Quality Account

Reporting period April 2024 to March 2025

St Nicholas Hospice Care

A Registered Charity No. 287773

Inspected and rated
Outstanding ☆
Care Quality Commission

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Part One:
Introduction

Introduction by Chief Executive Officer

Welcome to our Quality Account for 2024–2025. This report is not only a regulatory requirement, it is also our opportunity to share how we continue to evolve our services to meet the changing needs of our community, while remaining firmly rooted in our values.

This past year has seen St Nicholas Hospice Care respond to increasing complexity and urgency in end-of-life care across our region. In many ways, our role has intensified. More people are coming to us later in their illness, and more are requiring complex, specialist support — often in the final days of life.

Our Sylvan Ward has adapted in real time, expanding capacity and reshaping itself to support more patients at the end of life. Behind the scenes, we are training staff to be able to deliver new clinical supervision models to support the wellbeing of staff who hold so much, so often.

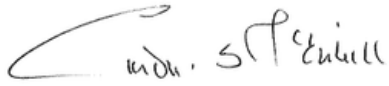
Complexity at the end of life is rarely only physical. In common with most dying people, our patients, and those who are important to them, experience a range of challenges, be they physical, emotional, psychological, spiritual, existential, and/or practical. Thus, just as we have extended our capacity to provide the essential medical and nursing elements of specialist palliative care, so too we have extended our support for the other aspects of holistic care. This includes professional and peer-led bereavement support, spiritual care, and volunteer-led community support.

The growth of our complementary therapy programme, the introduction of the monthly, Heartfelt, drop-in bereavement group, the continued reach of services like Hospice Neighbours, Nicky's Way (our child bereavement service) and our work in Highpoint Prison all speak to our commitment to supporting the whole person and their family.

We have also continued to build partnerships and shape system-wide progress. From education and audit collaboration with neighbouring hospices, to the growing influence of the Family Administered Medication programme across our Integrated Care System (ICS), we remain a willing and active partner in improving the conditions of dying and grieving across our wider health and care system.

None of this is without challenge. The emotional weight borne by our teams is significant. Adult bereavement services face demand that outpaces our current capacity. Some communities remain underrepresented in our reach. But we continue to respond, not by stepping back, but by stepping forward together.

We are still guided by the conviction of our founder, Canon Richard Norburn (MBE), that there must be something better for people who are dying, and for those who care for them. In this moment, which means adapting, listening, and holding fast to our purpose, even as the world around us changes.



Linda McEnhill
Chief Executive Officer.

The Board of Trustees, commitment to quality

On behalf of the Board of Trustees, I am delighted to present the 2024-25 Quality Account.

The Trustees are required, under the Health Act 2009, to prepare a Quality Account for each financial year as St Nicholas Hospice Care is part funded by the NHS.

The Department of Health has issued guidance on the form and content of the annual Quality Account (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Account) Regulations 2010 (as amended by the National Health Service (Quality Account) Amendment Regulations 2017).

In preparing the Quality Account, the Trustees are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Hospice's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, and is subject to appropriate scrutiny and review; and
- The Quality Account has been prepared in accordance with Department of Health and Social Care guidance.

The Trustees confirm that to the best of their knowledge and belief, they have complied with the above requirements in preparing the Quality Account.

Anne Fisher
Chair of St Nicholas Hospice Care's Board of Trustees.

About us

St Nicholas Hospice Care is a local, independent charity supporting communities across West Suffolk and Thetford.

We provide high-quality palliative care for people approaching the end of their lives, as well as bereavement support for their loved ones and others in the wider community. Our services are offered free of charge to all adults living with, or affected by, a life-limiting illness in our local area.

We place individuals and their families at the heart of everything we do, delivering responsive, accessible care tailored to their unique needs and wishes. Our services work together to provide truly person-centred support, treating the whole individual and adapting to their changing circumstances.

Vision

Everyone in our communities has support, dignity and choice when facing dying, death and grief.

Mission

We strive for 'something better' in the provision of high-quality, specialist palliative care, emotional and practical support, so that no-one in West Suffolk and Thetford has to face dying, death and grief alone.

Our Values

Compassion

Accountability

Respect

Equity

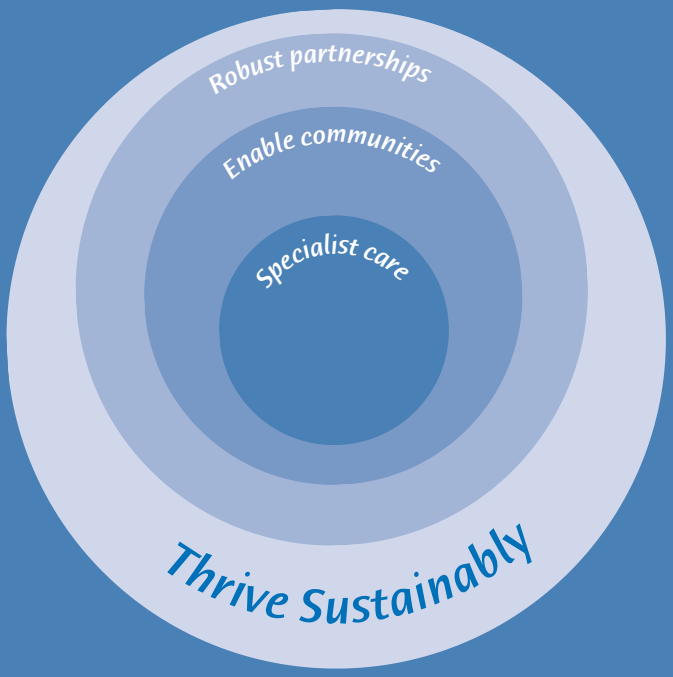
Our Services

- Sylvan Ward (inpatient unit)
- Community Home Care
- Complementary Therapy
- Out-of-Hours Advice and Support
- Medical team: Consultants and Doctors
- Patient and Family Support
  - Adult pre and post bereavement services
  - Children (Nicky's Way)
- Independent Living
- Hospice Neighbours
- Spiritual and Chaplaincy Support

Strategy

Specialist palliative care isn't just about providing services—it's about changing societal attitudes, structures, and partnerships to create a better way of supporting dying, death and grief.

At the heart of everything we do is specialist care. From there, our work ripples outward through the services we offer, the way we raise awareness, the knowledge we share, and the partnerships we build. Together with our community, we're improving the lives of those affected by dying, death and grief. Supporting all of this is our commitment to grow and adapt, so we're here for West Suffolk and Thetford both now and for generations to come.



Our four strategic aims

Specialist Care
Provide high-quality palliative care to individuals who are nearing the end of their lives, and bereavement support to those who matter to them, and people in our communities.

Enable Communities
Raise awareness, educate and support communities to develop their understanding of end-of-life issues, to improve outcomes for access, advanced care planning and confidence to talk about death and grief.

Robust Partnerships
Share knowledge and advice, expand training for health and social care professionals, improving referral pathways, and integrating hospice services into wider care models.

Thrive Sustainably
Build financial stability, support our staff and facilities, and grow our impact by finding new ways to work and fund what we do.

Because you matter:

Our year in review

Our reach and people supported

We supported 1,899 people across West Suffolk and Thetford, this is a 16% increase from last year.

1,899
total people supported
up 16%

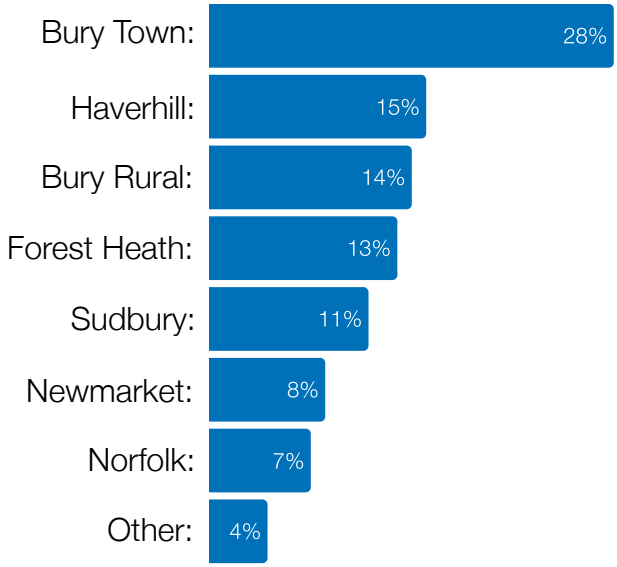
672
total people who died in our care
up 7%

Malignant v Non-malignant diagnosis

72%

72% of patients are referred with a malignant diagnosis.

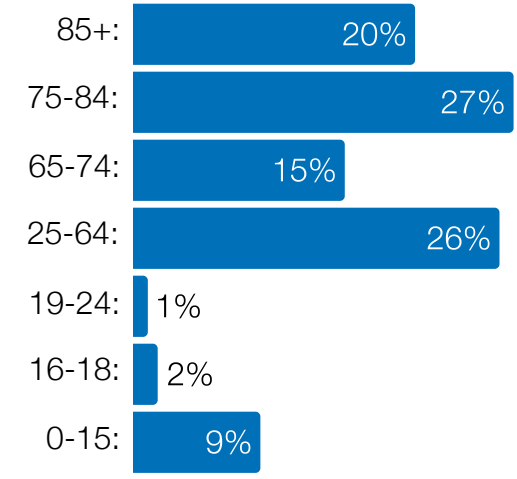
Geographic reach:



Demographic overview:

Gender:

Age distribution:



Specialist care

240
Sylvan Ward admissions

2,265
Community Team home visits

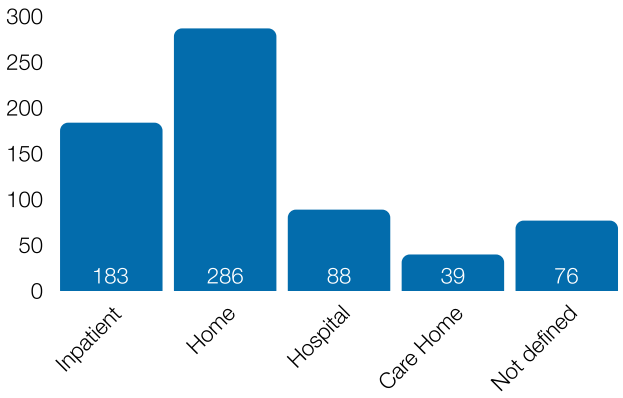
11 days
Average length of stay on Ward

44,311
Community clinical contacts

78%
Bed occupancy

70+ professionals
trained to support families delivering medicine for pain management at home.

Hospice patients' place of death



Expanding Specialist Care when it matters most

In 2024, our Sylvan Ward doubled its bed capacity from 6 to 12, responding to growing need in our community. This enabled us to:

- Admit more people quickly at the end of life
- Relieve pressure on hospitals
- Provide comfort and dignity for those who choose to die in our care

"Witnessing our son's final moments of life, the nurse in attendance, caressed our son's hands and spoke softly to him until he passed. It was something we shall always remember and cherish."
Feedback from a family member.

Family testimonies

On Community Nursing:

"We were unaware of how much care and support was available for my dad when he needed it but also for the rest of the family. Dad had an appointment for counselling and hospice staff recognised that we were in crisis and literally started to put together a care package, alerted other agencies and things began to happen by the time we got home. We cannot thank St Nicholas Hospice enough. Dad died peacefully at home as he wished."

On Sylvan Ward

"Even through my darkest of days watching my father fade away day by day, the staff at St Nicholas Hospice became family. Everyone from the nurses that tended to us from the moment we walked through the door, till we left (and even post my fathers passing), to the doctors, the catering staff, the volunteers on reception, the back office staff, as well as the cleaners. Everyone became so special to us, and we cannot be more grateful for all the help and support that the staff at St Nicholas Hospice have done for us.

Supportive care

886 Referrals to emotional and bereavement support

190 Young people facing loss supported by Nicky's Way

364 Pre-death support referrals

332 Adult bereavement referrals

287 People support by Independent Living Team

95 People supported by Hospice Neighbours

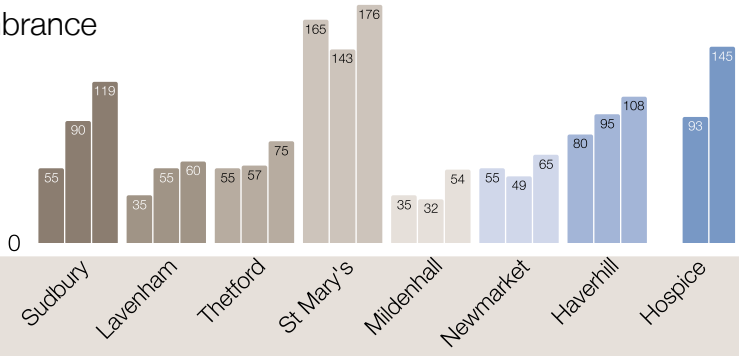
1,300 Attendees to our community acts of remembrance events.

Remembrance in the community

In addition to our Light up a Life events, we held Thankful — a special 40th anniversary celebration and remembrance event for all in the community touched by St Nicholas Hospice Care.

More than 500 people gathered at St Edmundsbury Cathedral to take part in this moving act of remembrance, symbolised by Because You Matter, a bespoke sculpture by local artist Kate Denton.

Attendance of Light up a Life by venue, the last three years



Family testimonies

About Nicky's Way

I honestly couldn't be more appreciative of Nicky's Way and the care, help, love, and support from everyone there. Both my daughters attended the group bereavement support sessions. My eldest daughter, who was adamant she wasn't attending, took so much from the groups. She was given a place to express her emotions and feelings without thinking she had to be the strong one, which I knew she felt at home, with me being a single parent. For the first time since my mum's very sudden death, she was starting to understand, process, and grieve in the healthy way a child should.

Both girls made special keepsakes and meaningful items to remember their Nanna, which I had always struggled with. I also found it incredibly hard to talk about my mum, so the girls spending time in settings with trained professionals and other children in the same position had such a positive impact on their emotions and mental health.

At a glance: Key developments

Sylvan Ward expansion

- Increased bed capacity (6 to 12)
- Admissions ↑38%, deaths ↑65% reduced length of stay
- Trained additional staff in Resilience-based clinical supervision (RBCS).

Out-of-Hours Visiting Service – pilot launch planned

- To run four nights/week
- Staffed by a non-medical prescriber and Hospice Care Assistant
- First full year of delivery to commence with evaluation planned for Autumn-2025.

Family Administered Medication (FAM)

- Rolled out locally and expanded across Suffolk and North East Essex Integrated Care Board (SNEE ICB) region
- 70+ professionals trained, enhancing the opportunity for many families to benefit from easier access to pain relief.

