St Cuthbert's Hospice

# Service Contract Quarterly Performance Report
# Fourth Quarter: 1st January to 31st March 2026

## 1.0 Introduction

This fourth quarter Service Contract Quality Performance Report (SCQPR) covers the period 1 January – 31 March 2026 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 185 of which 185 achieved their preferred place of death, (PPD). We were able to discuss preferred place of death with 185 patients. IPU bed occupancy to date is 85.74%

We are continuing to work 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.

1 registered nurse has just commenced in post and is working in her supernumerary period of employment. 1 part time registered nurse has been recruited and is due to start in post following pre-employment checks.

**Day Services** – Our Living Well Centre (LWC) continues to provide groups and activities for guests Monday to Friday each week. We deliver therapy groups including cognitive stimulation therapy (CST) group, health and wellbeing group, physio-led strength and balance group, fatigue, anxiety and breathlessness (FAB) group, which includes seated exercises therapy treatment and 'Seasonal Creations' - a rolling program across the year (different seasonal activities) for a variety of service users to access, which can include gardening and craft activities. In this quarter it has been focused primarily on craft activities. 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. The team have the capacity to extend the service to 24 year olds in line with other services and charities. We will be recruiting a part time CYP counsellor to fill the vacant post.

**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. The social worker chairs the Link Practitioner meetings for safeguarding and she is the Hospice Safeguarding Link Practitioner, working closely with the Hospice Safeguarding Lead.

## Summary of what we have achieved in quarter four

**Achievements to end of the fourth quarter:**

**Service Activity:**

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

**Protecting people from avoidable harm:**

In Quarter 4 there have been 43 clinical incidents:

- 0 Serious incidents
- 0 Incident of major, permanent harm; severe disruption
- 1 Incident of actual moderate harm/short term harm/disruption
- 19 Incidents of actual minor/minimal harm/low disruption
- 23 Incidents of actual no harm
- 0 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** | |
| | | | | **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 | 91 | 107 | 104 | 408 | 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 | 28.2 | 35.4 | 36.9 | |
| Total number of inpatient admissions. | N/A for monitoring purposes | **254** | **-** | 64 | 63 | 75 | 71 | 273 | N/A for monitoring purposes. |
| Percentage bed occupancy. | **≥ 85%** | **78.39 (84.63)** | **Not Met** | 84.35 | 89.1 | 83 | 87.1 | 85.74 | |
| Percentage bed availability. | **≥ 95%** | **99.89** | **Met** | 100% | 100% | 100% | 100% | 100% | |
| Average length of stay for inpatients. | **≤ 15 days** | **11.3** | **Met** | 12.3 | 12.3 | 8.9 | 10.1 | 10.9 | |
| Number and percentage of inpatients that have been offered an Advance Care Plan. | **90%** | **100%** | **Met** | 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 | **183 100%** | **-** | **45 100%** | **37 100%** | **56 100%** | **47 100%** | **185 100%** | 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%** | **56 100%** | **47 100%** | **185 100%** | 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%** | **100%** | **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%** | **100%** | **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%** | **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%** | **Met** | 100% | **100%** | **100%** | **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%** | **98.7%** | **100%** | **99.7%** | |
| Percentage of patients that report a positive experience of care via the Friends and Family Test. | **90%** | **100%** | **Met** | 100% | **100%** | **100%** | **100%** | **100%** | Q4 - 21 forms returned. |
| Number of complaints and compliments received and actions taken | N/A for monitoring purposes | **-** | **-** | **-** | **-** | **-** | **-** | **-** | N/A for monitoring purposes<br><br>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%** | **100%** | **100%** | **100%** | |
| % of discharge summaries to be sent to GP within 24hrs | 95% | **96.7%** | **Met** | **100%** | **100%** | **100%** | **100%** | **100%** | |
| Number of clinical and non-clinical incidents and actions taken | N/A for monitoring purposes | **-** | **-** | **-** | **-** | **-** | **-** | **-** | N/A for monitoring purposes<br><br>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** | **68** | **82** | **164** | N/A for monitoring purposes |
| Number and percentage of Living Well Centre patients receiving a care plan | **100%** | **100%** | **-** | 100% | **100%** | **100%** | **100%** | **100%** | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Percentage occupancy | **≥ 80%** | **66.75%** | **Not Met** | 67% | **52%** | **77%** | **100%** | **74%** | |
| Time from referral to Living Well Centre and contact to arrange home visit / assessment. | **90% within 7 days** | **100%** | **Met** | 100% | **100%** | **100%** | **100%** | **100%** | |
| Time from first referral in LWC to Physiotherapy assessment | **100% within 21 days** | **100%** | **Met** | 100% | **100%** | **100%** | **100%** | **100%** | |
| Time from referral in LWC to Occupational therapy assessment | **100% within 21 days** | **100%** | **Met** | 100% | **100%** | **100%** | **100%** | **100%** | |
| Percentage of patients that report a positive experience of care via the Friends and Family Test | **90%** | **100%** | **Met** | 100% | **100** | **100%** | **100%** | **100%** | Q4 – 7 forms returned |

