everyday matters

St Barnabas

QUALITY ACCOUNT 2024-2025

Contents

Acknowledgements

Thank you to the following St Barnabas Hospice staff who have contributed to this Quality Account:

Mr Tony Maltby	Chair of Trustees
Mr Chris Wheway	Chief Executive
Mrs Rebecca Franks	Director of Patient Care
Dr Georgina Keenleyside	Medical Director
Mrs Michelle Webb	Deputy Chief Executive
Mr St.John Sutcliffe	Director of Finance and Performance
Mrs Jo Negus	Clinical Systems Lead
Mrs Nicola Lambert	Head of Governance
Mrs Cassie Scullion	Data Protection Officer
Mrs Mandy Irons	Head of Wellbeing
Mrs Joanne White	Counselling Services Manager
Mrs Sally Finch	Deputy Governance and Quality Lead
Dr Adam Brown	Consultant in Palliative Medicine
Mrs Sue Carter	IPU Ward Manager
Mr Jake Bontoft	IPU Advanced Clinical Practitioner and Research Nurse
Miss Laura Coleman	Governance Administrator

Part 1

Introductory Statement

Chris Wheway, Chief Executive Officer and Tony Maltby, Chair of Trustees

On behalf of the Board of Trustees and Directors we are pleased to present the 2024-2025 Quality Account for St Barnabas Hospice Lincolnshire.

This Quality Account details progress made on the identified priorities and the quality and performance activity of the organisation for 2024/2025, as well as setting out our priorities for the coming year 2025/2026.

Throughout the year we have continued to deliver and develop services in response to the needs of the community - with patients, and their families and carers, at the centre of the personalised and outstanding care we deliver. We strive each year to improve and maintain the quality and responsiveness of our specialist palliative and end-of life care services. This report demonstrates our successes, learnings, and achievements in these particularly challenging economic times.

St Barnabas is an independent hospice charity that delivers services to patients aged 18 and over who are registered with a Lincolnshire GP, without charge. Our funding comes from many streams – fundraising, corporate sponsorship, and legacies, to name a few.

There are many activities ranging from coffee mornings and cake sales to marathons, long-distance walking challenges, and skydives undertaken by our supporters, for which we are enormously grateful. We receive funding for around 40% of our activity from the NHS Lincolnshire Integrated Care Board.

The demand for palliative care is increasing, as research and demographic data shows us, as is the cost of providing this care to our patients. We have been involved in conversations, lobbying, and sharing case studies and our expertise - both with Hospice UK about rural healthcare needs and services, and with the Commission on Palliative and End of Life care about the current state of palliative and end of life care.

This, coupled with the ongoing legal debate and progression of the Assisted Dying bill through Parliament, is bringing our sector and services into sharp focus for all who have any concern about the provision of palliative care and wider.

We are in a privileged position to have a hospice charity that provides outstanding care in patients homes, wellbeing centres and within inpatient units in Lincolnshire. Our resilience and adaptability will be needed more than ever in the coming years to maintain this, and to evolve and deliver the organisation's strategic aims, whilst living and demonstrating our values every day.

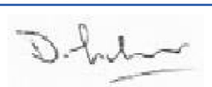
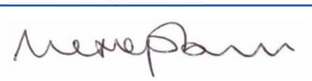
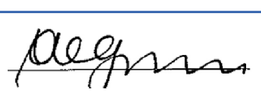
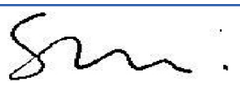
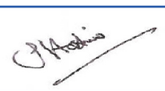
This quality account has been endorsed by the Board of Trustees, and we are able to confirm that the information contained in this document is accurate to the best of our knowledge.

Chris Wheway
Chief Executive

Tony Maltby
Trust Chairman

Trust Board Endorsement of the Quality Account

We, the Trust Board of St Barnabas Hospice, are pleased to endorse the content of the Quality Account and, to the best of our knowledge the information contained therein is accurate.

Trustee	Signature
Mr Tony Maltby	
Mr David Libiszewski	
Dr Neill Hepburn	
Mrs Amanda Legate	
Mrs Sylvia Knight	
Mr Simon Elkington	
Mr Phillip Hoskins	
Mr James Wadsworth	
Mrs Sue Matheson	
Mr Stuart Wyle	

Introduction

Welcome to the St Barnabas Hospice Quality Account report which provides information on the quality of the care we provide to our patients and their families. The report will evidence the high quality of care and acknowledge the work we do in collaboration and partnership with others.

Our Vision

Our Vision is a world where dying with dignity, compassion and having choices is a fundamental part of a life.

Our Mission

Our Mission is to ensure all individuals facing the end of their life in Lincolnshire receive dignified, compassionate care when they require it and where they ask for it.

Our Values

Aiming High

We reach for excellence and set the standard for others to follow. Celebrating individual and collective success and actively looking for ways to be even better.

Being Courageous

We push boundaries and provide challenge - standing up for what is right and supporting others to make a difference across all aspects of our work.

Working Better Together

We recognise the power of community; building connections and relationships which help us make a positive contribution. Respecting and valuing all contributions - we are ONE team, united and inspired by our common purpose.

Having Heart

People are at the centre of all we do. We're proud of our ability to work in tough situations with resilience, empathy and kindness.

Doing it Right

We are ethical, honest and use resources respectfully. Taking responsibility for our actions and doing what we say we'll do - we challenge others to do the same.

In this Quality Account, we focus on the quality of care we provide for patients and their families, reflecting on our most recent year of operation (2024-2025) and looking forward to our plans for 2025-2026.

We have our organisational strategy in place for 2024 – 2029 and underpinning this are our enabling strategies for the clinical, education, workforce, financial, IM&T and income generation components of our organisation – all of which rely on the success of each other to deliver our overarching strategic priorities.

Our three strategic priorities are:

1: To be the system provider of choice for specialist palliative and end of life care.

2: To grow our services to meet increasing demand for care and support.

3: To remain sustainable and resilient for the people we care for.

Organisational Strategy

https://stbarnabashospice.co.uk/organisationalstrategy/

Our year in *numbers*

1st April 2024 to 31st March 2025

We supported approximately 8,500 patients through the following services (majority of those patients will have received support/care from two or more of these services).

Our team at the IPU cared for **235** patients in our hospice beds in Lincoln.

164 patients were cared for in our Hospice in the Hospital in Grantham.

Our PCCC team received **3,168** new patient referrals and **3,984** re-referrals.

Our Community Clinical Nursing teams were involved in the triage and/or care of **3,486** patient referrals.

Our CCNS's based in ULTH supported **251** patients.

Our AHP teams were involved in the care of **955** patients for Occupational Therapy and **638** for Physiotherapy.

Our Welfare team assisted **4,226** clients in receiving £8,728,640 worth of benefits.

Our Counselling/Bereavement Service supported **956** clients.

Part 2

Review of Priorities for Improvement (2024 - 2025)

Priority 1

Improving Carer Support (of Dementia Patients) and Communication Through Digital Innovation

(Patient Safety, Patient Experience, Clinical Effectiveness, Staff Development)

How was this identified as a priority?

The Admiral (specialist dementia) Nurse service in St Barnabas provides specialist support to families living with dementia. With an increasing caseload and wide geographical area to cover, consideration is needed on how to best utilise the two Admiral Specialist Dementia Nurses and support appropriate prioritisation.

Research and evidence show that carers are more likely to neglect and deprioritise their own health and well-being. Carers also frequently state that they feel unsupported, uncertain about how to ask for help and feel unheard when describing concerns. A system wide concern is based on appropriate escalation of care, supporting families at the right time and in the right place. Evidence also shows us that many people who attend emergency departments or escalate needs with dementia are at a point of crisis. A factor that contributes to this is communication and monitoring between carers, families and Healthcare professionals.

The Admiral Specialist Dementia Nurse service will use technological innovation to improve carer feedback and communication, increase self-monitoring, and identify deterioration situations.

What we have achieved:

The Spirit Health App went live in June with a positive response from the first few users. As expected, there were some initial issues with signing on processes and the phrasing of questions which were quickly addressed. Discussions began between St Barnabas, Dementia UK and National Institute for Health and Care Research (NIHR) about potential wider scale research projects regarding use of the app.

Uptake of the app did not progress as hoped or planned for, due to several reasons (including carers not having a smart phone and/or the patient being too unwell by the time they are with palliative care services) and despite active identification of and approaches made to potential users.