Namaste Care and Dementia-Friendly Practice

- Training, delivered to 8 staff, raised awareness of sensory and emotional needs in dementia care
- Now using the learning in our practise.

Hospice Neighbours and Highpoint Prison support

- Hospice Neighbours refocused on dementia support
- Strengthened relationship with HMP Highpoint: training for staff and direct patient care.

Hospice Education collaborative

- New partnership operational with St Elizabeth and St Helena hospices, began training in March 2025.
- Shared educator/administration team and Simulation (SIM) training launched.

First full year offering Complementary Therapy delivering 341 treatments.

Looking forward: Further progress planned

Orchard Wellbeing Centre launch

- Plans to establish a two-centre service in Haverhill and Bury St Edmunds
- Intended to support earlier-stage patients and expand day hospice provision.

Digital Infrastructure: Electronic Prescribing and Medicines Administration (EPMA)

- EPMA under scoping review
- Consultant-led working group formed.

Playlist for Life

- Identified as next step in dementia-friendly programme rollout (post-Namaste).

Evaluation and Scaling of Out-of-Hours Service

- Formal evaluation of impact due December 2025
- Data to inform further investment or system change.

Core Services

Everything we do is underpinned by our core values and shaped by the Quality Statements defined by the Care Quality Commission (CQC). These principles: Safe, Caring, Effective, Responsive, and Well-led are what guide our decisions and ensure we continue to deliver care that meets the highest standards.

Our Clinical Aspiration:

- We will strive for clinical excellence in palliative and end-of-life care
- We will see the person we care for, and the life lived, not simply 'the patient'
- We recognise family, however 'family' is defined by the person
- We aspire to be a multi-disciplinary team which values and respects all roles
- We aspire to be a team which is responsive and accepting of feedback.

Sylvan Ward

Sylvan Ward is a 12-bed inpatient unit that provides specialist care, for individuals whose needs include symptom management or end-of-life care.

The Sylvan Ward is supported by a multi-disciplinary team who work together to ensure holistic and seamless care is possible, this includes nursing, medical, therapy, psychological support, chaplaincy and spiritual care.

Out-of-hours advice and support

An out-of-hours specialist palliative care community nursing service is provided at weekends and bank holidays 9-5pm. In addition, the service is provided in the evenings and overnight with specialist palliative care advice, provided by an on-call medical and nursing staff.

Community Palliative Care Service

The Community Palliative Care Team includes nursing, medical and therapy support for people in the place they call home.

Providing care in a person's home helps our team begin building a therapeutic relationship and better understand their wishes as they approach the end of life. This care is often delivered in partnership with district nurses and other health and social care providers.

People known to our Community Team receive support with symptom management and are encouraged, where possible, to plan for end of life through open discussion and advance care planning. If someone wishes to be cared for at home, we support this; if that's not possible, we may explore admission to the Sylvan Ward, where capacity allows. The Community Team continues to provide support during any stay on the ward.

The team also offers tailored education that is both planned and responsive to carers and healthcare professionals, which is a key part of the clinical nurse specialist role.

Medical Team

Our medical team is led by Palliative Care Consultants who work closely across St Nicholas Hospice Care and West Suffolk NHS Foundation Trust (WSH). The team also includes two highly experienced Senior Hospice Physicians and hosts several training placements for NHS doctors. At any one time, the Hospice may have up to four full-time doctors working in this capacity. Each year, we host around 10 doctors on placements ranging from four to twelve months. They are training to become palliative care consultants, GPs, or specialists in other fields.

The Hospice is also an accredited placement site for the University of Cambridge, welcoming dozens of graduate medical students each year for short placements. Through all these supervisory and educational activities, we contribute to the palliative care knowledge and experience of many doctors.

Independent Living Team

This small therapy team provides specialist rehabilitative support for people at home and on the Sylvan Ward. The team delivers interventions, which support people to live well, such as coping with breathlessness and anxiety.

Spiritual Care and Chaplaincy Team

Our Head of Spiritual Care and Chaplaincy is supported by two bank Chaplains. A team of volunteers, work across a number of our sites and engage with events which are organised by the Head of Chaplaincy and Spiritual Care, such as GraveTalk and Light Up a Life. This team offers spiritual care and support for people on the Sylvan Ward and their families, as well as those in their own homes and in the communities in which they live.

Patient and Family Support Team

The Patient and Family Support Team provides pre-bereavement and post-bereavement support for both adults and children. We maintain an open-access approach to this service.

Support is provided on an individual basis or through group work, in a setting appropriate to the client's needs. This may include the Hospice, the Haverhill Hub, a client's home, or a child's school. Sessions can be delivered face-to-face, by telephone, or virtually, depending on what best suits the client.

This service is supported by a team of skilled staff, volunteers and student counsellors, who may work directly with clients or support the delivery of sessions such as Nicky's Way, our child bereavement service. Bereavement cafés and our Stepping Forward walking group offer volunteer-led peer support within the community.

The team also provides both internal and external training on a range of topics, including loss, grief, and bereavement.

Hospice Neighbours

Our Hospice Neighbours service connects volunteers with people who require 'light-touch' support at home. These interventions can be extremely varied and are difficult to quantify, but they often result in the development of long-lasting networks and relationships.

Strategic Partnerships and Leadership

As the primary specialist palliative care provider in West Suffolk, St Nicholas Hospice Care applies its influence across the West Suffolk Alliance to positively influence the care, treatment and support of people across our community who are experiencing death, dying and grief.

The West Suffolk Alliance is comprised of a number of statutory and non-statutory organisations, including the Voluntary, Community, Faith and Social Enterprises (VCFSE) sector. Further details of West Suffolk Alliance membership can be found at the West Suffolk Alliance - Suffolk & North East Essex Integrated Care System website.

The West Suffolk Alliance work is driven through key domains which align to the Suffolk and North East Essex (SNEE) Joint Forward Plan 2024-2029, providing an overarching ambition to improve the health and wellbeing of people who live within the SNEE ICB.

St Nicholas Hospice Care is a key member of the West Suffolk Alliance Die Well Domain Group; our Director of Care chairs the group, with support from West Suffolk Alliance partners and Transformation Team colleagues. The Die Well Domain Group has an overarching aim to ensure that seamless systems are in place for people receiving support in the last stage of their life, with a particular focus on the last 12 months of life. Certain 'golden threads' run through the Die Well Domain Group work, which also underpin the achievements of St Nicholas Hospice Care over the period 2024-25, including equity, diversity and inclusion, person-centred care, co-ordination of services and sustainability, and are indicated in Part Two of this report.

"St Nicholas Hospice Care are a key partner within the West Suffolk Alliance Die Well Domain space, their participation in both alliance and system forums is vital.

"St Nicholas Hospice Care have a sharing nature where they support colleagues within the system to learn from experiences and enable colleagues to do so by providing patient case studies for review and discussion. This ensures that colleagues remember to always keep patients at the centre of everything that we do.

"St Nicholas Hospice Care are key collaborators and are always keen to support and integrate with system partners were possible to ensure patient and family/carer experiences are of a high standard."

ICB Transformation Lead

Part Two:
Priorities for improvement

This Quality Account primarily centres around assessing the quality aspects of clinical care and the associated support services required for its provision. However, it does not comprehensively include the fundraising and administrative functions of the organisation, although these areas are clearly integral to the clinical care and services we provide.

Future priorities for improvement 2025-2026

The Board of Trustees is dedicated to ensuring the provision of high-quality care that is safe, effective, and tailored to the needs of service users. Additionally, the Board actively promotes the ongoing development and enhancement of the Hospice's services.

The future priorities for improvement are developed and based upon the framework provided by the Care Quality Commission (CQC), which our services are assessed and rated against:

Safe - Caring - Responsive - Effective - Well-led.

Five priorities for improvement were identified for 2024-25, three of these priorities continue in 2024-25 due to their significance to our mission. Their milestones have been updated for the next period.

In addition to this, we include two new priorities for 2024-25. The five priorities, included in the following pages, provide the basis for the Hospice's Clinical Plan 2024-25.

Review of last year's priorities for improvement from 2024-2025

Priority One: Sustainable Workforce – use creative solutions and opportunities to deliver the workforce of the future.

What we planned

- Explore opportunities for our staff to develop their knowledge and skills
- Explore ethical recruitment of international education colleagues with partners
- Provide internal opportunities for professional development
- Support the wellbeing of our staff by ensuring access to clinical supervision.

Progress

We continue to provide supernumerary time for clinical staff who hold additional responsibilities as part of their roles, supporting their development and capacity to lead.

Staff have been supported to attend a range of external training events and conferences, to name some:

- Raising the Bar: Leading in Quality and Safety conference
- East of England Palliative and End-of-Life Care Conference
- St Clare's Hospice Palliative Care Conference
- Cancer Immunotherapy Conference
- Royal Marsden Essential Oils Introductory Course
- WSH Palliative Care Conference.
- Oxford Advanced Pain & Symptom Management Course
- The Royal Marsden Adult Palliative Care Update Study Day
- General Medicine for Palliative Care Physicians
- Palliative Care in the Tertiary Setting study day
- From 'Your Care to our Care' A Funeral Seminar for Nursing and Care Staff.

We continued to train staff to facilitate Resilience-Based Clinical Supervision (RBCS).

We worked with a regional NHS provider to recruit internationally educated staff. We were not able to pursue this due to the lack of infrastructure available to us as a smaller organisation.

Challenges to overcome:

- We are aware that some roles and rosters can make accessing these resources which provide support to staff wellbeing difficult; we are investigating creative approaches to overcome this.

Next steps:

- Demonstrate an equitable approach to staff support by launching RBCS, by Q2 2025-26
- Develop the Clinical Workforce Development Group, to support advancing practice, role development and resilience across our clinical staffing structures
- Engage with the SNEE advanced practice work.

Last year priority two: Widen Access – develop our services based on equity, diversity and inclusion (EDI) across our community

What we planned

- Pilot an out-of-hours visiting service in collaboration with the WSHFT Early Intervention Team
- Equip staff and volunteers to support people living with dementia through recognised approaches such as Namaste Care and Playlist for Life
- Continue developing our holistic locality-based day hospice model, aiming to offer two days per week in Haverhill by Autumn 2024 - we plan to introduce a complementary therapy service
- Review and refresh our Compassionate Communities model with a view to relaunch
- Consider findings from primary research to deepen our understanding of EDI, informing the development of our EDI strategy
- Collect and provide data to evidence EDI across our beneficiaries and staff teams.

Progress

- We secured funding for an out-of-hours visiting service and recruited to two posts
- We delivered Namaste training to 8 members of staff and volunteers, this is now in practice
- We have provided a Complementary Therapy service for two days each week
- A group of stakeholders and partners participated in Compassionate Communities UK training
- We continued to develop our collaborative work with HMP Highpoint, supporting palliative and end of life care for people living in prison
- We delivered a Palliative Care Workshop for 20 HMP Highpoint staff who support people who are receiving palliative care.

Challenges to overcome:

- Operational focus on delivering additional Sylvan Ward capacity delayed the start of the out-of-hours project
- We have not been able to access Playlist for Life training
- We continue to develop our plan for the relaunch of a costed day hospice model and seek income generation support to fund this.

Next steps:

- We will facilitate Playlist for Life training for staff and volunteers
- We will continue to strengthen our support and care of people who live at HMP Highpoint, and deliver further palliative care training for the people who provide their care
- We will seek external funding for the launch of a costed day hospice model, which will be known as the Orchard Wellbeing Centre
- Our Hospice Neighbours service will extend to actively support people who have been newly diagnosed with dementia, and those who support them.

Last year priority three: High Quality Care – deliver the new CQC assessment framework

What we planned

- We will deliver outcomes against the new CQC regulatory framework, utilising the Quality Statements.
- We will self-assess against these outcomes and report to the Board of Trustees each quarter
- We will fully embed the Patient Safety Incident Response Framework (PSIRF)
- We will scope the potential to implement EPMA on Sylvan Ward
- We will focus particularly on aspects of care, which our audits indicate require improvement.

Progress

- We have utilised our incident reporting software to collate evidence which demonstrates outcomes against the Quality Statements
- We launched CREWS (Caring, Responsive, Effective, Well-led and Safe) News quarterly newsletter to ensure that staff are updated re: quality matters
- Our PSIRF Plan and Policy will be presented to the Suffolk and North East Essex Patient Safety Collaborative during May 2025
- We reviewed clinical governance groups, which review patient outcomes for reporting to our Board. This increases Board assurance that clinical quality indicators are met, lessons learned and actions completed
- We self-assess a CQC Quality Statement during each Clinical Sub-Committee
- Director of Care and Head of Nursing & Quality scheduled attend PSIRF training during May 2025
- Prior to our formal launch, we continue to follow the PSIRF approach in the investigation of all incidents, which focuses on systems and processes to secure learning
- We have set up an EPMA Working Group and established as a key improvement project (ref. page 23).

Challenges to overcome:

- Development of a new audit suite is hindered by challenges with access to hospice specific benchmarking data.

Next steps:

- Approval of PSIRF Policy and Plan
- Launch of Quarterly CQC Working Group, with engagement of Heads of Service, supported by the CEO.
- Further engagement and collaboration with St Elizabeth Hospice.

Last year priority four: Support of Carers

What we planned

- To adopt the concepts within The Lantern Model to realise the impact of skilled nursing care
- To share our vision with the team by holding regular team and learning events
- To embed a model of care which includes the offer of planned respite care to Sylvan Ward
- To embed a model of Hospice at Home community support, with a focus on Hospice Care Assistant support, to enable people to remain at home, if they wish.

Progress

- We held two team days to share the Lantern Model principles
- We identified a senior nurse to drive this work
- We recruited senior Hospice Care Assistants to our community team, who will provide direct support and education for carers
- We continued to provide a warm welcome to carers, supporting periods of respite for relatives to stay on Sylvan Ward by using our Family Room and overnight en-suite accommodation, for which we do not make a financial charge.

Challenges to overcome:

- Our recruitment campaign to secure an additional five whole time equivalent Registered Nurses and five whole time equivalent Hospice Care Assistants took longer than expected.

Next steps:

- We will begin activity in the Orchard Wellbeing Centre by designing and delivering a Caring with Confidence course
- The Orchard Wellbeing Centre will have a strong emphasis on carer support
- We will engage with Voluntary Community Faith Social Enterprise (VCFSE) partners to learn from their experience of supporting people who are carers; designing our services based upon this knowledge and advice.

