



Teesside
HOSPICE

Quality Account

2025-26

1 Northgate Road, Linthorpe, Middlesbrough, TS5 5NW

Registered Charity Number: 512875

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Part 1: Who we are

Teesside Hospice Vision, Mission and Values

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 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.

The Values that will shape the makeup of our team and the way we behave:
Compassionate, Skilled, Trustworthy, Accountable, Principled



Patient Stories

Fiona's Wellbeing Wedding

After Wellbeing patient Fiona shared her wish to get married, our team came together to make a truly unforgettable moment happen for her and her family.

Fiona faced her terminal illness and, along with her now-husband Peter, wanted to make a commitment to each other as a couple with their young son. Within just 2 weeks, our Wellbeing team and hospice staff came together to collect donated items like decorations, flowers, cakes, and everything Fiona needed to make the day special.



Fiona, our beautiful bride, shared, "I just wanted to write a little something to the generous, wonderful people who donated things for mine and Peter's wedding. Thank you so much to each and every one of you who put something towards it. It truly made it perfect for us. Our day was so special and wouldn't have been possible without you all."

Thank you again for everything, you wonderful, generous, thoughtful people. Sending loads of love from the Downings."

Jeremy & Janet's Story

After her husband died in our In-Patient Unit, Janet shared the couple's experience of Teesside Hospice:

"Jeremy was referred to the hospice once he'd been given a short prognosis. I didn't want him to come, but he was very keen. He had a fear of being in pain, a fear of being uncared for, which had been our experience of the hospital system. But within 48 hours, all of my fears were gone. We moved ourselves into Jeremy's room and it became a home from home. The staff became extended family, we were loved, cared for, and we spent two weeks living in a bubble of loveliness."



When Jeremy's final hours came around, he was able to spend them feeling loved, supported and peaceful. I was supported all the way through, and I felt loved just as much as he was."

A Statement from our Chief Executive

Welcome to the 2025-2026 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. Our core clinical services have retained their focus on delivering enhanced-level palliative and end of life care, with support from our wellbeing and counselling services. Our ambition is to be there for everyone needs us, providing the highest quality of compassionate care. This has led to new and innovative ways of reaching out into our community and opening access to hospice care for those who might not previously have known about us. For example, our new "Complex Clinic" enables individuals who are waiting for palliative and end of life care to remain at home, supported, cared for and comfortable whilst they await a bed in our In-Patient Unit.

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 to deliver training outside the hospice, we 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 for longer, as do the families around them, but our incredible team is coping admirably.

Previous amendments to the Health and Care Act have made the commissioning of specialist palliative care a mandatory requirement, and with the announcement of a Modern Service Framework for palliative and end of life care, these have 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 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 the 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 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, 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 ensuring that Teesside Hospice delivers services that are safe, caring, responsive, effective and well led, in line with its charitable purpose and regulatory responsibilities.

The Board is assured that Teesside Hospice has robust clinical and corporate governance arrangements in place, which support effective oversight of quality, safety, and performance. Trustees play an active role in setting the strategic direction of the Hospice, holding the organisation to account, and providing assurance that risks are identified, managed, and escalated appropriately. This includes ensuring compliance with all relevant legislation, regulatory requirements, and standards, including those relating to health and safety and employment law.

The Board receives regular reports on quality performance, patient experience, safety, and learning, and is committed to fostering a culture of continuous improvement, openness, and learning, consistent with the CQC's expectations of well-led services.

The Board of Trustees has reviewed and approved this Quality Account and confirms that, to the best of its knowledge, the information contained within it is accurate, complete, and provides a fair and balanced reflection of the quality of services provided by Teesside Hospice during the reporting period.

Signed on behalf of the Board of Trustees.

Chair of Trustees

Gary Whitehead

Chair, Board of Trustees of Teesside Hospice Care Foundation, 29th May 2026



Introduction from the Director of Nursing & Quality

I am pleased to present Teesside Hospice's Annual Quality Account, which sets out our priorities, performance, and learning in relation to the quality and safety of the care we provide.

I joined Teesside Hospice as Director of Nursing and Quality in September 2025, and I am continually impressed by the dedication, compassion, and professionalism demonstrated by our staff and volunteers. The quality of care delivered across the Hospice reflects a strong commitment to our values and to placing patients and families at the heart of everything we do.

This Quality Account provides an overview of how we assure ourselves of the safety, effectiveness, and compassion of our services, and how we listen to and learn from the experiences of patients, families, staff, and partners. It also outlines the governance and quality improvement arrangements in place to ensure that we continuously monitor performance, manage risk, and respond to emerging challenges in a transparent and accountable way.

Since taking up post, my focus has been on strengthening quality assurance, supporting a positive safety culture, and ensuring robust systems are in place to identify learning and drive improvement. We recognise that providing high-quality hospice care requires ongoing reflection, partnership working, and a commitment to continuous improvement, particularly in the context of changing demands and pressures across health and social care.

I am proud of the progress made over the reporting period and grateful to everyone who has contributed to the care and support of our patients and families. This Quality Account also sets out our priorities for the year ahead, which build on what we have learned and reflect our determination to further enhance the quality, safety, and responsiveness of our services.

I would like to thank our patients, families, staff, volunteers, Trustees, and partners for their continued support and commitment to Teesside Hospice.

Heather Stuart
Director of Nursing & Quality



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

Teesside Hospice provides a range of specialist palliative and end of life care services designed to meet the needs of patients, families, and carers across the local community.

- The Hospice's 10-bedded In-Patient Unit (IPU) delivers specialist palliative care in a supportive, home-from-home environment for patients with complex symptom management needs and for those requiring end-of-life care.

- Wellbeing Services focus on enabling people to achieve their personal goals and maintain quality of life. These services are underpinned by psychosocial and rehabilitative palliative care approaches, supporting symptom management, mental wellbeing, and social connection. Support is provided through both individual and group-based interventions delivered by the multidisciplinary team, including complementary therapy provision. This year, the Wellbeing Service introduced a Complex Clinic service offer. Patients accessing the service are routinely reviewed and assessed to ensure their needs are appropriately met. Where a deterioration or exacerbation of symptoms is identified, patients are offered a timely outpatient review with the most appropriate member of the multidisciplinary team, ensuring responsive, person-centred care.
- Teesside Hospice delivers the Tees-wide Specialist Community Lymphoedema Service, providing assessment, treatment, and ongoing management for patients living with lymphoedema.
- The Bereavement Support Service offers specialist counselling and therapeutic support for adults, and for children and young people aged seven years and over, experiencing complex grief or trauma.
- Teesside Hospice works collaboratively with system partners to support integrated care pathways. We are grateful to the Tees Valley Integrated Care Board, which continues to fund the In-Reach Nurse Practitioner role through Better Care Fund / Discharge Fund Scheme. This role works alongside colleagues within the acute trust to enhance assessment, care planning, and discharge support in partnership with the Trust's Specialist Palliative Care Team.

Figure 1 indicates activity across our hospice clinical services throughout 2025 – 2026:



Part 2:

Safety and Statements of Assurance from the board

Clinical Governance and Quality

Teesside Hospice has established comprehensive clinical and corporate governance arrangements to ensure the delivery of services that are safe, effective, caring, responsive, and well led. Quality is monitored and assured through a range of mechanisms, including key performance indicators, quality dashboards, clinical audit, incident reporting, patient and family feedback, and benchmarking against national datasets.

Quality and safety information is reported through internal governance structures and scrutinised by the Quality and Performance Committee, with assurance provided to the Board of Trustees. Activity, quality, and safety data are also reported to NHS commissioners on a quarterly basis and reviewed through contract and performance meetings with the Integrated Care Board. Teesside Hospice participates in national benchmarking via Hospice UK to support comparison with similar provider organisations and to inform continuous improvement.

Care Quality Commission (CQC)

Teesside Hospice is registered with the Care Quality Commission (CQC) for the following regulated activity:

- Treatment of disease, disorder, or injury

The Hospice is registered with the following conditions:

- Services are provided to adults aged 18 years and over
- A maximum of 10 patients may be accommodated overnight

Teesside Hospice delivers care in accordance with CQC's regulatory standards and is committed to meeting the requirements under the five key questions: safe, effective, caring, responsive, and well led.

The CQC has continued to review and refine its regulatory approach in response to the evolving health and social care environment. Following implementation of the Single



Assessment Framework, the CQC has recognised the need for greater clarity and sector-specific focus and is moving towards multiple assessment frameworks tailored to different types of services, including healthcare, community services, and social care. This approach aims to support more proportionate, risk-based regulation while maintaining a focus on leadership, culture, safety, and quality improvement.

