



Teesside
HOSPICE

Quality Account

2024-25

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Who we are

Our Vision

Our Vision is that we are there for everybody who needs us. We want to change the way our society and healthcare systems care for people with a life limiting illness and ensure that local people get the very best care at the end of their life.

Our Mission

Our Mission is to complement other services by leading the development of new ways of working and delivering hospice care that meets the needs of those at the end of their life today and those in the future, whatever their needs might be.

Our Values

The Values that will shape the makeup of our team and the way we behave:

- Compassionate
- Skilled
- Trustworthy
- Accountable
- Principled



Ann's Story

"I've had a good life, and now it's time to let go, but I'm so grateful I found Teesside Hospice to help me make the most out of my time here."

At Teesside Hospice, we've been supporting people with a terminal illness for 42 years, helping them to live as well as possible, for as long as possible. Through caring and supporting patients just like Anne in their care, we have changed perceptions on hospice care:



"My name is Anne Metcalfe, I'm 86 years old, and this is my first experience in a hospice. I've never felt more cared for in my life than I do here.

Choosing Teesside Hospice was one of the best decisions I could have made. My journey began with COPD, but it was when I started struggling to breathe that I received the news that I had cancer. At first, it came as a big shock to me, and I didn't think it was that serious. But over time, it became clear that I wasn't getting better.

The night before I arrived at the hospice, I hardly slept. I was nervous, and frightened. But from the moment I stepped through the doors, everyone I've met here has been marvellous. From the doctors to the nurses and the cleaners, every single person is so caring. The food, the atmosphere, the care, everything is more than I expected. They're so attentive here. Every little need I have is met, and it's that level of care that makes all the difference.

I've had a good life, and now it's time to let go, but I'm so grateful I found Teesside Hospice to help me make the most out of my time here."

We help people just like Anne to make the most of every day, ensuring they receive the best possible care by creating experiences and memories that last a lifetime.

A Statement from our Chief Executive



Welcome to the 2024-2025 Quality Account from Teesside Hospice, as we look back on the last year it's been remarkable to see the difference the team at Teesside Hospice continue to make to individuals and families affected by life limiting illness. Following the pandemic our core clinical services have retained their focus on delivering specialist-level palliative and end of life care and back to business 'as normal'. Our ambitions to help more people reduce the pain and distress they experience has led to new and innovative ways to reaching out into our community and opening up access to hospice care for those who might not previously have known about us.

We continue to engage in clinical and service developments, engaging in medical research, implementing new digital healthcare, and further developing the skills mix within our teams. Using our unique specialist skills and knowledge within the team deliver training outside the hospice, raise public awareness about death and dying in a timely and supportive way.

Of course, the year hasn't been without its challenges. We are noticing a change to the demographic of people who need our clinical services. More younger people, with increasingly complex conditions, are being admitted to our In-Patient Unit. These patients require more support as do the families around them, which is increasing pressure on our staff, but our wonderful team is coping admirably.

Recent legislative amendments to the Health and Care Act have made the commissioning of specialist palliative care a mandatory requirement which alongside explicit statutory guidance on how this should be funded has offered some hope that hospice care might be moving towards a more sustainable financial footing. Given the precarious nature of most hospices in the country and all of the hospices in Tees Valley, using these new opportunities to secure an improved funding arrangement that supports the delivery of specialist-level care local people need remains a high priority for the hospice.

Teesside Hospice wouldn't be able to function without the support of its wider partners across system. This year has seen further integration and even closer collaboration with our health partners at South Tees NHS and social care in Middlesbrough, Redcar and Cleveland. Additionally, closer cooperation within the hospice network itself continues to deliver opportunities to learn, share and collaborate in order to bring greater benefits for those we are here to serve.

This Quality Account showcases our achievements over the last year and ambitions for the next. Hospice Care is very much a team activity, and my thanks go to everybody who has contributed to our work this year. Partners, supporters, donors, funders, staff, volunteers - on the front line, back office, in retail and income generation and others still opening doors and championing the cause.

Thank you,

Mike Thornicroft
Chief Executive of Teesside Hospice

A Statement from the Board of Trustees

The Board of Trustees is fully committed to the provision of safe, caring, responsive, effective, and well-led services at Teesside Hospice.

The Hospice has a well-established clinical and corporate governance structure, with trustees playing an active part in ensuring that Teesside Hospice fulfils its mission, according to its charitable intentions and in ensuring that the organisation remains responsible and compliant in all areas of regulation, health and safety, employment law and other relevant legislation.

This Quality Account was approved.

Signed



Gary Whitehead
Chair, Board of Trustees of Teesside Hospice



Introduction

Welcome to the Teesside Hospice Care Foundation (THCF) Quality Account for 2024/2025.

This Quality Account outlines our strategic approach to delivering high-quality, compassionate care for individuals with specialist palliative care needs and those approaching the end of life. It reaffirms our commitment to person-centred care delivered with empathy, dignity, and clinical excellence.

We review the progress made against the quality priorities identified in our previous report and set out our co-produced improvement priorities for the year ahead. To support continuous improvement, we will adopt the Model for Improvement, an evidence-based framework developed by the Institute for Healthcare Improvement (IHI, 2024). This model will guide our efforts to test, measure, and embed meaningful change, ensuring our services continue to evolve in response to the needs of those we support.

Rob Common

Director of Nursing & Quality of Teesside Hospice



About Teesside Hospice



Since its inception in 1982, Teesside Hospice Care Foundation (THCF) has provided a specialist palliative care service to enhance the quality of life of those suffering from any life limiting or life-threatening illnesses. Our hospice has a specialist palliative care multidisciplinary team and a team of volunteers who support patients and their carers in their illness journey.

The hospice's catchment area is predominately Middlesbrough, Redcar and Cleveland areas, providing specialist palliative and end of life care for inpatients, community and wellbeing services plus complementary therapy for Stockton patients.

We work in partnership with the local NHS acute hospital and the community, along with specialist palliative care teams and primary care services to meet the needs of patients with a focus on complex pain and symptom control including emotional, spiritual and social support and end of life care.

Hospice Services

- Our 10 bedded inpatient unit (IPU) provides specialist palliative care in a home from home environment for patients with complex symptoms and end of life care needs.
- Wellbeing Services at Teesside Hospice focus on empowering those in our care to achieve their own goals and improve their quality of life, using psychosocial and rehabilitative palliative care approaches to help with symptom management, mental health and social support. Teesside Hospice offer one to one and group activities from the multidisciplinary team including complementary therapists.
- Teesside Hospice provides the Tees-wide specialist community lymphoedema service.
- Bereavement Support Services offer bereavement counselling for complex grief and trauma to adults and children and young people from the age of 7 years.
- Thank you to the Northeast and North Cumbria Integrated Care Board who have again funded our In Reach Nurse Practitioner from their Adult Social Care Discharge fund. Our In Reach Nurse Practitioner works alongside colleagues from the acute trust to increase assessment and planning capacity with the Trust's Palliative Care team.
- Figure 1 indicates activity across our hospice clinical services throughout 2024 – 2025.

