St Cuthbert's Hospice

Service Contract Quarterly Performance Report
First Quarter: 1st April to 30th June 2025

1.0 Introduction

This first quarter Service Contract Quality Performance Report (SCQPR) covers the period 1 April – 30 June 2025 and provides an overview of St Cuthbert's Hospice performance against the key local quality requirements (LQRs) and performance indicators (KPI's) as outlined in our 2025 -2026 NHS Contract.

Key service issues over the last quarter

In Patient Unit, (IPU). Cumulative deaths totalled since 1 April 2025 is 45 of which 45 achieved their preferred place of death, (PPD). We were able to discuss preferred place of death with 45 patients. IPU bed occupancy to date is 84.35%

We continue to be supported with consultant cover remotely by Supportive Care UK. From May 2025 we reduced from 2 sessions per week to 1 session per week with the plan to cease the service early in Q2. 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.

All HCA and RGN vacancies on IPU are filled and two new registered nurses are working in their supernumerary period of employment and one HCA is due to commence in post early in Q2. We have experienced significant challenges with short term and long term sickness within IPU, including long term sickness of the IPU manager, one of the clinical sisters and one of the hospice doctors.

Day Services – Our Living Well Centre (LWC) continues to provide groups and activities for guests within a reduced capacity and services are provided Monday to Friday. 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. During Q1, we established a new therapy treatment group - 'Seasonal Creations' - a mixture of gardening and craft activities. This will be a rolling program across the year (different seasonal activities) for a variety of service users to access. We continue to offer Day Hospice services for interventions such as blood transfusion.

Bereavement Service - We continue to provide a service with counselling sessions for children and young people aged 5-17 years and this service is provided Monday to Friday. A Jigsaw Day event which was postponed in Q4 due to the hospice reorganisation was delivered in Q1.

Community Services – The Admiral Nurse provides clinical leadership to the Dementia and Community Outreach Team. Working collaboratively, we are continuing to support people living with dementia and their carers in County Durham offering one-one support, dementia support groups and Namaste care. We have provided education sessions to carers, nursing professionals and educational establishments. We are working to achieve some sustainable funding for our Community Outreach and Dementia Service as the current funding is nearing the end.

Family Support/Social Worker – Our full-time social worker left the hospice in April 2025 which left a gap in service for a period of time. We successfully recruited to a part-time social worker role and welcomed our new social worker at the end of May 2025.

Achievements to end of the first quarter:

Service Activity:

- **In-Patient Unit:**
  - 64 new admissions into the in-patient unit during this reporting period.
  - 45 deaths
  - 45 patients achieved preferred place of death.
- **Living Well Centre:**
  - 381 Face to face appointments.
- **Admiral Nurse:**
  - 44 patient/carers had 71 contacts, attended 1 memory cafes, 39 community/Hospice groups and 1 training sessions. 17 new referrals received.
- **Namaste team:**
  - 46 patients/carers seen at home/Hospice/outreach, had 438 contacts. 2 new referrals received.

Protecting people from avoidable harm:

In Quarter 1 there have been 28 clinical incidents:

- 0 Serious incidents
- 0 Incident of major, permanent harm; severe disruption
- 0 Incident of actual moderate harm/short term harm/disruption
- 14 Incidents of actual minor/minimal harm/low disruption
- 14 Incidents of actual no harm
- 0 Incidents of soft Intelligence
- 0 Near Misses

3.0 Service Activity

In accordance with Integrated Care Board (NENCICB) dataset requirements full data reports are submitted below. For comparison the preceding full year's performance (2024 - 2025) data is provided and each full quarter's performance for 2025- 2026 and this will be updated in subsequent quarterly reports. Specific LQR's and KPI's measurements summarising performance can be seen in the Table 1 below:

4.0 Local Key Performance Indicators (KPI's)

Table 1 – Hospice activity against KPIs 2025-2026									
Indicators.	**Threshold**	**End of Year. 2024-25**	**Met – Not met**	**2025-2026 quarterly performance.**				**End of year 2025-2026**	
				Q1	**Q2**	**Q3**	**Q4**		**Year 2025-2026 Performance**
In-Patient Unit (IPU)									**COMMENTS.**
Total number of in-patient referrals received	N/A for monitoring purposes	**418**	**-**	106					N/A for monitoring purposes.
Average waiting time from referral to admission for inpatients (excluding weekends and planned respite).	**≤ 48 hours**	**33.3**	**Met**	39.5					
Total number of inpatient admissions.	N/A for monitoring purposes	**254**	**-**	64					N/A for monitoring purposes.
Percentage bed occupancy.	**≥ 85%**	**78.39 (84.63)**	**Not Met**	84.35					
Percentage bed availability.	**≥ 95%**	**99.89**	**Met**	100%					
Average length of stay for inpatients.	**≤ 15 days**	**11.3**	**Met**	12.3					
Number and percentage of inpatients that have been offered an Advance Care Plan.	**90%**	**100%**	**Met**	100%					
Number and percentage of patients who died at the hospice and have preferred place of death recorded.	N/A for monitoring purposes	**183 100%**	**-**	**45 100%**					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	**181 98.9%**	**-**	45 100%					N/A for monitoring purposes

