



St Wilfrid's Hospice

Quality Accounts 2025-26



They are wonderful people. It's a brilliant place, especially in an emergency. I can phone up anytime and get help.

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The hospice has been wonderful. They always respond quickly and answered everything we have needed help with. They have given us a lot of confidence.

Part One

Statement of assurance

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 around 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.

The hospice sector across England is managing a significant level of financial challenge, with two in five making cuts to services. During the reporting year, we have had to make reductions to our costs as part of our transformation programme to ensure future sustainability. This has included ceasing our domiciliary care service.

Throughout this period, our teams have continued to provide outstanding, compassionate care to people across our communities.

In a year of great change in the local health and care system, our strong approach to partnership working has shown great benefit and ensured we continue to influence end of life care across our population.

During 2025-26 we have strengthened partnerships across our health and care system. We have embedded our partnership with the NHS through a formal agreement with the Sussex Hospice Alliance, of which we are a member.

Working in a partnership agreement with our neighbouring hospice, St Michael's, we have achieved governance efficiencies, including a joint Medicines Optimisation Group. We have worked together on finalising an implementation plan for a shared 24/7 help and advice line, and further embedded our shared medical team.

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. 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.

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).

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**:

- 1** Across our communities we will lead improvements in end of life care.
- 2** We will continue to strive for excellence in all that we do.
- 3** We will build strong, influential partnerships with the Sussex Integrated Care System.
- 4** We will build a workforce fit for the future.
- 5** 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.

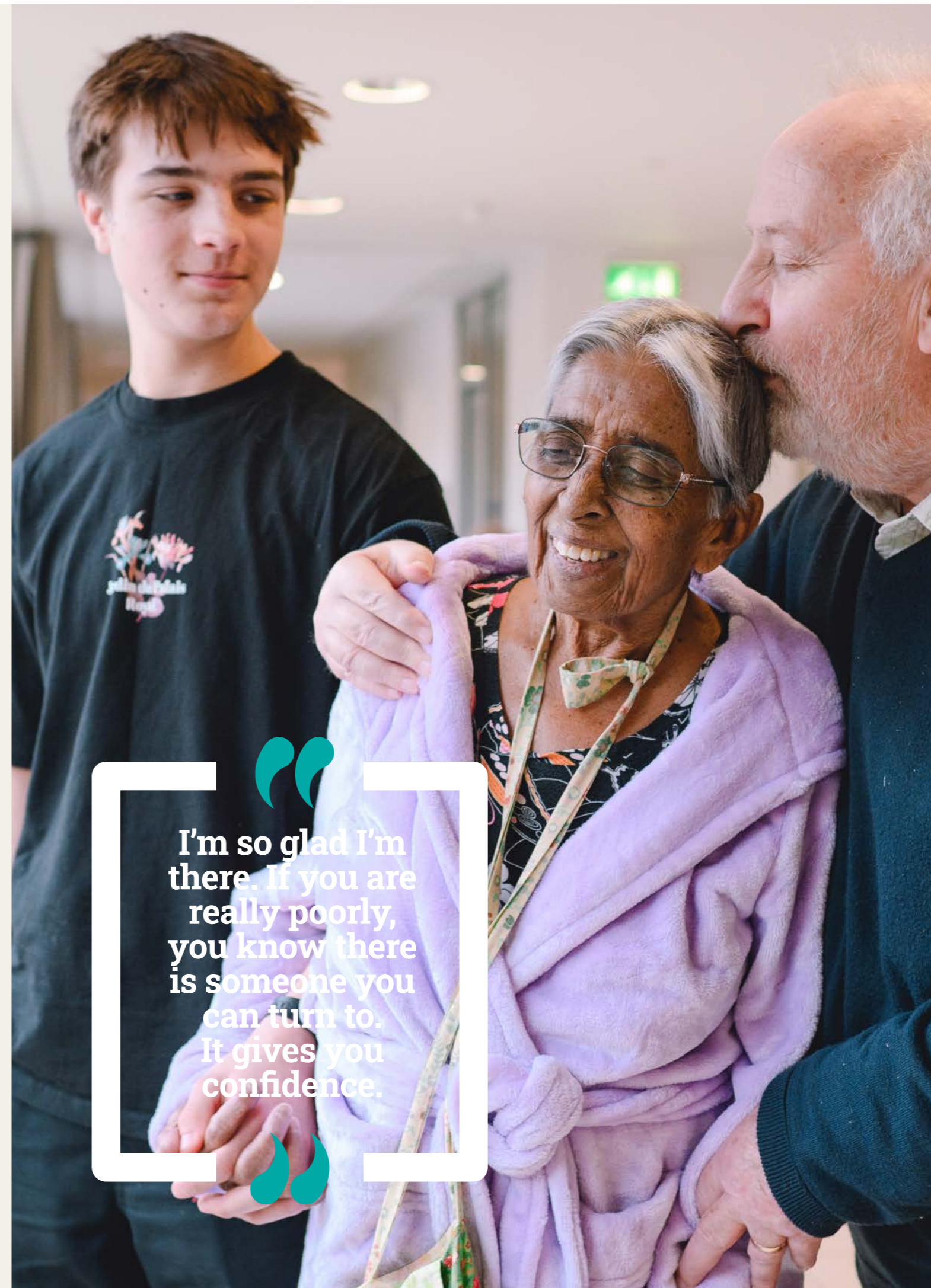
Respectful: We treat people with dignity and respect, always acknowledging and respecting people's individuality. What makes us different makes us better.

Quality accounts

The hospice remains committed to embedding quality improvement at the centre of our care delivery. Our Quality Improvement Priorities (QIPs) are aligned with the hospice strategy and business plan, and they inform both service development and individual performance objectives.

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

In the coming year, we will continue our joint quality improvement work with St Michael's Hospice (Hastings and Rother). All three QIPs incorporate elements of shared development, reflecting our commitment to strengthening partnerships and improving outcomes through collaborative practice.



I'm so glad I'm there. If you are really poorly, you know there is someone you can turn to. It gives you confidence.



I'm so grateful and appreciative of the support. The nurses have been so conscientious and very helpful. Without St Wilfrid's I would be lost.

Part Two

Quality Improvement Priorities

Quality Improvement Priorities 2026-27

We will continue to work collaboratively on our two joint Quality Improvement Priorities (QIPs):

1. Embedding the principles of the Patient Safety Incident Response Framework (PSIRF)
2. Implementing a comprehensive dependency tool which integrates workforce structure and safe staffing regarding palliative complexity and carer need.

Although originally designed as a two-year initiative, the Joint Quality Improvement Initiative has been extended into a third year.

This extension reflects the volume and complexity of wider organisational priorities during the initial two years, as well as the importance of embedding changes safely and effectively. Continuing into a third year provides the necessary time and capacity to complete all elements of the programme thoroughly, maintain quality, achieve consistency across both hospices, and ensure that the improvements are fully integrated and sustainable.

We have also decided to extend our Living Well Quality Improvement Priority into a second year, recognising that the work undertaken in year one has identified further opportunities for development and improvement aligned with the clinical transformation programme. Several objectives will be progressed jointly with St Michael's Hospice, strengthening our Living Well offer and ensuring a more coherent, sustainable model across both organisations.

1. Embed the principles of the Patient Safety Incident Response Framework (PSIRF) across St Wilfrid's Hospice and St Michael's Hospice, ensuring a consistent and high standard of patient safety (year three).

