for St Cuthbert's hospice Quality Account 2024/25.

NHS North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from St Cuthbert's hospice. NENC ICB is responsible for ensuring that the healthcare needs of patients that they represent are safe, effective and that the experiences of patients are reflected and acted upon. The ICB welcomes the opportunity to review and provide comment on this 2024/25 Quality Account.

Overview
The ICB would like to thank St Cuthbert's hospice for the openness and transparency reflected in this year's Quality Account. The ICB would like to commend all staff for their commitment and dedication demonstrated throughout these challenging times and for striving to ensure that patient care continues to be delivered to a high standard.

Achievements
The ICB would like to congratulate St Cuthbert's hospice and its staff on the achievements made during this period. The ICB recognises the attainments detailed within the quality account and note that the priorities are part of the overall Hospice Strategic Plan 2025-2030.

These include-

- To enable people at the very end of life to achieve a good death in the place of their choosing. The ICB are pleased to note St Cuthbert's commitment to the development of a sustainable medical model and look forward to the outcome of such significant work.
- To enable people living with a life-limiting illness who use Hospice services to live well and make every day count. The ICB recognises the significant organisational change the hospice has experienced and welcome the result of implementing new roles within services to achieve this priority.
- To provide the information and support that carers of people with life-limiting illnesses need to provide the care they want to provide. The ICB welcomes the progress the hospice has achieved with reference to Dementia services and the work of the Admiral nurse, including the implementation of Carers Support Needs Assessment Tool (CSNAT).
- To break down the taboos associated with dying, death, loss and grief. The ICB welcomes the hospice's project Everything in Place and look forward to the outcome of this community initiative.
- To ensure that the Hospice has the Governance systems and processes it needs to deliver our other aspirations, the ICB are pleased to note the appointment of a new Governance and Compliance Manager.
- To provide a safe and compassionate place for the delivery of services. The hospice has demonstrated their commitment to National Cleaning Standards and participation with external audits which is to be congratulated.
- To recruit, retain and develop people (staff and volunteers) who share our values and are committed to the mission and vision of the Hospice. The ICB would like to congratulate the

hospice in retaining their Continuing Excellence status in the Better Health at Work awards. We would also like to recognise the importance of the hospice's plan to recruit a new Freedom to Speak Up Guardian, once the previous one has retired, with additional staff members to become Freedom to Speak Up Ambassadors and re-establishment of FTSU meetings.

Future Priorities
The ICB is fully supportive of the identified Quality Priorities for 2025/2026. The ICB welcomes the hospice's commitment towards their Strategic Plan 2025-2030.

The ICB can confirm that to the best of their ability the information provided within the annual Quality Account is an accurate and fair reflection of St Cuthbert's hospice performance for 2024/25. It is clearly presented in the required format, contains information that accurately represents St Cuthbert's hospice quality profile and aspirations for the forthcoming year.

NENC ICB remain committed to working in partnership with to assure the quality of commissioned services in 2025/26.

Yours sincerely,

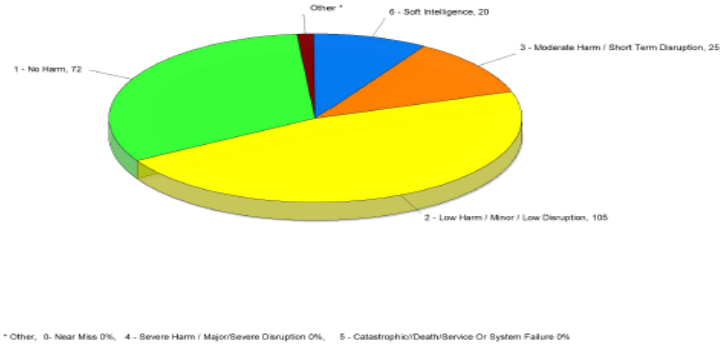
Vicky Playforth
Interim Director of Nursing,
NHS North East & North Cumbria Integrated Care Board

Appendix 1 Incident Reporting Dashboard

St Cuthbert's Hospice: incident reporting dashboard

Incidents reported from 01/04/2024 to 31/03/2025

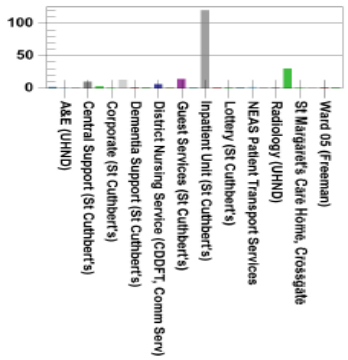
Incidents by initial impact rating



* Other, 0- Near Miss 0%, 4 - Severe Harm / Major/Severe Disruption 0%, 5 - Catastrophic/\/Death/Service Or System Failure 0%

Where incidents happened

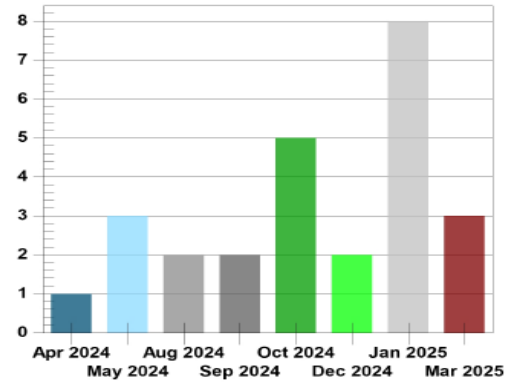
at St Cuthbert's



Total	1	10	1	1	6	14	120	1	2	1	1	1

Falls

Total per month



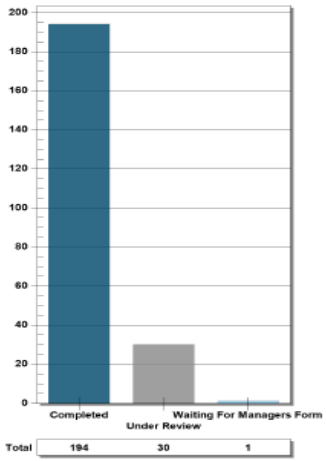
Total	1	3	2	2	5	2	8	3

Total incidents by type

Reported by St Cuthbert's Hospice staff

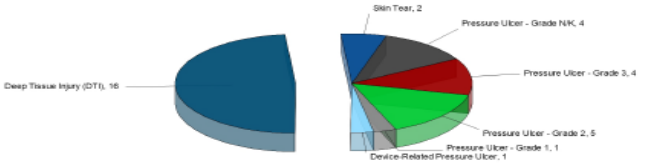
	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Contracting & Commissioning Issues	2	0	2	0	0	0	0	0	0	0	0	0
Discharge Issue	1	1	1	0	0	0	1	0	1	0	0	1
Estates And Facilities	2	0	0	0	2	1	0	0	0	0	1	2
Health & Safety	4	7	1	5	6	3	3	4	1	6	4	4
IT	2	0	0	1	0	1	1	0	0	0	3	1
Medical Device, Equipment	1	0	0	0	0	0	0	0	1	0	1	1
Safeguarding Adults	2	4	1	2	3	1	2	0	4	1	0	4
Security	1	1	2	1	0	0	2	1	0	2	0	0
Tissue Viability	1	0	1	4	2	0	3	3	6	2	7	4
Access, Admission, Transfer, Referral	0	2	0	1	0	0	1	0	0	2	1	0
COVID-19	0	1	0	0	0	0	0	0	0	0	0	0
Implementation Of Care	0	2	2	0	0	1	1	0	0	0	0	0
Infection, Prevention And Control	0	1	2	0	0	0	0	0	1	0	0	0
Information Governance	0	1	0	2	1	0	1	3	1	0	0	0
Medication	0	1	5	1	1	0	0	1	4	3	2	5
Fire	0	0	0	2	0	1	1	0	0	0	0	0
Clinical Documentation	0	0	0	0	1	0	0	0	0	0	0	0
Patient Experience	0	0	0	0	1	0	1	0	0	0	0	0
Patient Accident	0	0	0	0	0	0	2	5	0	2	6	0	1
Communication, Confidentiality, Consent	0	0	0	0	0	0	0	1	2	0	0	0	0
Violence And Aggression	0	0	0	0	0	0	0	1	0	0	0	0	0
Organisational Experience	0	0	0	0	0	0	0	0	0	0	1	0	0
Clinical Assessment	0	0	0	0	0	0	0	0	0	0	0	1	0

