

Service Contract Quarterly Performance Report
Second Quarter: 1st July to 30th September 2025

1.0 Introduction

This second quarter Service Contract Quality Performance Report (SCQPR) covers the period 1 July – 30 September 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 82 of which 82 achieved their preferred place of death, (PPD). We were able to discuss preferred place of death with 82 patients. IPU bed occupancy to date is 86.69%

Early in Q2 we ceased our contract with Supportive Care UK as planned. In August our Lead Hospice Doctor moved from working as a speciality doctor in to her new role as specialist doctor. 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 registered nurses and one HCA are working in their supernumerary periods of employment. We continue to experience challenges with sickness within IPU, including long term sickness of the 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, fatigue, anxiety and breathlessness (FAB) group, which includes seated exercises therapy treatment and a recently established group - 'Seasonal Creations' - a mixture of gardening and craft activities. This is 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 Tuesday to Thursday. The counsellors are dual trained for adults and children and provide bereavement support for adults where needed to support the child.

Community Services – Sadly as we were unable to achieve full cost funding for our Community Outreach and Dementia Service when the existing funding ended at the end of September, the posts were made redundant and the services have ceased.

Family Support/Social Worker –We have a part-time social worker who provides psychosocial support to patients and families, liaises with external agencies and professionals to coordinate services and support, works closely with other members of the hospice team to ensure holistic care and coordinate discharge planning, supports advance care planning and provides support with bereavement, grief and loss, including supporting spiritual needs.

Summary of what we have achieved in quarter two

Achievements to end of the second quarter:

Service Activity:

- **In-Patient Unit:**
 - 63 new admissions into the in-patient unit during this reporting period.
 - 37 deaths
 - 37 patients achieved preferred place of death.
- **Living Well Centre:**
 - 340 Face to face appointments.

Protecting people from avoidable harm:

In Quarter 2 there have been 22 clinical incidents:

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

2.0 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:

3.0 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	Year 2025-2026 Performance
				Q1	Q2	Q3	Q4		
In-Patient Unit (IPU)									COMMENTS.
Total number of in-patient referrals received	N/A for monitoring purposes	418	-	106	91				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	44.4				
Total number of inpatient admissions.	N/A for monitoring purposes	254	-	64	63				N/A for monitoring purposes.
Percentage bed occupancy.	≥ 85%	78.39 (84.63)	Not Met	84.35	89.1				
Percentage bed availability.	≥ 95%	99.89	Met	100%	100%				
Average length of stay for inpatients.	≤ 15 days	11.3	Met	12.3	12.3				
Number and percentage of inpatients that have been offered an Advance Care Plan.	90%	100%	Met	100%	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%	37 100%				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%	37 100%				N/A for monitoring purposes

Patient's risk of falls to be assessed within 6 hours of admission.	100%	99.6%	Not met	100%	100%				
Patient's written care plan tailored to address falls risk completed within 6 hours of admission.	100%	99.6%	Not met	100%	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%	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%	100%				
Venous thromboembolism (VTE) risk to be assessed within 24 hours of admission to determine if prophylaxis required.	100%	99.2%	Not met	100%	100%				
Percentage of patients that report a positive experience of care via the Friends and Family Test.	90%	100%	Met	100%	100%				Q2 - 24 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%	100%				
% of discharge summaries to be sent to GP within 24hrs	95%	96.7%	Met	100%	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	58				N/A for monitoring purposes
Number and percentage of Living Well Centre patients receiving a care plan	100%	100%	-	100%	100%				

Percentage occupancy	≥ 80%	66.75%	Not Met	67%	52%				If everyone booked to attend had attended occupancy would have been 74%.
Time from referral to Living Well Centre and contact to arrange home visit / assessment.	90% within 7 days	100%	Met	100%	100%				
Time from first referral in LWC to Physiotherapy assessment	100% within 21 days	100%	Met	100%	100%				
Time from referral in LWC to Occupational therapy assessment	100% within 21 days	100%	Met	100%	100%				
Percentage of patients that report a positive experience of care via the Friends and Family Test	90%	100%	Met	100%	100				Q2 – 5 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				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%	n/a				
Time from referral to Namaste care for first contact and appointment arranged for assessment.	95% within 15 days	100%	Met	100%	n/a				
Percentage of patients who provide feedback and report a positive experience of care	90%	100%	Met	n/a	n/a				
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 Care and Management of Tracheostomies and Laryngectomies in Adults within St Cuthbert's Hospice Policy and Standard Operating Procedure