Teesside Hospice continues to align its governance, assurance, and improvement arrangements to reflect the CQC's evolving assessment approach, with particular emphasis on leadership, learning, and the effective use of data and intelligence.

The Hospice's most recent CQC site inspection took place in early 2016, when services were rated as Good. A systematic approach remains in place to maintain and improve the quality of care, including the use of patient and service-user feedback, education and training, performance frameworks, clinical audit, and oversight of patient safety information, including LFPSE reporting. These arrangements provide ongoing assurance to the Board of Trustees of regulatory compliance and quality of care through the Quality and Performance Committee and its sub-committees.

Teesside Hospice routinely reviews all available quality, safety, and performance data to identify themes, risks, and learning. This insight informs service development, quality priorities, and continuous improvement, and supports the Board in fulfilling its assurance responsibilities.

Addressing Health Inequalities, Access and Sustainability

Teesside Hospice is committed to ensuring that high-quality palliative and end of life care is accessible, equitable, and responsive to the needs of all people in the communities we serve. We operate in one of the most economically deprived areas in the United Kingdom, where people may experience poorer health outcomes, reduced access to services, and increased barriers to care. Addressing health inequalities is therefore central to our mission and to how we design, deliver, and continually review our services.

Our fundraising events, initiatives, and network of charity shops play a crucial role in sustaining hospice services and also serve as important community hubs and points of connection. These outlets help raise awareness of hospice care, reduce stigma and misunderstanding around palliative and end of life support, and provide accessible entry points for people who may otherwise feel disconnected from healthcare services.

We actively engage with local communities to promote understanding of the full range of hospice services available, recognising that awareness remains a key determinant of access. To reach diverse populations and support early and equitable referrals, Teesside Hospice communicates through a range of channels including digital platforms, printed publications, newsletters, social media, and direct

engagement at community events. This multi-channel approach enables us to reach individuals who may not routinely engage with traditional healthcare messaging.

We recognise, however, that awareness alone is not sufficient. Teesside Hospice continually reviews activity data, service uptake, and feedback to better understand who is accessing our services and where there may be unmet need. Where inequalities are identified, service models and referral pathways are reviewed, and opportunities to improve flexibility, responsiveness, and outreach are explored to ensure care is available when and where it is needed.



Like many charities nationally, Teesside Hospice has been impacted by the cost-of-living crisis and inflation, which have affected levels of donation and income. This challenge is particularly acute given the financial pressures faced by the communities we serve. Despite this, our local community continues to demonstrate extraordinary generosity and commitment, reinforcing the importance of maintaining strong, transparent relationships with our supporters and stakeholders.

Teesside Hospice works collaboratively with other local hospices, commissioners, and partners to deliver the national service specification for specialist palliative and end of life care and to collectively advocate for fair and sustainable funding. These partnerships support shared learning, system-wide improvement, and a coordinated approach to addressing inequality and access across the region.

Clinical Audit and Quality Improvement

Clinical audit and quality improvement activity forms a key part of Teesside Hospice's approach to maintaining high standards of patient care and driving continuous improvement. These processes support the organisation in monitoring compliance with best practice, identifying opportunities for improvement, and providing assurance regarding the quality and safety of services delivered.

The Clinical Audit Programme is overseen by the Clinical Audit and Quality Improvement Group, a sub-group of the Quality and Performance Committee. The group meets quarterly and provides structured oversight of audit activity and quality improvement initiatives. A rolling audit schedule is reviewed and updated at each meeting to ensure audits remain relevant, proportionate, and aligned with organisational priorities and identified risks.

During 2025/2026, Teesside Hospice completed a range of audits that provided assurance in relation to clinical practice, patient safety, and organisational processes.

Clinical audit remains a core function of the group, with findings used to inform improvement actions. Quality improvement activity is now routinely incorporated into discussions, ensuring that learning from audit, incidents, and feedback translates into meaningful and measurable change.

Key Quality Improvement Achievements

A number of quality improvement initiatives have been progressed to improve patient care and service efficiency:

a) Introduction of the Wellbeing Index

The Wellbeing Index was introduced during July and August 2025 to support the assessment and monitoring of patient wellbeing. Early implementation has been positive, with comprehensive data collection underway. Formal evaluation and review of outcomes is scheduled for summer 2026.

b) Single Nurse Administration of Controlled Drugs

Following training and competency assessments, single nurse administration of controlled drugs was introduced in 2025. The process is operating effectively and has reduced delays in medication administration while maintaining safety and compliance.

c) Individualised Care Planning

The implementation of new individualised electronic care plans was delayed and commenced in December 2025. Ongoing refinements are being made in response to staff feedback. An audit is scheduled in late spring 2026 to assess effectiveness, usability, and whether the new approach improves efficiency and supports high-quality personalised care.

d) Medical Letters Process Improvement

Improvements to the medical letters process have been completed. Letters are now created and securely sent electronically to GPs via SystmOne (S1). This process is functioning effectively and has improved timeliness and information sharing.

The Clinical Audit and Quality Improvement Group provides a well-established and effective forum for reviewing audit outcomes, monitoring improvement actions, and embedding learning into practice. Ongoing audit and improvement activity provides assurance to the Quality and Performance Committee and the Board of Trustees that Teesside Hospice continues to deliver safe, effective, and high-quality care.

Clinical audit remains a fundamental component of professional practice within the Hospice and contributes to regulatory assurance, including evidence to support CQC requirements and the organisation's commitment to continuous quality improvement.

Patient Safety and the Learning from Patient Safety Events (LFPSE) Service

Teesside Hospice is committed to fostering a positive safety culture that promotes openness, learning, and continuous improvement. The Hospice utilises the Learning from Patient Safety Events (LFPSE) service to record, review, and learn from patient safety incidents. This system supports meaningful learning by focusing on understanding contributory factors and system influences, rather than attributing blame.

Patient safety events are reviewed through established clinical governance processes, with themes, learning, and improvement actions monitored by relevant committees and escalated as appropriate. Learning from incidents is shared with staff to support improvement in practice and to strengthen the organisation's safety culture. The Board of Trustees receives assurance through regular reporting that patient safety risks are identified, managed, and addressed.

Patient Safety, Mortality and Learning Group

In 2026/27, Teesside Hospice will introduce a new Patient Safety, Mortality and Learning Group, as a formal sub-group of the Quality and Performance Committee. The group has been created to further strengthen governance, oversight, and organisational learning in relation to patient safety and quality of care.

The purpose of the Patient Safety, Mortality and Learning Group is to provide a dedicated forum for the systematic review of all patient safety events, mortality case reviews, and identified learning. The group supports a structured and consistent approach to learning from harm, deaths, near misses, and areas of good practice, ensuring that lessons are identified, acted upon, and embedded across the organisation.

The Group focuses on:

- Reviewing patient safety events reported through the Learning from Patient Safety Events (LFPSE) service
- Oversight of mortality reviews and end-of-life care reflection
- Identifying themes, trends, contributory factors, and emerging risks
- Ensuring learning is translated into clear improvement actions
- Monitoring the implementation and impact of safety and quality improvement actions
- Promoting a culture of openness, learning, and continuous improvement

The Patient Safety, Mortality and Learning Group provides assurance to the Quality and Performance Committee that patient safety concerns are appropriately reviewed, that learning is shared, and that improvements are implemented in a timely and effective manner. Key themes, risks, and areas of

learning are escalated as appropriate through established governance and reporting structures, including to the Board of Trustees.

The establishment of this group further strengthens Teesside Hospice's commitment to patient safety, transparency, and continuous learning, and supports compliance with regulatory expectations, including the Duty of Candour and the CQC's requirements for well-led services.

Information Governance and Data Security

Information governance (IG) ensures that patient and personal information is handled lawfully, securely, and appropriately. Teesside Hospice recognises the critical importance of robust information governance arrangements in supporting safe, high-quality care.

The Data Protection and Security Toolkit (DPST) is an online self-assessment tool used by organisations that access NHS patient data and clinical systems. The toolkit reflects the National Data Guardian's ten data security standards and provides assurance that organisations manage information responsibly.

Teesside Hospice completes the DPST on an annual basis to demonstrate compliance with information governance and data security requirements. The Hospice successfully submitted its DPST return in 2025 via the NHS Digital Portal. The submission deadline for the current reporting year is 30 June 2026.

Teesside Hospice has a formal information-sharing agreement in place with University Hospitals Tees (UHT) Group via South Tees Hospitals NHS Foundation Trust, which enables secure remote access to relevant patient IT systems. Patient information is also stored securely on the Hospice's own network and accessed through the electronic patient record system, SystmOne, in line with information governance standards.