Status of incidents



Total	194	30	1

Pressure ulcers



Printed on: 07/05/2025

Appendix 2 Quality Outcome Indicators: Bereavement Services: Children and Young People (CYP) 2024 – 2025

Figure 1. Number of referrals

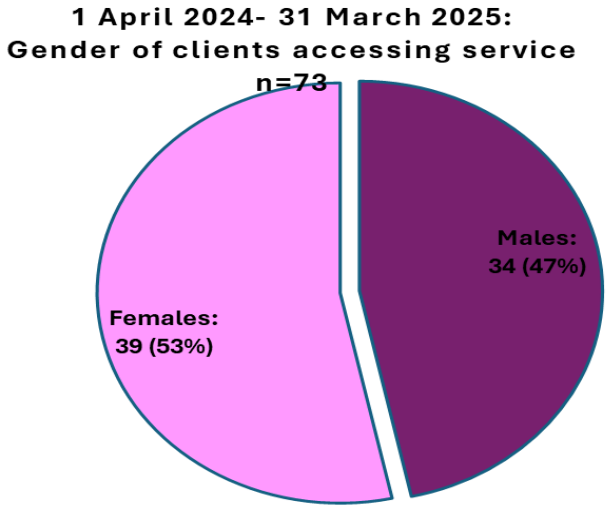
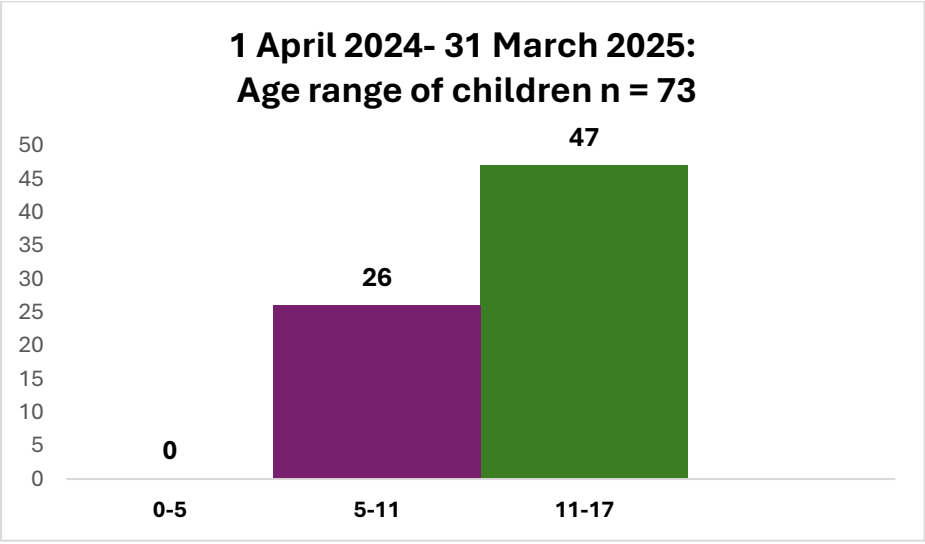


Figure 2. Children's age range



Religion and Ethnicity

We have recorded that 100% of CYP service users have recorded their ethnicity as white British and 18% have declared Christianity as their faith.

