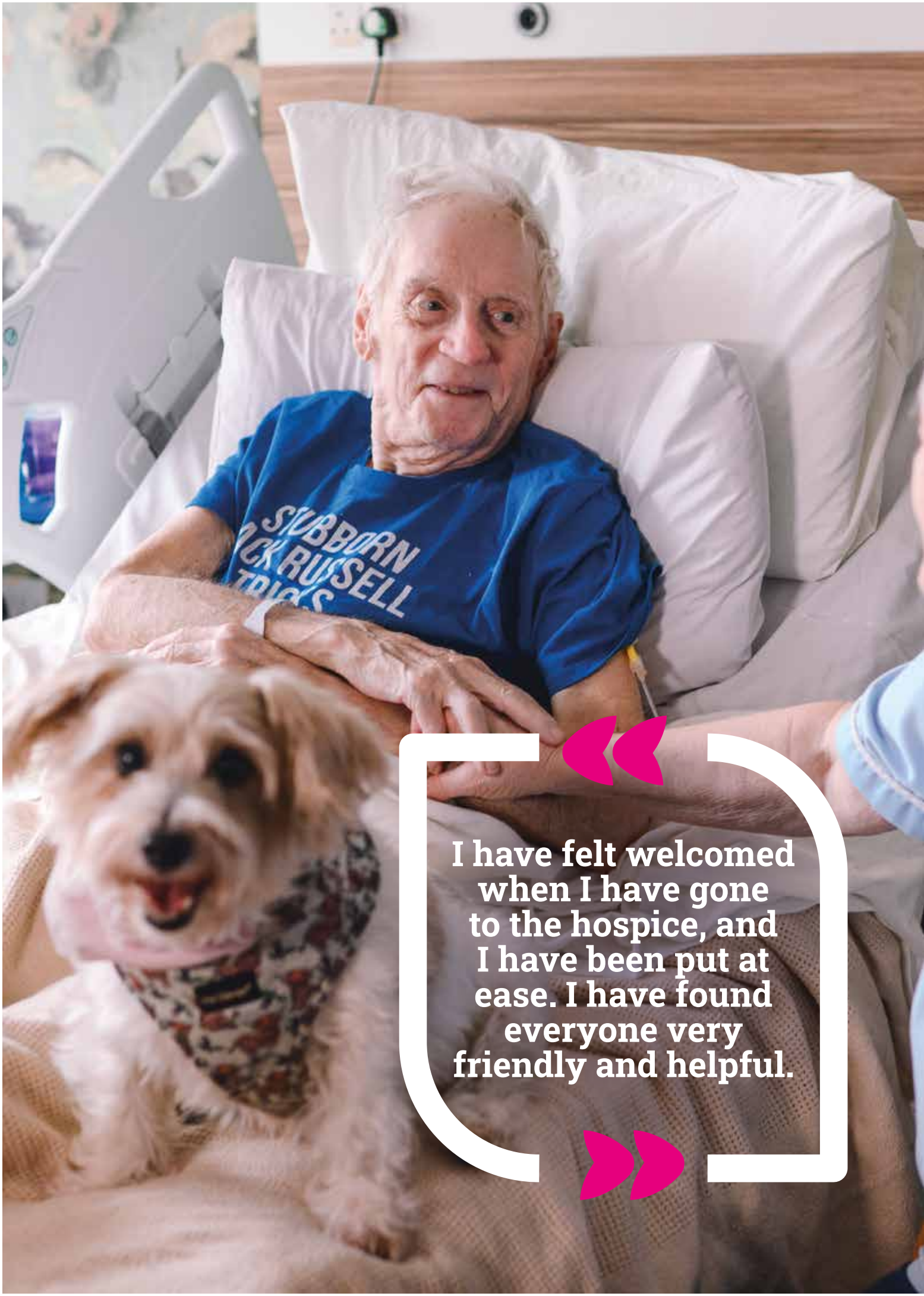
St Wilfrid's Hospice

Quality Accounts 2024-2025


I have felt welcomed when I have gone to the hospice, and I have been put at ease. I have found everyone very friendly and helpful.

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Hospice is the right place for me, I am feeling more comfortable. My family feel supported and know she will get the best care here.

Part One

Statements of assurance

1.1 Statement from the Chair of Board of Trustees and Chief Executive

St Wilfrid's Hospice (Eastbourne) is the local hospice for Eastbourne, Seaford, Pevensey, Hailsham, Heathfield, Uckfield, and all points in between, an area of c.300 square miles. We serve a population of around 245,000 people.

Our skilled and compassionate hospice teams provide care and support to patients and families, and include a broad range of roles and professions. Our care is provided mainly through our community teams visiting people in their own homes, as well as care homes. We have an Inpatient Unit at our hospice site, which provides the option for people to be admitted to manage complex needs, or as their preferred place of death. Our Living Well Hub provides valuable rehabilitative palliative care to enable people to live well at the end of life.

This has been a challenging year for our hospice. We have seen a significant reduction in the income we received from legacies. Together with the rising costs of salaries, utilities, and goods, we must look to review our services in the coming years to ensure we can afford them for the future. As part of the process, any efficiency proposal will be risk assessed on its impact on patients to ensure their needs and care are not compromised.

Throughout this period, our teams have continued to provide outstanding, compassionate care to people across our communities. We have strengthened partnerships across our health and care system. This has included forming an agreement for a partnership with the NHS and a Sussex Hospice Alliance.

We have shown transformational change across all areas, including redesign of our referral and triage pathway, and evolution of our medical workforce to a unified medical team across the local NHS footprint. This includes our neighbouring hospice, St Michael's, with whom we have an agreement to work in partnership. We continue to receive positive feedback and demonstrate our impact.

Individual trustees are actively engaged in a system of Board subcommittees that receive reports on all aspects of the organisation's activities, scrutinise their content and advise the Board accordingly.

The Board is assured by the reporting of progress made against targets – qualitative and quantitative – and by feedback consistently sought and received from all stakeholders across our communities. These are evidence of the continual drive for improvement in the attitudes and behaviour of the paid and unpaid workforce.

To the best of our knowledge, the information present in these Quality Accounts is a fair and accurate representation of the services provided by St Wilfrid's Hospice (Eastbourne).

1.2 Our Vision, Mission, and Values

St Wilfrid's Hospice introduced a new five-year strategy framework in 2023. The strategy has the title "enabling people to live well at the end of life" and includes five strategic ambitions:

- Across our communities we will lead improvements in end of life care.
- We will continue to strive for excellence in all that we do.
- We will build strong, influential partnerships with the Sussex Integrated Care System.
- We will build a workforce fit for the future.
- We will build sustainable and resilient funding.

Our Vision is of a community where people talk openly about dying, live well until the end of their life and where nobody dies alone, afraid or in pain.

Our Mission is enabling people to live well at the end of life.

Underpinning the hospice vision and mission are our four values:

Compassionate: We care about each other. We will go out of our way to recognise when someone needs our help or support and will respond to the very best of our ability.

Professional: We use our knowledge and skills individually and collectively to deliver the best service possible to those we support. We proactively seek to improve and enhance our skills, taking pride in developing ourselves and others.

Progressive: We're forward looking and thinking. We pursue opportunities to improve and find better ways of doing things through new ideas and approaches.

Respectful: We treat people with dignity and respect, always acknowledging and respecting people's individuality. What makes us different makes us better.

1.3 Quality accounts

The hospice remains dedicated to placing quality improvement at the heart of our care delivery. Our Quality Improvement Priorities (QIPs) exemplify this commitment. These QIPs are not standalone initiatives; they are deeply integrated with our business plan and hospice strategy, reflecting our core values. They also guide staff in setting goals during their annual performance development reviews.

A collaborative effort involving multiple professionals, including those from other organisations, was undertaken to determine our QIPs for the upcoming year.

In 2025-2026, we will continue our collaborative work with St Michael's Hospice, Hastings and Rother, as part of the second year of our two joint QIPs identified in 2024-2025.

The integration of QIPs throughout our organisation provides the hospice team with a shared objective to demonstrate tangible quality improvement. The publication of Quality Accounts has been pivotal in advancing our quality improvement efforts. We believe this approach makes our commitment to quality improvement more transparent and dependable for our service users and stakeholders.

1.4 Clinical strategy development

Throughout the reporting year, clinical leaders have focused on reviewing and developing our Clinical Strategy, with regular updates provided to the Leadership Team. The aim in the coming year is to obtain formal approval from the Leadership Team before disseminating the Clinical Strategy to the wider hospice team.

Our five-year Clinical Strategy is committed to upholding and extending the principles and objectives of the national "Ambitions for Palliative and End of Life Care" framework (NHS.UK 2021-26), while integrating insights from St Wilfrid's Hospice's experiences and future plans. This strategy embodies our vision of delivering compassionate, high-quality palliative care tailored to our community's needs.

Recognising the challenges and opportunities ahead in palliative and end of life care, our strategy aims to leverage our collective expertise in medical, rehabilitation, and care practices to ensure the highest standard of care for every patient.

The clinical strategy is built on a foundation of care excellence, innovation, and partnership. It aligns with the six key ambitions outlined by the national framework, aiming to enhance life quality for all at the end of life. We focus on individualised care, fair access, maximising comfort, coordinated care efforts, preparedness of all staff and community involvement.


