St Cuthbert's Hospice

Making every day count since 1988

Quality Account

2025 – 2026

Our Mission

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

Our Vision

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

Our Values

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

Our Philosophy of Care

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

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

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

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

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

PART 1

Quality Statement

Welcome to our Quality Account for 2025/26. This report is for our patients, their families and friends, the general public and the local NHS organisations that contribute towards our service costs. The remaining finance required to pay for our services is raised through fundraising, our lottery, legacies, our shops, online sales and the generosity of our community and supporters.

The aim of this Quality Account is to demonstrate our commitment to delivering high quality, safe and compassionate hospice care, and to provide a transparent account of how we monitor, maintain and improve the quality of our services. It outlines our priorities for quality improvement, the actions we take to address risks and learning, and how we use feedback from patients, families, staff and partners to shape our services.

Through this Quality Account, we seek to assure patients, families, commissioners, regulators and the wider public that high quality, compassionate care for patients and their families is central to everything we do. Delivering high quality specialist palliative and end of life care is fundamental to our purpose and values. We recognise that people accessing our services, and those important to them, are often facing some of the most challenging times of their lives. Our responsibility is to ensure that care is person-centred, compassionate and responsive, supporting comfort, dignity and individual choice.

We work collaboratively with health and social care partners to ensure coordinated, responsive and equitable care. Through strong clinical leadership, effective governance and an open culture of learning, we aim to deliver services that consistently meet regulatory standards and reflect the values that underpin our hospice philosophy.

In early 2025, St Cuthbert's experienced significant financial challenges, resulting in reductions to staffing and services. Since then, the focus this year has been on consolidation and stabilisation. Looking ahead to the next year, we will undertake a review and update of the hospice strategy to reflect our future direction.

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

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

Laura Barker, Chief Executive Officer

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

PART 2

KEY ASPIRATIONS FOR IMPROVEMENT DURING THE PERIOD 1 APRIL 2026 – 31 MARCH 2027

2.1 INTRODUCTION

St Cuthbert's are committed to strengthening and continually improving the processes that support a culture of ongoing clinical quality assurance and improvement across all levels of the organisation. Our aim is to deliver outstanding care to every service user, provided by qualified, skilled and well-trained medical, nursing, allied health, counselling and social care professionals.

Our services are underpinned by robust research evidence and sector-leading best practice, delivered within an environment and culture that promote compassionate, person-centred care.

Reducing risk, preventing harm and promoting safety are fundamental to the care we provide. We are committed to delivering effective, responsive services that meet the individual needs of each service user, while actively identifying and managing clinical risks.

We take our duty of candour seriously and are committed to openness and transparency. Where we identify shortfalls in care, we will be honest with those affected and, where appropriate, their families. We will act promptly to address concerns and ensure these are appropriately reported, together with the actions taken, to relevant partners and regulatory bodies.

Our service users can expect to be treated with compassion, dignity and respect in clean, safe and well-managed environments. We work to protect them from known harms, avoidable accidents and recognised clinical risks, including those commonly associated with healthcare settings such as falls and pressure damage.

All care and treatment is agreed and consented, tailored to meet individual needs, and delivered in line with research evidence and recognised best practice. Through this approach, we aim to provide care that is safe, effective and centred on what matters most to each person we support, making every day count and enhancing their quality of life.

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

2.2.1 Why have we chosen this aspiration?

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

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

2.2.2 What will we do in 2026/27 to achieve this aspiration?

We will:

- Collaborate with the Integrated Care Board (ICB) and County Durham and Darlington Foundation Trust (CDDFT) to develop a sustainable model of medical provision for palliative and end of life care.
- Collaborate with CDDFT and community teams to streamline the referral process, helping to increase timely admissions to the hospice.
- Optimise occupancy of the In-Patient Unit (IPU) ensuring systems and processes are in place to accept the maximum number of admissions where appropriate, and timely discharges.
- Audit patients' preferred place of care and preferred place of death.
- Work with further education colleges, universities and vocational training schemes to host students and trainees (nurses, therapists, pharmacists and doctors).
- Work with Hospices North East & North Cumbria (NENC) to secure analytics / health science resource to improve the reporting of outcome data.
- Expand volunteer chaplaincy service.

2.2.3 How will we measure success?

- Development of an agreed model of medical provision at the hospice and in the wider system.
- Streamlined referral process, increasing appropriate and timely referrals to the hospice.
- Optimising IPU occupancy through increased admissions and timely discharges, achieving occupancy key performance indicators
- Audit demonstrating patients are achieving their preferred place of death.
- Continued provision of Trainee GP placements and good evaluation of training placements.
- Continued provision of student nursing and pharmacy student placements and good evaluation of training placements.
- Develop placement for occupational therapist at the hospice.
- Deliver quarterly outcome-based reports to drive service improvement and development.
- Increased volunteer chaplaincy service.

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

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

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

2.3.1 Why have we chosen this aspiration?

Living with a life-limiting illness can be deeply challenging. It requires adjusting to a new reality, focusing on quality of life, and seeking support from loved ones and

healthcare professionals. While there's no cure, palliative care and therapies can help manage symptoms and enhance well-being.

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

Hospice day services offer a range of support to individuals with life-limiting illnesses, focusing on physical, emotional, social, and spiritual needs. These services aim to improve quality of life and provide a supportive environment. Our Living Well Day Services programme includes cognitive stimulation therapy, breathlessness management, fatigue management, palliative rehabilitation, symptom management, acupuncture (physio), craft therapy, emotional support and carer support.

2.3.2 What will we do in 2026/27 to achieve this aspiration?

We will:

- Optimise the use of the Living Well Centre (LWC) by:
    - promoting services to referrers and the general public
    - sustaining activities and groups in Living Well Centre and developing further groups/activities within the available resources
    - working with partners to utilise the space in LWC e.g. Heart Failure group, Hope programme, Durham Carers
- Developing a volunteer service to provide Reiki for patients in Living Well Centre
- Utilise volunteer in oncology complementary therapies

2.3.3 How will we measure success?

- Occupancy at 80% or above for LWC
- Increase in referrals to LWC
- Working with partners to utilise space in LWC
- Development of volunteer led Reiki service in Living Well Centre
- Successfully utilising volunteer in oncology complementary therapies

> “Excellent care and support given by all the living well unit staff”
>
> “A lovely calming atmosphere, always a welcome. Staff very friendly and accommodating”

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

2.4.1 Why have we chosen this aspiration?

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

Carers need support because:

- Caring for others is physically and emotionally demanding
- Support is essential to maintain carers well-being ensuring they can continue with their caring role
- Being a carer can be isolating and access to information, support and connection with others is vital.

2.4.2 What will we do in 2026/27 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.

2.4.3 How will we measure success?

- Feedback from IPU and Living Well Centre.
- Feedback from carers.
- Achievement of partnership working with carers' services.

"Thank you for the care you gave to my father and the care and compassion you showed my mother, myself, and the whole family"

"The living well centre provides an excellent service to people with memory impairment and Alzheimer's disease and to their relatives and carers"

2.5 ASPIRATION 4: To ensure that the Hospice has the Governance systems and processes it needs to deliver our other aspirations.

2.5.1 Why have we chosen this aspiration?

Governance is important because it:

- Provides the framework for safe, effective, ethical, and sustainable care.
- Ensures that healthcare organisations are properly led, accountable, and focused on improving outcomes for patients.
- Ensures systems are in place to set and monitor clinical standards, identify and manage risks, learn from incidents, complaints, and patient feedback.
- Helps reduce harm, variation in care, and avoidable errors.
- Drives quality and service improvement to ensure high quality patient care.

2.5.2 What will we do in 2026/27 to achieve this aspiration?

- Development of an agreed model of medical provision at the Hospice and in the wider system, incorporating medical governance at St Cuthbert's Hospice.
- Use data, audits, and assurance frameworks to monitor performance and present at quarterly contract meetings, committee meeting and Board.

- Use a Patient Safety Incident Response Framework (PSIRF) approach for patient clinical safety incidents and collaborate with hospices in the North East and North Cumbria to share incidents, identify themes and learning.
- Share incidents in relevant hospice working groups and sub-committee meetings, escalating to the Board, where appropriate, for monitoring and assurance.
- Use feedback from patients, carers, service users for learning and development as part of continuous improvement.
- Develop an integrated approach to medical and clinical governance and quality improvement across St Cuthbert's Hospice. Willow Burn Hospice, St. Teresa's Hospice and CDDFT Palliative Care Team.
- Review and development of risk register and risk management framework.
- Conduct an internal governance review for assurance of quality, safety and compliance.