- Build staff capability in understanding system based causes of patient safety events, supporting a PSIRF aligned culture, through Human Factors Training.
- Standardise reporting processes and strengthen the reliability, transparency, and learning mechanisms required by PSIRF through implementation of the Vantage Sentinel Incident module.
- Incorporate a meaningful feedback loop into the Vantage module to ensure staff receive timely and constructive responses to incidents raised, supporting the PSIRF aim of improving engagement and organisational learning.
- Develop a cross hospice patient safety dashboard, enabling shared learning, benchmarking, and monitoring of patient safety trends across both organisations. This dashboard will align with and be supported by the new reporting module.
- Improve clinical risk assessment by incorporating the System Engineering Initiative for Patient Safety (SEIPS) framework across both hospices. Risk assessments will be collated, reviewed, and aligned to ensure consistency and system focused improvement – key principles underpinning PSIRF.
- Evaluate the progress of the Quality Improvement Plan using Quality Improvement methodology to identify priorities for ongoing work.

2. Implement a comprehensive dependency tool which integrates workforce structure and safe staffing regarding palliative complexity and carer need, within the inpatient departments of St Wilfrid's Hospice and St Michael's Hospice (year three).

- Evaluate the pilot data from the initial dependency tool testing. Refine and optimise the tool based on pilot findings, Quality Improvement outcomes, and staff feedback. Pilot the updated version within both inpatient departments.
- Complete the final evaluation of the dependency tool, including reliability and usability assessment.
- Work with the People and Culture team to ensure the output data informs workforce planning models and supports evidence based staffing decisions.
- Complete a safer-staffing review, using data from: dependency tool outputs, activity and acuity data, skill mix, and workforce deployment patterns.
- Continue engagement with the Community of Practice to support learning, consistency, and shared development.

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

Joint work with St Michael's Hospice

- Standardise triage and assessment processes across both hospices, implementing a more time limited, proactive, and discharge orientated approach.
- Scope and re introduce a self referral pathway, aligned with wider referral redesign work.
- Strengthen and expand volunteer support, including exploring the introduction of a community rehabilitation support volunteer role.
- Pilot a support group for younger patients, to enhance inclusivity and broaden service reach.
- Implement outcome measures for group programmes to support evaluation and continuous improvement.
- Redesign the carer support offer to ensure a more consistent, needs led model across both hospices.

Additional St Wilfrid's objectives

- Progress the donation based model for complementary therapy services once the new Commercial Director is in post.
- Continue working closely with the Compassionate Communities team to reduce barriers to access and support inclusive engagement with the Living Well service.

Feedback on Quality Improvement Priorities 2025-26

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

- The PSIRF Implementation Group met monthly, with core members from both sites.
- The Patient Safety Policy and Response Plan was finalised and shared with the Integrated Care Board.
- Ongoing awareness sessions were provided to staff.
- Human Factors training was launched for non-clinical staff.
- A system has been put in place to incorporate learning and improvement into practice. For example, through Learning From Incident forums, and Incident and Reflection meetings.
- The progress of the Quality Improvement Plan was evaluated and priorities identified for ongoing work for year three work. These include some year two priorities that have been delayed:
 - Launching a new incident reporting module. This was partly completed, with ongoing work happening in year three.
 - Enhancing Clinical Risk Assessments by introducing the Systems Engineering Initiative for Patient Safety (SEIPS) Framework.
 - Developing a dashboard to support benchmarking across both hospices. This has been delayed because the new incident reporting module needed to be fully developed first.

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

- All requirements were completed to allow the full pilot to start, including training, data collection and reporting. The pilot was partly completed, with ongoing actions.
- The Quality Improvement Project 'Plan, Do, Study, Act' (PDSA) Template that was introduced in year one has been updated.
- The scope of the steering group was broadened to consider local requirements and oversee training and pilot implementation.
- The evaluation of the pilot and its use within workforce planning 2026-27 have been moved to year three work.
- A Community of Practice with North Devon and St Christopher's hospices was established, to support shared learning, benchmarking and peer support. This has led to the exchange of best practice and discussion of implementation and workforce planning considerations.

3. Embed current practices, establish the future potential, and ensure sustainability of our Living Well service (year one).

- The fixed term Occupational Therapy post has been made permanent, providing dedicated triage, assessment and treatment planning capacity. This has improved referral response times, enabled earlier assessments and reduced the time between assessment and access to group programmes.
- The triage process and group structure have been reviewed. Triage is now aligned with the community nursing team, and the service has moved away from a rolling programme model to release clinical capacity.
- The Fatigue and Breathlessness Clinic has been redesigned to ensure a unique and hospice specific offer.



The care has been 100%. They are angels.

- The service has demonstrated that a proportion of patients can be supported within Living Well alone, reducing duplication across teams and strengthening a 'right person, right time' approach to demand and capacity.
- Two cycles of the yoga group pilot have been completed successfully. This will continue as a Living Well intervention and will transition to a volunteer led model.
- Implementation of the self referral process has been paused and will be revisited within wider referral pathway redesign planned for year two.
- Volunteer support for Living Well has been developed, with a new volunteer driver role, additional gym group support and a new volunteer rehabilitation assistant role.
- The 'suggested donation' complementary therapy pilot has been completed and was successful. Additional sessions will continue, with plans to scale up as part of year two of the Quality Improvement Priority.

Additional service development projects

Electronic ordering of medication for patients on discharge

Following the successful implementation of electronic prescribing for patients receiving care in the community, we extended the process to order medication for patients being discharged from the Inpatient Unit. This replaces the previous paper based processes, which had the potential for transcription errors and required significant clinical and administrative time.

Prescriptions are now requested, generated and transferred to pharmacy within SystemOne. This has reduced turnaround times, enhanced clarity and accuracy, and strengthened governance through fully auditable records. Clinicians now spend less time on administrative processes, enabling a greater focus on direct patient care.

This improvement aligns with national digital transformation programmes and represents a significant step forward in modernising prescribing and medicines management within our Inpatient Unit.



St Wilfrid's has made a massive difference. It's been unbelievable the support and mental stability that nurses have given me.

Part Three

Quality performance overview

Review of services

Inpatient services

Service in numbers (the previous year's numbers are shown in brackets).

190	21 days	162	82%	29
admission episodes (215)	average length of stay (18 days)	deaths, representing 80% of patients on the Inpatient Unit (184 / 88%)	bed occupancy, based on 13 beds (89%)	patients discharged to other care providers or to home (28)

The Inpatient Unit continues to deliver high-quality end of life care and support for patients with complex symptoms and needs. The unit provides a combination of consultant led specialist palliative care beds and nurse led beds commissioned through All Age Continuing Care (AACC).

In previous years we have reported transfers between these bed types as new admissions. We now record admission episodes as a patient's first admission onto the ward, regardless of bed type.

Throughout the reporting year, the Inpatient Unit has operated at a capacity of 13 beds, ensuring consistent access to specialist hospice care for our community.

Workforce development

Two Trainee Nursing Associates, whose training was fully funded by St Wilfrid's Hospice, have successfully completed their two-year programme.

Both individuals began their careers with the hospice as Healthcare Assistants, and their achievement reflects the organisation's commitment to nurturing internal talent and supporting staff to advance professionally. Once their Professional Identification Numbers (PINs) are issued, they will begin a supported transition into their new roles, further strengthening the nursing workforce.

As Registered Nursing Associates, their responsibilities will include the administration of medications and the provision of symptom management across a range of clinical areas. They will rotate between the Inpatient Unit and Community Services on a three-monthly basis to develop confidence, broaden their clinical experience, and contribute to a flexible workforce model designed to meet the evolving needs of our patients.

Eye and tissue donation

The team has continued to promote awareness and understanding of eye and tissue donation within the Inpatient Unit. During the reporting year, a total of 10 eye retrievals were successfully facilitated. This represents a significant contribution that has the potential to restore sight and improve quality of life for recipients.

Enabling eye donation requires highly skilled, sensitive, and compassionate communication with patients and families at a profoundly difficult time. The team remains committed to ensuring that conversations about donation are handled with dignity, clarity, and respect, and that families are supported to make informed decisions.