The care of the home team are first class, very professional and meticulous about medication, which takes a load of responsibility off me. They are also friendly and attentive to my husband's needs, we are very lucky to have their support.

Part Two

Quality Improvement Priorities

2.1 Quality Improvement Priorities 2025-2026

1. Integrate the principles of the Patient Safety Incident Response Framework (PSIRF) through risk assessments, incident investigation and learning across organisations (year two).

- Ongoing work from year one.
- PSIRF Implementation Group will continue to meet monthly.
- The Patient Safety Policy and Response Plan will be finalised and shared.
- Ongoing provision of awareness sessions.
- Launch Human Factors training.
- Launch new incident reporting module.
- Introduce system-thinking tools to support enhancement of the learning and patient safety cultures.
- Enhance risk assessments by introducing the Systems Engineering Initiative for Patient Safety (SEIPS) Framework.
- Develop a dashboard to support benchmarking across both hospices.
- Ensure a robust system in place to incorporate learning and improvement in practice.
- Evaluate the progress of the Quality Improvement Plan to identify priorities for ongoing work.

In collaboration with st michael's hospice

2. Develop a comprehensive dependency tool which integrates workforce structure, safe staffing regarding palliative complexity and carer needs (year two).

- Ensure all requirements in place to commence full pilot including training, data collection and reporting.
- Update "Plan, Do, Study, Act" cycle commenced in year one.
- Broaden scope of the steering group to consider local requirement and oversee training and pilot implementation.
- Establish a Community of Practice with North Devon Hospice and St Christopher's Hospice as both hospices have experience of developing dependency tools.
- Complete pilot phase.

In collaboration with st michael's hospice

3. Embed current practices, establish the future potential and ensure sustainability of our Living Well Service.

- Successful integration of the new Occupational Therapist (OT) into the team.
- Strengthened referral, triage, assessment, and review practices.
- Implementation and monitoring of new Key Performance Indicators (KPIs).
- Detailed review of current Living Well groups, including attendance, content, and user feedback over the past year.
- Successful establishment of a carer's group and yoga group.
- Enhanced relationships with key stakeholders.
- Clear communication and understanding of Living Well referral criteria among main referrers (respiratory team, heart failure nurses, and GPs).
- Implementation of the self-referral process.

- Exploration and potential implementation of a patient transport offer in collaboration with Voluntary Services.
- Review and promotion of the Living Well Hub approach.
- Initiation of a pilot for paid services, starting with complementary therapy sessions.
- Collection and analysis of data on the impact of paid services on patients and carers.
- Assessment of the impact of paid services on equitable access to services.
- Review of new groups and the paid services pilot.
- Analysis of patient and carer feedback.
- Drafting and dissemination of a Living Well service statement, including clear referral criteria and remit, to key stakeholders.

2.2 Feedback on Quality Improvement Priorities 2024-2025

1. Integrate the principles of the Patient Safety Incident Response Framework (PSIRF) through risk assessments, incident investigation and learning across organisations (year one).

- PSIRF Group established, with core members from both sites. Monthly meetings will continue in year two.
- Patient Safety Incident profiles created profiles for both hospice sites, identifying Pressure Ulcers, Falls, and Medication Errors as top themes.
- PSIRF eLearning training matrix established, with 86% completion compliance at end March 2025.
- Training sessions delivered to Investigators by Associate Directors for Quality and Governance, and Clinical Improvement, Education, and Research.
- Patient Safety Response Plan and policy created and submitted to the Integrated Care Board (ICB) for final approval.
- Trustees' strategy spotlight session on PSIRF conducted.
- "SWARM" huddles (where members of the Multidisciplinary Team (MDT) gather together) implemented, with ongoing improvements planned for year two.
- Human Factors training completed, including a joint study day and train the trainer session. Mandatory training planned for 2025/2026.
- Redesign of the Accident, Incident, and Near Miss module (Vantage/Sentinel) started, to ensure appropriate levels of investigation. Further development planned for year two.

These achievements highlight the progress made in embedding PSIRF principles and set the stage for continued improvements in patient safety in the coming year.

2. Develop a comprehensive dependency tool which integrates workforce structure, safe staffing regarding palliative complexity and carer need (year one).

- Established an effective working relationship with colleagues from St Michael's Hospice and adjusted frequency and membership of meeting in line with needs.
- Developed a valuable relationship with a hospice that uses a nursing dependency tool, which included a beneficial visit to observe the tool being used in practice.
- During our review of several tools, we identified a significant bias towards NHS staffing models. It was a relief to find a tool developed by a hospice that accurately reflects the unique challenges of hospice care delivery.
- We are now in the process of developing the Nursing Dependency Template for use in each hospice. This template will enable us to record staffing and patient dependency twice a day, with the pilot phase set to begin on the Inpatient Unit in early spring 2025.
- Due to delays in developing the Nursing Dependency Tool, we were unable to deliver the planned training. However, we aim to deliver this training as part of our year two work, with an initial focus on ensuring staff feel confident in reviewing the Phase of Illness.

3. Further improve our capture of patient and family demographics.

- There has been a significant improvement in the capture of patient demographics across five categories (gender, language, religion, ethnicity and sexual orientation). In all but one category, data capture moved from 32-61% to above the 75% target (77-79%). Religion remains the one category below target, at 64%.
- We explored the standardisation of data capture across local partners and wider systems but found we were ultimately restrained by hard-coded categories in the hospice's electronic patient record system. However, we were able to make some smaller changes to the patient record system to aid data capture.
- Work with individual teams and departments was undertaken to improve processes and clarify responsibilities for data capture.
- A year-long awareness campaign regarding the importance of demographics capture (emails, posters, written and verbal briefings) ensured consistent attention to this improvement priority. The briefings were eye-catching; the working group developed a colourful logo to accompany such briefings.
- We recognise that more can be achieved in this area, not only in terms of further improvement to data capture but also in terms of using the data to shape service delivery. Whilst no longer a QIP, a working group will continue to focus on this work.

2.3 Additional service development projects

Implementation of electronic prescribing in the community

In January 2025, the hospice transitioned from paper-based to electronic prescribing for patients receiving care in the community. Prescriptions are now sent directly to the patient's chosen pharmacy, replacing the previous process where they were either delivered by hospice staff or collected by the patient or their carer. Both medical (doctors) and non-medical prescribers (pharmacists and nurses) can issue electronic prescriptions.

Key benefits:

- Patients receive their medication more quickly, reducing potential delays of several days caused by paper prescriptions.
- Patients and carers no longer need to collect prescriptions from the hospice for redeeming at a pharmacy.
- Built-in checks within Electronic Patient Records (EPR) help minimise prescribing errors, and electronic prescriptions can be easily amended or cancelled.
- Electronic prescriptions cannot be lost or tampered with.
- Reduced paper use and fewer journeys to the hospice improve sustainability.
- Staff spend less time managing prescriptions, allowing them to focus on other patient care tasks.

Staff supporting community patients have described electronic prescribing as a game-changer, citing its significant impact on efficiency, safety, and patient experience.


It is important to know that when and if the caring situation gets more difficult the hospice is there to support and act as a back-up

Part Three

Quality performance overview for 2024-2025

3.1 Review of services

Inpatient services

Service in numbers

(the previous year's numbers are shown in brackets. Please see note about data quality in section 3.9)

231 admission episodes (203)

18 days average length of stay (21 days)

184 deaths, representing 88% of patients on the Inpatient Unit (150 / 77%)

89% bed occupancy, based on 12 beds (98%)

28 patients discharged to either other care providers or home.

Our inpatient services continue to provide end of life care and symptom control for patients with the most complex needs. Due to difficulties in recruiting registered nurses in 2023-2024, we reduced bed numbers to 12 to ensure safety and care delivery. In 2024-2025, we maintained 12 beds. We have maintained our medical consultant-led specialist palliative care beds as well as our NHS continuing healthcare-supported nurse-led beds.

We have supported the pathway 2 discharges under the "Supporting Patient Discharges" scheme with Health and Social Care in Sussex (refer to Clinical Collaboration update for more information). This included increasing our bed numbers to 13 for a two-month period.

We have supported two Trainee Nursing Associates who started a two-year foundation role. They have successfully completed their first year and are now embarking on their second year. The aim of these posts is to enable them to work across the clinical services and help supplement the core Registered Nurse team. We will continue to develop this role within our service provision.

The Inpatient Unit team focused on raising awareness of corneal donation among admitted patients. In 2023-2024, 15 patients consented to corneal donations, and this number increased to 18 within this reporting year.

We have recently received two cuddle beds, generously funded by bereaved relatives who wished to make a difference for future patients. They felt that some good could come from their loved one's legacy if others could benefit. These specially adapted beds that allow partners and family members to lie side by side have been gratefully received by three patients thus far.

