Quality Account

Reporting period April 2025 to March 2026

St Nicholas Hospice Care

A Registered Charity No. 287773

Inspected and rated Outstanding ☆ Care Quality Commission

Contents

A Glossary of terms is provided on page 51

Part One:
Introduction

Introduction by Chief Executive Officer

Welcome to our Quality Account for 2025–2026. This report is not only a regulatory requirement, but also a welcome 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 of Compassion, Accountability, Respect and Equity.

This past year has seen St Nicholas Hospice Care expand its services to support patients in our region requiring end-of-life care.

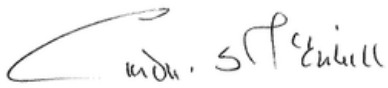
The Out-of-Hours Specialist Palliative Care Service Pilot commenced in July 2025 and we are proud to provide a summary of the six-month evaluation which highlights the outline activity and achievements of the service. The feedback that we have received to date demonstrates the positive impact for both patients and their families.

Sylvan Ward has continued to provide additional capacity this year. This has enabled us to admit more patients requiring our specialist care and support in the final days of life.

Going forward this year we have identified four priorities for improvement; implementation of Electronic Prescribing and Medicines Administration (EPMA), a competency framework for our nursing staff, review of our clinical database and extending our engagement with the users of our services.

We will continue to build partnerships, collaborate and shape the approach to the provision of care in our region in 2026-27.

This Quality Account is a demonstration of St Nicholas Hospice Care's commitment to ensuring the quality of the services we provide. We hope that you enjoy reading it.



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 2025-26 Quality Account.

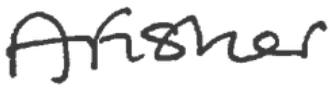
The Trustees are required, under the Health Act 2009, to prepare a Quality Account for each financial year as St Nicholas Hospice Care is part funded by the NHS.

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.
- 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

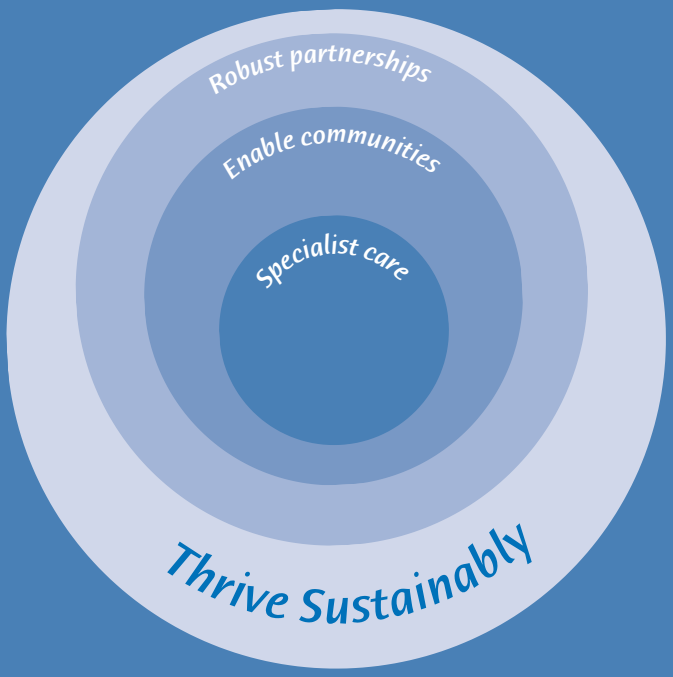
Our Services

- 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.

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

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.

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.

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.

Part Two:
Priorities for improvement

Overview of priority setting

This Quality Account primarily centres around assessing the quality aspects of clinical care and the associated support services required for its provision. 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 2026-2027

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.

Looking back: review of last year's priorities for improvement from 2025-2026

Priority 1:

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

What we planned

- 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 Specialist Palliative Care Service Pilot, and evaluate the outcomes.

Progress

- The EDI group has met and an EDI plan has been developed.
- We have continued to deliver extended access to 12 beds on the Sylvan Ward
- We have continued to strengthen our relationship with HMP Highpoint. Our Head of Chaplaincy Services and Clinical Nurse Specialist from the Community Team have provided onsite support, education and training opportunities.
- The Out-of-Hours Specialist Palliative Care Service Pilot is on track to deliver care to 620 patients in its first year (see page 38).

Challenges to overcome:

- The SystmOne (clinical database) Lead vacancy has meant we have not progressed the use of diversity data in relation to our patients.

Next steps:

- We will continue to evaluate the Out-of-Hours Specialist Palliative Care Service Pilot.
- We will develop the organisational use of data to report and develop an understanding of diversity across our services.

Priority 2:

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

What we planned

- Continue to work as an EPMA Project Group with a 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.

Progress

- Business Case presented to the Board, with funding approved to progress the project.
- A project group has been established to lead implementation and ensure the EPMA system reflects process requirements.
- Training programme developed.
- The capital grant funding from the NHS in 2025-26 was used to undertake structural works to improve the drug room on Sylvan Ward.

Challenges to overcome:

- The system did not launch as planned in March 2026 due to the building works required and the resignation of the SystmOne Lead to support the training delivery, which delayed the timescales.

Next steps:

- This priority continues in 2026-27.

Priority 3:

Continue to engage with the Suffolk hospices local collaboration.

What we planned

- 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 Purpose T evaluation tool (Pressure Ulcer Risk Primary Or Secondary Evaluation 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.

Progress

- Collaboration has continued across the Suffolk hospices, sharing best practice for policy development and audit.
- Work continues reviewing and updating policies.

Challenges to overcome:

- The Hospice's SystmOne lead left the organisation during the year, which delayed the introduction of Purpose T evaluation tool

Next steps:

- Implementation of the Purpose T evaluation tool and review of the Pressure Ulcer policy.
- Policy reviews and audit programme development continue in 2026-27.

Looking Forward: priorities for improvement 2026-27

Priority 1:

Patient Safety - Deliver safer patient care on Sylvan Ward with the implementation of Electronic Prescribing and Medicines Administration (EPMA) Year Two.