Use of the app at no cost was granted for a further six months to enable extension of its trial. The dementia nurse specialists were more proactive with their approach by introducing it at the initial assessment of a patient and using branded leaflets to support with discussion and ongoing information. In total over the year 74 patients were considered for inclusion within the trial of the app, with the responses outlined below:

Outcome	Numbers	%
Signed up	13	18%
Died	4	6%
Declined	20	28%
Discharged	8	11%
Not appropriate	25	34%
No response	2	3%
Total	**72**	**100%**

Of those that declined, the primary reasons were either a lack of interest in a technological intervention or not owning a suitable smart device. Those that were felt inappropriate to approach were transitioning into long-term care or in a late stage of end-of-life care. In this case it was felt that this question set was not suitable for the aims of the intervention – it had potential to add confusion into the existing structure for monitoring of symptoms and for carers to summon help if needed. Two of the carers who did not provide any responses did provide feedback, which included being unable to dedicate sufficient time to consider responses to the question set, and a view that the question set was not appropriate for their own situation. Two carers were positive about the app, stating that they had felt it was a positive intervention and support mechanism for them.

The information gained from trialling a form of remote monitoring technology, this app itself, and the use with this cohort of patients has been interesting and valuable to the hospice and the specialist dementia nurse team. The interest surrounding formal research projects into this have been beneficial both for the subject area and the app, as well as the hospice in becoming research interested and active. This momentum will be maintained but there will not be further time invested in this specific approach by St Barnabas at this time.

In conclusion it is felt that this type of support and intervention may be of benefit to carers of people with dementia, but at an earlier stage in their disease progression, rather than the palliative and end of life phase.

Priority 2

Supporting Families of Palliative Patients with Children and Young People

(Patient Experience, Staff Development)

How was this identified as a priority?

Supporting children and young people (CYP) who have a close family member undergoing palliative care is critical to their wellbeing and to longer term bereavement outcomes. It requires a collaborative and multi-professional approach that addresses the emotional, psychological, and practical needs of young people and their families. This priority aims to ensure that children and young people receive the support they need to navigate this challenging period in their lives with resilience and understanding.

St Barnabas recognises that there is an increasing number of families with children and young people who are affected by the palliative diagnosis of a close family member, and that as a specialist palliative care provider, it is best placed to support families with information and where required, more direct input for families with complex needs. Support will be extended to young people up to the age of 25 who have additional needs and or dependencies.

What we have achieved:

A draft pathway has been mapped with the input of the St Barnabas Palliative Social Worker and was shared with providers/ stakeholders including specialist palliative support services and clinical services to identify gaps and resources. Current provision in the community was identified including engaging with the Principal Social Worker (CYP Lincolnshire) and Early Help Colleagues and colleagues from other UK Hospice's to identify different delivery models.

Through engagement with the clinical teams in each quadrant, understanding of the knowledge and skills they needed to support families with children and young people was identified. From this we formed a specialist link role and received nominations from five clinical staff to pilot the role. This included developing a more in-depth training needs analysis to guide education resources; we worked with our education department who then supported the development of internal training materials. A Teams channel was set up to share resources with CYP Champions and bi-monthly support meetings were agreed and planned. These have provided additional group clinical supervision with the Head of Wellbeing, the sharing of ideas to guide the continued development of the CYP support role and input from guest speakers – e.g. Ruth Strauss Foundation (charity supporting families facing the death of a parent with an incurable cancer diagnosis) and the Early Help Service (Lincolnshire County Council).

A framework for resources has been developed which identifies resources for professionals, parents/care givers and CYP with a directory of local help available throughout the hospice.

All five CYP Champions have completed professional training with Winstons Wish (a bereavement charity that supports grieving children and families) with excellent feedback, and colleagues are recognising and utilising the expertise within their teams.

To conclude the account priority this year, we can share this feedback from one of our CYP champions which showcases the support now available and the commitment of all our champions for the future:

"I feel personally it's given me more confidence to ask the children in patients homes if they are ok and about their understanding and then look at how I can help them.

I am currently visiting a patient who has two 14-year-old twins, one twin has the learning age of a 7-year-old. I have taken some resources for her to try - she has a pip box, the letting go activity book has been good for her, also the books when a dinosaur dies and the memory box book has been good for her. I met her last week, and she showed me the activity book and what she had completed; she was quite shy at the beginning, but at the end of my visit I got a hug from her. She has a worry monster which she uses. I asked her if she had any questions, which she struggled to express, so she is going to write them down for me for my next visit. I have also met her twin brother who is doing ok and understands what is happening with his dad.

I really feel that at St Barnabas we can help with anticipatory grief of children by including them in our visits. We can refer children to other services, but the waiting lists are so long, and they need support sooner rather than later. I think as one of the children's champions I would like to support St Barnabas as having a more active role in helping children in the pre and post bereavement journey."

Priority 3

Review of Specialist Palliative Care Clinical Assessment Template to embed the OACC suite of Validated Outcome Measures

(Clinical Effectiveness, Patient Safety)

How was this identified as a priority?

Background
Hospice and palliative care services need to improve their ability to demonstrate the impact of their care by measuring patient centred outcomes. The Outcome Assessment and Complexity Collaborative (OACC) suite of outcome tools were developed by the Cicely Saunders Institute, King's College London, Department for Palliative Care, Policy and Rehabilitation.

The Outcome Measures address the individual symptoms and concerns (and ability and function) of each patient. They enable professionals to collect useful information, develop a "common language" with patients and team colleagues, and plan care in the most appropriate way which is unique for each individual person. The measures can also be used to support good communication, and monitor symptoms, treatment and changes over time. They provide a summary, or the 'headlines', about what is happening. This may be a demonstrable positive improvement in symptoms or that symptoms have lessened or been prevented from getting worse.

Outcome Measures information or data can be used in several ways:

• With the patient, to talk about their main symptoms or concerns, and for planning actions together.

• Screening for further assessment, or using alerts if scores are high. For example, a score of 2, 3 or 4 for the item on depressed mood in the Integrated Palliative care Outcome Scale should lead to detailed assessment of mood.

• Helping the team to plan caseloads, review cases, and share information across the multi-disciplinary team and with other teams.

• To inform the provision of palliative care services, for quality improvement, to improve services, to deliver business cases, and provide evidence for annual and other reports.

• Outcomes data can also be shared locally, nationally, and even internationally, to improve care and ensure excellent standards.

Context

St Barnabas Hospice has previously introduced some of the OACC measures into our clinical assessments: Phase of Illness, Karnofsky and IPOS. However, these were not all embedded as part of the assessment process, resulting in duplication. Furthermore, to date, there has not been a way to pull this information together to build a patient picture or service reports, making these outcome measures less useful.

However, Hospice UK have now developed the PCOM360 (Patient Centred Outcome Measures) tool for analysing patient centred outcome measures. It is anticipated this will be available to use through SystmOne later in 2024. Therefore, we now have an opportunity to review and update the St Barnabas Hospice Holistic Assessment Template on SystmOne and embed the OACC measures to reflect the principles of person and family centred care, provide opportunities to improve objective triage, case load reviews and case load management. This in turn will provide future opportunities to inform the provision and development of palliative care services.

What we have achieved:

The St Barnabas holistic template new format with the OACC measures embedded has been tested widely and successfully deployed across all community services.

Unfortunately, the national work with extraction tool did not progress as planned and utilisation of this is still being developed. Our data analyst is well appraised of the work and is confident that the template work that has been completed will support the development of OACC dashboards for each service, using PowerBI. This work is currently underway with St Barnabas.

The Nurse Consultant engaged with all community service teams including AHPs, nurses, medics and support workers regarding the value and purpose of OACC measures. The inability to report on this (until PCOM 360 data extraction is working effectively) has meant that the opportunity of using OACC to demonstrate patient clinical outcomes is yet to be realised. However, OACC measures continue to be promoted and utilised through the Specialist Palliative Care Mult-disciplinary team meetings and clinical work.

Priority 4

Embedding Community Prescribing Practice within the Hospice

(Patient Safety, Patient Experience, Clinical Effectiveness, Staff Development)

How was this identified as a priority?

Background
The St Barnabas Quality Account priorities 2023-2024 included the development and implementation of the necessary Governance Framework to enable our Nurse and Independent Prescribers and Doctors to have access to FP10 prescribing in the community setting. As part of this work, St Barnabas Hospice has now been registered with the NHS Business Authority ePACT (electronic Prescribing Analysis and Cost) system, which will enable the organisation to monitor and audit FP10 prescribing practice for the purpose of identification of possible quality improvement and shared learning.

St Barnabas Hospice is now well placed to ensure that Clinical Practitioners who have completed the Independent Prescribing Qualification and/or Nurse Prescribing Qualifications are supported to embed this skill into their practice. This will be achieved by adhering to the principles of the St Barnabas Hospice prescribing framework. This framework is underpinned by the Royal Pharmaceutical Societies Competency Framework for all Prescribers (2021) ***https://www.rpharms.com/resources/frameworks/prescribing-competency-framework/*** supporting-tools The model supports good prescribing practice and ensures that patients receive high quality care irrespective of the prescriber's background.