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	0				
Pressure Ulcers/SDTI	68	9	7				1 PU (1 patient on admission) and 6 SDTI (1 patient on admission and 3 patients following admission)
Medication Errors	25	9	3				2 external and 1 internal to Hospice
Other clinical incidences	58	2	11				3 x Health and Safety 1 x Patient accident 1 x Discharge issue 2 x Violence and aggression 2 x Estates and Facilities 1 x Fire 1 x Access, Admission, Transfer, Referral
Infection Prevention and Control - Health acquired infections	5	2	0				
Information Governance	4	0	0				
Subject Access Requests	2	0	0				

Safeguarding	1	0	0				
MCA/DoLS	24	3	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 Two

Incident Number	Incident Date	Cause Group	Cause 1	Details Of Incident	Initial impact	Actual Impact	Outcome Description
132648	19/07/2025	Tissue Viability	Deep Tissue Injury (DTI)	<p>Noted while rolling patient 3 areas of suspected deep tissue injury. One to back of R heel circular area approx. 1cm in diameter outer area is blanching but inner area purple and non blanching.</p> <p>L heel outer aspect purple/ dark red area non blanching 3cm x 2 cm suspected deep tissue injury and small area approx. 2 cm in length by approx. 5mm on l ankle malleolus centre area dark purple and non blanching suspected deep tissue injury</p>	3 - Moderate Harm / Short Term Disruption	3 - Moderate Harm, Short Term Disruption	<p>Admitted 16/7/25 skin noted to be intact. Waterlow score carried out, care plan for at risk of pressure damage implemented, use of barrier cream for preventative measure nursed on air flow mattress. Review of pressure areas maintained, positional changes made inline with patients wants and struggled to lie on sides due to pian, this was captured on intentional rounding charts. Waterlow score completed on admission, at point of SDTI found then weekly as per policy and procedure.</p> <p>On 19th July skin changes notes by 20th July 3 x SDTI noted across ankles and heels</p> <p>L heel; 3cm x 2cm SDTI L ankle 2cm x 5mm SDTI R heel 1cm x 1cm SDTI</p> <p>SDTI care plan implemented, heels off loaded where possible and alternated using off loading cushion and air flow mattress, kerra pro pads ordered for additional protection and in place once arrived from pharmacy.</p> <p>Verbal duty of candour - Patient and wife informed Photographs take Waterlow score updated. SDTI care plan initiated SDTI Leaflet given to patient and family Additional equipment sourced - off loading cushions and kerra pro pads SIRMS completed Safeguarding informed and no neglect noted, noted made to file. CQC notification completed</p> <p>Lessons learned - staff could have been more specific on systmone notes around frequency of positional changes and any refusals of positional changes. IPU staff emailed and to be discussed at handover huddles to ensure notes reflect positional changes.</p>

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 2 we have:

- Agreed with the Board, in principle, 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. However, we need to ensure the funding for the medical team is sustainable for the hospice.
- Completed training for 2 GP Registrar trainees in palliative care following a 6-month placement at the hospice.
- Commenced placements for 2 new GP Registrar trainees in palliative care for 6 months at the hospice.
- Hosted a placement for a student chaplain at the hospice.
- Updated our ceiling of care following training and development of staff and written a new policy and procedure in tracheostomy care to enable us to safely admit a patient to the hospice with a tracheostomy for end of life care, achieving her preferred place of death.

6.1.4 During Quarter 3 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.
- Collaborate with providers across Durham to complete Self-Assessment for the 6 Ambitions for Palliative and End of Life Care for County Durham.
- Further develop 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.
- Host our first student nursing placement as a 'hub' placement at the hospice working with Teesside University and continue to provide 'spoke' placements.
- Host pharmacy students on placement from Sunderland University.

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 2:

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

6.2.2 Blood Transfusions

In Quarter 2

- 4 blood transfusions were carried out in LWC.
- 1 was 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 themes and trends from clinical incidents to help with learning and development.
- 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.
 - work with the local Trust and community to streamline admissions to the hospice.
 - 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.