How we identified this:

- This is year two of the EPMA project, following delays to the implementation of the system in 2025-26.
- Introduction of the EPMA system will align our working practices in relation to medication prescribing and administration with our local health providers.
- Minimise risks associated with rotational and temporary staff.

What do we plan to do:

- Complete the staff training.
- Launch the EPMA system.
- Ongoing monitor medication safety incidents to take forward learning to improve and refine the system.
- Complete relevant audits to monitor the practice and effectiveness of the system.
- Maintain ongoing staff training.
- Define the scope for the ongoing development of the system.

What will the outcomes be:

- Successful launch of the EPMA system.
- Reduction in medication and prescribing incidents.
- Plan for the ongoing development of the system.

Priority 2:

Clinical Effectiveness - Establish a Clinical Competency Framework for nursing staff across the organisation.

How we identified this:

- The evidence base identifies that a skilled and competent workforce is crucial for patient safety, the quality of care and patient experience.
- We want to develop a framework to support the consistent delivery of care by staff. To support the professional development of our staff.

What do we plan to do:

- Develop and agree on the competency framework for all grades of nursing staff working within the organisation.
- Develop and agree on the competency framework for healthcare assistants working across the organisation.
- Consider the competency framework requirements for associate nurses to assist in workforce planning and modelling.
- Agree on the year-two requirements of the project in relation to implementation and assessment requirements.

What will the outcomes be:

- Competency framework documentation produced for all grades of nursing staff and healthcare assistants.
- Implementation plan in place for the roll-out and completion of the competency assessments.

Priority 3:

Clinical Effectiveness - Ensure the effectiveness of the organisation's clinical database, SystmOne.

How we identified this:

- We are aware that we require accurate information and data to ensure the provision and development of services responsive to our population's needs.
- We have not completed a review of the effectiveness of the clinical database in relation to data completeness, accuracy and reporting capabilities.

What do we plan to do:

- Appointment of a SystmOne Lead.
- Scope the data requirements against the current configuration of the system.
- Undertake a documentation audit to inform development requirements to support effective patient care.
- Engagement with clinical teams to understand development needs from a clinicians' perspective.
- Propose, agree and implement the digital changes to the database.

What will the outcomes be:

- Improvement in data quality and assurance.
- Changes implemented and monitored.

Priority Four:

Patient Experience - Extending engagement and feedback from patients and their families

How we identified this:

- We have a number of mechanisms to gain feedback from users of services; however, the amount of feedback is not proportional to the number of people we have supported.

What do we plan to do:

- Work in collaboration with our 'Have Your Say' group to review our current approach to user engagement in order to develop a robust approach to user engagement and feedback.
- Consider the role of our 'Have Your Say' group in supporting face to face engagement with patients, families and carers, for example focus groups.
- Identify the key markers of our performance that we need to monitor and improve against.
- Review of our approach to surveying and produce an updated survey.
- Produce an implementation plan for any new initiatives.
- Consider the development of a user engagement strategy.

What will the outcomes be:

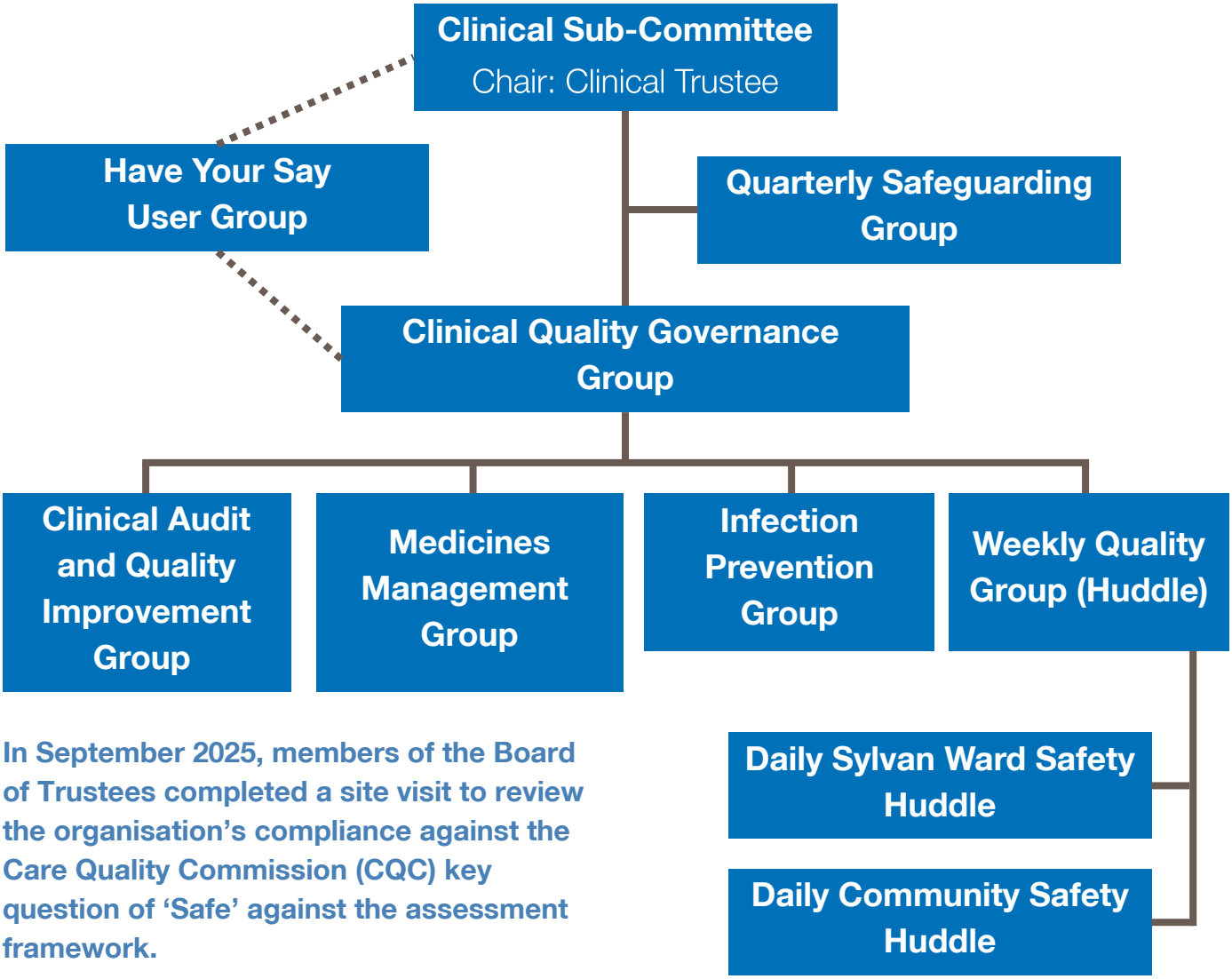
- Increased engagement and feedback from service users.
- Monitoring of performance markers and development of improvement plans where indicated.