Patient's risk of falls to be assessed within 6 hours of admission.	**100%**	**99.6%**	**Not met**	100%					
Patient's written care plan tailored to address falls risk completed within 6 hours of admission.	**100%**	**99.6%**	**Not met**	100%					
Pressure ulcer risk assessment to be completed within 6 hours of admission. (Ref - NHS Improvement 2018 Pressure Ulcers: revised definition and measurement).	**95%**	**100%**	**Met**	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%**	**Met**	100%					
Venous thromboembolism (VTE) risk to be assessed within 24 hours of admission to determine if prophylaxis required.	**100%**	**99.2%**	**Not met**	100%					
Percentage of patients that report a positive experience of care via the Friends and Family Test.	**90%**	**100%**	**Met**	100%					Q1 - 4 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%**	**Met**	**100%**					
% of discharge summaries to be sent to GP within 24hrs	95%	**96.7%**	**Met**	**100%**					
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.
Living Well Centre									**COMMENTS**
Total number of patients attending the Living Well Centre	N/A for monitoring purposes	**263**	**-**	76					N/A for monitoring purposes
Number and percentage of Living Well Centre patients receiving a care plan	**100%**	**100%**	**-**						

Percentage occupancy	**≥ 80%**	**66.75%**	**Not Met**	67%					If everyone booked to attend had attended occupancy would have been 91%.
Time from referral to Living Well Centre and contact to arrange home visit / assessment.	**90% within 7 days**	**100%**	**Met**	100%					
Time from first referral in LWC to Physiotherapy assessment	**100% within 21 days**	**100%**	**Met**	100%					
Time from referral in LWC to Occupational therapy assessment	**100% within 21 days**	**100%**	**Met**	100%					
Percentage of patients that report a positive experience of care via the Friends and Family Test	**90%**	**100%**	**Met**	100%					Q1 – 4 forms returned since HCA champions identified.
Dementia services									**COMMENTS**
Total number of patients attending Dementia Support Service	N/A for monitoring purposes	**206**	**-**	**78**					N/A for monitoring purposes.
Time from referral to Admiral Nurse for first contact and appointment arranged for assessment.	**95% within 15 days**	**100%**	**Met**	100%					
Time from referral to Namaste care for first contact and appointment arranged for assessment.	**95% within 15 days**	**100%**	**Met**	**100%**					
Percentage of patients who provide feedback and report a positive experience of care	90%	**100%**	**Met**	**n/a**					Q1 – 0 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

5.0 Protecting people from avoidable harm through prevention falls, suspected deep tissue injuries, pressure ulcers and thromboembolism.

5.1 Patient Safety

The review and updating of policies has continued, to ensure our suite of care related policies and procedures reflect local and national guidelines. Within this quarter we updated key policies such as Eating and Drinking at Acknowledged Risk Policy and Management of Viral Haemorrhagic Fever Policy and SOP.

To fulfil our '*Duty of Candour*' we report all serious incidents to statutory and regularity bodies, our commissioners and internally in our own clinical governance forums. See tables 2 and 3 below.

Summary of clinical and other untoward incidents

	2024-25 Totals	Q1.	Q2.	Q3.	Q4.	Year end	Comments
Service Falls	**21**	**7**					7 Unavoidable
Pressure Ulcers/SDTI	**68**	**9**					8 PU (2 patients on admission, 2 patients after admission) and 1 SDTI after admission (1 patient)
Medication Errors	**25**	**9**					3 external and 6 internal to Hospice
Other clinical incidences	**58**	**2**					1 x Health and Safety 1 x Tissue Viability
Infection Prevention and Control - Health acquired infections	**5**	**2**					2 patients with COVID and Legionella found in tap
Information Governance	**4**	**0**					
Subject Access Requests	**2**	**0**					
Safeguarding	**1**	**0**					
MCA/DoLS	**24**	**3**					SIRMS completed for all MCA/DoLS

5.2 Serious Incidents and complaints

We give the detail of incidents rated at 3 or above, with incidents below 3 only being reported by exception.

