

# Quality Account 2025/2026



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## PART 1

# Statement on Quality from the Chair of the Board of Trustees and Our Chief Executive Officer

We are very proud to present the Quality Accounts for St Clare Hospice for 2025/26.

Quality improvement is a central part of life and culture at St Clare Hospice. In our induction for new staff, for instance, we mention how important it is that we always look for ways to improve how we do things at St Clare – everything from how we answer the phone and welcome visitors, to developing and improving clinical practice, how we fundraise, and all our systems and processes. We continue this central theme of always seeking to improve our care and our hospice because we work with people and their families who are facing one of the most difficult times in their lives.

Serious illness and dying can be difficult to navigate in a healthcare system that can't always cope with multiple complex issues. So the job of St Clare Hospice is to provide the best possible specialist care services whilst working in partnership with valued colleagues such as GPs, paramedics, hospital teams, district nurses, voluntary sector organisations and community groups. We are very proud of the difference we can make together to local people who need our care and support.

The year 2025/26 has been very busy in quality improvement work and this Quality Account gives a very good snapshot of many of the improvements we have made. We have taken a hard look at the services we've delivered for a while, sought feedback from local people to help us shape services, we've looked at ways to make our services more accessible. And we have kept patients, including those we are not currently reaching, firmly within our focus.

We are particularly proud of the striking improvement in our In Patient Unit bed occupancy levels which was 78% in 2024/25 but is now 88.5% in 2025/26 – this means we have made more effective use of our beds to benefit more people than ever before. We are also proud of our corneal donation programme and that we are able to undertake ascitic drains for patients. Ascites is a painful and uncomfortable collection of excess fluid around the abdomen – previously hospice patients with ascites needed to be transferred to hospital for this procedure, but we now have the equipment and training to be able to do this to help keep patients comfortable.

Whilst the external environment remains rocky and hospices across the UK are facing a financial crisis, St Clare Hospice remains committed to keeping patients and their families central to seeking high quality in everything we do. In the year ahead we continue to look forward to working with our system partners, voluntary sector agencies and, most importantly, our communities to deliver outstanding end of life patient care and support to those who need it most.

**Sarah Thompson**, CEO and **Dr Jeff Phillips**, Chair of Trustees



## PART 2

# Priorities for Improvements

## Introduction

This Quality Account demonstrates St Clare Hospice's ongoing commitment to delivering specialist palliative care and supporting generalist palliative care for our local community. We help patients and their families maintain dignity and quality of life by providing exceptional compassionate care in the place of their choice. As the hospice serving the community, we will continue to lead in the development of specialist palliative care services for the people of West Essex and East Hertfordshire.

**Our values are fundamental to our specialist palliative care and underpin everything we do.**

### Compassion



Compassion is central to the care we deliver and to how we treat others. We take the time to listen, understand and respond with kindness to everyone's needs. We find time for patients and their families and carers, and our colleagues.

### Integrity



We do what we say we will do. We are open and honest, no matter how difficult the situation, and we are accountable for our words and actions. We are committed to high standards for our own behaviour and expect the same of everyone we work with. We stand up for what we believe is right and equally admit when we are wrong – and learn from our mistakes.

### Respect



We recognise and accept that we are all different and diverse. We value people as individuals, respect their aspirations and commitments, and seek to understand their priorities, needs, abilities and limits. We use our resources for the benefit of the whole community and make sure nobody is excluded, discriminated against or left behind.

### Excellence



We employ our best efforts and strive for excellence in everything we do to run high-quality services and supporting functions that deliver safe and effective care. We always look for ways to learn, improve and innovate and we welcome feedback from patients, families, carers, volunteers, staff and the public.

### Teamwork



We fully involve patients, staff, volunteers, families, and carers and professionals inside and outside of St Clare Hospice. We work both across our organisation and with local communities, knowing we can achieve more together than on our own.

The care we deliver is always underpinned by the Key Questions set out by the CQC. The priorities for quality improvement for 2026/27 are set out below.

## 2.1 Priorities for Improvement for the Coming Year – 2026/2027

At St Clare Hospice, we are committed to the continuous review, development and improvement of our services to ensure they meet the evolving needs of our service users. Our progress and achievements are monitored and reported to our Clinical Governance Working Group, our Clinical Governance Committee and, ultimately, our Board of Trustees.