This important work reflects the hospice's dedication to honouring patient wishes and advancing opportunities for others through donation.

Supporting clinical decision-making

The Inpatient Unit has now embedded a dependency tool to support clinical decision-making. This tool is designed to strengthen the safety and appropriateness of admissions, while enabling more systematic monitoring of patient acuity, staffing requirements, and service pressures.

Introducing the tool has involved a period of adjustment, with some initial challenges and 'teething' issues as staff adapted to new processes and workflows. Ongoing refinement and feedback have been essential in ensuring the tool functions effectively and becomes fully integrated into everyday practice.

A pilot of the dependency tool within community services is planned for the coming year, building on the learning and improvements achieved through implementation in the Inpatient Unit.

Community services, including 24/7 Nurse Line

Service in numbers (the previous year's numbers are shown in brackets).



In 2025-26, the community team supported a similar number of patients to previous years. However, there has been a noticeable reduction in home-based and face-to-face visits. This shift reflects changing patterns of working models within the team and patient preference, with increasing numbers receiving support via telephone consultations or through attendance at the Living Well Hub.

This developing model of care continues to provide responsive, person-centred support while enabling patients to access timely advice, symptom management, and wellbeing interventions in a flexible and accessible way.

The 24/7 Nurse Line has continued to provide essential advice and support to patients, families, and health and social care professionals throughout 2025-26. The service remains a key component of our responsive model of care, ensuring timely access to clinical guidance and reassurance at any time of day.

The Nurse Line has seen a reduction in the number of patients supported and the overall call volume compared to the previous reporting year. This decrease reflects broader shifts in how patients access support, including increased use of alternative services such as the Living Well Hub and telephone reviews conducted directly by the community nursing team.

Despite the reduction in activity, the Nurse Line continues to play a vital role in ensuring immediate access to clinical advice, facilitating early intervention, and enabling patients to remain safely in their preferred place of care.

Workforce development

Our Development Clinical Nurse Specialist (CNS) has successfully completed her training and has now transitioned into a substantive CNS role, strengthening the clinical expertise within the community nursing team.

In addition, one of our experienced CNSs has completed a Level 7 Master's module and is progressing through the registration process to become a Non Medical Prescriber (NMP). Once completed, this will bring the total number of NMPs within the team to four, further enhancing our ability to provide timely symptom management, reduce delays in care, and support patients more effectively in their preferred place of care.

Living Well

Service in numbers (the previous year's numbers are shown in brackets).



The Living Well service continues to evolve. Working on a Living Well Quality Improvement Priority over the past year has given us a strong foundation for continued change and development.

Largely administrated and facilitated by the Therapies Team, but with excellent support from multidisciplinary team colleagues, the Living Well service is a modern take on hospice day therapy. It blends formal assessment and interventions with a more openly accessible hub drop-in model.

Therapies

Service in numbers (the previous year's numbers are shown in brackets).



The therapies team includes occupational therapists, physiotherapists, complementary therapists and rehabilitation assistants who work across our inpatient, community and Living Well (day therapy) services.

The team offers a goal-orientated approach to palliative rehabilitation, focusing on what matters most to patients and their families. This can take the form of supporting a discharge home from the Inpatient Unit, enabling patients to stay active and engage in activities that are important to them, or supporting patients and their families to manage the practicalities of end of life care at home.

Responding to urgent and complex referrals that require a rapid response, often regarding crisis situations in the community, continues to generate the most pressure on the team. Our therapists work closely with our community nurses and other statutory partners to ensure patients facing challenging situations can remain safely at home at end of life.

Patient and Family Support services

Patient and Family Support services continue to contribute to the multidisciplinary offer of whole-person support to patients and their families.

Social work

A well-established team of three social workers ensures consistent cover in the areas of safeguarding and mental capacity, alongside other core palliative care social work 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.

Recent feedback from senior leaders, managers, frontline staff and volunteers has confirmed and highlighted that the social workers are valued by their colleagues for their contributions to the multidisciplinary team, described as 'really skilled' and as 'held in extremely high regard'.

Counselling services

The service has continued to demonstrate maturity, resilience, and a strong commitment to delivering high quality, person centred psychological support. The number of referrals across the pre-death counselling and bereavement pathways has stayed consistent. Complexity within the adult bereavement pathway increased further, with a higher proportion of 'red rated' cases.

Following last year's positive Trustee quality assurance visit, the Adult Attitude to Grief (AAG) and Attitude to Health Change (AHC) outcome measures have now been embedded into routine practice. Early indications show that these tools have enhanced assessment quality and supported clinicians in recognising nuanced shifts in emotional wellbeing. A fuller analysis of outcome data is planned, to inform future improvement.

Bereavement counselling is predominantly delivered by around 24 counselling students who volunteer their time across the service, supported by strong supervision and reflective learning opportunities. The service depends on their contribution while also giving back by developing and nurturing the next generation of practitioners.


Counselling support for children and young people through the Seahorse Project remained a significant area of impact. Alongside direct therapeutic work, the team delivered four school based workshops that enhanced grief literacy and normalised conversations about loss. These sessions are consistently valued by educational partners.

Spiritual support

The hospice's vision is that spiritual wellbeing is everybody's business, and something that is done with people, rather than to them. Spiritual support is offered at any stage of a person's involvement with the hospice, whether as an individual or within a 'family' context. The intention is to ensure that patients' and families' spiritual needs are met according to their own understanding of spiritual support - inclusive of religion or not - and with particular attention to their individual life stories.

The Spiritual Support Lead role is multi-faceted; from training and support for staff and volunteers and supervision for some hospice bereavement volunteers, to the facilitation of various bereavement events that allow for expression of grieving. Engagement with the wider community is also a key component of the role.

More recently, the Spiritual Support Lead has been developing a role as a Funeral Celebrant. This will allow care of the dying to extend beyond their death, offering continued support for the wider family and friends.



"The care I am getting from St Wilfrid's is Gold Star. They are so good with me and the help they give to my wife is beyond words and I cannot fault them."

Care@Home

Service in numbers (the previous year's numbers are shown in brackets).

246 **11,010**

patients (201) visits (14,097)

During the reporting year, the Care@Home team has continued to deliver a highly responsive and compassionate domiciliary care service to patients nearing the end of their lives. The team has further strengthened its capability to support individuals at home by enhancing clinical competencies.

To improve the safety and effectiveness of medication management within the home setting, all Care@Home care staff successfully completed the *Healthcare Assistant Administration of Patients' Own Medication* in the Home competency assessment. With the clinical oversight and support of Non-Medical Prescribers (NMPs), staff became fully equipped to assess patients' medication support needs and administer medication safely and appropriately. This development enabled the team to deliver a more enhanced and timely service, ensuring patients received the right support at the right time.

The team also demonstrated increased capability in managing more complex situations, particularly regarding moving and handling requirements. Close collaboration with the hospice multidisciplinary team strengthened the team's skillset and confidence in responding to these more challenging patient needs.

A grant from Department of Health and Social Care (DHSC) enabled the purchase of two electric vehicles. This investment made a significant positive impact, improving the team's sustainability credentials while also delivering financial efficiencies.

The reduction in the number of visits reflects the planned, phased wind down of activity ahead of the strategic decision to conclude the Care@Home service at the end of March 2026. This transition has been managed carefully to ensure continuity of care, with a focus on supporting patients and families to access appropriate alternative services and maintaining the highest standards of compassionate, person centred support throughout the period of change.

Quality and safety update

Patient safety

St Wilfrid's Hospice remains committed to ensuring that patient safety underpins all aspects of care. The organisation maintains a secure and supportive environment through robust quality standards, effective medicines management, infection prevention and control measures, safeguarding practices, and clear, timely communication. These approaches work collectively to minimise risk and enhance the quality of life for patients and those important to them.