Figure 3. Source of referrals

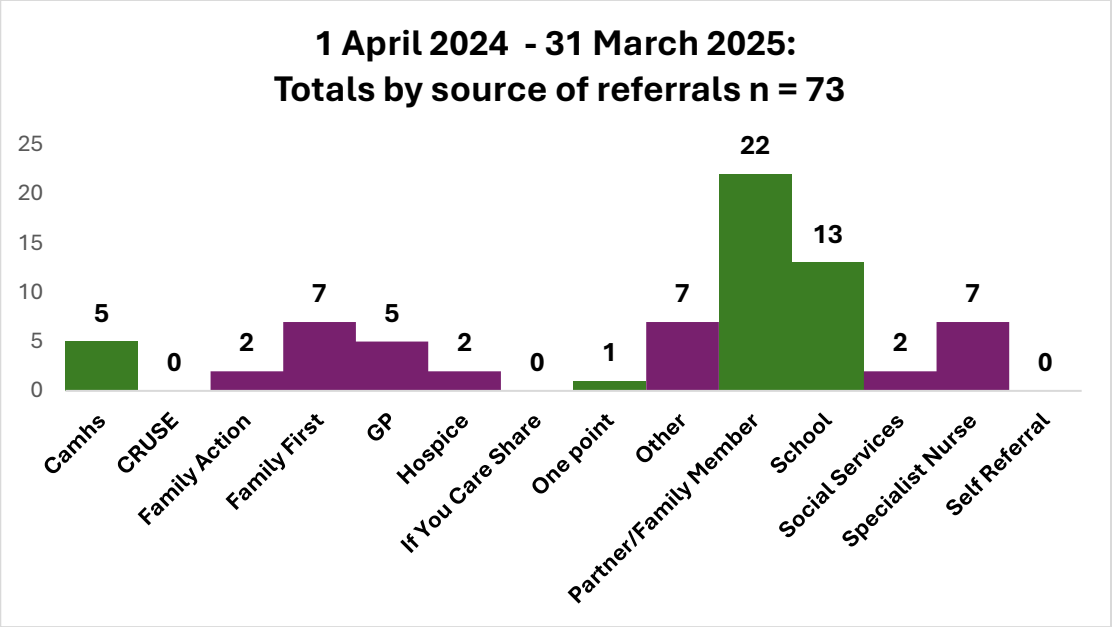


Figure 4. Child by Primary Care Network

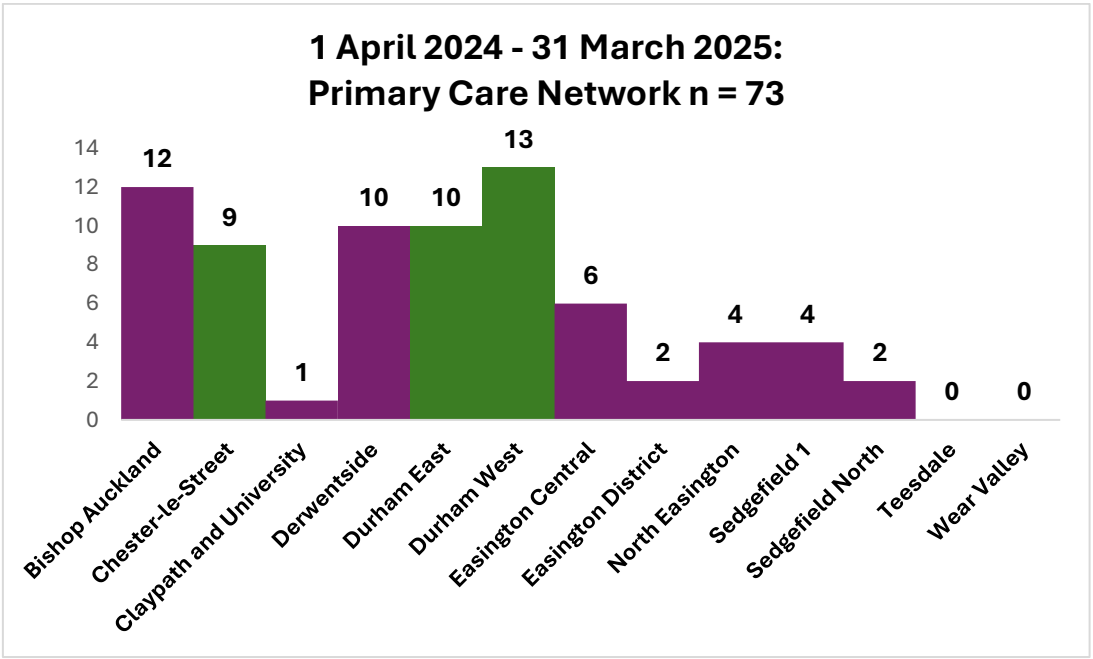


Figure 5. Cause of death where known

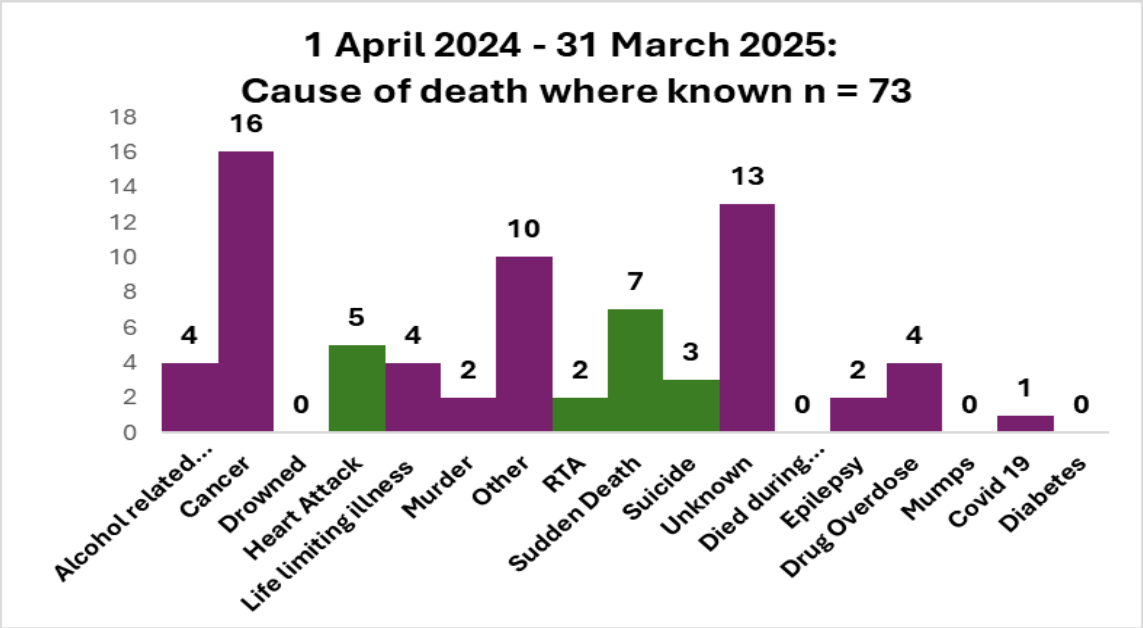


Figure 6. Number of counselling session provided in this quarter.

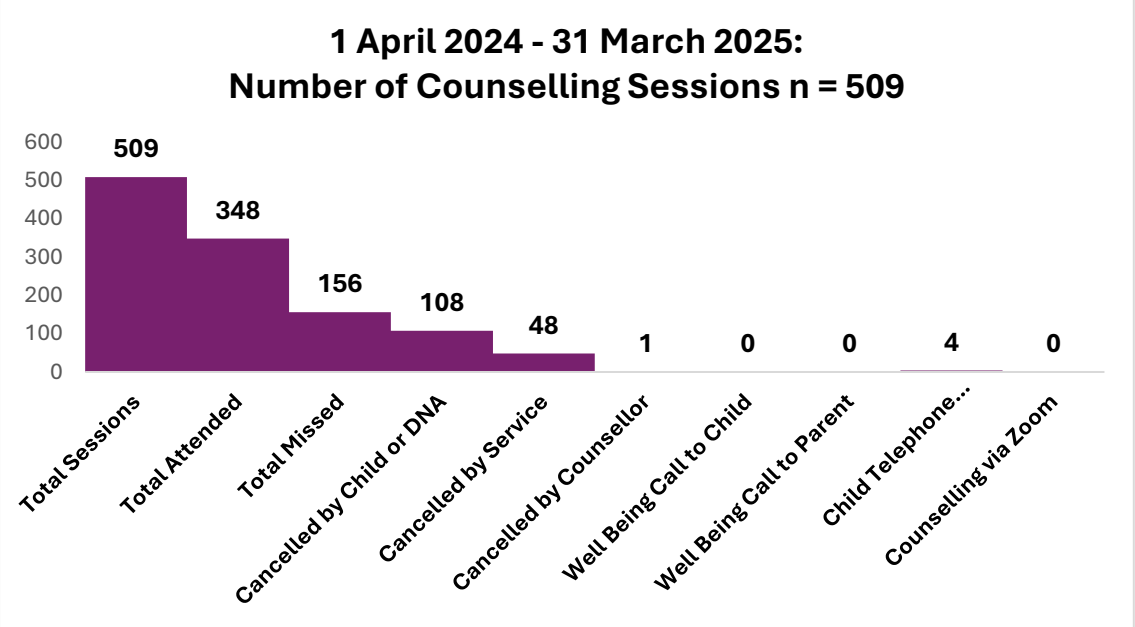
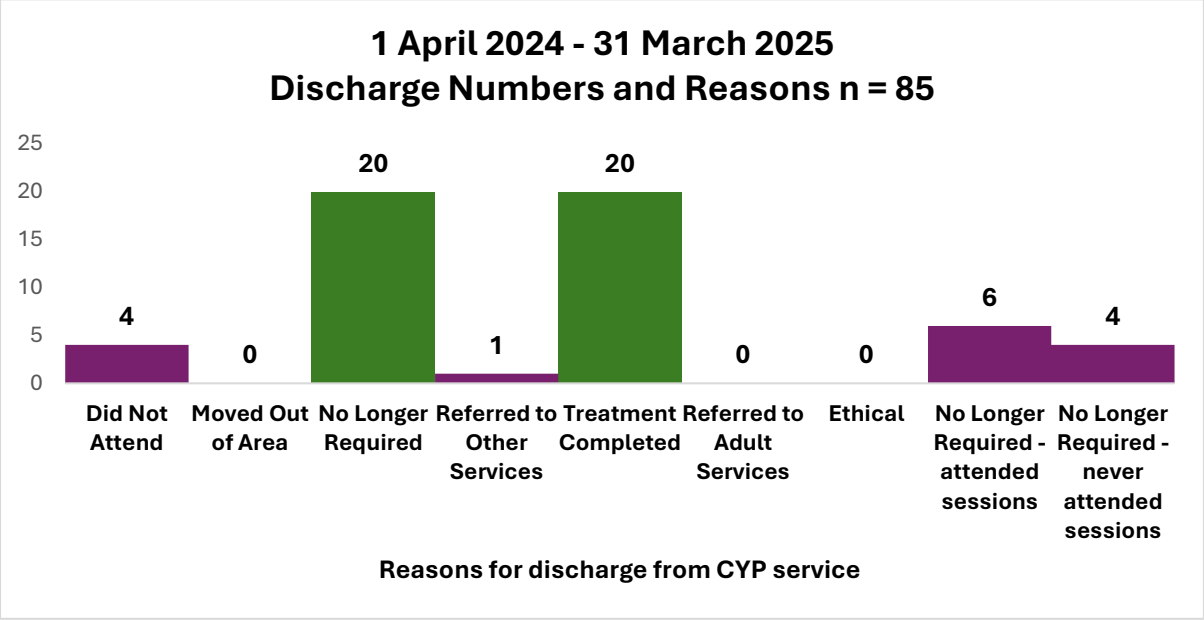


Figure 7. Treatment completion, leaving the service discharge.