2.5.3 How will we measure success?

- Agreed model of medical provision at the Hospice and wider system, incorporating medical governance at St Cuthbert's.
- Development of an integrated approach to medical and clinical governance and quality improvement across Durham.
- Service improvement based on patient, carer, user feedback.
- Strengthened approach to governance and risk, providing assurance to Trustees of the Board.
- Collaborative approach to incidents with shared learning.

2.6 ASPIRATION 5: To provide a safe and compassionate place for the delivery of services

2.6.1 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.

2.6.2 What will we do in 2026/27 to achieve this aspiration?

- Audit against the National Cleaning Standards for healthcare organisations.
- Annual external audit of infection, prevention and control (IPC) in IPU.
- Ensure that all premises and equipment are safe, clean, and properly maintained, and that this is recorded appropriately.

2.6.3 How will we measure success?

- Cleaning audit reports.
- Infection Control external audit.
- Report against planned maintenance schedule.
- Compliance with Registered Manager spot checks.

2.7 ASPIRATION 6: To recruit, retain and develop people (staff and volunteers) who share our values and are committed to the mission and vision of the Hospice

2.7.1 Why have we chosen this aspiration?

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

2.7.2 What will we do in 2026/27 to achieve this aspiration?

- Continue to develop link practitioner roles and meetings.
- Ensure that staff providing care and treatment have the training, qualifications, competence, skills, and experience, to do so safely.
- Ensure all staff and volunteers maintain compliance with statutory and mandatory training requirements.
- Ensure training records are clearly maintained on staff care and audited for compliance.
- Conduct a staff and volunteers survey.
- Promote our Freedom to Speak Up Service

2.7.3 How will we measure success?

- Link practitioner slides.
- Feedback from staff who attend training.
- Mandatory training compliance.
- Staff and volunteer records maintained on staff care system with dashboards to monitor compliance.
- Quarterly workforce reports.
- Retention of Better Health at Work award.
- Results of Staff and Volunteers Survey.
- HR Key Performance Indicators.

PART 3

REVIEW OF SERVICE QUALITY PERFORMANCE
DURING THE PERIOD 1st APRIL 2025 to 31 MARCH 2026

3.1 Background and Context

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

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

3.2 Our Statement of Purpose

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

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

3.2.3 Our Aim

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

3.2.4 Our objectives

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

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

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

3.3 Our Activities

3.3.1 St Cuthbert's Hospice provides:

- A medically supported 10 bedded Inpatient Unit providing specialist palliative care.
- A rehabilitative day care service in our Living Well Centre that offers a holistic model of care and a range of therapeutic groups and activities to enhance peoples' wellbeing and quality of life.
- Family support services - high quality social work, children and young person's bereavement and pastoral care.
- Therapy support including physiotherapy and occupational therapy.
- Medical and nursing support.
- Bereavement Support - a children and young person's bereavement service for those bereaved because of someone taking their own life or sudden unexpected and traumatic death; emotional support to the families of inpatients.
- Guest Services **–** housekeeping, catering and reception teams who: -
    - Provide a high quality, welcoming and cost-effective catering, housekeeping and reception service to patients, staff and visitors.
    - ensure that all Hospice areas are well maintained, reporting all maintenance issues and need for decoration to the Estates and Facilities Manager.
    - look after the Hospice general ambience and make sure that the guests and their visitors have a positive experience from the catering, housekeeping and reception teams.

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

3.4 Our Workforce

We have a workforce of over 90 staff working across the Hospice. As well as our clinical team of nurses, doctors, occupational therapist, physiotherapist, social worker, pharmacists, and counsellors, we also employ a fundraising team, retail team and employ people in various enabling roles. Our workforce is supported by approximately 350 volunteers who help in our clinical services, reception, laundry, gardens, café, catering and retail outlets, as well as at fundraising events and in the community.

We are working with the Integrated Care Board (ICB) and County Durham and Darlington Foundation Trust (CDDFT) to establish a sustainable medical model for direct clinical care and medical governance.

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

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

IPU is at full staffing establishment which allows us to be more responsive to service needs.

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

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

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

3.5 Governance

We have continued to be successful in ensuring we had strong clinical governance at St Cuthbert's Hospice. Throughout 2025 - 2026 our Board of Directors (Trustees), the Clinical Governance Sub-Committee, Senior Management Team, Clinical Governance Group and Integrated Care Board (ICB) received and reviewed comprehensive quarterly progress reports about care delivery, clinical audit, incidents, accidents, investigations and complaints. Each group has been rigorous in monitoring and critically reviewing the evidence provided about the safety and quality of care services and, where necessary, approved detailed action plans to support a culture of continuous service development and quality improvement.

3.6 Patient and Family Feedback

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

3.7 Service Contract Quality Performance Reports

As part of our NHS contract requirements, St Cuthbert's Hospice provides the ICB with quarterly Service Contract Quality Performance Reports. These are available on the

website (www.stcuthbertshospice.com). Publication of these reports helps fulfil our duty of candour and enables our service users and those who support the Hospice to view and measure the quality of our performance over each quarter.

3.8 Our Services

3.8.1 In-Patient Unit (IPU)

The In-Patient Unit has continued to meet the needs of our population during the year, and the total number of admissions was 273 (out of 408 referrals received). A report of referrals and admissions is undertaken 6 monthly and presented to the Clinical Governance Sub-Committee. Between 1 April 2025 and 31 March 2026 185 patients died on the IPU of which 185 achieved their preferred place of death (100%). IPU bed occupancy in this year was 85.7%. against a target of 85% or greater. Our average length of stay for the year was 11 days, which is also within our target of 15 days or less.

3.8.2 Living Well Centre (LWC)

Our Living Well Centre 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. We continue to offer Day Hospice services for interventions such as blood transfusion.

During 2025-2026 the Living Well Centre delivered 1688 face to face contacts.

3.8.3 Children and Young People (CYP) Bereavement Service

We provide a service with counselling sessions for children and young people aged 5-17 years and we provide wrap around care for adults who need bereavement support to help them to support a child in the family.

Between April 2025-March 2026, the team delivered 239 counselling sessions to 73 children and young people.

We are hopeful of extending the provision of the CYP service to young people up to 25 years in line with other services and charities and we have recently learned that the ICB supports this proposal.

3.8.4 Social Worker and Chaplaincy

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.'

The social worker oversees the chaplaincy volunteer to support individuals of all spiritual and religious faiths and beliefs. Our aim is to increase the volunteer chaplaincy service.

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

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

Local Key Performance Indicators (KPI's)

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 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 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

PART 4

Statement of Assurance from Board of Directors

During the period 1 April 2025 to 31 March 2026 St Cuthbert's Hospice provided the following services:

- **In Patient unit (IPU)** - a medically supported 10 bedded in-patient unit providing short-term, specialist palliative care for people with complex or unstable symptoms that cannot be adequately managed at home or in the community. The IPU provides holistic assessment, complex pain and symptom management, complex psychological support, carer support, palliative rehabilitation prioritising quality of life and meaningful activity, fatigue and breathlessness management and end of life care.
- **Living Well Centre (LWC)** - rehabilitative day services in the Living Well Centre that offer a holistic model of care with a range of therapeutic groups and activities to enhance peoples' wellbeing and quality of life. Therapy groups include cognitive stimulation therapy (CST) group, health and wellbeing group, physio-led strength and balance group, fatigue, anxiety and breathlessness (FAB) group, and therapy craft activities. Interventions such as blood transfusion are also carried out in LWC.
- **Bereavement Support** - a children and young people's bereavement service for those bereaved because of suicide or sudden unexpected and traumatic death; emotional support to the families of in-patients.
- **Social Worker and Chaplaincy Service** - social worker providing emotional, practical and psychological support to aid the identification of current and future needs to support discharge planning, and 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 worker oversees the chaplaincy volunteer to support individuals of all spiritual and religious faiths and beliefs.

During the period 1 April 2025 to 31 March 2026, St Cuthbert's Hospice provided or subcontracted NHS services (In-patient services, day-care services, and a specialist bereavement support service for children and young people).

St Cuthbert's Hospice is funded by both NHS income and by Fundraising Activity. The NHS contract income contributes to the costs of delivering our hospice services. This means that all services are partly funded by the NHS and partly by Charitable Funds.

For the accounting period 2025 - 2026 St Cuthbert's Hospice signed an NHS contract for the provision of these services.

PART 5

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

NHS
North East and
North Cumbria

Commissioner Statement from NHS North East and North Cumbria Integrated Care Board for St Cuthbert's Hospice Quality Account 2025/26

NHS North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from St Cuthbert's Hospice. NENC ICB is responsible for ensuring that the healthcare needs of patients that they represent are safe, effective and that the experiences of patients are reflected and acted upon. The ICB welcomes the opportunity to review and provide comment on this 2025/26 Quality Account.