## 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 the Incident Management Policy and 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** | **2** | 5 | 14 | |
| Pressure Ulcers/SDTI | **68** | **9** | **7** | **17** | **22** | **55** | 4 PU (1 patient on admission and 1 patient following admission) and 18 SDTI (6 patients on admission and 5 patient following admission) |
| Medication Errors | **25** | **9** | **3** | **18** | **14** | **44** | 3 external and11 internal to Hospice |
| Other clinical incidences | **58** | **2** | **11** | **10** | **10** | **33** | 1 x Health and Safety<br>3 x Discharge issue<br>1 x Tissue Viability<br>2 x Access, Admission, Transfer, Referral<br>1 x Medical Device Equipment<br>1 x Patient Experience<br>1 x Patient Accident |
| Infection Prevention and Control - Health acquired infections | **5** | **2** | **0** | **0** | **0** | **2** | |
| Information Governance | **4** | **0** | **0** | **1** | **1** | **2** | |
| Subject Access Requests | **2** | **0** | **0** | **1** | **0** | **1** | |
| Safeguarding | **1** | **0** | **0** | **2** | **2** | **4** | |
| MCA/DoLS | **24** | **3** | **3** | **2** | **0** | **8** | 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 Four

| Incident Number | Incident Date | Cause Group | Cause 1 | Details Of Incident | Initial impact | Actual Impact | Outcome Description |
|---|---|---|---|---|---|---|---|

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| 139703 | 06/03/2026 | Medical Device, Equipment | Medical Device/Equipment Failure | When attempting to switch on the cold room refrigeration unit, the system failed to power on. Multiple attempts were made, but the unit would not activate.<br><br>Immediate Actions Taken<br>The Central Support Manager contacted Durham Air Conditioning to assess the issue.<br><br>Engineers attended at lunchtime and confirmed that the compressor has failed.<br><br>A replacement compressor has been ordered; however, the part may not arrive until 9-10 March.<br><br>Due to the refrigeration unit being non-operational, the cold room is currently unavailable for deceased patient storage.<br><br>Communication and Mitigation Measures<br>An email was sent to all staff informing them of the issue and outlining interim procedures.<br><br>Staff were instructed that, upon a patient's death, the funeral director must be informed that urgent collection is required due to the lack of cold storage.<br><br>Staff were also asked to notify the Ward Manager of the duration each | 3 - Moderate Harm / Short Term Disruption | 3 - Moderate Harm, Short Term Disruption | hen attempting to switch on the cold room refrigeration unit, the system failed to power on. Multiple attempts were made, but the unit would not activate.<br><br>Immediate Actions Taken<br>The Central Support Manager contacted Durham Air Conditioning to assess the issue.<br><br>Engineers attended at lunchtime and confirmed that the compressor has failed.<br><br>A replacement compressor has been ordered; however, the part may not arrive until 9-10 March.<br><br>Due to the refrigeration unit being non-operational, the cold room is currently unavailable for deceased patient storage.<br><br>Communication and Mitigation Measures<br>An email was sent to all staff informing them of the issue and outlining interim procedures.<br><br>Staff were instructed that, upon a patient's death, the funeral director must be informed that urgent collection is required due to the lack of cold storage.<br><br>Staff were also asked to notify the Ward Manager of the duration each |

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| | | | | deceased patient remains in the building prior to collection.<br>Escalation<br>The Head of Clinical Services was informed and has approved the interim plan.<br><br>Ongoing Actions<br>Await delivery and installation of the replacement compressor.<br><br>Continue to monitor the situation and update staff as required. | | | deceased patient remains in the building prior to collection.<br>Escalation<br>The Head of Clinical Services was informed and has approved the interim plan.<br><br>Ongoing Actions<br>Await delivery and installation of the replacement compressor.<br><br>Continue to monitor the situation and update staff as required.<br>A new compressor was installed on 13/03/2026, and the cold room is now fully operational.<br><br>During the period when the cold room was out of service, all deceased individuals remained within the hospice for no longer than 4 hours before being transferred off-site. No deterioration of any body was observed.<br>Room 5 T A died 21.20 left the hospice 23.40<br>Room 9 P H died 00.05 left the Hospice 02.10<br>Not sure if Lesley informed you about the young lad who died R T died at 15.55 and he left at 20.00hrs |

## 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 4 we have:**

- Held a pilot joint clinical governance group meeting to develop a more integrated approach to medical and clinical governance across Durham and Darlington and we agreed the terms of reference, membership, agenda and planned future dates and venues.
- Continued to work to ensure the funding for the medical team is sustainable for the hospice before reaching an agreement to TUPE the medical team to the Trust as part of 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.
- Hosted 2 new GP Registrar trainees in palliative care during their placement at the hospice.
- Hosted pharmacy students on placement from Sunderland University
- Hosted student nurses on placement as a 'hub' placement at the hospice working with Teesside University and continued to provide 'spoke' placements.