Community services including 24/7 Nurse Line

Service in numbers

(the previous year's numbers are shown in brackets. Please see note about data quality in section 3.9)

1,122
patients supported in private homes, care facilities, outpatient services, and virtual consultations (1,100)

96%
of urgent referral handled within 24hrs (95%)

16,002
Nurse Line calls answered (14,394)

The hospice's community services have experienced increased activity this year. Key developments include:

- Completion of the Virtual Hospice six-month pilot, led by the Community Consultant and Advanced Nurse Practitioner (ANP), demonstrated that patients experienced a strong sense of reassurance and comprehensive support during periods of significant health changes. Patients felt well assured and well supported at a time when they were unwell.
- Progression of the Hospice Line collaborative project, integrating telephone advice and support across three local hospices. Positive feedback and the electronic patient records database have proven effective in enhancing patient care. Phase two, involving Clinical Administration and Healthcare Assistants answering calls between 8am and 4pm on weekends, is nearing completion.

Community Team structure

Community teams operate within clinical hubs aligned with primary care neighbourhoods. Each hub manages and reviews patient caseloads, incorporating a step-down process for patients to access support via the 24/7 Nurse Line. The hubs maintain operational effectiveness with a duty Registered Nurse (Registered Nurse) available daily from 7am to 3pm, though service hours are reduced compared to last year.

Staff Developments

The team welcomed advancements in roles, including:

- Addition of a third Band 6 Digital Health Community Team Leader.
- One Registered Nurse progressing into a Development Clinical Nurse Specialist (CNS) position.
- Appointment of the first Team Leader Healthcare Assistant in the Community Team.

Collaborations and Engagement

The hospice has maintained high attendance at primary care meetings in GP surgeries and Advance Care Planning/ReSPECT quality forums. Community nurses, hospice-trained nurses, and CNSs have actively participated, reinforcing strong ties with primary care providers.

Care@Home

Service in numbers

(the previous year's numbers are shown in brackets. Please see note about data quality in section 3.9)

201
patients (187)

14,097
visits (9,668)

We have increased our operational capacity to three runs, enabling us to provide enhanced and vital personal care to patients across our catchment area.

The integration of Patient Electronic Records has been a significant advancement. The Care@Home Team now has access to these records, and carers are equipped with laptops to document notes promptly during patient visits. This development has improved efficiency and ensures essential information is readily available to other professionals when required. The team has embraced training and demonstrated exceptional record-keeping skills. Further training is planned to enhance their ability to update care plans and maximize the utility of electronic records.

Additionally, the Care@Home Team has successfully completed medication competency training, enabling them to support patients with medication administration in the home.

Collectively, these initiatives have significantly enhanced the quality of care, improving the experience and support provided to patients and their families during this profoundly challenging time.

Living Well

Service in numbers

(the previous year's numbers are shown in brackets. Please see note about data quality in section 3.9)

228
referrals into the Living Well service* (165)

528
patient contacts (601)

152
patients supported (109)

237
group sessions (183)

* Referrals to clinical groups. The Hub Drop-In requires no referral to access it.

The Therapies Team is largely responsible for the administration and coordination of the Living Well service, although it is a true multi-disciplinary effort.

For patients referred to the clinical Living Well groups from external services we now have a distinctive pathway for assessment and intervention. We are supporting patients under the umbrella of Living Well without requiring input from the Community Team, reducing their workload. If patients do then require onward referral to access wider hospice support, these referrals are more targeted and timelier. In 2025-2026 we hope to improve access to our Living Well services further by introducing self-referral.

The original post-pandemic vision of a changed day therapy service which reduces barriers to access, utilises our community resources and supports patients and carers with timely clinical interventions continues to evolve. We have successfully embedded elements of a compassionate communities approach, learned from the social prescribing model and moved toward a more fluid 'right person at the right time' service that incorporates early intervention but also timely discharge when appropriate.

2025-2026 will see us working on a Quality Improvement Priority dedicated to the Living Well service. This will bring together the work and development of the last three years, plan for future initiatives and ensure sustainability of the service moving forward.

Therapies

Service in numbers

(the previous year's numbers are shown in brackets. Please see note about data quality in section 3.9)

945
accepted referrals (919)

2,631
therapy sessions held (2,585)

The Therapies Team includes Occupational Therapists, Physiotherapists, Complementary Therapists and Rehabilitation Assistants. The team continues to work with patients and their families on the Inpatient Unit and in their own homes.

Urgent referrals requiring rapid assessment continue to generate the most pressure on the team. These referrals are often around interventions to manage crisis situations in people's own home. There has been a change to how some of our statutory partners manage certain occupational therapy referrals which has impacted the demand on our team.

As part of the Inpatient Unit team our Occupational Therapists and Physiotherapists have successfully supported the pathway 2 discharges under the "Supporting Patient Discharges" scheme with Health and Social Care in Sussex (refer to Clinical Collaboration update for more information).

Patient and family support services

Patient and family support services continue to contribute to the multi-disciplinary offer of holistic support to patients and their families.

Social work

Social work continues to play a strong role in the areas of safeguarding and mental capacity alongside other core responsibilities. With safeguarding in particular, the increasing complexity of cases is tangible. Coercion and control issues, as well as self-neglect, often feature and are of particular significance in the end of life context.

An additional social worker has had a positive impact on the work of the team, with a particular focus on support for carers. Social work support and advice are now readily available to anyone attending the Living Well Hub Drop-In. Others can access support by referral. A new carer support group is due to be launched and will complement one-to-one support.

Counselling services

The decision at the very beginning of the year to close the adult community bereavement service for anyone bereaved in the community (a temporary response to the Covid 19 crisis) has allowed the team to focus back on those affected by the death of someone under the care of the hospice, with positive effect.

During the year the team used an audit tool, developed by the Association of Bereavement Service Co-ordinators (ABSCO) and based on the Bereavement Care Services Standards published in 2014, to self-audit the counselling services. This then informed a quality assurance visit by two of the hospice trustees, with overall positive feedback from those trustees regarding the bereavement service.

The Counselling Services Team introduced two new outcome tools, the Adult Attitude to Grief scale (AAG) and the Attitude to Health Change scale (AHC) for use by the pre-death counselling service and the bereavement service. We predict that these tools will provide rich information and await results with interest.

The Seahorse Project continues to offer bereavement support for children and young people both linked to the hospice and those from our local community. A third 'Seahorse Stroll' once again gave bereaved children and their care givers the opportunity to come together, sharing fun times (a picnic and games) as well as grieving together (lighting lanterns in memory). At Christmas the Seahorse Team sent stars to children and young people who had been supported by the project, for them to decorate, write the name of someone special to them and hang on their Christmas tree.

Counselling volunteers are integral to the support delivered by the Counselling Services. This year 18 new adult and children bereavement volunteers (mostly counselling students) were recruited and trained, with consistently excellent feedback regarding the quality of support offered by the hospice.

Spiritual support

A new Spiritual Support Lead started in role in June 2024, after a gap between postholders which had allowed for a period of reflection regarding the role and for reconnection with the hospice's spiritual support statement. This statement had come out of a large scale six-month stakeholder engagement exercise and review in 2017. Still as relevant as ever, guiding the hospice's approach to spiritual support, the vision for spiritual support expressed in the statement is now being taken forward by the new postholder.

3.2 Patient safety

St Wilfrid's Hospice prioritises patient safety, ensuring a secure and supportive environment through rigorous quality standards and continuous improvement. Efforts include effective medicines management, infection prevention, safeguarding practices, and clear communication to minimise risks and enhance quality of life.

The hospice is advancing patient safety by improving the incident reporting system. Clinical incidents, including falls, pressure ulcers, and medicines optimisation, are reviewed by specialised subgroups and reported to the Clinical Governance Committee via the Quality and Safety Group.

Looking ahead, the hospice will further embed the Patient Safety Incident Response Framework and restructure subgroups under the Clinical Governance Committee to streamline incident reviews. This approach aims to identify key themes, strengthen learning processes, and drive quality improvements, ensuring preventative measures enhance patient care and safety.

Falls

In the reporting year of 2024-2025, we observed a continuing trend of patients with more complex needs and cognitive impairments. Most falls incidents resulted in no harm or low harm, with five instances of moderate harm requiring further investigation or increased monitoring for a very short period of time.

The number of falls has been attributed to treating a larger number of younger patients who wish to preserve their independence and an evolving patient demographic with multiple co-morbidities, including cognitive impairments.

The falls risk assessment is now integrated into our electronic patient record system. This allows staff to identify individual falls risks and create effective, personalised action plans to reduce risk and harm. The half-hourly falls check form has been reviewed and reintroduced, allowing for better and clearer documentation, particularly useful when investigating incidents and exploring additional interventions.

The Inpatient Unit holds daily safety huddles to highlight potential concerns, including patients at high risk of falls. This proactive approach ensures timely interventions and monitoring.

The mini-falls group investigates patterns in falls and develops strategies to reduce them. Initiatives have included introducing "please call, don't fall" signs in patient bedrooms and reviewing the Bowel Assessment to highlight the link between continence and falls risk. Trends highlighted by the mini-falls group have led to planned educational sessions, such as one on heart failure and how positioning can ease symptoms, following a patient with multiple falls.

Efforts to raise awareness of the Rapid Response Group and encourage its use, along with the wider Multidisciplinary Team, to discuss patients with multiple falls have been ongoing. Focus is placed on early interventions and planning when risks are identified.

Training has been provided to Inpatient Unit staff on the use of falls sensor mats, enhancing their ability to manage patients at higher falls risk. Increased use of handheld devices on the Inpatient Unit has allowed for closer observation and reduced the risk of multiple falls.