The St Barnabas Model consists of 5 elements:

1. The Prescribing Forum
2. Annual on-going self-assessment completion of the "competency framework for all prescribers"
3. Completed Competency Framework to be reviewed at appraisal each year
4. Presentation of case study at the prescribing forum once a year
5. Completion of a single observation in practice annually

What we have achieved:

All Non-Medical and Medical Prescribers completed the necessary governance processes and were issued with their own FP10s and locked box. The Prescribing standard operating procedure was reviewed with prescribers: this provided an opportunity to share previous practice experiences and answer any questions prescribers had regarding handling FP10s in the community setting.

The ePACT2 data is now fully accessible and reviewed individually by prescribers and then anonymously at Medicines Management and Prescribing Meetings. It demonstrates that our prescribers are using their FP10 prescriptions and prescribing knowledge and skills to ensure patients in the community can access

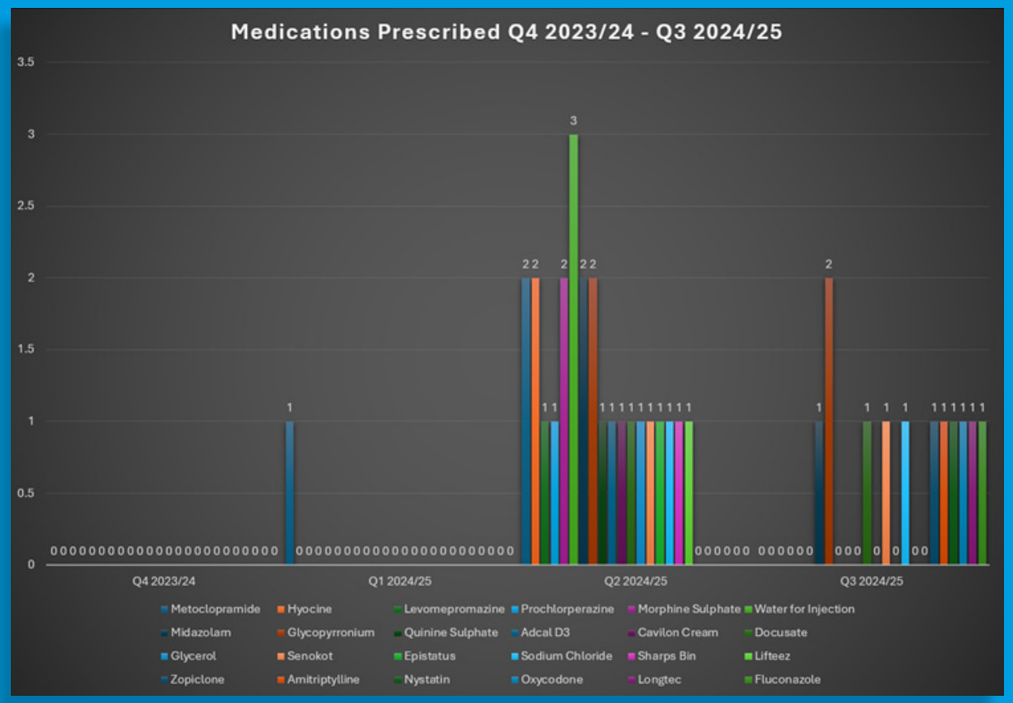
prescriptions in a safe and timely manner to meet their needs.

All Non-Medical Prescribers had an individual session with the Nurse Consultant to complete the competency framework in preparation for their annual appraisal with their line managers.

The governance and supervision process to support Independent Prescribing practice within St Barnabas Hospice is now business as usual.

The graph below shows the types and numbers of medications being prescribed and demonstrates the variety that are utilised. ePACT data is always a quarter behind in its availability hence why Q4 data is not shown.

As an independent charity and non-NHS provider, our work in this area has been recognised nationally. St Barnabas Hospice has been approached by NHS England to support the work of Salford University to understand the barriers and challenges of non-NHS providers developing prescribing practice. The aim of Salford University's work is to develop a toolkit and make policy recommendations to support wider adoption of this practice in the community setting.



Part 3

Priorities for Improvement and Statements of Assurance from the Board (in Regulations)

This section of the quality account looks forward to our priorities for 2025/2026.

The Board of Trustees and our clinical teams are committed to a culture of continuous development and improvement and will continue to ensure that services evolve to meet patient and carer needs. This will support widening access and equity to palliative and end of life care for all, in a rural County with many diverse challenges.

The priorities for quality improvement we have identified for 2025/2026 are set out below. These priorities have been identified in conjunction with patients and carers, staff, and stakeholders. The priorities we have selected will impact directly on each of the four priority areas: patient safety, clinical effectiveness, staff development and patient experience.

Our links with the wider Lincolnshire health and social care economy, together with strong regional and national relationships, will support the ongoing development of our services and enable us to achieve the ambitions identified for 2025/2026.

Priorities for Improvement 2025 - 2026

Priority 1

Canines as Colleagues

(Patient Safety, Patient Experience, Clinical Effectiveness, Staff Development)

How was this identified as a priority?

The concept of Therapy Dogs goes back many years with Florence Nightingale recognising that animals provided emotional support. Back in 1976, the trauma experienced by the elderly if forced to give up a much-loved pet upon going into residential care was recognised, and the presence of visiting dogs brought about an immediate positive impact on the emotional wellbeing of the residents.

Over the years, many studies have confirmed the benefit of Therapy Dogs in multiple situations. Therapy dogs in hospice care provide comfort, reduce anxiety, and promote emotional well-being for patients and their families, offering a calming presence and fostering a sense of connection and joy during a difficult time.

Research shows that employees who bring their dogs to work produced lower levels of the stress-causing hormone cortisol. As the workday went on, the research found average stress level scores fell about 11% among workers who had brought their dogs to work, while they increased 70% for those who did not. The study also found that pets triggered workplace interactions that would not normally take place.

Why is this important?

By providing emotional support, physical comfort, and moments of cheerfulness, therapy dogs help patients and families find solace and support during life's most difficult moments.

Benefits for Patients:

• Reduced Anxiety and Stress: The simple act of petting or being near a therapy dog can lower blood pressure and heart rate, releasing "feel-good" hormones like serotonin and oxytocin, which have calming effects.

• Pain Management: Interacting with therapy dogs can help distract patients from pain and discomfort, potentially reducing the need for medication.

• Improved Mood and Reduced Isolation: The companionship of a therapy dog can combat feelings of loneliness and isolation, boosting mood and overall well-being.

• Stimulation of Memories and Communication: The presence of a therapy dog can trigger pleasant memories and encourage patients to share stories and emotions.

• Tactile Stimulation: The act of petting or interacting with a therapy dog provides a comforting tactile experience, which can be particularly helpful for patients who may have difficulty communicating or expressing themselves.

• Sense of Calm and Comfort: Therapy dogs are trained to be gentle and empathetic, offering a calming presence that can help patients feel safe and supported.

Benefits for Families:

• Break for Caregivers: Being a caregiver for a loved one can take a toll on their emotions. When a therapy dog visits a hospice patient, it allows the caregiver to have a little break. Therapy dog visits can enable the caregiver to recharge (even if it's for a few moments) and leave the room if needed. These visits also let the patient, and the caregiver know they are not alone in this arduous journey.

• Emotional Support: Therapy dogs can provide comfort and emotional support for families who are dealing with the loss of a loved one.

• Reduced Stress: The presence of a therapy dog can help ease tension and create a more relaxed atmosphere for families during difficult times.

• Increased Social Interaction: Therapy dogs can facilitate social interaction and connection between patients, families, and staff.

How Therapy Dogs Are Used in Hospice Care:

• Individualised Visits: Therapy dog handlers work with hospice staff to determine the best time and way to interact with patients, ensuring that each interaction is tailored to the patient's individual needs and preferences.

• Variety of Activities: Therapy dogs can participate in various activities, such as listening to patients read, being a source of comfort during difficult moments, or simply being present to offer companionship.

• Collaboration with Hospice Staff: Therapy dog handlers work closely with hospice staff to ensure that the therapy dog visits are safe, effective, and beneficial for all involved.

• Wellbeing Walks: Therapy dogs to accompany staff and patients on walks.

The benefits of allowing staff dogs in the workplace

• Reducing Stress and Increasing Productivity: Interacting with a dog at work is almost always guaranteed to bring a smile to employees' faces. Studies have shown that even spending a small amount of time in the presence of a dog can increase the brain's production of the happiness hormone oxytocin and decrease the production of the stress hormone cortisol. It has also been shown to lower blood pressure. Employee stress is one of the biggest factors negatively affecting productivity at work, leading employees to lag in their efficiency and quality of work, as well as resulting in fatigue and even illness. The reduction in stress levels that a therapy dog can provide can go a long way to counteracting the negative effects that stress may have at work.