Learning and information are shared through a range of daily, weekly and monthly staff touchpoints to maximise engagement, including:

- Multidisciplinary team (MDT) meetings.
- Daily safety huddles.
- Shift handovers.
- Recorded updates for night shift teams.
- Mini-education sessions.
- Safety themed posters and visual reminders.

- Incident Reflection and Action group discussions.
- Learning From Incidents forum.

Through this, and a range of other initiatives (outlined below), St Wilfrid's Hospice continues to embed a culture of openness, learning, and proactive risk reduction, ensuring patient safety remains central to service delivery and organisational decision making.

Patient Safety Incident Response Framework (PSIRF).

Over the past year, the hospice has continued to strengthen its patient safety systems, with progress made in embedding the Patient Safety Incident Response Framework (PSIRF). As part of this work, subgroups reporting to the Clinical Governance Committee were restructured to streamline incident review processes, improve the identification of themes and trends, and support more consistent organisational learning. This ensures that preventative measures can be introduced promptly and that learning is translated directly into safer clinical practice.

Incident Reflection and Action meetings

To further enhance oversight, monthly Incident Reflection and Action meetings were introduced from July 2025. These meetings provide a structured forum to review all incidents, identify emerging patterns, and agree practical actions. This multidisciplinary approach reinforces accountability, strengthens shared learning, and promotes continuous improvement in line with PSIRF principles.

Key benefits of this approach include:

- A broader multidisciplinary perspective on incident themes and learning.
- Improved quality, consistency, and timeliness of incident reporting.
- Strong alignment with the organisation's Quality Improvement Priorities.

Safety in Focus

To ensure patient safety continues to be prioritised across the hospice, a dedicated Quality Improvement project introduced 'Safety in Focus' months. Each month highlights a specific patient safety topic (such as falls prevention, pressure ulcer management, or medicines optimisation) using a cyclical programme designed to improve staff communication, compliance, and shared learning. Additional topics can be added at any time in response to significant incidents or emerging risks, ensuring the programme remains dynamic and responsive.

Falls

During 2025-26, the hospice continued to care for an increasingly complex patient population, including a higher number of individuals with cognitive impairments and younger patients seeking to maintain independence. This evolving demographic contributed to the number of fall incidents observed.

Importantly, most falls resulted in no harm or low harm. There was just one moderate harm incident, which required only short-term increased monitoring and did not lead to any lasting effects.

Daily safety huddles within the Inpatient Unit ensure that patients at heightened risk of falls are actively identified, enabling timely interventions and targeted monitoring. Alongside this, the newly established Incident Reflection and Action meetings have played a key role in reviewing themes, identifying areas for improvement, and implementing actions to reduce risk. This prompted falls as a topic for discussion at a Learning From Incidents forum, to highlight findings and share learning and recommendations.



The first person I met was a nurse and she was absolutely wonderful. She gave me all the time I needed, and I immediately felt reassured. Each member of the team has been the same. When I go into the hospice I feel as if I'm being hugged.

Key improvement initiatives undertaken during the year include:

- Review and enhancement of the falls risk assessment processes, following the integration of assessments into the electronic patient record. This work included introducing a new fall out mat risk assessment and updating the bedrail assessment in line with national guidance, supporting staff to identify personalised risks and develop tailored prevention plans.
- Installation of an upgraded call bell and sensor mat system, including training for all Inpatient Unit staff. This has improved the reliability and differentiation of alerts to support earlier staff response, and enhanced confidence and competence in managing patients at increased falls risk.
- Introduction and promotion of the REACT to falls tool, strengthening staff decision-making and structured risk consideration following an incident.
- Targeted education during the falls Safety in Focus month, including mini-education sessions, awareness posters, and the launch of updated risk assessments. Continued emphasis on consistent language and daily conversations has further reinforced early risk identification.
- Rapid Response Group oversight, enabling swift multidisciplinary planning and intervention for patients experiencing multiple falls.

Overall, falls remain a well-managed patient safety risk, with low levels of harm and consistent evidence of learning and improvement. The combination of enhanced technology, strengthened assessment processes, proactive monitoring, and focused staff education is expected to further reduce falls related incidents and improve patient safety in the year ahead.

Medicines management

Ensuring safe and effective medicines management remains a core priority for St Wilfrid's Hospice. Throughout 2025-26, the hospice continued to strengthen governance processes designed to minimise medication-related incidents, support clinical decision-making, and maintain high standards of care across both the Inpatient Unit and community services.

Medication incidents remained consistently low, with the vast majority resulting in low or no harm, reflecting effective systems, prompt corrective action and ongoing monitoring. St Wilfrid's Hospice also continues to participate in Hospice UK's national medication incident benchmarking, with reported incident frequencies remaining stable and minimal impact on patient safety.

The following developments collectively demonstrate the hospice's strong commitment to medicines safety. Continued investment in digital systems, education, and collaborative governance ensures that medicines management remains safe, effective, and aligned with best practice across all clinical services.

Medicines optimisation

The Medicines Optimisation Group (MOG) meets quarterly to oversee medicines management across the organisation. Membership includes the clinical pharmacist and pharmacy technician, providing clinical expertise and assurance on safe practice. Monthly Incident Reflection and Action meetings have also supported detailed and standardised review of medication related incidents, strengthening the investigation processes and enhancing organisational learning.

St Wilfrid's Hospice continues to benefit from its close collaboration with St Michael's Hospice (Hastings and Rother), through the jointly chaired Medicines Optimisation Group. *This partnership has strengthened medicines optimisation across both organisations, leading to:*

- shared learning from medication related incidents,
- joint development of syringe pump and medication charts,
- shared audit activity providing external assurance,
- greater alignment and standardisation of medicines policies and procedures.

In the year ahead, St Wilfrid's Hospice and St Michael's Hospice will move to fully joint quarterly meetings, replacing individual hospice Medicines Optimisation Group meetings. This will further streamline and strengthen collaborative working.

Electronic prescribing

Electronic prescribing within the electronic patient record system has been rolled out for the community teams and, most recently, the Inpatient Unit. This has improved timeliness of medication administration, reduced delays, and enhanced the accuracy and reliability of documentation.

Education and workforce development

As part of the medicines optimisation Safety in Focus month, targeted medicines-related education was delivered, including:

- A mini-education session on completing community Medication Instruction Charts (MICs).
- Introduction of the Scottish Palliative Care Guidelines as a best practice protocol.

To further support safe medicines management, St Wilfrid's has appointed two Medicines Optimisation Support Nurses, providing a combined total of 16 hours of specialist support over a four-week period. **Their contributions have included:**

- Identifying the need for improved patient wristbands and implementing a wristband printer.
- Supporting the implementation and rollout of electronic prescribing on the Inpatient Unit.
- Embedding new processes to maintain safe medication management.
- Assisting in reviewing and updating medicines related policies and procedures in line with local and national guidance.
- Reviewing medication competency documentation to strengthen staff assessment and development.

Controlled Drugs Accountable Officer (CDAO)

The Associate Director for Quality and Governance serves as the Controlled Drugs Accountable Officer (CDAO). The Quality Manager 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 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, a total of 21 Controlled Drug related incidents were reported, all of which resulted in no harm to the patient. Controlled Drug incidents are included in the monthly Incident Reflection and Action meetings to identify any themes and learning.

The annual Controlled Drugs audit, conducted jointly with St Michael's Hospice, ensures adherence to compliance standards. Quarterly checks of Controlled Drug 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

Throughout 2025-26, the hospice experienced ongoing variation in pressure ulcer reporting, reflecting the increasing complexity, frailty and dependency of the patients being cared for.