The quality improvement priorities for the coming year were developed in line with our Hospice Strategy. Our St Clare Hospice 2022+ Strategy focuses on improving access, sustainability and quality. The five key objectives which underpin our vision, mission and goal are:

1. We will reach significantly more people facing death, dying and loss in our local communities.
2. We will work alongside our communities to become more resilient, to support one another and to remain independent for as long as possible.
3. We will equip healthcare colleagues with the confidence and skills to provide outstanding end of life care.
4. We will seek partnerships to deliver outstanding care to patients and local people.
5. We will grow as a strong, sustainable and effective organisation.

The following priorities were developed in line with our objectives.





## PRIORITY: PATIENT SAFETY

### 1. Independent electronic prescribing in the community

#### How was this identified as an area for quality improvement?

This priority builds on work undertaken in 2024/25 to develop independent prescribers supporting community-based patients. Introducing electronic prescribing will enable the embedding of routine prescribing processes, strengthen clinical and governance assurance, and improve efficiency and timeliness of prescribing for patients in the community setting.

#### How will this be achieved?

- Establish a multidisciplinary working group to review requirements from both technical and operational perspectives.
- Ensure clinical systems are appropriately configured and fully functional to support independent electronic prescribing.
- Develop and provide training and guidance materials for independent prescribers to support safe and effective use of electronic prescribing.
- Review and update any associated policies, procedures, and governance documentation to reflect the new process.

#### How will this be monitored?

- Ongoing review of the volume and type of community-based prescriptions issued electronically.
- Monitoring of medication-related incident reports to identify trends, risks, and learning.
- Collection of staff feedback to assess the ease of use, effectiveness, and impact of the electronic prescribing process.

#### Governance monitoring



## 2. Inpatient Unit (IPU) Handover Process Review

### How was this identified as an area for quality improvement?

A review of current practice identified that inpatient handover documentation contains a large amount of information. This can make it more difficult for staff to quickly identify the most relevant and up-to-date information during handover. A review was therefore required to ensure that handover documentation is concise, consistent and focused on the information essential for safe, effective continuity of care, and that it is accessible to staff when needed.

### How will this be achieved?

- A working group will be established, including key representatives from the Multidisciplinary Team (MDT).
- The group will review current handover content to identify the core information required for safe clinical handover.
- Appropriate options for storing and accessing handover information will be explored, including electronic solutions where appropriate.
- Access controls will be considered to ensure only relevant staff have access to the information.
- A solution will be selected that supports effective information sharing while minimising the risk to confidentiality and data duplication.

### How will this be monitored?

- Staff feedback will be gathered following implementation to assess usability and effectiveness.
- Handover documentation will be reviewed periodically to ensure it remains appropriate and up to date.
- Any issues or incidents relating to handover will be monitored through the Patient Safety Meeting and addressed as required.





## PRIORITY: EFFECTIVE TREATMENTS

### 1. The use of Artificial Intelligence (AI) to support effective clinical note taking.

#### How was this identified as an area for quality improvement?

An opportunity was identified to improve the efficiency and consistency of clinical documentation. This quality improvement initiative supports clearer communication, enhanced data quality, and more effective use of clinical information across inpatient and community clinical notes, as well as clinical meeting records.

#### How will this be achieved?

- A Data Protection Impact Assessment (DPIA) will be completed and reviewed, with appropriate Information Governance approval obtained prior to implementation.
- Structured documentation templates will be developed to support consistent and accurate recording of information.
- Training will be provided to ensure staff are confident in using the new documentation tools and understand their purpose.
- Champion users will be identified to provide local support, encourage engagement and act as a point of reference for colleagues during implementation.

#### How will this be monitored?

- Staff feedback will be gathered to assess the usability and usefulness of the tool.
- Engagement with the tool will be monitored to understand uptake and identify any areas where further support or refinement may be required.

#### Governance monitoring



## 2. Review of IPU Nursing Care Plans

### How was this identified as an area for quality improvement?

In line with national guidance, we identified an opportunity to strengthen the ability to evidence personalised, individualised nursing care within the IPU. Enhancing the structure and content of nursing care plans will support clearer documentation of patient needs and preferences, while also improving efficiency in the completion of electronic clinical notes by the nursing team.

### How will this be achieved?

- A working group will be established to ensure appropriate clinical and technical representation in the review and development of updated care plan templates.
- Revised templates will be designed to align with relevant national guidance and best practice.
- The new templates will be trialled with a range of nursing team members to obtain feedback and inform any necessary amendments prior to wider implementation.

### How will this be monitored?

- Staff feedback will be gathered to assess time savings, usability, and the overall effectiveness of the updated care plans.
- Trends in patient feedback, incidents, and concerns will be monitored to identify any impact of the change.