Last year priority five: Improved Outcomes and Performance Data

What we planned

- We will work with our ICB to confirm key performance indicators for regular reporting
- We will review our use of the Integrated Palliative Care Outcome Scale (IPOS)
- We will continue to input into the Hospice UK (HUK) benchmarking work
- We will participate in the 2024 FAMCARE survey, measuring the experience of bereaved people.

Progress

- We agreed key performance indicators (KPI's) for reporting to our ICB, demonstrating the value of our additional Sylvan Ward beds
- We have reviewed our use of IPOS and now consider this during weekly MDT
- We confirmed the development of our Clinical Administration roles, to support more robust data gathering and presentation of outcomes
- We participated in the FAMCARE survey and received positive feedback, with responses indicating overwhelmingly that people who used our service were 'very satisfied'.

Challenges to overcome:

- While we have integrated IPOS into our weekly Multi-Disciplinary Team (MDT) meetings, we recognise that we can go further in terms of how the people in our care feel that their needs are met
- Technical challenges with access to HUK benchmarking portal.

Next steps:

- We will work with St Elizabeth Hospice to co-design our clinical audits
- We will move to share outcome data with St Elizabeth Hospice to benchmark locally
- Review the structure of MDT further, including the way we use IPOS data
- We will participate in the 2025 FAMCARE survey
- We will embed new processes to support a higher turnover of Sylvan Ward patients, due to an increase in bed capacity.

Looking Forward: Priorities for Improvement 2025-26

Priority One: Review primary Equity, Diversity and Inclusion (EDI) research completed at St Nicholas Hospice Care in 2024 and implement the recommendations.

How we identified this:

- We considered the findings and recommendations of primary research completed at the Hospice during 2024
- We are aware of the need to actively embed awareness of EDI at St Nicholas Hospice Care
- We are aware that the West Suffolk and Thetford demographic is not as diverse as other communities.

What do we plan to do:

- Engage our Leadership Team in the outcomes/recommendations
- Develop an EDI Strategy Group by Q2, 2025-26
- Deliver an EDI Strategy by Q4, 2025-26
- Continue our work in support of people who live at HMP Highpoint
- Maintain our extended access to 12 Sylvan Ward beds
- Launch an out of hours palliative care visiting service, and evaluate the outcomes.

What will the outcomes be:

- Our Leadership Team will complete the Harvard Implicit Attitude Test to understand their unconscious biases
- We will use data to report diversity across our services
- We will continue to strengthen our relationship with HMP Highpoint, by offering bi-annual education and training opportunities on site at HMP Highpoint
- We will provide out of hours palliative care support for 620 patients over one year.

Looking forward priority two: Deliver safer patient care on Sylvan Ward with the implementation of Electronic Prescribing and Medicines Administration (EPMA).

How we identified this:

- Our networks confirm that we are now in a minority of providers who continue to use paper-based prescribing and administration processes
- Learners in practice and staff joining us from other organisations confirm this; we are aware of the risk incurred when temporary staff move from an electronic process to a paper-based process
- The Care Quality Commission have stated that electronic prescribing processes are a positive step towards ensuring patient safety and reducing the risk of medication and prescribing incidents.

What do we plan to do:

- Continue to work as an EPMA Project Group with an designated Project Lead
- Enhance our internal stakeholder membership, to include those who understand current processes
- We will engage with external stakeholders to request that they become Working Group members
- We will deliver a costed business case to the Board of Trustees by Q2, 2025-26, including the structural changes for the Sylvan Ward footprint.

What will the outcomes be:

- Three Sylvan Ward Registered Nurses will be identified to support and deliver EPMA training to the clinical team
- All Sylvan Ward RNs, the SNHC medical team, our Advanced Clinical Practitioner and our Out of Hours Practitioner will be trained to use EPMA on Sylvan Ward
- We will make any reasonable adjustments necessary to ensure that all Sylvan Ward staff are equipped to use EPMA
- We will launch EPMA by 31 March 2026.

Looking forward priority three: Continue to engage with the Suffolk Hospices local collaboration.

How we identified this:

The two Suffolk hospices have been exploring areas of strength, weakness, and shared challenges. In light of the ongoing financial sustainability pressures facing the sector, there is a growing need to work as efficiently and effectively as possible, making the best use of limited staff resources.

To support this, the Directors of Care from both organisations brought together key leads to consider how we might collaborate more closely on areas requiring quality improvement. A joint SWOT (strengths, weaknesses, opportunities, and threats) analysis identified several priority areas for collective focus:

- Safeguarding, including policy review and ensuring robust application of Deprivation of Liberty Safeguards (DoLS) in the hospice setting
- Pressure area care, with a need to embed the Purpose T: a risk assessment tool, which identifies adults at risk of developing a pressure ulcer and supports clinical decision making to reduce that risk
- Opportunities for joint clinical audits and peer reviews across hospice activities
- Improving outcomes re: mouthcare, with the adoption of an appropriate end-of-life assessment tool.

What do we plan to do:

- Individual leads from both hospices for each area have been identified and will liaise with each other outside of the quarterly joint meetings with the following outputs:
- An updated Adult Safeguarding Policy and Mental Capacity and Deprivation of Liberty Safeguards (DoLS) policy
- An action plan to introduce the Purpose T assessment tool, including templates and care plans for the clinical records system (SystmOne)
- At least two jointly agreed audits, with results shared and areas for improvement identified.
- Research of a mouthcare assessment tool and update to local policy
- A joint Microsoft Teams channel created to support this work.

What will the outcomes be:

- The group will meet in person each quarter to present outcomes to the Directors of Care
- Updated policies will be in place for Adult Safeguarding, Mental Capacity, Deprivation of Liberty Safeguards (DoLS)
- A new policy will be in place for Mouthcare
- Purpose T assessment tool will be in place and SystmOne templates will be updated
- A new suite of clinical audits will be agreed, completed regularly, and benchmarked with St Elizabeth Hospice
- Joint peer reviews will take place, actions will be agreed and delivered.

Part Three:
Quality Performance and Improvement

Quality markers we chose to measure in 2024-2025

'Quality Markers' are often used to refer to specific indicators or metrics that assess and monitor the quality of care. These markers help in evaluating performance across key domains such as patient safety, clinical effectiveness, and patient experience.

In 2024-2025, we chose to monitor Safeguarding, Patient Safety Incident Response Framework, User Feedback, and Hospice Education collaborative.

Safeguarding

- We identified two Trustees who accepted additional responsibilities to support safeguarding matters and provide Board assurance.
- We recruited our Head of Supportive Care/Senior Social Worker, who has taken on the role of Primary Safeguarding Lead and is able to provide Safeguarding Supervision for the remaining Safeguarding Leads.
- The expertise which this colleague brings to the organisation in terms of safeguarding has resulted in a joint review of the Safeguarding Policy, as part of the Suffolk Hospices Collaboration, the development of a separate Safeguarding Children Policy, a review of the Domestic Abuse Policy and a robust overview of our DoLS processes.
- We identified a PREVENT Lead.

Work will continue as follows:

- Complete and publish the updated Safeguarding Adults, Safeguarding Children and Domestic Abuse Policies
- Design and deliver a face-to-face Safeguarding Training package, to include volunteers and Trustees.

Patient Safety Incident Response Framework

Clinical safety is our priority, alongside the will to continue to approach incident investigation with proportion and pragmatism. We focus on examining systems and processes, mindful of our willingness to learn through the identification of themes, and by supporting our staff, who continually aim to deliver a high-quality service.

We recognise the need for leaders to demonstrate accountability throughout these processes and to demonstrate an open and honest approach when incidents occur, we received feedback on our approach as follows:

"I am writing to express my heartfelt gratitude for the care you and your dedicated team have provided to my father during his final days. After I raised concerns regarding his care on the 29th January 2025, I was encouraged to see the swift and thoughtful improvements implemented by your staff.

"Your willingness to listen and respond to our concerns has made a significant difference in our experience. The enhanced level of care, compassion, and professionalism has not only comforted my father but also provided our family with immense relief during an incredibly challenging time.

"It is clear that the wellbeing of your residents is your top priority, and the steps you took to ensure that my father received the best possible care have not gone unnoticed. I deeply appreciate the commitment and empathy demonstrated by everyone involved in his care.

"Thank you once again for your outstanding service and for making a positive impact on my father's quality of life. Your efforts have truly made a difference."

User Feedback

We participated in the 2024 FAMCARE survey, facilitated by the Association of Palliative Medicine. We are grateful to the support of a Clinical Administrator Volunteer, who managed this process on our behalf. As we redesign our patient survey during 2025-26, the 'Have Your Say' stakeholder Group will be asked to provide feedback on the content of this.

Hospice Education Collaborative

We now work more closely with our St Elizabeth and St Helena Hospice colleagues and are part of the Hospice Education Collaborative, having developed a formal agreement. This partnership ensures that the palliative and end-of-care education offer is equitable across Suffolk and North East Essex. We are proud to have joined our colleagues to deliver this important initiative.

Quality Markers to be monitored in 2025-2026

New markers introduced

- Support clinical managers and leaders to develop skills to effectively manage clinical budgets.
- Fully cost all clinical services and establishments, to ensure effective service design.
- Complete a further review of our weekly MDT meeting structure, to understand how effective this is for the people in our care.

Other quality initiatives

- We will continue to develop the FAM Initiative, and evaluate the success of this.
- As part of our ongoing effort to enhance service delivery and workforce planning, we will identify and implement a suitable capacity and acuity tool to effectively measure the complexity of caseloads managed by the community team. This will support informed decision-making, resource allocation, and ensure that care provision aligns with patient needs and service demands.
- We will continue to engage in research, professional writing and conference presentations.

In February, we facilitated a wedding blessing, allowing a father to share a special memory with his daughter on her wedding day.

The family celebrated in the Hospice's Garden Room with refreshments and a wedding cake provided by the catering team. The facilities team decorated the space with fairy lights and a red carpet, creating a welcoming atmosphere.

Flowers from our Memorable Moments Fund enhanced the beauty, while a volunteer photographer captured cherished memories.

"It was a day of love and togetherness, reflecting the Hospice's mission to help families make the most of their time together."

Service Overview

St Nicholas Hospice Care expands capacity and holistic support in 2024-25

In 2024-25 we supported 1,899 people, a 16 % rise on the previous year, through an integrated model that embraces inpatient, community and psychosocial care.

Clinical expansion and system impact

The bed base on Sylvan Ward doubled from 6 to 12, driving a 38% increase in admissions (240) and enabling the rapid transfer of complex end-of-life patients from both hospital and home. The average stay shortened to eleven days, while ward deaths rose to 183, underscoring the ward's role as a specialist end-of-life care provider, supporting dignity and choice at the end of life, and reducing pressure on the acute sector.

Outside the Ward, our Community Team undertook 44,311 contacts. Nurse activity rose by 25%, due in part to the impact of supporting new HCA staff into their posts, and in order to release HCA hours to deliver complementary therapies; recognising the positive impact that these treatments can have as part of the clinical model of care.

Holistic, person-centred care

Complementary therapy became a main offer, expanding to 341 treatments in its first full year. Chaplaincy provided 1,063 in-hospice encounters and 134 community visits, while remembrance events such as Light Up a Life attracted 802 participants (+31 %). Hospice Neighbours volunteers delivered fewer referrals (95) but 18 % more contacts per person, showing deeper engagement.

Emerging pressures

- Workforce fragility was highlighted by a nine-month physiotherapy vacancy that reduced physio-led activity by 75%
- Raising demand for adult bereavement support (with around 50 families waiting approximately twelve weeks) signals capacity constraints that require attention
- Responding to the inevitable emotional impact of supporting significantly more patients to die in our care.

Strategic alignment

Developments advance our four strategic priorities (as reference outlined on page 7):
:

- High-Quality Care (rapid advice, specialist Ward)
- Enable Communities (volunteer networks, remembrance events)
- Robust Partnerships (system relief via expanded beds and advice line)
- Thrive (growth in activity balanced against financial and workforce resilience).

This overview sets the context for the detailed service reviews that follow and demonstrates a Hospice growing in reach and depth while remaining committed to dignity, choice and compassionate support for every person we serve.

Summary of access and total outcome metrics (2023-2024 v 2024-2025)

Total referrals	23/24	24/25	% Change
Number of patients by all services (ex. ILT)	1,634	1,899	⬆16%

Area	23/24	24/25	% Change
Bury Rural	267	263	➡ 0%
Bury Town	496	530	➡ 2%
Forest Heath	228	254	➡ 1%
Haverhill	264	280	➡ 1%
Newmarket	148	150	➡ 0%
Sudbury*	273	217	➡ –3%
Norfolk	138	128	➡ –1%
Out of area	87	77	➡ –1%

*One of our Sudbury based GP surgery is now attributed to another area owing to ownership change.

Gender	23/24	24/25	% Change
Female	824	1051	➡ 3%
Male	765	844	➡ -4%
Indeterminate	1	2	➡ 0.1%

Proportional change measured

The '% Change' column in tables for 'Area', 'Gender', 'Age group' and 'Place of death' show the proportional percentage of the total shifts, for each sub-group year-on-year.

Age Group	23/24	24/25	% Change
0–15	128	176	➡ 1%
16–18	33	33	➡ 0%
19–24	19	22	➡ 0%
25–64	355	494	➡ 4%
65–74	287	283	➡ -3%
75–84	417	513	➡ 1%
85+	359	377	➡ -3%

Place of death	23/24	24/25	% Change
Inpatient	119	183	⬈ 8%
Home	320	286	⬊ -8%
Hospital	63	88	➡ 3%
Care Home	29	39	➡ 1%
Not defined	99	76	⬊ -4%
Total	**630**	**672**	⬈ 7%

Traffic light analysis guide

The red, amber, green and arrow system allows us to show trends year-on-year. In this Quality Account, we interpret the impact in the context of our operating environment and strategy.

⬇	⬊	➡	⬈	⬆
–10% or more	–4% to –9.9%	–3.9% to +3.9%	+4% to +9.9%	+10% or higher


We were pleased to welcome Toffee the miniature Shetland pony when he paid a visit to our ward. His visit brought plenty of smiles and his presence was a reminder of the comfort the small things can bring.
PK

Individual services reviews

Sylvan Ward

Demand and service use

Metric	23/24	24/25	% Change
Admissions	174	240	⬆ 38%
Bed days occupied	2,143	2,626	⬆ 23%
Beds available	2,522	3,372	⬆ 34%

The Sylvan Ward has seen its capacity to care grow considerably, with admissions increasing by 38% following the expansion from 6 to 12 beds during Q2–Q3. This has enabled the Hospice to support more end-of-life patients from both hospital and community settings, helping to relieve pressure on the acute sector and avoid unnecessary hospital admissions.