No longer required includes those who started treatment and then decided they no longer required it, as well as those whose referral was accepted and on contacting to offer appointment no longer wanted counselling

	Q1	Q2	Q3	Q4
No. Accepted Referrals	25	12	6	5
No. of Declined Referrals	6	11	10	8
No. of Signposted Referrals	17	5	1	17
No. of users that complete care	3	4	14	5
Average waiting time	12 weeks	4 – 6 weeks	6 – 8 weeks	6 – 8 weeks
No on Waiting List	15	10	9	7
No. of complaints	0	0	0	0

Appendix 3 Audit Schedule

Audit Schedule			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Reviewed by:	Apr-24													
Agreed by CGSC														
AUDIT TOOL	Frequency		**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEPT**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**
Patient, Family & Friends Test	Monthly	Service Managers x4												
LWC/Day Hospice Admission	Quarterly	Senior Staff Nurse LWC												
In-patient Admission	Quarterly	Service Manager IPU												
Doctor Admission Documentation	Quarterly	Doctor												
Care afte Death Documentation	Quarterly	Doctor/Nurse												
INFO GOV AUDITS														
IPU	Quarterly	Governance Mgr												
LWC	Quarterly	Governance Mgr												
Dementia	Quarterly	Governance Mgr												
FST	Quarterly	Governance Mgr												
Caldecott (clinical & non clinical areas)	Annually	Medical Director												
Medical Audits														
Blood Sugars on Steroid Use	Annually	Doctor												
Insulin Recording	Annually	Doctor												
EHCP Audit	6 monthly	Doctor												
Referrals to the Coroner/Inquests	Quarterly	Doctor												
TISSUE VIABILITY AUDITS														
Pressure Ulcers	Quarterly	Staff Nurse												
FUNDAMENTAL ASPECTS OF CARE AUDIT														
Nutrition IPU	Quarterly	Snr Staff Nurse												
Nutrition LWC	Quarterly	Snr Staff Nurse												
Bereavement	Annually	Service Manager												
Falls (KPI)	Daily	Physiotherapist												
Record Keeping (falls bundle)	Weekly	Service Manager												
LWC/Day patient pain	Quarterly	Staff Nurse									n/a			n/a
Blood Transfusion IPU	Quarterly	Staff Nurse												
Blood Transfusion LWC	Quarterly	Senior Staff Nurse												
In patient pain	Quarterly	Pharmacist												
Medical Devices	Quarterly	Link Practitioner												

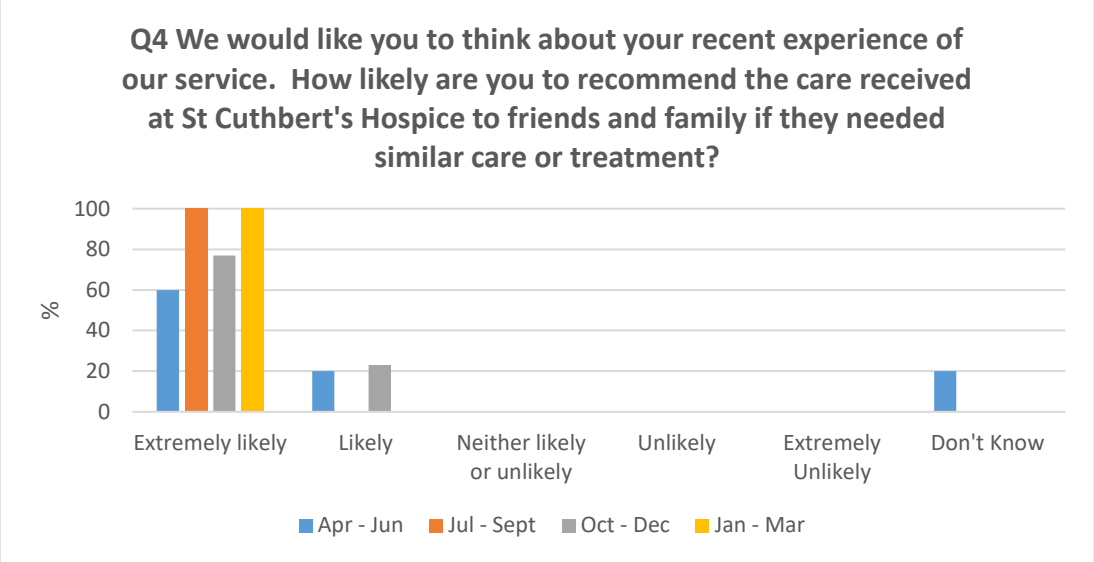
LWC Clinical Record Keeping (ROPE)	Quarterly	Service Manager													n/a
MEDICINES OPTIMISATION AUDITS															
General Medicine Management	Quarterly	Pharmacist													
Medicine Compliance	Weekly at MD	Pharmacist				n/a	n/a	n/a							
Controlled drugs	Quarterly	pharamcist													
Accountable Officer Audit	Annually	Head of CS													
INFECTION CONTROL AUDITS															
Code of Practice - Julia	Annually	Infection control group													
Mattresses	Quarterly	HCA													
Bed fall sensor mat	Quarterly	HCA													
Chair falls sensor mat	Quarterly	HCA													
Clinical Rooms - IPU	Annually	Infection control group													
Clinical Rooms - LWC	Annually	Infection control group													
Domestic Rooms IPU	Annually	Infection control group													
Domestic Rooms LWC	Annually	Infection control group													
Care of deceased	Annually	Infection control group													
Hand Hygiene - IPU	Twice year	Infection control group													
Hand Hygiene - LWC	Twice year	Infection control group													
Patient areas - IPU	Annually	Infection control group													
Patient areas - LWC	Annually	Infection control group													
Offices within patient areas - IPU	Annually	Infection control group													
Offices within patient areas - LWC	Annually	Infection control group													
Sluice/Dirty Utility	Annually	Infection control group													
Sharps IPU	Annually	Infection control group													
Sharps LWC	Annually	Infection control group													
Toilets for Public Use - IPU	Annually	Infection control group													
Toilets for Public Use - LWC	Annually	Infection control group													
Kitchen Areas	Annually	Infection control group													
Public Areas - IPU	Annually	Infection control group													
Public Areas - LWC	Annually	Infection control group													