A recent falls audit led to discussions and planned work to review the SWARM process and incorporate it into existing safety checks.

Ongoing conversations and language around falls emphasise early identification of risks to reduce both the risk and harm associated with falls.


I am greatly benefited from being in the hospice and if necessary, will come again. Everyone has been so kind and has kept me informed about my care and treatment. Will continue to support the hospice.

Medicines management

The Medicine Optimisation Group (MOG) meets eight-weekly to oversee practices across the hospice, with membership including the Clinical Pharmacist and a Pharmacist Technician. Monthly mini-MOG meetings ensure standardisation and scrutiny of medication-related incidents, fostering consistent investigations and deeper understanding.

The Joint Medicines Group continues with St Michael's Hospice, Hastings and Rother, co-chaired by the Associate Director for Quality and Governance and her counterpart. This collaboration has led to shared learning from incidents, development of joint medication and syringe pump charts, participation in audits, and alignment of policies and procedures.

Integration of an electronic prescribing module into the electronic patient records system for Community Teams has ensured timely medication delivery and minimised waiting times.

The hospice continues to participate in Hospice UK's national benchmarking for medication incidents. The frequency of reported incidents has remained consistent, with the majority not resulting in any adverse effects to patients.

Since April 2024, two medicines optimisation support nurses have been working a combined total of sixteen hours over a four-week period. They have initiated quality improvement projects, including:

- Reviewing medication ordering processes to prevent duplication and maintain an audit trail.
- Reviewing the Medication Suitability chart to ensure patient-owned medicines are safe for use in the hospice.
- Introducing and embedding new processes to maintain high standards for safe medication management.
- Assisting in reviewing and updating policies and procedures in accordance with local and national guidance.
- Reviewing documentation for the administration of blood products and implementing a new Blood Transfusion Integrated Care Pathway.
- Successfully implementing a new process for weighing liquid-controlled drugs to ensure accuracy and safety.

Controlled Drug Accountable Officer (CDAO)

The Associate Director for Quality and Governance serves as the Controlled Drugs Accountable Officer (CDAO). The Quality Lead acts as the Deputy CDAO. Collaboration with St Michael's Hospice, Hastings and Rother ensures CDAO cover and support during absences.

The CDAO and Deputy CDAO remain up to date with legislation and guidelines for controlled drugs through active participation in Local Intelligence Network (LIN) meetings and Controlled Drugs LIN Learning events. They have also completed refresher training throughout the reporting year.

The CDAO has completed the Hospice UK self-assessment audit tool for Controlled Drug Accountable Officers.

Quarterly occurrence reports of controlled drug incidents have been consistently submitted to the NHS England Controlled Drug Reporting platform. In the reporting year 88% were no harm and the remaining 12% resulted in low harm to the patient. As this is the first year the hospice has reported under new categories, we will look at investigating the Controlled Drug Incidents in more detail for additional insight in the coming year.

The annual Controlled Drugs audit, conducted by the CDAO from St Michael's Hospice, ensures adherence to compliance standards.

Quarterly checks of controlled drugs stock levels are conducted by the CDAO in conjunction with the Associate Director for Clinical Services.

The hospice holds a valid T28 certificate, allowing for the denaturing of controlled drugs on the premises. When controlled drugs are no longer required, a qualified representative from the pharmacy provider carries out their destruction under the supervision of an authorised hospice witness. Authorised witnesses are adequately trained to supervise the destruction of controlled drugs on the hospice premises.

Pressure ulcers

The number of pressure ulcers reported has increased. Focused training has led to an increase in reported category one and two pressure ulcers, with more incidents being reported by the Community Team.

Each patient receives an individual risk assessment upon admission, which is reviewed as their condition changes. Hand-held devices are used to complete risk assessments and skin checks at the point of care, ensuring timely and accurate documentation.

There is a focus on early identification of skin breakdown, including category one and two pressure damage. Training has been provided to Community and Inpatient staff through small group discussions, information display boards, and online and in-person sessions with external specialist trainers.

Pressure-relieving mattresses have been upgraded to higher specifications, and new air cushions for recliner chairs have been introduced. Improved falls sensor mats placed under mattresses are less detrimental to patient skin.

Staff are supported in identifying and reporting all skin damage via the Sentinel-Vantage reporting system. This enables the review of care needs and necessary adjustments. The mini-pressure ulcers group investigates patterns and develops strategies to reduce pressure ulcers, with all incidents reported to the Quality and Safety Group.

An increasing number of patients are experiencing multiple areas of skin breakdown, either prior to or following admission, due to higher dependency and complexity.

There is a continued emphasis on communication and documentation, especially for patients declining equipment. Efforts are made to individualise care, and strengthen documentation when support is declined.

The mini-pressure ulcer group has highlighted the need to focus on moving patients who have received sedation or are confused. Pressure ulcer care and prevention will be the first topic at the Learning from Incidents forum for 2025-2026, with discussions on safeguarding, documentation, and human factors incorporating PSIRF principles.

Risk management

St Wilfrid's Hospice prioritises effective risk management to maintain the highest standards of patient safety.

We continue to use Sentinel-Vantage, a web-based system, as the primary platform for reporting accidents, incidents, and near misses across all staff, including retail teams. This system ensures a streamlined and consistent approach to reporting.

Patient risk assessments are integrated into our electronic patient record system, where notifications prompt staff to complete and review assessments regularly. As part of our year two Quality Improvement Priorities work, we plan to enhance clinical risk assessments by adopting the System Engineering Initiative for Patient Safety (SEIPS) framework. In collaboration with St Michael's Hospice, this initiative will embed the principles of the Patient Safety Incident Response Framework (PSIRF), reinforcing a consistent and high standard of patient safety.

During the past year, we introduced a risk assessment module within Sentinel-Vantage, centralising all generic risk assessments for greater transparency and oversight. Departments are currently migrating assessments into this module, giving teams the opportunity to review and identify active risks within their areas. The centralised system enables our CEO and Registered Manager to oversee all active risks, including departmental-specific ones, ensuring robust governance.

Risk registers are maintained within the Sentinel-Vantage system, with the strategic risk register reviewed bi-annually by the Leadership Team and subsequently presented to the Board of Trustees. High-rated risks trigger automatic notifications to the CEO and Registered Manager, ensuring prompt attention.

Additionally, active risks identified by our Sub Clinical Governance Groups – Quality and Safety, and Clinical Effectiveness – are discussed, reviewed, and updated during their bi-monthly meetings. These structured processes emphasise the importance of comprehensive risk assessments and transparent risk registers in sustaining patient safety and operational excellence across the organisation.

3.3 Care Quality Commission

St Wilfrid's Hospice is registered with the Care Quality Commission (CQC) for the regulated activity of Treatment of Disease, Disorder, or Injury. The Associate Director of Quality and Governance serves as the Registered Manager, with the certificate prominently displayed at the hospice entrance with the hospice's latest inspection rating.

The hospice has updated its statement of purpose describing:

- What we do
- Where we provide the service
- Who we provide the service to

St Wilfrid's Hospice's current rating is outstanding. There have been no conditions attached to registration, or any special reviews or investigations that have impacted on our registration status during 2024-2025.

3.4 Quality Matters and conference posters

To ensure transparency and shared learning, we regularly showcase the outcomes of our completed projects on the Quality Matters board. Updated every three months, this display provides insights into the positive changes we are implementing to enhance the care we provide. By sharing these results, we aim to inform and inspire both our internal teams and visitors.

Furthermore, we have introduced a dedicated section on our website to disseminate our projects and key learnings to the wider public, as well as to external professionals. This initiative demonstrates a commitment to fostering a culture of openness and collaboration in the field of hospice care.

Posters that have been displayed on the Quality Matters Board include:

- Virtual Hospice Pilot: Exploring innovative ways to extend hospice support virtually.
- Outcome Measures: Guidance on their significance and appropriate implementation timelines.
- Infection Prevention and Control: Findings and insights from recent audits outcomes.
- Understanding the Whole Person: Emphasizing holistic care approaches in practice.
- Communication at the End of Life: Strategies for compassionate and effective communication.
- The Importance of Care Plans: Enhancing personalised care through effective planning.

In November 2024, representatives from St Wilfrid's Hospice, including staff and trustees, participated in the annual Hospice UK conference. The hospice had five poster abstracts accepted, all of which were displayed over the course of the three-day event, showcasing the valuable work and achievements accomplished by the team:

- A cuddle bed, you are not alone in this: Enhancing Conversations About Sex and Intimacy in Palliative Care.
- Keeping it green: building a sustainable future.
- Extending Reach, Reimagining Rehabilitation: Community Engagement and Clinical Innovation in a Living Well Service.
- Research in Palliative Care: Promoting Involvement and Overcoming Barriers within a Hospice Setting.
- How a joint Medicines Optimisation Group used collaborative practice to improve patient safety (presented in collaboration with St Michael's Hospice).

3.5 Clinical audits

Participation in national clinical audits

Within the reporting year, the hospice did not identify any national audits to participate in.

Participation in local audits

We maintain an annual audit timetable which is overseen by the Clinical Effectiveness and People Personal Experience (PPE) group, which is a subgroup of the Clinical Governance Committee. Throughout the reporting year, we have conducted additional audits as part of our approach to quality assurance.