Many pressure ulcers were present on admission or associated with unavoidable skin changes in individuals who were deteriorating or nearing the end of life. Community-reported ulcers increased during the year due to improved documentation and heightened awareness, rather than a true rise in incidents.

A small number of ulcers across the year were assessed as avoidable, with recurrent links to medical devices, including urinary catheters and syringe pump components. These findings reinforced the need for strengthened processes around device-related risk assessment, documentation of patient preferences or declined interventions, and closer monitoring in high-risk cases.

To address emerging themes, the hospice implemented several improvement initiatives:

- Safety in Focus: pressure ulcer prevention, which included targeted mini-education sessions and focussed discussion on device-related risks. This initiative has contributed to a reduction in new pressure ulcers developing during admission. Reporting of pressure ulcers by community teams also increased, particularly following the October programme.
- Regular multidisciplinary team discussions and daily safety huddles, ensuring early identification of high-risk patients, more consistent monitoring, and clearer action planning across clinical teams.
- Learning from Incidents forum. Pressure ulcer care and prevention was the first topic at the Learning from Incidents forum for 2025-26, with discussions on safeguarding, documentation and human factors, incorporating PSIRF principles.

Across the year, the hospice demonstrated a strong, responsive approach to pressure ulcer prevention and management. Improved reporting accuracy, focused education, and proactive multidisciplinary collaboration contributed to safer patient care and meaningful reductions in newly acquired pressure ulcers, despite caring for an increasingly frail and clinically complex population.

Risk management

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

Accidents, incidents, and near misses

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

As part of our Quality Improvement Priorities work, we have begun redesigning the accident, incident, and near miss modules in collaboration with St Michael's Hospice. Our shared aim is to implement a unified reporting platform across both organisations.

The revised module will incorporate the System Engineering Initiative for Patient Safety (SEIPS) framework and embed the principles of the Patient Safety Incident Response Framework (PSIRF), supporting a consistent, high quality approach to patient safety.

Risk assessments

Patient risk assessments are integrated into our electronic patient record system, where notifications prompt staff to complete and review assessments regularly.

Organisational risk assessments are held centrally within the Sentinel Vantage risk assessment module, enhancing transparency and oversight. This system allows the CEO and Registered Manager to review and monitor all active risk, including departmental assessments, which supports strong governance and effective risk management.

Risk registers

Risk registers are maintained and actively managed through the Sentinel Vantage system. High-rated risks trigger automatic notifications to the CEO and Registered Manager, ensuring prompt attention. The Strategic Risk Register is reviewed on a monthly basis by the leadership team and is subsequently reported to the Board of Trustees for oversight and assurance. During the reporting year, financial sustainability has remained a key strategic risk, reflecting the significant financial challenges experienced by the hospice. This risk has been closely monitored, with mitigating actions regularly reviewed to support the organisation's ongoing resilience and ability to deliver high quality patient care.

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. The certificate is 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, and 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 the reporting year.

Quality Matters

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 our internal teams and visitors.

We have a dedicated section on our website to share our projects and key learnings with 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:

- Demographics update: Understanding the whole person.
- Quality assurance forums: What are they and who can attend?
- Our FREDIE journey: Ensuring St Wilfrid's is as equal and diverse as possible.
- Spiritual care: What is spirituality? How can we support patients?

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.
- Nutrition support and provision for Inpatient Unit patients.

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.

Research

St Wilfrid's concluded its role as a CHELsea II study site in September 2025, The CHELsea II trial is a UK based, cluster-randomised study investigating whether clinically Assisted Hydration (CAH) reduces delirium in patients in their last days of life. We look forward to the results once they become available.

Any relevant new studies that have come to our attention have been reviewed for feasibility, with interest expressed in those that align well with our services and place minimal demands on clinical resources. Although one of these trials did not progress due to external funding decisions, the review process has helped strengthen our understanding of the research landscape.

Over the past year staff contributed to interviews and focus groups for a number of academic projects, including *Understanding Special Rules for End of Life* (Cicely Saunders Institute) and *Inclusive Leadership in the Hospice Setting* (Henley Business School). The hospice also continued to host a quarterly Journal Club for staff and volunteers, supporting critical review of current clinical evidence and considering its relevance to our practice.

As part of our ongoing review of research activity and capacity, it was agreed to stand down the Research Group originally established to support the CHELsea II project. This work provided valuable insight into the infrastructure required for sustainable research involvement, including the need for dedicated expertise and hospice specific governance processes. These findings will help inform future planning.

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 ESHT, 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.

Clinical professional registration

Clinical professionals regulated by a professional body must maintain active registration as a condition of their employment. The People and Culture Team checks registration renewals monthly via the relevant regulatory portals. Throughout the reporting year, no concerns were raised with the Registered Manager, and all staff maintained their registrations within the required timeframes.

Data quality

High-quality data is central to delivering safe, effective, and compassionate patient care. Over the reporting period, the hospice has enhanced how we collect, analyse, and present data to inform clinical practice and service development. The introduction of a Clinical Data Analyst has strengthened the team, enabling us to respond to increasing data demands, maintain up-to-date datasets, and ensure consistency and alignment with national standards.

The team has developed automated tools, including R scripts and Power BI dashboards with Statistical Process Control (SPC), to visualise clinical activity and outcomes, improving accessibility and clarity for staff. We plan to expand these dashboards further to provide deeper insights into patient support and service effectiveness.

Working collaboratively with data analysts from other hospices and partners across the Sussex Hospice Alliance, the team developed a standardised data submission template for NHS-funded All Age Continuing Care (AACC) beds, supporting care for individuals with serious, long-term, or complex needs. This has improved consistency and transparency of submissions, helping commissioners understand bed utilisation, patient complexity, and quality of care.

Where SPC monitoring identifies concerning patterns in falls, medication errors, pressure ulcers, or other clinical incidents, structured reviews are undertaken to understand contributory factors. Monthly Incident Reflection meetings, attended by members of the multidisciplinary team, provide a forum to review trends, share learning, and implement preventative actions.

The hospice supports the NHS Long Term Plan by adopting digital innovation to improve data quality and clinical effectiveness. Our Clinical Data Analyst contributes to national AI policy discussions through active participation in the NHS AI Ambassadors Network.

Looking ahead, we plan to strengthen data governance further, expand automated reporting and interactive dashboards, and embed AI-supported insights to improve real-time visibility of key metrics. These developments, alongside multidisciplinary discussions, will support a more proactive and preventative approach to care, ensuring data continues to drive informed decision-making and improve outcomes across the hospice.



I cannot speak highly enough of the care – the doctors, nurses and the volunteers. I have nothing but praise for everyone. It's 11/10!

Safeguarding

The focus on safeguarding as an organisation-wide priority has continued this year. Oversight and governance of whole organisation safeguarding remains the responsibility of the Board of Trustees' Safeguarding Committee.

The number of safeguarding concerns identified, as well as those escalated to statutory services, has remained relatively consistent. They are similar to figures from two years ago, with a slight decrease observed last year. The organisation continues to encounter safeguarding situations that require sustained involvement over an extended period, rather than being resolved through a single intervention. There continues to be rich learning from cases, with changes to practice and policy.

Overall completion rates for mandatory training are good. Safeguarding reflection sessions for the multidisciplinary team continue to be well attended and positively received.

Work to further strengthen safeguarding related measures in retail has continued. Lead retail volunteers, who will be DBS (Disclosure and Barring Service) checked and undertake safeguarding training, are being identified. Improvements have been made in identifying vulnerable volunteers, with individual risk plans in place where needed. Work has started on preparing an application for accreditation under the Charity Retail Safeguarding Scheme (CRSS), with the intention of submitting it in July 2026.