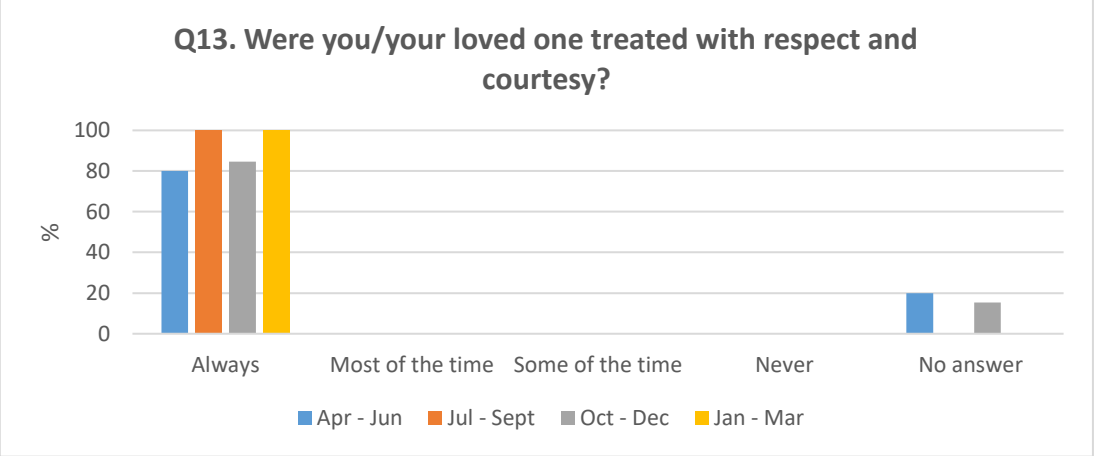
Patient Toilets - IPU	Annually	Infection control group													
Patient Toilets - LWC	Annually	Infection control group													
Patient bathrooms - IPU	Annually	Infection control group													
Patient bathrooms - LWC	Annually	Infection control group													
Policies and Protocols	Annually	Infection control group													
Protective Equipment	Annually	Infection control group													
IPC Standard IPC (NEW 2024)	Twice year														
Patient Safety															
DOLS/MCA (STOPPED FROM Q3)	Quarterly	Service Manager													
Albumin Audit LWC	Quarterly	Senior Staff Nurse													
VIP score -LWC	Quarterly	Senior Staff Nurse													
IV (cannula/midline) audit - IPU	Quarterly	IV Link practitioner													
Catering Audit (Main Kitchen)	Monthly	Guest Services Manager													
Housekeeping Audit (Catering)	Monthly	Guest Services Manager													
National Standards of Cleanliness	Monthly	Guest Services Manager													
IPU Patient Rooms	Monthly	Guest Services Manager			95%	98%	98%	98%	98%	95%	97%	96%	97%	98%	
IPU Service Rooms	Monthly	Guest Services Manager			96%	99%	97.80%	98.25%	96%	97%	97%	95%	96%	96%	
Remainder of Ground Floor	Monthly	Guest Services Manager			93.60%	95.65%	89.60%	88.20%	85.75%	89.75%	88.20%	91.78%	92.25%	94.80%	
First Floor IPU side FR4/	Monthly	Guest Services Manager			91.56%	91.75%	96.98%	95.68%	95.60%	91.96%	90.75%	92.04%	92.83%	93.83%	
First Floor IPU side FR2	Monthly	Guest Service Manager			95.60%	95.18%	95.54%	95.39%	95.14%	94.11%	95.21%	94.93%	95.83%	95.04%	
LWC Treatment Rooms	Monthly	Guest Services Manager			94.90%	98.80%	96.05%	95.85%	95.00%	97.18%	93.98%	96.00%	95.97%	94.53%	
LWC Service Rooms	Monthly	Guest Service Manager			95.89%	95.67%	94.75%	91.96%	94.57%	95.47%	93.63%	97.09%	94.25%	95.81%	
1st Floor LWC	Monthly	Guest Services Manager			71%	69%	69%	57%	79%	74%	75%	94%	87%	75%	
Non Emergency Patient Transport	Monthly	Guest Services Manager													
Clinical Waste Room	Monthly	Guest Services Manager													
Ground Floor Main Kitchen	Monthly	Guest Services Manager			96%	96%	98%	96%	95%	97%	96%	97%	92%	98%	
Ground Floor IPU Kitchen	Monthly	Guest Services Manager			98%	97%	95%	95%	94%	100%	100%	99%	99%	100%	
External Audits															
Infection Control	Annually	ICB IPC Nurse													
Food Hygiene	Annually	Durham County Council													
Safeguarding	Annually	ICB Safeguarding Nurse													

Appendix 4 Service User Feedback

Friends and Family Test Summary

Living Well Centre (LWC) 2024/25





"I think you provide an excellent service and your staff need to be commended for their commitment and enthusiasm"

"Excellent care and support given by all the living well unit staff"

"A lovely calming atmosphere, always a welcome. Staff very friendly and accommodating"

Dementia/Namaste 2024/25

Namaste

"The volunteer provides high quality support to both myself as a carer and to the patient, giving a grateful break in the daily caring tasks"

"This is a super service, particularly as there is so little support for housebound dementia patients"

"Excellent service and cannot praise it enough. My husband definitely benefits from his visit. It also gives me a break, time for a coffee or reading"

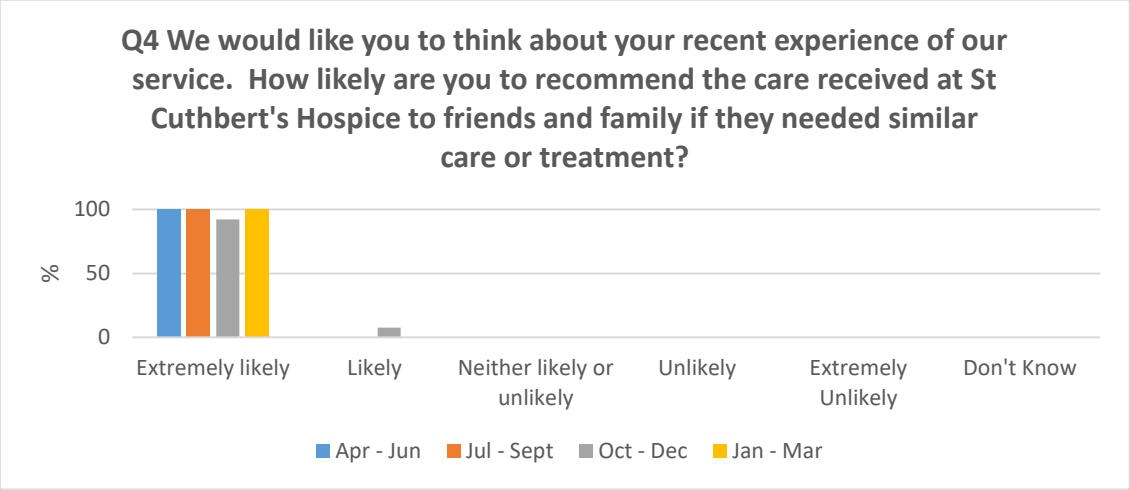
Admiral Nurse

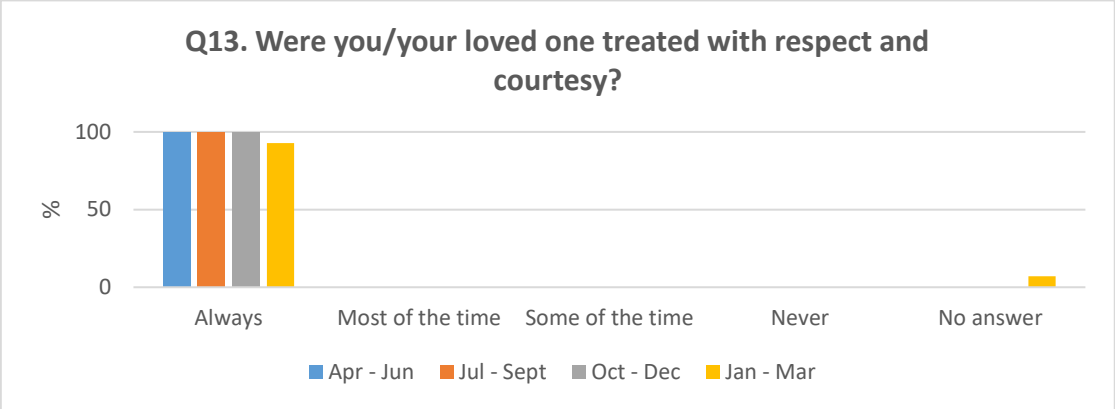
"Having access to such caring support when I need it and being provided with excellent practical tips for how I can support my husband has been a game changer"

"Thank you so much for providing such timely and detailed information by email"

"Such helpful information provided over email. Many thanks"

IPU 2024/25



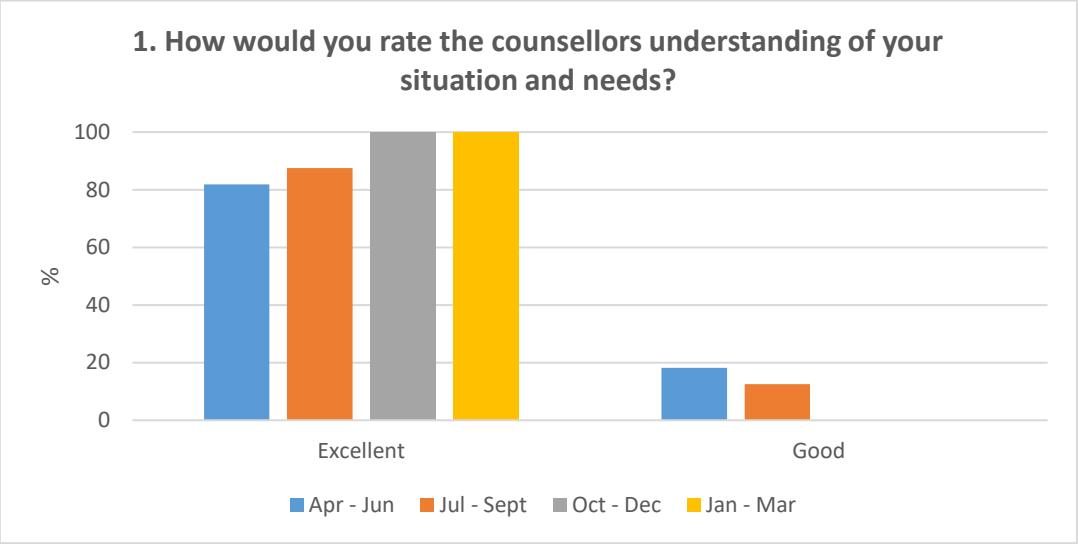


"Thank you. My stay has been like a breath of fresh air being able to talk and cry to people who <u>really</u> care. Things I held in and couldn't talk to family etc about. I feel lucky to have been here"

