everyday matters

St Barnabas

QUALITY ACCOUNT 2026-2027

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
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Mrs Kelly Spencer	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 2025 - 2026 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 2025 - 2026 as well as setting out our priorities for the coming year 2026 - 2027.

St Barnabas Hospice is an independent hospice charity that delivers specialist clinical services to patients aged 18 and over, registered with a Lincolnshire GP, without any charges. Our funding comes from two main types of sources – via an NHS contract for inpatient and community palliative care which covers around 40% of our activity, and via income generated through our charitable activities. This income generation has remained steady in the last year despite worsening financial times for people and businesses, which is testament to the hard work our dedicated fundraising, marketing and retail teams do.

As in previous years many sponsored activities and events have taken place to raise these funds – from coffee mornings, afternoon teas and cake sales to marathons, inflatable obstacle courses and other physical challenges. We thank our supporters who give their time and energy to these events and to those who sponsor and attend such activities. Without them we would not be able to provide the level and volume of care that we do.

Over the last financial year our retail team across 23 shops in Lincolnshire have realised over £1 million in income for the organisation. This is achieved by seeking, sorting, presenting and selling donated items of all shapes, sizes and forms from generous donors, both by employed staff and many hundreds of volunteers. Generating income in this way also contributes to waste reduction generally and promotes the reduce, reuse and recycle approach to clothing and commodities.

Throughout 2025 – 2026 we have implemented an organisation-wide recovery plan to address the forecast widening gap between income and expenditure in the coming years, to enable us to continue to be viable and available to deliver hospice care. This has meant some difficult decisions and actions had to be taken and made, which thus far have been effective. We strived to do this with the least impact possible on our staff and service provision whilst upholding the values of our organisation.

Conversely along with all other hospices in England, we were allocated funding from the Department of Health for capital expenditure. This one-off grant was money that had to be spent within the year, and only on capital costs, meaning we have been able to refurbish a Wellbeing Centre, replace IT servers and equipment, upgrade mattresses and beds in the Inpatient unit and update professional books and equipment across the clinical teams.

Nationally the Assisted Dying Bill being heard in the Houses of Commons and Lords brought into sharp focus the depth and breadth of feeling about such an option being legally available within the UK. What this debate also brought to the fore is the wide variety, availability and quality of palliative and end of life care across the country and the need for urgent reforms.

The Commission on Palliative and End of Life care was established and consulted with providers, commissioners, legal advisers and most importantly, patients and relatives to produce recommendations for solutions to the current difficulties and gaps in access to high-quality palliative care that meets the diverse range of people's needs. We contributed to this review as an organisation, providing reports, information and case studies, and via Hospice UK and specific representative groups such as medical and nurse consultants.

As an organisation we reviewed and discussed the Assisted Dying Bill and its scrutiny throughout the year, using our Trust board, clinical cabinet and clinical governance meetings to consider what it could mean for us professionally, organisationally and personally. Whilst this Bill has failed this time there will be future ones tabled, and we will continue to engage with conversation and action about Assisted Dying and about equitable provision of high-quality palliative and end of life care.

Throughout the year we have continued to deliver outstanding personalised care to patients identified and referred to us as having specialist palliative care needs. We have maintained our services and have seen an increase in the numbers of patients, families and their carers who have been cared for. The quality of this care is recognised by those receiving it and is evidenced by the number of cards and compliments we get, the feedback from surveys and the Medical Examiners, and by the consistently low number of complaints or concerns that are raised with us. Details about these and our quality and performance indicators are presented within this report.

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 James Wadsworth	
Mr Stuart Wyle	
Mr Dan Ingall	
Mrs Sophie Hempsall	
Mr Steve Punton	
Mrs Beth Curtis	

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 (2025-2026) and look forward to our plans for 2026-2027.

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/

St Barnabas

Our year in *numbers*

1st April 2025 to 31st March 2026

We supported approximately 8,800 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 **246 patients** in our hospice beds in Lincoln.

147

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

Our Community Clinical Nursing teams were involved in the triage and/or care of **3,100** patient referrals.

Our Community Clinical Nurse Specialists based in ULTH supported **282** patients.

Our AHP teams were involved in the care of **874** patients for Occupational Therapy and **594** for Physiotherapy.

£

Our Welfare team assisted **3,459** clients in receiving £8,115,513 worth of benefits.

Our Counselling/Bereavement Service supported **889** new clients.

Part 2

Review of 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 wellbeing 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 wellbeing.

• 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.

How this priority will be achieved

There are lots of factors to take into consideration to ensure everyone's safety and wellbeing, 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 dependent 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

•Two therapy dogs (Scooby and Doodah) are attending the IPU weekly with great responses and interactions with patients, families and staff.

• Community visits have commenced with Scooby where patients are being asked about their hopes and expectations of a therapy dog visit.

• Meeting regularly with the therapist and therapy dog from Butterfly Hospice in Boston to share learning experiences.

• Standards of behaviour and therapy dog expectations being reviewed ready to meet with the dog trainer and therapy dog owners in the next quarter to draw up our own.
• Therapy dogs have been the main focus of quarter one so that the counselling services manager can understand expected standards before implementing colleagues bringing their dogs to work.

Quarter 2

• Weekly visits from therapy dog (Doodah) ongoing in IPU and Scooby is available for community and IPU visits if requested.

• Scooby's training is ongoing: his gentleness when someone needs support is instinctive and he is very gentle towards that person with putting his head in their lap or on their chest if he can sit with them. The challenge currently for Scooby and Jo is that he is so excited when taken out for a walk and he needs to master walking on a loose lead to pass his assessment.

• Therapy Dog Network have not responded to our communications with them about providing therapy dogs or in collaborating in recruiting therapy dog owners. Therefore, this potential source cannot be taken forwards.

• Counselling services manager is going to jointly survey staff about the potential need and benefits of therapy dogs in clinical settings, and more widely how they feel about either themselves or colleagues bringing their dogs into the workplace.

• Consideration is going to be made of establishing a support / therapy dog champion group of staff. Standards of behaviour and other aspects of canine characteristics will be used to assess dogs prior to becoming part of the champions team.

Quarter 3

• Staff survey has been completed with a response rate of 92 participants equally across clinical and non-clinical staff. The overall themes are of a strong support for therapy dogs, mixed cautious views on staff bringing their own dogs to work and a clear call for structure, limits, consent and equity to be applied.

• Criteria for therapy dogs to be part of the therapeutic offering are being established and will be part of the policy regarding dogs in the hospice.

• A pilot study lasting 3-6 months is planned to assess the impact of pets coming into the workplace with employees. A risk assessment has been written which will be utilised and refined as necessary. A draft policy has been developed and will be reviewed at clinical governance and risk management committees.

Quarter 4

• Significant progress has been made in embedding the Therapy Dogs initiative across St Barnabas. A comprehensive policy for both therapy dogs and staff dogs in the workplace has now been developed, setting out clear standards, boundaries, and governance processes. This includes a dedicated risk assessment for staff bringing dogs into work, ensuring considerations such as safety, consent, environment, and animal welfare are appropriately managed.

• Findings from the staff survey have been fully evaluated, highlighting strong overall support for therapy dogs, alongside more cautious but positive views regarding staff dogs, with a clear emphasis on the need for structure, equity, and clear guidance.