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

Achievements
The ICB would like to congratulate St Cuthbert's Hospice and its staff on the achievements made during this period. The ICB recognises the attainments detailed within the quality account, which include:

- Working towards an integrated clinical governance approach by hosting meetings with Willow Burn Hospice, St Teresa's Hospice and CDDFT Palliative Care Team. The ICB welcomes that this continued development will aim to build upon a more integrated approach to medical and clinical governance across Durham and Darlington, and notes the current progress made towards this goal.

- The development of support to trainee practitioners including nurses and GPs through the current hosting of two GP trainees on placement for six months, and through the hosting of a 'hub' placement for student nurses. We acknowledge the work that the hospice will be undertaking this year to strengthen this position further by continuing to work with further education establishments, and training schemes, to host students and trainees.

- The continued development of ongoing work with volunteers across services, including the recruitment of chaplaincy volunteers, and the recruitment of Reiki trained volunteers. It is recognised that the recruitment of Reiki trained volunteers supports St Cuthbert's Hospice in the goal of '*delivering excellence in end of life and specialist palliative care through prevention, restoration and support*' in Living Well Services. The ICB welcomes the work being undertaken throughout 2026/27, to continue to increase the volunteer chaplaincy service with oversight from a social worker. This service helps carers to explore how they are coming to terms with supporting a person approaching the end of their life, reflect upon what this may mean for them, and to provide support to individuals of all spiritual and religious faiths and beliefs.

- The recruitment of a new Freedom to Speak Up (FTSU) Guardian following the retirement of the former Guardian. It is pleasing to read about the success within the FTSU area and the re-establishment of FTSU meetings and ongoing development of your tools and action plan. The ICB supports the hospice in ensuring FTSU is fully embedded and promoted within the hospice and that it is part of your 2026/27 aspirations.

- The review of the current education, learning and development policy, as well as work to improve compliance for staff and volunteers in statutory and mandatory training. The ICB recognises the importance of ensuring training is recorded accurately on the hospice's staff care system with dashboards for managers and staff to alert expiry dates.

Future Priorities

The ICB is fully supportive of the identified aspirations for 2026/27 for St Cuthbert's Hospice and welcomes the priority of enabling people at the very end of life to achieve a good death in a place of their choosing. The ICB recognises the hospice's aim to ensure that patients not only achieve a good death, but also for people who use hospice services to live well and make every day count. It is positive to note that St Cuthbert's Hospice intends on optimising the Living Well Centre through the development of partner work, activities and complimentary therapies.

St Cuthbert's Hospice Quality Account clearly highlights the hospice's desire to care for the patient and the family. The ICB welcomes the future priority of supporting families in providing the care they want to provide. The positive feedback which has been received from families has been evident throughout the Quality Account.

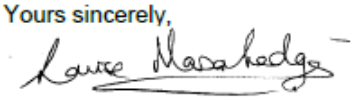
It is important to highlight the hospice's aspiration for the development of governance systems and processes. This development will support in ensuring frameworks and systems are in place and to drive quality and service improvements.

It is beneficial to hear that the hospice aims to provide a safe and compassionate place for the delivery of services, recognising that the environment can support or detract from the needs of patients and family members. The ICB looks forward to hearing about the progress made towards the recruitment, retention and development of staff and volunteers across St Cuthbert's Hospice.

The ICB can confirm that to the best of their ability the information provided within the annual Quality Account is an accurate and fair reflection of St Cuthbert's Hospice performance for 2025/26. It is clearly presented in the required format, contains information that accurately represents St Cuthbert's Hospice quality profile and aspirations for the forthcoming year.

NENC ICB remain committed to working in partnership with St Cuthbert's Hospice to assure the quality of commissioned services in 2026/27.

Yours sincerely,



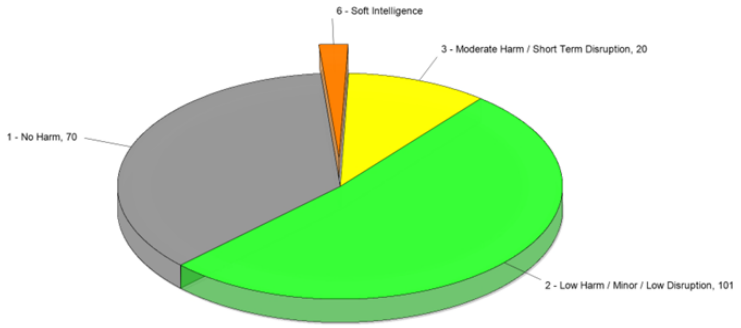
Louise Mason-Lodge
Director of Nursing
NHS North East and North Cumbria Integrated Care Board

Appendix 1 Incident Reporting

St Cuthbert's Hospice: incident reporting dashboard

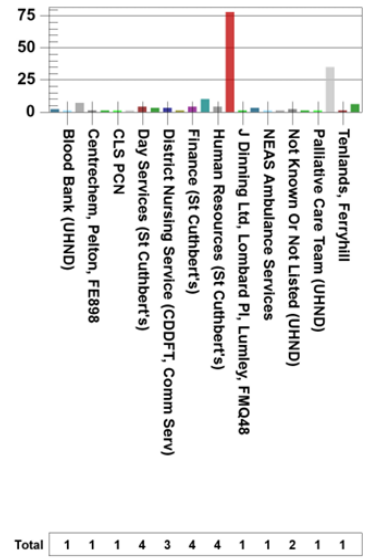
Incidents reported from 01/04/2025 to 31/03/2026

Incidents by initial impact rating



Where incidents happened

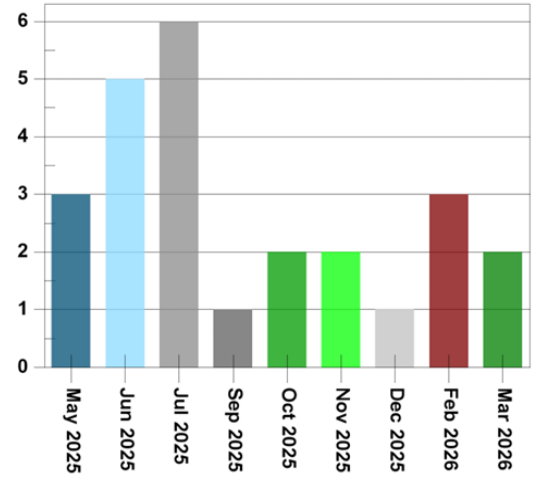
at St Cuthbert's



Total	1	1	1	4	3	4	4	1	1	2	1	1

Falls

Total per month



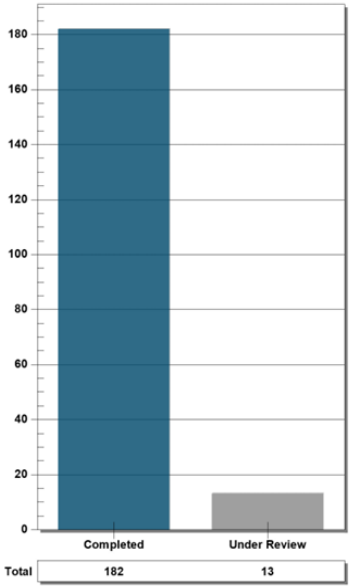
Total	3	5	6	1	2	2	1	3	2

Total incidents by type

Reported by St Cuthbert's Hospice staff

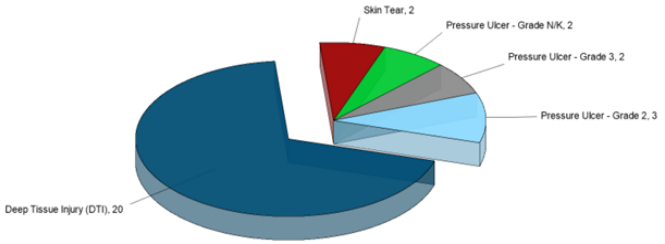
	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026
Implementation Of Care	1	0	0	0	0	0	0	1	0	0	0	0
Information Governance	1	0	1	3	4	0	0	1	1	1	2	1
Medication	7	0	2	1	0	0	5	3	5	6	3	4
Tissue Viability	1	1	4	2	2	1	4	0	3	3	4	4
Health & Safety	0	1	1	7	2	6	7	1	3	5	1	3
Patient Accident	0	3	4	1	0	1	0	1	0	0	3	2
Safeguarding Adults	0	1	2	0	1	2	3	0	1	0	2	0
Estates And Facilities	0	0	1	0	1	1	1	0	0	0	0	0
Infection, Prevention And Control	0	0	2	0	0	0	0	1	0	0	1	0
Violence And Aggression	0	0	1	1	1	0	0	0	0	1	0	0
Discharge Issue	0	0	0	2	0	1	1	2	3	1	2	1
Security	0	0	0	4	3	2	0	2	0	0	2	0
Access, Admission, Transfer, Referral	0	0	0	0	1	0	0	0	0	1	1	0
Communication, Confidentiality, Consent	0	0	0	0	1	0	0	0	1	0	0	0
Fire	0	0	0	0	1	0	0	0	0	0	0	0
Patient Experience	0	0	0	0	0	0	0	1	0	0	0	1
Clinical Documentation	0	0	0	0	0	0	0	0	1	0	0	0
Medical Device, Equipment	0	0	0	0	0	0	0	0	0	1	0	1