Quarter One

No incidents rated 3 or above.

6. Service Development Activity

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

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.

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

- 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.

6.1.3 During Quarter 1 we have:

- Agreed with the Clinical Governance Committee that we will 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.
- Worked with the ICB to identify opportunities for collaborative working amongst the Hospice Clinical Leads as part of a Clinical Leadership Project, funded by the ICB and facilitated by the Director of Develop to Thrive.

6.1.4 During Quarter 2 we will:

- Establish a joint clinical governance group to develop a more integrated approach to medical and clinical governance across Durham and Darlington and support the palliative care providers in County Durham to achieve the outcomes set out in the Ambitions for Palliative Care.
- Develop a shared work plan with key work streams and priority areas working collaboratively as Clinical Leads to optimise resources and efficiency, including a shared approach to education and training.
- Develop and agree a new SLA with CDDFT in preparation for the Hospice doctors being employed by CDDFT with practicing privileges at St. Cuthbert's Hospice, which will also include the plan for medical governance arrangements within the Hospice.

6.2 Strategic Goal 2: To enable people with life limiting illness who use the Hospice services to live well and make every day count.

6.2.1 Ascitic Drainage:

We have continued to support one existing patient with ascitic drainage. In Quarter 1:

- 10 ascitic drainages were carried out in LWC on 1 patient (non-cancer).

6.2.2 Blood Transfusions

In Quarter 1

- 2 blood transfusions were carried out in LWC.
- 0 were carried out in IPU.

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

- 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.

6.2.4 During Quarter 1 we have:

- Collaborated with the Hospice Leads across the hospices in the region to identify any themes and learning or improvement as part of a PSIRF approach to clinical incidents and finalised a joint PSIRP for all the hospices.
- Continued to focus on optimising use of both the IPU and LWC, with a reduced capacity in LWC, but still providing groups and activities for our guests.
- Established a new therapy treatment group - 'Seasonal Creations' - a mixture of gardening and craft activities in LWC. This will be a rolling program across the year (different seasonal activities) for a variety of service users to access.
- Collaborated with the ICB and CDDFT to develop a more integrated approach to the delivery of palliative and end of life care services
- Recruited a volunteer trained in podiatry to support patients in IPU and LWC with complex symptoms and podiatry needs.

6.2.5 During Quarter 2 we will:

- Utilise the joint PSIRF plan to review incidents across the hospices, identify themes and shared learning.
- Work with the ICB and CDDFT towards developing a more integrated and sustainable provision of PEoL services.
- Enable the social worker to develop an options paper aimed at improving access to chaplaincy for patients at the end of life and those with complex symptoms.

- Aim to recruit volunteers trained to provide Reiki for patients in LWC.
- Aim to recruit more volunteers drivers to support guests attending LWC, optimising the use of LWC.

6.3 Strategic Goal 3: To provide the information and support that carers of people with life limiting illness need to provide the care they want to provide.

6.3.1 Admiral Nurse

The Admiral Nurse works with families and people affected by dementia, particularly during complex periods of transition. This is achieved through casework, coordination, groups and clinics to:

· Promote physical, social, and psychological health of family carers and people with dementia.
· Improve well-being and quality of life for people with dementia and their family carers.
· Enhance adjustment and coping strategies for people affected by dementia and their families.

6.3.2 Namaste

In addition to improving the quality of life for people living with dementia, evaluation of Namaste care has identified direct benefits to carers themselves. Carers have reported that having regular contact with a volunteer through Namaste home visits, and the link this provides to additional support from the Dementia Team if required, makes them feel well supported and more confident in their caring roles.

Carer attendees to our Namaste groups have reported that they enjoy spending quality time with their loved ones in an environment where they feel safe and supported.

6.3.3 Carers Support Needs Assessment Tool (CSNAT)

We understand that a short break from caring can make a significant difference and recognise that offering a short course of complementary therapies will help reduce carer stress, help improve carer wellbeing and give emotional support.

CSNAT is being used in the Dementia-Namaste Service.

Within IPU and LWC, the Family Support Team (FST) implement Carers Conversation Wheel as part of their assessment. See below for outcomes for Q1.