• A robust risk assessment framework is now in place, with audit processes scheduled for October to support ongoing monitoring, safety, and compliance.

• Both therapy dogs and staff dogs are recognised as offering meaningful benefits. Therapy dogs provide targeted emotional and psychological support to patients and families, helping to reduce anxiety, improve mood, and enhance overall patient experience. Staff dogs, when appropriately managed, contribute to staff wellbeing by reducing stress, encouraging breaks and movement, and supporting positive workplace interactions and morale.

• Looking ahead, collaborative working has been established with Butterfly Hospice to strengthen the programme further. This partnership will support the joint assessment and training of therapy dogs across both sites, promoting consistency, shared learning, and high standards of practice.

• This work continues to support improvements across patient safety, patient experience, clinical effectiveness, and staff development, ensuring the service remains both compassionate and well-governed.

Conclusion

Overall, the Therapy Dogs project has progressed from concept to a well-governed and evidence-informed service offer, with clear foundations now in place for safe and sustainable delivery. The introduction of both therapy dogs and carefully managed staff dogs reflects a balanced approach that supports patient care and staff wellbeing, while maintaining robust clinical and organisational standards. With policy, risk management, and evaluation processes established, and collaborative partnerships developing, the service is well positioned to continue evolving in a way that is responsive, compassionate, and aligned with organisational priorities.

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 this priority will 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.

Records will be kept of the number of times the SOP, patient information and tissue donation discussions are had once developed. Due to the sensitivity of such conversations and appropriateness of this with some patients no numbers have been set to determine the success of the work.

Working with the NHS Blood and Transplant hospice project team to join the project of eye donations within hospices.

Quarter 1

• Work with the regional tissue donation nurse specialist to plan the project has started.

• The local Medical Examiner (ME) service had been contacted twice; a response has just been received on July 21st confirming that patient donation can go ahead.

• The survey for IPU staff from the Tissue Donation Service was on hold until discussions were held with the ME, so these can now be commenced.

Quarter 2

• Due diligence in reviewing the contract with NHSBT has been completed to enable this to be signed; we had had confirmation of cover from all the three companies that provide our insurance components (employer and public liability, management liability, medical malpractice).

• NHSBT have educational materials ready for use by staff: this will be mandatory for the IPU clinical staff including AHPs. There are six modules taking approximately one hour in total to complete; compliance with this will be monitored via the Bluestream education platform.

Quarter 3

• The Educational resources are available on Bluestream for the IPU staff (all staff), which is mandatory and is also available for Clinical on Call Managers for information. The Education Team and Transplant Service are monitoring compliance (although there are some discrepancies) – uptake is high.

• Prior to the project officially starting a successful retrieval of eyes was performed on a patient in the IPU. The retrieval took place at the funeral directors. The project lead rang the funeral directors to see if there was anything that the hospice could have done to improve the process. The funeral directors spoke passionately about the experience, stating how respectful the retrieval team were to the patient and ensuring that the patient appeared as they had pre-donation so that family could still see them. They were proud to have been involved.

• The project will be launched on the 5th January 2026. The Medical staff are using a National Screening Tool EDEAC, with all new patients admitted to the IPU to identify whether they may be eligible for donation. If they are eligible, the conversation around eye donation can commence. To date we have already had one patient interested. Leaflets are available if patients or family have further questions.

• The SOP is in draft form currently, with some revisions required. Our Regional Tissue Donation Nurse Specialist is presenting the project on the 9th January in the Seminar Room at the IPU for any staff that are interested. This will help to clarify some aspects of the SOP.

• A SystmOne template has been developed and is in the process of being added for use by IPU staff.

Quarter 4

• The eye donation project commenced on the 5th January.

• The clinical staff on the IPU all undertook bespoke training offered by the Transplant Service prior to the launch.

• Dr Brown and the Deputy Lead Nurse for Quality and Governance (DLNQG) meet monthly with the Regional Tissue Donation Nurse Specialist to discuss any operational issues and review the monthly data.

• The Transplant Service send a monthly 'Dashboard' detailing our data.

• To date there have been 4 successful retrievals from patients in the IPU.

•The DLNQG contacts the funeral directors if the retrieval takes place there to ensure that the process ran smoothly. There have been no issues to date, in fact one funeral director commented that it was a privilege to be involved and commented on how dignified and respectful the process was. This compliment was passed on to the Transplant Team.

• The eligibility process has highlighted how many patients are not eligible for referral and further clarification is required for some patients depending on their medical history and treatments. We have clarified some areas where there has been uncertainty whether a patient may be eligible, which has led to the national team circulating further guidance to all units.

Conclusion

Consideration of patient eligibility for eye donation is routine practice on admission to the Inpatient Unit now and has been welcomed by many patients and families. Regular review of the processes and reporting of activity numbers is established and liaison work with the Transplant Service and the Regional Tissue Donation Nurse Specialist is operationally and governance led business as usual.

Priority 3

Electronic Prescribing for the Inpatient Unit (IPU)

(Clinical Effectiveness, Patient Safety)

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 neighboring 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, Quarters 1-3, 8 out of 10 (80%) would not have happened with e-prescribing

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

• Possible reduction in Information Governance risks or incidents

How this priority will be achieved

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

• Core project group established: MD, ward manager / deputy, speciality doctors, clinical systems lead, IMT lead, DPO, Head Governance (Clinical Safety Officer), IPU administrator. ULTH pharmacist joining mid-July

• Data Protection Impact Assessment (DPIA) completed by Data Protection Officer and approved at risk management/IG group

• TPP (SystmOne software provider) training completed by clinical systems lead, IPU admin, ward manager, MD, speciality Drs

• Business case for equipment agreed at

execs. IT equipment needed identified and procurement planned. Workstation on wheels options are being considered and viewed.

• Prescribing formulary under development

Quarter 2

• ULTH Pharmacist has joined working group and visited IPU to look at the system and plan pharmacy access and training needed

• Drugs formulary developed and uploaded (being refined during testing phase)

• Standard operating procedure (SOP) and Business Continuity Plan (BCP) drafted by Data Protection Officer – circulated within IPU for wider consultation and amendments

• IT equipment procured (laptops, listener client)

• Workstation on wheels "WoW" offer of free units from ULTH agreed and planning delivery. There is presently a delay in this so also considering a procurement plan B

• Staff training and engagement continues to the level of all staff nurses involved

• Testing of the whole prescribing and administering process in progress on test patient records

Quarter 3

• Operational refinements of the system continue during the test phase (eg: oxygen prescribing, BM monitoring, double nurse checking, clinical indications added). Testing is being carried out by medical and clinical staff including untrained and administration staff

• St Barnabas staff training nearing completion. Work ongoing with pharmacy staff (pharmacists and technicians) from UTLH to be able to use system for their activities

• Full testing of all laptops and listener client completed and successful

• Refinement and finalised development of user guides for prescribing and administering staff

• IPU Business Continuity Plan (BCP) and Standard Operating Procedure (SOP) updated

• Information for patients for use during go live week developed

Quarter 4

• Pharmacy (ULTH) access established and training completed

• The system went live on Monday 2nd March 2026

• EMPA Business Continuity Plan ratified at Emergency preparedness group

• Ongoing education and troubleshooting continues with IPU clinical staff

• Refinement of SOP for presentation and ratification at Clinical Governance end April 2026

• Planning for repeat data collection (medicines incidents review) when system embedded

• Social media thank you to ULTH for provision of the workstation on wheels (WoW)

Conclusion

Implementation of electronic prescribing within the IPU has been successfully achieved and is now becoming business as usual. Over the next year through the programme audits and reviews will be completed to determine whether the numbers and severity of prescribing and other medication incidents have been affected and what outcomes these have achieved. It is expected that incident numbers will be less (once any implementation ones are excluded) and that the risks associated with remaining incidents are lower. We are also mindful that incidents related to using technology may occur and these will be monitored through our usual incident reporting and investigation systems.