Information governance forms a core component of mandatory training for all staff, ensuring shared understanding of responsibilities in managing information correctly. The Hospice has a designated Data Protection Officer, who provides oversight and assurance of compliance with current legislation and guidance.

Clinical Coding Error Rate

Clinical coding is defined as the translation of medical terminology recorded by clinicians into standardised nationally and internationally recognised codes. Teesside Hospice is not subject to the NHS Payment by Results clinical coding audit and was therefore not included in a clinical coding audit by the Audit Commission during 2025/2026. This measure is not applicable to hospice services.

Policies and Procedures

Teesside Hospice maintains a comprehensive suite of policies and procedures covering clinical practice, infection prevention and control, health and safety, human resources, and financial governance. These documents are systematically reviewed to reflect changes in national and local policy, regulatory requirements, and evidence-based practice.

The Clinical Care Steering Group (CCSG) meets monthly and oversees the review and approval of policies and procedures in line with an agreed policy schedule. This ensures that practice across the organisation remains current, consistent, and safe, and provides assurance to senior management and the Board of Trustees.

Duty of Candour

Teesside Hospice is committed to the statutory Duty of Candour, which requires health and care providers to be open and honest with patients and their families when something goes wrong in their care.

The Hospice has long embedded a culture of openness, transparency, and learning. In 2025/26 all incidents and complaints were routinely reported, reviewed, and monitored through the Quality and Performance Committee and the Risk, Health and Safety Committee, ensuring that learning and improvement actions are identified and progressed.

All reported incidents, both clinical and non-clinical, were analysed and reviewed by a senior multidisciplinary team, including the Director of Nursing and Quality, through a monthly incident review group. Incidents were risk-rated, themes are identified, and actions agreed to reduce the likelihood of recurrence.

Learning from incidents is shared across the organisation through governance meetings and clinical staff forums, promoting a culture of transparency and continuous improvement. This approach ensures that lessons learned lead to demonstrable changes in practice and strengthens the quality and safety of care delivered at Teesside Hospice.



Infection Prevention Control (IPC)

Teesside Hospice maintains robust infection prevention and control arrangements to ensure the safety of patients, visitors, staff, and volunteers. The Hospice has a Service Level Agreement (SLA) in place with University Hospital Tees Group via James Cook University Hospital NHS Foundation Trust, which is reviewed and updated annually. This agreement provides access to specialist advice, training, external audit, and ongoing professional support throughout the year.

As part of the SLA, two staff placements are available on the Advancing Infection Prevention and Control course. A Registered Nurse and a Healthcare Assistant who have previously completed this training support the IPC Lead Nurse with audit activity and quality improvement initiatives within the inpatient unit.

An external environmental IPC audit was undertaken in September 2025 by the James Cook Infection Prevention and Control Team as part of the SLA arrangements. The audit achieved a score of 96%, providing assurance of high standards of practice and demonstrating strong compliance with IPC requirements. In addition to external review, regular internal audits and assessments are carried out throughout the year to ensure that IPC standards are consistently maintained.

In 2025, a new IPC Lead Nurse was appointed and is scheduled to attend the Advancing Infection Prevention and Control course in April 2026, further strengthening leadership and expertise in this area.

To support consistent practice and communication across the organisation, IPC Champions have been identified across all Hospice departments. Quarterly meetings are held to share updates, promote best practice, and ensure timely dissemination of information and learning across teams.

The Director of Nursing and Quality provides quarterly assurance to the Quality and Performance Committee on all aspects of infection prevention and control and produces an annual IPC report, supporting effective oversight and assurance of compliance with regulatory and professional standards.

Workforce

Teesside Hospice recognises that its people are its most valuable asset and that a skilled, supported, and resilient workforce is fundamental to the delivery of safe, effective, and compassionate care. Education, training, and professional development are therefore central to the Hospice's workforce strategy and underpin continuous quality improvement across all services.

During the reporting period, workforce development activity focused on strengthening clinical capability, embedding learning from quality assurance processes, and supporting staff to adapt to new

and evolving ways of working. Education and training priorities are informed by clinical audit findings, patient and family feedback, learning from patient safety events, and service evaluations, ensuring development activity remains responsive to organisational risk, service need, and future priorities.

The Hospice continues to play an active role in supporting students on placement, recognising the importance of contributing to the development of the future health and care workforce. In 2025/26, Teesside Hospice hosted its first hub student, providing a coordinated placement experience that enabled exposure to a wide range of hospice services and multidisciplinary practice. This reflects the Hospice's commitment to high-quality learning environments and to supporting education pathways into palliative and end-of-life care.

Education and training at Teesside Hospice also support career development and workforce sustainability. An example during the reporting period includes a volunteer whose experience within the Hospice reignited their passion for nursing, leading them to undertake Return to Practice training. This demonstrates the positive impact of the Hospice's learning culture and the opportunities that hospice experience can provide to inspire and support individuals to re-enter the nursing workforce.

Training has underpinned a number of key service improvements introduced during the year, including enhancements to medicines management, individualised care planning, and clinical documentation processes. Where service changes have been implemented, targeted training and competency assessment have been used to ensure staff are appropriately supported and confident in their roles.

Mandatory training continues to provide assurance that staff meet essential regulatory and professional requirements. This includes infection prevention and control, safeguarding, information governance, health and safety, and role-specific competencies. In addition, specialist and service-level training supports staff delivering complex palliative and end-of-life care, ensuring high standards of practice are maintained.

The Clinical Audit and Quality Improvement Group, acting as a sub-committee of the Quality and Performance Committee, supports the identification of learning needs arising from audit and evaluation activity and monitors delivery of associated improvement actions. This provides assurance to senior leadership and the Board of Trustees that education and training activity is aligned with quality, safety, and governance priorities.

Teesside Hospice remains committed to investing in its workforce, supporting learners at all stages of their careers, and fostering a positive learning culture. By prioritising education and development, the Hospice aims to retain and grow its workforce, build future capability, and ensure the long-term sustainability of high-quality hospice care for the communities it serves.

The Value of Volunteers at Teesside Hospice

Volunteers are fundamental to the delivery of compassionate, high-quality care at Teesside Hospice and remain an integral part of our multidisciplinary team. Their contribution enhances the experience of patients, families and carers by providing warmth, companionship and practical support that complements clinical care.

Across inpatient, outpatient, retail and community services, volunteers offer a diverse range of skills and time, enabling the hospice to extend its reach and responsiveness. They play a vital role in creating a welcoming and supportive environment, often being a consistent and reassuring presence during emotionally challenging times.

In addition to the direct impact on patient and family experience, volunteers strengthen the hospice's connection with the local community. They act as ambassadors, raising awareness of hospice services and supporting fundraising activity that sustains and develops care provision.

The dedication and generosity of our volunteers not only add significant social value but also contribute to the overall quality, safety and person-centredness of our services. Their involvement aligns with our commitment to holistic care, ensuring that dignity, compassion and human connection remain at the heart of everything we do.

Maintaining Specialist Palliative Care Provision Through Collaborative System Working

During the latter part of Quarter 2, the Hospice faced a significant operational challenge when the Consultant in Palliative Medicine commenced a period of extended leave. Without consultant-level input, there was a substantial risk that the organisation would be unable to consistently deliver Specialist Palliative and End of Life Care (PEOLC) in line with national commissioning standards. This could have resulted in the need to restrict admissions, particularly for patients with complex needs, an outcome the Hospice was committed to avoiding.

In response, a collaborative solution was rapidly established in partnership with South Tees NHS Foundation Trust. This arrangement ensured that a Specialist Palliative Care Consultant was present on-site each week to support the multidisciplinary team (MDT), including participation in MDT meetings and undertaking face-to-face reviews of new and complex patients. In addition, the Hospice was provided with access to the South Tees "Consultant of the Day" rota, ensuring timely specialist advice and clinical decision-making support throughout the week.

This approach successfully maintained safe, high-quality specialist care, avoided disruption to patient admissions, and upheld compliance with national standards. Furthermore, this initiative demonstrated

the effectiveness of system-wide partnership working and has established a sustainable model for future reciprocal support. It reduces reliance on single points of failure and strengthens the resilience of specialist palliative care provision across the local health and care system.

Growing Our Own: Developing Our Workforce

This year has provided a powerful example of the value of investing in people and nurturing talent within Teesside Hospice. The journey highlights the impact of our supportive and inclusive environment. We first met our colleague when she joined to become a highly valued and dedicated volunteer.

The time with the hospice inspired both the confidence and passion to pursue a return to practice, culminating in their re-qualification as a Registered Nurse in March 2026. They have now transitioned into a substantive role within the Well-being team, bringing with them a deep understanding of our values, culture and person-centred approach to care.