6.2.4 During Quarter 2 we have:

- 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.
- Continued to develop our therapy treatment group - 'Seasonal Creations' - a mixture of gardening and craft activities in LWC. This is 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
- Supported patients in IPU and LWC with podiatry needs with a volunteer podiatrist.
- Supported patients in IPU and LWC with a volunteer trained in oncology massage.

6.2.5 During Quarter 3 we will:

- Review incidents across the hospices, identify themes and shared learning as part of the PSIRF approach and joint plan.
- 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 complex needs across IPU/LWC.

- Recruit a volunteer trained to provide Reiki for patients in LWC.
- Recruit a volunteer driver to support guests attending LWC, optimising the use of LWC.
- Continue to support patients in IPU and LWC with oncology massage with a trained volunteer.

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 Social Worker

Our Social Worker is on hand to provide support to individuals and families across our In-Patient and Day Services. This service provision can provide the opportunity for carers to reflect upon their own needs in a safe space to explore concerns, issues and support needs. This can include the facilitation of discussions with carer's, families and professionals to open communication and to aid resolution in times of stress, crisis and conflict.

The Social Worker can provide emotional, practical and psychological support to aid the identification of current and future needs to aid discharge planning, and they can also help carers to explore how they are coming to terms with supporting a person approaching the end of their life and reflect upon what this may mean for them.

The social work role helps carers to navigate services, systems and funding processes and providing advocacy and support as required. County Durham Carers lead on Carer's Assessments in the locality, and they have close links with the hospice team which ensures ease of access for support with counselling, advice and information, accessing grants, bursaries and how to plan 'time for you.'

6.3.2 Chaplaincy

We endeavour to support individuals of all spiritual and religious faiths and beliefs, and we liaise with leaders and members of faiths/spiritual communities in our locality to request hospice visits when patient's and carers identify this wish to the hospice team.

The hospice currently has one Chaplaincy Volunteer who attends the In-Patient and Day Therapy units one day per week. We recognise the need to increase this service provision therefore we have recently contacted all local faith groups in the locality to highlight our hospice service with the aim to increase the number of volunteers.

6.3.3 Carer Satisfaction Outcomes: Q2

Most commonly occurring needs in quarter:	
<ul style="list-style-type: none"> • Psychosocial support • Practical support • Advocacy • Discharge planning advice, organisation and support • Pre bereavement support • Post-bereavement support • Listening ear 	
Intervention provided:	
<ul style="list-style-type: none"> • Meetings with families / carers • One to one discussions / listening ear • Support with options of care home provision after checking current availability in the locality identified for discharge by patient and family • Support liaising with care agencies regarding patient needs for discharge planning • Contact with Day Therapy carer's who have identified concerns regarding support in the community • 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 regarding on-going support in the community i.e. Durham Carer's • Liaison with other professional groups regarding support for patient and family i.e. Macmillan Nurses, Local Authority 	
Outcomes met:	Outcomes not met and why:
<ul style="list-style-type: none"> • Emotional / Psychological / Social Support • Practical support • Information, guidance and provision 	None identified
Thank You and Compliments:	
Verbal expressions of thanks for this service provision from family and friends are a regular occurrence	
Feedback and Improvements:	
<ul style="list-style-type: none"> • Meeting planned 09/10/25 with Durham Carers regarding joint working and options of support in the locality for carers 	

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:

- 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.

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

- Develop our partnership working with carers' services to provide the information and support that carers of people with life limiting illness need to provide the care to their family.
- Provide one to one discussions/listening ear, psychosocial support/spiritual, practical support and pre/post bereavement support across IPU/LWC through our social worker.
- Obtain feedback from carers to determine the support and interventions that are needed and whether we are meeting their needs.

6.3.5 During Quarter 2 we have:

- Provided support and interventions for patients/carers in IPU and LWC.
- Assessed carer satisfaction outcomes based on support/interventions provided through verbal feedback and expressions of gratitude.
- Provided links and information provision regarding on-going support in the community i.e. Durham Carer's.
- Liaised with other professional groups regarding support for patient and family i.e. Macmillan Nurses and Local Authority

6.3.6 During Quarter 3 we will:

- Continue to provide one to one discussions/listening ear, psychosocial support/spiritual, practical support and pre/post bereavement support for patients and carers.
- Continue to support safe planned discharges and joint home visits with the therapists and social worker.
- Develop our partnership working with Durham Carers with a planned session at the hospice with Durham Carers to support carers of our patients/guests in IPU/LWC as part of Safeguarding Adults Week.
- Enable our Rehab Assistant to send bereavement cards to bereaved families of patients who have been in our care.
- Obtain feedback from carers to determine the support and interventions that are needed and whether we are meeting their needs.