Jessie, one of the wonderful PAT (Pets As Therapy) dogs, that visit our Sylvan Ward.

Jessie is a regular here at the Hospice, and her gentle, calming presence makes a difference to the people she meets.

Part Three:
Quality Performance, governance and improvement

Governance



In September 2025, members of the Board of Trustees completed a site visit to review the organisation's compliance against the Care Quality Commission (CQC) key question of 'Safe' against the assessment framework.

An action plan was developed to address areas for improvement. The Board will continue visits in 2026-27 to assess additional areas of compliance against the CQC key questions.

In 2026-27, we are looking to support the development of our quality agenda through the introduction of a Clinical Audit and Quality Improvement Group. The group will support the review of our clinical effectiveness and patient care, evaluate service developments, monitor the completion of audits, outcomes and action plans.

Clinical Audit

The Hospice follows a quarterly clinical audit schedule. The introduction of the Audit and Quality Improvement Group in 2026-27 will support us in continuing to review the effectiveness of our clinical practice. The group will monitor the impact of actions taken following an audit to ensure they deliver improvements in compliance with the required standards.

The annual audit plan focuses predominantly on the care standards on Sylvan Ward. The majority of our audits are completed using audit tools produced by Hospice UK National Audit Tools Group. This year we have undertaken the following Hospice UK audits:

National clinical audits

No national clinical audits were reviewed by St Nicholas Hospice Care during 2025-26, as participation is not mandated.

	Hospice UK Audit Title
1	Management of Pressure Ulcers within the Inpatient Unit
2	Self Assessment Audit for the Controlled Drugs Accountable Officer (CDAO)
3	Controlled Drugs Audit Tool
4	General Medicines Audit Tool
5	Medical Gases Audit Tool
6	Infection Control

Learning and improvements

We have identified a hand hygiene audit tool and will commence monthly hand hygiene audits on the ward, consideration is also being given to implementation of hand hygiene audits across our community services. Medicines audits demonstrated good compliance, structural improvements to the drug room and introduction of EPMA will continue to support compliance. Review and updates required to our medicines management and pressure ulcer policies.

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.

The total number of clinical incidents and patient related non-clinical incidents reported during 2025-26 totalled 229.

The majority of incidents reported caused no or low harm. There were, however, two patient safety incidents in 2025-26 that resulted in severe harm. Both these incidents resulted in inquests.

The table opposite provides a summary of the incidents reported. Patient safety incidents are monitored and reviewed by the Hospice's Clinical Governance Committee to provide oversight and quality assurance.

The Hospice monitors three primary areas of risk or incidents related to patient care on the inpatient unit - new pressure ulcers, falls and medication incidents. The Hospice participates in the Hospice UK Patient Safety Programme. The programme enables the Hospice to benchmark our incidents of the primary areas we are monitoring with hospices across the sector.

	2025-26
Total number of clinical incidents and patient related non-clinical incidents reported	**229**
Total number of serious incidents resulting in severe harm or death	**2**
Total number of New pressure ulcers	**52**
Total number of New pressure ulcers per 1,000 occupied bed days	**16.95**
Total number of Falls on Sylvan Ward	**22**
Total number of Falls per 1,000 occupied bed days	**7.17**
Total number of Medication incidents involving patients	**44**
Total number of Medication incidents involving patients per 1,000 occupied bed days	**14.34**

Safeguarding

The Quarterly Safeguarding Group with Trustee representation monitor safeguarding concerns across the organisation. There were six referrals made to the local authority in 2025-26 following concerns raised in relation to patients.