Figure 1 - Teesside Hospice Clinical Service Activity



375

referrals to our
In-Patient
Unit (IPU)



2440

face-to-face contacts
in our Wellbeing
Centre



1821

counselling
appointments for
those in need



776

referrals to our
Lymphoedema Clinic -
a 16% increase

Safety and Statements of Assurance from the board

Clinical Governance and Quality

As an organisation we have several ways of assessing ourselves against national quality standards including measuring and monitoring key performance indicators and targets. These are reported internally through the hospice governance structures, to our NHS commissioners and to Hospice UK for national benchmarking purposes.

The Care Quality Commission

Teesside Hospice is required to register with the Care Quality Commission. Current registration status is for the following regulated activities:

- Treatment of disease, disorder, or injury

Teesside Hospice is registered with the following conditions:

- Services are provided for people over 18 years old.
- The maximum of 10 patients may be accommodated overnight.

Teesside Hospice like all healthcare providers adhere to the standards set out by the Care Quality Commission that provides assurance on the services delivered based on the five domains of care; safe, effective, caring, responsive and well led.

Since the pandemic the CQC have reviewed their ways of working and in 2021 announced a more streamlined way of assessing organisations offering a more timely and holistic assessment of care providers. Rather than offering a snapshot of a single point in time, their new strategy simplifies the process.

They [the CQC] recognised they needed to update their approach to manage risk and more flexibility to meet the challenges of a 'changing health and social care' sector. In practice this means moving to a new single assessment framework (Previously 3 frameworks depending on the type of service, acute, community and social care) and moving away from relying solely on infrequent in-person inspections.

The focus is on promoting stronger learning and safety culture, improving the quality of care where it is needed most and addressing inequalities in healthcare.

Teesside Hospice's last site inspection was early 2016 and rated as good. There is a systematic approach to maintaining and improving the quality of patient care throughout the hospice including patient and user feedback, a focus on education and training, use of performance frameworks, and a robust clinical audit programme. This provides assurance to our Board of Trustees of our compliance via the Quality and Performance Committee and sub committees.

Teesside Hospice has reviewed all the data available to us in terms of the quality of care delivered. Activity data is provided to the commissioners of services on a quarterly basis and is reviewed at quarterly contract meetings with the integrated care board.

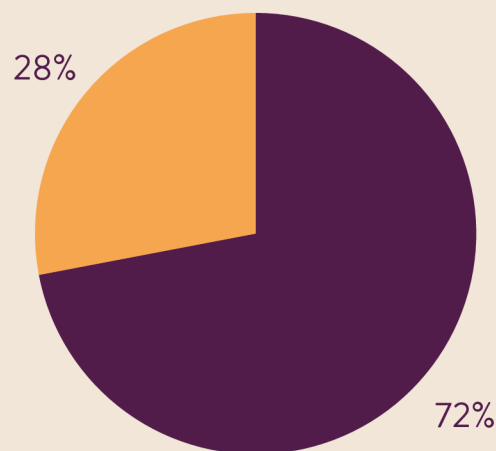
Funding sources to provide Hospice services.

Teesside Hospice provides services free of charge to patients, families, friends and carers.

In 2024/2025 the running costs of Teesside Hospice were £6.2million. The majority of hospice running costs continue to be provided through the generous support of our local community and Teesside Hospice thrives thanks to the incredible support of our communities.

We are dependent on the generosity of the local community in sustaining the amount required. The current NHS contract value represents 28% of the total amount required to provide services at Teesside Hospice for 2024/2025 (Figure 2). The remaining 72% of income is generated through fundraising activity and support from our community, charity shops income, lottery activity and investment income.

Figure 2 - NHS Contract & Charitable Funding



NHS Contract Value



Generated through Fundraising, Charity Shops, Lottery and Investment Income

Our fundraising events, initiatives and charity shops also play a vital role, serving as community hubs and important points of engagement with the Hospice. As a local, independent charity that relies on donations, we continually emphasise the importance of ongoing support and the many ways people can get involved.



Connecting with these communities to raise awareness of our work and the services we provide is essential to our continued success. However, we recognise that more must be done to ensure our care is accessible to those who need it, precisely where and when they need it.

Communicating the full range of our services, activities, and fundraising events is crucial. We do this through various media channels, including our website, social media, newsletters, printed magazines, and community events, reaching both the public and our loyal supporters.

Like many charities across the country, Teesside Hospice has felt the impact of the cost of living crisis and inflation, which has significantly affected donations and income. Despite serving one of the most economically deprived areas in the UK, our community continues to stand by us and support our work.

As an organisation we continually review our services to ensure they are safe, effective, and efficient, we have changed some aspects of service delivery by introducing new ways of working focussing on continuous improvement to ensure we are making the most of every penny we spend.

Our Income Generation team works hard to promote hospice care across our community and secure funds to support service delivery and is essential in securing the necessary resources to deliver the work of Teesside Hospice. Competition for funding is very high in the area and remains a challenge. The team have been working hard on improving experience for our supporters and developing effective, efficient and safe fundraising activity with a focus on sustainable giving.

Teesside Hospice continues to work with other local hospices and commissioners to deliver the national service specification for Specialist and End of Life Care and continue to campaign for fairer funding. Teesside Hospice Board of Trustees have approved the use of reserves to cover the shortfall in budgets should it be required.

Clinical Audit and Effectiveness

Clinical Audit is an essential part of the quality improvement programme within Teesside Hospice. The Clinical Audit and Effectiveness Lead alongside the Director of Nursing and Quality have established a robust clinical audit programme which provides a methodological process for continuous monitoring and evaluation. The audit reports are presented and discussed at the quarterly Clinical Audit & Quality Improvement (CA&QI) group meetings. The aim is to drive continuous improvement across clinical practice and improve the quality of care for the patients and their families. Throughout 2025, the CA&QI will continue to review its audit programme providing assurance to the Board of Trustees. The clinical audit programme for 2025 for all services within THCF is monitored via CA&QI, which is a subcommittee of the Quality and Performance Committee. This rolling annual audit programme is reviewed and updated at each committee meeting. An annual audit report and quarterly activity report is presented at the Quality and Performance committee, thus providing assurance on our drive for continuous improvement. Whilst clinical audit is a key focus of this group going forward into 2025- 2026 the CA&QI will also ensure that Quality Improvement is an essential tenet of the group as it reviews and supports ongoing QI initiatives.

Research - CHELsea II Trial

Teesside Hospice has taken part in a cluster randomised trial of clinically assisted hydration in patients in the last days of life (Chelsea II) sponsored by the University of Surrey. The aim of this study was to test out the following hypothesis: -

Clinically Assisted Hydration in the last days of life reduces the frequency of delirium (and the requirement for sedative medication), as a result of preservation of renal function, and prevention of build-up of medicines and toxins.

The trial closed to recruitment in February 2025. Teesside Hospice was one of 80 UK sites, and we recruited a total of 19 patients onto the trial and are now awaiting results from University of Surrey later this year. We were very excited to be part of this transformative study which has the potential to give evidence on a much-debated topic of care within Palliative Care for many years.

There were no national confidential enquiries covering NHS services relating to palliative care. Therefore, during that period Teesside Hospice was not eligible to participate in any national confidential enquiries.