"I'm so grateful for the hospice as a resource for patients and families. It has offered us some peace and safety at a very stressful and upsetting time"

"The staff have been superb, supportive, caring and compassionate. The care has been exemplary. We are very grateful for all the care and support"

Bereavement Support Team Feedback 2024/25



"The counselling sessions provided fantastic emotional support and allowed me to express my feelings in a calm environment"

"A space to share and vent but also to learn and grow with a calming understanding professional"

"I can't express how much counselling has helped me, the staff at St Cuthbert's go above and beyond to help each individuals needs"

Appendix 5 Pathways of Care

Referrals and Admissions High Level Procedure

Referrer:

- Community Macmillan Team
- GP
- Community Nursing Team
- Allied healthcare professionals
- Specialist Palliative Care Team from Acute Trust
- Clinical Nurse specialist from Acute Trust

Criteria for Admission:

Person aged 18 years and above with advanced progressive illness and life limiting illness requiring specialist palliative care.

Requests for Admission:

- Telephone enquiry to 0191 386 1170 (should be followed by referral form)
- Referral form to single point of referral at email necne.stcuthbertshospicereferrals@nhs.net

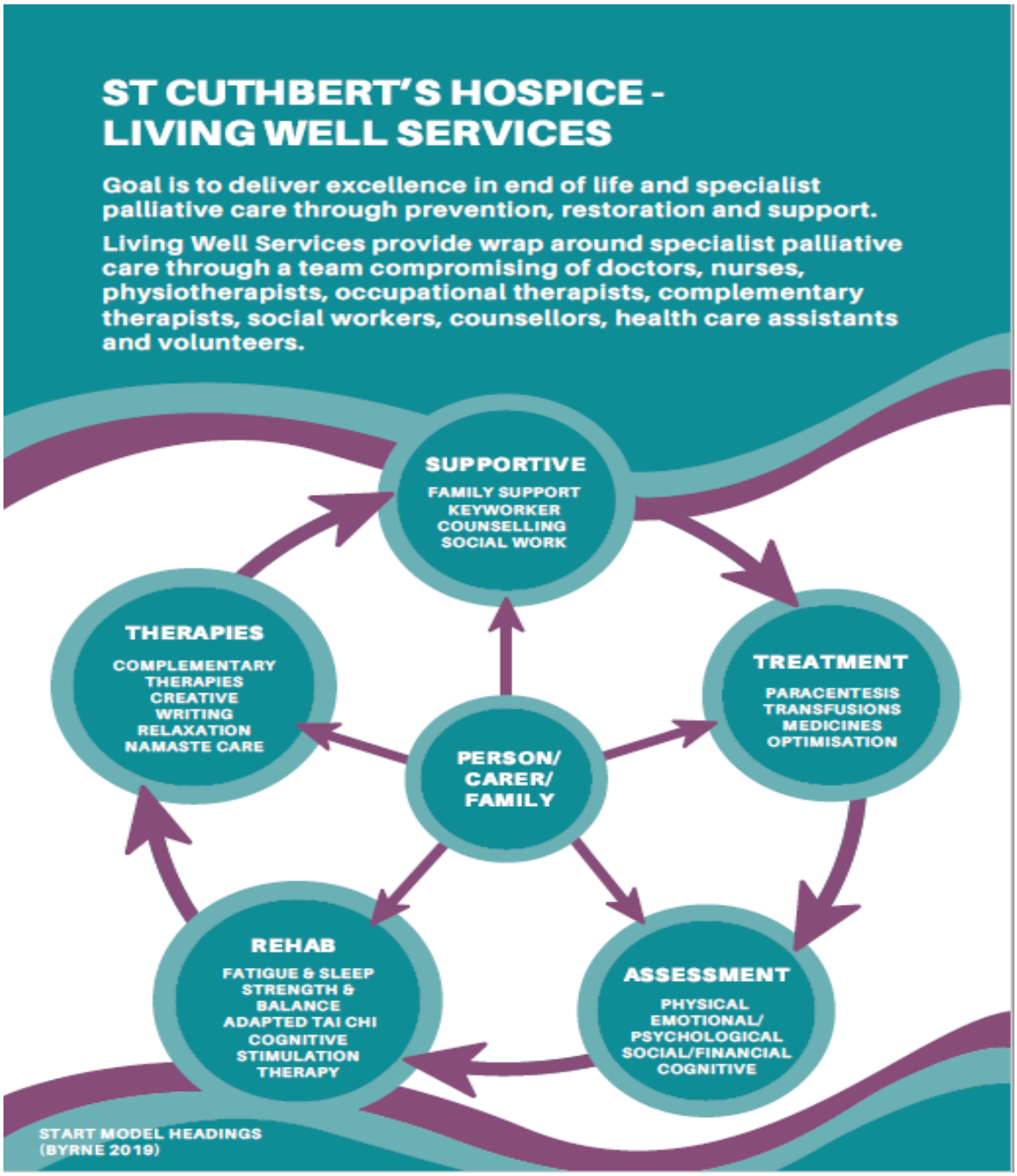
To be referred to MDT lead, Hospice specific service, for triage.

In Patient Unit	Living Well Centre	Dementia Service	CYP Bereavement Service
Specialist need: End of life care Complex pain and symptom management Crisis management/carer support Psychological, spiritual emotional support Palliative rehabilitation	**Specialist need:** Family support services, social care advice and support Therapy support including physiotherapy occupational therapy and acupuncture (physio) Specialist medical and nursing support	**Specialist need:** Admiral Nurse support Sensory activities, reminiscence work and cognitive stimulation therapy Namaste Care for people with advanced dementia	**Specialist need:** Pre and post bereavement specialist support and counselling for children and young people affected by grief and loss including those bereaved as a consequence of suicide or sudden unexpected and traumatic death
• Register enquiry/referral • Respond to referrer within 2hrs • Discuss at 9am MDT within 24hrs • Accept or decline within 24hrs • Admit within 48hrs	• Register referral • Initial contact by telephone/letter within 5 working days • First assessment within 15 working days • Accept or decline	• Register referral • Initial contact by telephone/letter within 5 working days • Initial appointment within a further 15 working days	• Register referral • Initial contact by telephone or letter within 15 working days or 2 working days if urgent. • First appointment within 12 weeks of receiving appt