Clinical Incidents

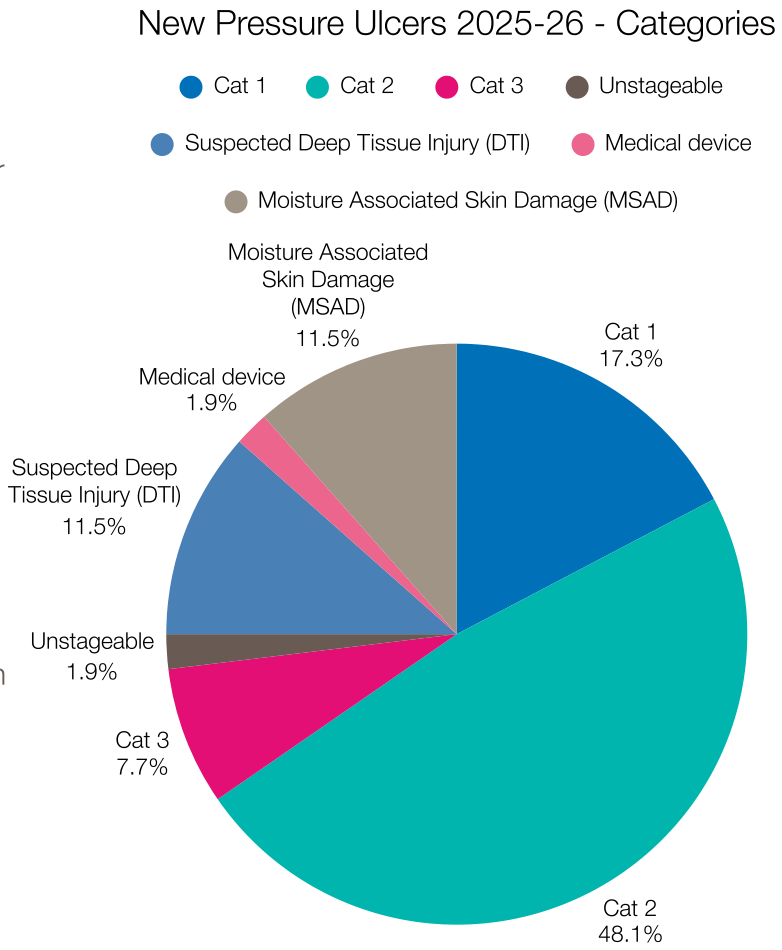
Pressure ulcers

Pressure ulcers are damaged areas of skin or tissue, under the skin, that most commonly occur over bony areas of the body, such as the hips, elbows and the sacrum.

We monitor pressure ulcers present on a patient's admission to the Hospice, and new pressure ulcers that develop while in our care. 2025-26 saw 52 pressure ulcers present on admission and 52 new pressure ulcers develop in our care.

We have seen an increase in the presentation of new pressure ulcers in 2025-26. In 2024-25 we saw 11.81 new pressure ulcers per 1,000 bed days, with an increase this year to 16.95

We will be introducing PURPOSE-T (Pressure Ulcer Risk Primary Or Secondary Evaluation Tool) in 2026-27. The tool is a structured, evidence-based assessment used in healthcare settings to evaluate pressure ulcer risk in patients. Its primary aim is to prevent pressure ulcers in at-risk individuals (primary prevention) and to manage existing ulcers effectively (secondary prevention). We will review our Pressure Ulcer Policy and continue to conduct reviews of the incidents to identify organisational learning and improvement.



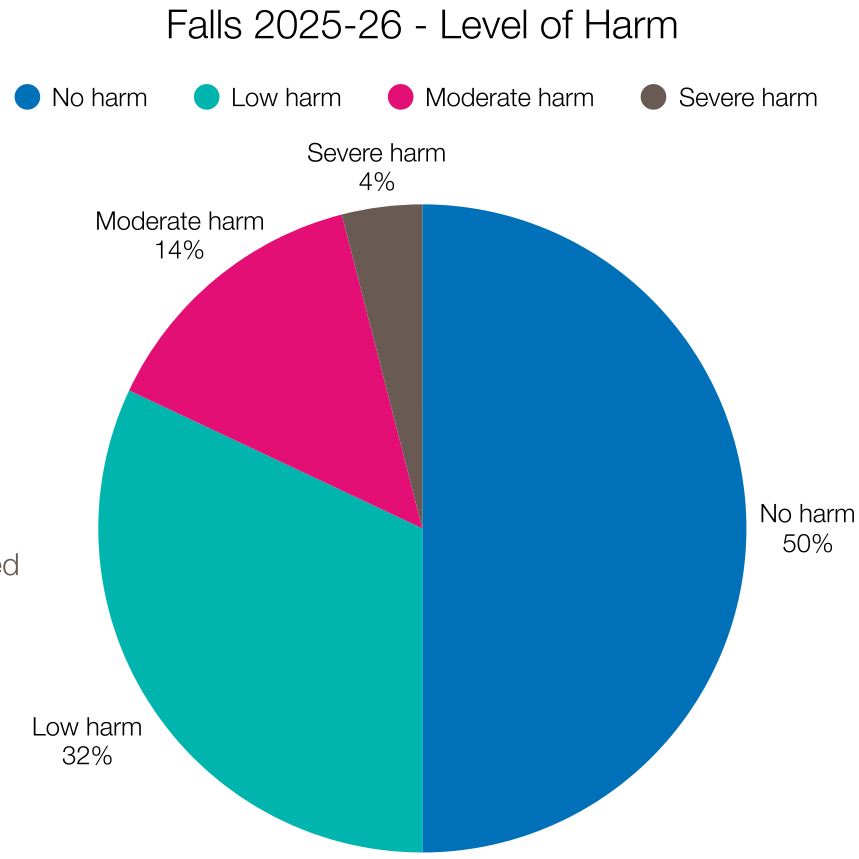
	2024-25	2025-26
New pressure ulcers per 1,000 bed days	**11.81**	**16.95**
Number of new pressure ulcers	**31**	**52**

Clinical Incidents

Falls

There has been a slight increase in the total number of falls this year compared to 2024-25. We saw 7.17 falls per 1,000 bed days this year compared to 6.86 in 2024-25.

The majority of falls resulted in no or low harm. However, there was one fall categorised as of severe harm. The patient required transfer to acute care due to the severity of the injury they sustained. It was concluded that the fall occurred in relation to the patient's medical condition.



	2024-25	2025-26
Falls incidents per 1,000 bed days	**6.86**	**7.17**
Number of patient falls	**18**	**22**