Part 3

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

Priorities for Improvement 2026 - 2027

This section of the quality account looks forward to our priorities for 2026/2027.

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, and to 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 2026/2027 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 these priority areas: patient safety, clinical effectiveness, staff development, equity of access 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 2026/2027.

Priority 1

Medicines Waste in the Inpatient Unit

(Clinical Effectiveness, Patient Safety)

How was this identified as a priority?

St Barnabas set up an Environmental Sustainability Group to support the organisation working towards and achieving Net Zero in line with the NHS commitment.

As part of this work, a top-down carbon footprint has been measured and reported in line with new requirements brought in for medium sized organisations, but it was recognised that this did not cover a lot of the Scope 3 elements or what the NHS Net Zero literature calls the NHS 'carbon footprint plus'. As St Barnabas has both clinical and non-clinical elements to the organisation, it is reasonable to refer to 'Delivering a Net Zero National Health Service' (2022) for an idea of what elements will contribute to the clinical aspect of the organisational carbon footprint.

The in-depth breakdown detailed in this document under the Scope 3 emissions shows the dependence of the carbon footprint on NHS supply chains and equipment but also highlights that 20% of the overall carbon footprint of the NHS can be attributed to medicines, particularly when looking at acute and primary care settings. It has been highlighted in medicines waste reduction schemes nationally that the biggest impact on medicines waste comes from avoiding issuing unnecessary medicines, i.e. to 'reduce' waste at the source. As most of this work focuses on deprescribing and not issuing excessive prescriptions, it has been felt that there is little influence we can have on 'upstream' waste as a hospice and we will continue to have medicines brought in from the community that need to be destroyed.

However, to understand what changes we can make at Inpatient Unit level, we need to quantify how much medicine is wasted, in what form and whether this was avoidable.

A data collection project into medicines waste within the IPU highlighted that the greater waste was ampoules of 'just in case' medications rather than blister packs. The four main anticipatory medications were highlighted as the greatest contributors, particularly hyoscine, which is similar to the results of an audit of 'just in case' prescribing in the community undertaken in the London area.

These medications are issued against a CD1 direction to administer drugs for symptom management 'gold sheet'. The pre-filled direction on the CD1 form in Lincolnshire for supplying these medications states to supply 10 ampoules of each medication prescribed, plus water for injection. On analysis of the ampoules wasted within the IPU it was evident that some patients had brought more than 10 ampoules into the IPU on transfer.

A further project looked into how the patient has been issued, and then subsequently not used all of, more than 10 ampoules of each anticipatory medication. It also analysed whether this waste was avoidable at an IPU level and found that just over a quarter of the ampoules wasted could have been used and were avoidable waste.

This quality account priority intends to raise awareness of the issue of medicines waste and to highlight and change any key areas which can reduce avoidable waste.

How will this priority be achieved?

Quarter 1

1) Review feedback from social media questions posed with the release of the Environmental Strategy

2) Create a staff questionnaire to engage interest and gauge staff opinions on meds waste

3) Review processes in IPU including medicines administration and ordering (particularly since the change to e-prescribing/ePMA)

4) Review admissions processes and stock management

5) Liaise with pharmacy about current processes of issuing medicines and returning meds to stock from TTO (medications to take out) if not needed

6) Review legislation around medicine donation particularly in COVID pandemic and local SOPs produced at this time.

Outcomes

- Receiving and analysing feedback from questionnaires

- Process mapping of medicines administration, admissions and stock management

- Relationships built with pharmacists and information gained regarding medicines processes involving hospital pharmacy

- Literature review of legislation and SOPs around medicines donation

Quarter 2

1) Repeat data collection using same format as 2024,

- asking those destroying meds to document number of blister packs thrown away
- plus, additional question of whether evidence of 'Just in Case'(JIC) meds issued on S1 even if patient not brought in

2) Review TTO process to make Drs more aware of patient own medications in IPU

3) Start data analysis

Outcomes

- Data from medicines destruction obtained and processed

- Process mapping of TTO writing/issuing

Quarter 3

1) Complete data analysis

2) Identify ongoing areas of waste

- Can these be explained by the processes mapped in Q1?

3) Develop strategy for communicating with GP on patient discharge that JIC meds have been issued

4) Develop changes to processes needed (see point 2)

5) Look at waste streams in place if blister pack numbers still high

Outcomes

- Results from data analysis for re-audit
- Develop SOP for communicating presence of JIC meds for each patient on admission/ discharge.

Quarter 4

1) Educate clinical staff on changes needed to processes, to reduce waste

2) Work with pharmacy on a medicine return scheme for unused TTO meds

Outcomes

- Medical education session about any intended changes to procedures discussed

and agreed with teams/clinical governance team

How will progress be monitored and reported?

Reporting to the Quality Improvement and Research Group (QIRG), Clinical Governance committee and Patient Care Committee.

Priority 2
Improving Communication and Translation Services

(Patient Experience, Patient Safety, Clinical Effectiveness, Equity of Access)

How was this identified as a priority?

Effective communication is fundamental to delivering safe, compassionate, and person-centred end of life care. Within a hospice setting, communication must meet a wide range of needs, including language barriers, sensory impairment, and neurodiverse communication preferences.

This priority was identified following an incident in which an interpreter was unable to continue facilitating a sensitive end of life discussion due to the emotional impact of the conversation. Although this was an isolated event, it highlighted potential risks when supporting highly complex and emotionally challenging discussions through interpretation services.

The hospice currently uses 'Language is Everything', which has provided a reliable service overall, with only one reported incident. However, this has prompted a broader review of communication accessibility to ensure that all patients and families are appropriately supported.

In addition to language needs, there is increasing recognition that communication barriers also arise from:

• Neurodiversity (e.g. autism, learning disabilities, cognitive impairment)

• Sensory impairment, including Deaf patients requiring British Sign Language

• The use of accessible communication tools such as Makaton

National evidence highlights that 18% of adults in England have very poor literacy skills, meaning they may struggle to understand complex or unfamiliar written information.

Local and national data also suggest variation in reading ability:

• In the UK, approximately 40–50% of adults have a reading age of 15+, while

• In Lincolnshire this is estimated to be lower at 35–40%, with a higher proportion of people in lower reading age brackets

This demonstrates that a significant proportion of patients and families may require simplified, adapted, or alternative communication approaches, particularly in emotionally complex end of life discussions.

This priority aligns with the Equality Act 2010 and supports wider NHS priorities relating to reducing health inequalities and improving equitable access to care.