### Governance monitoring



# PRIORITY: PATIENT AND FAMILY EXPERIENCE



## 1. IPU Refurbishment

### How was this identified as an area for quality improvement?

An opportunity was identified to modernise the IPU environment to enhance the experience of patients, visitors and staff. The existing environment presented areas for improvement in relation to comfort, lighting and functionality. Refurbishment of key areas was therefore identified as a priority to support a more therapeutic, welcoming and efficient care environment.

### How will this be achieved?

- A project lead and group will be identified to agree the scope and priorities for refurbishment across patient rooms (including en-suite facilities), reception, family areas and bathroom.
- Refurbishment plans will be developed to minimise disruption and maintain safe service delivery.
- A temporary blended model of care will be implemented, enabling the inpatient unit to continue operating a number of beds alongside the provision of enhanced community beds, supported by the wider Multidisciplinary Team (MDT).

### How will this be monitored?

- Progress will be monitored against agreed timeframes and key project milestones.
- Feedback will be sought from patients, families and staff who remain on the unit during the refurbishment period.
- Ongoing review of the works will take place throughout the project and upon completion to ensure objectives have been met.

### Governance monitoring



## 2. Review of IPU discharge information provision.

### How was this identified as an area for quality improvement?

A review of feedback identified an area to improve how patients and their families are supported and involved in update meetings and discharge planning. Enhancing the clarity and consistency of information provided will help ensure patients and those important to them feel well informed, actively involved in decisions about ongoing care, and supported through safe, timely and well-planned transitions from the IPU.

### How will this be achieved?

- An information leaflet will be developed to explain key terminology, processes and concepts related to discharge planning to compliment verbal discussions.
- A supporting document will be produced to prompt questions that patients and their loved ones may wish to ask during update meetings, helping to encourage discussion and shared understanding.

### How will this be monitored?

- Discharge-related incidents, complaints and feedback will be monitored.
- An audit of patient update meetings will be undertaken to ensure key areas are consistently covered and that information is explained clearly and appropriately.

### Governance monitoring



## 2.2 Priorities for Improvement Achieved During the Year 2025/2026

The aim of the Quality Account is to not only set future priorities for improvement but to also evidence achievements of priorities for improvement from the previous year.

In last year's report we set out priorities for improvements in patient safety, clinical effectiveness and patient and family experience. The areas were identified for their impact on the care our patients and families received.



### PATIENT SAFETY

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#### Priority: Reviewing the process of our Advice Line service



#### REVIEW: ACHIEVED

##### Aims

- Form a project group to gather insights and input from all affected services within our clinical directorate.
- Update policies and procedures and disseminate these updates to all clinical services.
- Review and update system templates to capture and monitor all Advice Line calls received by the hospice.
- Introduce a quality assurance process that includes the rotation of senior clinicians within the organisation.
- Develop an education plan if themes are identified following the audit review of Advice Line calls.
- Review internal and external communication regarding the Advice Line service, including its promotion.

##### What have we achieved?

- We established a project group involving key internal staff who provided valuable insight into the existing process and supported the development of proposed changes.
- We produced an updated Advice Line policy and procedure, which has been shared with all staff.
- We enhanced the SystemOne template to improve the efficiency and quality of recording and created a new module within our Quality Management System to capture calls that cannot be recorded on SystemOne.
- We introduced quarterly audits to review the quality of Advice Line responses, with key themes shared with the Education Hub for further consideration.



## Priority: Introduce Alert Cards to identify patients known to the Hospice

### ✔ REVIEW: ACHIEVED

#### Aims

- To design and print patient medical alert cards enabling patients, families, carer and healthcare professionals clearly identify when an individual is being supported by one of our specialist palliative care teams, helping to ensure continuity of care across all settings.
- Identify an appropriate point in patients care where they will be given an alert card.
- Launch information to primary care, hospitals, the Essex Partnership University NHS Foundation Trust (EPUT) and the Integrated Care Board (ICB) West Essex place.

#### What have we achieved?

- We collaborated with Isabel Hospice to design and print medical alert cards to support patients from both hospices.
- We identified key points at which patients should be provided with a card:
  - By our Clinical Nurse Specialists during their initial assessment (unless deemed inappropriate).
  - On discharge from our Inpatient Units following admission for symptom management.
- A communications plan was developed, and key internal and external communications were sent in January 2026, informing organisations and staff about the new joint initiative.