Status of incidents



Total	182	13

Pressure ulcers



Appendix 2 Basic data set describing CYP service users

Figure 1. Number of referrals

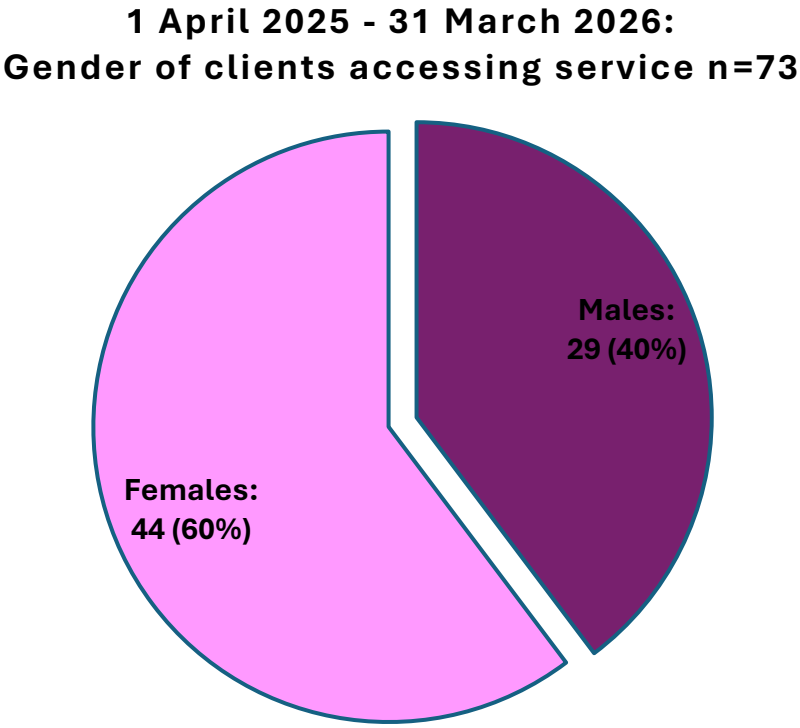
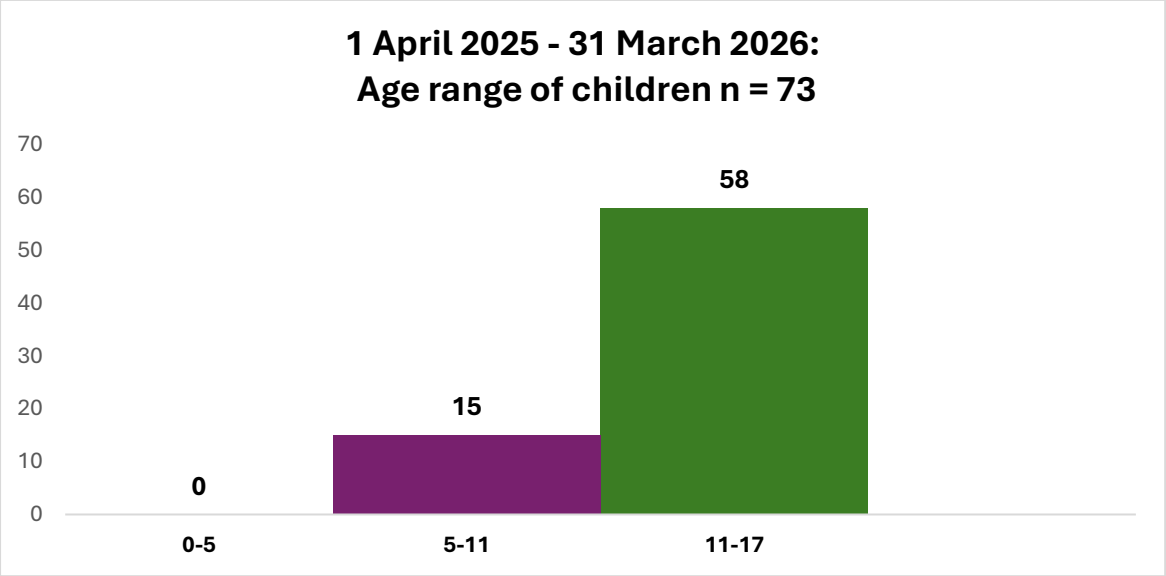


Figure 2. Children's age range



Religion and Ethnicity

We have recorded that 97.3% of CYP service users have recorded their ethnicity as white British and 12.3% have declared Christianity as their faith