How will this be achieved?

A structured and holistic review of communication and interpretation support will be undertaken, extending beyond translation services alone.

This will include:

• A review of current interpretation service provision, including usage, responsiveness,

and suitability for end of life care

• Engagement with staff to understand confidence in communicating with:

- Non-English-speaking patients
- Patients with low literacy
- Neurodiverse patients or those with additional communication needs

• Exploration of additional communication methods, including:

- Use of British Sign Language interpreters
- Incorporation of Makaton or visual communication tools
- Easy-read and accessible written materials

• Benchmarking with other hospices and NHS organisations

• Review of alternative providers and service models (telephone, video, face-to-face)

• Assessment of cost implications and value for money

It is anticipated that Language is Everything may remain the most suitable provider; however, improvements may focus on enhancing how communication support is delivered more broadly.

Quarter 1

• Review of the incident to identify learning and contributing factors

• Audit of interpretation and communication support usage over the previous 12 months

• Identification of most commonly required languages and communication needs (including BSL and accessible formats)

• Staff survey to assess confidence in:

- Using interpreters
- Supporting patients with low literacy
- Communicating with neurodiverse patients

• Review of current contract, costs, and service provision with Language is Everything

Outcomes

• Clear understanding of current communication needs and gaps

• Baseline of staff confidence and experience

• Identification of key risks and priority areas

Quarter 2

• Engagement with other hospices, NHS Trusts, and system partners to understand best practice

• Review of alternative providers, including:

- Availability of British Sign Language interpreters
- Training for sensitive and end of life conversations

• Exploration of accessible communication tools and resources (e.g. easy-read, visual aids, Makaton)

• Review of literacy considerations in patient-facing materials

• Initial cost comparison and value-for-money assessment

Outcomes

• Completion of benchmarking and options appraisal
• Identification of opportunities to improve accessibility and inclusivity
• Evidence-based recommendations

Quarter 3

• Pilot of any identified improvements, which may include:

- Increased use of video or specialist interpreters
- Introduction of accessible communication tools (e.g. easy-read documents, visual aids)
- Use of Makaton or similar approaches where appropriate

• Development of guidance for staff on:

- Matching communication method to patient need
- Supporting low literacy and neurodiverse communication

• Delivery of staff training focused on inclusive communication

Outcomes

• Improved staff confidence and capability

• Evaluation of pilot interventions

• Draft guidance and tools developed

Quarter 4

• Evaluation of patient, family, and staff feedback regarding communication

• Review of incidents, complaints, and compliments

• Financial review of interpretation and communication services

• Final decision regarding continuation or refinement of current service model

Outcomes

• Confirmation of the most appropriate and inclusive communication model

• Embedding of accessible communication approaches into practice

• Contribution to Quality Account reporting

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.

Monitoring will include:

- Incidents and complaints relating to communication
- Staff confidence and training uptake
- Patient and family experience
- Use of interpretation and alternative communication methods
- Ongoing review of service usage and costs

Priority 3

Hospice and Adult Social Care Collaboration

(Clinical Effectiveness, Patient Experience, Staff Development)

Developing an enhanced Hospice Welfare and Benefits Service Incorporating Adult Social Care Expertise

Introduction

People receiving hospice and palliative care often experience significant social, financial and practical challenges alongside their health needs. Financial hardship, housing instability, food insecurity, fuel poverty and complex legal or guardianship issues frequently arise as illness progresses and can significantly affect wellbeing, safety and quality of life.

The Hospice Welfare and Benefits Team is already a highly valued service supporting patients and families to access advice, guidance and practical help, and we have identified an opportunity to expand this service to incorporate elements of Adult Social Care expertise, enabling earlier identification of wider social care needs and strengthening partnership working.

This builds on the outcomes of a successful project in 2024, led by St Barnabas Hospice in collaboration with Hospice UK (HUK) to explore the impact of enhanced social care on vulnerable palliative populations in Lincolnshire.

This proposal outlines the development of an enhanced service model that integrates welfare advice, social care awareness, and collaborative working with Adult Social Care teams. The aims are to ensure earlier identification of social need, prevent crisis situations, improve referral pathways, and strengthen workforce skills across both organisations.

The proposal supports the priorities of the Care Quality Commission, particularly the emphasis on holistic, person-centred care and effective partnership working across health and social care systems.

The project is intended to be a 2-year Quality Account initiative. Year 1 will explore current structures and referral pathways, build partnerships and develop joint training and development opportunities for both Adult Social Care and Hospice Staff. Year 2 will realise the benefits of the enhanced service and provide opportunities for data collection to support improved commissioning.

How have we identified this priority

Patients accessing hospice services often experience complex social circumstances in addition to their medical needs. Serious illness frequently results in financial hardship, reduced income, increased household costs, and greater dependency on family carers.

In addition to financial concerns, hospice teams regularly encounter issues relating to:

- Housing insecurity
- Fuel poverty
- Food poverty
- Safeguarding concerns
- Carer strain
- Capacity and guardianship issues
- Access to social care support
- Financial assessments
- Access to fast-track funding

These issues can escalate rapidly if not identified early, leading to crisis situations that affect patient safety, wellbeing and the ability to remain at home. Evidence from the HUK report demonstrated that over the course of the project, patients and families required a range of social care input including:

- Homecare, funding advice/support
- Exploring and identifying care options
- Carer stress/breakdown
- Power of Attorney
- Best interest review
- Settlement status
- Housing issues including homelessness/ HMO's/succession of tenancy
- Placement funding advice/support
- Legislative rights
- Complex home environments
- Concerns for child wellbeing

Case studies were identified throughout the HUK project where patients had to be admitted into nursing/residential homes because of a breakdown in their social care arrangements which affected their preferred place of care and death.

The Hospice Welfare and Benefits Team already provides valuable support to patients and families, helping them access financial entitlements and navigate complex systems. Expanding this service to incorporate greater awareness of social care needs and stronger partnership working with Adult Social Care will allow us to improve patient outcomes by:

- Identifying social vulnerabilities earlier
- Preventing avoidable crises
- Improving care coordination
- Strengthening multidisciplinary working
- Improving outcomes for patients and families

Earlier involvement of welfare advisers in these discussions will help reduce anxiety, improve transparency, and support timely access to funded care.

Aims of the Enhanced Service

The proposed service development aims to:

1. Enable earlier identification of social care needs within hospice assessments.

2. Strengthen partnership working with Adult Social Care services.

3. Improve referral pathways and response times for patients requiring social care support.

4. Develop enhanced skills across both teams through joint training and learning.

5. Introduce reciprocal information sharing arrangements to enable coordinated care.

6. Prevent crisis situations by proactively addressing social determinants of health.

How we will achieve this

Element 1 - Early Identification of Social Care Need

We will use a structured approach to identify social vulnerability early in the patient journey e.g.

- Incorporating social care screening questions into hospice assessments

• Identifying indicators of social risk such as:

- Financial hardship
- Food insecurity
- Fuel poverty
- Housing instability
- Carer breakdown
- Capacity or guardianship concerns

Early identification will allow support to be provided before issues escalate into crisis situations requiring emergency intervention.