This story demonstrates the importance of “growing our own” workforce, supporting individuals to develop their skills, realise their potential, and build meaningful careers within the hospice. This not only strengthens our workforce but ensures continuity, compassion and excellence in the care we provide.

Service Development and Innovation

Teesside Hospice continues to develop and evolve its services to respond to the changing needs of patients, families, and the wider health and care system. Service development is aligned with Integrated Care System (ICS) and Integrated Care Board (ICB) priorities, including improving access to care, reducing avoidable hospital admissions, supporting timely discharge, and delivering more care closer to home.

A key development during the reporting period has been the introduction of a Complex Care Clinic within the Wellbeing Service. This clinic provides a flexible, multidisciplinary approach to care, with leadership determined by individual patient need. Depending on complexity, clinics may be led by nursing, medical, allied health professional, or psychosocial practitioners, ensuring coordinated and holistic support. This model supports earlier intervention, improves anticipatory care planning, and aligns with system priorities to manage complexity outside of acute hospital settings wherever appropriate.

In parallel, Teesside Hospice is developing a step-up and step-down bed programme in partnership with local care home providers, which is planned for implementation over the next six months. This programme is designed to support patients who require short-term increases in care or specialist

palliative input but do not require an acute hospital admission, as well as those who may benefit from transitional support following discharge from inpatient or hospital care.

The development of step-up / step-down beds aligns closely with ICB objectives to:

- Improve patient flow across the system
- Reduce delayed discharges and avoidable admissions
- Support care delivery in the most appropriate setting
- Strengthen integrated working between health, social care, and voluntary sector partners

This programme remains in its development phase, with detailed planning, partnership agreements, and pathway design underway. Once implemented, it will enhance system resilience, improve continuity of care, and support patients to receive care closer to home while maintaining quality and safety.

Together, these developments demonstrate Teesside Hospice's commitment to innovation, partnership working, and system-wide improvement. Learning from both initiatives will continue to inform service refinement and future developments, supporting the Hospice's long-term ambition to widen access, improve integration, and deliver high-quality palliative and end-of-life care in line with local and national priorities.



Part 3:

Quality Improvement Priorities

Teesside Hospice is committed to continuous improvement, ensuring that all services remain safe, effective, and responsive, and that patients, families, and carers experience the highest possible standards of care and support. Our Quality Account priorities have been co-produced and are aligned with the Hospice's strategic objectives and are fully integrated into business and operational planning.

The quality priorities for improvement have been informed by a range of evidence, insight, and engagement activities. In developing these priorities, Teesside Hospice has:

- Reviewed current research and evidence relating to palliative and end of life care
- Listened to feedback from patients, families, and carers
- Engaged with staff to gather views and suggestions for improving care and services
- Considered learning and themes arising from clinical incidents and safety events
- Identified gaps and inequalities in access to palliative and end-of-life care through engagement with local communities and collaboration with system partners

These priorities reflect the Hospice's ongoing commitment to improving quality, reducing unwarranted variation, addressing inequalities in access, and ensuring that learning is translated into meaningful and sustainable improvements for the people we serve.



Looking back at 2025/2026 improvement

The Teesside Hospice Care Foundation (THCF) Quality Account 2025/2026 identified three priorities to improve patient safety, patient experience, and clinical effectiveness. An evaluation of progress against each priority is outlined below.

Improvement Priority 1 – Patient Safety

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

Why did we choose this priority?

Effective incident management and robust risk and safety systems are fundamental to maintaining high-quality care, particularly in palliative and end-of-life settings where patients are especially vulnerable and care delivery is often complex. Approaches to patient safety guided by the Patient Safety Incident Response Framework (PSIRF) support compassionate, system-based learning and improvement, enabling organisations to respond proportionately to harm, near misses, and emerging risks.

At Teesside Hospice, we continually seek opportunities to improve safety and quality through service and system improvement. Historically, maintenance and estates requests were logged via telephone and voicemail, requiring the Estates and Facilities team to divert time from responding to urgent issues. The introduction of a virtual maintenance request system has improved efficiency and responsiveness, supporting a safer care environment across the Hospice. The system also provides real-time visibility of requests and progress, enabling senior managers and the Board of Trustees to gain assurance that essential maintenance, servicing, and repairs in critical areas are monitored and addressed.

Similarly, effective management of patient safety events is a core component of clinical governance. The Hospice previously operated a paper-based incident reporting system supported by an incident review group.

Summary:

In July 2025, Teesside Hospice successfully implemented MyCompliance as the organisation's primary system for the reporting, review, monitoring, and learning from patient safety events. The introduction of MyCompliance has strengthened the Hospice's approach to patient safety by providing a consistent and transparent platform for capturing incidents, near misses, and areas of good practice.

The system supports timely review and investigation of patient safety events, enabling themes, trends, and learning to be systematically identified and escalated through established governance structures. MyCompliance has improved oversight of incident management, supported multidisciplinary review, and enhanced the ability to track actions and monitor completion.

Learning from patient safety events recorded on MyCompliance is reviewed through established governance structures, supporting a learning-focused culture and enabling timely improvement actions. This is particularly important in hospice settings, where incident volumes may be low but the personal and clinical impact of harm can be significant.

Together, the introduction of MyCompliance and improvements to estates and risk management systems strengthen governance, promote transparency, and provide assurance that patient safety risks are identified, reviewed, and addressed in a timely, proportionate, and compassionate way. The system provides assurance to the Quality and Performance Committee and the Board of Trustees that patient safety risks are effectively managed and that learning is embedded into practice.

The implementation of MyCompliance represents a significant step forward in strengthening Teesside Hospice's patient safety culture and supports compliance with national patient safety expectations, including the Learning from Patient Safety Events (LFPSE) framework.

Improvement Priority 2 – Clinical Effectiveness

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

Why did we choose this priority?

Effective and timely referral processes are essential to ensuring equitable access to high-quality palliative and end-of-life care. Variation in referral pathways can result in delays, incomplete clinical information, and inconsistencies in access, which may impact patient experience, care coordination, and outcomes. At a local level, review of the Hospice's existing referral arrangements identified similar challenges, indicating an opportunity for improvement.

This priority was therefore selected to strengthen the quality, consistency, and efficiency of the referral process, supporting timely access to specialist palliative care and improved transitions of care. The work has been clinically led and supported by a quality improvement approach, with co-production alongside internal teams and system partners.

Summary of Progress and Impact

During 2025, the Outreach Nurse Practitioner led a quality improvement project using the

Plan–Do–Study–Act (PDSA) methodology, focusing on the redesign and standardisation of the Inpatient Unit referral form. The aim was to create a simple, clinically meaningful, and easy-to-use referral process that enables timely and appropriate access to hospice care while reducing unnecessary administrative burden for referrers.

A review of the existing referral form, supported by engagement with internal and external multidisciplinary teams, identified that the previous process was time-consuming, inconsistent, and frequently lacked essential clinical information. This highlighted a clear opportunity to streamline the referral process and strengthen the quality of information used to inform triage and decision-making.

A revised referral form was co-designed using quality improvement principles and informed by recognised, evidence-based assessment tools commonly used in specialist palliative care, including the Australia-modified Karnofsky Performance Scale (AKPS), Phase of Illness, and the Run-PC Triage Tool. These tools support clearer clinical assessment and more consistent triage decisions. The revised form was tested through iterative PDSA cycles with a range of stakeholders, including medical practitioners, acute and community specialist palliative care teams, and hospice staff.

The resulting referral form is shorter, clearer, and more intuitive, capturing essential clinical information while reducing duplication. Early feedback indicates improved efficiency for referrers, greater consistency in the information provided, and improved timeliness of decision-making. This has supported improved patient flow and safer, more coordinated access to care.

As part of this work, a dedicated referral section has also been developed on the Teesside Hospice website. This provides clear and accessible information for patients, families, and professionals, including referral criteria, guidance on the process, and how to access hospice services.

Next Steps

Ongoing evaluation will be undertaken through incorporation of the referral process into the audit programme. Further work will focus on aligning inpatient unit and Wellbeing Centre referral processes and ensuring continued alignment with service needs and the Hospice's mission, vision, and values. This work remains grounded in Teesside Hospice's commitment to delivering compassionate, dignified, and high-quality care for the people of Teesside.



Improvement Priority 3 – Patient Experience

Implementation of Purpose T to Improve Patient Experience in Palliative Care.

Why Did We Choose This Priority?

As part of Teesside Hospice's ongoing commitment to improving quality, safety, and patient experience, this priority focuses on strengthening the clinical assessment and management of patients at risk of pressure ulcers. Ensuring that individuals at risk are identified early and assessed consistently using current evidence-based practice is essential to preventing avoidable harm and maintaining comfort and dignity.