Figure 3. Source of referrals

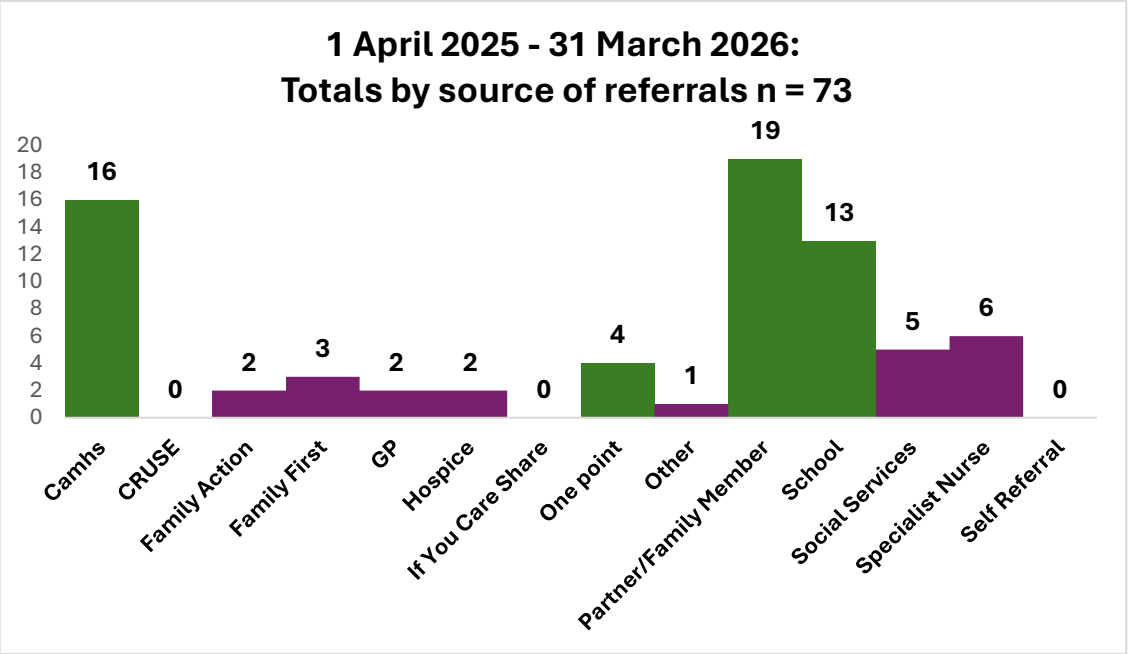


Figure 4. Child by Primary Care Network

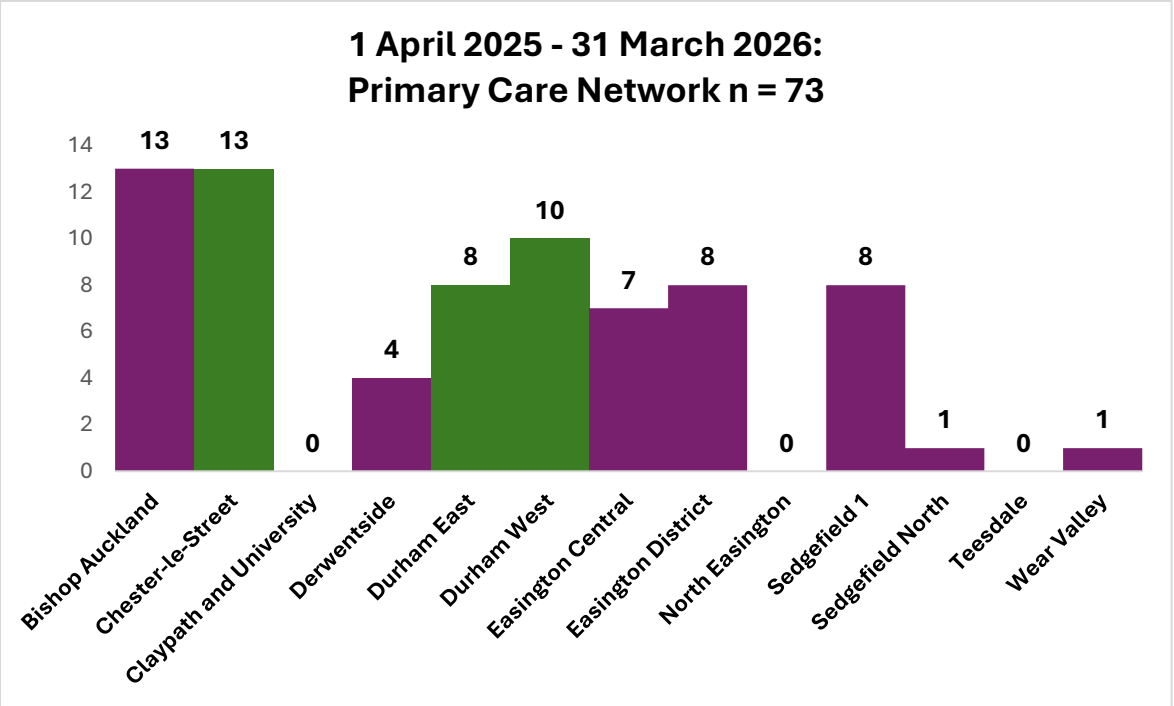


Figure 5. Cause of death

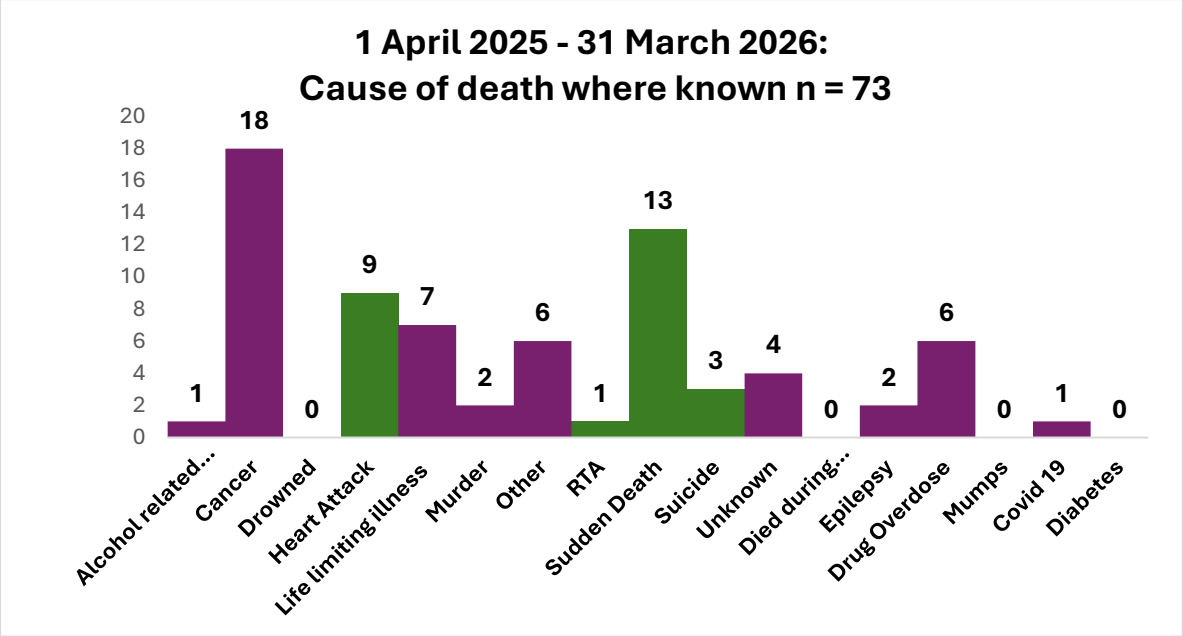


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Figure 6. Number of counselling session provided in this year.

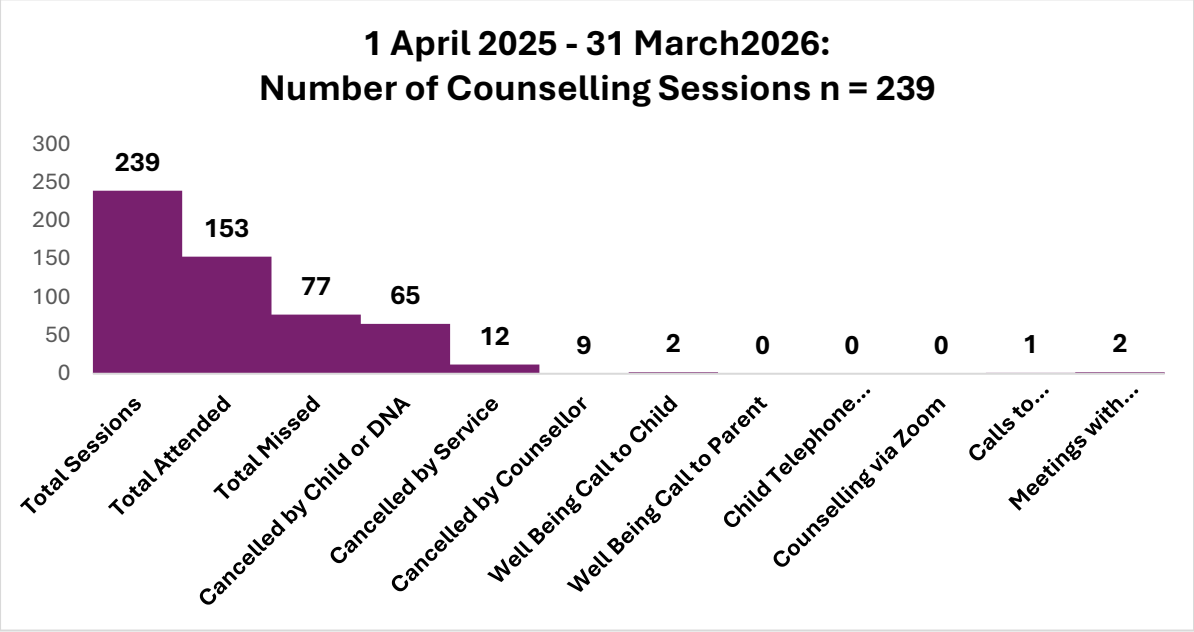
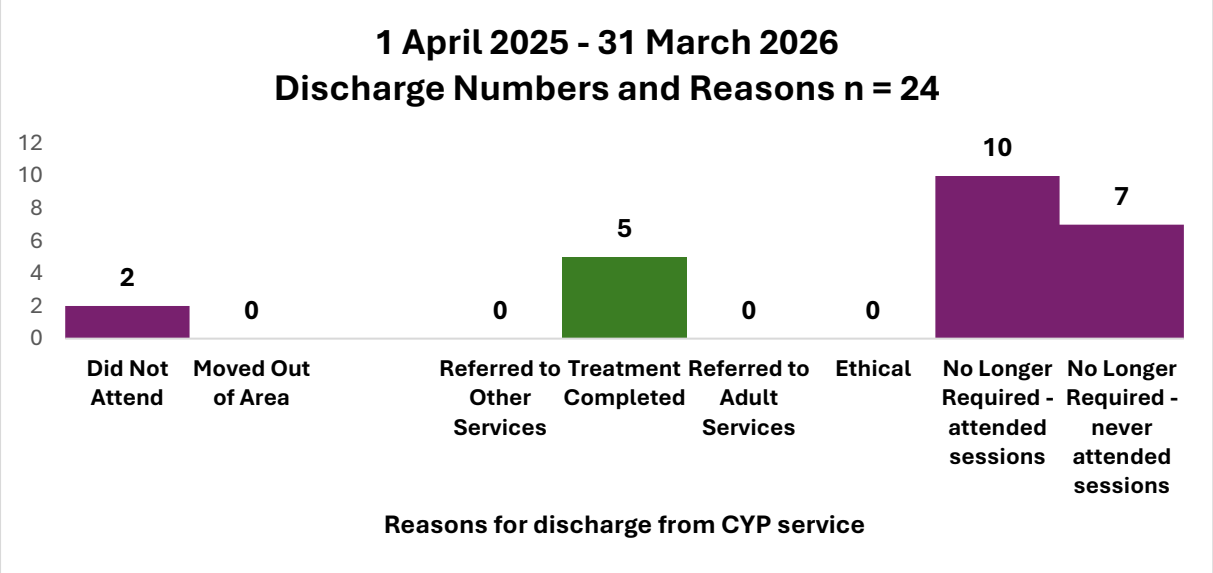