Information Governance, Data Protection and Security Toolkit Attainment Levels

Information Governance (IG) ensures necessary safeguards for, and appropriate use of patient and personal information; The Data Protection and Security Toolkit (DPST) is an online self-assessment toolkit that has to be used by all organisations that have access to NHS Patient data and Clinical systems.

The requirements of the DPST are designed to encompass the National Data Guardians 10 data security standards. The assessment is completed on an annual basis and provides assurances that organisations are practicing good data security and personal information is handled correctly. Teesside Hospice has successfully submitted its Data Protection and Security Toolkit (DPST) in 2024 via the NHS Digital Portal. This year the submission date is the 30th June 2025.

Teesside Hospice has an information sharing agreement with South Tees NHS Trust, whereby we have a remote access provision to patient IT systems. We also store patient information securely on our own network and access patient information through the electronic patient record SystemOne.

Information Governance is a core part of our mandatory training for all staff which ensures that everyone is aware of their responsibility for managing information in the correct way. We have a Data Protection Officer who ensures that we are compliant with current guidance.

Clinical Coding Error Rate

Clinical coding is 'the translation of medical terminology as written by the clinician to describe a patient's complaint, problem, diagnosis, treatment or reason for seeking medical attention into a coded format which is nationally and internationally recognised. Teesside Hospice was not subject to the 'Payment by Results' clinical coding audit by the Audit Commission during 2024/2025.

Policies & Procedures

The hospice has a suite of policies and procedures (clinical, IPC, health and safety, human resources, financial) that are reviewed on a regular basis to reflect changes in national and local policy, and evidenced based practice. The Hospices Clinical Care Steering Group (CCSG) meet monthly and review policies and procedures in line with its policy schedule.

Duty of Candour

All health professionals have a duty to be open and honest with patients and their families in their care if something goes wrong with their treatment or care. Teesside Hospice has always adopted an open and honest approach to managing incidents involving the care and treatment of people in our care. We routinely report and review our complaints and incidents at the Quality and Performance Committee and Risk, Health and Safety Committee ensuring that recommendations are made to improve practice as necessary.

All incidents are analysed, and action is taken to ensure that any lessons learned or changes to systems and processes are shared with all staff to mitigate the risk of a reoccurrence. All reported incidents (clinical and non-clinical) are discussed, and risk rating agreed monthly by a senior multidisciplinary team including the Director of Nursing & Quality at a monthly incident review group. The monthly incident report including actions is a standing agenda item on several meetings and committees, which in turn is shared at all clinical staff meetings ensuring full transparency and learning throughout the whole of the clinical team within Teesside Hospice.

Patient Safety

Teesside Hospice is committed to patient safety. The Risk Health and Safety Committee oversees the health and safety agenda, monitoring incidents and accidents and ensuring appropriate learning is shared through its membership to staff and volunteers in the organisation.

Patient Safety Incident Reporting Framework (PSIRF) is a new way of managing serious incidents (those meeting the national serious incident criteria). The hospice has taken part in a regional collaborative to develop a Patient Safety Incident Plan (PSIRP) plan in collaboration with regional hospices and commissioners. This plan is due for publication by North East and North Cumbria Integrated Care Board in July 2025. THCF risk management policy will be revised to ensure that it reflects PSIRF and the regional hospice PSIRP.

Infection Prevention Control (IPC)

Teesside Hospice has a Service Level Agreement (SLA) with the James Cook University Hospital NHS Foundation Trust which is reviewed and updated annually enabling timely advice, training, external audits, and support to the hospice throughout the year. This also includes 2 training placements on the 'Advancing Infection Prevention and Control course'. A Registered Nurse and Health Care Support Worker from IPU have attended in the past year who now support the IPU clinical lead with audit and quality improvement on the IPU.

An external environmental audit is undertaken as part of this SLA in September 2024 by the James Cook Infection Prevention and Control team. The audit returned a result of 97% indicating excellent clinical practice and standards of IPC. Regular audits and assessments continue throughout the year to ensure all IPC standards are maintained and that this standard is sustained consistently.

The IPC meeting has been combined with the Risk, Health and Safety Committee meeting in 2024. A new IPC lead is in post from April 2025 supporting the IPU Clinical lead. In 2025 the lead will be undertaking a refresh of the IPC champions. The Director of Nursing and Quality provides assurances to the Board of Trustees on all aspects of IPC on a quarterly basis and provides an annual report.

Quality Improvement Priorities



Teesside Hospice is dedicated to continuously improving to ensure that all our services are safe, effective and that our beneficiaries have the best experience of our services. Our Quality Account priorities have been co-produced and are aligned to our strategy and integrated into our business planning. To develop our priorities for improvement we:

- Reviewed new research and evidence on care and treatment in palliative and end of life care
- Listened to patient, family and carer feedback
- Listened to staff views and suggestions for improving care
- Identified learning from clinical incidents
- Explored gaps in access to palliative and end-of-life care through engagement with local communities and collaboration with partners

Progress against 2023/2024 Priorities

Teesside Hospice Care Foundation (THCF) Quality Account 2023/2024 set out three priorities to improve patient safety, patient experience, and clinical effectiveness across a range of services. The evaluations are as follows.

Improvement Priority 1 – Patient Safety

Implementation of Patient Safety Incident Reporting Framework (PSIRF) Plan

Why did we choose this priority?

The NHS Patient Safety Strategy was published in 2019 (updated 2021) setting out new approaches to continuously improve patient safety by building upon the existing foundations of having a patient safety culture and a patient safety system. The ambitious strategy sets out several actions to be implemented and delivered including the introduction of a new Patient Safety Incident Reporting Framework (PSIRF), which is a catalyst for change and as such it challenges us to think and respond differently when a patient safety incident occurs. PSIRF is a replacement for the NHS Serious Incident Framework.

The ethos of PSIRF is to promote learning and systematic improvement, moving away from the previous SI framework which focuses more on process than emphasising a culture of continuous improvement in patient safety.

PSIRF is designed to:

- Encourage compassionate engagement and involvement of those affected by patient safety incidents.
- Application of a range of system-based approaches to learning from patient safety incidents.
- Considered and proportionate responses to patient safety incidents.
- Supportive oversight focussed on strengthening response system function and improvement.

Due to size the of hospice in comparison to NHS trusts and the patient safety incident profiles of hospices it was agreed with the local Integrated Care Board (ICB) that the northeast hospice work collaboratively on providing a joint plan to deliver the national requirements.

Summary:

Implementation of the Patient Safety Incident Response Framework (PSIRF) across Northeast and North Cumbria Hospices.

During the 2023/2024 period, all hospices within the Northeast and North Cumbria Integrated Care Board (ICB) participated in a series of three workshops. These sessions were facilitated by the ICB with the objective of supporting hospices in the implementation of the PSIRF and the development of a Patient Safety Incident Response Plan (PSIRP).

These workshops enabled the hospices to identify their key thematic risks, producing a generic risk profile across the hospices by identifying recurring themes relating to patient safety incidents. Despite each hospices committed contribution to a regional PSIRF this work identified a key gap where small providers such as a hospice can lack the necessary capacity and resources to fully implement PSIRF independently—particularly in areas requiring specialist training, such as incident investigations—due to the relatively low volume of reportable incidents.