Purpose-T (Pressure Ulcer Primary or Secondary Evaluation Tool) is an evidence-based framework designed to support clinical teams in the early identification, assessment, and management of pressure-related skin damage. It promotes a structured, person-centred approach to skin assessment and decision-making, supporting timely and appropriate interventions.

Patients receiving palliative and end-of-life care are particularly vulnerable to skin breakdown due to factors such as reduced mobility, frailty, poor nutrition, and complex symptom burdens. By embedding Purpose-T into routine clinical practice, Teesside Hospice aims to strengthen its approach to pressure ulcer prevention and improve the experience of care by:

- Supporting the early identification of pressure damage and deterioration
- Enabling proactive, preventative approaches to care
- Promoting meaningful bedside assessment that enhances comfort, dignity, and personalised care

This priority reflects the Hospice's commitment to delivering compassionate, evidence-based care and to continuously improving patient experience through the prevention of avoidable harm.

Summary of progress:

Teesside Hospice identified the implementation of Purpose-T as a key quality priority to strengthen patient experience in palliative care during 2025/26. While preparatory work was undertaken, the Hospice has not been able to fully implement this priority within the reporting period.

This was primarily due to changes in the senior nursing leadership structure. Senior nursing leadership posts were not fully recruited to until October 2026, which limited the capacity to provide the necessary clinical leadership and operational oversight required to support implementation. Following appointment, senior leaders required an appropriate period of induction and familiarisation with the Hospice, further reducing the opportunity to lead and embed this work during the year.

Recognising the importance of this priority, and the strong link between patient experience and

patient safety, Teesside Hospice has agreed that the implementation of Purpose-T will be carried forward as a core priority. This will form a central element of the Hospice's work to strengthen patient safety, quality, and personalised care, supported by stable senior clinical leadership and strengthened governance arrangements.

Progress against this priority will be overseen through established quality and patient safety governance structures, with clear milestones and reporting to the Quality and Performance Committee and the Board of Trustees, ensuring delivery is monitored and learning is embedded.

Future Improvement Priorities for 2026/2027

Priority 1 – Patient Safety

Implementation of Purpose T to Improve Patient Safety in Palliative Care.

Why Did We Choose This Priority?

This priority has been brought forward to enable effective delivery now that senior clinical leadership is in place to support sustainable improvement, recognising its importance to patient safety, quality, and experience.

How Will This Be Achieved?

To support the effective implementation of Purpose-T and deliver sustained improvements in patient experience and outcomes, Teesside Hospice has agreed a structured and phased implementation approach.

Leadership and Governance

The implementation of Purpose-T will be embedded within routine clinical practice and aligned to the Hospice's strategic quality priorities. Senior nursing leadership will provide visible and sustained oversight, recognising the importance of consistent leadership in supporting cultural and practice change. Progress will be monitored through the Clinical Care Steering Group and reported to the Quality and Performance Committee, providing assurance to the Board of Trustees.

Staff Training and Capability

A targeted, multidisciplinary training programme will be delivered for medical, nursing, and allied health professionals. Training will focus on practical application, clinical reasoning, and confidence in using Purpose-T within a palliative and end-of-life care context. Ongoing clinical supervision, refresher training, and access to senior clinical support will ensure competence is maintained and embedded over

time. Purpose-T will be incorporated into the electronic patient record to support consistent use and documentation.

Integration into Clinical Practice

Purpose-T will be integrated into nursing documentation and multidisciplinary team (MDT) processes, supporting standardised assessment and anticipatory care planning. Clear guidance and supporting tools will be developed to ensure consistent application across services and settings.

Patient and Family Engagement

Patients and families will be supported to understand the role of Purpose-T in promoting comfort, dignity, and personalised care at the end of life, in line with shared decision-making principles.

Monitoring, Evaluation and Learning

Compliance with Purpose-T will be monitored through regular audit, alongside review of patient safety events, documentation quality, and relevant patient feedback. Learning and improvement actions will be overseen through established governance arrangements, with progress reported through the Clinical Care Steering Group and reflected in future Quality Accounts.

This approach supports Teesside Hospice's strategic commitment to safe, effective, and compassionate care, and reflects our focus on improving the experience and outcomes of people receiving palliative and end-of-life care.

Priority 2 – Patient Experience

Patient Assessment Group (PAG) – Lymphoedema Services - Audit.

Why Did We Choose This Priority?

Teesside Hospice is committed to delivering high-quality, patient-centred services that support people to feel informed, confident, and prepared when accessing care. The lymphoedema Pre-Assessment Group (PAG) was introduced several years ago to provide patients with education and support while waiting for their initial one-to-one assessment, with the aim of improving self-management and reducing anxiety.

Given the increasing demand on lymphoedema services and the importance of supporting patients to manage their condition effectively, this priority was selected to ensure that the PAG continues to meet both clinical needs and patient experience expectations. Understanding whether the group delivers relevant, accessible, and meaningful education is essential to ensuring equitable access, improving confidence in self-management, and supporting high-quality consultations.

Focusing on this priority allows the Hospice to strengthen patient experience by ensuring that education and support provided aligns with what matters most to patients, supports preparation for assessment, and contributes to improved care outcomes within the lymphoedema pathway.

How Will This Be Achieved?

To support continuous improvement, an audit of the lymphoedema Pre-Assessment Group will be undertaken, using systematic collection of patient-reported feedback before and after attendance. This will assess the extent to which the group improves patients' understanding of lymphoedema, confidence in self-management, and preparedness for subsequent one-to-one clinical assessments.

The audit will explore patient experience in detail, including which aspects of the group patients find most beneficial, such as clarity of information, emotional reassurance, and opportunities to ask questions in a supportive environment. It will also identify any gaps, barriers, or accessibility issues, including unmet information needs or elements of delivery that could be improved.

From a clinical perspective, the audit will evaluate whether attendance at the Pre-Assessment Group enhances readiness for individual appointments. Improved preparation may allow clinicians to focus on personalised assessment and management, rather than repeating core education, thereby improving consultation quality and reducing patient anxiety and uncertainty.

Findings from the audit will be used to inform targeted service improvements, including refinement of group content, structure, and communication methods. This will support consistent delivery of high-quality information, promote effective self-management, and ensure the lymphoedema service continues to meet the needs of a diverse patient population.

Priority 3 – Clinical Effectiveness

Digitalisation of Bereavement Counselling Services

Why Did We Choose This Priority?

Teesside Hospice is committed to delivering safe, high-quality, and person-centred bereavement support. A review of the current client record arrangements within the Bereavement Counselling Service identified significant risks and limitations that could impact client safety, confidentiality, and service efficiency.

The existing system relies on a combination of electronic referral information and paper-based clinical records. This fragmented approach has resulted in inefficiencies, duplication of work, and delays in information flow, while also presenting risks related to data security, information governance, and compliance with the General Data Protection Regulation (GDPR). Paper records stored within the department and transferred to archives introduce risks of loss, damage, or unauthorised access, which

are not compatible with current regulatory expectations.

As the Bereavement Counselling Service continues to develop, including increased community-based delivery and group work, the absence of a secure, dedicated customer relationship management (CRM) system represents a significant risk to client safety, service quality, and the ability to demonstrate outcomes to commissioners and funders. This priority was therefore selected to strengthen safeguarding, improve efficiency, and ensure the service remains compliant, sustainable, and responsive to client needs.



How Will This Be Achieved?

This priority will be achieved through the implementation of a dedicated CRM for the Bereavement Counselling Service. The system will provide secure, centralised digital records for all clients, enabling safe storage of personal information, clinical notes, and risk assessments in line with GDPR and information governance requirements.

The electronic system will automate key administrative processes, including referral intake, appointment scheduling, reminders, and record-keeping. This will reduce administrative burden for counsellors and volunteers, enabling them to spend more time focused on direct client care. Client records will be accessible to authorised staff at all times, ensuring continuity of care and accessibility during staff absence.

The system will support improved safeguarding and risk management by enabling timely documentation, real-time oversight of client activity, and the ability to flag safeguarding concerns and alert relevant teams quickly. It will also support service monitoring and audit by providing accurate data on caseloads, session numbers, outcomes, and activity levels.

In addition, the CRM system will strengthen the Hospice's ability to evidence outcomes, support quality improvement, and respond to commissioner and funder requirements, including reporting on key performance indicators, equality and diversity data, and service impact.

Implementation will be overseen by a dedicated project team including senior service leadership, and progress will be monitored through established governance arrangements to ensure the system is embedded safely, effectively, and in a way that improves both client experience and clinical effectiveness.

Priority 4 – Patient Experience and Clinical Effectiveness – Care Where it is Needed Most

Palliative Care Outreach for People Experiencing Severe Deprivation.