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

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

A strategic review of safeguarding across this and a neighbouring hospice was completed in December 2025. Learning and actions from the review will be taken forward in 2026-27. It can already be reported that a broad group of stakeholders described the St Wilfrid's Hospice safeguarding culture as 'very robust, well established, a real area of strength, healthy, engaged, unique.'

Equality, Diversity and Inclusion

Within this reporting year we have strengthened our long term commitment to Equality, Diversity and Inclusion by continuing to embed FREDIE (Fairness, Respect, Equality, Diversity, Inclusion and Engagement) across every part of St Wilfrid's Hospice. Our focus remains ensuring that the organisation is in the best possible position to provide fair, inclusive and equitable care to everyone who needs it within our catchment area.

Following last year's groundwork, the hospice completed the full assessment process with the National Centre for Diversity (NCFD).

As part of the accreditation process, external assessors undertook a comprehensive review of policies, systems and practices to understand how well our culture reflects FREDIE values. More than 250 staff and volunteers participated in diagnostic surveys, and the Investors in Diversity assessors facilitated focus groups with the leadership team, Trustees, the FREDIE Delivery Group and a cross section of staff and volunteers. Engagement included people whose voices are sometimes less heard, including retail teams and housekeeping staff, alongside insights from patients and community supporters.

Assessors met regularly with the project lead to gather evidence in support of implementation of the FREDIE action plan and carried out a large-scale desktop review of paperwork, practices, policies and procedures.

St Wilfrid's Hospice was awarded the Investors in Diversity Silver Accreditation in September 2025.

In November 2025, we were recognised in the National Centre for Diversity's Top 100 Employers Index, achieving a place at number 88. This recognition reflects the strong engagement of our workforce and the progress made to embed inclusive practices into daily operations, governance and service delivery.

The NCFD framework supports organisations to go beyond traditional ideas of equality and diversity by also measuring fairness, respect and engagement. These principles have continued to shape our culture, and we have worked to ensure FREDIE is visible, understood and consistently practised across the hospice.

Key achievements this year include:

- Strengthening the governance of FREDIE work, with a more established Delivery Group reporting to the People Committee and Board.
- Increased engagement with FREDIE across the workforce, reflected in survey findings and attendance at training sessions and discussion groups.
- Introduction of clearer expectations around behaviour, informed by feedback on microaggressions and the need for consistent approaches to inappropriate conduct.
- Continued development of the hospice-wide competency framework, which will embed FREDIE principles into appraisals, supervision and everyday practice.
- Progress in improving data collection and analysis to help us understand representation and identify gaps where further inclusion work is needed.
- Development of a centralised FREDIE incident reporting process to ensure concerns can be raised safely and addressed consistently across all departments.

Looking Ahead

The Silver accreditation is an important milestone, but our work continues. In response to the recommendations within the accreditation report, further developments are planned to strengthen our inclusive culture. We will continue to monitor progress against our objectives.

Clinical Transformation Programme

The Clinical Transformation Programme is a core component of the hospice's wider Transformation Programme. It supports delivery of a sustainable, financially stable neighbourhood hospice by March 2028, capable of meeting future population need.

Progress during the reporting period

Following completion of a Clinical Services Review (September 2025), significant progress has been made in redesigning clinical services and improving efficiency, quality, and patient experience:

- The Advanced Nurse Practitioner role has expanded across all clinical areas, increasing specialist input and improving team learning.
- Inter-departmental working has strengthened through more effective clinical meetings, releasing time for direct patient care.
- The community physiotherapy establishment has been reviewed, with revised hours and referral criteria to focus on patients with greatest need.
- Initial rollout of the Comfort Tracker patient reported outcome tool has begun, supporting future opportunities for digital and operational efficiencies.
- Community discharge planning processes have been redesigned to improve patient flow.
- E-prescribing has been implemented within community services, improving responsiveness and supporting safer practice.
- Daily shared community team huddles with St Michael's Hospice (Hastings and Rother) have enhanced communication and joint problem solving and released further clinical capacity.
- The programme of group sessions (Fatigue and Breathlessness, Living Well, Yoga) has been reviewed, with frequency reduced to optimise resources and demand.
- Community Hubs have been consolidated from three to two, aligning with neighbourhood team geographies and enabling staffing efficiencies.
- The job description for Registered Nursing Associates has been approved ahead of staff completing training.
- Assessment and discharge processes within Living Well and Therapies have been refined to ensure a needs led, capacity optimised model.
- Outpatient capacity has increased, including new appointments based on the Inpatient Unit.
- A paid complementary therapy trial (suggested donation model) is underway as a new income stream.
- The shift lead role has been redefined to strengthen daily operational oversight in community services.
- Contracted All Age Continuing Care bed patients now form part of the multidisciplinary team, improving care planning, throughput and contract delivery.
- A rapid Occupational Therapy service review has resulted in redesign to improve efficiency.
- A new gym volunteer role has been introduced, enabling physiotherapy attendance at Inpatient Unit multidisciplinary team meetings.
- Volunteer drivers have been added to support improved patient access to clinics and groups.

Programme position

Clinical Transformation is one of four programmes within the overarching Transformation Programme, alongside Commercial, Partnership, and Digital Transformation, all supported by detailed financial modelling and workforce transformation.

Current programme status shows all milestones and deadlines are on track.




Clinical collaboration


During the reporting year we have progressed several key projects collaboratively that support consistent, high quality care across our local hospice network. This collaborative approach ensures shared learning, improved resilience, and greater alignment in delivering safe, effective and patient centred services.

Joint Medication Optimisation Group

 **Aim**
Ongoing sharing of learning opportunities, audits and project work, and enhancing patient safety by working collaboratively with St Michael's Hospice on medicines optimisation.


 **Outcome**


- Joint meetings held three times per year.
- Task and finish group worked on specific projects.
- Implementation of joint audits providing external scrutiny and assurance.
- Shared learning from medication incidents.
- Alignment of best practices.
- Implementation of electronic prescribing across both organisations.

 **Changes in practice/next steps**

- Ongoing joint meetings quarterly to replace individual hospice Medication Optimisation Group meetings.
- Ongoing project work for the task and finish group.


Joint Quality Improvement Priorities

 **Aim**
Collaborate with St Michael's Hospice 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 continued to progress over the second year but have identified the need for more time to ensure processes are correct and meaningful evaluation undertaken.

 **Changes in practice/next steps**
To extend both joint Quality Improvement Priorities into year three.


Joint safeguarding review


 **Aim**
A joint Safeguarding Review took place between St Michael's Hospice and St Wilfrid's Hospice. The purpose was to undertake a strategic review of safeguarding practices across both hospices to identify areas of strength for shared learning and provide high level recommendations for improvement.

 **Outcome**
A report has been collated and presented to both CEOs.

 **Changes in practice/next steps**
Agreed changes will be fed into planned transformation work.

Joint Clinical Governance Committee

 **Aim**
A joint Clinical Governance Committee was held with St Wilfrid's Hospice and St Michael's Hospice in October 2025. It was chaired jointly by the Clinical Governance Committee Chairs with good attendance from both committees.

 **Outcome**

- Examples of joint and partnership working that deliver an improved service to patients and carers were shared.
- There was healthy discussion about potential areas of future partnership working.
- There was agreement on aligning reporting cycles to support benchmarking.

 **Changes in practice/next steps**

- A second joint Clinical Governance Committee will be held in autumn 2026.
- Sussex Hospice Alliance Partnership.

Hospice Line: working in partnership to improve 24/7 telephone support

During 2025–26, significant progress was made towards establishing the shared 24/7 Hospice Line between St Michael's Hospice and St Wilfrid's Hospice, with a planned launch in June 2026.