In recognition of these limitations and the benefits of collaborative working, the 12 hospices have agreed to implement a joint PSIRF Plan a PSIRP, and Policy due for launch in July 2025.

- This regionwide hospice PSIRP includes the hospice patient safety incident profile and response plan.
- Patient Safety Incident Investigations (PSII) and thematic reviews for the highest reported incidents will be undertaken where necessary.
- Identify training requirements, competencies, and capacity to lead PSII's across the hospice network in collaboration with NHS provider colleagues.
- The hospice has a regional PSIRP that includes the hospices patient safety incident profile.
- The process for PSII's is established and embedded within the hospice and reflected in policy. Learning from these will be widely shared as appropriate.
- Thematic review process for incidents has been established and shared with the hospice staff as part of the Hospice risk health and safety governance.
- Involvement of patients and staff in the investigation of incidents will be established as per PSIRF, as and when required.
- Staff have been engaged in the process and receive awareness and training to the competency required for their specific role.

Improvement Priority 2- Clinical Effectiveness



Single Nurse Administration of Controlled Drugs.

Why did we chose this priority?

Adopting the electronic prescribing medication administration record at Teesside hospice highlighted the amount of time required when 2 Registered Nurses (RN) are needed to administer controlled drugs. RNs and occasionally patients and relatives have raised concerns regarding delays in administering controlled drugs (CDs). RNs remained open to exploring alternatives to enhancing patient care drug administration and concomitantly releasing RNs time to care.

Summary:

In 2024 the Education Lead and Clinical team Leader for the IPU researched SNACD and collated information from other organisations that have established this in their units. Close collaboration and a visit to St Colombus Hospice enabled the development of a one-day training programme.

As part of the above process staff completed an online questionnaire regarding SNACDs which revealed high levels of anxiety and concern on taking on this role. Open forums were held following this questionnaire to enable staff to explore their anxieties and promote discussion regarding the advantages and disadvantages of developing this area of clinical practice. As a consequence of this feedback additional time was taken and formal training delayed from October/November 2024 to April/May 2025. This pause and reflection time allowed enabled the development of a robust training and competency framework.

A one-day training programme to 2 groups of RNs with a total of 14 RNs completing the training day was delivered. The programme incorporated: -

- SNACD – Improving safety and efficiency
- managing controlled drugs safely
- managing medication errors
- case studies
- workshops with a pharmacist
- completion of a medication administration workbook
- evaluation of the training days

Competency based assessments were developed and subsequently undertaken in practice with the senior nursing team being the early adopters of the SNACDs role.

RNs have been supported throughout the above process allowing time for reflection in and on practice. A final review on completion of competencies has been undertaken to ensure the RNs meets all the requisites of the role.

All RNs will have completed the SNACD competency framework in June 2025.

A comparison of pre and post SNACD questionnaire will provide data on areas of the course, workbook and competency framework that could be improved further, with a review of medication incidents will also be undertaken pre and post introduction of SNACD.

Nutrition & Hydration

Why we chose this priority?

Adequate nutrition and hydration are essential and fundamental components of patient care. In specialist palliative care, optimising these elements involves tailoring them to align with the patient's clinical condition, goals of care, and preferences as their disease progresses. Evidence suggests that while artificial nutrition and hydration (AN&H) may not always provide significant benefits in advanced illness, individualised approaches can support comfort, reduce symptom burden, and uphold patient dignity (National Institute for Health and Care Excellence (NICE, 2019; Bruera et al., 2018). Clinical guidelines emphasise a shared decision-making approach and regular assessment to ensure nutrition and hydration strategies remain appropriate as the disease progresses (ESPEN, 2021; NHS England, 2015).

The aims of good nutrition and hydration are to:

- Support individuals in coping with the physical and psychological demands of illness and its treatment.
- Enhance overall wellbeing and quality of life, enabling patients to achieve their personal goals (British Dietetic Association
- Strengthen immune function and reduce the risk of infection.
- Promote tissue repair and support wound healing (NHS England, 2015; BDA, 2016, NICE, 2019).

In the context of specialist palliative care, the emphasis of nutritional support shifts from curative aims to promoting comfort, dignity, and quality of life. This includes alleviating distress or anxiety related to eating and food intake. Illness progression and treatment side effects (such as fatigue, nausea, dysphagia, and cachexia) often alter nutritional needs significantly, necessitating a flexible and patient-centred approach (ESPEN, 2021; Lok, 2022).

Teesside Hospice has a strong track record of delivering high-quality, nourishing food and drink tailored to patients' preferences and clinical needs. We aim to build upon this good practice by further embedding evidence-based principles of nutrition and hydration into our holistic model of care, promoting dignity, autonomy, and comfort throughout the patient journey.

Summary:

- Set up a Nutrition and Hydration task and finish group to lead this work.
- Developed an improvement plan incorporating shared decision making and experts by experience.
- Reviewed all aspects of patient's nutrition and hydration on offer at the hospice.
- Updated policies and procedures to ensure evidence-based practice is maintained.
- Reviewed the current nutritional screening and risk assessment processes to ensure the patient is at the centre and involved in their assessment throughout their stay.
- Reviewed our menus, food and drink offer involving patients and their carers, families, and staff.
- We aimed to introduce a technological solution for electronic meal ordering for patients.
- Improved the recording and monitoring of patient's food and hydration intake.
- Introduced staff and volunteer training and education programmes
- Developed a sustainability group to ensure the hospice meets and maintains all standards in relation to food and nutrition including impact on our environment, waste, and sustainability.
- Ensured we captured regular feedback from patients, carers, families and staff regarding nutrition and hydration including audit which informed changes to practice where necessary.
- We introduced the PLANC nutritional assessment tool (Patient, Limitations, Available, Nutritional impact symptoms, Consequences, Czerwinsky, Souter and Cooley, 2016). PLANC is endorsed by the CQC and is an evidence based nutritional assessment to guide the evaluation and management of nutrition for individuals with life-limiting illnesses. It has complemented our person-centred approach to nutrition and hydration at Teesside Hospice.

Priority 1 – Patient Safety

Introduce an electronic paperless system to enhance non-conformance and incident reporting mechanisms.

Why we chose this priority

At Teesside Hospice we are constantly innovating and looking for ways to improve quality care. Currently maintenance requests are logged via telephone. This requires our small estates and facilities team to listen to voicemails and answer the phone to listen to required repairs and maintenance. This can often take them away from urgent requests. Implementing a virtual system will allow the team to effectively and efficiently respond to maintenance requests, improving safety across the Hospice. This system will also provide a database for the user to view the status of any request and allow the hospice senior management team to provide assurance to board of continuous maintenance, service and repair of critical areas.

Effective incident management and robust health and safety systems are integral components of clinical governance, particularly within palliative and end-of-life care, where patients are especially vulnerable and care delivery is often complex. The Hospice currently operates a paper-based incident reporting system which is overseen by an incident reporting group, reporting to the Hospice board via the Risk Health and Safety Committee. Introducing a new electronic incident reporting system will update current processes and support a learning-focused, system-level approach to managing patient safety events, which is particularly important in settings with low incident volumes but high emotional and clinical sensitivity (NHS England, 2022).