Why Did We Choose This Priority?

Teesside Hospice is committed to ensuring that palliative and end of life care is accessible to all, including people who may not traditionally access hospice services. Middlesbrough has some of the highest levels of social and economic deprivation in the country, and evidence from local engagement indicates that people experiencing homelessness, substance use issues, and severe exclusion face significant barriers to accessing timely palliative care.

This priority was selected in recognition that individuals living in extreme deprivation are more likely to experience advanced disease, complex health needs, and poorer outcomes, yet are less likely to be identified, referred, or supported by specialist palliative care services. Addressing these inequalities aligns with the Hospice's strategic commitment to widening access and delivering care in a way that is equitable, inclusive, and responsive to local need.

The outreach pilot provides an opportunity to test new approaches to delivering palliative care in community settings that are already trusted by service users, supporting earlier identification of need and improving coordination of care for those who are often underserved.

How Will This Be Achieved?

Between Spring 2026 and Summer 2027, Teesside Hospice will deliver a pilot palliative care outreach programme, funded by Hospice UK and the Masonic Charitable Foundation, in partnership with Accessing Change Together (ACT) Middlesbrough.

The project will combine nurse-led outreach with targeted breathlessness and Chronic Obstructive Pulmonary Disease (COPD) support. Hospice nurses and allied health professionals will deliver drop-in clinics, joint outreach visits, and specialist breathlessness sessions within community locations already accessed and trusted by people experiencing homelessness, substance use, and severe social exclusion.

Alongside direct clinical support, the project will focus on partnership working and workforce development. Training, shared learning, and ongoing clinical support will be provided to frontline staff across ACT and other homelessness services to improve the identification of palliative care needs, support appropriate referrals, and strengthen coordination across services.

Key outputs for the pilot include:

- Delivery of 72 two-hour breathlessness sessions, each supporting up to 10 people living with COPD
- Provision of one day per week of joint outreach visits with the ACT team and one day per week of outreach drop-in clinics
- Supporting ACT to make direct referrals to hospice services, with an ambition to achieve 10 fully realised referrals to inpatient and wellbeing services
- Delivery of tailored training, shared resources, and ongoing support to 107 frontline staff across homelessness and community support services

Learning from the pilot will be used to evaluate effectiveness, identify enablers and challenges, and inform the future development of sustainable outreach models across the Hospice's wider catchment area. This work supports Teesside Hospice's ambition to ensure that high-quality palliative care is delivered where and when it is needed most.



Part 4:

Quality Performance

This section of the Quality Account sets out how Teesside Hospice has monitored, assured and improved the quality of care provided during 2025–26. Throughout the year, the hospice delivered services that were safe, effective, caring, responsive and well-led, supporting patients, families and carers across the In-Patient Unit, Well-Being Centre, Lymphoedema Service and Bereavement Counselling. Activity levels remained high, with over 3,800 individuals supported and more than 11,000 patient contacts delivered across all services, reflecting growing and increasingly complex demand, including a significant proportion of people living with non-cancer diagnoses. Quality and performance have been measured using a combination of activity data, patient-reported outcome measures and patient experience feedback, all of which demonstrate consistently positive outcomes and high levels of satisfaction. This section provides assurance on how the hospice has maintained and improved quality during the year, highlights key achievements, and identifies priorities for continuous improvement in 2026–27.



Performance Overview & Patient Experience 2025-26



136 adult inpatient admissions & 154 episodes of care.



2865 face to face contacts for 382 patients supported in our Well-being centre.

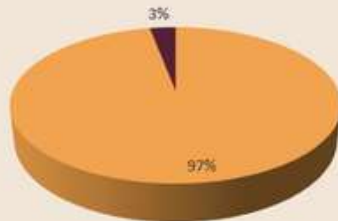


4002 contacts for 1595 patients supported through our Lymphoedema Service.



84 Children & Young people supported with 295 face to face counselling sessions.

Where patients who have accessed our services live.



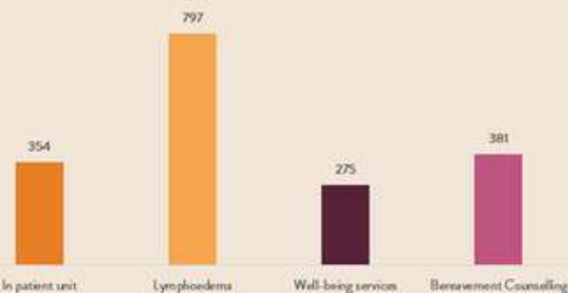
■ Tees Valley ■ North Yorkshire

Diagnosis of patients accessing our services



■ Cancer ■ Non-cancer ■ Unknown

Referrals by Service



Number of Referrals

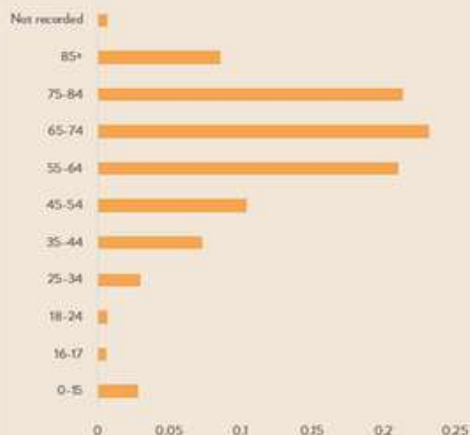
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Referrals by ICB