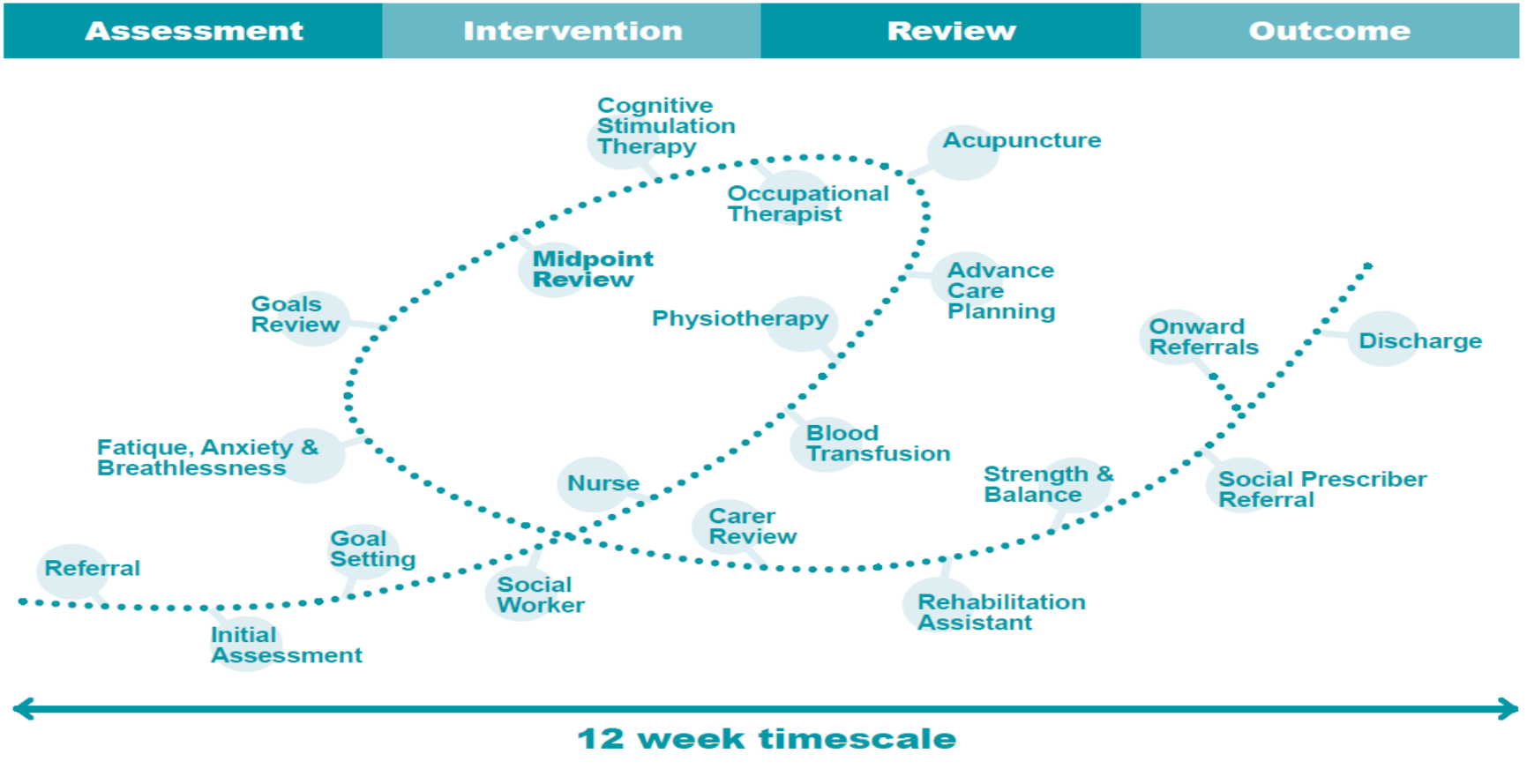
Referral accepted:
In-patient Unit – admission to IPU within 48hrs.
Living Well Centre – first assessment visit within 15 working days.
Dementia: first support visit/life story visit within 15 working days.
Bereavement Support: first counselling session within 12 weeks.

Referral declined:
Reason for declined referral addressed with referrer and documented (refer to local procedure).
Signposting of other/ more appropriate services to meet client need.
Exclusion Criteria:
Requires tracheostomy management, total parental feeding and naso-jejeunal feeding
Record excluded referrals on delayed admission form.

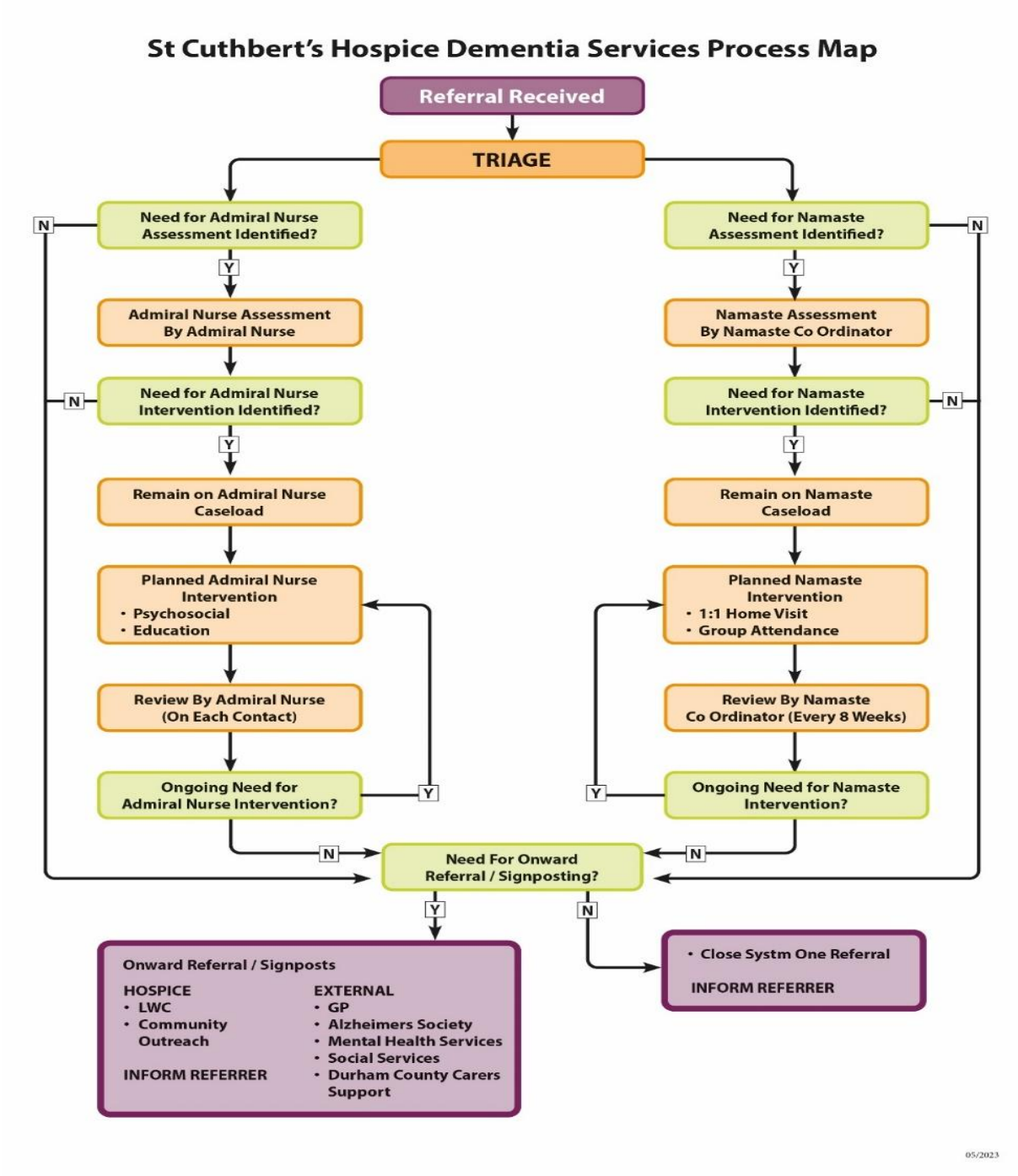
Living Well Centre Services



St Cuthbert's Hospice Living Well Services Guest Journey



LWC0225


St Cuthbert's Hospice Dementia Services Process Map
Referral Received
TRIAGE
Need for Admiral Nurse Assessment Identified?
Need for Namaste Assessment Identified?
N
Y
Admiral Nurse Assessment By Admiral Nurse
Namaste Assessment By Namaste Co Ordinator
Need for Admiral Nurse Intervention Identified?
Need for Namaste Intervention Identified?
Remain on Admiral Nurse Caseload
Remain on Namaste Caseload
Planned Admiral Nurse Intervention
• Psychosocial
• Education
Planned Namaste Intervention
• 1:1 Home Visit
• Group Attendance
Review By Admiral Nurse (On Each Contact)
Review By Namaste Co Ordinator (Every 8 Weeks)
Ongoing Need for Admiral Nurse Intervention?
Ongoing Need for Namaste Intervention?
Need For Onward Referral / Signposting?
Onward Referral / Signposts
HOSPICE
• LWC
• Community Outreach
INFORM REFERRER
EXTERNAL
• GP
• Alzheimers Society
• Mental Health Services
• Social Services
• Durham County Carers Support
• Close Systm One Referral
INFORM REFERRER
05/2023

Appendix 6 Progress to date of priorities

ASPIRATION 1: To enable people at the very end of life to achieve a good death in the place of their choosing.