Element 2 - Skills Development and Workforce Training

Developing staff confidence and knowledge is central to the success of this initiative.
A comprehensive training needs analysis and skills development programme will be conducted for both Hospice Welfare Teams and Adult Social Care Staff.

Joint training opportunities will promote shared understanding and collaborative working.

Element 3 - Reciprocal Information Sharing Agreements

A reciprocal Information Sharing Agreement will be developed between the hospice and Adult Social Care services to enable secure and lawful sharing of relevant information.

The agreement will:

• Ensure compliance with data protection legislation

• Clarify responsibilities for both organisations

• Outline consent processes for patients

•Define circumstances where information sharing is appropriate

• Support coordinated care planning
This will enable professionals to work together more effectively while maintaining patient confidentiality and trust.

Element 4 - Enhanced Referral Pathways
The project will identify an enhanced service built on:

• Direct referral pathways between the hospice and Adult Social Care

• Named liaison contacts within both teams

• Clear escalation routes for urgent concerns, e.g. where delays in financial assessment are impacting discharge or care provision

• Streamlined referral documentation

• Regular review of referral outcomes and response times

• Joint working protocols for cases involving both financial hardship and care needs including Multi-Disciplinary Team Meetings

• Defined roles to avoid duplication between welfare advice and social work input

These pathways will ensure that patients experiencing social vulnerability receive timely support.

Element 5 - Prevention of Crisis Situations

A key objective of the service is to prevent avoidable crises that can arise when social needs remain unidentified or unaddressed.

Early intervention through the enhanced welfare and social care partnership will help to prevent situations such as:

• Patients living in unsafe conditions due to lack of heating or food

• Carer exhaustion leading to breakdown of care arrangements

• Financial hardship affecting medication adherence or nutrition

• Delays in accessing necessary care support

By addressing social determinants of health earlier, the hospice can improve patient wellbeing and maintain stability within the home environment.

Element 6 Partnership Working and Collaborative Practice

The development of the service will strengthen relationships between hospice services and Adult Social Care teams through:

• Regular partnership meetings
• Joint case discussions for complex situations
• Shared training opportunities
• Named contacts within each organisation
• Ongoing review of service effectiveness

This collaborative approach reflects the integrated care principles promoted across the health and social care system and the implementation of the Pre Front Door initiative delivered by Lincolnshire Adult Social Care
Expected Outcomes

The enhanced service is expected to deliver several key benefits:

For Patients and Families

• Earlier access to financial and social support

• Improved quality of life

• Reduced stress and uncertainty

• Greater ability to remain safely at home

• Reduction in delays linked to financial assessment

• Improved fast track processes
For Hospice Teams

• Greater confidence in identifying social vulnerability

• Increased understanding of financial assessment processes within ASC

• Improved coordination with statutory services

• Improved understanding of Care Act responsibilities

• Improved quality of referrals

For Adult Social Care Services

• Improved quality of referrals

• Earlier identification of need

• Reduced crisis interventions

• Improved understanding of benefits systems and financial entitlements

• Increased understanding of the relationship between financial understanding and care outcomes.

Alignment with Regulatory Expectations

The proposed service supports the priorities of the Care Quality Commission by demonstrating:

• Safe services through early identification of risk and vulnerability
• Effective care through coordinated multi-agency working

• Responsive services that address the wider needs of individuals

• Well-led organisations that prioritise partnership working and service development

YEAR ONE
DEVELOPMENT

Quarter	Focus	Key Activities	Resources	Outputs/Measures
1	• Project Set Up • Relationship Building	Establish partnerships with social care teams / pre-front door Develop shared understanding of project scope and outcomes Define project roles and reporting	• ASC and St Barnabas Welfare and Benefit teams • Allocated time	• Project team established • Minutes of meetings • Project plan agreed
2	• Scoping • Baseline Assessment	Conduct baseline assessment of skills and knowledge Map current patient needs and social care gaps	• ASC and St Barabas Welfare and Benefit teams • Statutory guidance /standards • Input from community and inpatient clinicians • Service evaluations/client and patient feedback	• Scoping document and shared with key stakeholders
3	• Service specification • Training and Development	Develop referral pathways, SOP's communication and escalation pathways, governance and reporting Design and deliver training for social care/ welfare and benefit team colleagues	• ASC and St Barnabas Welfare and Benefit teams • Governance / IG / IMT team input from both organisations • Education and training staff to support design of TNA, analysis of data and design and delivery of training	• Written and agreed service model with SOP's etc • Completed TNA • Training programme with content/ delivery/dates
4	• Operational model • Data Collection	Finalise operational model Test documentation/referral pathways etc Finalise data collection/KPI's	• Governance and senior management oversight and sign off • IMT system and staff to support data collection and KPI's	• Service Specification outlining operational Model • KPI's • Communication documents to key stakeholders

YEAR TWO
DELIVERY AND EVALUATION

Quarter	Focus	Key Activities	Resources	Outputs/Measures
1	• Pilot Service Launch	Begin delivery of enhanced welfare and social care support Implement referral pathways Begin structured data collection on activity and outcomes Provide ongoing staff supervision	• ASC and St Barnabas Welfare and Benefit Teams • Data collection/analysis • Supervision of staff	• Service delivery begins • Staff feedback
2	• Service Monitoring	Refine project based on early feedback Continue stakeholder engagement Monitor performance indicators	• ASC and St Barnabas Welfare and Benefit Teams • Data collection/analysis • Governance and IG oversight	• 1st data collection set • Dashboard • Staff and user feedback – aligned to project aims
3	• Data Analysis • Impact	Analyse service outcomes (financial gains, care coordination, reduced crisis needs) Conduct patient and family feedback surveys Review partnership effectiveness	• ASC and St Barnabas Welfare and Benefit Teams • Patient/Family engagement	• Refine service based on feedback • Minutes of meetings • Staff and user feedback
4	• Evaluation • Sustainability / Commissioning	Full service evaluation Share learning with stakeholders Prepare commissioning / funding spec	• Data Analysis • IG/Governance oversight • Comms teams • Engagement with commissioners	• Continued monitoring • Dashboard • Evaluation report • Commissioning Specification

Part 4

Mandatory Statements Relating to the Quality of the NHS Services Provided (2025 - 2026)

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 2025/2026 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)
- 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, 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 2025/2026 St Barnabas Hospice participated in the PLACE National Clinical Audit, which was relevant and applicable to palliative or hospice care.

2d. Participation in Research

St Barnabas Hospice is following a national framework to support development of research in hospices. The appointment of a dedicated research nurse working one day per week has supported development of the research agenda. A "research group" has been developed (including the medical director, research nurse/ACP, nurse consultant, head of education and head of wellbeing services) who meet monthly to review and progress this work. This team has spent time understanding their own learning needs and attending specific education events to support our collective knowledge base.

Organisational research strategic aims have been agreed, and a gap analysis and action plan is underway. This focusses on clinical research at present.

Networking and representation with local, regional and national research active organisations has increased including the NIHR, academic institutions and palliative care and hospice providers.

Journal club and internal education sessions continue to promote critical analysis of the evidence base and how research evidence develops into practice. Topics have included xerostomia, death doulas, cancer related fatigue and delirium at the end of life.

Two posters have been presented at local research conferences and national palliative care conferences (Hospice UK).