This collaborative model will provide round the clock telephone support using shared clinical and administrative resources, shared systems, and consistent escalation pathways. Extensive preparation has included system testing, workforce training and developing a unified record sharing approach to ensure safe, efficient and high quality patient support. A shared response model has been piloted over a series of weekends in 2025.

Key features:

- Hospice Line resolves urgent, same day issues, reducing disruption and supporting hospice teams to carry out planned work on time.
- A call handling model where healthcare assistants receive and assess calls, registered nurses manage more complex needs, and clinical nurse specialists provide specialist advice and prescribing when required.
- Shared SystmOne record enables call handlers and clinicians to access full patient information, ensuring safe decision making and smooth escalation.
- Better use of staff time across both hospices.
- Improved resilience and consistency.
- Strengthened collaborative working, ensuring the right clinician handles the right task at the right time.

All Age Continuing Care

The Sussex Hospice Alliance, which St Wilfrid's Hospice is a part of, has worked with All Age Continuing Care to develop a service specification and Standard Operating Procedure for funded beds. Reporting metrics have been reviewed and reporting processes streamlined.

Medicines optimisation in Sussex hospices

Following on from the mapping exercise completed as part of the Sussex Hospice Alliance in 2024/25, work has commenced on a standard pharmacy specification to support tendering processes.

Quarterly meetings between the hospices have commenced to share learning from medicines-related incidents.

Service descriptors review

As part of the Sussex Hospice Alliance, the Sussex hospices have taken part in an exercise to map services to the recently developed Hospice UK Service Descriptors.

Integrated Community Teams

Integrated Community Teams (ICTs) have been put in place by Integrated Care Boards as part of the NHS 10-year plan. They are multidisciplinary teams that bring together health and social care professionals to support people in their own communities.

They exist to provide joined-up proactive care, especially for those with complex or ongoing needs, with an aim to ensure individuals get the right support earlier, stay well for longer, and avoid unnecessary hospital admissions.

Sussex hospices, working together as The Sussex Hospice Alliance, are playing an active role within Integrated Community Teams.





We really appreciate having someone to speak to at Nurse Line. They are very kind and helpful.

Part Four

Feedback about our organisation

Duty of Candour

St Wilfrid's Hospice recognises the significant emotional and physical impact that patient harm can have on patients, families, carers, and the staff involved. Our Duty of Candour policy ensures that we remain open, honest, and transparent with patients and those close to them when an incident results in harm.

All incidents are reviewed through the newly established Incident Reflection and Action meetings, with themes and incidents involving significant harm escalated to the Quality and Safety Group and reported to the Clinical Governance Committee.

Serious incidents are notified to the Care Quality Commission and other statutory bodies in line with regulatory requirements.

Freedom to Speak Up

The hospice remains committed to an open and transparent culture where employees and volunteers feel confident raising concerns about any aspect of our service. This includes issues related to patient safety, working conditions, ethical conduct, or behaviours that may contribute to a bullying culture. Individuals are encouraged and supported to speak up, with reassurance that they can do so without fear of retribution.

We currently have three Freedom to Speak Up Guardians (FSUGs) representing a range of clinical and non-clinical areas. All Guardians undertake online induction training, followed by annual refresher modules. In line with National Guardian's Office expectations, they also participate in virtual mentoring sessions and have ongoing access to guidance and support.

FSUGs can be contacted through multiple channels; face-to-face, by phone, by email or in writing. They maintain visibility across the organisation through posters, internal communications, drop-in opportunities, and regular features in our staff and volunteer newsletter. They also contribute to welcome sessions for new employees and volunteers by delivering a short introductory presentation.

During the reporting year, two formal concerns were raised via the FSUGs. Both were reviewed and managed in accordance with guidance and policy. The main themes emerging from these concerns related to team working and support.

The FSUGs continue to review and share themes with the CEO and People Director, meeting twice a year.

Service user feedback and engagement

For over 10 years, St Wilfrid's Hospice has been using VOICES as a tool 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. Over the years the results from the survey have provided valuable insights and assurance.

- Published a pay banding leaflet for all staff, clearly explaining how roles are evaluated and how competency-based pay progression works.
- Undertaken a comprehensive review of our performance management and appraisal system, with recommendations now informing a programme of redesign.
- Continued to invest in wellbeing support, including our Employee Assistance Programme, Wellbeing Champions, Mental Health First Aiders, and in-house yoga and Pilates sessions.
- Delivered neurodiversity and inclusive leadership training for managers.

Trustee assurance visits

Trustees undertake quarterly assurance visits to meet frontline staff and gather insight into their experience of working at St Wilfrid's Hospice. Themes for each visit are agreed in advance by the Chair of Clinical Governance and the Associate Director for Quality and Governance.

Visits include face-to-face discussions with staff from across the organisation, facilitated by the Associate Director for Quality and Governance. Immediate feedback is provided on the day, with a written report submitted to the next Clinical Governance Committee.

During 2025-26, visits focused on:

- evidence based practice and communication,
- community services,
- future ways of working,
- infection prevention and control.

Staff consistently reported that the visits were constructive. They valued the opportunity to speak openly with Trustees and noted that the process helped build confidence for future external inspections.

Overview of the general themes from Trustee assurance visits:

- Staff demonstrated resilience and professionalism during financial consultations and organisational changes, and a strong commitment to hospice values and patient care, despite pressures.
- A positive team culture was noted across clinical services.
- Mutual support within teams helped maintain morale during challenging periods.
- There is good access to Continuous Professional Development, academic programmes, and clinical resources.
- There are structured processes for study leave and funding, especially for Non-Medical Prescribers.

A post-visit questionnaire was introduced later in the year for staff and volunteers. The feedback gathered is used to refine the process and support continuous improvement of future visits.

A new format for Trustee visits was introduced in April 2026 to provide a more comprehensive review of hospice services. This includes a morning session focused on clinical services, and an afternoon session exploring other services and strategic themes. One visit during the year will include direct engagement with service users through attendance at a Living Well Hub drop-in session.

Integrated Care Board feedback

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

NHS Surrey & Sussex would like to thank the organisation for its commitment to quality improvement through achievement of its 2025/26 objectives for residents. The hospice has achieved many successes in 2025/26, most notably:

- Establishing and developing the Living Well service to shift from traditional hospice care to a more preventative, wellbeing-focused service model.
- Progressed Year 2 of the 2024–2027 Clinical Strategy, focusing on transformation and patient outcomes.
- Introduced electronic prescribing for community patients, improving safety and efficiency.
- Advanced the development of a 24/7 Hospice Line.
- Strengthened partnerships with St Michaels's Hospice and Sussex Hospice Alliance.

Additionally, NHS Surrey & Sussex recognises St Wilfrid's commitment to continue working on objectives partially met within the two joint Quality Improvement Priority objectives, as part of the 2024–2027 Clinical Strategy.

1. The development of a dependency tool, to integrate workforce structure and safe staffing regarding palliative and complex carer needs.
2. To fully embed the Patient Safety Incident Response Framework (PSIRF).

St Wilfrid's Hospice Quality Accounts outlines the priorities for improvement in 2026/27, and NHS Surrey & Sussex would like to acknowledge these continued key priorities:

- Completing and evaluating a pilot of the new comprehensive dependency tool and establishing a community of practice with other hospices.
- 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.
- Developing and sustaining the Living Well Service.

NHS Surrey & 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.