Annual completed audits include:

- Hospice UK general medicines audit.
- Hospice UK management of Controlled Drugs audit.
- Hospice UK medical gases audit.
- Hospice UK Infection control audit.
- Hospice UK management of pressure ulcers audit.
- Hospice UK Controlled Drugs Accountable Officer (CDAO) Self-Assessment.
- Inpatient Unit falls audit.
- Mental capacity audit.

All the completed audits, including their frequency, aim, overall compliance and the changes in practice, can be found in Appendix One.

Upon completion, audit findings are shared with staff and volunteers during Audit and PPE feedback sessions. These sessions foster engagement and enhance understanding of the clinical audit process. They provide a platform for reflecting on clinical practice, identifying areas for growth, and gathering evidence to support changes in practice.

3.6 Research

St Wilfrid's Hospice is a research-active organisation, significantly contributing to the development and quality of palliative and end of life care.

Our Clinical Effectiveness & People with Personal Experience (PPE) Group, a sub-committee of the Clinical Governance Committee, oversees our research initiatives.

During the reporting year we have:

- Successfully participated in the CHELsea II study, a cluster randomised trial of clinically assisted hydration in patients in the last days of life. Conducted in collaboration with the University of Surrey, with a total of 12 patients being recruited to the study. The next phase involves uploading the collected data, with the results of the trial expected to be available in September 2025.
- Established strong links with the research team at East Sussex Healthcare NHS Trust, promoting joint research efforts.
- Developed a Joint Research Policy with St Michael's Hospice, reinforcing our commitment to advancing research practices and outcomes.
- Hosted a quarterly Journal Club for staff and volunteers, focusing on critical analysis of up-to-date clinical practices and their application in our setting.

3.7 Medical revalidation

Doctors who work at the hospice have all undertaken appraisal and medical revalidation in the reporting year, as set out in General Medical Council (GMC) guidance.

Doctors employed directly by the hospice (the designated body they have a prescribed connection with) all undertake appraisals through the support of East Sussex Healthcare NHS Trust (ESHT), with the Responsible Officer being the ESHT Medical Director. A Service Level Agreement and policies support this process.

Some of our consultants are employed directly by East Sussex Healthcare NHS Trust, so this is their designated body. Doctors in training have a prescribed connection with the Deanery and are supported through their respective online training portfolios. All consultants contributing to the second medical on-call have prescribed connections with their host organisations.

3.8 Clinical professional registration

Clinical professionals regulated by a professional body and employed in that capacity are legally required to meet the standards set by the body. Their continued employment is contingent upon fulling these requirements.

Each month, the People Team verifies staff registration renewals through the appropriate portal. Over the reporting year, there have been no notifications made to the Registered Manager regarding any staff member failing to renew their registration within the required timeframe.

3.9 Data quality

High-quality data is essential for delivering and enhancing patient care. One of our primary objectives is to improve the presentation of our reports to better identify and investigate areas for improvement.

In 2024-2025, we introduced a new Data Development and Insight Lead role focused on improving Data Quality through improved reporting of our clinical activity. This has allowed us to prioritise the use of data when developing action plans and assessing their effectiveness.

Through this role we have been able to use advanced data analysis techniques to increase the accuracy of our reporting. However, due to this, the figures reported here slightly differ from previous publications.

We have encouraged the collection of outcome measures, such as the Integrated Palliative Outcome Scale (IPOS) and Palliative Phase of Illness, by providing additional training and monitoring during patient care episodes. We have also begun capturing eight Integrated Palliative Care Outcome (IPOS) items for patients in the dying phase on our Inpatient Unit and after death to better understand their journey. In 2025-2026, we aim to capture these items for our community patients as well.

Two additional outcome measures were developed to track changes over time for those receiving support from our Counselling Team, focusing on their thoughts and feelings. These will be implemented into our regular reporting in 2025-2026.

Additionally, we have improved our previously established suite of Statistical Process Control (SPC) charts for falls, medication, and pressure ulcers to better allow more in-depth analysis when the variation present exhibits concerning patterns. We have also completed pieces of work to identify potential factors contributing to the number of patient safety incidents.

The hospice remains committed to contributing data on reported falls, medication incidents, and pressure ulcer cases to Hospice UK for national benchmarking. We also work alongside other hospices within the Sussex Hospice Alliance to improve our reporting metrics as a collective. This demonstrates our dedication to being transparent and looking for continuous improvement in patient care.

As a specialist palliative and end of life care provider, the hospice does not submit data information to the Hospital Episodes Statistics (HES) database, as hospices are not eligible to participate in the data collection.

Over the next year, we aim to continue advancing our data-driven decision making so we can better shift from reactionary to preventative and become more proactive. One way of enhancing this development is by adapting our meeting structures to allow more time for discussing new trends in a multi-disciplinary setting.

3.10 Safeguarding

This year, again, the focus on safeguarding as an organisation-wide priority has continued. Oversight and governance of whole organisation safeguarding has been tightened with the Safeguarding Steering Group, now established as a Board of Trustees Sub-Committee.

The hospice Freedom to Speak Up Guardian (FSUG) scheme continues across different areas within the hospice; this gives broad accessibility and visibility.

There has been another increase in the number of safeguarding concerns identified, as well as the number of those concerns then followed by an alert to statutory services. Increasingly we are seeing safeguarding scenarios which require input over a considerable length of time, rather than a one-off intervention. As before, there has been rich learning from cases, with changes to practice and policy.

Overall completion rates for mandatory training have been good. Learning from Safeguarding Adult Reviews (SARs) and Children Case Reviews continues. Some innovative additional learning events were initiated beyond the standard e-learning, for example a co-created peer learning event with neighbouring hospices. We were delighted with feedback received from participants:

"Thank you for initiating, leading on and organising such a rich and interesting event ... got a huge amount out of a relatively short session... powerful, impactful and emotional."

Safeguarding reflection sessions for the Multidisciplinary Team continue to be very popular:

"Really enjoy hearing about my colleagues' experiences and the quality of the work that is happening... sessions are a chance to fully unpick... a chance to process our own involvement in a situation... such rich learning."

The Safeguarding Lead continues to hold responsibility for Prevent under the overall umbrella of safeguarding. There have been no concerns noted under the Prevent Guidance at the hospice to date. Nevertheless, vigilance in this area continues.

Work to further strengthen safeguarding related measures in Retail are currently under way. The retail volunteer recruitment process has been updated, and the retail volunteer role descriptions have been reviewed in relation to DBS and safeguarding. Work towards accreditation with the Charity Retail Association safer recruitment scheme (CRSS) is ongoing.

3.11 Clinical collaboration update

Joint Medication Optimisation Group with St Michael's Hospice, Hastings and Rother

Aim

To develop shared learning opportunities, audits, project work and enhance patient safety by working collaboratively on medicines optimisation.

Outcome

- Joint meetings held three times per year.
- Task and finish group worked on specific projects, including the review of joint medication charts and syringe pump charts.
- Implementation of joint audits providing external scrutiny and assurance.
- Shared learning from medication incidents.
- Identifying alignment of best practices.
- Joint poster accepted and displayed at Hospice UK national conference.

Changes in practice/next steps

- Ongoing joint meetings.
- Ongoing project work for the task and finish group.
- Implementation of electronic prescribing across both organisations.

Joint Research Policy with St Michael's Hospice, Hastings and Rother

Aim

To develop a joint research policy that would align both organisations in how they could participate in research projects, improving collaboration and creating a potentially larger research site.

Outcome

- Format for joint policy agreed.
- Policy co-created and approved by both Clinical Governance Committees.

Changes in practice/next steps

- To identify learning from developing a joint policy.
- To consider setting up a joint research group that will support research growth.
- To seek potential joint research opportunities.

Joint Quality Improvement Priorities with St Michael's Hospice, Hastings and Rother

Aim

To collaborate on two joint Quality Improvement Priorities over a two-year period to identify the feasibility of working in this way.

Outcome

- Both Quality Improvement Priority workstreams have progressed well over the first year, with positive feedback from participants.

Changes in practice/next steps

- To formally evaluate the effectiveness and participant experience of joint Quality Improvement Priorities at the end of year two.

Hospice Line

A collaboration between the three hospices based in East Sussex *(St Michael's, St Wilfrid's and St Peter and St James).*

Aim

Developing a shared 24/7 hub for managing patient advice calls.

Outcome

- This work was presented at the Hospice UK conference in November 2024.
- Shared Clinical Nurse Specialist (Feb – May 2024).
  - One clinical nurse specialist supported telephone support teams from all three hospices at weekends. This additional support created capacity for visits and relieved some of the burden on the on-call doctors.
  - During the pilot, the Clinical Nurse Specialists managed 104 patients and prevented at least 18 potential hospital admissions.
- Audit of patient advice calls (July/August 2024).
  - Data on approximately 2,000 calls was collected over a four-week period to inform staffing needs for a shared first contact hub.
- First contact training programme (November 2024 – January 2025)
  - 48 staff trained to have the skills and knowledge to manage patient advice calls from any of the three hospices, through half day clinical sessions and bespoke technical training.
- Weekend shared first contact (January-April 2025).
  - Between 8.45am and 4.30pm on Saturday and Sundays for 12 weeks, each hospice took turns to receive all the incoming patient advice calls for the three hospices. The call-handlers assessed the calls, resolved where possible or escalated as appropriate.
  - During the first 10 weeks, 841 calls were answered from 353 individuals. 144 St Wilfrid's patients were supported.