During this year we have also developed an article for submission to a national journal detailing a Quality Improvement initiative and have agreed to participate as a site in the RESTORE research study (University of Edinburgh). Following a site initiate visit in February we have now been formally accepted and the project has begun.

We continue to monitor progress against the research aims to set priorities for 2026-7.

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

Income for St Barnabas Hospice in 2025 -2026 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 age 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

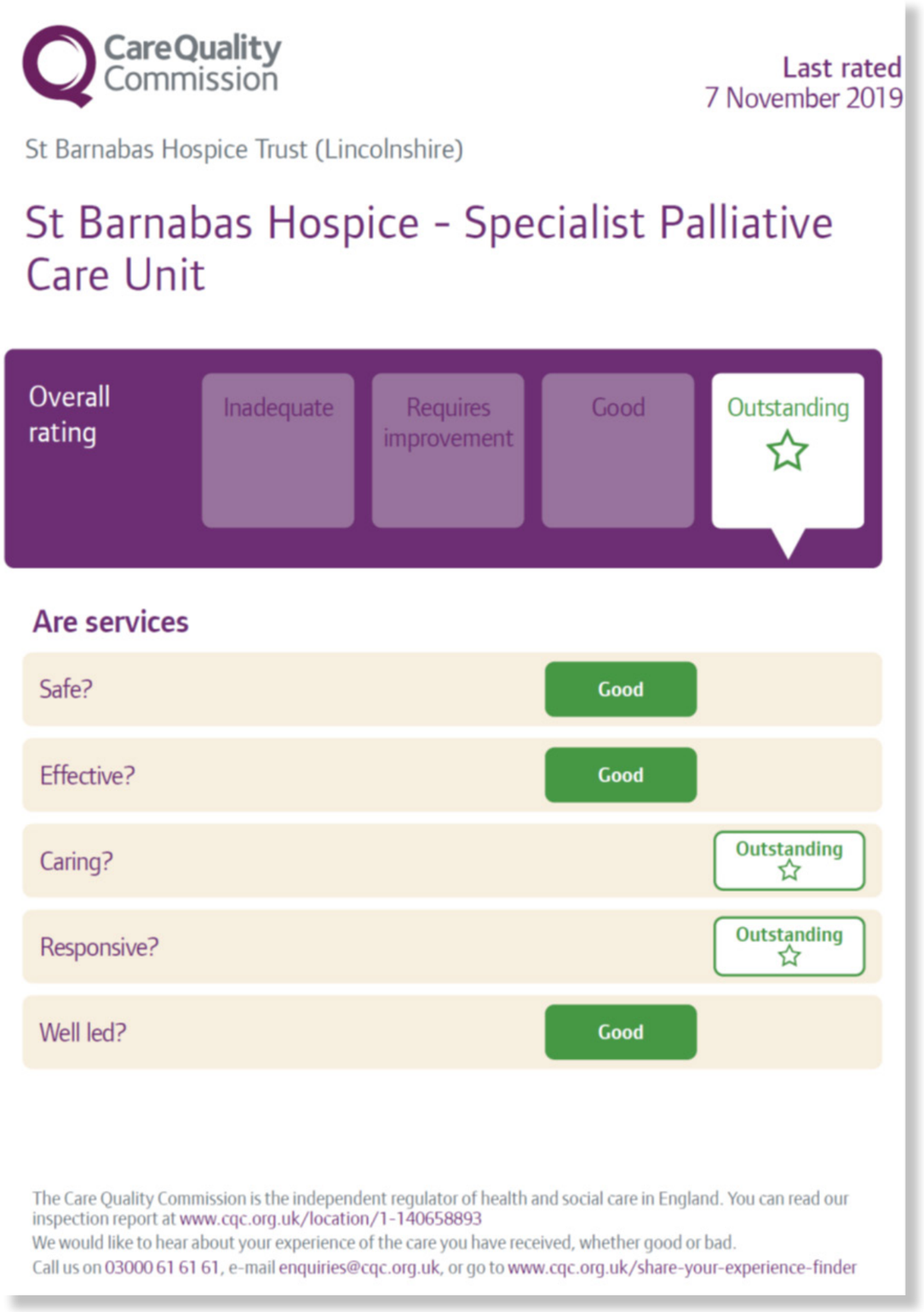
The Care Quality Commission (CQC) has not taken any enforcement action against St Barnabas Lincolnshire Hospice during 2025 / 2026.

We have not participated in any investigation by the Care Quality Commission during 2025 / 2026.

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.

High quality data remains essential to the safe, effective and responsive delivery of care at St Barnabas Lincolnshire Hospice. Although specialist hospices are not eligible to submit data to the Secondary Uses Service, the organisation maintains robust internal systems to ensure the accuracy and completeness of clinical information within SystmOne.

During 2025/26, over 60% of clinical templates and visualisations were standardised to improve consistency, activity recording and reporting capability. Data quality is supported through daily automated checks, mandatory field monitoring, duplicate record checks, caseload validation and structured reporting assurance processes.

Collaborative work across Governance, Clinical Services, IM&T and Data Analytics has strengthened data quality oversight, with standards regularly reviewed through SystmOne Champions meetings. Significant progress has been made in developing interactive Power BI and HERE dashboards, enhancing visibility of service activity, outcomes and performance trends.

Electronic prescribing was successfully implemented within the Inpatient Unit, improving safety and reducing paper based processes.

Priorities for 2026/27 include further automation of reporting, expansion of dashboards, continued template standardisation and strengthening the accessibility and quality of data for clinical and operational teams.

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).

In 2025 St Barnabas achieved 'standards exceeded' with their submission.

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
2024-25 (version 7) - Standards exceeded	28 May 2025
2023-24 (version 6) - Standards exceeded	28 June 2024
2022-23 (version 5) - Standards exceeded	23 May 2023
2021-22 (version 4) - Standards exceeded	18 May 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 2025. As a result of St Barnabas Lincolnshire Hospice having this national accreditation it enables compliance with the mandated Data Protection Act 2018 and the NHS Data Security and Protection Toolkit (DSPT).

2i. Clinical Coding

St Barnabas Lincolnshire Hospice was not subject to the Payment by Results clinical coding audit during 2025 / 2026 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 (2025 - 2026)

St Barnabas Hospice

Specialist Inpatient Unit Services - Lincoln

	2023/24	2024/25	2025/26
Admissions this year	227	235	**246**
Patients in beds on 1st April (start of year)	8	5	**5**
Total Admissions	235	240	**251**
% New patients	89%	93%	**97%**
% Admissions from patient's own home	56%	52%	**45%**
% Admission from acute hospital	42%	47%	**52%**
% Occupancy	69%	59%	**53%**
% Patients discharged to their home	25%	22%	**20%**
Average length of stay – cancer	11 days	10.8 days	**9 days**
Average length of stay – non-cancer	9.8 days	8.9 days	**8.9 days**

Specialist Palliative Care – Other Services

2025/26	Outpatients	In Reach	Advice/ Consultation	Community Clinical Nurse Specialists	Percentage of non-cancer referrals
Referrals this year	35	647	2848	282	112
*Ongoing referrals	10	13	145	2	69
Total Referrals	45	660	2993	284	181
Total patients	43	586	2293	283	177
% New patients	78%	98%	95%	99%	62%