In palliative care, ensuring comfort and dignity is paramount. Incidents such as medication errors, pressure damage, falls and/or communication breakdowns can have significant emotional impacts. Reporting and learning from these incidents help improve outcomes and align care with patient preferences (Gomes et al., 2013).

Incident management and risk systems, guided by PSIRF, are crucial for improving safety, supporting staff, and fostering compassionate learning in palliative and end-of-life care. In settings where harm can be deeply personal, a sensitive, systems-based approach to safety is not only best practice—it is ethically essential.

How will it be achieved?

Throughout 2025 we will develop an implementation plan which will be overseen by the Risk Health and Safety Committee. The plan will ensure delivery of the project in a staged manner utilising a co-design process ensuring key hospice stakeholders are involved.

Throughout the year key milestones will be highlighted and delivered commencing with the launch of a new maintenance portal allowing staff to log maintenance and service requests electronically. The service will be evaluated by seeking staff feedback and any adjustments required will be implemented. Once this is established and outcomes are evaluated the project will progress to implement other key milestones over coming years including: -

- Development of electronic incident reporting
- Development of incident reporting dashboards for all services
- Development of risk assessment module
- Development of audit schedule
- Development of COSHH database

Incident management and risk systems, are crucial for improving safety, supporting staff, and fostering compassionate learning in palliative and end-of-life care. In settings where harm can be deeply personal, a sensitive, systems-based approach to safety is not only best practice it is ethically essential. Our new system-based approach will support our Hospice vision.

Priority 2 – Clinical Effectiveness

Improve the current clinical referral process to enhance quality of care.

Why we chose this priority

Clinical research and national evidence (Huie et al, 2016) highlight significant variability in referral processes across palliative and end-of-life care services, contributing to delays, incomplete information, and inconsistencies in patient access. These issues can lead to fragmented care, delayed admissions, and suboptimal outcomes. At a local level, the current referral process reflects these challenges.

To address them, the Hospice clinical team will co design and lead the development and implementation of a streamlined, standardised referral system to ensure timely, efficient, and coordinated transitions of care. This quality improvement project will be supported by Quality Improvement (QI) methodology and co-produced with system partners.

How will this be achieved?

- The clinical team will review the current referral criteria and process utilising QI tools such as Process mapping and Cause and effect to understand the challenges and develop ideas for change.
- A project plan will be developed with key stakeholders.
- Areas for improvement and testing will be agreed utilising Plan, Do, Study, Act cycles of positive change.
- Once evaluated a communication strategy will be developed to share learning and new referral processes with system partners.

Priority 3—Patient Experience

Implementation of Purpose T to improve Patient Experience in Palliative Care

Why we chose this priority

As part of our ongoing commitment to improving the quality of care and patient experience, this year we have chosen to focus upon improving pressure ulcer clinical assessment. We want to ensure that patients who are at risk of developing pressure ulcers are correctly identified and assessed utilising the latest evidenced based practice.

Purpose T, which stands for the Pressure Ulcer Primary Or Secondary Evaluation Tool is an evidence-based framework developed to support clinical teams in the early identification and management of patients at risk of developing pressure ulcers*. It promotes a structured, person-centred approach to skin assessment, enabling timely interventions that reduce avoidable harm. Within palliative care, patients are particularly vulnerable to skin breakdown due to reduced mobility, frailty, and complex symptom management needs. By embedding Purpose T into routine care practices, we will strengthen our ability to:

- Detect early signs of pressure damage and deterioration,
- Deliver proactive, preventative care,
- Engage in meaningful bedside assessments that enhance patient dignity, comfort and experience of care.

*Reference: Coleman, et al, 2018

How will this be achieved?

The following strategic actions have been developed to ensure the effective implementation of Purpose T and to support sustained improvements in patient experience and outcomes:

1. Leadership and Strategic Oversight

The implementation of Purpose T will be embedded into practice at Teesside Hospice ensuring alignment with national priorities (NHS Improvement, 2018). Senior nursing leaders will provide visible and sustained leadership, recognising the importance of transformational leadership in embedding cultural and behavioural change.

Progress will be governed through the Hospice Clinical Care Steering Group and reported to the Hospice Board via its subcommittee the Quality and Performance committee.

2. Staff Training and Competency Development

A targeted, interdisciplinary education programme will be delivered to staff including Medical, Nurse and Allied Health Professionals, in line with guidance from the European Pressure Ulcer Advisory Panel (EPUAP, 2019). Training will incorporate scenario-based learning and reflective practice techniques to promote clinical reasoning and confidence in applying Purpose T. The tool will be adapted to utilise in an electronic format within our local electronic patient record.

Ongoing clinical supervision, refresher training, and access to expert advice via our clinical team leaders will support the development of sustained competence and adherence to best practice standards.

3. Integration into Clinical Practice

Purpose T will be integrated into electronic patient records and nursing documentation, promoting standardised assessments and enabling audit of compliance. Its use will be embedded into multidisciplinary team (MDT) working, especially during routine bedside reviews, to support holistic and anticipatory care planning.

Clear guidance, including standard operating procedures and quick-reference tools, will be developed to support staff in the consistent application of the tool across all relevant clinical settings.

4. Patient and Family Engagement

In line with national policy on shared decision-making and personalised care (NHS England, 2022), patients and families will be informed of the Purpose T process and its role in promoting comfort and dignity during the final stages of life.

5. Monitoring, Evaluation, and Continuous Improvement

Compliance with Purpose T will be audited quarterly, with metrics including incidence of pressure ulcers in palliative care settings and quality of documentation. Data will be triangulated with incident reports and patient feedback to identify trends and inform targeted improvements.

Outcomes will also be reported via the CCSG and in the future Quality Account, reflecting our commitment to transparency and high-quality care.

This initiative supports our strategic quality priorities around safe, effective, and compassionate care, and aligns with national patient safety goals. Its implementation demonstrates our dedication to improving the end-of-life experience for patients by preventing unnecessary suffering and ensuring dignity in care.



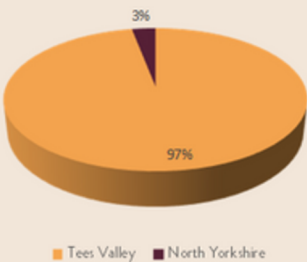
Quality Performance Information

Patients and their families come to hospice care through many different paths. Each patient represents a unique individual in our care, and many receive care and support through multiple parts of our services as their needs change over time. The following data demonstrates activity across our clinical services over 2024/25.

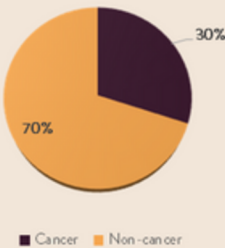
Performance Overview & Patient Experience

-  **154** adult inpatient admissions & **170** episodes of care.
-  **2440** face to face contacts for **215** patients supported in our Well-being centre.
-  **3644** contacts for **1552** patients supported through our Lymphoedema Service.
-  **57 Children & Young people** supported with **207** face to face counselling sessions.