Changes in practice/next steps

- Evaluate each phase during and after implementation.
- Share learning gained during implementation and from evaluations.
- Explore funding opportunities for a permanent solution.

Pan-Sussex medication instruction chart

Aim

To standardise the medication instruction chart used in patient's homes and associated practice to reduce the risk of delays in treatment due to the wrong instruction charts in place.

Outcome

- A pan-Sussex multi-professional task and finish group led by the Integrated Care Board was set up to look at all the current processes and agree on one chart and processes around its use.
- The task and finish group designed a standardised Medication Instruction Chart (MIC) for Adults in the Community along with supporting documents and a Standard Operating Procedure (SOP) to support consistent practice across Sussex. These have been used in practice since June 2024. Learning from the early implementation phase has been reviewed and changes made as required.

Changes in practice/next steps

- In January 2025 each organisation completed an audit of some of the Medication Instruction Charts used, and the learning from this will be shared.

East Sussex dementia workstream – Sussex Partnership NHS Foundation Trust

Aim

To provide input to the group to support improvement in care for people in East Sussex living with dementia.

Outcome

- The group is ongoing and has palliative and end of life care within its work plan. The hospice team, alongside commissioners, have shared the development and innovation being carried out across the hospices in East Sussex to help inform next steps.

Changes in practice/next steps

- Delivery specifics for this workstream involving the hospice will be agreed in April 2025.

Sussex Hospice Alliance partnership

As part of the Sussex Hospices working together in partnership with the NHS several workstreams have been developed including:

Supporting patient discharges this winter

This winter, the Sussex Hospice Alliance worked with Health and Social Care in Sussex to support patients who are ready to come out of hospital but need some time to recover or get stronger with some rehabilitation in a community-based bed before returning to their usual residence (Pathway 2 discharges).

This new approach was an opportunity to demonstrate how hospices can work alongside the NHS to support patients and ease pressures on the healthcare system.

Medicines Optimisation in Sussex Hospices – a toolkit to map pharmacy services

This winter the hospice participated in a mapping exercise led by the Integrated Care Board.

Optimising the use of medicines plays a key role in ensuring the highest quality care for patients. To enhance service delivery, patient care, and safety, this mapping exercise explored key aspects such as the scope of pharmacy involvement, the alignment of medication management practices with individual patient needs and the efficiency of processes that impact patients' timely access to medicines.

3.12 Equality and Diversity

This year we have renewed our commitment to Equality, Diversity and Inclusion (EDI), to ensure the hospice is in the best possible position to provide fair, inclusive and equitable care to our beneficiaries.

The hospice began working with the National Centre for Diversity (NCFD) and appointed a Culture and Inclusion Project lead to oversee the activity that will lead to achieving Investors in Diversity (IID) accreditation in the summer of 2025.

Meet FREDIE

The NCFD endorses the idea that measuring fairness and respect alongside equality, diversity and inclusion gives an organisation a framework to better apply traditional approaches and ensures that employees are fully engaged with the efforts made. They use the acronym FREDIE (Fairness, Respect, Equality, Diversity, Inclusion and Engagement) to encapsulate this. We began our journey with IID with a focus on engaging people with this concept, with the view to fully embedding FREDIE in everything we do.

To better understand the current climate when it comes to FREDIE at St Wilfrid's, we carried out a comprehensive review of our EDI documents, systems and policies. We also undertook a large-scale consultation with our stakeholders. Surveys were sent to staff, volunteers, community supporters and those bereaved within the last year. Trained volunteers also worked alongside patients in the Community and on the Inpatient Unit to complete surveys with them. The IID assessors facilitated focus groups with the Hospice Leadership Team, EDI Delivery Group, a group of staff and volunteers with 'lesser heard voices' such as retail volunteers and housekeeping staff and a focus group with trustees to understand people's views about FREDIE.

Following this, an ambitious action plan was agreed which is measured against 10 standards. The action plan is categorised into four key themes: Planning and Operations, Leadership, Training and Engagement.

Key achievements so far include:

- Establishing strong governance for the FREDIE work and strengthening a FREDIE delivery group to drive the work forward.
- Engagement workshops held for staff, volunteers and some patient and supporter groups to co-produce a FREDIE commitment statement which outlines our guiding principles and expectations.
- Update of process, policies and systems.
- Launch of a FREDIE Forum: a quarterly space for employees to consider and discuss FREDIE-related topics and expand their learning.
- Delivery of inclusive leadership training to hospice leaders and managers, including trustees.

Further projects are planned for the next quarter:

- FREDIE training for all staff and volunteers with a focus on unconscious bias, allyship and cultural awareness.
- Introducing equality impact assessments for all new projects and developments across the hospice to further embed a FREDIE culture.
- Establishing a structure to collect feedback from service users about how far they think the FREDIE values are demonstrated in the care they receive.

IID will repeat the surveys, focus groups and review of processes in July as part of the assessment process.


The care is excellent. It's very reassuring to know I can always contact the hospice. The daily living equipment has been very helpful.

Part Four

Feedback about our organisation

4.1 Duty of Candour

St Wilfrid's Hospice recognises that the effects of harming patients can have devastating emotional and physical consequences for patients, their families and their carers. We also recognise the distress such incidents can cause for healthcare professionals. The hospice's Duty of Candour policy and procedure ensures staff and volunteers are open and honest with patients and their families following an incident that has resulted in harm.

All incidents are reviewed at the Quality and Safety Group and summarised for the Clinical Governance Committee. Serious incidents are reported to the Care Quality Commission and other relevant statutory bodies as required.

During the reporting year, no serious incidents occurred at the hospice.

4.2 Freedom to speak up

The hospice is committed to enabling employees and volunteers to raise reasonable concerns about any aspect of our service, including actions that may risk safe patient care, unsafe working conditions, unethical behaviour, and bullying culture. Staff and volunteers are supported in doing this without fear of retribution.

Over the past year, two Freedom to Speak Up Guardians (FSUGs) stepped back from their roles due to other commitments after completing three years in post. A new FSUG was recruited from the Community Team, ensuring FSUGs continue to be based in various patient-facing and non-patient-facing areas.

FSUGs complete online training at induction, with annual refresher modules. They arranged virtual meetings with mentors as per the National Guardian's Office requirements, providing ongoing advice and support.

FSUGs can be approached in person, by phone, email, or in writing. They actively raise their profile through posters, emails, drop-in sessions, and regular features in our internal newsletter. Presentations are also delivered during new staff and volunteer welcome sessions.

Five concerns were formally raised via FSUGs within the reporting year and were addressed in line with guidance and policy. Themes from these concerns were around team working and support.

A pulse survey shared in spring 2024 received 62 responses, with 90% of respondents aware of how to contact FSUGs. Out of the 62 respondents, 46 expressed high confidence in approaching a FSUG, and 79% of those who previously contacted FSUGs would encourage others to do the same. The pulse survey will be shared again in 2025.

FSUGs continue to analyse and share themes arising from reports with the CEO and People Director, meeting twice a year.

4.3 Service user feedback and engagement

St Wilfrid's Hospice continues to use VOICES as one of our tools for gaining user feedback. This survey is adapted from a validated service evaluation and quality assurance tool for use in hospices, developed jointly between the Southampton University School of Health Sciences and St Christopher's Hospice, London. It is based on the National Bereavement Survey – VOICES - conducted by the Office for National Statistics.

During 2024-2025 we achieved an overall response rate of 27%. Key findings included:

- 94% of respondents felt the care they received on the Inpatient Unit was above good (79% outstanding and 15% excellent), with a larger percentage for the top category than in the two previous years (68% 2023-2024 outstanding and 2022-2023 65% outstanding).
- 93% of respondents always felt that their relative or friend was treated with respect and dignity by the Community Nursing Team.
- 91% of respondents reported they were always able to get a response from Nurse Line when it was needed (compared to 96% 2023-2024 and 95% 2022-2023). 93% agreed that Nurse Line met the needs of their relative or friend.
- 87% of respondents agreed they were aware of the range of the bereavement support services available by St Wilfrid's Hospice.
- 85% (90% 2023-2024) of respondents said they were extremely likely to recommend St Wilfrid's Hospice to friends and family if they needed similar care and support and 9% (6% for 2023-2024) were likely to do so.

Views on Care

The hospice uses the recognised Views on Care (VoC) tool to assess patients' self-reporting quality of life, the impact of the service on their main problem(s) and their wellbeing.

In the reporting year, a total of 201 assessments were completed, with 68 conducted in the Inpatient Unit and 133 in the Community. Additionally, 84 patients either declined to participate or were not clinically appropriate to assess at the time.

The total number of assessments completed has increased slightly compared to 2023-2024. This rise is particularly notable in the community setting, which can be attributed to a revised process for identifying patients and the involvement of designated volunteers who regularly complete the Views on Care assessments, either by phone or in person.

This change in process has likely contributed to a more comprehensive understanding of patient experiences and outcomes, enabling the hospice to better tailor its services to meet patient needs.