• Improving Workplace Communication: Introducing dogs into the workplace can work as an icebreaker and improve communication in all kinds of situations. The dogs can facilitate social interaction and communication between colleagues.

• Healthy Habits: Having pets at the office is, of course, a big responsibility and pet owners will have to be sure to look out for the wellbeing of their dog throughout the day, which might mean taking it for walks and loo and food breaks. Caring for another being in this way can also remind us to take the time out of our day to take care of ourselves. Taking a dog out of the office for a quick stroll or a loo break can be the perfect opportunity for employees to stretch their legs and take their eyes off the screen. Taking time to feed a dog during the working day can remind employees that they also need to give themselves a healthy lunch and drink lots of water and interact with other staff members.

• Employee Convenience: Being able to bring your dog into the workplace can support work-life balance. Organising pet care whilst]at work can be both tricky and expensive for employees and being able to bring your dog into work can therefore both save employees funds, whilst making their day-to-day planning much more straightforward.

How will we achieve this

There are lots of factors to take into consideration to ensure everyone's safety and well-being, including that of the dogs themselves.

The project will identify the roles and responsibilities of the dog owner and the dog in whatever role they are entering the workplace and will develop a comprehensive pathway for visiting dogs to support in the tiered level of support dependant on need.

The pathway will:

• Collate and analyse data to further understand the scope and nature of how therapy and workplace dogs will fit within St Barnabas' people development and patient care.

• Develop a tiered system of support ranging from pat dogs to dual therapy dogs, wellbeing walks for staff and patients, and staff bringing their dogs to work with them.

• Identify the training and behavioural standard required of dogs coming into the workplace e.g. through dog behavioural specialists.

Quarter 1

• Design pathway and cascade to wider teams

• Agree and cascade data set and collection methods

• Continue initial discussions with NIHR about the larger rollout of this app into a formal research project.

• Identify behavioural standards e.g. Kennel Club Standards

Outcome

• Signoff and agreement of relevant data governance and good practice.

• Ensure a smooth roll-out process and familiarity of the app and webpage for those who will use the system.

Quarter 2

• Use of the app will commence by this quarter upon confirmation of governance and data aspects.

• Admiral Specialist Dementia Nurses will collect feedback from the users of the app around usability and sustainability of the app.

• Review of question set, self-help material and links to confirm appropriateness to carers needs.

Outcome

• Use of app will have commenced.

Quarter 3

• The initial phase of the trial will be complete.

• Focus group style event for users of the app, including Admiral Specialist Dementia Nurses to collect evidence and feedback on the use of the app to inform longer-term considerations about usage.

Outcome

• Recommendation about the ongoing use of the app within St Barnabas Admiral Specialist Dementia Nurse Service.

Quarter 4

• Presentation of outcomes from project to St Barnabas and wider system.

• Potential rollout on a permanent basis.

How will progress be monitored and reported?

Progress will be reported on an ongoing basis through the Clinical Governance Committee, and to the Trust Board Patient Care Committee.

Priority 2
Facilitating Eye Tissue Donation in the Inpatient Unit

(Patient Experience, Staff Development)

How was this identified as a priority?

In 2019, a study on Eye Donation from Palliative and Hospice care contexts: investigating Potential, Practice, Preference and Perceptions (EDiPPPP), found there was clinical potential for patients in palliative care settings to donate their corneas after death. While a high percentage of palliative care patients surveyed in the study said they would welcome a discussion about eye donation, professionals reported that they did not know how to have those conversations. NHS Blood and Transplant (NHSBT) brought together a team to work with hospices to implement the recommendations of the EDiPPP study and ultimately increase eye donation from hospice patients.

Following a conversation with a patient and their relatives about donation, and an ex-hospice colleague now working for the regional NHSBT team delivering an education session to clinical staff, the development of a standard operating procedure (SOP) for cornea and tissue donation for end-of-life patients was proposed.

Whilst tissue donation offers comfort and hope for families, it is not always something people are comfortable with approaching or discussing. This work aims to facilitate these discussions and streamline the donation process to support families who are willing to donate tissue after their loved one's death.

The cornea is the clear front window of the eye. The donation of one cornea could help up to four people to have their sight restored or improved. Corneal transplant is a successful sight-saving operation with 93% of transplanted corneas working after 1 year and 74% still working after 5 years. There is a shortage of over 500 corneas each year in the UK and the waiting list to receive a cornea transplant is currently 2 years. Many more people would benefit from a sight-saving transplant if more corneas were donated.

Most people can be considered as a tissue donor, including people with cancer. It does not matter if you have poor eyesight. Some people cannot donate, such as people with blood borne viruses, conditions such as dementia, other neurological conditions, leukaemia, lymphoma and myeloma, and those who have had laser eye surgery.

NICE Guideline NG142 end-of-life care for adult's service delivery recommended hospices have a guideline for this. One of St Barnabas Hospice's actions from the baseline assessment tool for this guideline is to develop a guideline to follow when patients wish to donate corneas, tissue or organs.

The aim of this priority is to increase awareness and encourage conversations between patients and families regarding tissue donation. We will support patients in fulfilling their wishes to donate corneas, tissue, or organs after death.

How will this priority be achieved?

A standard operating procedure (SOP) for identifying people who wish to donate their corneas or other organs or tissue after their death will be developed. This will be designed to assist with and promote discussion of tissue donation as part of end-of-life care and to increase the number of organs available for people waiting for a transplant.

Quarter 1

• Meet with the Regional Tissue Donation Nurse Specialist to plan the project.

• Liaise with local Medical Examiner (ME) service to ensure system can be in place to ensure patient donation can go ahead.

• Hospice staff to complete the survey from the Tissue Donation Service.

Outcome

• ME service agreement provision in place.

• Completion of surveys and sent to NHS Blood and Transplant hospice project team for their review.

Quarter 2

• Liaise with Regional Tissue Donation Nurse Specialist to review and amend SystmOne templates for recording conversations and information giving about donation on the Advanced Care Planning section.

• Information Governance Officer to complete Data Protection Impact Assessment (DPIA) on information to be sent to NHS Blood and Transplant team.

• Governance processes to be worked through.

Outcome

• SystmOne templates to be completed.

• DPIA to be completed.

• SOP to be developed.

Quarter 3

• Staff training developed and implemented, including identifying and supporting a link nurse in the IPU for this.

• Staff to work through processes to identify and address any potential problems.

• Patient leaflets to be sourced, reviewed and published

Outcome

• To commence process of screening patients and having conversations with them about eye donation when it is expected the patient will die at the inpatient unit.

Quarter 4

• Audit use of the SOP and share results from data collected on how the implementation has worked with the wider clinical team in St Barnabas, and with specialist palliative care team across Lincolnshire.

• Develop work with Regional Tissue Donation Nurse Specialist and Hospice sector wide lead to embed our SOP or similar in practice in other IPUs.

• Consider applicability and relevance of SOP to our community clinical practice and patient cohort.

How will progress be monitored and reported?

Progress will be reported on an ongoing basis through the Clinical Governance Committee, and to the Trust Board Patient Care Committee.

Priority 3
Electronic Prescribing for the Inpatient Unit (IPU)

(Clinical Effectiveness, Patient Safety, Staff Development)

How was this identified as a priority?

The NHS has planned to eliminate paper prescribing in hospitals to achieve the NHS Long Term Plan commitment to introduce digital prescribing by 2024 (delayed to 2025). Many hospices have already introduced e-prescribing, including a neighbouring hospice in North Lincolnshire with whom discussions and information sharing have begun.

After early discussions it has been decided to undertake an IPU phase 1 e-prescribing project and if successful, to take the learning into a phase 2 community e-prescribing project.

Electronic prescribing in the NHS has shown a drive to increase quality and safety (predicted 30% less errors). E-prescribing systems are secure and confidential.

St Barnabas currently has a paper-based drug chart, tablets to take out (TTO) and remote prescribing system which could be enhanced or removed with the introduction of e-prescribing, potentially saving staff time.

Other potential benefits identified:

• Small cost saving (no need for paper prescription sheets or printing of remote scripts).

• Environmental impact (paper free).

• Reduction in prescribing / transcribing incidents. On review of 10 datix incidents from 2024-25 Q's 1-3, 8 out of 10 (80%) would not have happened with e-prescribing.

• Reduction in other medication errors. On review of 2024-25 Q's 1-3, 27% of errors would not have happened with e-prescribing.

• Possible reduction in Information Governance risks or incidents.

How will we achieve this:

This project will involve many teams within the organisation (IM&T, clinical governance, education) as well as working with SystmOne provider (TPP), ULTH SPCT and pharmacy teams, and other hospices who have already implemented this.

Quarter 1

• Meet with the Regional Tissue Donation Nurse Specialist to plan the project.