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

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

- The main aim for this year had been to try and source sustainable funding for our community outreach service, with a focus on Everything in Place. This service was a community-based service helping to break the taboos associated with dying, death, loss and grief which aligned with our strategic goal 4. We were not able to achieve sustainable funding and sadly the service ceased in Q2.
- Our other focus, which aligns with this strategic goal, is to continue to provide a children and young person's bereavement service following the ceasing of the adult bereavement service earlier this year as part of the redundancies and organisational changes to achieve financial savings.

6.4.2 During Quarter 2 we have:

- Unfortunately needed to cease the community outreach service, which included the Everything in Place programme as we were unable to achieve grant funding to sustain the service.
- 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.
- Used therapeutic toys for the use of translational therapeutic intervention with children and young people.

6.4.3 During Quarter 3 we will:

- Use therapeutic toys for translational therapeutic interventions to support children and young people accessing counselling at the hospice.
- Hold a Halloween Jigsaw Event at the hospice.
- Use grant funding for toys/equipment to help support children and young people accessing counselling at the hospice.
- Explore the possibility of developing the bereavement service supported with volunteers, writing a proposal to outline the service delivery.

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

6.5.1 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 2

- Continued cleaning audit reports.
- Update the standard operating procedures (SOP) for the cold room.
- Identified a need to procure a curtain for the cold room to maintain the temperature.

6.6.5 What we will do in Quarter 3

- Complete cleaning audit reports
- Update medical device log.
- Purchase a curtain for the cold room.
- Report against planned maintenance schedule in the People and Resources Sub-Committee

6.7 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

6.7.1 Why have we chosen this aspiration?

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

6.7.2 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

6.7.3 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

6.7.4 What we have done in Quarter 2

- Head of Clinical Services completed Caldicott Guardian role training.
- Reviewed the hospice induction and made amendments to ensure it is meaningful and appropriate for staff, volunteers and Trustees.
- Encourage all staff and volunteers to complete statutory and mandatory training appropriate to their area and level to improve compliance with training requirements.
- Worked to an action plan to improve staff and volunteer training recorded on staff care to demonstrate accurate compliance.
- Recruited a new Freedom to Speak Up Guardian.
- Development of Sexual Harassment Policy/Procedure and Action Plan, to include staff training in 'understanding sexual misconduct in the workplace' e-learning.

6.7.5 What we will do in Quarter 3

- Social worker will re-establish and chair safeguarding link practitioner meetings.
- Develop level 3 safeguarding training for registered practitioners.
- Raise awareness of safeguarding to all staff and volunteers, displaying posters to raise awareness and highlight key staff and actions to take during National Safeguarding Week.
- Continue to work to the action plan to improve staff care recording of staff and volunteer training compliance.
- Update the Education, Learning and Development Policy to reflect accurate training requirements for all staff and volunteers specific to roles and appropriate levels.
- Following training the Freedom to Speak Up Guardian will restart regular meetings with the 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.

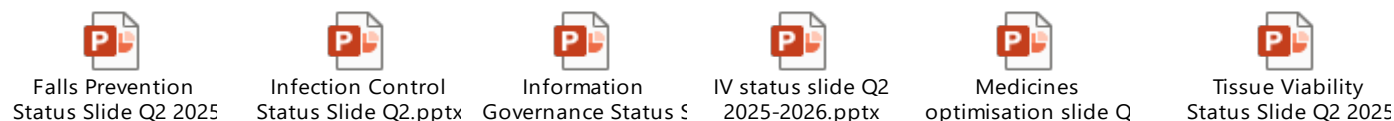
7.2 Link Practitioner Programme (LPP)

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, and Family Support 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

 <p>IPU Friends and Family Test- 2025 20.</p>	 <p>LWC Friends and Family Test- 2025 20.</p>	
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8.1 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 Q2 there were no suggestion from patients/families/visitors. 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: -

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:

- Guest Services – 99%

- Day Services – 99%
- IPU – 98%
- Medical – 98%

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
- NG/Gastrostomy tube
- Tracheostomy care

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