However, this shift has fundamentally changed the patient journey: the average length of stay has decreased, discharges have dropped by 21%, and inpatient deaths have increased by 65%.

While this has delivered system-wide benefits, it has placed a significant emotional burden on staff, with a death now occurring approximately every two days. The service has responded appropriately, with the presence of clinical leaders, regular opportunities for team reflection, and the forthcoming launch of resilience-based clinical supervision. However, there is a clear need for close coordination with bereavement services to ensure families are followed up effectively and staff are supported in sustaining this intensive model of care.

Patient journey and outcome

Metric	23/24	24/25	% Change
Average length of stay	13 days	11 days	⬇ -15%
Discharges	63	50	⬇ -21%
Deaths	111	183	⬆ 65%

Capacity and resource use

Metric	23/24	24/25	% Change
Bed occupancy	85%	78%	↘ -8%

Occupancy dipped during winter due to staff sickness, but the flexibility of the expanded bed base allowed the team to continue short-notice admissions, highlighting the value of this capacity even during operational strain.

- Admission: Sharp increase reflects expanded bed capacity (6-12 beds); enables end-of-life admissions from hospital and home, meeting acute sector needs.
- Beds available: Bed expansion provides system relief, but raises dependency on hospice capacity.
- Bed days occupied: Strong growth, but balancing more short-stay admissions.
- Average length of stay: Shorter stays reflect the need for the therapeutic relationship to develop quickly.
- Discharges: Discharges fall as more patients die in the Hospice; raises family follow-up needs. Increase in emotional and workload impact on staff; now requires resilience support.
- Bed occupancy: Winter staffing pressures reduced occupancy; flexibility allowed short-notice admissions.

Expanding Specialist Palliative Care: A Reflection from Pippa, our Head of Nursing & Quality

The past year has been nothing short of transformational for Sylvan Ward. Thanks to a successful bid to the national Discharge Scheme, the Hospice has opened six additional inpatient beds, taking capacity from 6 to 12. The roll-out was deliberately phased, first to eight beds in August, then the full capacity in October. This was done so that standards of care, staff confidence and patient experience all grew in step. In its first three months at full strength the ward accepted 43 extra admissions, easing pressure on WSHFT and allowing more acutely ill patients to receive the specialist symptom control and end-of-life support they needed.

Recruitment has underpinned every part of this expansion. A strong field of applicants brought experience from community, acute and care-home settings, and for the first time we appointed three Senior Hospice Nurses (one an internal promotion) providing additional clinical leadership and a clearer progression pathway.

New colleagues now complete a structured three-day induction that runs each month. Day one offers a warm organisational welcome and the chance to meet key team members; days two and three focus on core clinical skills, an introduction to SystmOne and practical IT sessions, ensuring that nurses and hospice healthcare assistants can document safely from their very first shift.

Finding extra time at the bedside has been an equal priority. After wide consultation, and mindful of robust evidence that single-nurse checking of controlled drugs can be safer than the traditional double-check, the senior team will pilot a single-checking model this spring. The roll-out will follow a Plan-Do-Study-Act cycle, beginning with one-to-one discussions, confirmation of competency assessments and an opt-out option for any staff member who wishes.

Daily stock counts will continue, and syringe-pump preparations, which involve complex calculations, remain excluded. The goal is a leaner process that keeps nurses with their patients while maintaining, and potentially improving, medication safety.

Research and quality improvement continued to shape practice. Under Dr Ildiko Rakk and Hospice Nurse Frances Flynn, the Sylvan Ward extended its participation in the national CHELsea II study from 20 to 26 patients before closing of this research in December.

The focus now shifts to data validation and responding to study queries, work that keeps the team at the forefront of evidence-based palliative care. Closer to home, a collaborative programme with the Community Tissue-Viability Service is already driving earlier identification and prevention of pressure ulcers, with promising early audit data.

Behind the scenes, effective administration remains vital. An interim ward administrator has proved invaluable during the expansion, and the Hospice is now recruiting to a full-time post so that admission offers are issued promptly, discharge documentation is chased the same day, and families receive timely, accurate updates.

What does this mean for the community we serve? Put simply, more people across West Suffolk and Thetford can now access expert symptom relief, compassionate end-of-life care and holistic family support at the moment they need it most. Our acute partners gain breathing space to manage emergencies, and staff benefit from clearer career pathways and modernised working practices.

As Head of Nursing & Quality, I could not be prouder of the dedication that has made this progress possible. Our patients, however, judge us not by bed numbers but by the kindness, professionalism and attention to detail they experience every day. Those values remain our true measure of success, and they will continue to guide everything we do in the year ahead.

Community Palliative Care Team

Demand and access

Metric	23/24	24/25	% Change
Referrals accepted	1,052	1,131	↗ 8%
Referrals declined*	164	183	⬆ 12%

The Community Team is experiencing steady growth, with accepted referrals up by 8% and declined referrals up by 12%, reflecting both rising demand and sharper triage criteria. Patients are increasingly complex, with multiple co-morbidities requiring specialist palliative care.

The rise in nurse contacts alongside the sharp drop in HCA contacts points to a shift in workforce use, driven by HCA vacancy, the subsequent support offered to new staff in post and temporary redeployment to the complementary therapy service. This is somewhat relieved now that staff have settled into new roles, the complementary therapy service adds value to the clinical model and it is hoped it will continue on a fully funded basis.

Interestingly, deaths on the community caseload have slightly declined (–2%), almost certainly linked to the Sylvan Ward now admitting more end-of-life cases. This highlights the need to re-examine advance care planning and place-of-death preferences to ensure patient wishes are still being met across settings.

- Referrals accepted: Growth linked to more patients with four or more co-morbidities; demand nearing capacity.

Volume and role activity

Metric	23/24	24/25	% Change
Total contacts	41,479	44,311	↗ 7%
Nurse contacts	15,540	19,364	⬆ 25%
HCA contacts	2,085	1,221	⬇ -41%

- Referrals declined*: Triage has sharpened; more general end-of-life cases declined due to specialist focus.
- Total contacts: Stable growth in overall activity.
- Nurse contacts: Nurses picking up complexity; efficiency may be strained without HCA support.
- HCA contacts: HCA vacancies and redeployment reduced lower-band input.
- Deaths on caseload: Small drop likely reflects shift of end-of-life care into the Sylvan Ward, advance care planning should be revisited.

Outcomes on caseload

Metric	23/24	24/25	% Change
Deaths on caseload	529	516	➡ -2%

*Referrals declined: A declined referral is likely a referral in which someone with a generalist need has been referred and they are not currently suited to our specialist care services.

New Leadership and Responsive Team Investment Strengthen Hospice-at-Home Care Amid Rising Case Complexity

Demand for specialist palliative care in patients' own homes shows no sign of easing. Our own caseload has stayed numerically steady, yet every week the clinical picture grows more intricate: multiple co-morbidities, longer treatment pathways and an increasing need for advanced symptom management. Partner organisations report a similar pattern.

Keeping patients safe has therefore meant working smarter, not simply harder. Throughout the winter Pippa, our Head of Nursing & Quality led fortnightly skill-mix reviews, scrutinised rosters day-by-day and challenged planned activities whenever they risked diluting frontline capacity. Experienced bank nurses were deployed strategically, and senior staff maintained a highly visible presence to offer real-time reassurance, clinical advice and five unhurried minutes for staff to pause, breathe and regroup. Safeguarding colleague wellbeing has been every bit as important as safeguarding patient safety.

Fresh leadership brings rapid gains

A pivotal change came in early December with the start of our first full-time Community Team Lead with clinical responsibilities. The post has already delivered tangible benefits:

- A single point of contact for day-to-day decision-making, freeing clinical leads to focus on complex case work.
- Tighter triage of incoming referrals; every new request now receives an immediate desk-top review so that the team can "do what only we can do."
- Greater team cohesion, reflected in shorter hand-over meetings and clearer allocation of responsibility for follow-up calls and visits.

The result is a more agile service that can flex to unplanned need without compromising continuity of care.

Responding to the workforce projections

National forecasts indicate that up to one in three palliative care nurses are expected to retire within the next three to five years. In anticipation of this shift, we are proactively implementing succession planning. A key step in this strategy is the appointment of a Senior Hospice Nurse, who will lead on patient assessments, deliver intensive support, and, where appropriate, help prevent unnecessary admissions. This role not only enhances the capacity and resilience of our team but also serves as a compelling opportunity for skilled nurses seeking career advancement in community-based palliative care.

In parallel, positive discussions with the Enhanced Integrated Team (EIT) have centred on shared referral criteria and documented escalation routes. The same framework has been rolled out to our North and South Community Teams, ensuring that whoever takes the referral can offer instant clarity on where and how quickly the Responsive Team can intervene.

Complexity rising faster than numbers

Although referral volumes have not risen year on year, the clinical intensity per patient has increased significantly. More complex medication regimens, frequent treatment-related complications, and intricate personal, social and psychological dynamics all translate into longer visits, additional telephone advice and the requirement for high levels of clinical skill to deliver care which meets the needs of our patients.

The leadership team continues to explore innovations in terms of rostering, skill mix, training and pastoral support to retain expertise within the service. It is also clear that the application of a suitable demand and capacity tool is required to accurately quantify the needs of our population, now and into the future.

Professional excellence on a national stage

Excellence within the team was highlighted in February when Hospice Senior Clinical Nurse Specialist Paul Beland published "My kidney was removed, packed in ice and taken to Cambridge Airport" in Nursing Times (5 Feb 2025). The article has seeded new conversations with renal units about earlier palliative input, which provided an opportunity to consider how we might role model a supportive approach to allow an employee to do something altruistic.

In February 2025, Advanced Clinical Practitioner Daisy Jacobs gained national recognition with the publication of her article in the British Journal of Nursing. Her paper explores the complexities of diagnosing and managing symptoms at the end of life, using a case study to demonstrate how advanced practice bridges nursing intuition and medical reasoning.

Daisy also presented a poster at the 2024 Hospice UK Conference, which you can see a summary of on the next page.

Her pilot study examined clinicians' experiences of opioid conversion education, identifying a need for more practice-based learning and regular updates. The findings reinforced the importance of combining technical knowledge with clinical judgement. These achievements reflect Daisy's expertise and commitment to improving palliative care, and they highlight the Hospice's focus on clinical leadership and continuous learning.

Hannah Bailey, a Hospice Specialist Nurse in the Community Team also received a STAR Award from Dr Ewen Cameron, the CEO WSHFT, as: *"Hannah was excellent and so supportive to the patient and their family but also to the community nurses to help ensure this patient had a dignified death and end of life care at home."*

Our four non-medical prescribers are another quiet success story. By writing and amending prescriptions at the point of need, particularly during out-of-hours visits, they cut critical waiting times for analgesia, anti-emetics and crisis medication. More importantly, because these clinicians also assess mood, family coping and future-care preferences, medication plans are woven seamlessly into holistic care, enhancing overall patient experience. These colleagues work very closely with the wider MDT to ensure continuity of care.

Looking ahead

We enter the new financial year with a stronger leadership core, a clearer referral framework and new investment in the team. Challenges remain: an ageing specialist workforce, an ever-more complex caseload and the delicate balance between part-time flexibility and service resilience. Yet by continuing to match the right expertise to the right patient, at the right time, we will honour our mission to deliver outstanding hospice-at-home care, wherever home may be.

Shaping Opioid Conversion Education in the Specialist Palliative Care Setting:

A Pilot Study of Staff Experiences

Daisy Jacobs, Advanced Clinical Practitioner, St Nicholas Hospice Care

Aim: To explore the lived experiences of clinicians working within SPC who are involved in converting opioid medications and the education that supports them.

Background: Opioid conversion is a complex and essential skill in SPC, requiring awareness of drug potency, patient tolerance, and route differences. Despite national guidance, standardised training is inconsistent, and conversion charts vary in accuracy and application.

Methodology:

- 12 semi-structured interviews conducted and transcribed
- Thematic analysis using Braun and Clarke's (2013) framework
- Participants included clinicians regularly involved in opioid conversion
- Ethical approval granted; GDPR and Caldicott principles upheld

Findings:
Three key themes emerged:

1. Experiences of opioid conversion education – Mixed confidence levels; appreciation for structured tools like the Opioid Conversion Workbook
2. Support strategies in practice – Reliance on peer support and guidelines; need for ongoing education
3. Shaping future education – Call for relatable examples, annual updates, and a blend of self-directed and face-to-face learning

Daisy Jacobs, alongside her poster display at the Hospice UK Conference 2024.

Conclusion:
There is a need for more structured, regular training on opioid conversion. The Opioid Conversion Workbook is helpful but must be complemented by governance, case-based learning, and opportunities for clinicians to refresh and share knowledge.

Recommendations:

- Introduce annual face-to-face training sessions
- Mandate completion of educational workbooks
- Include practical, case-based content to reflect patient nuances
- Adopt a unified educational approach across SPC settings
- Conduct further audits and expand research to other organisations

Complementary Therapy

Access and activity

Metric	23/24 (Q4 only)	24/25	% Change
Referrals	16	139	**N/A**
Treatments	27	341	**N/A**

While the data above compares a full-year of activity to a partial period the previous, the Complementary Therapy Service has undergone an vital expansion. This transformation has been driven by new resources, increased volunteer capacity, and improved promotion, meeting a large pool of previously unmet need.

This rapid growth positions complementary therapy as a core element of the Hospice's therapeutic model rather than an optional enhancement. As patients and families face increasing emotional and physical complexity, these services could play a vital role not only in supporting patient wellbeing but also in buffering pressures on staff and bereavement services, offering meaningful non-clinical support at critical times.

- Referrals: There has been a huge surge in referrals due to new resource, promotion, and volunteer input, which is addressing a previously unmet need.

- Treatments: Rapid growth; now operating as a core service, with potential to support carers and bereaved families, helping to relieve pressure elsewhere.

Irene Clark - Complementary Therapist

My passion for complementary therapy stems from a deep belief in holistic care - the idea that true healing encompasses the mind, body and spirit. Having witnessed the transformative power of therapies such as aromatherapy, reflexology and massage methods including: 'M' technique, Indian head, and HEARTS. I am committed to providing comfort and dignity to individuals, especially those facing life-limiting conditions.

Working at the Hospice is driven by the desire to support individuals and their families during some of the most vulnerable times in their lives. I believe complementary therapies, when combined with conventional medicine, can greatly enhance quality of life by reducing pain, easing anxiety, and fostering a sense of peace.

We currently work with like-minded volunteers who share the same compassion and drive to support our patients and their relatives.