Appendix One

Completed clinical audits

Title of audit and frequency	Aim	Outcomes	Changes in practice/next steps
Hospice UK general medicines. Annual.	The management of non-Controlled medicine (non-CD) will meet the requirements of the: <ul style="list-style-type: none"> • Medicines Act (1968) • Misuse of Drugs regulations (2001) • Misuse of Drugs regulation (Northern Ireland) (2002) • Health Act (2006) 	Overall compliance: 82% Minor discrepancies in the documentation of returned non-CD medication.	Discussions on current practice and agree next steps.
Hospice UK management of Controlled Drugs. Annual.	The management of Controlled Drugs (CDs) will meet the requirements of the: <ul style="list-style-type: none"> • Misuse of Drugs regulations (2001) as amended on 16th August 2007. • Health Act (2006). • Controlled Drugs (supervision of management and use) regulations 2006 as amended in 2020. 	Overall compliance: 100% Will continue to monitor regularly.	No further recommendations at this time.
Hospice UK Self-Assessment Audit Tool for the Controlled Drugs Accountable Officer (CDAO). Annual.	The CDAO's will meet the requirements of the: <ul style="list-style-type: none"> • Misuse of Drugs Regulations (2001) as amended on 16th August 2007 • Health Act (2006) • Controlled Drugs (supervision of management and use) regulations 2006 as amended in 2020. 	Overall compliance: 99%	This audit was scrutinised by St Michael's Hospice's CDAO. No further recommendations made at this time.
Hospice UK medical gases. Annual.	Management of Medical Gases will meet the requirements of: <ul style="list-style-type: none"> • Medicines Act (1968) • Health & Safety at Work Act (1974) • Misuse of Drugs Regulations (2001) • Health Act (2006) 	Compliance: 92% Policy and procedure require elaboration in certain areas. Ongoing work regarding flow charts and training on the new oxygen concentrators.	Successful implementation of two new medical gas pipeline system appointed persons to oversee medical pipeline. Work ongoing to review policy and ensure clear

Title of audit and frequency	Aim	Outcomes	Changes in practice/next steps
			guidance for piped oxygen. Plan for further training on prescribing and administration of oxygen from different types of equipment. Continue to audit annually.
Controlled Drug compliance and record keeping. Quarterly.	To monitor compliance and identify themes and trends.	Compliance: 98% Overall positive outcomes with updated policy placed in medication room.	Quarterly audits to continue.
Medication chart. 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: 87% Allergies not always being documented on the electronic patient record as well as the medication chart.	Ongoing promotion of recording data. Included in new medicines knowledge check for 2026-27. Included in Safety in Focus month for medicine optimisation.
Hospice UK Infection control. 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 regulatory bodies that they meet the requirements of the current law and regulations and are working in accordance with best practice.	Compliance: 94% More education required on spill kits and what to use. Not all staff knew where to look for information on contact time of cleaning products.	We plan to review our uniform policy working in collaboration with our teams. Gloves off campaign completed in May 2025. Completed review of policy and procedure to include national cleaning standards. Infection control Safety in Focus topic promoting gloves off campaign, bare below the elbow and cleaning schedules. Mini-education session on catheter daily care. Process for sharps changed to ensure safety and compliance.

Title of audit and frequency	Aim	Outcomes	Changes in practice/next steps
Clinical waste handling and disposal. Quarterly.	To ensure good practice in the safe management of waste, and to maintain health and safety compliance.	Compliance: 98% Minor issue of very full bags during one audit, this was due to patient being in isolation leading to increased usage.	Ongoing monitoring with quarterly audits.
Environmental: nurses' station Quarterly.	To reduce the risk of infection.	Compliance: 98%	Promotion through handovers and safety huddles helped improve compliance in the most recent two audits, which were 100%.
Urinary catheterisation: insertion. Quarterly.	To ensure safe practice in the ongoing management of catheters on the Inpatient Unit. Reduce the risk of infection and need for antibiotics use for the management of catheter-related UTIs.	Compliance: 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 in 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: 89% Compliance has remained high. Issues have mainly been around the documentation of daily checks.	Catheter daily care has been a topic at the mini-education series. The session has been recorded and mandated for Inpatient Unit staff. Importance of assessment and planning and documenting included in skills days.
Management of sharps. Quarterly.	To ensure the safe management and disposal of sharps.	Compliance: 90% Temporary closures not always used. Sharps bins attached to medication trollies in the corridors has remained an issue.	Due to having handheld devices, staff like to use the trollies as working stations, meaning they are not stored away. Sharps bins removed from trollies and are now available for single use.

Title of audit and frequency	Aim	Outcomes	Changes in practice/next steps
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: 89% Ongoing issues include jewellery and long sleeves under uniforms.	Review the uniform policy, working collaboratively with teams. Gloves Off and 'bare below the elbow' included in the infection prevention Safety in Focus months.
Hand hygiene. Monthly.	Ensure compliance with the World Health Organisation 5 moments.	Compliance: 91% Over the year 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. Infection prevention and control Safety in Focus months.
Record keeping. 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: IPU 80% Community 79% Care@Home 93%	Record keeping and care planning added to the RN and HCA clinical skills days for 2025-26 and 2026-27. Amendments made to SystemOne to help aid compliance. Included in Safety in Focus months and improvement noted in Q4. Full review of audit questions required for community team to align with new ways of working.
Hospice UK management of pressure ulcers. Changed to six-monthly.	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 reporting framework by CQC and local CCGs.	Compliance: 93% Significant improvement in compliance noted.	Safety in Focus month dedicated to pressure ulcer prevention. Plan to repeat. Will continue ongoing promotion.

Title of audit and frequency	Aim	Outcomes	Changes in practice/next steps
Inpatient Unit falls. Annually.	To ensure the hospice takes a proactive approach to patient falls prevention and to facilitate evidence-based management of falls.	Compliance: 81% Risk assessment always carried out on admission. Reviews delayed or not completed. Care plans not updated, particularly when patient is the dying phase, despite daily checks and regular monitoring being carried out.	Review of bedrails risk assessment. Addition of new fall out mat risk assessment. New call bell systems which allow for differentiation of sound. Continue to promote at huddles. Safety in Focus month dedicated to falls. Care planning training ongoing, including risk assessments.
Care after death. Six-monthly.	To ensure care after death is carried out according to hospice policy and national guidance.	Compliance: 95%	Policy reviewed and updated following the Fuller inquiry. Review of processes underway regarding documentation. Care after death checklist review. Care after death training to be reviewed and relaunched. Safety in Focus month for care after death.
Radiotherapy (joint audit with ESHT).	Review of survival and impact on symptoms following palliative radiotherapy for patients known to St Wilfrid's Hospice or St Michael's Hospice. Joint audit with East Sussex Healthcare NHS Trust (ESHT).	Bone pain was the most common indication: 35%. The median time from referral to treatment was 14 days (ranging from 13-63 days). 52% of cases were deemed to derive from radiotherapy on retrospective review of post treatment letters and clinical notes. Median overall survival for the cohort was 5.68 months.	Looking at integrating IPOS into radiotherapy referral process and repeat following radiotherapy to measure impact.

Title of audit and frequency	Aim	Outcomes	Changes in practice/next steps
Review of Spiritual Support care plans	To see if Spiritual Support care plans are being filled in by the clinical team. Organisational priority is that Spiritual Support is everyone's responsibility.	Compliance: IPU 90% Community 81% Spiritual Support is taking place, but not being recorded in the care plans, and if they are they are infrequently reviewed.	Quality Matters poster displayed to promote spiritual care. Organisational role modelling of spiritual support. Keeping the conversation going in multidisciplinary team meetings Plan to repeat activity in a year.
Nutrition support and provision for Inpatient Unit patients.	To ensure compliance with the 10 key characteristics of good nutrition and care.	Compliance: 93% Age range: majority under 52 years old.	Patient information board is now colour-coded to reflect levels of importance. Improved knowledge and provision of soft and texture modified diets. IDDSI (International Dysphagia Diet Standardisation Initiative) training delivered to the IPU team and kitchen team. Volunteer Hosts now taking increased responsibility for the delivery of patient meals. Cultural dietary requirements are captured as part of the nutritional assessment (SY1).



St Wilfrid's Hospice

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