Figure 7. Treatment completion, leaving the service



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

	Q1	Q2	Q3	Q4
No. Accepted Referral	**7**	**11**	**11**	**14**
No. of Declined Referrals	**2**	**7**	**12**	**0**
No. of Signposted Referrals	**12**	**6**	**10**	**13**
No. of users that complete care	**1**	**2**	**5**	**5**
Average waiting time	**8 weeks**	**5 weeks**	**15 weeks**	**20 weeks**
No on Waiting List	**8**	**8**	**11**	**23**
No. of complaints	**0**	**0**	**0**	**0**

Appendix 3 Audit Schedule

Audit Schedule			Quarter 1			Quarter 2			Quarter 3			Quarter 4		
Reviewed by:	Apr-25													
Agreed by CGSC														
AUDIT TOOL	Frequency		APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR
Patient, Family & Friends Test	Monthly	Service Managers x4												
LWC/Day Hospice Admission	Quarterly	Clinical Sister LWC												
In-patient Admission	Quarterly	Service Manager IPU												
Doctor Admission Documentation	Quarterly	Doctor												
Care afte Death Documentation	Quarterly	Doctor/Nurse												
INFO GOV AUDITS														
IPU	Quarterly	Governance Mgr												
LWC	Quarterly	Governance Mgr												
Dementia	Quarterly	Governance Mgr												
FST	Quarterly	Governance Mgr												
Caldecott (subject requests or access to hea	Annually	Head of CS												
Medical Audits														
TISSUE VIABILITY AUDITS														
Pressure Ulcers	Quarterly	Staff Nurse												
FUNDAMENTAL ASPECTS OF CARE AUDIT														
Nutrition IPU	Quarterly	Clinical Sister												
Nutrition LWC	Quarterly	Clinical Sister												
Bereavement	Annually	Service Manager												
Falls (KPI)	Daily	Physiotherapist												
Record Keeping (falls bundle)	Weekly	Service Manager												
LWC/Day patient pain	Quarterly	Staff Nurse						n/a			n/a			
Blood Transfusion IPU	Quarterly	Staff Nurse			n/a									
Blood Transfusion LWC	Quarterly	Clinical Sister												
In patient pain	Quarterly	Pharmacist												
Medical Devices	Quarterly	Link Practitioner												

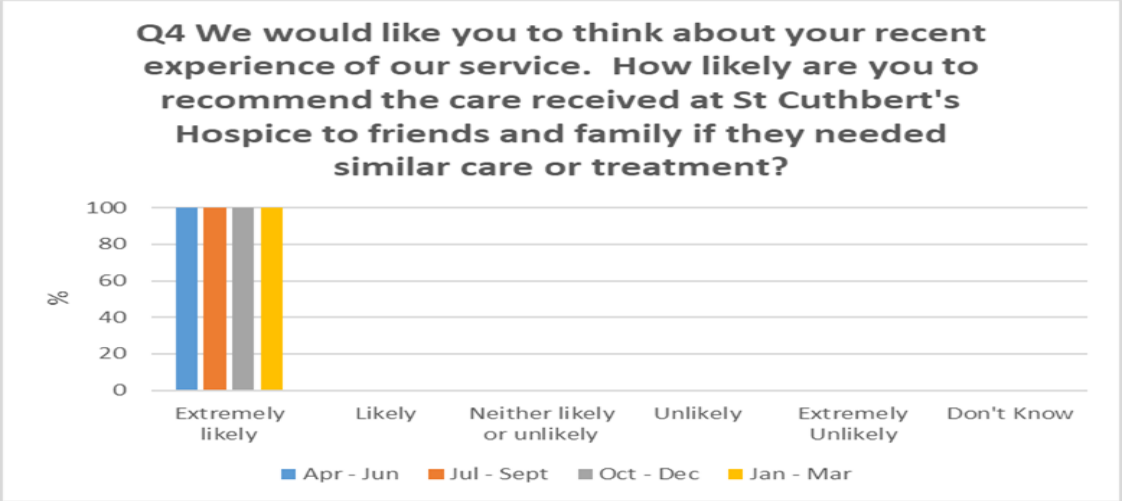
LWC Clinical Record Keeping (ROPE)	Annually	Service Manager													
MEDICINES OPTIMISATION AUDITS															
General Medicine Management	Quarterly	Pharmacist													
Medicine Compliance	Weekly at MD	Pharmacist													
Controlled drugs	Quarterly	pharamcist													
Accountable Officer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

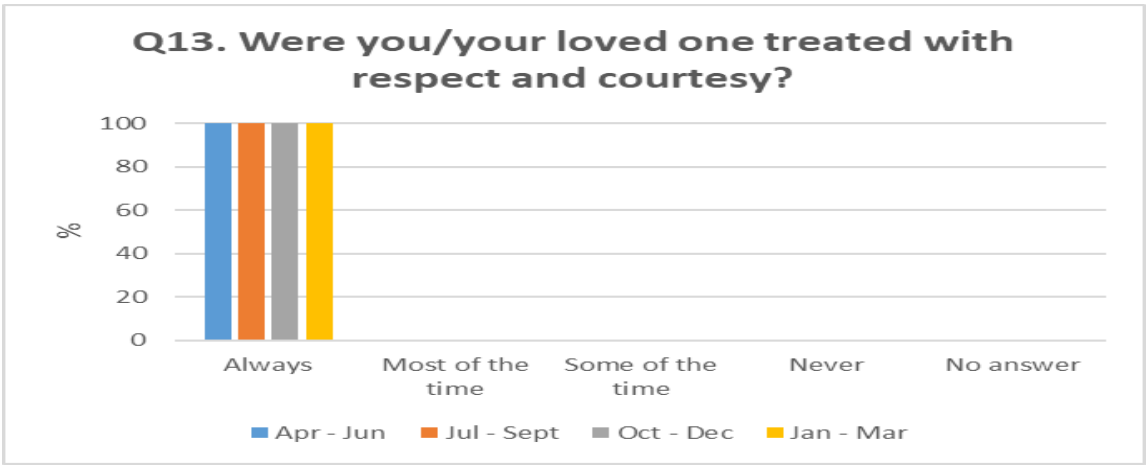
Patient Toilets - IPU	Annually	Infection control group													
Patient Toilets - LWC	Annually	Infection control group													
Patient bathrooms - IPU	Annually	Infection control group													
Patient bathrooms - LWC	Annually	Infection control group									na				
Policies and Protocols	Annually	Infection control group													
Protective Equipment	Annually	Infection control group													
IPC Standard IPC (NEW 2024)	Twice year														
Patient Safety															
Albumin Audit LWC	Quarterly	Clinical Sister						n/a			n/a			n/a	
VIP score -LWC	Quarterly	Clinical Sister													
IV (cannula/midline) audit - IPU	Quarterly	IV Link practitioner													
Catering Audit (Main Kitchen)	Monthly	Guest Services Manager									97%				
Tea Bay	Monthly	Guest Services Manager									96.25				
National Standards of Cleanliness	Monthly	Guest Services Manager													
IPU Patient Rooms	Monthly	Guest Services Manager	99%	95.90%	97%	95%	95%	97%	97%	95%	95%	97%			
IPU Service Rooms	Monthly	Guest Services Manager	97%	97.80%	96%	96%	96.00%	96.60%	96%	97%	99%				
Remainder of Ground Floor	Monthly	Guest Services Manager	93.6%	92.70%	89.80%	88.20%	91.80%	89.00%	91.40%	97.40%	91.40%				
First Floor IPU side FR4/	Monthly	Guest Services Manager	90.60%	86.80%	91.80%	89.40%	0.00%	90.20%	88.00%	68.25%	95.00%				
First Floor IPU side FR2	Monthly	Guest Service Manager	100%	100%	95%	97%	82%	92%	95%	100%	97%				
LWC Treatment Rooms	Monthly	Guest Services Manager	95.2%	96.60%	97.30%	99.20%	99.00%	99.20%	99.40%	98.80%	96.30%				
LWC Service Rooms	Monthly	Guest Service Manager	95.3%	95.50%	97.70%	97.80%	97.00%	97.00%	91.40%	97.40%	91.40%				
1st Floor LWC	Monthly	Guest Services Manager	86%	87%	91%	91%	88%	91%							
Non Emergency Patient Transport	Monthly	Guest Services Manager	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a				
Clinical Waste Room	Monthly	Guest Services Manager													
Ground Floor Main Kitchen	Monthly	Guest Services Manager									97%				
Ground Floor IPU Kitchen	Monthly	Guest Services Manager													
External Audits															
Infection Control	Annually	ICB IPC Nurse													
Food Hygiene	Annually	Durham County Council													
Safeguarding	Annually	ICB Safeguarding Nurse													