Key achievements:

Exceptional quality of care

- Care is consistently described as excellent, outstanding, exemplary, amazing, and lifesaving.
- Patients feel safe, secure, and supported, both physically and emotionally.
- Many note that the hospice has improved or saved their life.

Emotional and psychological support

- Services are described as a lifeline. Counselling, companionship, and empathetic communication have helped patients feel less alone, more confident, and emotionally uplifted.

Reliability and accessibility

- Patients greatly value the ability to contact staff anytime, with reliable follow-ups and responsiveness.
- Phone support, regular check-ins, and home visits are seen as essential and comforting.

Personalised and respectful care

- Staff are described as kind, friendly, professional, non-intrusive, and empathetic.
- Care is individualised, respectful of patients' preferences, and reactive to changing needs.

Practical help and advocacy

- Staff go above and beyond with medication management, arranging equipment, benefits, and blue badges, and supporting transitions (e.g. to nursing homes).
- Services ease the burden on families and carers.

Positive environment and facilities

- The Living Well Hub, café, and hospice itself are appreciated for being welcoming, calming, light, and peaceful.
- For many, visiting the hospice brings a boost in morale and replaces earlier fears with a sense of warmth and reassurance.

Inpatient Unit word cloud below taken from the VoC Responses

VoC responses from the Inpatient Unit are overwhelmingly positive. Many patients express that they feel genuinely happy to be in the hospice – especially when compared to previous experiences at home or in hospital. Phrases like "*happy to be here*" and "*right place*" stand out as the most frequent, reflecting a strong sense of comfort and relief. Other common words such as "*comfortable*," "*supported*," "*family,*" and "*best care*," highlight how patients and their loved ones feel well cared for, both physically and emotionally.

Community word cloud below taken from the VoC Responses.

For our community services words like "*help*" and "*care*" dominate, highlighting just how essential and appreciated the support is.

Close behind are powerful words like "*helpful*," "*amazing*," "*fantastic*," "*brilliant*," and "*phone calls*" – emphasising the high quality of care, emotional support, and the comfort of being able to speak to someone when needed. These responses reflect not only satisfaction but also the deep sense of trust and relief patients and families feel in the hands of hospice staff.

4.4 Complaints and concerns

The hospice welcomes comments, suggestions and complaints as valuable feedback that will help us learn and make improvements to the hospice's services.

During the reporting year we received three formal complaints related to clinical support. There were no themes identified through these complaints, all were investigated, and an outcome provided to the complainant within the hospice's stated timeframe.

During the year we also continued with our approach to so-called 'concerns,' where we are made aware of some low-level dissatisfaction with our support but where people did not want to go down a formal complaint route. As with complaints these provided us with rich information and some opportunities for learning or changes to practice. Again, these were wide ranging, and no themes were identified.

We continue to strive to respond in an open manner, with respect and a willingness to listen and take seriously all feedback offered.

Following a concern raised regarding food provision, we have:

- Changed menus to display allergy information along with appropriate food symbols.
- Retrained members of the Inpatient Unit teams and Volunteer Hosts on IDDSI (International Dysphagia Diet Standardisation Initiative) descriptors.

Additionally, we are in the process of tendering for a new catering provider with a focus on ensuring we can provide for all modified textured diets. The feedback from the concern raised has been invaluable in helping the hospice formulate essential requirements for the new provider.

4.5 Staff – pulse survey

The hospice runs an annual schedule of staff surveys, each exploring a specific theme. Every survey includes two consistent questions to measure our Net Promoter Score, helping us track staff engagement over time.

We typically see a 60% response rate, with feedback coming from patient-facing, non-patient-facing, and retail teams. This feedback plays a key role in identifying areas for improvement, shaping new initiatives, and ensuring our approach aligns with the needs of our workforce.

In response to this year's feedback, we have:

- Launched a new staff benefits platform, providing access to a broader range of discounts and financial wellbeing resources.
- Introduced yoga and Pilates sessions for staff and volunteers, supporting physical and mental wellbeing across the organisation.
- Rolled out inclusive leadership training for managers, equipping them to build more inclusive, equitable teams.
- Partnered with a new Employee Assistance Programme (EAP) provider, offering enhanced mental health support and counselling services.

4.6 Trustee visits

At least two trustees visit the hospice quarterly to meet front line staff, providing an opportunity for feedback on working at the hospice. Throughout the year staff from various departments have engaged with trustees.

Areas explored:

- Care of the deceased (Fuller Inquiry findings)
- Risk management
- Medicines management and pharmacy services
- Counselling and bereavement support services

An annual report is submitted to the Clinical Governance Committee.

Areas of good practice:

- Deceased patients were cared for on the Inpatient Unit until transferred to funeral directors. This included Last Offices and regular checks of the body while awaiting collection.
- Staff praised the hospice culture and felt supported when raising concerns. Trustees noted evidence of safety huddles and Multidisciplinary Team meetings where concerns were discussed and learning from incidents was shared.
- The opportunity to undertake Nursing Associate training was well received as a career progression opportunity.
- CCTV is in place at entry points to the hospice. Security breaches are reported via the Health and Safety Committee.
- Staff shared experiences of making medication errors and felt supported during the investigation process. Lessons learned from medication errors were shared with other staff to improve practice.
- Patients may choose to self-administer their medications to promote greater independence. A comprehensive risk assessment is conducted with the patient before initiating self-administration on the Inpatient Unit.
- Nurses were very positive about the hospice culture and felt able to raise concerns and seek help and advice when needed. Staff were overwhelmingly positive about St Wilfrid's as a place to work, especially appreciating the friendly and welcoming atmosphere.
- The hospice's Trainee Counsellors Training Programme was highly regarded.

4.7 Integrated Care Board feedback

Thank you for providing NHS Sussex Integrated Care Board (ICB) with the opportunity to comment on St Wilfrid's Quality Account for 2024/25.

NHS Sussex appreciates the ongoing collaborative working across the system and open communication with St Wilfrid's Hospice during this period.

NHS Sussex would like to thank the organisation for its commitment to consistent quality improvement and its achievement of the 2024/25 objectives for Sussex residents. The Hospice has achieved many successes in 2024/25 across key Quality Improvement.

Priorities, most notably:

- Starting a programme of work to integrate the principles of the Patient Safety Incident Response Framework (PSIRF), through delivering PSIRF awareness sessions, updating patient safety profiles, and implementing After Action Reviews and SWARM Huddles to embed a learning culture.
- Developing a comprehensive dependency tool which integrates workforce structure, safe staffing regarding palliative complexity, and carer need, informed by best practice and a review of existing tools and literature.
- Improving the capture of patient and family demographics.

Additionally, NHS Sussex recognises St Wilfrid's collaborative work with St Michael's Hospice, and the ongoing work on joint QIPs. St Wilfrid's Hospice Quality Account outlines the priorities for improvement in 2025/26 and NHS Sussex would like to acknowledge these continued key priorities:

- Further integrating the principles of the Patient Safety Incident Response Framework (PSIRF), through delivery of Human Factors training, launch of a new incident reporting module, and ensuring a robust system to incorporate learning and improvement into practice.
- Completing and evaluating a pilot of the new comprehensive dependency tool, and establishing a community of practice with other hospices.
- Embedding current practices, establishing the future potential, and ensuring sustainability of the Living Well Service.

NHS Sussex is supportive of these priorities and the detailed work underpinning them and will continue to seek assurance regarding progress of implementation throughout the year via our established processes.

My colleagues and I look forward to the continued collaborative working with St Wilfrid's and wider system partners in the future.

Yours faithfully,
Allison Cannon
Chief Nurse

Appendix One

Completed clinical audits

Title of audit and frequency	Aim	Outcomes	Changes in practice/next steps
Hospice UK general medicines audit. Annual.	The management of non-controlled medicine will meet the requirements of the Medicines Act (1968), Misuse of Drug regulations (2001), The misuse of Drugs regulation (Northern Ireland (2002) and the Health Act (2006).	Overall compliance: 98%. 100% compliance obtained in all sub areas, apart from medication reconciliation, which showed 83% compliance due to documentation of source.	Medicines support role fully implemented, which has helped to support compliance. New medication suitability checklist. Medication charts reviewed and changes implemented.
Hospice UK management of Controlled Drugs audit. Annual.	The management of controlled drugs will meet the requirements of the Misuse of Drugs Regulations (2001) as amended on 16th August 2007, The Health Act (2006), and the Controlled Drugs (Supervision of Management and Use) Regulations 2006 as amended in 2020.	Overall compliance: 98%. Countersignature required for ordering of Controlled Drugs in requisition book. Segregation of high strength from low strength medications in the same group.	Implemented changes in practice to ensure that Doctors countersign Controlled Drug requisition book. High and low strength opiates have been segregated further.
Hospice UK medical gases audit. Annual.	Management of medical gases will meet the requirements of the Medicines Act (1968), Health & Safety at Work Act (1974), Misuse of Drugs Regulations (2001) and The Health Act (2006).	Compliance: 93%. Official medical gas committee not in place. Storage sign faded. Policy and procedure requires elaboration in certain areas.	Medical gas committee implemented. Work underway to review policy to ensure clear guidance for piped oxygen, particularly around delivery of supplies. Plan for further training on prescribing and administration of oxygen from different types of equipment.
Controlled Drug compliance and record keeping audit. Quarterly.	To monitor compliance and identify themes and trends.	Compliance: 100% for the last three quarters.	Controlled Drug stock levels were reviewed and rationalised. Quarterly audits to continue.