• Liaise with local Medical Examiner (ME) service to ensure system can be in place to ensure patient donation can go ahead.

• Hospice staff to complete the survey from the Tissue Donation Service.

Outcome

• ME service agreement provision in place.

• Completion of surveys and sent to NHS Blood and Transplant hospice project team for their review.

Quarter 3

• Staff training developed and implemented, including identifying and supporting a link nurse in the IPU for this.

• Staff to work through processes to identify and address any potential problems.

• Patient leaflets to be sourced, reviewed and published

Outcome

• To commence process of screening patients and having conversations with them about eye donation when it is expected the patient will die at the inpatient unit.

Quarter 2

• Liaise with Regional Tissue Donation Nurse Specialist to review and amend SystmOne templates for recording conversations and information giving about donation on the Advanced Care Planning section.

• Information Governance Officer to complete Data Protection Impact Assessment (DPIA) on information to be sent to NHS Blood and Transplant team.

• Governance processes to be worked through.

Outcome

• SystmOne templates to be completed.

• DPIA to be completed.

• SOP to be developed.

Quarter 4

• Audit use of the SOP and share results from data collected on how the implementation has worked with the wider clinical team in St Barnabas, and with specialist palliative care team across Lincolnshire.

• Develop work with Regional Tissue Donation Nurse Specialist and Hospice sector wide lead to embed our SOP or similar in practice in other IPUs.

• Consider applicability and relevance of SOP to our community clinical practice and patient cohort.

How will progress be monitored and reported?

Progress will be reported on an ongoing basis through the Clinical Governance Committee, and to the Trust Board Patient Care Committee.

4

Mandatory Statements Relating to the Quality of the NHS Services Provided (2024 - 2025)

1.Statement 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 and therefore explanations of what these statements mean are also given.

2a. Review of Services

During 2024/2025 St Barnabas Hospice supported the NHS Lincolnshire Integrated Care Board priorities regarding the provision of local specialist palliative care by providing the following services:

- Hospice at Home
- Inpatient Unit
- Hospice in the Hospital (Grantham)
- Palliative Care Coordination Centre (PCCC)
- Wellbeing Centres

In addition, the Trust has provided the following services through charitable funding:

- Welfare & Benefits Services
- Specialist Physiotherapy & Occupational Therapy
- Wellbeing Services

St Barnabas Lincolnshire Hospice has reviewed all the data available to them on the quality of care in all the NHS funded services.

2b. Funding of Services

St Barnabas Lincolnshire Hospice is contracted for and received NHS funding through the National Community Contract, that partially funds the Inpatient Unit, Palliative Care Coordination Centre and Hospice at Home service. The remaining income, to support the delivery of Wellbeing Centres, Occupational and Physiotherapy Services, Wellbeing Services (including pre and post bereavement counselling) and Welfare is generated through fundraising, shops and lottery activity and investment income.

2c. Participation in National Clinical Audit

During 2024/2025, St Barnabas Hospice did not participate in National Clinical Audit, as none of the audits were relevant or applicable to Palliative or Hospice care.

2d. Participation in Research

St Barnabas Hospice remains committed to developing research strategic aims and becoming a research active hospice.

Our research governance framework has been fully reviewed and updated this year including guidance in a step-by-step format of procedures to be followed for any potential quality improvement or research projects. We are working with the Lincolnshire Improvement for Everyone (LiFE) Research and Innovation Hub hosted by the University of Lincoln to be involved with relevant research projects and proposals locally and nationally in the Palliative and End of Life Care arena.

Research work has been led by and gained traction with the appointment of our research nurse for one day a week; their other role is as an advanced clinical practitioner four days a week in the IPU. This is the first time ever we have had a dedicated research resource and demonstrates our commitment to this aspect of practice.

Good Clinical Practice training with the National Institute for Health and Care Research has been completed by clinical staff including the Medical Director, Education Team and Research Nurse. The Head of Education is developing a course for our staff about evidence-based practice and an introduction to research that will be available for all interested staff members once completed.

A journal club has been implemented to run quarterly, managed by the Specialist Nurse Practitioners and open to all clinical staff to attend either virtually or at the host Wellbeing Centre. Two have run so far with good attendance and feedback received; the dates are booked for all four in 2025/26.

2e. Use of the Commissioning for Quality and Innovation (CQUIN) Payment Framework

Income for St Barnabas Hospice in 2024 -2025 was not conditional on achieving any of the CQUINS in the framework.

2f. Statement from the Care Quality Commission (CQC)

St Barnabas Lincolnshire Hospice is required to register with the Care Quality Commission and is currently registered to carry out the regulated activity: Treatment of disease, disorder, or injury.

Terms of this registration relating to carrying out this regulated activity apply:

- The Registered Provider must not treat persons under the aged of 18 years in respect of the regulated activity treatment of disease, disorder or injury as carried on at or from the location St Barnabas Hospice – Specialist Palliative Care Unit.

- The Registered Provider must only accommodate a maximum of 11 patients at St Barnabas Hospice – Specialist Palliative Care Unit.

The Care Quality Commission undertook an unannounced inspection in August 2019. The report is available on the CQC website: www.cqc.org.uk/directory/1-140658893 and, on the St Barnabas Hospice website: www.stbarnabashospice.co.uk.

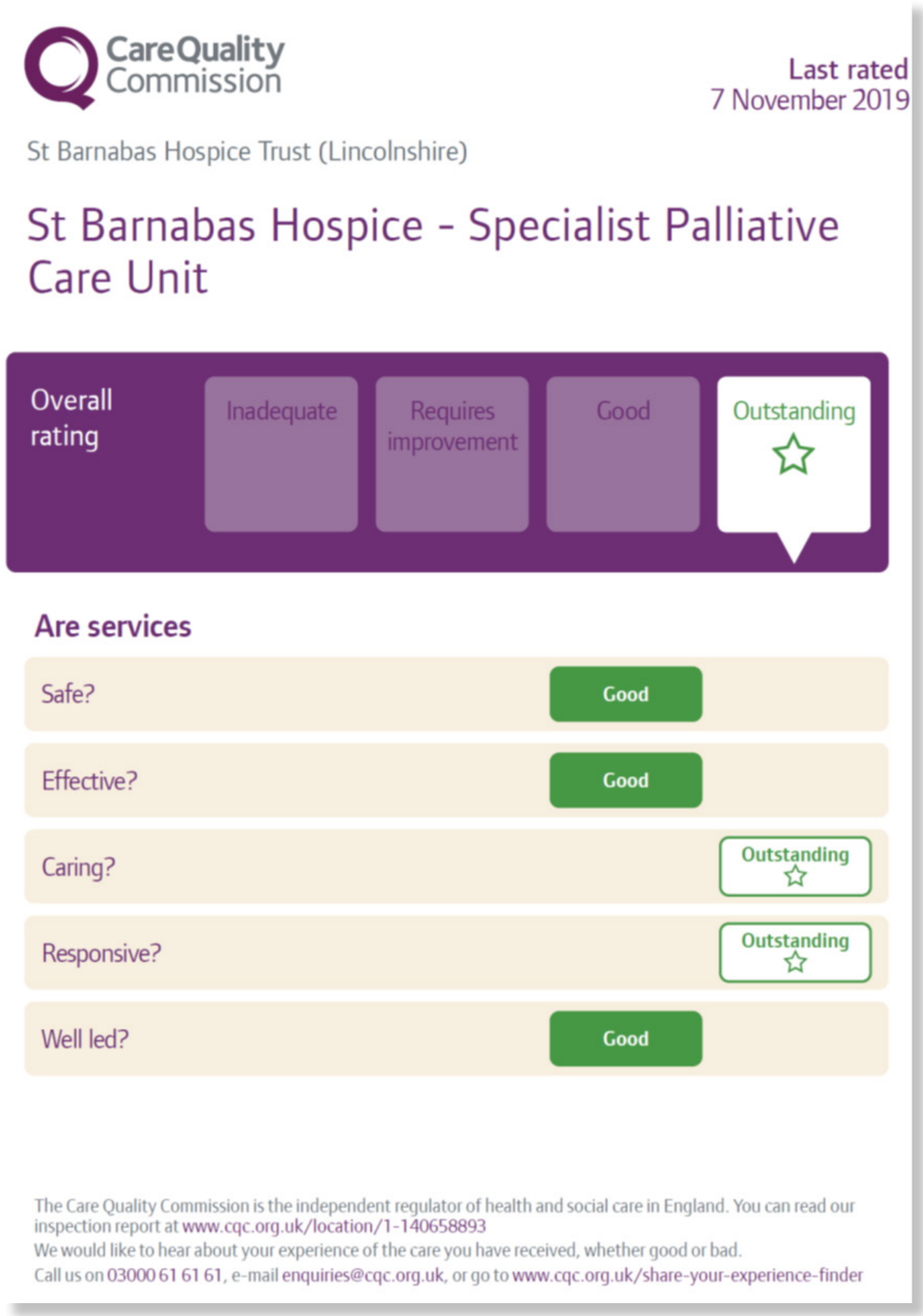
The Care Quality Commission (CQC) has not taken any enforcement action against St Barnabas Lincolnshire Hospice during 2024 / 2025.