**6.1.4 During Quarter 1 we will:**

- Hold our first joint clinical governance group meeting 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.
- Hold our first Occupational Therapy (OT) placement to host student OT's at the hospice from Sunderland University.
- Host further student nursing placement 'hub' and 'spoke' placements at the hospice.
- Continue the training placement for 2 GP Registrar trainees in palliative care.

**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 4:

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

**6.2.2 Blood Transfusions**

In Quarter 4:

- 5 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 (IPU) and Living Well Centre (LWC) 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 4 we have:

- Continued to focus on optimising care for patients in IPU, working with the Trust to streamline the admissions process and increasing the numbers of patients admitted to IPU for symptom management and end of life care.
- Continued to optimise care for guests in the Living Well Centre, increasing the occupancy of guests attending the LWC.
- Continue to collaborate 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 a volunteer trained in oncology massage.
- Recruited 2 volunteers trained in Reiki to provide Reiki for guests in LWC.
- Completed an options paper for podiatry which demonstrated there is not a need for podiatry at the hospice and there is access to podiatry for patients with complex needs in the community.
- Explored options for increasing access to chaplaincy support for patients at the end of life and those with complex symptoms.

### 6.2.5 During Quarter 1 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.
- Improve access to chaplaincy for patients at the end of life and with complex needs across IPU/LWC by recruiting 3 additional chaplaincy volunteers so that we have 4 chaplaincy volunteers at the hospice.
- Provide Reiki for patients in LWC through two volunteers trained in Reiki.
- Continue to support patients in IPU and LWC with oncology massage by 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 aim to increase the chaplaincy service by recruiting an additional 3 chaplaincy volunteers.

### 6.3.3 Carer Satisfaction Outcomes: Q4

| **Most commonly occurring needs in quarter:** |
| --- |
| • Psychosocial support<br>• Practical support<br>• Support and education around mobility and moving and handling |

- Information provision and advice
- Advocacy
- Discharge planning advice, organisation and support
- Referrals and signposting to other services e.g. Welfare Rights, CHC, Durham Carer's, Local Authority
- Pre bereavement support
- Post-bereavement support
- CYP Counselling support
- Listening ear
- Safeguarding
- Help to take a break from caring role
- Access to equipment and support with its suitability and use in the home environment

**Intervention provided:**

- One to one and MDT 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
- Safeguarding advice and support. MSP approach
- Home visits by Occupational Therapist, Therapy Assistant, Physiotherapist, and Social Worker
- Equipment advice and provision
- Practical advice and information provision e.g. Blue Badge applications, Continuing Healthcare, Benefits, Housing, Charities / Voluntary Support, Insurance Claims, Medication Charts, and planning
- Pre and post bereavement support
- Links and provision of information regarding funeral planning / help with funding a funeral
- 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. GP's, District Nurses, Macmillan Nurses, Macmillan Welfare rights, Social Care, health, and Voluntary / Charitable Sector

| **Outcomes met:** | **Outcomes not met and why:** |
|---|---|
| • Emotional / Psychological / Social Support<br>• Pre and post bereavement support<br>• Practical support<br>• Information, guidance, and provision<br>• Discharge Planning support and advice<br>• Development of service provision with Durham Carer's | None identified |

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| **Thank You and Compliments:**<br>Carer – “Thank you for making xxx final days so peaceful. Nothing was too much trouble, even her favourite dogs came to say goodbye” “You all treated xxx with care and compassion and gave family and friends lots of support too”<br><br>Carer – “Thank you for the care you gave to my father and the care and compassion you showed my mother, myself, and the whole family. You made it seem so effortless, but I recognise that striking the right balance between giving support and allowing privacy is far from easy”<br><br>Carer – “Thank you for taking such good care of xxx. We will forever be grateful for the kindness, compassion, and dignity that you gave her”<br><br>Carer – Thank you for the amazing care you gave our dad / grandad during his stay. You gave us precious time with him at the end of his life that was free from stress and anxiety, and we will always be grateful to you all”<br><br>Carer – To everyone at St Cuthbert’s Hospice I wanted to say a heartfelt thank you for the care you gave xxx. We are so incredibly grateful for the kindness, compassion and professionalism shown by every member of your team. St Cuthbert’s is truly a wonderful and beautiful place, and the support you give to patient’s and their families is something we will never forget”<br><br>Carer – Verbal comment made by patient’s wife when she visited the hospice after his death “He was treated like a king”<br><br>Carer – Verbal comment made by patient’s wife: “Paramedics said this was the best emergency healthcare plan they had ever seen, very clear and precise” |
| **Feedback and Improvements:** |
| Durham Carers Information and Support Event held at the Hospice 31st March 2026 |