Specialist Nurses: Admiral Nursing Service Ended December 2025
*Ongoing = admissions/referrals prior to 1st April each year that continued into the current years

Allied Health Professionals (Occupational Therapists/Physiotherapists)

	Occupational Therapy			Physiotherapy		
	2023/24	2024/25	**2025/26**	2023/24	2024/25	**2025/26**
Referrals this year	987	985	**874**	729	598	**594**
*Ongoing referrals	68	112	**85**	84	88	**62**
Total referrals	1055	1097	**959**	813	686	**656**
Total patients	926	955	**838**	729	638	**598**
% New patients	93%	88%	**91%**	88%	86%	**91%**

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

Community Clinical Nursing

	2023/24	2024/25	2025/26
Referrals this year	2621	2635	**2313**
*Ongoing referrals	340	353	**286**
Total Referrals	2961	2988	**2599**
Total patients	2618	2598	**2264**
% New patients	87%	86%	89%
% Of patients who died at home	87%	86%	85%
% Of patients who died in acute hospital	6%	6%	9%
Average length of care	51.2 days	49.6 days	49.0 days

Counselling and Bereavement Service

	2023/24	2024/25	2025/26
Client Referrals	1,085	956	**889**

Welfare Benefits Service

	2023/24	2024/25	2025/26
Total Clients	4971	4226	**3459**
New Clients	2943	2739	**2346**
Re-referred Clients	2028	1487	**1113**
Total money claimed on behalf of clients	£8,614,648	£8,728,640	**£8,115,513**

Hospice in the Hospital

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Total
Admissions	15	10	5	11	14	14	15	9	15	15	14	10	**147**
Admissions Last Year	14	11	12	21	10	10	12	16	12	21	11	14	**164**
Beds Available	180	186	180	186	186	180	186	180	186	186	168	189	**2190**
Beds Occupied	133	112	65	107	110	127	128	106	109	139	79	107	**1322**
% Occupancy	74%	60%	36%	58%	59%	71%	69%	59%	59%	75%	47%	58%	**60%**
Last Year %	76%	55%	45%	59%	54%	58%	54%	59%	54%	71%	53%	60%	**58%**

There were 3 patients in unit overnight on 31st March 2025 going into 1st April 2026 (start of Year)

Part 6

Patient Safety Indicators (2025 - 2026)

Patient safety and the provision of high quality of care for patients and families are our highest priorities 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.

Throughout 2025, a new Local Risk Management System (LRMS) was introduced across the Trust via the Vantage platform. It comprises three modules: incident reporting, a risk register, and a complaints, concerns and feedback module. The Datix system was securely decommissioned in January 2026, and a "Datix Portal" was developed by the Head of IM&T. This portal houses all historical Datix data, with access limited to the Governance team, the DoPC, and the DPO.

The electronic local risk management system (Vantage) is now embedded in practice, enabling staff to efficiently 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 2025/26.

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	2023/24	2024/25	2025/26
Notifiable Patient Safety Incidents	0	0	0
Never Events	0	0	0
Medication Incidents (Administration / Omission and Prescribing Incidents)	33	31	34
Patient Falls			
• No / Low Harm	8	12	10
• Moderate Harm	0	0	0
• Severe Harm	0	0	0
Total	**8**	**12**	**10**
Acquired Pressure Damage			
• Category 1	4	9	4
• Category 2	7	19	15
• Category 3	3	6	8
• Category 4	0	0	0
• Deep Tissue Injury	3	2	4
Total	**17**	**33**	**31**
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 2025/26 resulted in no patient harm. All incidents are initially reviewed by Ward Manager/Deputy or the locality Clinical Services 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 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 services users and we welcome the opportunity to receive feedback to improve and develop our services. The table below details the complaints received for 2025/2026. There were no trends or themes identified. Any learning is shared with the relevant individuals or team.

	Upheld	Partially Upheld	Not Upheld	Pending outcome
2023/2024	2	3	2	0
2024/2025	1	0	8	0
2025/2026	0	3	2	0

Part 7

Audit and Quality Improvement (2025 - 2026)

The Trust Quality Improvement and Research Committee maintain a programme of audit and quality improvement across both clinical and non-clinical services. During 2025-2026, 31 clinical audits were completed for our Inpatient and Community Teams. Examples of some of the audits undertaken are detailed in the tables below:

Infection Control

The Trust undertook a range of internal infection control audits during 2025/2026 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 ULTH IP&C team, and the ICB IP&C team. The results from all infection control audits carried out in 2025/26 demonstrated excellent compliance and overall safe infection control practice.

Medicines Audits

The Hospice undertook statutory and Trust medicine audits during 2025/2026 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.

The Annual Medicines Audit raised a query regarding the use of 'unlicenced' drugs, and this was discussed and clarified at Clinical Governance

Bed Rails Assessment Audit (IPU)

In line with National Guidance the National Tool for Assessing Bed Rail use has been adapted for use in the Inpatient Unit. Patients will be assessed on admission, daily and with any change in condition. An audit tool has been developed. Once the new process has been embedded, an audit will be performed to understand our baseline compliance.

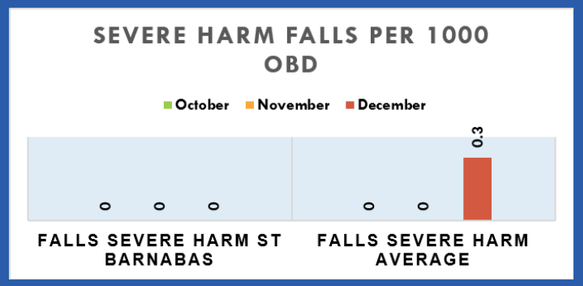
National PLACE Audit

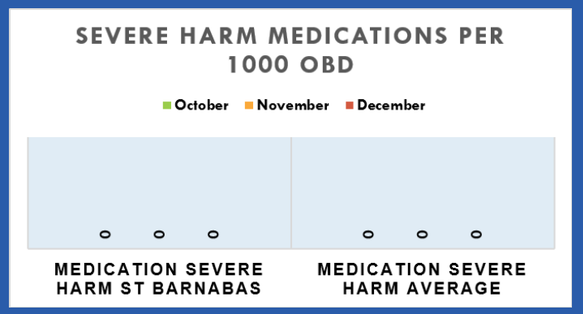
The PLACE audit 'Patient Led Assessment of the Care Environment' took place in November 2025. It was conducted by The Governance Team with the kind assistance of the Head of Retail, a volunteer and the Chairman and his wife. This facilitated an objective view of the audit. The findings were extremely positive, but the audit did highlight some general maintenance work that was required and also some helpful suggestions such as improved signage.