St Barnabas Lincolnshire Hospice was selected to participate in the CQC provider engagement pilot for independent healthcare services. This entailed engagement with the regional operations manager and an inspector for a service review completed in January 2025. This went well and no further involvement in the engagement pilot was planned.
We have not participated in any investigation by the Care Quality Commission during 2024 / 2025.

The CQC reviewed the information and data available to them about St Barnabas Hospice on 06 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.'

Care Quality Commission Rating



2g. Data Quality

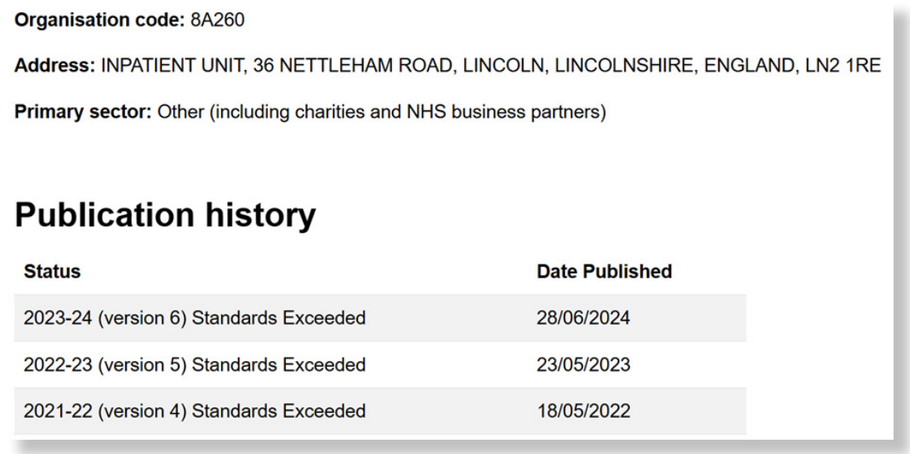
Statement of relevance of Data Quality and your actions to improve Data Quality.

St Barnabas Lincolnshire Hospice did not submit records during 2024/25 to the Secondary Users service for inclusion in the Hospital Episode Statistics which are included in the latest published data as St Barnabas Lincolnshire Hospice is not eligible to participate in this scheme. However, in the absence of this we have our own systems in place for auditing and monitoring the quality of data and the use of the electronic patient information system, SystmOne. This is important because we share patient data (with the patients' consent) with other health professionals to support their care within the community.

2h. Information Governance Toolkit & Cyber Essentials Plus Attainment Levels

The Data Security and Protection Toolkit (DSPT) is a national self-assessment tool that enables organisations to measure and publish their performance against the National Data Guardian's ten data security standards.

All organisations that have access to NHS systems and patient data are required to use the toolkit to provide assurance they are practising good data security, and that personal information is handled appropriately in accordance with the Data Protection Act 2018 and the UK General Data Protection Regulations (GDPR).


Organisation code: 8A260

Address: INPATIENT UNIT, 36 NETTLEHAM ROAD, LINCOLN, LINCOLNSHIRE, ENGLAND, LN2 1RE

Primary sector: Other (including charities and NHS business partners)

Publication history

Status	Date Published
2023-24 (version 6) Standards Exceeded	28/06/2024
2022-23 (version 5) Standards Exceeded	23/05/2023
2021-22 (version 4) Standards Exceeded	18/05/2022

Cyber Essentials Plus

St Barnabas Lincolnshire Hospice achieved Cyber Essentials Plus accreditation and have maintained the DCB1596 secure email standard by NHS Digital in October 2024. As a result of St Barnabas Lincolnshire Hospice having this national accreditation it enables compliance with the mandated NHS Data Security and Protection Toolkit and the Data Protection Act 2018.

2i. Clinical Coding

St Barnabas Lincolnshire Hospice was not subject to the Payment by Results clinical coding audit during 2024 / 2025 by the Audit Commission. This is because St Barnabas Hospice receives payment under a block contract and not through tariff and therefore clinical coding is not applicable.

Part 5

Review of Activity and Outcomes (2024 - 2025)

St Barnabas Hospice

Palliative Care Co-ordination Centre

Outcome	New Patient Referrals	Re-referrals	Percentage of non-cancer referrals
2022/23	3166	3707	37%
2023/24	3204	4339	38%
2024/25	**3168**	**3984**	**39%**

Specialist Inpatient Unit Services - Lincoln

	2022/23	2023/24	2024/25
Admissions this year	104	227	**235**
Patients in beds on 1st April (start of year)	5	8	**5**
Total Admissions	109	235	**240**
% New patients	94%	89%	**93%**
% Admissions from patient's own home	60%	56%	**52%**
% Admission from acute hospital	38%	42%	**47%**
% Occupancy	84%	69%	**59%**
% Patients discharged to their home	31%	25%	**22%**
Average length of stay – cancer	10 days	11 days	**10.8 days**
Average length of stay – non-cancer	4.6 days	9.8 days	**8.9 days**

*Lincoln Inpatient Unit was closed for refurbishment from early May 22 until November 22

Specialist Palliative Care – Other Services

Outcome	Outpatients	In Reach	Advice/ Consultation	Community Clinical Nurse Specialists	Percentage of non-cancer referrals
Referrals this year	36	910	3142	258	202
*Ongoing referrals	7	13	238	4	76
Total Referrals	43	923	3380	262	278
Total patients	41	839	2629	251	271
% New patients	83%	98%	92%	98%	72%

Allied Health Professionals (Occupational Therapists/Physiotherapists)

	Occupational Therapy			Physiotherapy		
	2022/23	2023/24	**2024/25**	2022/23	2023/24	**2024/25**
Referrals this year	997	987	**985**	632	729	**598**
*Ongoing referrals	92	68	**112**	44	84	**88**
Total referrals	1089	1055	**1097**	676	813	**686**
Total patients	939	926	**955**	621	729	**638**
% New patients	91%	93%	**88%**	93%	88%	**86%**

Community Clinical Nursing

	2022/23	2023/24	2024/25
Referrals this year	2596	2621	**2635**
*Ongoing referrals	293	340	**353**
Total Referrals	2889	2961	**2988**
Total patients	2595	2618	**2598**
% New patients	86.5%	87%	**86%**
% Of patients who died at home	6.2%	6.3%	**6.1%**
Average length of care	47.9 days	51.2 days	**49.6 days**

*Ongoing = admissions/referrals prior to 1st April each year that continued into the current years

Counselling and Bereavement Service

	2022/23	2023/24	2024/25
Client Referrals	859	1085	**956**

Welfare Benefits Service

	2022/23	2023/24	2024/25
Total Clients	5323	4971	**4226**
New Clients	2748	2943	**2739**
Re-referred Clients	2575	2028	**1487**
Total money claimed on behalf of clients	£9,830,929	£8,614,648	**£8,728,640**

Hospice in the Hospital

	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total
Admissions	14	11	12	21	10	10	12	16	12	21	11	14	**164**
Admissions Last Year	10	6	22	10	9	11	14	14	11	13	14	6	**140**
Beds Available	180	186	180	186	186	180	186	180	186	186	168	186	**2190**
Beds Occupied	138	93	79	105	101	104	103	107	100	133	88	112	**1263**
% Occupancy	77%	50%	44%	56%	54%	58%	55%	59%	54%	72%	52%	60%	**58%**
Last Year %	89%	66%	68%	56%	64%	66%	55%	52%	63%	57%	78%	58%	**64%**

There were 3 patients in unit overnight on 31st March 2024 going into 1st April 2024 (start of Year)

Part 6

Patient Safety Indicators (2024 - 2025)

Patient safety and the provision of high quality care for patients and families are our highest priority and integral to all our clinical services.

The Hospice is committed to an open and just culture in which staff feel comfortable to raise concerns and report incidents. The electronic risk management system is embedded into practice and enables staff to promptly record, analyse and investigate incidents, risks, and complaints.

The Trust has a Duty of Candour policy in place in accordance with the Statutory Duty of Candour for Health and Social Care Providers (Department of Health 2014) and Care Quality Commission (CQC) Regulation 20.

In the event of a patient safety incident an apology will be given and an assurance that the incident will be formally investigated within a designated timeframe and the response shared with the patient and families. Any learning identified will be shared with staff and with external healthcare teams if appropriate.