Appendix 4 Service User Feedback

Friends and Family Test Summary

Living Well Centre (LWC) 2025/26

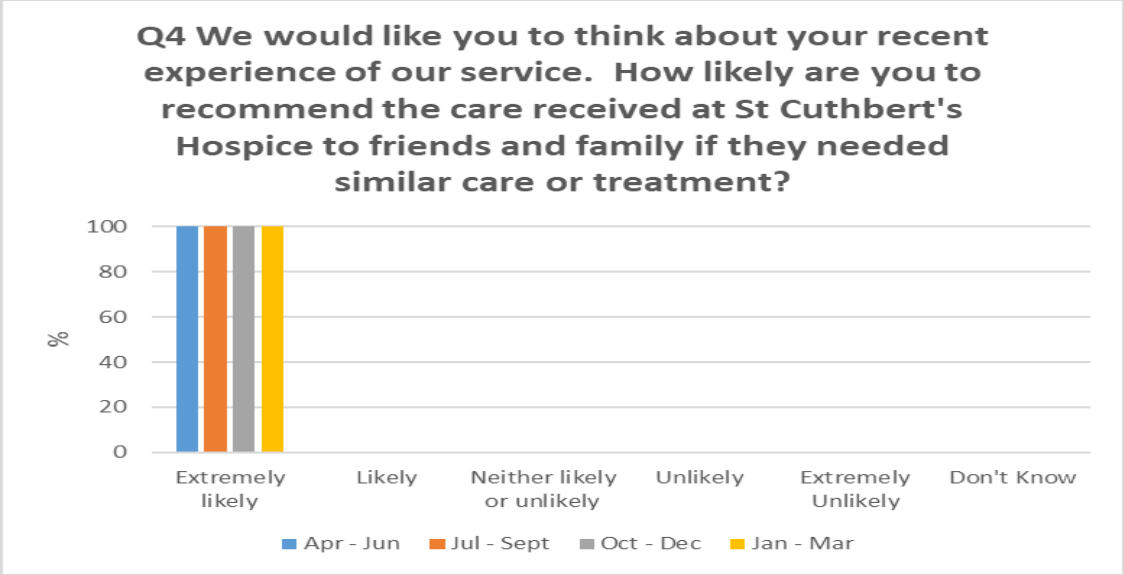


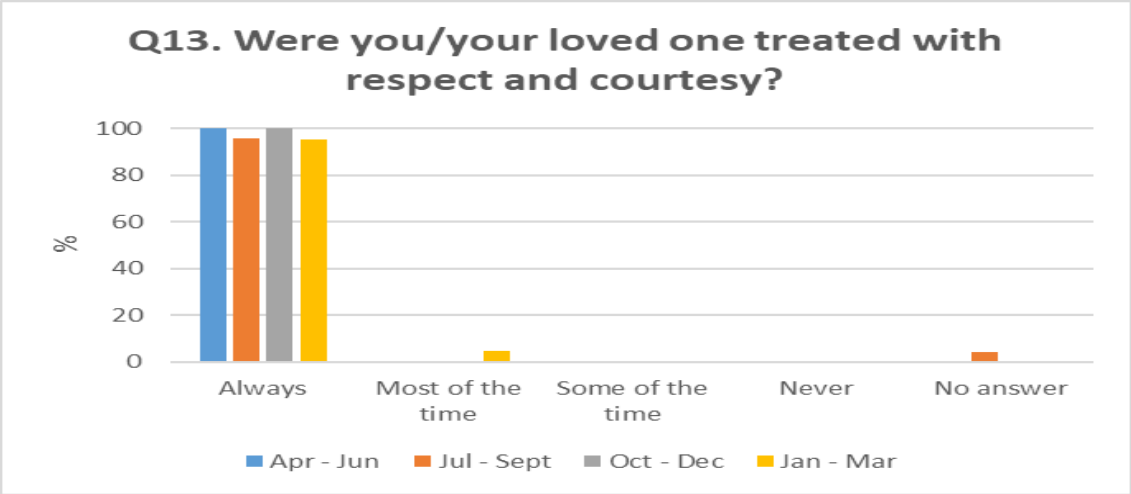


"The living well centre and its support of patients within the community has been a lifesaver for me"

"Friendly, Caring service, well run, Really looked forward to going each week"

"I was very impressed with the assistance extended to my husband and myself, including transport which made his attendance possible"





"Such a wonderful place, the level of care and support is just amazing, from the very first day, everyone is so friendly and caring, kind, supportive, never experienced anything like these wonderful professionals"

"St Cuthberts should be a model for other hospices to emulate. The contrast with the hospital could not be more striking"

"Our experience as a family has been wonderful, at an extremely distressing and worrying time, the team at St Cuthberts has made us feel informed, heard, we are able to relax and know that our mother is so well cared for"

Appendix 5 Pathways of Care

Referrals and Admissions High Level Procedure

Criteria for Admission:

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

Requests for Admission:

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

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

Specialist need:

End of life care

Complex pain and symptom management

Crisis management/carer support

Psychological, spiritual emotional support

In Patient Unit

- Register enquiry/referral
- Respond to referrer within 2hrs
- Discuss at 9am MDT within 24hrs
- Accept or decline within 24hrs
- Admit within 48hrs

Specialist need:

Family support services, social care advice and support

Therapy support including physiotherapy occupational therapy and acupuncture (physio) Specialist medical and nursing support

Living Well Centre

- Register referral
- Initial contact by telephone/letter within 5 working days
- First assessment within 15 working days
- Accept or decline referrals
- Accept or decline

Specialist need:

Pre and post bereavement specialist support and counselling for children and young people affected by grief and loss including those bereaved as a consequence of suicide or sudden unexpected and traumatic death