This is strategic goal 1 of the Hospice Strategic Plan 2025-2030

Progress to date:

- The results of the VOICES Survey have been presented to the ICB and specialist palliative care services in Durham. The next steps are to present at the local palliative and end of life care steering group once this is re-established to promote the continuing development of integrated care in County Durham.
- A sustainable medical model has been developed by St Cuthbert's Hospice and Willow Burn Hospice and a business case is being co-produced with CDDFT. Once approval is gained, the TUPE process will begin to TUPE the medical staff to CDDFT as part of an integrated approach to palliative and end of life care.
- Terms of reference have been developed for integrated clinical governance meetings with St Cuthbert's Hospice. Willow Burn Hospice, St. Teresa's Hospice and CDDFT Palliative Care Team. The next steps are to hold shadow integrated clinical governance meetings whilst awaiting the TUPE process to be completed.
- The hospice regularly hosts student nurses and we have also hosted trainee GP's on placement, receiving excellent feedback. We are currently hosting 2 GP trainees on placement for 6 months and we have a further 2 trainees scheduled following this.
- We collaborate with Hospices North East & North Cumbria to improve the reporting of outcome data and we deliver quarterly outcome-based reports to drive service improvement and development.

ASPIRATION 2: To enable people living with a life-limiting illness who use Hospice services to live well and make every day count.

This is strategic goal 2 of the Hospice Strategic Plan 2025-2030

Progress to date:

- We have collaborated with Hospices North East & North Cumbria to develop a joint Patient Safety Incident Reporting Plan (PSIRP) and the clinical leads are exploring clinical incidents to identify themes and trends and any learning or improvement across the hospices.
- Following redundancies and organisational changes we are optimising the use of both the In Patient Unit and Living Well Centre and improving occupancy levels. The IPU occupancy is at 85% or above, fulfilling our KPI for occupancy. The LWC has been reduced by 50%, but we have a number of groups and activities and we have just established a new group, 'seasonal creations'

- We have recently recruited a trained podiatrist as a volunteer who will volunteer weekly for patients in IPU and LWC.
- We have recently recruited a new social worker and part of her remit is to work with chaplaincy volunteers to support patients. We currently have chaplaincy volunteers but would like to increase the number of volunteers to improve access for patients to chaplaincy support across IPU and LWC.
- We are aiming to recruit to volunteers trained in Reiki to support patients in LWC. We have some staff trained in Reiki in IPU and we have another staff member who will start training to provide Reiki to patients/families in IPU.
- The grant funding for community outreach and dementia services is due to end in September, so we are working to try and source funding through grant applications, corporate funders and businesses to achieve funding for our community outreach and dementia services.

ASPIRATION 3: To provide the information and support that carers of people with life-limiting illnesses need to provide the care they want to provide.

This is strategic goal 3 of the Hospice Strategic Plan 2025-2030

Progress to date:

- The Dementia service uses the Carers Support Needs Assessment Tool (CSNAT) to assess carers and help improve carer wellbeing and give emotional support. This was initially used on IPU and LWC also, but the Family Support Team implemented the Carers Conversation Wheel as part of their assessment, and this is now the preferred tool for IPU and LWC. We are monitoring interventions to ensure this is fully embedded, particularly as we have recently recruited a new social worker.
- The Admiral Dementia Nurse developed a new dementia carer education programme, which has been successfully piloted, and this is now being developed, based on feedback from carers.

ASPIRATION 4: To break down the taboos associated with dying, death, loss and grief.

This is strategic goal 5 of the Hospice Strategic Plan 2025-2030

Progress to date:

- We are working to source more sustainable funding for community outreach with a focus on Everything in Place, generating income from a business/corporate model, to deliver to corporate and communities' side by side.
- As part of the changing focus, we are withdrawing staff ethically from the community outreach hub, enabling it to function independently as a social network group and a compassionate community, which will enable the

Community Outreach Manager to focus on Everything in Place educational sessions.

ASPIRATION 5: To ensure that the Hospice has the Governance systems and processes it needs to deliver our other aspirations.

Progress to date:

- We are currently developing an integrated approach to medical and clinical governance across St Cuthbert's Hospice, Willow Burn Hospice, St. Teresa's Hospice and CDDFT Palliative Care Team and we will be setting up shadow meetings as an interim measure.
- We are currently developing robust service level agreements (SLA's) for our medical team who will be TUPE'd to the Trust but working on site at the Hospice.
- We have successfully appointed a Governance and Compliance Manager who has been in post for 7 months and is supporting Governance and Compliance across the Hospice.

ASPIRATION 6: To provide a safe and compassionate place for the delivery of services

Progress to date:

- Although the National Cleaning Standards are not a mandatory requirement, we have implemented them as best practice and carry out audits against the standard
- We have recently had an external audit by the Lead Nurse for IPC at the ICB and whilst we received 97% for the audit, we are putting improvement actions in to place following suggestions, including moving the dishwasher so that it can be properly cleaned behind it
- We are currently updating our guidance around the cold room temperature monitoring and we are purchasing a cold room curtain to help maintain cold temperatures.
- We have maintenance schedules for all our devices and equipment to ensure they are properly maintained and safe for use.

ASPIRATION 7: To recruit, retain and develop people (staff and volunteers) who share our values and are committed to the mission and vision of the Hospice

Progress to date:

- Following our recent redundancies and organisational changes, it is important to retain our current workforce and volunteers. It is challenging as the organisation is leaner and subsequently people's workload will be increased.

- We are currently undertaking significant work around staff and volunteer statutory and mandatory training, to ensure the right training is in place for roles and that it is recorded accurately on our staff care system with dashboards for managers and staff to alert expiry dates.
- We have recently completed work to ensure that all our staff and volunteers are compliant with safeguarding training.
- We have retained our Continuing Excellence status in the Better Health at Work awards.
- We will be recruiting to a new Freedom to Speak Up Guardian when our current Guardian retires. Following organisational changes and redundancies, we have recruited additional staff members to become Freedom to Speak Up Ambassadors and re-established the FTSU meetings.

Appendix 7 Mandatory Statements that are not relevant to St Cuthbert's Hospice

The following are statements that all providers must include in their Quality Account, but which are not directly applicable to Hospices and are therefore included as an appendix with clarification provided.

Participation in Clinical Audits

During 2024 - 2025 no national clinical audits and no national confidential enquiries covered NHS services provided by St Cuthbert's Hospice.

During 2024 - 2025 St Cuthbert's Hospice did not participate in any national clinical audits and no national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

Consequently, the national clinical audits and national confidential enquiries that St Cuthbert's Hospice was eligible to participate in during 2024 - 2025 are not listed below.

St Cuthbert's Hospice was not eligible to participate and therefore there is no information or data to list or submit.

St Cuthbert's has not reviewed any national audits during 2024 - 2025 and therefore has no actions to implement.

Research

The number of patients receiving NHS services provided or sub-contracted by St Cuthbert's Hospice in 2024 - 2025 that were recruited during that period to participate in research approved by a research ethics committee was zero.