Talking to the Stars

I put on my shoes, the way I always do, and opened the door and stepped into the cold. If you had seen me, it would have looked so normal. Like a man stepping out of his home. Even the part where I talked to the stars. Everyone talks to the stars sometimes, right? What most couldn't have seen was how every step was an edge.
Sometimes, right there outside the front door, I slipped off the cliffs of the known.
It has taken months before the ground was anything like even again.
Though truly, sometimes the cliffs are still there, and I fall off again.
Isn't it strange?
It looks just like I'm walking'

Written by one of our patients

Independent Living Team (ILT)

Caseload and access

Metric	23/24	24/25	% Change
ILT Patients	279	287	➡ 3%

Referral levels appear steady across the year, but the service's reach is limited by current staffing (one occupational therapist, one occupational therapist assistant, and two part-time physiotherapists, not fully in place until April 2025).

Patients supported tend to be at a later stage of illness due to continued absence of day services as part of St Nicholas Hospice Care's core service offer, which previously captured those with earlier needs. The aim to relaunch day services is seen as a critical way to support earlier-stage patients and reduce pressure elsewhere.

ILT patients: Caseload is stable, though constrained by internal capacity rather than demand.

Role-based activity

Role	23/24	24/25	% Change
ILT OT	102	102	➡ 0%
ILT TA	30	49	⬆ 63%
ILT Physio	59	15	⬇ –75%

There were significant staffing gaps across the year, including a nine-month physiotherapist vacancy, which halted physio-only referrals. The new collaborative work with Allied Health Professionals Suffolk (AHPS) introduces two part-time physiotherapists across the week. The model has recently started and initial feedback is encouraging. Our therapy assistant and occupational therapist worked closely together to manage demand safely during this period.

- ILT occupational therapist: Stable despite reduced working hours.
- ILT therapy assistant: High increase due to new appointment and role expansion.
- ILT physiotherapist: Significant drop due to long vacancy (July-April) now resolved.

Service delivery settings

Metric	23/24	24/25	% Change
ILT Ward Patients	88	113	⬆ 28%
Outpatient Contacts	509	312	⬇ –39%
Ward Contacts	3,914	1,728	⬇ –56%

Staff shortages drove a triage-only model, focused on essential referrals. There was also potential under-documentation, with multiple visits logged as one entry to save time. No intentional shift in model — instead, the team is reacting. The aim to reintroduce a day-service model would restore group and preventative work.

- ILT Ward Patients: Increase likely due to higher acuity and prioritisation of ward-based needs
- Outpatient Contacts: Sharp decline linked to triage-based delivery
- Ward Contacts: Severe drop attributed to documentation changes, prioritisation, and staffing constraints.

Patient and Family Support

Access and activity

Metric	23/24	24/25	% Change
Pre-death support	357	364	➡ 2%
Child Bereavement	190	190	➡ 0%
Adult Bereavement	296	332	⬆ 12%
Total	843	886	⬈ 5%

The service is performing strongly under pressure, with pre-death support delivered responsively.

Adult bereavement support evidences increasing demand and the need to operate a waiting list. Child bereavement support needs appear stable but data demonstrates clear pockets of localised need in some parts of our community.

Recent increases in staffing is expected to help, this resource has been added with the use of restricted funds, but structural pressures, especially the open-access referral model poses a future sustainability risk which will require consideration.

- Pre-death support: The increase in pre-death work is partly due to the expansion of Sylvan Ward (from 6 to 12 beds), which has driven more referrals; however, some of this work is captured as interactions rather than formal referrals, so we will widen our data set to also collect this for 2025-26.
- Adult bereavement: Adult bereavement referrals continue to increase, with a current waiting list of ~50; the rise reflects both internal growth (ward expansion) and external pressures, potentially as a result of the closure of other non-hospice services.
- Child bereavement: Nicky's Way referral numbers remain steady year-on-year, with focus on school delivery to meet need.
- Total referrals: Overall growth across services is moderate; our team is working to capacity. We are fortunate to receive the support of volunteers, who are able to deliver support for individuals whose needs are within their skill sets. A challenge is evident in terms of meeting the increasingly complex needs of our community with the resource we have available currently.

Waiting times and pressures

Area	Waiting List	Waiting Time
Adult bereavement	~50 people	~12 weeks (3 months)
Child bereavement	~32 children	~3–8 weeks
Pre-death support	Minimal wait	~48 hours (rapid)

Demand for the adult bereavement service is currently the most significant, with clients triaged and placed on a waiting list. For these clients, previous group work has proved ineffective meaning that individual client/practitioner support is preferable. The adult pre-death service aims to provide responsive support, due to the nature of need, this client group is prioritised. Similarly, the child bereavement service is responsive, although work is required to ensure that those clients who may not access our service locations or support sessions easily are not disadvantaged.

Family testimony for Nicky's Way:

"I honestly couldn't be more appreciative of Nicky's Way and the care, help, love, and support from everyone there. Both my daughters attended the group bereavement support sessions. My eldest daughter, who was adamant she wasn't attending, took so much from the groups. She was given a place to express her emotions and feelings without thinking she had to be the strong one, which I knew she felt at home, with me being a single parent. For the first time since my mum's very sudden death, she was starting to understand, process, and grieve in the healthy way a child should.

Both girls made special keepsakes and meaningful items to remember their Nanna, which I had always struggled with. I also found it incredibly hard to talk about my mum, so the girls spending time in settings with trained professionals and other children in the same position had such a positive impact on their emotions and mental health.

"After the group sessions, my youngest went on to need further one-on-one help. Before this, her anger had become unmanageable–frequent outbursts of screaming, hitting, throwing things, and crying took such a toll on me and my other daughter. I felt at such a loss, with no idea how to help, until I was pointed in the direction of Nicky's Way. We are now on her final session, and we both couldn't be more grateful for the wonderful and patient work of Sophia. My daughter now manages and understands her feelings and emotions, using all the techniques she's learned throughout the sessions in her day-to-day life.

"I have no idea where we would all be without the pure dedication and knowledge of the Nicky's Way team. I only wish I had known about you sooner. The girls and I were invited, along with other members, to watch Aladdin at the Theatre Royal in Bury and meet Princess Jasmine, a memory that still gets talked about today.

"I just want to express my most heartfelt thanks to everyone for supporting my girls and making them feel special and understood through it all. We are now a calm and happy household once again, eager to share memories of Nanna, and that's all down to the wonderful work of Nicky's Way. I would recommend the support a hundred times over!"

Hospice Neighbours

Access and activity

Metric	2024	2025	% Change
Referrals	123	95	⬇ –23%
Contacts	141	166	⬆ 18%

Referral numbers have dropped, but engagement per person supported is increasing. The service comprises more than 50 volunteers and two part-time coordinators currently.

Volunteers are supporting people with more complex needs. We aim to ensure that our volunteers feel well equipped to meet these needs; careful consideration of which volunteer might be suitable for each request takes place and our team maintains contact with volunteers as felt necessary to support the developing relationship between the person receiving the service and the volunteer. Launching a day therapy service and increasing visibility of the Hospice Neighbours initiative is expected to increase referrals and allow us to widen access to the service.

There is also planning underway to extend the service to better support people with dementia, which may boost uptake. Some concern exists over past volunteer attrition, but recruitment is balanced carefully to match demand.

Making a difference

One of our Hospice Neighbours was introduced to a woman living alone in a remote area, whose declining health made it difficult for her to get outside. She felt increasingly isolated—until the regular visits from her Hospice Neighbour became a valued connection and something she now looks forward to.

"I am really enjoying my visits from Jill. We get on so well and I look forward to her coming over. When she went on holiday, she even sent me a postcard. I was so happy to receive it. It meant so much that she thought about me when she as on holiday." - Patient.

One of our volunteers visits a housebound woman who, despite having family drop in during the week, really values their time together, and feels able to open up about things they might not share with loved ones.

"We get on really well - I visit every week and bring fish and chips with me for our supper! We have a good natter and enjoy our treat together. I really look forward to our time together each week." - Hospice Neighbour.

A patient told her Hospice Neighbour she feels more positive about the time she has left, even reconnecting with family. They often sing together during visits, with the volunteer even bringing along a ukulele.

"I just wanted to say that you're amazing. You've matched me with Jo (volunteer) and it's such a great match. I am really happy to have her in my life, thank you so much. I'm so grateful." - Patient

Spiritual and Chaplaincy Care

Demand

Metric	2024	2025	% Change
Referrals	164	177	↗ 8%

Our chaplains visit everyone staying on the Sylvan Ward unless they are asked not to, which means contacts are often informal. In contrast, community support tends to be more structured and continues to rise.

With 24/7 on-call presence and coverage across seven days a week, the team provides flexible support. The Sylvan Ward's expansion to 12 beds was matched with a boost in bank chaplain hours, helping the team manage higher demand — including six out-of-hours calls in the first weeks alone.

- Referrals: Growth reflects increased visibility, integration across the Sylvan Ward, and broader recognition of need.

Delivery of Spiritual and Chaplaincy Care

Metric	2024	2025	% Change
In Hospice encounters	1,030	1,063	➡ 3%
Outside Hospice encounters	125	134	↗ 7%

Chaplaincy isn't limited to patient care, and it includes visible and invisible support for staff, volunteers, and community partners.

Although not all support is formally recorded (e.g. staff encounters), there is clear qualitative value in the broader role played.

Expanding reach into the community, including funerals, talks, and faith group visits, has grown over the past year. The team depends on admin support to manage bookings and must also oversee volunteers.

- Encounters in the Hospice: Stable activity suggests consistent presence and integration in day-to-day care
- Encounters outside the Hospice: Growth partly due to outreach and improved data capture (e.g. Haverhill Hub).

Light up a Life

Year	Attendees	Year-on-Year Change
2022	480	–
2023	614	⬆ 28%
2024	802	⬆ 31%

Attendance has grown 67% over two years, with a particularly strong increase at the Hospice, Sudbury, and Bury St Edmunds events. Despite poor weather in 2024, people still came to remember loved ones, which possibly reflects a deeper communal need for mourning spaces, especially in light of rising direct cremations which may leave people without traditional goodbyes.

Events were supported by a small core team (Chaplaincy, some Patient and Family Support Team and fundraising presence), and future scaling may require wider resourcing. Two events at the Hospice were particularly meaningful, showing the importance of place-based remembrance.

Out of these events, a new bereavement drop-in called Heartfelt has emerged, offering monthly peer-based support.

Heartfelt

Bereavement drop-in space



Thankful: 40 years remembrance service

On 12 May, more than 500 people came together at St Edmundsbury Cathedral to take part in Thankful, a moving act of remembrance and celebration led by the Hospice.

Past and present staff, volunteers, families and community members were joined by civic guests including, five local Mayors, an MP, the High Sheriff of Suffolk and our Patron, Lady Clare Euston.

Highlights included:

- Art and sculpture, including a bespoke piece, Because You Matter, by Kate Denton, and displays by staff and community members
- Blue hearts, lovingly knitted and shared as keepsakes for all
- Butterfly canvases created by local children and community members, celebrating memory and renewal.

Together, we showed that remembrance can be a shared act of care, connection and hope.

Spiritual and Chaplaincy Care

Additional activity

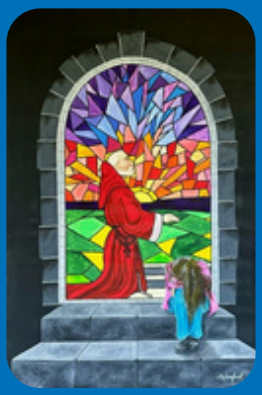
A deep commitment to accessibility and creativity, with outreach into schools, prisons, and retail settings. The chaplaincy model is integrated and adaptive, spanning formal rituals, informal presence, and social connection.

The team has built on traditional hospice chaplaincy to lower barriers and meet spiritual needs in flexible, human-centred ways.

Highlights:

- Heartfelt: monthly bereavement drop-in born out of Light Up a Life event success.
- Art on Tour: partnership with Highpoint Prison and places of worship.
- St Nic's Sings: community singing for bereaved families, staff, and volunteers.
- Retail and staff support: both visible (e.g. Christmas/Mother's Day) and ad hoc.
- Talks and training: from Faraday Institute to Ridley College, supporting ministerial education and community awareness.
- Volunteer chaplains: trained quarterly; attend monthly meetings and national training.
- GraveTalk: café-style discussion events on life, death, and grief.
- Thankful: large-scale remembrance event at St Edmundsbury Cathedral, with strong staff/volunteer involvement.
- Funerals: often conducted at family request following hospice encounters.

To mark our 40th year, Michael Pollington, our Corporate Governance Manager & IG Lead, has created a series of paintings entitled 'Darkness to Light' to illustrate the Hospice's support over the past four decades. Michael spent three months and over 200 hours creating the eight pieces, which tell a story of a hospice journey, starting with St Nicholas seeing a need to help, and finishing by depicting how the Hospice is there for people through death, dying and grief. These acrylic creations have been displayed at several venues, including St Edmundsbury Cathedral and Highpoint Prison.



Out-of-hours clinical advice

266	Calls
264	under 15 minutes
2	15-30 minuites
Nil	over 30 minutes

Phone data only available in 30 day windows: call data audited between 06/08/2024 - 06/09/2024

Our Clinical Nurse Specialists and Sylvan Ward Hospice Nurses have continued to provide telephone advice and support for patients and families across West Suffolk and Thetford during out of hours periods. When further specialist clinical advice is required, our team works with the out of hours medical team, including our own Hospice Physicians, Resident Doctors and the Palliative Care Consultant on-call.

Our nursing team continue to work closely with the West Suffolk Foundation Trust Early Intervention Team (EIT), offering professional advice and support for those services who are able to visit patients during these periods.

Our Advanced Clinical Practitioner (ACP) has supported this service by participating as a first on-call professional, working alongside the medical team.

St Nicholas Hospice Care Education: From Classroom to Community: New Educator, GraveTalk Roll-out and Simulation Training Lead the Way

Over the past 12 months St Nicholas Hospice Care has refreshed its entire education offer, linking bedside practice with classroom learning, and professional development with public conversation.

This allows knowledge to flow in every direction: between specialists and generalists, adults and children, clinicians and the wider community.

Metric (April 2024 → March 2025)	Full-year total
Attendees trained	1,697
Care-home / agency staff trained	4
Care-home staff trained (separate line in Q3)	9
GraveTalk sessions	4
Public-awareness & school/college engagement	1,151
Placements	58
Education sessions (all types)	64
Sessions (with detailed breakdown)	39

We have continued to offer St Nicholas Hospice Care education through the delivery of spring and autumn conferences, where clinical updates and feedback from training and conferences are shared among Hospice clinical teams and our WSHFT Palliative Care Team Colleagues.