## Priority: Review the management plan of bowel difficulties against evidence-based practice

### ✓ REVIEW: ACHIEVED

Constipation can significantly impact the comfort and quality of life of patients, often contributing to distress and discomfort. The National Institute for Health and Care Excellence (NICE) has issued guidance on its management in this context. To further enhance our staff's skills in addressing palliative care challenges, we identified the need to strengthen our approach to constipation management through evidence-based practice.

#### Aims

- Audit of prescribing practices for constipation in our Inpatient Unit (IPU) against NICE guidance.
- Review assessment and management plans against national guidance.
- Utilise non-pharmaceutical management techniques, such as the use of squat stools, for managing constipation in hospice patients.

#### What have we achieved?

- We are carrying out audits within our Inpatient Unit to review assessment practices, pharmacological management, non-pharmacological management, and staff understanding.
- All assessment and management plans have been reviewed against national guidance, and amendments have been made where needed. Care plans include non-pharmacological interventions such as fluid intake and mobilisation.
- Squat stools are now available on the unit to enhance patient comfort and support bowel function.

## Priority: Community Review

### ✓ REVIEW: ACHIEVED

Our Care Delivery Strategy highlights the importance of enhancing access to our services as a primary driver for change. We have recognised the need to reach significantly more people and aim to review our community services model to ensure it supports this goal.

#### Aims

- Develop a comprehensive set of deliverables for the community review.
- Identify key stakeholders to participate in the community review.
- Commission an external party to conduct the service review.
- Evaluate the recommendations and determine which to implement, prioritising actions accordingly.
- Establish a task and finish group to promptly implement the actions.
- Ensure regular review and oversight by the Director of Patient Care and Quality.

#### What have we achieved?

- An external review of community services was commissioned earlier in the year to inform the development of a more effective and sustainable service model. The recommendations were robust and aligned with the organisation's strategic objectives.
- Our Nurse Consultant and Director of Patient Care and Quality are supporting the transition to a revised model.
- The findings and progress of the community review are being discussed monthly at the Patient Safety Meeting to ensure continued oversight and learning.



## PATIENT AND FAMILY EXPERIENCE

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### Priority: Development of a Hospice User Forum

#### ✓ REVIEW: ACHIEVED

The Hospice User Forum was developed to ensure we have input from patients, carers, friends and/or family members regarding our service provision. The aim of this group is to use the views of people affected by life limiting conditions to improve care and shape our future services. The initiative is currently under review, with next steps being considered in light of participation numbers and organisational priorities.

#### Aims

- Establish a steering group to agree the structure and processes of the forum, and to plan and review each meeting.
- Promote the Hospice User Forum to individuals who have used our services within the past two years.
- Host a Hospice User Forum meeting each quarter during 2025–26.

#### What have we achieved?

- A steering group was established, including a chairperson, clinical management, community engagement, and communications representatives.
- Promotion of the forum took place through social media channels and direct contact with service users who accessed services within the past two years.
- Quarterly Hospice User Forum meetings were scheduled for the year; however, the most recent meeting was cancelled due to low participant availability. The future of the forum is currently under review.



## Priority: Pilot the use of Virtual Reality (VR) to improve patient experience in our Inpatient Unit

### ✓ REVIEW: ACHIEVED

The pilot was undertaken to review the impact that VR has on patient experience and to determine the efficacy of an alternative method to support with patient symptoms. This was used in conjunction with our already used methods of support, including medication, counselling and therapeutic intervention.

#### Aims

- Staff to complete training on use of device and contraindications of its use.
- Identify appropriate 30 users (patients, relatives/friends and staff) who identify psychological distress as an issue.
- Use of questionnaire to monitor symptom severity pre and post intervention.
- Measurement of data post pilot to evaluate the potential for expanding VR use in routine palliative care activities.

#### What have we achieved?

- Representation for IPU teams took part in training provided by the external headset supplier, who then were able to cascade to the medical, nursing and therapies teams.
- We used a feedback questionnaire to monitor any changes to anxiety, pain, breathlessness and relaxation levels. There were no significant changes to pain and breathlessness when comparing pre and post VR headset intervention. However, anxiety levels decreased from an average on 1.9 to 1.5 and relaxation levels increased from an average of 2.2 to 2.8 (1=low, 5=high).



## Priority: Unconscious Bias training for all hospice staff

### ✓ REVIEW: ACHIEVED

Unconscious bias training aligns with the UK Equality Act 2010, demonstrating proactive steps to prevent discrimination and foster an inclusive workplace. This reduces legal risks and ensures compliance with anti-discrimination laws. Additionally, training and awareness can enhance performance, well-being, retention, reputation, social responsibility, leadership, decision-making, and improve our patient reach.