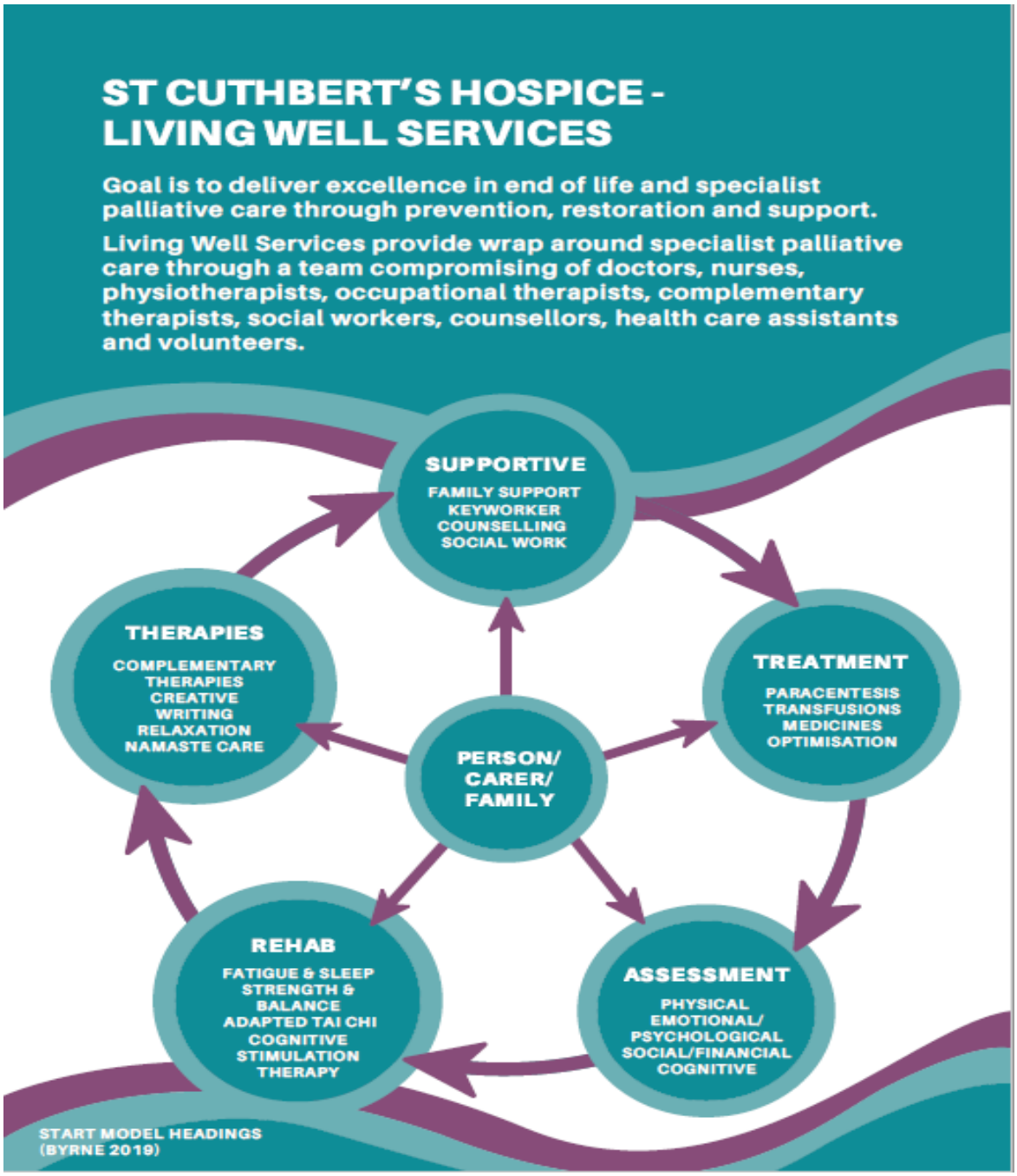
CYP Bereavement Service

- Register referral
- Initial contact by telephone or letter within 15 working days or 2 working days if urgent.
- First appointment within 12 weeks of receiving appt

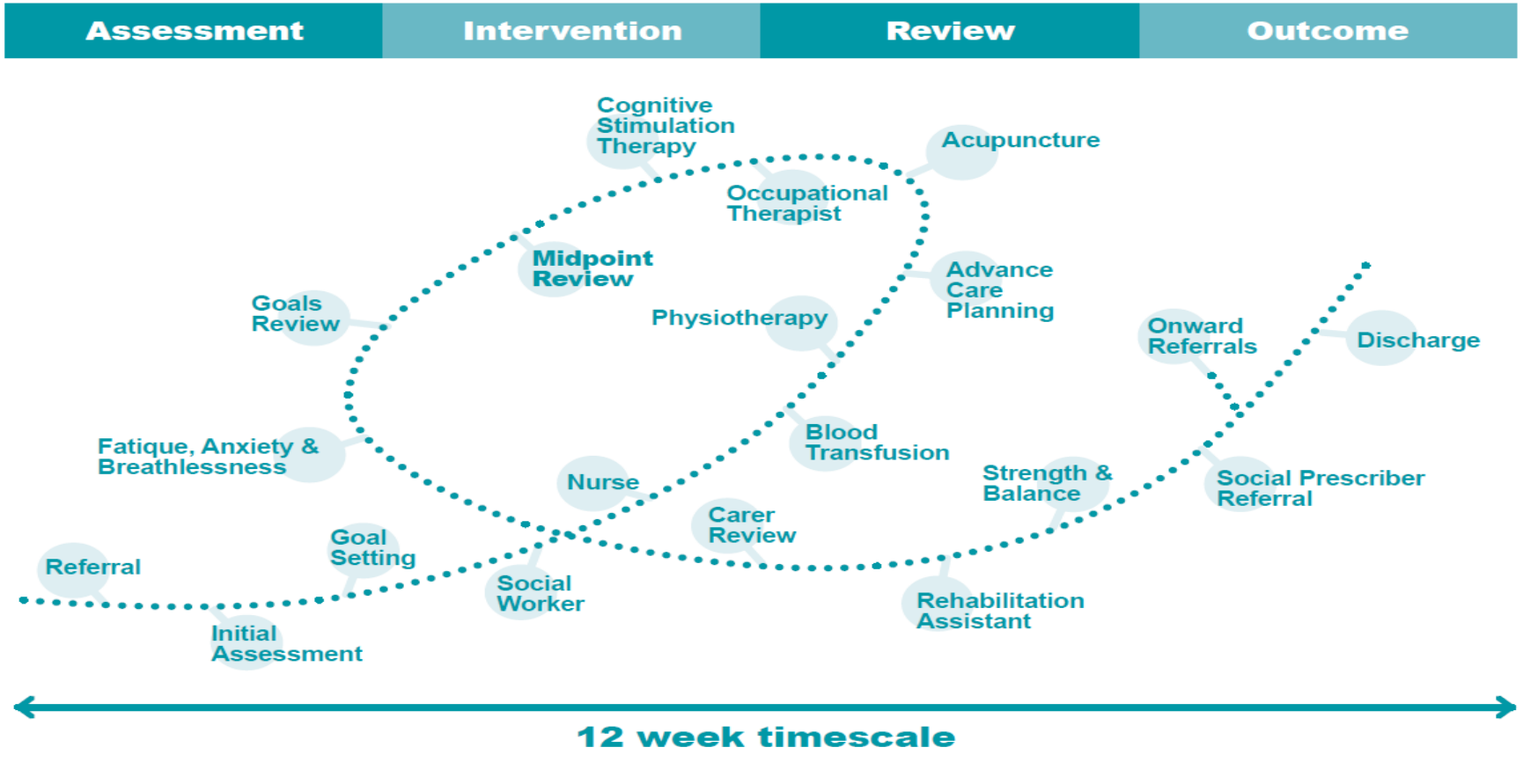
Referral accepted:
In-patient Unit – admission to IPU within 48hrs.
Living Well Centre – first assessment visit within 15 working days.
Bereavement Support: first counselling session within 12 weeks.

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

Living Well Centre Services



St Cuthbert's Hospice Living Well Services Guest Journey



LWC0225

Appendix 6 Progress to date of priorities

Progress to date:

- We are working towards integrated clinical governance meetings with St Cuthbert's Hospice. Willow Burn Hospice, St. Teresa's Hospice and CDDFT Palliative Care Team. We held a pilot joint clinical governance and quality improvement 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.
- We are currently hosting 2 GP trainees on placement for 6 months and we hope to have further trainees scheduled following this.
- We are now hosting a 'hub' placement at the hospice for student nurses from Teesside University in additional to the 'spoke' placements that we continue to provide.
- The IPU occupancy is at 85% or above, fulfilling our KPI for occupancy. We have worked closely with CDDFT to streamline the admission process and we have been able to increase the number of admissions to the hospice, improving access for patients to hospice care.
- The Living Well Centre has been more challenging to fulfil our KPI for 80% occupancy. However, in Q4, we reached 100% occupancy in LWC.
- We established the safeguarding link practitioner group and we have developed bespoke face to face training for staff for level 3 safeguarding to follow on from level 3 online safeguarding training for clinical staff.
- Our social worker is recruiting chaplaincy volunteers to develop the chaplaincy service for patients and families.
- We recruited a new Freedom to Speak Up Guardian following retirement of the former Guardian. We have re-established the FTSU meetings and we are working on the FTSU tool and action plan to ensure FTSU is fully embedded and promoted within the hospice.
- We are recruiting volunteers trained in Reiki to support patients in the Living Well Centre.
- Although the National Cleaning Standards are not a mandatory requirement, we have implemented them as best practice and carry out audits against the standard which are consistently high. We are awaiting an annual external IPC audit.
- We purchased a curtain for our cold room help maintain cold temperatures and we have updated our standard operating procedure for the cold room.
- We updated our education, learning and development policy and we have done significant work to improve compliance for staff and volunteers in statutory and mandatory training, and ensuring training is recorded accurately on our staff care system with dashboards for managers and staff to alert expiry dates.

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

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

Participation in Clinical Audits

During 2025 - 2026 no national clinical audits and no national confidential enquiries covered NHS services provided by St Cuthbert's Hospice.

During 2025 - 2026 St Cuthbert's Hospice did not participate in any national clinical audits and no national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

Consequently, the national clinical audits and national confidential enquiries that St Cuthbert's Hospice was eligible to participate in during 2025 - 2026 are not listed below.

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

St Cuthbert's has not reviewed any national audits during 2025 - 2026 and therefore has no actions to implement.

Research

The number of patients receiving NHS services provided or sub-contracted by St Cuthbert's Hospice in 2025 - 2026 that were recruited during that period to participate in research approved by a research ethics committee was zero.