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 4 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
- Developed our partnership working with Durham Carers with a further planned session at the hospice with Durham Carers to support carers of our patients/guests in IPU/LWC at the end of March.

**6.3.6 During Quarter 1 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.
- 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 unable 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 4 we have:**

- 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.
- Used toys/equipment to help support children and young people accessing counselling at the hospice.
- Explored the possibility of developing the bereavement service supported with volunteers to help reduce the waiting list for the CYP service, with the view to developing an adult service in the future, taking in to account the appropriate timescales with regards to the legalities and reputational considerations for the hospice following previous redundancies in the service.
- Used grant finding to purchase furniture and decoration to create a suitable counselling space for older children/teenagers, potentially up to 24 years old if the service is expanded.

**6.4.3 During Quarter 1 we will:**

- 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.
- Continue to use therapeutic toys for translational therapeutic interventions to support children and young people accessing counselling at the hospice.
- Utilise furniture, decoration and flooring to create a suitable counselling space for older children/teenagers, potentially up to 24 years old if the service is expanded.
- Recruit a volunteer trained in psychotherapy to support adults across the IPU and LWC with bereavement counselling.

## 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 Hospice.

## 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 4

- Completed the Registered Manager compliance spot check for checking signatures/variances for the cold room temperature monitoring.
- Completed the Registered Manager compliance spot check for checking signatures for the guest services manager sign-off of cleaning sheets for housekeeping and catering staff.
- Held an infection control link practitioner meeting.
- Recruited and trained a new Housekeeper and Bank Housekeeper to fill a Housekeeper vacancy and to support sickness absence in the team working to National Cleaning Standards, maintaining a clean environment for patients, guests, families and staff.
- Reported against planned maintenance schedule in the People and Resources Sub-Committee.

### 6.6.5 What we will do in Quarter 1

- Updated the housekeeping and kitchen cleaning sheets to improve the recording of cleaning.
- Complete cleaning audit reports
- Update medical device log.
- Report against planned maintenance schedule in the People and Resources Sub-Committee
- Continue to complete Registered Manager compliance spot checks for cleaning and health and safety.
- Hold an infection control link practitioner meeting.

## 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 4

- Held a safeguarding link practitioner meeting.
- Held Orientation and Engagement hospice induction session for staff, volunteers and Trustees.
- Encouraged 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.
- Delivered bespoke level 3 face to face safeguarding training for registered practitioners at the hospice aligning with the intercollegiate document on safeguarding guidance. The face to face training builds on from level 3 online training which is a requirement for registered practitioners. Although not a requirement, healthcare assistants (HCA's) attended the bespoke level 3 face to face training at the hospice to help develop their knowledge and understanding in safeguarding and their role in safeguarding practice.

### 6.7.5 What we will do in Quarter 1

- Deliver level 3 bespoke face to face safeguarding training for registered practitioners and HCA's at the hospice.
- Hold safeguarding link practitioner meeting.
- Deliver Orientation and Engagement induction sessions for new staff, volunteers and Trustees.
- Continue to work to the action plan to improve staff care recording of staff and volunteer training compliance.
- Hold meetings with the Freedom to Speak Up Ambassadors and Guardian and promote the FTSU Ambassadors and Guardian service for all staff.

## 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:


Blood transfusion Status Slide Q4 2025


Falls Prevention Status Slide Q4 2025


Infection Control Status Slide Q4.pptx


Information Governance Status S


IV status slide Q4 2025-2026.pptx


Medicines optimisation slide Q


Safeguarding Status Slide Q4 2025


Tissue Viability Status Slide Q42025

## 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. 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 |

## 8.1 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 Q4 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: 1 part time registered nurse and 1 part time CYP counsellor.

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 1 full time registered nurse, 1 part time housekeeper and 1 bank housekeeper.

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:

IPU – 97%
Medical – 97%
Day Services – 92%
Guest Services – 80%

We currently have 3 independent prescribers (2 nurses, 1 pharmacist). One pharmacist is currently undertaking the pharmacist independent prescribing course.

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

- Hickman Line
- PICC Line
- Cannulation
- NG/Gastrostomy tube
- Tracheostomy care

Date: April 2026

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