Our monthly let's Learn@St Nic's, which is an opportunity for clinicians to meet and critically evaluate current literature, articles and changes in practice within specialist palliative care is also continuing.

We continue to roll out GraveTalk sessions across the catchment area where we create a space where questions can be shared, discussed and considered. For those with questions about death and dying having someone to talk to can often be invaluable. GraveTalk is an opportunity for learning from one another in a safe environment where questions can be shared and discussed.

Our Practice Educator who came into post in November works as part of the three Hospice Education collaborative, also supports our internal education through overseeing student nurse placement and has worked with senior nurses to review student nurse placements, induction packs and hospice nurse and HCA new starter induction programme. We continue to deliver the Nicky's Way education programme with schools and colleges. Our Advanced Clinical Practitioner (ACP) has also delivered end-of-life care training with the East Anglian Ambulance Service clinical staff. Our ACP and one of our Palliative Care Consultants have also developed two SIM-based training sessions, currently being recorded with the support of WSHFT colleagues. These interactive sessions cover advanced topics, including palliative care emergencies, and reflect an exciting step in developing more specialised clinical education.

Strengthening Hospice Education Through Partnership

Collaborating for excellence in palliative care

In December, we formally joined forces with St Elizabeth Hospice and St Helena hospices as part of the joint Hospice Education collaborative. The aim to be the lead education provider for health and social professionals in palliative and end of life care across Suffolk, Norfolk and East Essex. This collaboration provides a coordinated approach to palliative and end-of-life education, learning, and development for staff, volunteers, and the wider local community.

Expanding educational leadership and support

We appointed a Hospice Education Practice Educator who now works as part of the Hospice Education collaboration team, dedicating one day a week specifically to supporting clinical education within St Nicholas Hospice Care. In addition, our education administrator has become part of the shared Hospice Education Administration Team, helping to streamline education delivery across the partnership.

Delivering education across the region

Hospice Education offers an extensive range of training and development opportunities for healthcare professionals across North East Essex, Suffolk, and into Great Yarmouth and Waveney. These are delivered through a blended model, combining online learning with in-person sessions to increase flexibility and accessibility. This collaboration demonstrates a shared commitment to providing both in-house and outreach education across the region throughout 2024/25.

Fostering multi-professional learning

Looking ahead, we will continue to explore new joint working opportunities with multi-professional agencies, expanding partnership learning activities and ensuring education remains inclusive and accessible to all. This includes delivering EXPECT ReSPECT training for care homes.

Investing in our staff and clinical teams

The roll-out of eight registered nurse (RN) study days and four HCA study days across the Hospice Education Collaboration programme offers all of our staff the opportunity to attend free of charge and learn alongside peers from other hospices. In February, our RNs and HCAs joined these collaborative study days, which are delivered across all three SNEE adult hospices, giving staff greater flexibility in scheduling and a chance to engage in shared learning.

Assisted Dying Bill

At St Nicholas Hospice Care, we recognise the growing public and political interest in the subject of assisted dying, particularly in light of the ongoing discussions and debates in Parliament.

As a provider of palliative and end-of-life care, we understand that conversations around assisted dying raise complex emotional, ethical, and clinical questions. We also recognise that those we care for—along with their families, healthcare professionals, and members of the wider community—may hold a range of views on this deeply personal issue.

While not directly linked to funding, the ongoing debate around legalising assisted dying is significant for hospices. We are following updates on the Bill's development, and continue to listen, engage with our partners and those we support to increase our understanding and prepare for its impact.

Engagement and the national conversation

Members of our team attended the 2024 Hospice UK Conference, where sessions focused specifically on assisted dying offered insights.

In addition, we were pleased to welcome Toby Porter, CEO of Hospice UK, for a visit that included open conversations about the challenges and considerations surrounding assisted dying.

We have also encouraged staff engagement with the topic through national webinars and an internal facilitated discussion session held at the Hospice.

Supporting education and dialogue on assisted dying

The Hospice's medical team is supporting a series of talks, held every two months, focused on providing information about assisted dying.

These sessions are part of Hospice Education, the collaboration between St Nicholas Hospice Care, St Elizabeth Hospice, and St Helena Hospice.

Open to clinicians across the East of England, the talks have been very well attended and provide a forum for learning factual information about assisted dying practices worldwide. They present published evidence in an accessible and balanced format.

Recent topics have included updates on the progress of the UK Assisted Dying Bill through Parliament, insights into Medical Assistance in Dying (MAiD) in Canada, and the global intersections between assisted dying and palliative care.

Our organisational statement regarding our position on assisted dying can be found on our website:
www.stnicholashospice.org.uk/assisted-dying/

Expanding Out-of-Hours Care

In response to growing demand for end-of-life support in the community, we have secured additional funding from the SNEE ICB Discharge Fund to pilot a visiting Out-of-Hours Specialist Palliative Care Service in West Suffolk. This 12-month pilot includes a whole-time equivalent non-medical prescriber clinician and a healthcare assistant working four nights a week.

Why it matters

The service aims to reduce unnecessary hospital admissions and enable people to die in their preferred place, usually at home. With many patients only known to palliative care teams for an average of four days, timely and responsive support is essential. This pilot bridges the gap in care during evenings and overnight, when standard services are unavailable, helping to prevent avoidable distress for patients and families.

Laying the foundations

Following successful recruitment, the service is now in the setup phase, with HR processes underway to onboard the new team. Outcome measures and KPIs are being developed to evaluate the service's impact, focusing on patient and family experiences and quality of care.

Early impact and integration

The pilot anticipates approximately 600 contacts in its first year, with early indications of stronger collaboration between community and acute care services. The initiative is already supporting more coordinated, person-centred responses to urgent palliative care needs.

Looking to the future

This development embodies the Hospice's commitment to providing support, dignity, and choice when and where it matters most. It enhances access to palliative care and gives families greater control over their loved ones' final days.

If data confirms the pilot's success, there are hopes to expand to a seven-night service, ensuring consistent, high-quality palliative care every night of the week.

Empowering Families to Deliver End-of-Life Medicines

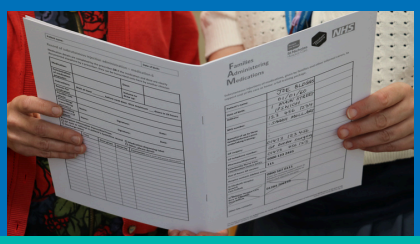
At St Nicholas Hospice Care, we are leading the way in a transformative approach to end-of-life care across the SNEE region.Through the Family Administered Medications (FAM) project, we have developed and introduced training for family carers, enabling them to safely administer subcutaneous medications for loved ones who are dying at home and can no longer swallow.

Why it matters

This work is vital. Being able to quickly and effectively manage pain and distressing symptoms can make a profound difference to someone's final days. Traditionally, family members had to wait for a district nurse to arrive and deliver the medication, a delay that could cause unnecessary suffering. With the FAM training, families are empowered to respond immediately, improving symptom control and enhancing confidence during an incredibly difficult time.

Collaborative development

St Nicholas Hospice has spearheaded the collaborative development of the FAM initiative, bringing together professionals from across the Integrated Care Board to co-create policy and training materials. We've already trained more than 70 healthcare professionals across the region, who are now supporting families with this option.



Real impact

Here we share feedback from some of those offered the option of FAM:

"It was a game-changer. We used it so many times."

"We would never have been able to support Dad's wish to die at home it wasn't for being able to give the medications."

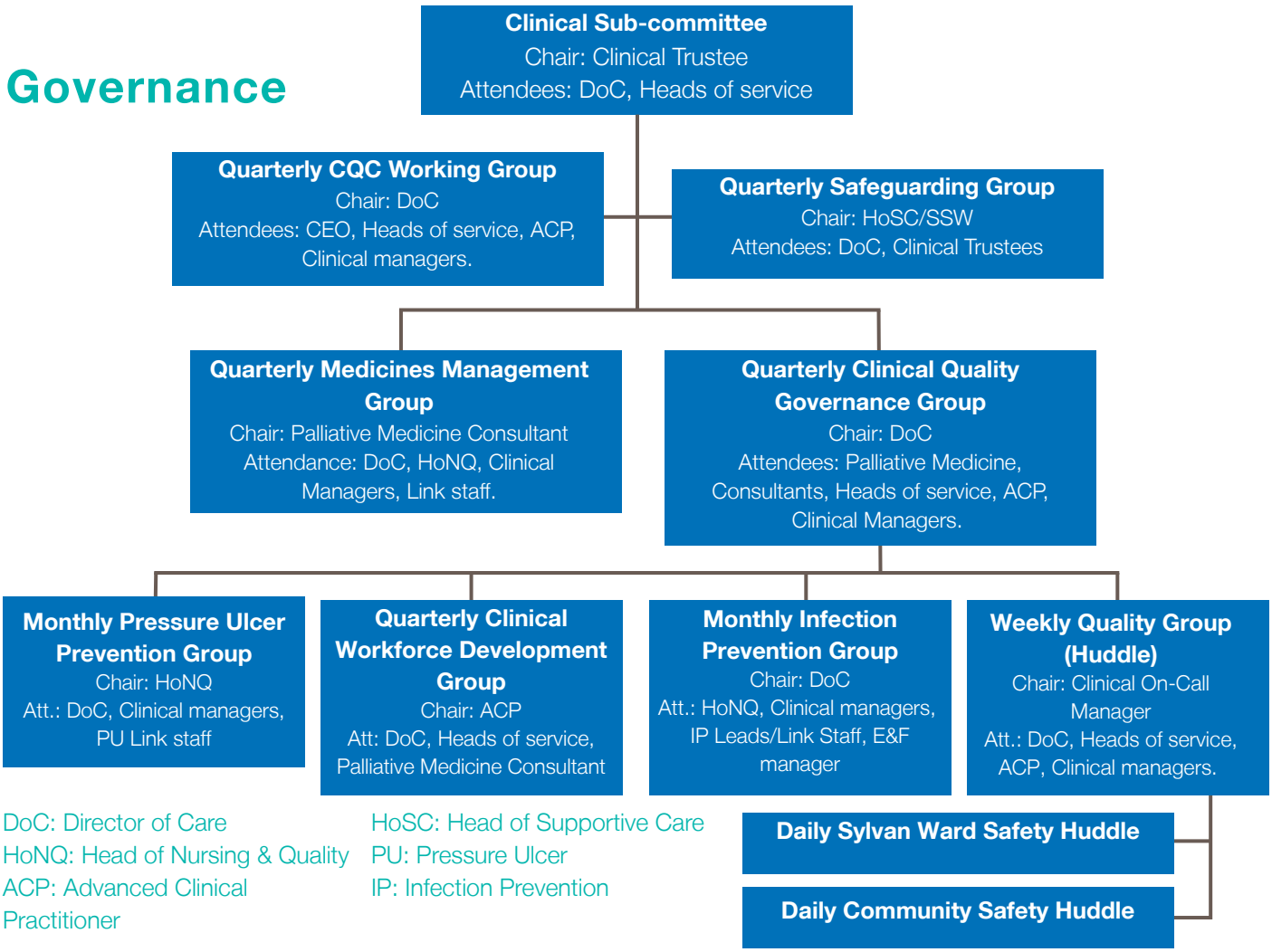
"Overall, the experience was wonderful. It gave us some kind of control over what Mum and we were going through, and a certain amount of control over the pain. We felt we were active in trying to help her. It took away the panic, and the stress, of calling out a nurse, and not knowing when they could come. We could give morphine before the carers visited so it had time to work. It really, really helped us, I can't even say how much."

Looking ahead

The FAM project supports the Hospice's mission to offer dignity, choice, and support when and where it matters most.

We are now auditing outcomes across the region to assess impact and inform further improvement. One of our team members has also been awarded an NIHR ARC Impact Fellowship to develop the work even further. You can read more about this on page 62 of this document.

Governance



DoC: Director of Care
HoNQ: Head of Nursing & Quality
ACP: Advanced Clinical Practitioner
HoSC: Head of Supportive Care
PU: Pressure Ulcer
IP: Infection Prevention

Quality outcomes for people in our care is the focus of our work. With this in mind, we improved our clinical governance reporting structures as detailed above to enable us to provide focus to specific areas of quality improvement and impact.

In addition to our existing governance groups, we have added:

- Infection Prevention Group
- Clinical Workforce Development Group
- Pressure Ulcer Prevention Group
- CQC Working Group.

We had already recognised the importance of groups which monitor clinical safety and quality on a more regular basis, and acknowledged these as part of our formal governance processes, including:

- Daily Community Safety Huddle
- Daily Sylvan Ward Safety Huddle
- Weekly Quality Group Huddle.

We recognise the opportunities for staff development by attendance in these forums and encourage this. Clinical leaders protect time to come together to review clinical outcomes on a quarterly basis; providing opportunities to share ideas, challenges and plans to further improve outcomes.

The PSIRF model will support our governance processes and support local decision-making in the groups noted above.

Clinical Audit

The Hospice follows a quarterly clinical audit schedule. During this reporting period clinical leaders focused on demonstrating improvement in the areas of patient nutrition and mouthcare. Overall improvements were noted across all four quarters. It is anticipated that our collaborative work with St Elizabeth Hospice and the redesign of a number of clinical audits will improve relatability and reliability in demonstrating these elements of clinical care. We will also design clinical audits to provide assurance against our community care outcomes.

Audit area	2024	2025	% Change
Pressure Ulcers	78%	83%	↗ 5%
Infection Prevention & Control	66%	92%	↑ 26%
Nutrition	54%	67%	↑ 13%
Mouthcare	68%	74%	↗ 6%
General Medicines	80%	95%	↑ 15%

The reports of five local clinical audits were reviewed by the Hospice during 2024-25 and we intend to take the following actions to improve the quality of healthcare provided.

- Continue with the additional quarterly Medication Management audit, which was introduced to provide assurance of professional behaviours when administering medication, enhancing patient safety.
- Change the levels of certain stock medications held by Sylvan Ward
- Launch Electronic Prescribing and Medicines Administration on Sylvan Ward
- Embed key staff as drivers for change in support of good infection prevention and control (IP&C) practice on the Sylvan Ward.
- Move from using a Waterlow risk assessment for assessing skin integrity to the Purpose T risk assessment tool
- Launch an end-of-life care template on SystmOne.

National clinical audits

No national clinical audits were reviewed by St Nicholas Hospice Care during 2024-25 because the hospice is not mandated to.

Clinical Incidents

Our staff are aware of the process for incident reporting, using our RADAR incident management system to maintain records of clinical incidents, including learning outcomes and actions. We strive to provide feedback regarding patient outcomes and planned improvements.