There has been no requirement to invoke Duty of Candour during 2024/25.

Since 2023/24 the Trust has been using and is fully compliant with the Patient Safety Incident Response Framework (PSIRF) - the patient safety initiative developed by NHSE that all UK healthcare organisations were required to adopt.

Patient Safety Indicators	2020/21	2022/23	2023/24
Notifiable Patient Safety Incidents	0	0	0
Never Events	0	0	0
Medication Incidents (Administration / Omission and Prescribing Incidents)	18	33	31
Patient Falls			
• No / Low Harm	9	8	12
• Moderate Harm	0	0	0
• Severe Harm	0	0	0
Total	**9**	**8**	**12**
Acquired Pressure Damage			
• Category 1	2	4	6
• Category 2	5	7	19
• Category 3	2	3	6
• Category 4	0	0	0
• Deep Tissue Injury	1	3	2
Total	**10**	**17**	**33**
Infections			
• Acquired MRSA	0	0	0
• Acquired Clostridium difficile	0	0	0
• Avoidable Catheter Associated Urinary Tract Infections	0	0	0
• Acquired Covid 19	0	0	0

Medicines Management

All medication incidents reported during 2024/25 resulted in no patient harm. All incidents are initially reviewed by Ward Manager/Deputy or the Clinical Service Manager with collation of incident data to identify any trends, training requirements or wider learning that can be shared with all clinical teams. All medicine incidents are reviewed quarterly at the Medicines Management & Prescribing Committee, and any controlled drug incidents and concerns are reported via the LIN (Local Intelligence Network) as appropriate.

Patient Falls

Two falls occurred resulting in minor bruising but no patient harm, however, the Hospice acknowledges the distress and shock a fall may cause for patients and families. A framework is in place for initial and ongoing multidisciplinary assessment of risk factors that may contribute to a fall with effective communication within the clinical team to support patient safety.

Pressure Damage

The incidence of pressure damage continues to be closely monitored, with individual assessments and plans of care in place to minimise risk for patients. All incident reports are fully investigated and no concerns regarding care delivery have been identified. In all cases of acquired pressure damage observed, the active dying process of the skin as an organ was noted to be a factor, along with some cases of patient non-compliance with pressure relieving measures put in place. After Incident Reviews (AIRs) are undertaken for any acquired category 3, 4 or deep tissue injuries.

Infections

The incidence of infections remains very low with a robust framework in place for identifying and managing infection risk.

Complaints Clinical Services

All complaints and concerns are robustly investigated by senior staff, and an individual response is shared with the complainant in a format of their choice. The Hospice strives to ensure the complaints process is easy to access by our service users and we welcome the opportunity to receive feedback to improve and develop our services. The table below details the complaints received for 2024/2025. There were no trends or themes identified. Any learning is shared with the relevant individuals or team.

	Upheld	Partially Upheld	Not Upheld	Pending outcome
2022/2023	0	2	1	0
2023/2024	2	3	2	0
2024/2025	1	0	8	0

Part 7

Audit and Quality Improvement (2024 - 2025)

The Trust Quality Improvement and Research Committee maintain a programme of audit and quality improvement across both clinical and non-clinical services. During 2024-2025, 29 clinical audits were completed for our Inpatient and Community Teams. Examples of some of the audits undertaken are detailed in the following tables.

Infection Control

The Trust undertook a range of internal infection control audits during 2024/2025 to provide assurance of safe infection control practice for the management of infection risk. The audit programme consisted of sharps management, and cleanliness audits at the Inpatient Unit and the Community Wellbeing Centres. The Trust welcomed external infection, prevention and control (IP&C) audits from colleagues from the ULHT IP&C team, and the ICB IP&C team. The results from all infection control audits carried out in 2024/25 demonstrated excellent compliance and overall safe infection control practice. During 2024/25 the National Standards of Healthcare Cleanliness (2021) were fully implemented across the Trust.

Medicines Audits

The Hospice undertook statutory and Trust medicine audits during 2024/2025, including the safe and secure management of general medicines, controlled drugs handled at the Inpatient Unit, along with audit of Controlled Drug Accountable Officer. The audits demonstrated compliance with the Trust General Medicines and Controlled Drug policy. No risks or areas of concern were identified. There were however some minor working issues noted to further strengthen practice, particularly in relation to some aspects of signature record keeping of key log, and correcting errors within controlled drug registers. A programme of monthly medicines audits is also undertaken by the nursing staff to promptly identify any areas for improvement and to also develop their knowledge of audit and governance processes. Staff feedback is positive and often provides suggestions to develop working practices.

Acupuncture

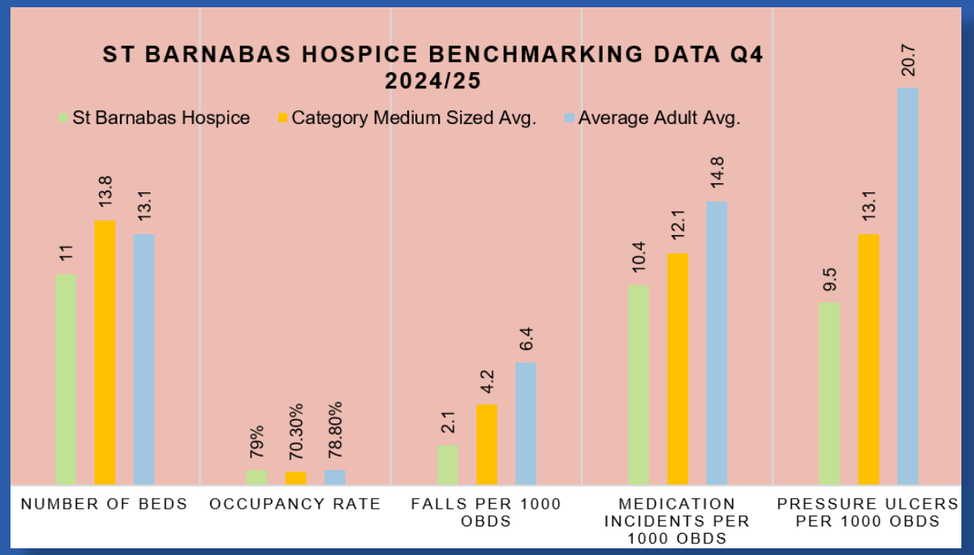
The review of acupuncture provision within St Barnabas provided assurance that the provision of acupuncture is safe and effective and within the current policy. It identified a few working issues for improvement with the policy and record keeping, such as adding confirmation of removal of needles on the template used. The provision of acupuncture to all patients between October 2022 and February 2024 was safe and there were no incident reports or adverse events. The review showed 66% of patients had a good or excellent response for the main symptom being treated. One patient had a good response for one symptom but a poor response for a different symptom. Expanding the policy to provision of acupuncture at home has improved accessibility to patients with most treatments being given to patients at home.

Electronic Remote Prescribing within the Inpatient Unit

Assurance audit to confirm that the 'St Barnabas Hospice Electronic Remote Direction to Administer Policy and Procedure' supports medical staff to electronically remotely prescribe and nursing staff to administer medications in a safe and timely manner as and when required. The safe and effective management of medicines out of hours is essential to maintain continuity of symptom control for patients at the Inpatient Unit. The audit demonstrated that electronic remote prescribing is managed safely and effectively by both Medical and Nursing teams and 'out of hours' patient symptom control is not compromised.

Hospice UK audit

We participate in these throughout the year enabling us to benchmark performance against quality indicators, including numbers of falls, pressure ulcers, medication incidents and length of stay, compared to other similar sized Hospices (medium sized). These metrics offer an overview of the Hospice's performance in key safety areas relative to similar facilities.



*OBDs = Occupied Bed Days

This shows that St Barnabas has fewer beds than other medium sized hospices and the average adult hospice, and that during Q4 had:

- Slightly higher occupancy rate
- Lower rate of falls
- Lower rate of medication incidents
- Lower rate of pressure ulcers

Feedback from Patients and their Families

Patient and family feedback is extremely valuable for the Hospice to help develop and improve our services and to also share with staff to recognise the outstanding care they provide. Feedback is received in a variety of formats including verbal and written / electronic comments, compliments, concerns, and complaints. The Trust has both an online survey and a paper version for patients and families. We have also created a QR code for relatives and patients who use the Hospice in the Hospital to access the feedback survey.

Since April 2022, all deaths within the inpatient unit have been reviewed by the Medical Examiner (ME), and as part of the process, we receive feedback via the service from bereaved relatives shortly after the patient has died. This is following a conversation the ME has with the next of kin. The ME service offers comprehensive support and safeguards for both the public and professionals, and the ability to support national initiatives including learning from deaths.