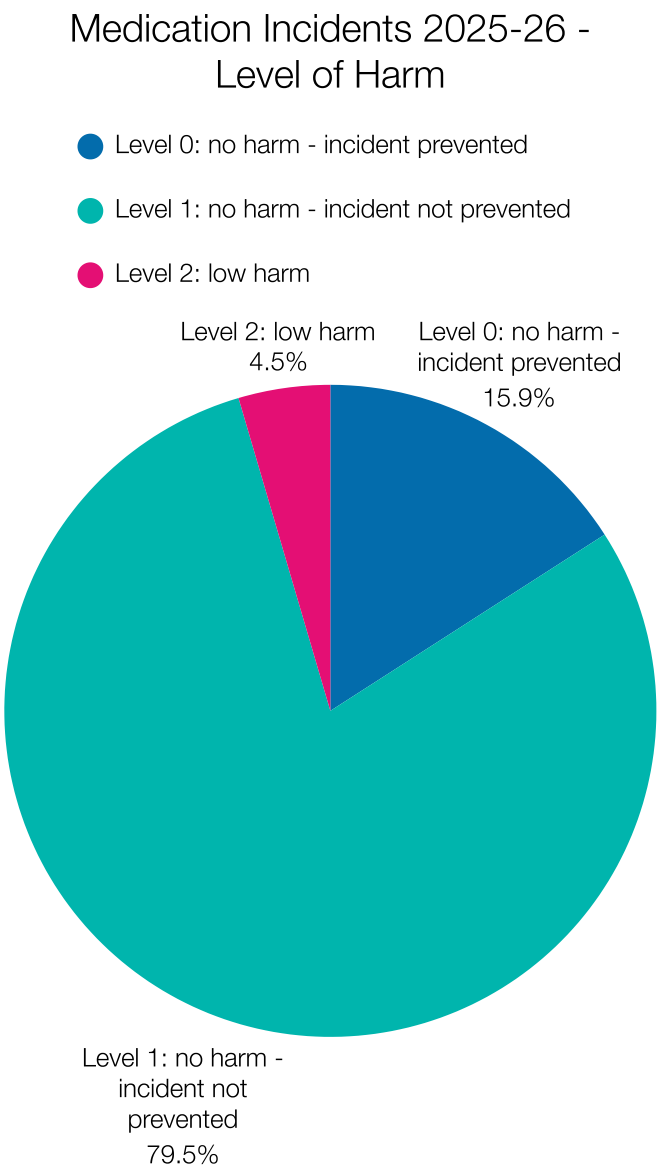
Clinical Incidents

Medication incidents

This year, we have reported 44 patient-related medication incidents on the inpatient unit. Over 95% of these incidents were recorded as Level 0 (error prevented by staff surveillance) or Level 1 (no patient harm). There were no moderate or severe harm medication incidents.

In 2025-26, we have seen medication incidents per 1,000 bed days decline to 14.34 from 17.91 the previous year.

The EPMA system aims to support patient safety. Medication incidents will be closely monitored during the implementation phase to ensure there is no increased risk to patient care.



	2024-25	2025-26
Medication incidents per 1,000 bed days	**17.91**	**14.34**
Number of patient related medicine incidents	**47**	**44**

Infection Prevention and Control (IP&C) Annual Statement 2025-26

St Nicholas Hospice Care remains committed to maintaining high standards of infection prevention and control across all clinical services, including Sylvan Ward and community-based care. We recognise the importance of effective infection prevention in protecting patients, families, staff, volunteers and visitors, and in supporting safe, high-quality care.

This annual statement is produced in line with the Health and Social Care Act 2008 (Code of Practice on the Prevention and Control of Infections) and is published as part of the Quality Account.

Leadership and governance

The Director of Care is the Infection Prevention and Control (IP&C) Lead for the Hospice, with the Head of Nursing and Quality acting as IP&C Deputy. An established Infection Prevention and Control Group meets at least quarterly and reports to the Clinical Quality Governance Group. Membership includes representatives from Clinical Services, Estates and Facilities and Catering, recognising the contribution of non-clinical teams in maintaining safe environments.

Policies and procedures

IP&C policies, and associated clinical guidelines are reviewed on a regular cycle to ensure alignment with national standards and best practice, including guidance from UKHSA and Hospice UK. Updates are communicated to staff through formal governance channels and internal communications.

Audits and risk assessments

The Hospice undertakes regular infection prevention and control audits and risk assessments, including participation in Hospice UK IP&C audits and local system (SNEE) audits. Audit outcomes are reviewed through governance structures, actions agreed, and progress monitored. Cleaning audits, COSHH assessments, and environmental checks are completed routinely by the Estates and Facilities Team to support a safe clinical environment.

Advice to patients and visitors

Clear infection prevention and control advice is provided to patients, families and visitors, including guidance on hand hygiene, visiting during infectious illness, and the use of personal protective equipment when required. Information is reviewed and updated in line with national and local guidance.

IP&C incidents

During the reporting period, IP&C-related incidents were managed in line with internal incident reporting processes and national guidelines. Incidents included isolating infectious cases on Sylvan Ward and the management of staff illness outbreaks. All incidents were risk assessed, appropriate control measures implemented promptly, and, where required, notifications were made to UK Health Security Agency (UKHSA). There was no evidence of transmission between patients or between staff and patients as a result of these incidents.

Training and education

All staff are required to complete annual Infection and Prevention Control Training. Targeted IP&C training has been delivered through ward team development sessions, with a specific focus on hand hygiene, outbreak management, and learning from audit findings. Training compliance is monitored through governance reporting.

Assurance

The Hospice remains assured that appropriate systems, governance arrangements and leadership are in place to manage infection risks effectively and to support continuous improvement in infection prevention and control.

Infection Prevention and Control incidents summary

In addition to the confirmed cases outlined, barrier nursing commenced for two patients when they became symptomatic of a possible infection. Test results were returned as negative and barrier nursing ceased.

Incident	Risk level	Outcome
Patient on Sylvan Ward tested positive for Shingles		Patient was barrier nursed as soon as symptoms were noted and sampling sent for confirmation.
Patient on Sylvan Ward tested positive for Clostridium Difficile		Patient was barrier nursed as soon as symptoms were noted and sampling sent for confirmation.
Staff Covid-19 outbreak on Sylvan Ward confirmed.		No transmission to further staff or patients.
Staff Covid-19 outbreak confirmed within the Community Team		No transmission to further staff or patients

Part Four:

Service overview and achievements

Service Overview
2025-2026

because you matter
St Nicholas Hospice Care

1,814 Patients

INPATIENT SERVICES

254 Admissions

13 Avg days of stay

3,067 Days of care

75% Occupancy

FAMILY SUPPORT

794 Referrals

145 Children supported

INDEPENDENT LIVING TEAM

276 Patients supported

1,654 Contacts

CHAPLAINCY

263 Referrals

1,134 Contacts

COMMUNITY TEAM

993 Referrals

25,200 Contacts

In 2025-26, we supported 1,814 people, representing a 4.5% decrease from the previous year. We provide support through an integrated model that includes inpatient, community, and psychosocial care.