#### Aims

- Develop an interactive training package and identify in-house trainers to deliver the programme.
- Deliver the training to all hospice employees.
- Evaluate the training to understand attendees' learning, any changes or development in practice, and the pledges staff make to address unconscious bias.

#### What have we achieved?

- The training package was developed, and key in-house trainers were identified to facilitate the sessions.
- Interactive, face-to-face training has been delivered to all hospice staff. These sessions included staff-created pledges outlining actions to address unconscious bias in their roles.

#### Future considerations

- Explore how this training can be incorporated into the induction programme for new starters.

## Priority: Review processes for patients with learning disabilities

### ✓ REVIEW: ACHIEVED

People who are learning disabled often have unidentified health needs, making it harder to recognise when they are approaching the end of their life. This means they may have less time to plan and receive support. In May 2016, the Care Quality Commission (CQC) published a thematic review on inequalities in end-of-life care. The review identified that people from certain groups sometimes experience poorer quality care at the end of their lives because providers do not always understand or fully consider their needs. People with learning disabilities were identified as one such group.

#### Aims:

- Review our current provision of Palliative care for patients who are learning disabled.
- Develop an internal 'Palliative care for Learning disabilities steering group'.
- Reach out to other healthcare organisations and set ups where patients with learning disabilities are usually supported.
- Delivery of education activity to generalists on palliative care for patients with learning disabilities.

#### What have we achieved?

- We reviewed our current provision of palliative care for patients with learning disabilities to identify strengths and areas for improvement.
- An internal Palliative Care for Learning Disabilities Steering Group was established to oversee this work and review how effectively the hospice meets the needs of patients with learning disabilities.
- Contact was made with a children and young people's hospice to explore opportunities for joint working, particularly around supporting transitions to adult hospice services.
- The provision of education for generalist staff on palliative care for patients with learning disabilities is currently under review.

## Further Quality Improvement Initiatives During 2025/26



## 2.3 Review of Services

During 2025/2026, St Clare Hospice provided the following services:



### 24 Hour Advice Line

Available for both service users and health and social care professionals. Includes provision of specialist advice and support related to someone's condition.



### Hospice at Home

This is a short-term service suitable for patients who wish to stay in their own home and need help with their personal care within the last stages of their life. The service also offers staying with patients during the night to enable relatives to rest and recuperate.



### Patient & Family Support Service

This service provides emotional, practical, social and spiritual support to patients, family members and carers. The team include counsellors, social workers, chaplain and family support workers.



### Dementia Support Service

A free service for people living with advanced dementia in West Essex with support for relatives and carers. Sessions are led by specially trained volunteers who provide sensory stimulation and meaningful activities in a person's own home, with their family member or carer present. The hospice also hosts a dementia-friendly gardening group and carers' café.



### Symptom Management Clinic

For outpatients with highly complex symptoms.



### Community Palliative Care Team

A team of palliative care Clinical Nurse Specialists offering medical advice to professionals. They also assess and support patients providing complex symptom management and psychological support on the phone, video calls and via face to face.



### Inpatient Unit

Offering specialist medical, personal and supportive care. People stay with us to either help manage symptoms related to their illness or when they are coming to the end of their life, to stay comfortable and feel peaceful.



### Therapy Services

Offering support to help people live life to its full potential through person-centred care, empowering choices and establishing goals. Services include Occupational Therapy, Physiotherapy, specialist groups and wellbeing clinics.



### Bereavement Services

Offering a range of services to help support people throughout losing someone close. This includes a counselling service, GriefLine for anyone struggling with their grief, bereavement cafés and support for young people.



### Compassionate Neighbours

A project to help reduce loneliness and social isolation amongst people in the community who are at the end of their life due to serious illness or old age. **This project has now ended.**



## 2.4 Financial Considerations

The income from our Integrated Care Board (ICB) in 2025/26 represented 21% of our total expenditure. The running costs of St Clare Hospice in 2025/26 were £10.2m.

£7.1m was raised through income streams such as donations, legacies, fundraising initiatives, our lottery and our chain of charity shops.

We review our services on an ongoing basis to ensure we are delivering them as efficiently as we can. Expert care for our patients and their families remains our priority.

## 2.5 Education

St Clare Hospice formally launched its Education Hub in quarter two of 2025/26, a key development to bring together resources, guidance and opportunities to support learning and development, both for our clinical staff and the wider health and social care community.