Our primary areas of risk are closely monitored and reported to our Clinical Subcommittee each quarter, these include hospice acquired pressure ulcers, falls and patient related medication incidents.

We are working with St Elizabeth Hospice to reduce hospice acquired pressure ulcers, this includes reviewing our Pressure Ulcer Prevention Policy and the processes of risk assessment and care planning.

We are proud of our performance in terms of minimising the risk of falls for people in our care; we actively use risk assessment and utilise strategies such as assistive technology to support harm free care. Therapy colleagues will lead on a refreshed Falls Group during 2025-26.

We demonstrate low tolerance regarding the reporting of medication errors; the data above excludes documentation errors which do not involve patients. We recognise the benefits which Electronic Prescribing and Medicines Administration adds to clinical safety, and we are committed to launch this on Sylvan Ward by 31 March 2026.

Total No of clinical incidents reported 24/25	272
Total No. of serious incidents resulting in severe harm or death 24/25	0
Total hospice acquired pressure ulcers 24/25	31
Total hospice acquired pressure ulcers per 1,000 occupied bed days	31/2.623 = 11.81
Total Sylvan Ward Falls 24/25	18
Total Sylvan Ward Falls per 1,000 occupied bed days	18/2.623 = 6.86
Total Medication incidents involving patients 24/25	47
Total Medication incidents involving patients per 1,000 occupied bed days	47/2.623= 17.91

Infection Prevention and Control (IP&C) Annual Statement 2024-25

St Nicholas Hospice Care remains committed to the prevention and control of infection across our clinical areas and in people's own homes, in relation to clinical procedures carried out. We assess and manage the risk of infection, take steps to detect and control its spread, and promptly share any concerns with the appropriate agencies.

This statement has been produced in line with the Health and Social Care Act 2008 and outlines the Hospice's compliance with infection control and cleanliness guidelines for the period 01/04/2024 to 31/03/2025.

Key staff with additional infection prevention and control responsibilities:

- IP&C Lead – Sharon Basson, Director of Care
- Deputy IP&C Lead – Pippa Wilding, Head of Nursing & Quality
- IP&C Joint Lead (Sylvan Ward) – Natasha Smith, Ward Manager
- IP&C Joint Lead (Sylvan Ward) - Katherine Cooper, Senior Hospice Nurse
- IP&C Link (Sylvan Ward) - Georgia Rodwell, Hospice Nurse
- IP&C Link (Community Services) Sally O'Brian, Senior Hospice Nurse.

This annual IP&C Statement will summarise:

- Any infection transmission incidents and actions taken
- Details of IP&C audits/risk assessments completed and actions taken
- Details of staff training compliance
- Details of IP&C advice provided for patients
- Any review or update of IP&C policies and guidelines.

IP&C group

We enhanced our internal governance structures during this period and established an Infection Prevention and Control (IP&C) Group, led by the Director of Care. While the group will ultimately meet quarterly, it is currently focused on developing our IP&C Plan to identify specific areas requiring review and improvement.

Membership includes colleagues from Estates and Facilities, the Catering Team, and clinical staff, recognising the vital role that non-clinical teams play in supporting safe patient care.

IP&C incidents

Three incidents relating to IP&C occurred during this reporting period.

Incident Description	Assessed risk level	Outcome
Patient on Sylvan Ward tested positive for MRSA via routine swab analysed at West Suffolk Foundation Trust. Results not made available to team until after patient had died, due to IT system failure and poor communication on admission.	Green	Patient room deep cleaned as soon as possible. SNEE IP&C team informed, due to MRSA involvement. SNEE IP&C team agreed to update partner organisation of this omission on transfer of patient into our care.
Staff Covid-19 outbreak on Sylvan Ward confirmed. Three staff tested positive for Covid-19. Immediate reporting and isolation. Able to confirm contact on recent clinical shift.	Amber	No transmission to further staff or patients. Staff returned to work when well, as per policy. Reported to UK Health Security Agency (UKHSA) immediately, confirmed as low risk outbreak.
Staff member experienced rash, recent family member confirmed with chickenpox.	Amber	Microbiology unable to confirm chickenpox. Staff member recovered quickly and returned to work.

Staff training compliance

IP&C training forms part of the mandatory and statutory training programme for clinical staff. This is currently delivered via eLearning for Healthcare, an NHS England programme. As of 31 March 2025, our training compliance rate for substantive staff stands at 87%.

Compliance with Infection Prevention and Control (IP&C) training requirements among Bank staff has been identified as an area requiring improvement. Staff members who are concurrently employed by other organisations are requested to formally notify us of their current IP&C training status. This information is essential to ensure alignment with our organisational standards and regulatory obligations.

During 2024–25, we continued to access training offered by our Integrated Care Board. Two Sylvan Ward staff members attended the Suffolk and North East Essex Care Sector Infection Prevention and Control Training Course. Held over four separate sessions, the course included learning focused on winter readiness, common outbreaks and infections, wound infections, laundry and waste management, and cleaning.

In addition, a Sylvan Ward Senior Nurse, the Sylvan Ward Manager, and the Director of Care, all of whom hold additional IP&C responsibilities, completed a Hospices Link Practitioner Course. Delivered over two full days via Zoom and facilitated by Infection Prevention Solutions, the course was both useful and relevant to inpatient practice. It also offered an opportunity to strengthen IP&C networks for future collaboration.

IP&C audits

Quarterly IP&C audits are completed, as per the Hospice UK clinical audit benchmarking cycle. Outcomes are reported via usual governance structures. Audits which took place during this reporting period averaged an overall outcome score of 92% compliance.

IP&C advice for people using our service

We review national guidance regularly and update this locally, as required. Guidance is available on our website and displayed at the entrance to the Sylvan Ward.

IP&C audits

We invited ICB colleagues from the SNEE Infection Prevention and Control Team into our organisation to complete a further IP&C audit on Sylvan Ward. This audit took place on 12/08/24 and resulted in an overall performance of 86%.

A number of actions were noted and have been completed.

A risk assessment has been developed to mitigate the design of hand wash basins on Sylvan Ward, which have an overflow in situ. These hand wash basins will be replaced at a point when any refurbishment takes place.

IP&C advice for people using our service

As an independent organisation, we look to our ICB for support. Guidance is available on our website and is displayed at the entrance to Sylvan Ward. We engage regularly with our ICB and are active members of the Infection Prevention Collaborative, which helps us stay up to date with IP&C practices and developments, as well as identify and understand emerging risks. Resources from the UKHSA were used during the Covid-related staff outbreak to reinforce messaging around hand hygiene and the standard precautions required to maintain safety. Staff are encouraged to continue positively challenging poor hand hygiene practices.

Covid-19 and Influenza response

The following actions have been implemented in response to Covid-19 and Influenza, to maintain the safety of people in our care, their visitors and our staff and volunteers:

- National hospice specific guidance is followed; local guidance is then updated by clinical managers, promptly.
- The Sylvan Ward and Community Team Daily Safety Huddles identify areas of risk promptly, escalating to IP&C Leads, as required.
- Additional safety huddles are initiated at the point of any outbreak, supported by the use of a live tracking document, which ensures accuracy of information.
- Staff are empowered both in core hours and out of hours to dynamically risk assess.
- Clinical on-call managers are available to provide advice during out of hours periods.
- Personal Protective Equipment (PPE) is readily available, and handwash facilities and alcohol gel (where appropriate), are available.

Risk assessments

Risk assessments are completed when required. Currently, risk assessments in place which relate to IP&C include the following:

- Covid-19
- Cleaning of ward basins with overflow.

IP&C policy and guidance

During 2024-25 we reviewed and updated the following policies:

- Cleaning and Disinfection Policy
- Covid-19 Management Policy
- Infection Prevention & Control Policy
- Outbreak Management and Isolation Policy
- Pandemic Policy
- Personal Protective Equipment (PPE) Policy

In addition, our Estates and Facilities Team complete the following safety audits:

Safety audit	Frequency
Tap flushing and bath checks	Weekly
L8 Legionella temperature checks	Monthly
Cleaning audits	Regular intervals within a calendar month
Control of Substances Hazardous to Health (COSHH)	Audited as per the following guides: incident occurrence, health complaints, regulatory changes, introduction of new substances, new information on Safety Data Sheets, HSE investigations, health surveillance findings and annually (as good working practice).

Mandatory Statements of Assurance from the Board

The following are statements that all providers must include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers.

1.Review of services

- Sylvan Ward
- Community Home Care
- Complementary Therapy
- Out-of-hours Advice and Support
- Medical Team
- Patient and Family Support
- Independent Living
- Hospice Neighbours
- Spiritual and Chaplaincy Support.

NHS income was £2,613,294, representing 31% of total hospice income in 2024/25.

2. Participation in clinical audit and National Confidential Enquiries

No National Clinical Audits or National Confidential Enquiry programmes covered specialist palliative-care services in 2024/25; therefore the Hospice made no submissions.

Locally we regularly completed four scheduled clinical audits (nutrition, mouthcare, pressure-area care and infection prevention) and introduced a quarterly medication-management audit.

Action taken included a switch to Purpose-T skin-integrity assessment and updated drug-stock levels.

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3. Participation in clinical research

Although, the Hospice is not a formal National Institute for Health and Care Research (NIHR) portfolio site, we support research that improves end-of-life care.

During 2024/25 one clinician (Advanced Clinical Practitioner Daisy Jacobs) secured an NIHR ARC East of England Impact Fellowship, evaluating the Family Administered Medication programme.

- FAMCARE Survey: 44 people
- Your Experience Survey: 12 people
- CHELsea II trial: 6 people (in 24/25):
- Primary research (two studies): 23 staff

In total 85 patients/family carers were recruited to research or service-evaluation projects in the year.

4. Use of CQUIN payment framework

No Commissioning for Quality and Innovation (CQUIN) monies formed part of the NHS contract for 2024-25.

5. CQC statement

St Nicholas Hospice Care is registered with the Care Quality Commission to provide the regulated activity ‘Treatment of disease, disorder or injury’ with no conditions attached.

The Hospice's most recent inspection was on 19 April 2016, with an overall rating of Outstanding.

- Safe: Good
- Effective: Good
- Caring: Outstanding
- Responsive: Good
- Well-led: Outstanding

The CQC reviewed the information and data available about St Nicholas Hospice Care on 6 July 2023: "We have not found evidence that we need to reassess the rating at this stage. We will continue to monitor information about this service."

The CQC took no enforcement action against the Hospice during 2024/25 and imposed no warning notices or requirement notices.

6. Data quality

We have improved the quality and breadth of our data sets to better identify potential gaps in our service and more accurately demonstrate performance and activity. We also invested in specialist support to streamline data collection processes and provide training for our clinical teams. As a result, it has not been possible to produce a comparable data set to indicate improvements or service reach during this reporting period.

Clinical coding error rate: St Nicholas Hospice Care was not subject to a Payment by Results clinical coding audit by the Audit Commission during 2024–2025. There is currently no national payment tariff for the specialist palliative care service.

7. Cyber security and protection toolkit

All organisations that have access to NHS patient data and systems must hold this toolkit to assure that they practice good quality data security, and that personal information is handled correctly.

St Nicholas Hospice Care submitted its 2024/25 DSPT return and met all mandatory standards.

8. Learning from deaths

As an independent hospice, the statutory 'Learning from Deaths' reporting introduced for NHS trusts in 2017 does not apply.

Building Skills, Growing Care: Amy Southwell's Journey

Amy, a Healthcare Assistant on our ward, began her Level 3 Senior Hospice Care Assistant qualification in September 2023. Passionate about developing her skills, she's enhancing her knowledge to better support patients, families, and her team, this is her journey so far.

"I have to have a challenge, and I have to have something new to aim for. Initially, when I arrived at the Hospice I was in the Community Team, which I enjoyed. Then when I was transferred to the ward, from the get-go I made it clear to Natasha (Ward Manager) that I really wanted to do my level three, I've always wanted to do this qualification.

"Before I had even started at the Hospice, I was already contacting the college about it and making sure what I needed to do. This is a really good qualification to have, and I really feel having it helps me improve what I am able to contribute to the team, and ultimately the care and support we provide to our patients."

Amy has felt well supported in her learning, with dedicated study days often spent at the Hospice, plus encouragement from colleagues across the team.

"Everyone has been really supportive. When I'm on a study day, I often come into the Hospice because it gives me the chance to ask questions, and everyone I have asked has always been really helpful."

Amy will complete her qualification in September 2025 and is already thinking about the future.

"The skills that I have/am learning on this course are transferrable. Not just to Hospice and end-of-life care, but to all other aspects of care as well.

"I am really grateful that I have had this opportunity. I remember I was told I was going to be put forward for it, I burst into tears.

"My role at the Hospice means I get to see the difference that I make to other people. Being a part of someone's life is a privilege, but being part of their death is just a huge honour. I often tell my family, the phrase, you 'only live once' isn't true. Because you live every day. But you only die once, and how you die has a huge impact on your family.

"So, I strive to make sure that I can give everyone in my care and their family the best quality of care that I can and this qualification, along with my other link roles within the Hospice, is helping me do that."

Driving Innovation in Palliative Care: Daisy Jacobs' ARC Impact Fellowship

Daisy Jacobs, Advanced Clinical Practitioner in Specialist Palliative Care, has been awarded a prestigious NIHR Applied Research Collaboration (ARC) East of England Impact Fellowship.

The ARC Fellowship supports professionals working across health, care, and voluntary services to implement research into real-world practice. Daisy's project focuses on broadening awareness and further embedding the Families Administering Medications (FAM) Programme across the Suffolk and North East Essex Integrated Care System (SNEE ICS).

The FAM programme enables trained family members to give timely subcutaneous medications at home, by administering an injection of medication just under the skin, under clinical guidance. This empowers families, supports patient choice, ensures symptom control, and helps people receive care in their preferred setting, often at home.

Daisy explains: "I thrive on learning and developing my knowledge in palliative care. I love to learn and educate others to help build their knowledge, support practice, and drive new innovations in patient care.

"I am driven to enhance the awareness and implementation of interventions which advocate patient choice.

"Being able to upskill willing family members to deliver timely subcutaneous symptom control medications at home provides an effective way to empower patients and their family carers."

Daisy's fellowship aims to build on the early success of the FAM programme by exploring how it can be more widely adopted. She will examine what is working well, identify gaps in training and staff readiness, and gather insights from professionals and families about their experiences.

To do this, Daisy is leading a series of workshops involving healthcare professionals, policy makers, organisational leaders, and public contributors through 'Have Your Say' stakeholder group. These sessions will encourage shared learning and co-production to support further implementation across the system.