	2023-24	2024-25	2025-26
Patients supported by the Hospice	**1,634**	**1,899**	**1,814**

Sylvan Ward inpatient unit

The bed base on Sylvan Ward remained at 12 beds during 2025-26. We have seen a 5.8% increase in admissions to the ward this year. During building works on the drug room, there was a temporary closure of some beds.

Inpatient Unit	2023-24 (6 beds)	2024-25 (12 beds)	2025-26 (12 beds)
Admissions	**174**	**240**	**254**
Days of Inpatient Unit Care	**2,129**	**2,623**	**3,067**
Average length of stay (days)	**13**	**11**	**13**
Deaths	**111**	**183**	**182**
Discharges	**63**	**50**	**72**
Occupancy	**84%**	**78%**	**75%**

Community Palliative Care Team

The Community Team have seen a 12% reduction in referrals accepted this year. However, due to a rise in patients' comorbidities (medical conditions that coexist alongside a primary diagnosis), those individuals referred have more complex needs. This complexity results in an increase in the frequency and number of contacts provided by the team, which is represented by an increase in the Community Team's contacts in 2025-26.

Community Palliative Care Team	2023-24	2024-25	2025-26
Referrals accepted	**1052**	**1,131**	**993**
Number of contacts	**17,625**	**20,585**	**25,200**

Independent Living Team (ILT)

There have been staffing changes within the ILT during the year, which have impacted the number of outpatient contacts.

Independent Living Team	2023-24	2024-25	2025-26
Referrals	**164**	**177**	**276**
Outpatient contacts	**509**	**312**	**137**
Ward contacts	**3914**	**1,728**	**1,517**

Complementary Therapy Team

Due to staffing absence, the service operated only during the first six months of 2025-26. Therefore, our data is not directly comparable to the full-year figures for 2024-25.

Complementary Therapy	2024-25	2025-26
Referrals	**139**	**102**
Treatments	**341**	**176**

Spiritual Care and Chaplaincy Team

The team provide both in-hours and out-of-hours support. During 2025-26, the team responded to 42 requests for Spiritual Care and Chaplaincy support out of hours.

Spiritual Care and Chaplaincy	2023-24	2024-25	2025-26
Referrals	**164**	**177**	**263**
In-house encounters	**1030**	**1,063**	**1,016**
Outside Hospice encounters	**125**	**134**	**118**

Patient and Family Support Team

The decline in total referrals to Patient and Family Support is likely reflected in the decrease in referrals to the Community Team. We offer a programme of support for children and young people, called Nicky's Way, where children and young people can mee others who are in the same situation.

Patient and Family Support Referrals	2023-24	2024-25	2025-26
Pre-death support	**357**	**364**	**389**
Child Bereavement	**190**	**190**	**145**
Adult Bereavement	**296**	**332**	**260**
Total	**843**	**886**	**794**

Hospice Neighbours

Hospice Neighbours	2023-24	2024-25	2025-26
Referrals	**123**	**95**	**72**
Number of contacts	**141**	**166**	**263**

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 service is provided at weekends and bank holidays 9-5pm. In addition, specialist palliative care advice and support is available during evenings and overnight, delivered by the Community Specialist Palliative Care Team with access to on-call advice from a consultant in palliative medicine.

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 the 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.

Thetford: protecting access to palliative care

During the reporting period, St Nicholas Hospice Care has seen positive progress in its engagement with statutory partners, with confirmation that future commissioning arrangements will include funding for services delivered in Thetford. This represents a significant development following the previous withdrawal of funding, and recognises the importance of equitable access to specialist palliative and end-of-life care for communities served by the Hospice.

The restoration and extension of Integrated Care Board (ICB) funding is particularly important for Thetford, where the Hospice has long provided essential services. Earlier funding instability highlighted the risks associated with variable statutory support, including potential reductions in service capacity and continuity of care. The new agreements offer greater assurance of sustainability and enable continued delivery of responsive, community-based care for patients and families in this area.

This system-level development can be understood most clearly through the experiences of people who use the Hospice's services. Miranda, a long-standing patient and family member connected to services in Thetford, describes a sustained relationship with the Hospice spanning nearly two decades.

She first accessed support following a cancer diagnosis, returning later during her mother's terminal illness, and again following her husband's diagnosis of incurable cancer. Throughout these periods, she highlights the continuity, compassion and personalisation of care describing feeling "seen, remembered, and held."

Her experience also reflects the Hospice's contribution to bereavement and community support in Thetford. Participation in events such as Light Up a Life has enabled ongoing emotional support, demonstrating how Hospice care extends beyond clinical intervention into long-term wellbeing. As Miranda notes, the support provided is not confined to moments of care delivery, but "stays" over time helping individuals and families navigate grief, remembrance, and recovery.

Miranda with the Patient and Family Support Team

The reinstatement of ICB funding therefore has direct implications for maintaining this continuity of care. It underpins the ability of the Hospice to offer consistent, relational support across the full pathway of illness, dying and bereavement. Without stable funding, such continuity would be at risk, with potential impacts on patient experience, access, and outcomes.

In summary, the restoration of statutory funding for Thetford represents an important step toward a more sustainable and equitable model of hospice care. When viewed alongside lived experiences such as Miranda's, it reinforces the critical role that secure funding plays in enabling high-quality, person-centred care that supports individuals and families through some of the most challenging moments of their lives.

"I go to Light up a Life in Thetford every year. I've been going since my mum passed in 2012. It's become part of how I honour them both. Standing there, candle in hand, surrounded by others who understand. It's healing.