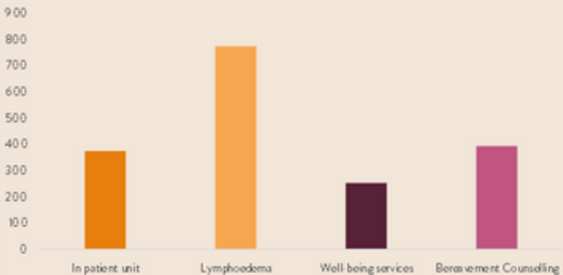
Where patients who have accessed our services live.



Patients diagnosis



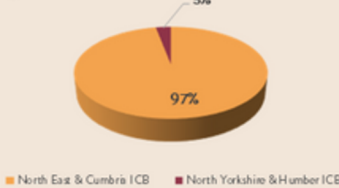
Referrals by Service



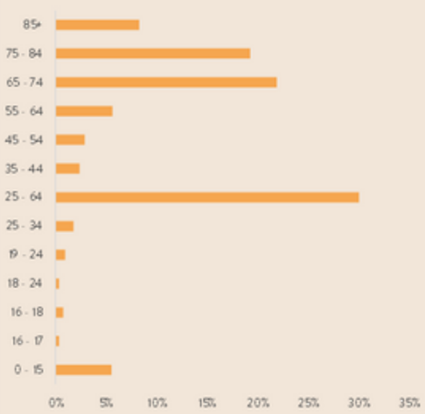
Number of Referrals

1801

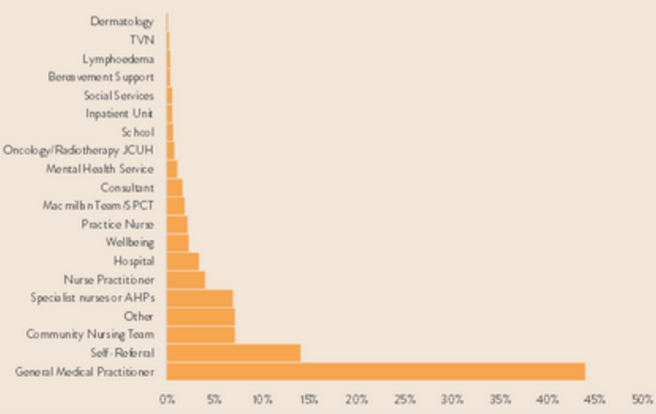
Referrals by ICB



Age at Referral

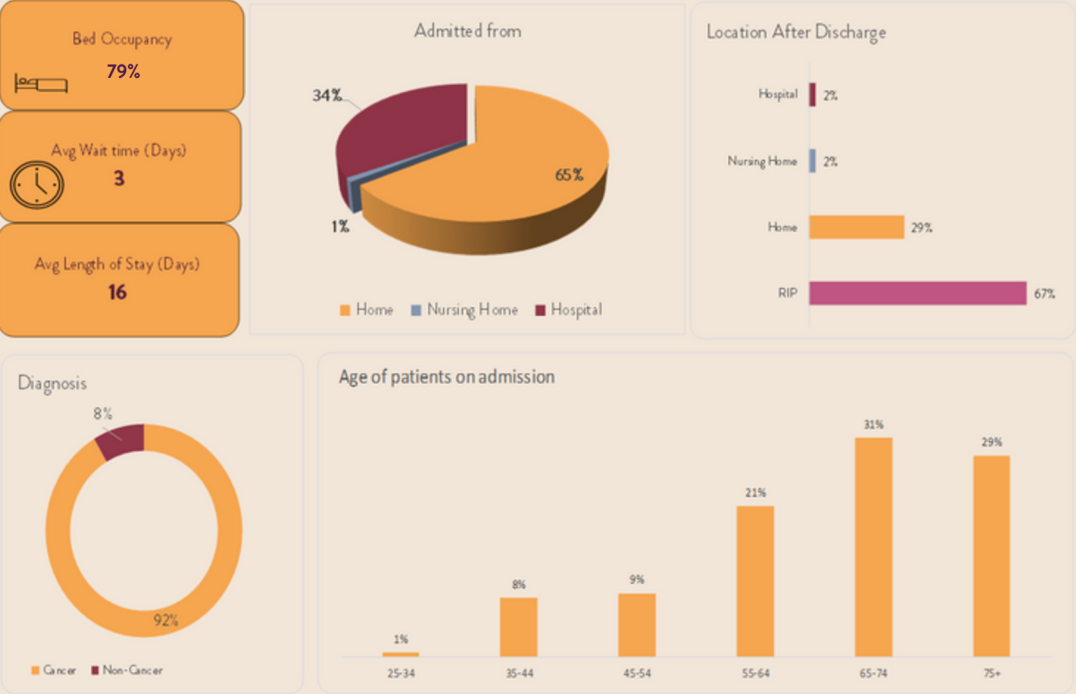


Source of Referrals

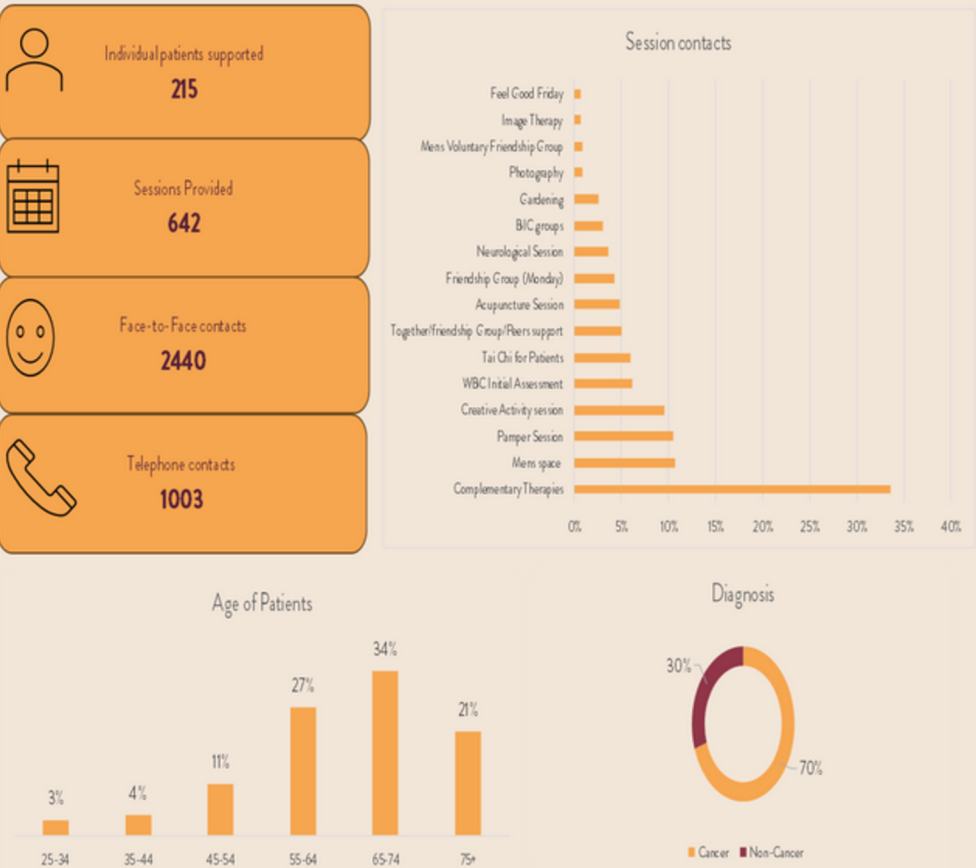


Quality Performance Information

InPatient Unit Overview



Well-Being Centre Overview

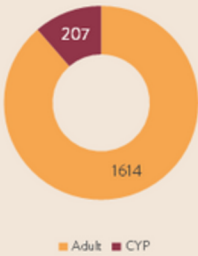


Quality Performance Information

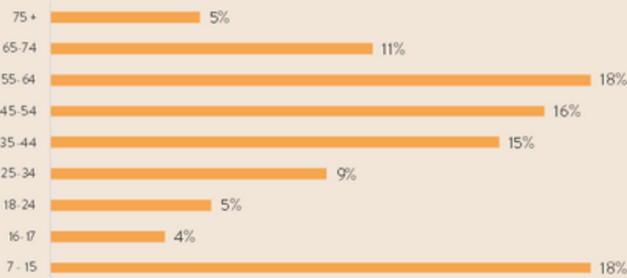
Bereavement Counselling Overview



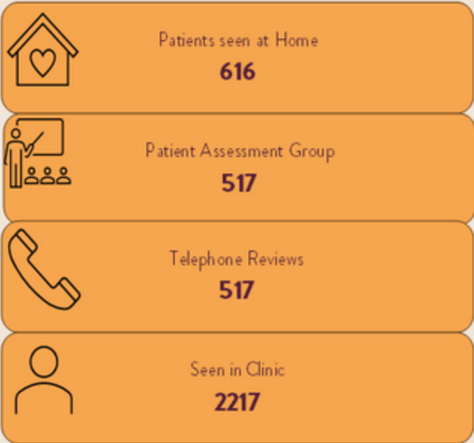
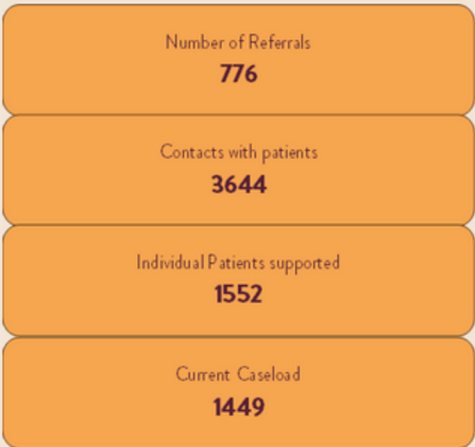
Appointment Attendances