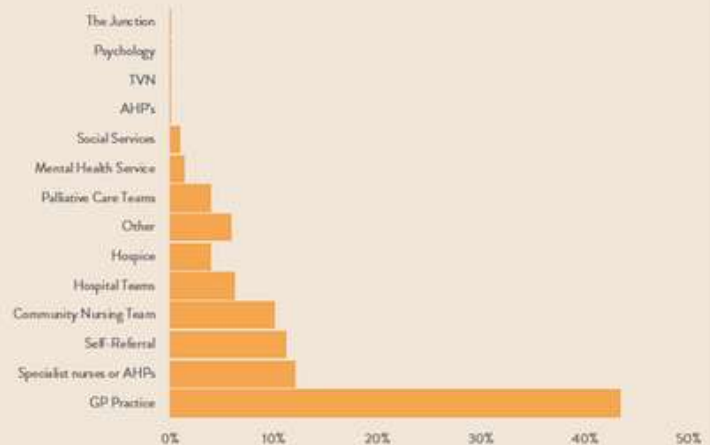


■ North East & Cumbria ICB ■ North Yorkshire & Humber ICB

Age at Referral

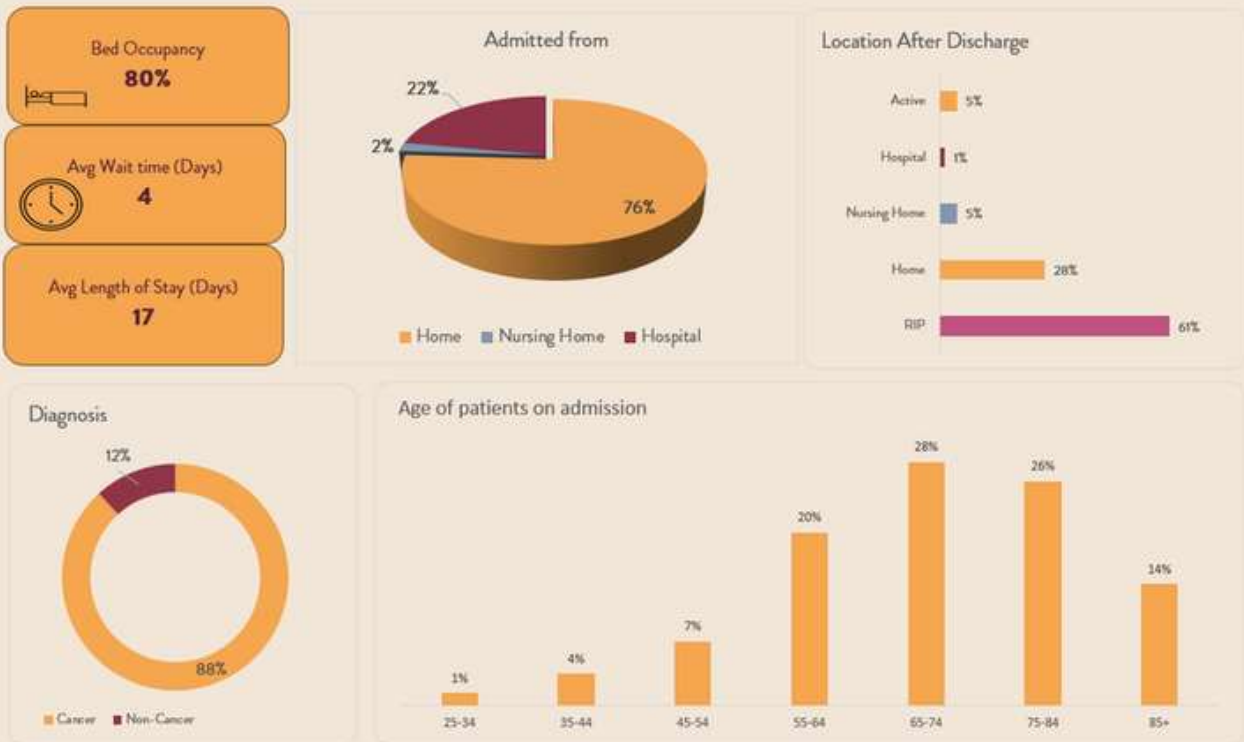


Source of Referrals

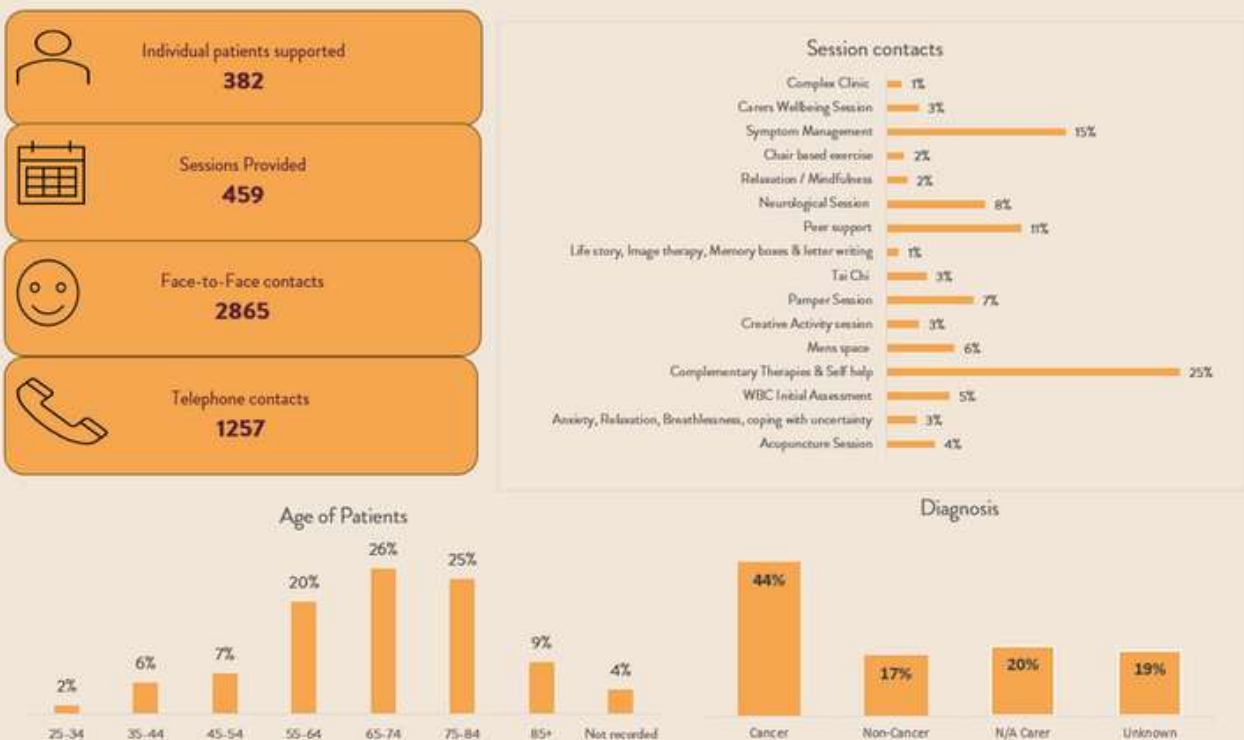


Quality Performance Information

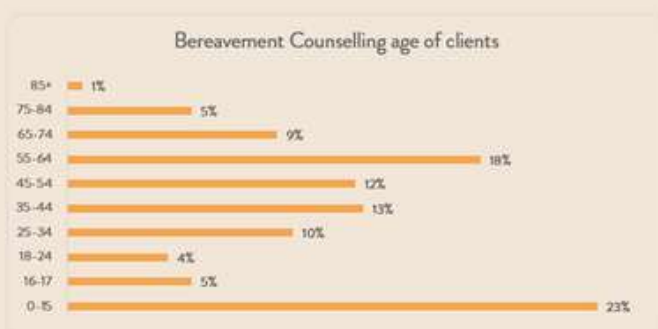
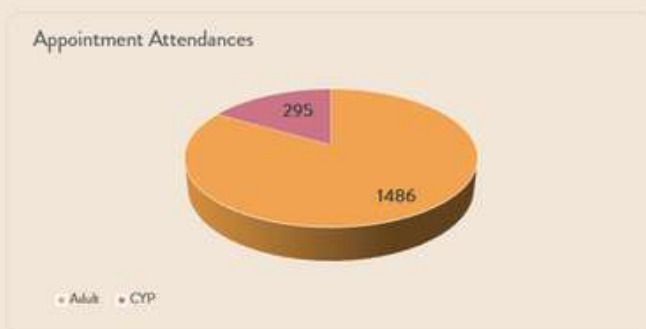
InPatient Unit Overview



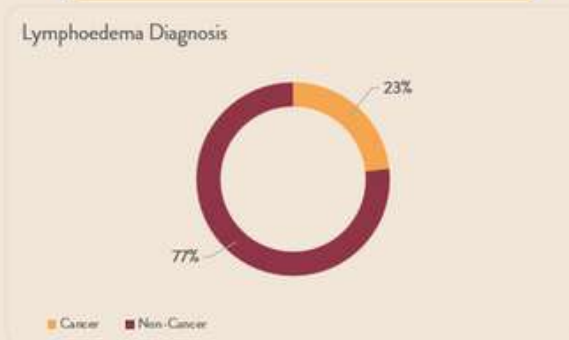
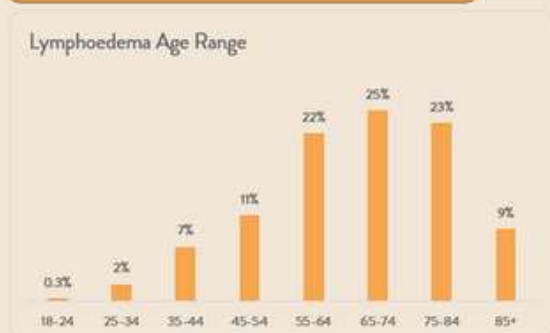
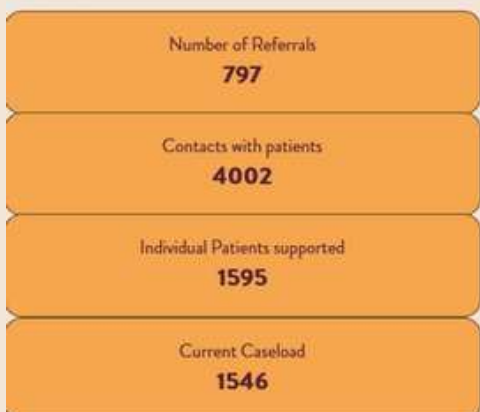
Well-Being Centre Overview