The Education Hub has been created to ensure that clinical staff at St Clare Hospice have access to high quality learning resources and opportunities. It will help us continue to develop compassionate, resilient and skilled professionals, and it will support the recruitment and retention of a talented workforce for the future.

At the same time, the Hub will enable us to share our expertise more widely, strengthening our role as a leader in palliative and end-of-life care education across West Essex and beyond.

### St Clare Hospice Palliative Care Conference

The third St Clare Hospice Conference was held on 10th October 2025, with the theme of 'The future of end of life care'. This focused on how we ensure that compassion, dignity and patient voice remain central to end-of-life care. The conference brought together 90 professionals from across disciplines to reflect, learn and imagine the future of palliative care.

### European Certificate in Essential Palliative Care

The European Certificate in Essential Palliative Care (ECEPC) helps professionals consolidate and develop their palliative care confidence and expertise. The course is designed to meet the needs of healthcare professionals new to specialist palliative care services who wish to establish a strong foundation on which to build specialist knowledge and skills.

The course was developed at Princess Alice Hospice in 2001 and is now offered at both national and international host sites, including at St Clare Hospice.

### DNACPR Study Day

In partnership with the Essex Partnership University NHS Foundation Trust (EPUT) End of Life Lead, the St Clare Hospice Nurse Consultant developed a do not attempt cardiopulmonary resuscitation (DNACPR) training programme. The aim is to support regional senior clinical colleagues to lead DNACPR discussions and documentation independently without the need for medical verification. This study day enables clinicians to practise DNACPR conversations in a safe environment and learn through feedback and self-assessment.



## End of life care study days and webinars

We run regular study days for our generalist and new palliative care colleagues – this day contains interactive lectures on:

- Choosing to care for palliative care patients
- Pain management
- Managing delirium and terminal agitation in palliative care
- Psychological issues
- Advance care planning
- Syringe drivers
- Care of the dying patient
- Ethical issues

In 2025, we hosted two study days: the first took place at Greenacres on 5 June 2025, with the second delivered online on 15 December 2025. In addition, we delivered a 'Foundations in Palliative and End of Life Care' webinar in March 2026.

## Masterclasses in palliative care: lunchtime learning for professionals

The Hospice has a programme of lunchtime lectures for professionals working in health and social care internally and in our local community. In 2025/26, we delivered the following education sessions:

DATE	TOPIC	ATTENDEES
08/05/25	Neuropathic Pain	66
12/06/25	Nutrition at End of Life	34
10/07/25	Palliative care for Parkinson's patients	60
10/07/25	Nutrition at the end of life	34
11/09/25	GI Symptoms in Palliative Care patients	38
13/11/25	Palliative Rehabilitation Masterclass	13
11/12/25	Communication at End-of-Life Masterclass	20
12/02/25	Spotlight on...Nausea and Vomiting	5

## Advanced Communication Skills Training (ACST)

We continue to run our annual ACST two-day course. This course is relevant for registered health professionals working with patients at the end of their life



## 2.6 Participation in Clinical Research

St Clare Hospice is recognised as a Research Active Hospice by the National Institute for Health and Care Research (NIHR), with a dedicated strategy and growing involvement across multiple research domains.

### Research engagement and awareness within St Clare Hospice

- **Journal Club:**  
Held monthly with consistent attendance and cross-team participation.
- **Research Bulletin:**  
Continues to be circulated monthly to clinical staff following launch in January 2025. The bulletin promotes research awareness and evidence-based practice. Includes staff-selected "paper of the month", updates on hospice research, and journal club links.
- **Hospice conference:**  
in October 2025, St Clare Hospice hosted its biennial conference, showcasing updates in clinical practice and in research via oral and poster presentations. Conference feedback was widely positive and the conference, now in its third iteration, is well-established as a high-quality educational event which attracts attendees from across the region and beyond.

### Research Strategy and Governance

- The Research Steering Group meets quarterly and has proven effective in guiding research strategy, providing oversight of research activity, and fostering a research-active culture.
- St Clare Hospice actively contributed to preparation of submission of a regional bid for a NIHR Strategic Funding Application grant, which was successful. This grant, awarded via the East of England Regional Research Delivery Network (RRDN), allows for recruitment of a regional Hospice Research Facilitator, whose 18-month role (anticipated from mid-2026 to late 2027) will facilitate strengthening of governance processes, policies and procedures in hospices including St Clare Hospice.