6.3.4 Carer Satisfaction Outcomes: Q1

<table>
<tr><td colspan="2">Most commonly occurring needs in quarter:</td></tr>
<tr><td colspan="2">• Psychosocial support
• Practical support
• Discharge planning advice, organisation and support
• Pre bereavement support
• Post-bereavement support
• Listening ear</td></tr>
<tr><td colspan="2">Intervention provided:</td></tr>
<tr><td colspan="2">• Meetings with families / carers
• One to one discussions / listening ear
• Support with options of care home provision in local area
• Support liaising with care agencies regarding patient needs for discharge planning
• Home visits jointly with Occupational Therapist
• Practical advice and information provision (Blue Badge applications) (Continuing Healthcare) (Benefits) (Keysafe acquisition)
• Pre and post bereavement support
• Links and provision of information regarding funeral planning
• Links and information provision in regard to on-going support in the community
• Liaison with other professional groups regarding support for patient and family i.e. Macmillan Nurses, Local Authority</td></tr>
<tr><td>Outcomes met:</td><td>Outcomes not met and why:</td></tr>
<tr><td>• Emotional / Psychological / Social Support
• Practical support
• Information, guidance and provision</td><td>None identified</td></tr>
<tr><td colspan="2">Thank You and Compliments:
Family expressed thanks following a patient discharge home which involved a family meeting and follow up home visit</td></tr>
<tr><td colspan="2">Family feedback post discharge – Expressed thanks for the way in which a discharge was appropriately planned by the holding a family meeting resulting in a comprehensive discharge plan and a positive outcome</td></tr>
<tr><td colspan="2">Feedback and Improvements:</td></tr>
<tr><td colspan="2">•
•</td></tr>
</table>

We continue to forge good working partnerships with other carers' services and develop our partnership with Durham County Carers Support (DCCS) and The Bridge Young Carers Service, (BYCS). Initiatives include:

Working with DCCS to:

- Deliver the Everything in Place Project to carers.
- Achieve the Carer Friendly Employer Award, to become a more supportive employer to unpaid carers.
- The Child & Young Persons' counsellors act as the link workers with BYCS.

6.3.5 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.

6.3.6 During Quarter 1 we have:

- Continued to provide a carer education programme for dementia care.
- Worked with the community outreach and dementia team to try and source sustainable funding.
- Recruited a new part time social worker to fill the vacancy after the previous social worker had left the role.

6.3.7 During Quarter 2 we will:

- Enable our Rehab Assistant to complete tasks to facilitate carer support – bereavement cards, anniversary cards, key safe referrals.
- Continue to support safe planned discharges and joint home visits with the therapists and social worker.
- Continue to provide practical advice, information and pre/post bereavement support for patients and carers.

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

6.4.2 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.

6.4.3 During Quarter 1 we have:

- Withdrawn staff ethically from the community hub, facilitating it to function independently as a social network group and a compassionate community.
- Worked with the team and the hospice fundraising manager and development manager to source more sustainable funding for community outreach with a focus on Everything in Place, including generating income from a business/corporate model, to deliver to corporate and communities' side by side.
- Continued to provide a children and young person's bereavement service and provide wraparound counselling for adults where needed to address the unique needs and goals of the individual and family, enabling adults to access counselling to be able to support the child or young person.
- Received grant funding to purchase therapeutic toys for the use of translational therapeutic intervention with children and young people.
- Held a Jigsaw Day event for children and their families in the children and young people's bereavement service.

6.4.4 During Quarter 2 we will:

- Use therapeutic toys for translational therapeutic interventions to support children and young people accessing counselling at the hospice.
- Plan for further Jigsaw Day events through the year.
- Apply for further funding for toys/equipment to help support children and young people accessing counselling at the hospice.

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

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

6.5.2 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

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

6.6.1 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.

6.6.2 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.

6.6.3 How will we measure success?

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

6.6.4 What we have done in Quarter 1

- Achieved 97% in external infection, prevention and control audit
- Continued and reviewed audit cleaning reports
- Completed a review of the safe domain of the CQC's key questions and presented to managers and Board sub-committees.

6.6.5 What we will do in Quarter 2

- Provide additional support to the Guest Services Department to complete audits of cleaning standards from the Estates and Facilities department

- Complete audit reports
- Update medical device log.
- Update the standard operating procedures (SOP) for the cold room

6.7.1 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

6.7.2 Why have we chosen this aspiration?

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

6.7.3 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

6.7.4 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

6.7.5 What we have done in Quarter 1

- Head of Clinical Services completed level 4 safeguarding training for named safeguarding professional for the hospice
- Ensured all volunteers have completed safeguarding training appropriate to their area
- Embedded responsibility for retaining the Better Health at Work Award into the job description of the HR Manager

6.7.6 What we will do in Quarter 2

- Social worker will re-establish and chair safeguarding link practitioner meetings.
- Develop level 3 safeguarding training for registered practitioners.
- HR team will review hospice induction to ensure it is meaningful and appropriate for staff, volunteers and Trustees.
- Recruit new Freedom to Speak Up Guardian and following training to restart meetings with Freedom to Speak Up Ambassadors.