There's something about being in a room full of people who've loved and lost. You don't have to explain yourself. You don't have to pretend. You just stand together in the quiet, and you remember."

Miranda

Out-of-Hours Specialist Palliative Care Pilot: Six-month evaluation

The Out-of-Hours (OOH) Specialist Palliative Care Service Pilot, launched in July 2025, provides overnight specialist palliative care visits across West Suffolk and Thetford.

Historically, the Hospice offered only telephone advice; this pilot introduced a specialist visiting service, bridging a critical gap in continuity of care for patients wishing to die at home.

Key achievements in the first six months:

- Admission avoidance: 99.68% of patients remained at home after OOH contact; no acute hospital admissions occurred during pilot coverage.
- Patients supported: On track to exceed predicted patient contacts (620) for the full year pilot.
- Enhanced collaboration: Joint working with West Suffolk Foundation Trust Early Intervention Team (EIT), East of England Ambulance Service Trust (EEAST), Suffolk GP Federation, and Marie Curie, improved responsiveness to clinical needs and reduced unnecessary hospital conveyance.
- Positive user feedback: Families consistently reported reassurance, improved symptom control, and reduced stress when caring for their relative at home.
- Workforce innovation: Inclusion of a Specialist Paramedic with prescribing authority strengthened autonomy and advanced assessment capability.

The evaluation of the first six months of the pilot (July – December 2025) has delivered support to 224 patients. The service supports patients who wish to die at home, ensuring care in the final days and bereavement support for families.
The service has provided support through 228 telephone calls. The expansion of the Hospice's historical telephone advice service has seen 84 home visits completed by the service, providing essential support to patients and their families.
There have been no acute admissions to hospital from patients directly involved with the pilot.It was appropriate to support the admission of a patient to the Hospice's Inpatient Unit.

Patients and their families have been supported in managing a variety of symptoms. The most prevalent symptoms presentation has been agitation and pain.

Patients that have received a home visit during the pilot have had the opportunity to provide feedback on their experience. The feedback received in the first six months has demonstrated that the team has always taken a person-centred approach to care, demonstrated respect, have been able to resolve the concerns during the visit.

"They were able to supply much needed support at a time when it was needed the most. They did not rush me but took the time and trouble to make sure I fully understood what was happening"

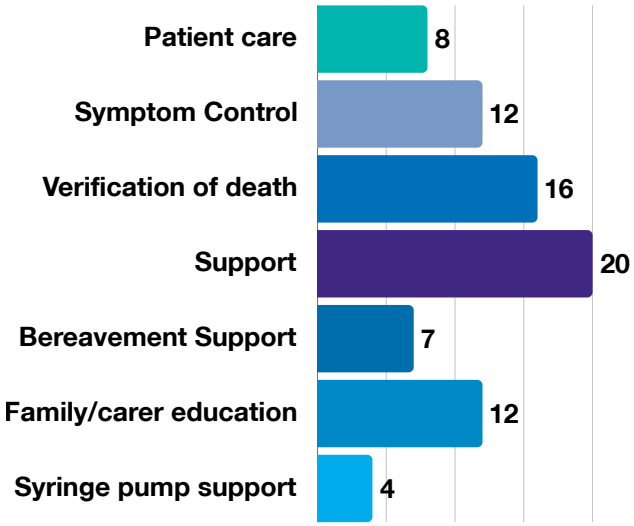
The pilot received initial funding for 12 months, to operate 3-4 nights per week. Additional funding has been secured for expansion to seven nights per week. It aligns with national priorities for integrated, person-centred care delivered in community settings as per the 10 Year Health Plan and anticipates the forthcoming Modern Service Framework for Specialist Palliative and End-of-Life Care, expected during Autumn, 2026.

"The team was amazing and they were extremely helpful and supportive"

Total patients supported

Total contacts

Reason for visit %



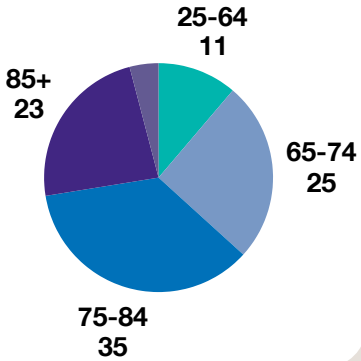
Phone calls

Home visits

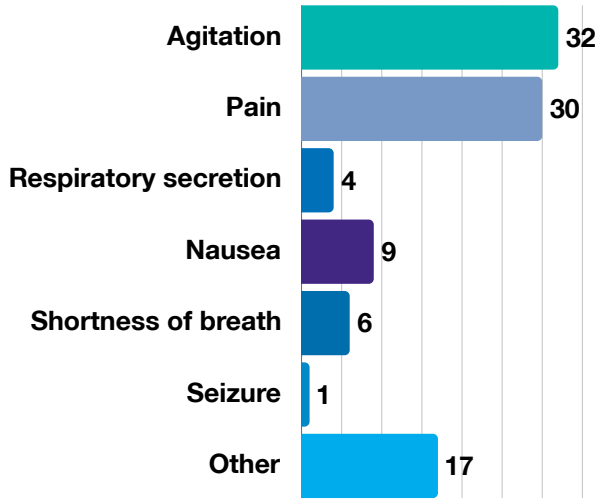
Average duration of call/visit:

74min

Age range %



Symptom support %



Part Five:

Patient experience and stakeholder feedback

User Engagement and Feedback

Have Your Say Group

The Hospice's 'Have Your Say Group' aims to enable members of the group to become familiar with the work of the Hospice as a service provider to local the community as well as gaining an understanding of its functioning as an organisation as a whole. The group provides feedback to members of the Hospice about any changes they may wish to make in the future.

'Your Experience' survey results in 2025-26 continue to reflect consistently high levels of satisfaction with the care and support provided by our Hospice.

The surveys were completed on a rolling basis through 2025-26.The feedback, however, has only been provided by a small percentage of users of our services. We are keen to hear from more of our patients and relatives about their experience of our services, and this is why we are looking at user engagement as a priority for improvement in 2026-27.