### Clinical Research Participation

- We are currently successfully recruiting for the NIHR Portfolio **DAMPEN-D II** study (Improving the Detection, Assessment, Management, and Prevention of Delirium in Palliative Care Units). Dr Helen Saxena is acting as Principal Investigator, supported by IPU Lead Nurse Zoe Hollins, thus increasing research capacity and development across a wider spectrum of clinical colleagues.
- We are acting as a Participant Identification Centre for the **ENRICH study** and have successfully facilitated recruitment of participants. The research team leading the study confirmed that St Clare Hospice was the first site to open as a Participant Identification Centre (PIC) and the first site to recruit a patient. This echoes our experience with the CHELsea-II study (2022-24) where we were also the first of 80 sites to open the study and recruit a patient, highlighting our consistent commitment to research and achieving outcomes.



- The hospice continues to act as a Participant Identification Centre for the **CANCOG study** (Understanding the impact of **CAN**cer on neurobehavioural mechanisms and **COG**nition in cachexia), referring interested and eligible patients with cancer-cachexia to the University of Cambridge research team.
- **Conference Participation:** Research lead Dr Arjun Kingdon and specialist registrar Dr Katy Hyams each presented an oral and poster presentation at the 2026 Palliative Care Congress. Dr Hyams won a Palliative Care Research Society prize for the best presentation in her category.
- **Academic Development:** Hospice Consultant and Research Lead Dr Arjun Kingdon commenced a part-time Doctor of Medicine (MD) programme in October 2024 which is ongoing. He is researching personalised care for hospital inpatients thought to be in the last year of life. He is also taking on additional research leadership roles including Palliative Research Incubator Steering Committee membership.



# 2.7 Poster Presentations 2025/26

Below are posters presented by members of the St Clare Hospice team during 2025/26. Two of the following were presented at the St Clare Hospice Palliative Care Conference 2025 and one was presented at the National Palliative Care Congress in March 2026.

## Lessons learned from an ethnography in the inpatient hospital: the pitfalls, challenges and opportunities of 'insider' research

### The PERSEX study

Examines how patient, family, staff and healthcare leaders different groups define, prioritise, and experience 'personalised care' for hospital inpatients with palliative care needs.

**Ethnographic methods in the acute hospital**

- An ethnographic design enabled us to study meetings and practice in situ, capture multiple perspectives, and compare what people say about personalised care with what actually happens in real encounters and ward work.
- Ethnography involves detailed firsthand observation of real-world settings, seeking deep understanding of a local culture. It can produce rigorous, trustworthy insights and well-validated conclusions. However, it is under-utilised in hospital palliative care research owing to logistical and practical barriers.

**Hospital palliative care ethnographies are rare:** Block et al. analysed 274 health improvement ethnographies (Hospital palliative care ethnography, Palliative care ethnography, Other healthcare ethnography)

**The challenges of hospital-based ethnography**

- Time and space: observers may feel 'in the way' of fast-paced clinical work.
- Multiple gatekeepers may delay or block access.
- Staff have limited time to engage with researchers.
- Ethics committees may object to observation without prior written consent for each interaction.
- Fluid environments: conventional prior-written consent tricky given overlapping encounters, people coming and going.
- Palliative inpatients are often vulnerable and disorientated - may affect ability to decline.
- A caring researcher entering staff areas could raise confidentiality concerns.
- Staff may perform 'best behaviour' while being shadowed.
- Risk ambiguity: ethnographers risk being treated as honorary staff or inspectors; could be pulled into tasks or hospital politics.

**The PERSEX study**

**OVERVIEW**

- In a mid-size UK hospital, we generated data through field notes, interviews with patients, families, clinicians and health leaders (n=35), and clinician-in-patient-family observations (n=39) over 6 years.
- A reflexive thematic analysis is in process. Early findings and patient and public involvement and engagement (PPIE) discussions prompted additional analysis of complaints data.
- Dialogue with PPIE colleagues helped keep patient experience central to study design and implementation.

**EARLY RESULTS**

- Patient and most clinician participants frame 'personalised care' in terms of moral action and empathy rather than relating explicitly to choice.
- Though participants stated personalised care deserves high priority, it is often deprioritised by clinicians or health leaders experiencing disincentivising system barriers.
- Patient participants experienced hospital admissions as dehumanising when personalised care was lacking.
- Professionals struggled to articulate how they might teach or measure personalised care.