7. Clinical Governance, Quality Assurance and Quality Improvement

7.1 Clinical Audit

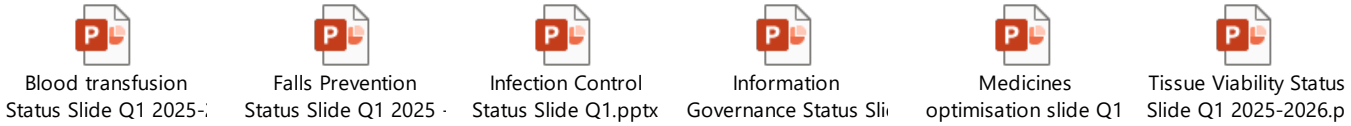
Audits have been carried out in this quarter and will be reported by exception.

7.2 Link Practitioner Programme (LPP)

Within St Cuthbert's Hospice senior leaders see the Link Practitioner Programme as key to embedding a quality improvement ethos within the Hospice, and subsequently avoiding complacency, retaining our outstanding rating and realising our vision of becoming a centre of excellence. The board and senior management team recognise that the LPP programme helps overcome barriers to staff involvement and engagement with quality improvement and quality assurance. It strengthens clinical leadership and engagement at all levels of the organisation and helps managers and front-line staff to work together to deliver a shared and aligned mission and vision. The Head of Clinical Services acts as sponsor for the LPP demonstrating visible leadership commitment from the board and senior management team.

Within the Hospice we have the following Link Practitioner Groups:

Achievements in this quarter, deliverables for the following quarter and risks and issues for each Link Practitioner Group are captured in the following attachments:



8.0 Patient and Family Experience

We routinely seek the views of all those who use our services such as in-patients Living Well Centre guests, Family Support service clients and Dementia service clients. We have redesigned the carer's questionnaire to include the 'Friends and Family Test'. There are a range of questions that seek views about our services such as the hospice environment, the staff caring for patients and the services delivered. The questionnaire is distributed to all service users or the families of those who have accessed the range of Hospice services, whether their relative has died or been discharged, it also includes those who attended for respite care. See table 13 for summary feedback for each Hospice service.

Service user feedback questionnaire charts and comments

IPU Friends and Family Test- 2025 20	LWC Friends and Family Test- 2025 20	

8.2 Suggestion box feedback

There are suggestion boxes situated at communal areas around the hospice, giving everyone the opportunity to make suggestions in a confidential/ anonymous manner. During Q1 one suggestions received, regarding sanitary products in toilets to help against period poverty. Suggestions and responses are published on the screens in Reception and IPU.

9.0 Workforce Assurance

9.1 Absence

We are carrying the following vacancies: 0

As part of our on-going review of teams and workforce transformation, we use exit questionnaires as an opportunity to learn and improve and vacancies as an opportunity to review models of care and workforce development needs.

9.2 Recruitment

We have successfully recruited to: -

- HCA – IPU 1.0 WTE

We continue to actively review and increase the number of RN and HCA bank staff, for the most part from a pool of staff who have previously worked at the Hospice this will assist with staff induction prior to commencing work on the unit. On rare occasions when they are not available at short notice or are already covering bank for another health care provider, we make use of a local agency for nurse/HCA cover.

9.3 Staffing Levels

In Patient Unit

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

- 8am to 2pm: 3 RNs to 10 patients, 2 HCAs to 10 patients
- 2pm to 8.30pm: 2 RNs to 10 patients, 2 HCAs to 10 patients
- 8pm to 8.30am: 2 RN to 10 patients, 1 HCAs to 10 patients

9.4 Training & Development

We continue to support training and development. All staff receive mandatory training and compliance against our mandatory training target of 90% is currently:

- Dementia 64%
- Guest Services 96%
- Day Services 92%
- IPU 96%
- Medical 97%

We currently have 3 independent prescribers (2 nurses, 1 pharmacist).

We continue to roll out clinical procedure training and competency assessments. Examples include:

- Hickman Line
- PICC Line
- Cannulation

We support clinical staff to undertake the Foundations and Advances in Palliative Care Course and 2 x IPU RGN's have completed and received certification in Improving Clinical Practice in Palliative and End of Life Care

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