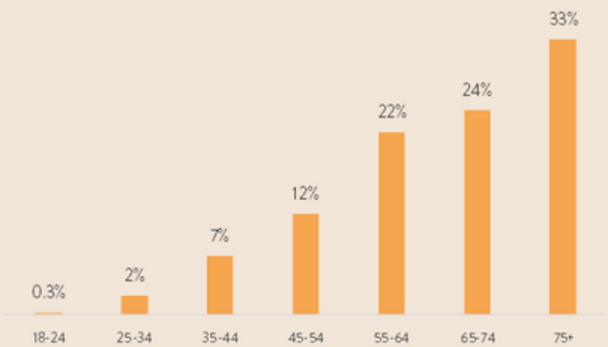
Age of Clients



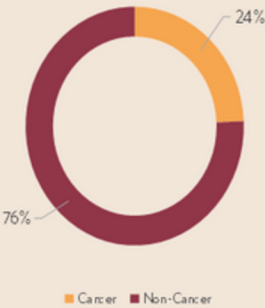
Lymphoedema Overview



Age of Patients



Diagnosis

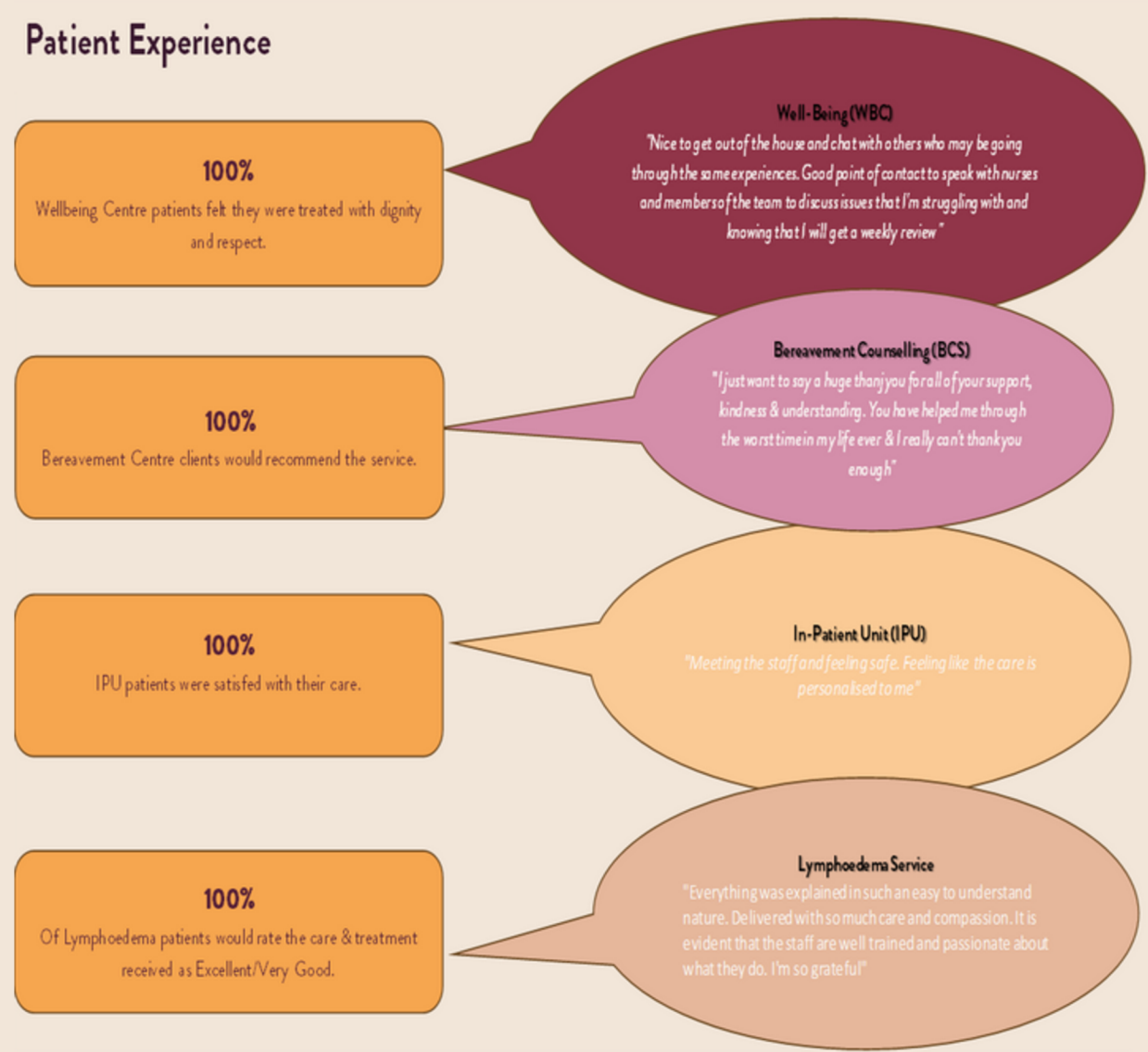


Quality Performance Information

Patient Feedback

Patient experience is a key indicator of quality care and encourage with the NHS and the Care Quality Commission encouraging healthcare providers to actively use feedback to drive improvements (NHS England, 2022; CQC, 2021). Research consistently shows that incorporating patient feedback into continuous quality improvement leads to better patient outcomes (Coulter et al., 2014). We deeply value feedback from our patients, families, carers and staff, as it helps us understand their personal experiences and ensures they remain at the heart of everything we do. By listening to their voices, we're able to turn meaningful comments into real, positive changes. This feedback plays a vital role in our ongoing commitment to improving the quality of our care.

We gather insights through a variety of channels, including questionnaires, patient and carer groups, surveys, outcome reports, suggestions, comments, complaints, and compliments. Throughout the year, we have continuously evaluated our services, addressing any concerns promptly and thoughtfully. Below are some examples of the feedback we've received:



Quality Performance Information

Caring for carers

The hospice provides a range of services for carers, including the two monthly carers support group, 'Care for a Coffee', and the 'Care and Share' group as well as a selection of complementary therapies. 'Care for Coffee' is a social group for carers offering mutual support led by our social worker and whilst offering a forum for support also aids social isolation. The 'Care and Share' group aims to respond to carers' needs for information and learning, this group is led by one of our complementary therapists. Both groups are advertised on the hospice website.

There is also a Bereavement Café which is held twice per month offering a relaxed space for anyone who has had a bereavement. Bereavement counsellors and volunteers from Teesside Hospice are on hand at each session to offer support, advice, and information.

When patients access our well-being centre for the first time, carers are also offered a well-being questionnaire to help them to identify their concerns. From this we have recognised that carers require a more individualised approach to meet their needs and as a result we have been more responsive and provided support in a more efficient and effective manner.



Quality Performance Information

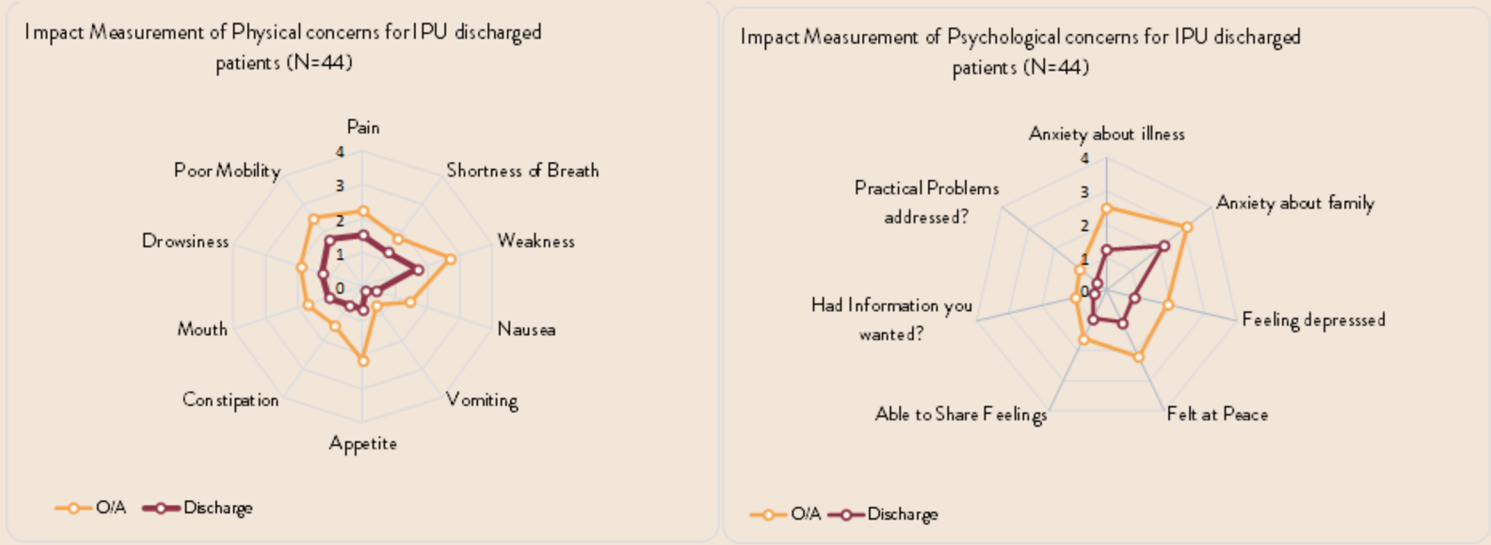
Outcome measures