Bereavement Counselling Overview



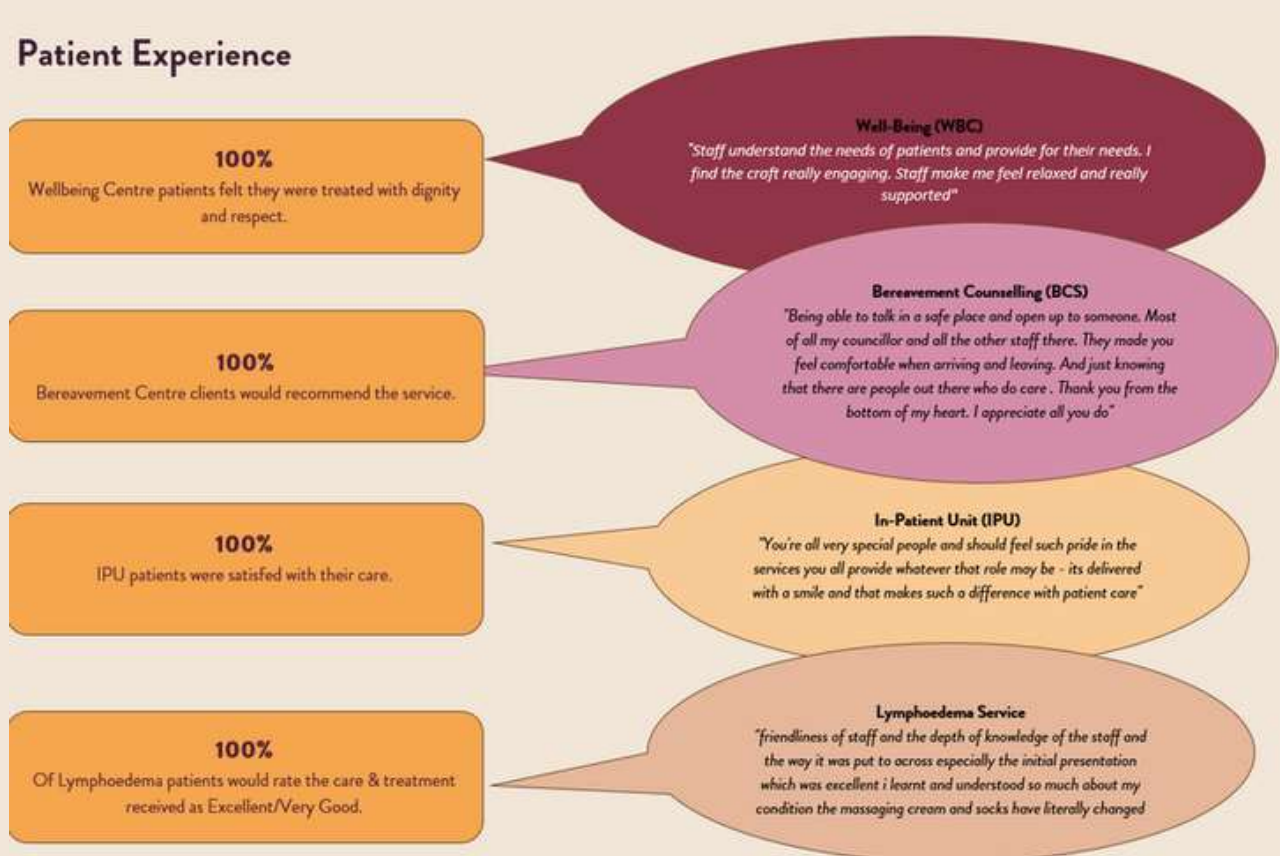
Lymphoedema Overview



Patient and Service User 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:



Caring for Carers – Caring for Equality (2025/26)

Supporting carers is a key quality priority for Teesside Hospice. In 2025/26 our focus was “Caring for Equality”, recognising the essential role carers play and the inequalities they may face in accessing information, healthcare and support.

Our work centred on improving carers’ awareness of their rights, financial entitlements and local support, and promoting registration with GP practices as carers. Staff routinely identified carers at referral and review points, offering timely information and signposting to benefits advice, carers’ assessments and community services. This consistent approach aimed to reduce barriers for carers who may not recognise themselves in a caring role or who face financial, social or health-related disadvantage.

Encouraging GP carer registration was a key action to support carers’ own health and wellbeing and improve coordination with primary care. Feedback from carers indicated that improved recognition and clearer information increased confidence in navigating services and reduced anxiety associated with caring responsibilities.

Looking ahead, we will continue to embed carer identification and equality-focused support across all services, strengthen collaboration with primary care and partner organisations, and use carer feedback to inform ongoing quality improvement.



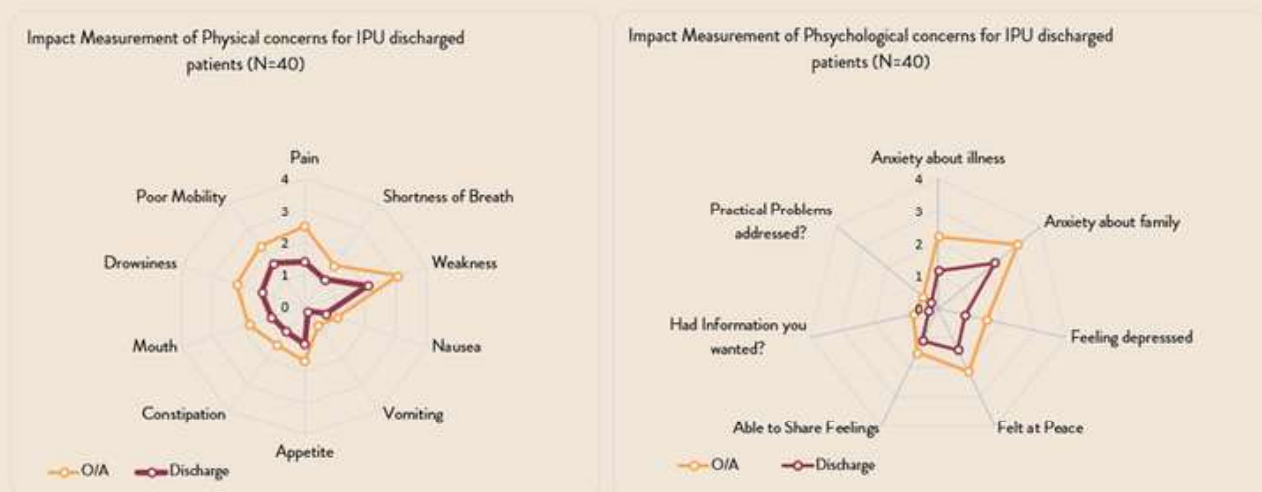
Integrated Palliative Care Outcome Scale (IPOS)

Teesside Hospice is committed to measuring the impact we have on patients, their families and those who use our services. We use a variety of evidence-based tools to measure our effectiveness.

- IPOS (Integrated Palliative Care Outcome Scale): Is a tool for global measurement of palliative care concerns, suitable for completion by patients and health care staff in various care settings.
- Phase of Illness: Is used to describe the distinct level of illness and care required including complexity
- AKPS (Australia-modified Karnofsky Performance scale): this enables us to understand how independent someone is.

The data we have collected April 25- March 26 provides evidence of improvements in care involving both physical and psychological dimensions despite the deteriorating condition and complexity of the patient. The data below represents patients cared for in our In-patient unit who completed an IPOS on admission (orange line) and on discharge (dark purple).

The smaller dark purple line represents an improvement in the physical and psychological symptoms of patients.



Healthwatch South Tees comments:

Kind Regards

Healthwatch South Tees Project Lead



Healthwatch Middlesbrough and Healthwatch Redcar and Cleveland

The Live Well Centre

Dundas Shopping Centre

Dundas Street

Middlesbrough

TS1 1HR

Tel: 0800 118 1691

Text only: 07451 288789

Email: healthwatchsouthtees@pcp.uk.net

www.healthwatchmiddlesbrough.co.uk | www.healthwatchredcarandcleveland.co.uk

Response on behalf of NHS North East and North Cumbria Integrated Care Board



First floor, 14 Trinity Mews
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Commissioner Statement from NHS Humber and North Yorkshire Integrated Care Board (HNY ICB) for Teesside Hospice Quality Account 2025/26

Humber and North Yorkshire Integrated Care Board (ICB) welcome the opportunity to review the Teesside Hospice Quality Account for 2025/26 and wish to express our gratitude to all staff for their dedication and commitment to providing high quality palliative and end of life care to our population. As with previous years, the Account illustrates a continuous commitment to improving quality, safety and patient experience outcomes, and the sharing of the achievements, developments and priorities for the coming year. The use of patient and family stories to illustrate the real impact of the hospices proactive, innovative and compassionate approaches to the delivery of specialist palliative care is to be applauded. The consistently positive feedback from patients, carers and their families is testament to the high standards of care provided by Teesside Hospice. The ICB particularly notes an emphasis on the robust clinical governance framework, with regular audit and benchmarking against national standards of care. The ICB fully endorses the ambitious Quality Priorities for 2026/27 and we look on with interest to see the progress made across the coming year regarding the continuous quality improvements, improvement in access to palliative and end of life care, and the development of the new service models planned. Humber and North Yorkshire ICB confirm that to the best of our knowledge, the Account is a true and accurate reflection of the quality of care delivered by Teesside Hospice. The Quality Account is a transparent and positive document which demonstrates the continued commitment to enhancing patient safety, experience and quality improvement. Humber and North Yorkshire Integrated Care Board remain committed to working with the Hospice and its regulators to enhance the quality and safety of services with the aim of improving patient care, safety and outcomes.

Yours sincerely,



Deborah Lowe
Director of Nursing (Quality Assurance)
NHS Humber and North Yorkshire Integrated Care Board

Response on behalf of NHS Humber and North Yorkshire Integrated Care Board



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01642 811060

Registered Charity Number: 512875