Quarter 1: 31 Responses received

Question	Always	Most of the time	Some of the time	Never	N/A
Did staff introduce themselves to you?	80%	0.9%	17%	2.1%	0%
Did staff treat you with dignity and respect?	100%	0%	0%	0%	0%
Were you/relative/friend given enough privacy?	100%	0%	0%	0%	0%
Did staff ask permission before providing care?	100%	0%	0%	0%	0%
Did you feel cared for?	93%	6.7%	0.3%	0%	0%
Did you feel able to ask questions if you needed to?	100%	0%	0%	0%	0%
Did staff answer your questions clearly?	89%	0.6%	10.4%	0%	0%
Was the hospice building clean?	**Yes** - 89% **N/A** - 11%				
Did you know how to make a complaint?	**Yes** - 52% **No** – 3.4% **N/A** – 44.6%				
Did we keep you informed/up to date?	New data added, will begin reporting from Q2				
Did we meet your needs/expectations?	New data added, will begin reporting from Q2				
Would you recommend the Hospice?	**Yes** – 100%				

Quarter 2: 86 Responses received

Question	Always	Most of the time	Some of the time	Never	N/A
Did staff introduce themselves to you?	63.6%	28.7%	1.7%	6%	0%
Did staff treat you with dignity and respect?	91.3%	7.9%	0.8%	0%	0%
Were you/relative/friend given enough privacy?	84.5%	4.3%	10.4%	0.8%	0%
Did staff ask permission before providing care?	84.5%	3.4%	11.3%	0.8%	0%
Did you feel cared for?	97%	2.5%	0.5%	0%	0%
Did you feel able to ask questions if you needed to?	61.9%	8.6%	28.7%	0.8%	0%
Did staff answer your questions clearly?	78.4%	10.3%	11.3%	0%	0%
Was the hospice building clean?	84.4%	15.6%	0%	0%	0%
Did you know how to make a complaint?	**Yes** - 29.2% **No** – 6.8% **N/A** – 64%				
Did we keep you informed/up to date?	81.2%	16.8%	2%	0%	0%
Did we meet your needs/expectations?	92%	3.4%	4.6%	0%	0%
Would you recommend the Hospice?	**Yes –** 66.2% **No –** 0.8% **Not Answered –** 33%				

Quarter 3: 81 Responses received

Question	Always	Most of the time	Some of the time	Never	N/A
Did staff introduce themselves to you?	80.7%	14.5%	4%	0.8%	0%
Did staff treat you with dignity and respect?	64.8%	22.2%	13%	0%	0%
Were you/relative/friend given enough privacy?	70.7%	18%	11.3%	0%	0%
Did staff ask permission before providing care?	60.7%	19%	20.3%	0%	0%
Did you feel cared for?	97.5%	2.5%	0%	0%	0%
Did you feel able to ask questions if you needed to?	82.3%	8.4%	9.1%	0%	0%
Did staff answer your questions clearly?	55.8%	7.2%	0.8%	0%	0%
Was the hospice building clean?	90.2%	9.8%	0%	0%	0%
Did you know how to make a complaint?	**Yes** - 27.5% **No** – 38% **N/A** – 34.5%				
Did we keep you informed/up to date?	66.9%	20.2%	12.9%	0%	0%
Did we meet your needs/expectations?	91.84%	8.16%	0%	0%	0%
Would you recommend the Hospice?	**Yes –** 81.5% **No –** 0% **Not Answered –** 18.5%				

Quarter 4: 78 Responses received

Question	Always	Most of the time	Some of the time	Never	N/A
Did staff introduce themselves to you?	58.5%	40.8%	0.7%	0%	0%
Did staff treat you with dignity and respect?	87.7%	12.3%	0%	0%	0%
Were you/relative/friend given enough privacy?	79.2%	20.8%	0%	0%	0%
Did staff ask permission before providing care?	68.5%	31.5%	0%	0%	0%
Did you feel cared for?	96.9%	3.1%	0%	0%	0%
Did you feel able to ask questions if you needed to?	78.5%	20%	1.5%	0%	0%
Did staff answer your questions clearly?	86.1%	10.1%	3.8%	0%	0%
Was the hospice building clean?	99.5%	0.5%	0%	0%	0%
Did you know how to make a complaint?	**Yes** - 17.9% **No** – 4.9% **N/A** – 77.2%				
Did we keep you informed/up to date?	83.8%	13.9%	2.3%	0%	0%
Did we meet your needs/expectations?	95.3%	4.7%	0%	0%	0%
Would you recommend the Hospice?	**Yes –** 59.2% **No –** 0.7% **Not Answered –** 40.1%				

Part 8

Statement of Directors' Responsibilities in Respect of the Quality Account

The Directors are required under the Health Act 2009 to prepare a Quality Account for each financial year. The Department of Health has issued guidance on the form and content of annual Quality Accounts (which incorporates the legal requirements in the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended by the National Health Service (Quality Accounts) Amendment Regulations 2011).

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

• The Quality Account presents a balanced picture of the Trust'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 guidance.

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

By order of the Board		

NHS
Lincolnshire
Integrated Care Board

Lincolnshire Integrated Care Board
Bridge House
The Point
Lions Way
Sleaford
NG34 8GG

Tel: 01522 573939
Email: licb.office@nhs.net

Rebecca Franks
Director of Patient Care
St Barnabas Hospice

09 June 2025

Dear Rebecca,

NHS Lincolnshire Integrated Care Board (the commissioners) welcomes the opportunity to review and comment on the St Barnabas Annual Quality Report 2024/ 25.

There were four priorities identified for improvement during 2024-2025 around improving care support for dementia patients, supporting children and young people within families of palliative care patients, measuring patient centered outcomes and embedding community prescribing practices. The Quality Account provides comprehensive information detailing progress in relation to these priorities. Whilst the commissioners recognize that there have been some challenges to fully achieving all the priorities, they commend St Barnabas on their achievements. Specific highlights of achievements within these priorities includes:

- The launch and trial of the Spirit Health App to support families of patients living with dementia

- The development of resources to support families of palliative patients with children and young people including piloting a specialist link role and creating a framework for resources and directory of local available help.

- The testing and implementation of templates for patient centered outcome measures in all community services to demonstrate the impact of care.

- All Medical and Non-Medical Prescribers being issued with FP10 prescription pads to support palliative care patients in the community accessing prescriptions to meet their needs in a safe and timely way. It is noted that this piece of work has been nationally recognised by NHS England.

Looking forward to the coming year, there continues to be particular focus on Safe Prescribing. The commissioners are also pleased that other important key priorities have been identified. The new priorities for 2025/26 are:

- Canines as Colleagues – develop a comprehensive pathway for visiting dogs
- Facilitate eye tissue donation in the In-Patient Unit – increase awareness and encourage conversations between patients and families regarding tissue donation
- Electronic Prescribing in the In-Patient Unit – improve the quality and safety of prescribing

The Quality account details how St Barnabas plan to achieve these priorities and sets out a detailed description of aims for each quarter for all priorities.

The Quality Account has numerous examples of the delivery of safe and high-quality care by the organisation over the past year, such as:

- There have been zero notifiable patient safety incidents and zero Never Events in 2024/ 25.

- There have been zero acquired infections of MRSA, Clostridium difficile, Covid 19 or avoidable catheter associated Urinary Tract Infections in 2024/ 25.

- When benchmarked against other medium sized Hospices, St Barnabas showed lower rates of falls, medicine incidents and pressure ulcers.

The Quality Account also highlights that St Barnabas Hospice remains committed to developing research strategic aims and becoming a research active hospice. The account identifies steps taken to demonstrate this including:

- A review of their research governance framework
- Working with research partners to ensure involvement in research projects and proposals locally and nationally in the Palliative and End of Life Care arena
- The appointment of a research nurse for one day a week; this is the first time there has been a dedicated research resource

The current CQC rating for St Barnabas is Outstanding which was awarded during the unannounced inspection in August 2019. The CQC last reviewed the information and data available to them about St Barnabas Hospice on 06 July 2023 and did not find any evidence to re-assess this rating. The hospice clearly strives to continue to deliver outstanding care.

The commissioners would like to thank St Barnabas Hospice, who have continued to work closely with partners in the Lincolnshire Health System to ensure patients' needs are met.

NHS Lincolnshire Integrated Care Board looks forward to working with St Barnabas over the coming year to further improve the quality of services available for our population, to deliver better outcomes and optimal patient experience.

Yours sincerely,

Vanessa Wort
Associate Chief Nurse
NHS Lincolnshire Integrated Care Board

Our contact details:

If you wish to give feedback or comment on this Quality Account, please contact:

Chief Executive's Office
St Barnabas Hospice
36 Nettleham Road
Lincoln
LN2 1RE

Tel: 01522 518211

Email: mandy.tapfield@stbarnabashospice.co.uk
Website: www.stbarnabashospice.co.uk

St Barnabas