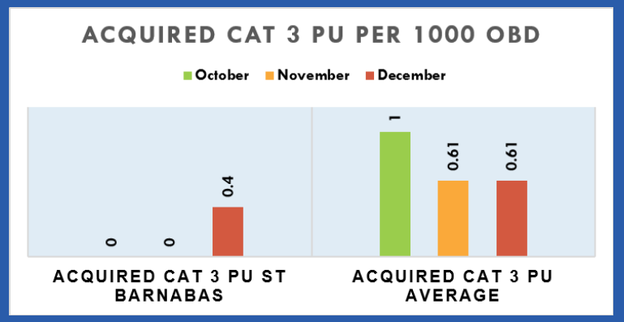
Hospice UK audit

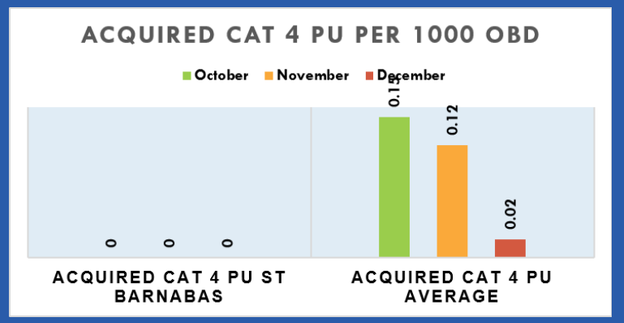
We participate in these throughout the year enabling us to benchmark performance against quality indicators including numbers of falls, pressure ulcers, and medication incidents, compared to other similar sized hospices (medium sized). These metrics offer an overview of the Hospice's performance in key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

Data for Quarter 3 for 2025/26 (most recent available) is shown below:









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.

Patients & Relatives Satisfaction Survey

Quarter 1: 96 Responses received

Question	Always	Most of the time	Some of the time	Never	N/A
Did staff introduce themselves to you?	90	5	0	0	1
Did staff treat you with dignity and respect?	92	2	0	0	2
Were you/relative/friend given enough privacy?	91	3	0	0	2
Did staff ask permission before providing care?	87	7	0	0	2
Did you feel cared for?	89	2	2	0	3
Did you feel able to ask questions if you needed to?	88	5	1	0	2
Did staff answer your questions clearly?	85	8	1	0	2
Was the hospice building clean?	**Yes** - 39	**No** – 1	**N/A** – 35	**Not Answered** – 8	
Did you know how to make a complaint?	**Yes** - 31	**No** – 6	**N/A** – 38	**Not Answered** – 3	
Did we keep you informed/up to date?	81	8	1	0	6
Did we meet your needs/expectations?	84	7	1	0	4
Would you recommend the Hospice?	**Yes –** 89	**N/A –** 6	**Not Answered –** 1		

Quarter 2: 82 Responses received

Question	Always	Most of the time	Some of the time	Never	N/A
Did staff introduce themselves to you?	75	7	0	0	0
Did staff treat you with dignity and respect?	79	1	1	0	1
Were you/relative/friend given enough privacy?	73	4	0	0	5
Did staff ask permission before providing care?	74	4	0	0	4
Did you feel cared for?	71	4	1	0	4
Did you feel able to ask questions if you needed to?	73	4	1	0	4
Did staff answer your questions clearly?	72	5	1	0	4
Was the hospice building clean?	**Yes** - 35 **No** – 0 **N/A** – 41 **Not Answered** – 6				
Did you know how to make a complaint?	**Yes** - 30 **No** – 10 **N/A** – 28 **Not Answered** – 8				
Did we keep you informed/up to date?	71	4	1	0	5
Did we meet your needs/expectations?	70	5	3	0	5
Would you recommend the Hospice?	**Yes –** 78 **N/A –** 2 **Not Answered –** 2				

Quarter 3: 41 Responses received

Question	Always	Most of the time	Some of the time	Never	N/A
Did staff introduce themselves to you?	39	2	0	0	0
Did staff treat you with dignity and respect?	40	1	0	0	0
Were you/relative/friend given enough privacy?	40	1	0	0	0
Did staff ask permission before providing care?	40	0	0	0	0
Did you feel cared for?	41	0	0	0	0
Did you feel able to ask questions if you needed to?	36	4	1	0	0
Did staff answer your questions clearly?	37	4	0	0	0
Was the hospice building clean?	**Yes** - 20 **No** – 0 **N/A** – 20 **Not Answered** – 1				
Did you know how to make a complaint?	**Yes** - 18 **No** – 1 **N/A** – 13 **Not Answered** – 9				
Did we keep you informed/up to date?	34	6	0	0	1
Did we meet your needs/expectations?	32	6	1	0	2
Would you recommend the Hospice?	**Yes –** 38 **N/A –** 2 **Not Answered –** 3				

Quarter 4: 81 Responses received

Question	Always	Most of the time	Some of the time	Never	Not Answered
Did staff introduce themselves to you?	75	6	0	0	0
Did staff treat you with dignity and respect?	78	2	1	0	0
Were you/relative/friend given enough privacy?	74	5	0	0	2
Did staff ask permission before providing care?	73	5	0	0	3
Did you feel cared for?	73	5	1	0	2
Did you feel able to ask questions if you needed to?	75	5	0	0	1
Did staff answer your questions clearly?	71	8	1	0	1
Was the hospice building clean?	**Yes** - 42	**No** – 0	**N/A** – 37	**Not Answered** – 2	
Did you know how to make a complaint?	**Yes** - 30	**No** – 10	**N/A** – 38	**Not Answered** – 3	
Did we keep you informed/up to date?	71	5	2	0	3
Did we meet your needs/expectations?	68	9	1	0	3
Would you recommend the Hospice?	**Yes –** 76	**N/A –** 1	**Not Answered –** 4		

"We can't recommend the Hospice **enough,** the staff are incredibly **caring** and **empathetic**"

"A wonderful environment and **amazing staff**, you helped make a difficult time a **little easier**"

"**All staff**, from Doctors to Cleaners, **were so kind and calming**"

"Angels on earth!"

"**Nothing** was ever too much trouble **for anyone**"

"You **cared for the whole family,** not just Dad"

"**A true gem** in our county, the whole staff team made Grandad's last few days **a little less painful**"

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 Derby and Derbyshire Integrated Care Board

NHS Lincolnshire Integrated Care Board

NHS Nottingham and Nottinghamshire Integrated Care Board

23 June 2026

Rebecca Franks
Director of Patient Care
St Barnabas Hospice

Via email rebecca.franks@stbarnabashospice.co.uk

Dear Rebecca

NHS Lincolnshire Integrated Care Board (the commissioners) welcomes the opportunity to review the St Barnabas Annual Quality Account 2025 – 26.

The Quality Account provides comprehensive information on the quality priorities that the organisation has focused on during the year and looking forward to the 2026 – 27 Quality Priorities the commissioner is pleased that the approach focusing on safe care is being continued.

The Quality Account has examples of the good work undertaken by the organisation over the past year, these put patients at the center of the care and treatment pathways.

The commissioners would like to thank St Barnabas who have worked well with system partners in the local health economy to ensure patients' needs are met.

NHS Lincolnshire Integrated Care Board looks forward to working with the organisation over the coming year particularly in delivering the commissioners 5 Year Population Health Strategy and Strategic Commissioning Plan to further improve the quality of services available for our population in order to deliver better outcomes and the best possible patient experience.

Yours sincerely,

Rebecca Neno
Director of Quality, Safety and Improvement

Dr Kathy McLean OBE, Chair
Dr Amanda Sullivan, Chief Executive


St Barnabas
Deputy Ward Manager
Inpatient Unit

Our contact details:

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

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

St Barnabas