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.

Compliments

25 compliments and thank yous were received in 2025-26. Compliment themes during 2025-26 were focused on staff kindness and compassion.

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. This year, we saw responses from 17 family members who experienced care on Sylvan Ward and 24 responses from family members who received care from our community team. Our satisfaction scores have declined marginally since 2024-25 across all domains. This decrease is also reflected in the national average scores between 2024-25 and 2025-26.

Families are asked 17 questions regarding their experience of care. The questions are then grouped to provide a score for the 'perceived outcome of palliative care' and a score related to the 'response to symptoms and other care needs'.

Perceived outcomes of palliative input

	Our score	National average
Hospice Inpatient	4.27	4.52
Hospice Home-Care	3.84	4.19
Combined average	4.05	4.35

Response to symptoms and other care needs

	Our score	National average
Hospice Inpatient	4.14	4.3
Hospice Home-Care	3.76	3.94
Combined average	3.95	4.12

Perceived outcomes of palliative input - combined score comparison

	Our score	National average
2024-25	4.5	4.4
2025-26	4.05	4.35

Response to symptoms and other care needs - combined score comparison

	Our score	National average
2024-25	4.4	4.3
2025-26	3.95	4.12

Compliments

"I would rate their care, kindness, empathy, skill and professionalism 10/10'

— Relative

"I feel every effort was made to care over and beyond for us all during the most horrendous time in all our lives."

— Relative

"The whole team were outstanding, nothing was too much trouble for them, they explained everything to Mum, included her when talking to us, gave us numbers to call at certain times. Support we got was outstanding. Cannot praise them enough."

— Relative

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.

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 four clinical complaints.

	2024-25	2025-26
Total number of complaints about clinical services	**4**	**4**
Investigations completed; complaint upheld/partially upheld	**4**	**4**

Complaint themes during 2025-26 were focused on communication, patient harm following a fall or medication errors, behaviours lacking alignment to organisational values.

Statements from regulators and key stakeholders

Our thanks

We would like to thank all of those who have contributed to our Quality Accounts for 2025-2026. This includes the Hospice's Have Your Say Group, who kindly provided feedback during the document's production.

Statement from Integrated Care Board

NHS
Norfolk and Suffolk
Integrated Care Board

11 June 2026

Commissioner Response to St. Nicholas Hospice Quality Account 2025/2026.

NHS Norfolk and Suffolk ICB (ICB) acknowledge the receipt of the 2025/2026 Quality Account from St. Nicholas Hospice and welcomes the opportunity to provide this statement.

Based on the information and data available within the report, the ICB supports St. Nicholas Hospice in the publication of its Quality Account for 2025/2026. We are satisfied that it incorporates the required mandated elements. The ICB believes that the report reflects some key elements of quality, as defined by the National Quality Board and it demonstrates St. Nicholas Hospice commitment to continuous quality improvement.

The ICB recognises this year has brought organisational changes within NHS commissioning, resulting in the establishment of the Norfolk and Suffolk Integrated Care Board. The broader ICS footprint offers opportunities to strengthen collaboration with a wider range of system partners to support high-quality healthcare delivery, while maintaining a strong focus on local needs.

The ICB acknowledge the significant progress made across several key areas of quality as outlined in the 2025/26 priorities. Notable achievements include service expansion and innovation with the out of hours specialist palliative care pilot and strong partnership working including collaboration with St. Elizabeth's Hospice.

The ICB endorses the Quality Priorities set out for 2026/2027 which align well with NHS quality standards and will continue to work collaboratively with St. Nicholas Hospice to support the delivery of these. The ICB recognises the importance of the implementation of Electronic Prescribing and Medicines Administration, aiming to reduce medication errors, improving patient safety and aligning with system partners. A focus on a workforce competency framework will impact both patient and staff experience alongside patient safety.

On behalf of NHS Norfolk and Suffolk ICB, I would like to thank you, the individuals involved in developing and producing this account and all St. Nicholas Hospice. We look forward to continuing building on our collaborative relationship to ensure safe, effective care for our patients and local population during 2026/2027.

K watts

Karen Watts
Director of Nursing and Quality
NHS Norfolk and Suffolk ICB

Part Six:
Mandatory statements

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 £3,014,720, representing 29.6% of total Hospice income in 2025-26.

2. Participation in clinical audit and National Confidential Enquiries

No National Clinical Audits or National Confidential Enquiry programmes covered specialist palliative-care services in 2025/26; therefore, the Hospice made no submissions.

Locally, we completed quarterly scheduled clinical audits.

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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.

- FAMCARE Survey: 41 people

4. Use of CQUIN payment framework

No Commissioning for Quality and Innovation (CQUIN) monies formed part of the NHS contract for 2025-26.

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 2025-26 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 2025-26. There is currently no national payment tariff for the specialist palliative care service.

7. Cybersecurity 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 completed its DSPT submission in June 2026.

8. Learning from deaths

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

Appendices

Glossary

Quality and Service Overview

- CQC – Care Quality Commission
- IP&C – Infection Prevention and Control
- EPMA – Electronic Prescribing and Medicines Administration
- DoLS – Deprivation of Liberty Safeguards
- MDT – Multi-Disciplinary Team
- Barrier Nursing - nursing a patient in a single room or section of a ward shared with others implementing additional measures to prevent the spread of infection
- Purpose T - Pressure Ulcer Risk Primary Or Secondary Evaluation Tool
- SystmOne - electronic clinical database used for patient records
- FAMCARE – A nationally benchmarked survey assessing bereaved family satisfaction

Partnerships and systems

- ICS – Integrated Care System
- ICB – Integrated Care Board
- EIT – Early Intervention Team

Organisations and collaborations

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

Can we help?

If you feel you would benefit from the support of St Nicholas Hospice please contact our Referrals Team on 01284 766133 (9am to 5pm Monday to Friday)

St Nicholas Hospice Care

A Registered Charity No. 287773

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