Teesside Hospice is steadfastly committed to evaluating the impact of our care on patients, their families, and all individuals who utilise our services. To rigorously assess our effectiveness, we employ a variety of evidence-based measurement tools.

- The Integrated Palliative Care Outcome Scale (IPOS): This instrument facilitates comprehensive assessment of palliative care concerns and is appropriate for completion by both patients and healthcare professionals across diverse care settings.
- Phase of Illness: This categorisation delineates the patient’s current level of illness and the associated complexity of care required.
- Australia-modified Karnofsky Performance Scale (AKPS): This scale enables the assessment of a patient’s level of functional independence.

The data we collected from April 2024 to March 2025 demonstrates measurable improvements in care outcomes addressing both physical and psychological dimensions, despite the progressive deterioration and increased complexity of patients’ conditions. This data represents patients cared for within our In-patient Unit who completed an IPOS assessment upon admission (indicated by the orange line) and at discharge (indicated by the dark purple line).

The smaller dark purple line denotes a reduction in physical and psychological symptoms, reflecting positive patient outcomes.



Quality Performance Information

Partnerships & Engagement

To keep updated and increase our collaboration with other hospices and palliative care services we are now connected to numerous networks, groups, and academic institutions.

There has been collaboration with Teesside University, planning & leading a Palliative Care Training Days for community healthcare staff and South Tees Hospitals Foundation Trust doing joint training on acute wards and community settings with the South Tees Palliative Care Education Lead to help raise awareness of Teesside Hospice services to the staff.

We have established collaborative partnerships with Teesside University and the University of Sunderland to expand our capacity to support healthcare students, including student nurses and nursing associates. This collaboration has enhanced practical learning opportunities, strengthened workforce development, and contributed to the cultivation of skilled professionals equipped to meet future healthcare needs. Moreover, we are fostering a comprehensive learning environment that provides students with valuable exposure to specialist palliative care. This experience plays a crucial role in challenging and transforming entrenched societal and professional attitudes toward hospices, death, and dying, which research shows can reduce stigma and improve compassionate care (Kellehear, 2022).