As part of her Fellowship, Daisy will deliver a presentation, publish a case study or blog, and create a summary poster to share findings with wider academic and clinical audiences.

Supported by her supervisory team, including Dr Ben Bowers and Ben Jackson, Daisy's work reflects both a personal achievement and the Hospice's broader commitment to evidence-based, person-centred care.

Using Data to Make a Difference — Victoria Cornwell

As part of her professional development Victoria Cornwell, a Senior Clinical Administrator, has recently completed a Level 3 Data Technician apprenticeship.

Victoria's journey highlights how data can become a powerful tool not only for reporting but also for improving services and making important changes.

Victoria explains: "As part of my professional development at St Nicholas Hospice Care, I recently completed an apprenticeship in data-driven decision-making, which has helped me change the way I think about using data in my role.

"I have always understood the importance of data, but the course has helped me see how it can be used more practically, not just to report on what is happening, but to understand why things are happening and how we can make improvements."

For Victoria, one of the most valuable aspects of the apprenticeship was learning how to present information in a way that supports decision-making.

She says: "One of the most useful things I learned was how to use data not just to report on patient care, activity, and service performance, but also how to present that information visually in a way that is clear and easy for everyone to understand.

"This has really helped me make the data more meaningful for colleagues and improved how we use it to make decisions.

It's helped me ask better questions and made me more confident in using data to support decisions or suggest changes."

Now equipped with new skills, Victoria is already seeing the difference her learning is making. And during 2025-26, will be working more closely with leaders on the presentation of data.

"Achieving my Level 3 Data Technician qualification has given me data skills and the confidence to apply them effectively in my role.

"It has been a great opportunity to learn something new, and I am looking forward to continuing to use these skills and helping make small, meaningful changes that have a positive impact," Victoria says.

Palliative Care Support to HMP Highpoint

The Hospice UK report, Dying Behind Bars (HUK, 2021), states that the needs of people who require palliative and end-of-life care who live in prison is not currently being met.

" There is approximately 25 years life expectancy gap between those in prison and the general population. This inclusion health group experience higher rates of cardiovascular disease with a third living with heart problems. More than one in 10 have lung problems like asthma and chronic respiratory diseases. Cancer is also prevalent, with those incarcerated and formerly incarcerated likely to have higher risk of deaths from cancer than the general population. This is due to multiple risk factors including delayed access to cancer screening programmes."

This population is likely to experience poor mental health, often exacerbated by drug or alcohol dependence. They are also more likely to be estranged or disengaged from family members and support networks.

Our Spiritual Care and Chaplaincy Team have been mindful of the need to extend our services at HMP Highpoint and have taken Art on Tour and St Nic's sings to HMP Highpoint. We are keen to ensure that the people who live and work at HMP Highpoint understand that they are part of our community.

In addition to this, our ACP Daisy Jacobs and Junior CNS, Amanda Coltman, have initiated work with HMP Highpoint which has included:

- Clinical treatment and support of incarcerated individuals to improve symptom management
- Support of families of those who are living in HMP Highpoint
- Clinical treatment and support of individuals released from prison, ensuring continuity of care in the new environment.
- Involvement in a Wellbeing Day along with other providers at HMP Highpoint
- Clinical work alongside the HMP Highpoint Drug and Alcohol Lead Nurse, aiding understanding of prescribing restrictions to inform our ongoing work.
- Delivery of a training session focused on recognising the deteriorating/dying person, including:
    - What is palliative care?
    - How might a deteriorating/dying patient present?
    - ReSPECT – what is it and conversations that support?
    - Gold Standards Framework
    - Documents to support palliative care in the HMP setting.
- Long term conditions and the additional consideration of support that might be needed in the HMP setting.

We are aware of the responsibilities, which the Hospice has, to help to reduce health inequalities and this ongoing work represents the commitment to support this part of our community.

Part Four:
Patient experience and feedback

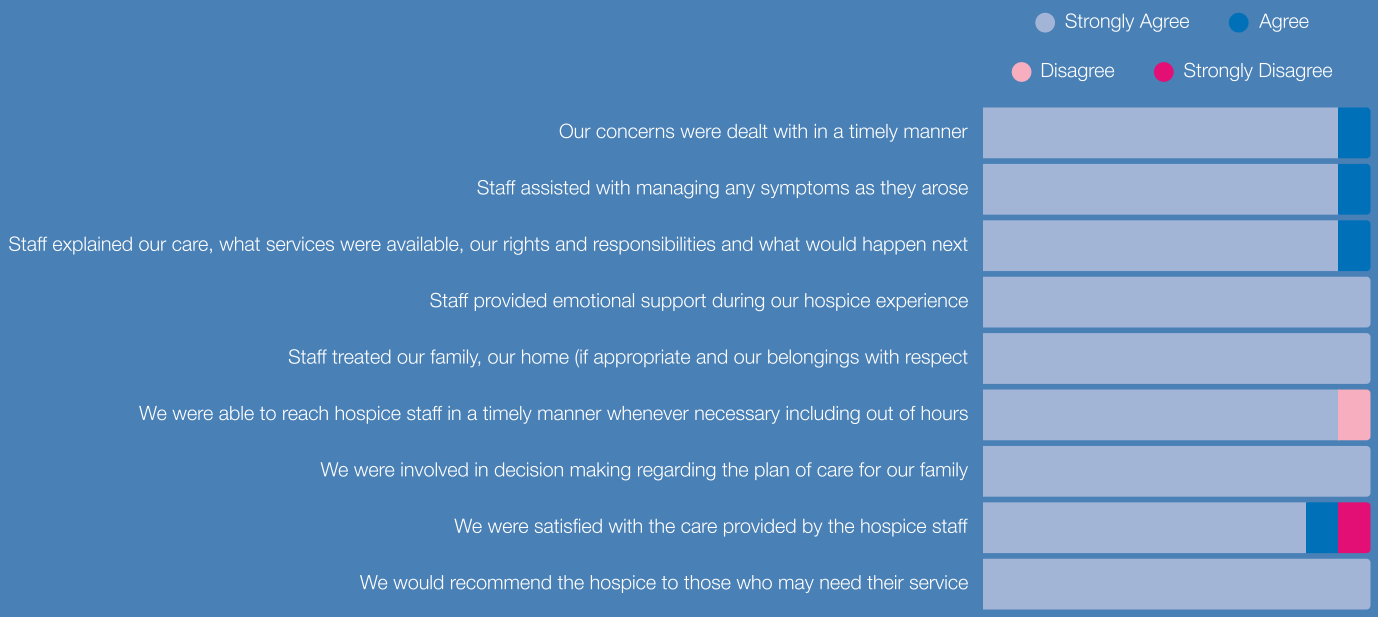
Summary of User Feedback – 'Your Experience' Survey

Feedback from the Your Experience survey reflects consistently high levels of satisfaction with the care and support provided by our Hospice. Respondents frequently described staff as "kind", "compassionate", and "amazing", highlighting the respect and dignity shown to both patients and families.

Some respondents shared heartfelt stories of how staff helped them through difficult moments, providing comfort, clarity, and reassurance. The ability to manage symptoms effectively, communicate clearly, and be available at all times, even out of hours were particularly valued.

A small number of respondents offered constructive suggestions, including improving initial information at admission and ensuring emotional support is sustained consistently.

Overall, the feedback reaffirms the critical role our services play at the most vulnerable times in people's lives and is a powerful testament to the dedication of our staff and volunteers.



Our Have Your Say Group members have agreed to support our work to redevelop user feedback processes to ensure that we increase the level of engagement and feedback we secure.

Nationally Benchmarked FAMCARE Survey

The FAMCARE survey is a nationally benchmarked tool that helps us understand how family members experience the care we provide to people approaching the end of life. It focuses on key aspects of care, including communication, symptom management, dignity, emotional support, and overall satisfaction.

While the survey offers valuable feedback, data is collected during a short window and represents only a small percentage of the patients and families we support. That's why we use FAMCARE as part of a broader approach to gathering feedback.

This year's results reflect responses from families supported by both our inpatient unit and community-based services. Overall, our results show that both services compare favourably to the national average benchmark.

In the detailed findings, families rated our care highly in many areas—particularly around comfort, symptom management, and respect for dignity. However, the survey also identified areas for improvement, especially regarding explanations of medication side effects and the timeliness and consistency of emotional support for families.

Combined Mean against outcomes: Community Home Care and Inpatient Unit

Domain	Our score*	National average
Perceived outcomes of palliative-care input	▲ 4.5 / 5	4.4 / 5
Response to symptoms and other care needs	▲ 4.4 / 5	4.3 / 5

Percentage of satisfaction against outcomes: Community Home Care and Inpatient Unit

	Perceived outcomes of palliative-care input	Response to symptoms & other care needs
National Home Care (n = 637)	86%	80%
Hospice Home-Care (n = 26)	**86%**	**▲ 82%**
National Inpatient (n = 380)	89%	84%
Hospice Inpatient (n = 17)	**▲ 92%**	**▲ 86%**

"Eight in ten families were satisfied or very satisfied with every aspect of care—and more than nine in ten felt positive about core comfort and dignity."

Compliments

"The staff here are absolutely amazing – they go above and beyond with their care and compassion. We are so lucky to have a place like this."
— Relative

"My husband's care within this hospice was outstanding. Every need was met with kindness and compassion. I always felt supported as his wife."
— Relative

"Even through my darkest of days watching my father deteriorate, I always felt supported and cared for by the staff.""
— Relative

"We cannot give enough praise to all the doctors, nurses, and carers. They made the most difficult time in our lives bearable, and we'll always be grateful."
— Relative

"Witnessing our son's final moments of life through to his passing was carried out with utmost respect, compassion, and dignity. Thank you."
— Parents of patient

"We were unaware of how much care and support was available until we arrived. It made such a difference in those final weeks.""
— Carer

Complaints

We take every complaint about our services seriously and respond in accordance with our Complaints and Feedback Policy, ensuring that our processes are timely, robust, and transparent. Our approach is underpinned by our organisational values, including how we communicate with everyone involved, staff and service users alike.

When we receive feedback indicating that our care, or someone's experience of our care, has not met expectations, we carry out a full investigation and provide a detailed response to the complainant. We aim to do this as promptly as possible, as a matter of courtesy and respect.

Following the investigation, we offer to meet with those concerned. In addition to a written response addressing each point raised, we provide a verbal summary, creating space for further questions or reflections. These meetings are usually led by the Director of Care, who is accompanied by a senior clinician. We are happy to hold these meetings away from the Hospice if returning to the building is difficult for the individual or family.

We take an open and mindful approach to receiving feedback, even when it is challenging to hear. We acknowledge that such feedback reflects a person's valid and lived experience of our care. We never underestimate the emotional impact of disappointment in our services, and we are not afraid to apologise when we fall short. When things go wrong, we respond with a genuine commitment to learn and to act on what needs to change.

All actions resulting from complaints are logged in RADAR, our incident management system, and are available for inspection by regulatory bodies as required.

This year, we recorded a total of nine complaints and 96 compliments. Compliments continue to make up the majority of the feedback we receive.

Clinical complaints	Clinical complaints upheld or partially upheld	Non-clinical complaints	Non-clinical complaints upheld or partly upheld
4	4	1	0

Complaint themes during 2024-25 were focused on communication, patient harm following a fall or medication errors, behaviours lacking alignment to organisational values. Compliment themes during 2024-25 were focused on staff kindness and compassion.

Part Five:

What others say about us

Statements from regulators and key stakeholders

Our thanks

We would like to thank all of those who have contributed to our Quality Accounts for 2024-2025, this includes the Hospice's Have Your Say Group, who kindly provided feedback during the document's production.

Statement from Integrated Care Board

NHS
Suffolk and
North East Essex
Integrated Care Board

St Nicholas Hospice Annual Quality Account

Date: 18 June 2025

The Suffolk and North East Essex (SNEE) Integrated Care Board (ICB) confirm that St Nicholas Hospice have consulted and invited comment regarding the Annual Quality Account for 2024/2025. This has been submitted within the agreed timeframe and SNEE ICB are satisfied that the Quality Account provides appropriate assurance of the service.

SNEE ICB have reviewed the Quality Account and the information contained within the Quality Account is reflective of both the challenges and achievements within the organisation over the previous twelve month period.

SNEE ICB look forward to working with clinicians and managers from the service and with local service users to continue to improve services to ensure quality, safety, clinical effectiveness and a good service user experience is delivered across the organisation.

This Quality Account demonstrates the commitment of St Nicholas Hospice to provide a high quality service.

Lisa Nobes
Chief Nursing Officer
Suffolk & North East Essex Integrated Care Board

Glossary

Clinical and Quality Framework

- CQC – Care Quality Commission
- IP&C – Infection Prevention and Control
- PSIRF – Patient Safety Incident Response Framework
- EPMA – Electronic Prescribing and Medicines Administration
- IPOS – Integrated Palliative care Outcome Scale
- DoLS – Deprivation of Liberty Safeguards
- MDT – Multi-Disciplinary Team
- CREWS – Caring, Responsive, Effective, Well-led, Safe (internal quality update newsletter)
- Clinical Supervision – A structured process where professionals meet with a more experienced colleague to reflect on their work, get support, and improve practice.

Partnerships & Systems

- ICS – Integrated Care System
- ICB – Integrated Care Board
- SNEE – Suffolk and North East Essex
- SNEE ICB – Suffolk and North East Essex Integrated Care Board
- VCFSE – Voluntary, Community, Faith and Social Enterprise
- EIT – Early Intervention Team

Programmes and Initiatives

- FAM – Family Administered Medication
- FAMCARE – A nationally benchmarked survey assessing bereaved family satisfaction
- SIM – Simulation (training)
- RBCS – Resilience Based Clinical Supervision – a model of staff support which enhances capability by improving wellbeing, based on an understanding of emotional systems and responses for those who work in demanding healthcare roles.
- Namaste Care – A compassionate, person-centred approach designed to enhance the quality of life for individuals with advanced dementia or those nearing the end of life.

The Lantern Model – A contemporary nursing framework developed by St Christopher's Hospice to enhance palliative and end-of-life care. It emphasises recognising the person behind the patient, focusing on individual needs, preferences, and dignity during the final stages of life.

Organisations and Collaborations

- HUK – Hospice UK
- WSH – West Suffolk Hospital
- WSHFT – West Suffolk Hospital Foundation Trust
- AHPs – Allied Health Professionals

Your Experience **Survey**

We want to develop our services in response to feedback; please consider filling out our survey which is available online or can be requested in paper form.

www.stnicholashospice.org.uk/your-experience-survey

because you matter

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St Nicholas Hospice Care

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