Title of audit and frequency	Aim	Outcomes	Changes in practice/next steps
Medication chart audit. Six-monthly.	To look at all aspects of the medication charts and ensure we are compliant with the national guidance and St Wilfrid's Hospice medicines management policy and procedure.	Compliance: 96%. Allergies not always being documented on the electronic patient record as well as the medication chart.	Guide created on how to document allergies correctly on electronic patient record. Continue to monitor completion of recording allergies on the electronic patient record as well as the medication charts.
Hospice UK Infection control audit. Annual.	The audit tool takes a practice approach to assist hospices in the development and maintenance of safe care for patients, carers and staff. It will also enable hospices to provide evidence to the Regulatory bodies that they meet the requirements of the current law and regulations and are working in accordance with best practice.	Overall compliance: 86%. Confusion on isolation requirements when a patient has an infection. Sharps boxes safety close left open. Jewellery worn outside that stated in policy.	New isolation flow charts created and displayed for guidance. Review our uniform policy and promote staff are bare below the elbow. Gloves off campaign planned for May 2025. New portable workstations purchased to allow medication trollies with sharps bins to be stored correctly. Review of infection control risk assessment within the electronic patients record and amendments made.
Clinical waste handling and disposal. Quarterly.	To ensure safe practice in the management of waste, and to maintain health and safety compliance.	Compliance average: 94%. Waste bins used inappropriately for hand towels.	Created a short film on the correct use of the waste bins. Shown to all staff and volunteers.
Environmental: nurse's station. Quarterly.	To reduce the risk of infection.	Compliance average: 75%. Limescale on water coolers. Flaking paint around nurse's station.	We have carried out refurbishment of nurse's station areas. Water coolers replaced. Promotion through handovers and safety huddles helped improve compliance in the most recent two audits.

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Urinary catheterisation: insertion. Quarterly.	To ensure safe practice on the ongoing management of catheters in the Inpatient Unit. Reduce the risk of infection and need for antibiotics use for the management of catheter related UTIs.	Compliance average: 100% Consistent compliance with requirements for catheterisation throughout the year.	Staff have attended bowel and bladder study days which have helped to maintain the high standard.
Urinary catheterisation: daily care. Quarterly.	To ensure safe practice on the ongoing management of catheters in the Inpatient Unit. Reduce the risk of infection and need for antibiotics use for the management of catheter related UTIs.	Compliance average: 93%. Compliance has remained high, with issues around the documentation of daily checks.	Catheter daily care has been a topic at the mini education series. The session included: • Risk assessments and reviews. • The importance of daily care and the securing of catheters in relation to infection prevention. Staff can attend a bowel and bladder study day to develop and refresh their knowledge and update on best practices.
Management of sharps. Quarterly.	To ensure the safe management and disposal of sharps.	Compliance average: 86%. Temporary closures not always used. Sharps bins are attached to medication trollies, and these are often in the corridors.	Due to having hand-held devices, staff like to use the medication trollies as working stations, meaning they are not stored away. We have purchased three new working stations to enable staff flexibility in where they complete their documentation and allow the medication trollies to be stored correctly.
Clinical uniform. Quarterly.	The uniform policy exists to ensure consistency throughout the organisation. It aims to reduce the risk of infections and ensure health and safety compliance.	Compliance average: 90%. Improvement has been seen over the year. Some of the issues have been jewellery, and long sleeves under uniforms.	Over the next year we plan to review the uniform policy. Campaign and promote bare below the elbow. Lanyards no longer in use in clinical setting and alternatives have been provided.

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Hand hygiene. Monthly.	We complete monthly hand hygiene audits to ensure compliance with the World Health Organisation " 5 moments."	Overall compliance: 87%. Over the year the compliance has continued to increase.	Results of audits are displayed on the communications board, which has helped raise compliance. Use of the glitter bug to show the effectiveness of hand hygiene has helped to highlight the importance of correct hand hygiene. Gloves off campaign planned for May 2025.
Mental capacity audit. Annual.	To review the quality and consistency of Mental Capacity Care Plan completion.	Overall, the quality of the recording was good. There are person-centred, evidence-based, well written and recorded notes on SystmOne, demonstrating that staff are aware of the safeguarding process, that they seek support and guidance internally, and that they work collaboratively with partner agencies.	Changes to Electronic Patient Record to simplify documentation planned. Mental capacity will be added as a topic in the regular safeguarding sessions. Benchmark against CQC guidance. Aiming to expand the mental capacity working group to include all members of the Multidisciplinary Team.
Record keeping audit. Quarterly.	To ensure documentation is accurate and maintained according to policy and procedures over the three main clinical areas (Inpatient Unit, Community Team, and Care@Home Team)	Compliance: Inpatient Unit 77%. Community 89%. Care@Home 93%.	Care plan task and finish group set up to look at care planning. Record keeping and care planning added to the Registered Nurse and Healthcare Assistant clinical skills days for 2025/2026. Reviewing the personal evacuation emergency plan documentation and promote completion.
Hospice UK management of pressure ulcers audit. Changed to six-monthly from annually.	To ensure that patients who are at risk of developing pressure ulcers, or those with an existing pressure ulcer, are managed in line with national guidelines and that the hospice complies with required	Overall Compliance: 81%. Inconsistent documentation on risk assessments and reviews. Care plans not updated or detailed enough.	Training carried out for Purpose T and skin checks, ensuring timely completion. Care planning and risk assessment training added to Registered Nurse and Healthcare

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	reporting framework by CQC and local CCGs.	Good reporting of category 3 pressure ulcers and photographing.	Assistant clinical skills days for 2025-2026. Audit frequency changed to six-monthly.
Inpatient Unit falls audit. Frequency to be determined following repeat audit in December.	To ensure the hospice takes a proactive approach to patient falls prevention and to facilitate evidence-based management of falls.	Compliance: 85% compliance. Inconsistent documentation. Reviews not completed on time. Care plans not written according to falls risk plan or updated following review. Electronic Patient Record falls risk assessment template requires review of falls precautions check. Sensor matt and 30-min check being documented in the same place, so difficult to ascertain what is in place. Safety huddle immediately following a fall not carried out.	Promotion of the completion of rehabilitative palliative care plan template with the falls care plan on the risk assessment. This will be included as part of the record keeping and care plan session in the Registered Nurse and Healthcare Assistant clinical skills days. Reviewing the falls risk assessment template. Planned work to review the SWARM process and how this can be incorporated into safety checks we already have in place.
Audit of staff recordings on Electronic Patient Records (SystmOne) relating to safeguarding work, including how well staff are recording safeguarding actions, decisions, and discussions in line with relevant sections of the safeguarding policies. Aim to re-audit in two years.	To ensure accurate and timely record keeping is maintained according to local policies.	Most records looked at met expectations in all areas. Some outliers in each of the questions asked, either above expectation or below expectation.	Ongoing promotion of safeguarding policy and practice and as a topic area for continuous learning and development. Specific promotion of the Electronic Patient Records (SystmOne) safeguarding template/ window. Review of the Electronic Patient Records (SystmOne) safeguarding template / window.
Outcome measures audit. Six-monthly.	Audit to measure the use of Integrated Palliative Care Outcome (IPOS) on Inpatient Unit and compare to targets for recording IPOS.	IPOS completion on Initial Assessment mostly completed.	We have emphasised on improving IPOS completion for day 3, phase change and on death.

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	Snapshot audit Sep-Oct 24. Intervention October 2024. Snapshot audit to measure results of intervention Oct-Nov 24.	Follow ups not completed in required time frame. Poster promotion halfway helped uptake in these. Updated posters to be displayed, as repeat in 3 days missed off and focused on phase change. IPOS on death/dying phase increased significantly but completion fell again. Will continue to promote and monitor new process.	Training delivered throughout 2024-2025 in Registered nurse clinical skills days. Further training planned for 25-26 on phase of illness. Incorporate IPOS completion in training for new cohort of resident doctors. Continue to measure % of IPOS completed. Re-audit in six months.
Sex and intimacy Integrated Palliative Care Outcome (IPOS) question review.	One of the measures of impact from training and discussion was to add a question on this topic to the IPOS document and measure the impact and number of conversations generated. To also enable us to provide feedback to the funders who have enabled the hospice to purchase two cuddle beds.	Positive result in the implementation of question on IPOS. More people exploring the question. Cuddle beds fully funded following awareness week.	Journal Club presentation - research found and presented. Cue cards created to help staff have conversations. Training film shown to staff to help increase confidence in conversations. Task and finish group to discuss further needs regarding training. Plan to re-audit to explore how effective interventions have been.
Review of clinical Nurse Line pilot.	To review the benefits of Clinical Admin triaging the Nurse Line calls initially.	The Nurse Line pilot showed the significant difference the Clinical Admin Team made by triaging the calls coming through Nurse Line.	Triaging Nurse Line calls has become a permanent part of the Clinical Admin Co-ordinator role.

St Wilfrid's Hospice

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