**The 'insider role' in ethnography**

- The lead researcher's clinical role is the same hospital-based role as an 'insider' with prior knowledge of hospital systems, jargon, and key relationships. This facilitated ownership, local access and recruitment due to trust, familiarity and fewer access barriers.
- Insider research carries risks: without care, researchers may adopt limited perspectives. Use clinical and academic boundaries, be transparent to interviewees, or use greater observer effects. This could lead to repeated Hawthornthwaite's study findings.
- PERSEX: these risks were addressed through applying substantial forethought in protocol design, and maintaining ongoing collaborative reflective practice and explicit role boundaries throughout the study.

**Addressing barriers and pitfalls**

The list of barriers is daunting - but our experiences led to insights about how these can be negotiated and overcome.

- Patience and planning were key: study set-up took close to twelve months.
- Careful forethought of how the protocol would address ethical issues relating to consent, confidentiality and witnessing poor practice enabled smooth progression through ethical approvals.
- A fluid consenting process with posters, staff briefings and options for verbal 'pre-consent' before observations and later written consent enabled flexibility to fit in with rapidly changing clinical environments.
- A model with short bursts of observation combined with interviews and document analysis proved more feasible than a classic ethnographic year-long immersion!

**Conclusions**

The complex, relational, contextual nature of palliative care leads to research questions focusing on meanings and values. Ethnography's focus on behaviours, relationships and real-world decisions fits well with questions about how care is organised and negotiated in real time.

Ethnography can uncover and explore rhetorically-glossed and highlight voices of underrepresented and 'hard to interview' groups.

Clinician-researchers can leverage the 'insider role' to enable fruitful ethnography, provided they actively address issues of boundaries, reflexivity and trust.

Despite challenges, hospital-based ethnographies such as PERSEX can be successful and contribute substantially to improving palliative care.

**PERSEX Study Timeline**

- 2022-2023: Study is conceptualised and set up.
- 2024: NHS REC approvals confirmed.
- 2024: Recruitment starts.
- June 2025: Additional study application awaiting.
- Oct 2025: Recruitment finishes.
- February 2026: Coding data ongoing.
- Early 2027: Stakeholder event for dissemination planned.

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## Voices That Matter: Building a Hospice User Forum for Meaningful Change

AUTHOR: Hospice User Forum Steering Group

**Introduction**

Our Hospice User Forum is a small group of people including patients, carers, friends and/or family members who come together to meet and discuss ways in which care is delivered and how it can be improved. This initiative supports key aims of our Hospice Strategy - particularly around listening and partnership - and aligns with the national Ambitions for Palliative and End of Life Care, which advocate for community engagement in supporting individuals with palliative care needs.

**Aim**

To ensure that the voices of those affected by life-limiting conditions inform service improvement and shape the future of hospice care.

**How have we achieved setting up the forum**

- A steering group was formed to agree the structure, process, and agenda for each meeting.
- The forum is promoted to individuals who have accessed hospice services in the past two years.
- Quarterly meetings are scheduled throughout 2025-26.
- Minutes and key discussion points are shared with the Senior Leadership Team, with action plans defined and monitored.
- Feedback is gathered from attendees to evaluate the forum's effectiveness.

**Future topics**

- Enhancing patient experience in the Inpatient Unit at St Clare
- Supporting individuals with non-cancer life-limiting conditions

**User Feedback**

To date, we have held two Hospice User Forum groups. Key highlights from the feedback include:

Overall experience rating: 5 out of 5

Everyone felt their voices and opinions were heard and valued

Value of sharing personal experience: 5 out of 5

Everyone felt their feedback will help shape the future services or initiatives at St Clare Hospice

**Outcomes so far**

Our Forum Said People want to see inside the hospice before accessing services.

We Listened Virtual hours and 360° photos now available on the website.

Our Forum Said People would like more information displayed in GP surgeries regarding services and self referrals.

We Listened Clinical and Community Engagement teams are working to improve promotion in GP surgeries.

Our Forum Said They would like to see us working more closely with GPs and paramedics.

We Listened Collaboration work has begun between the Hospice and GP/Paramedic services. This has included us hosting a Q&A session here at the hospice with Essex Ambulance Service.

Our Forum Said Misconceptions about hospice being only for cancer/elderly inpatients.

We Listened We are exploring the use of condition-specific campaigns within our communications.

**Topics we have explored**

- Understanding Hospice Care: Demystifying hospice services and myth-busting.
- Safety and Quality: Introduction to the Patient Safety Incident Response Framework.
- Access and Awareness: Promoting self-referrals.
- Community Engagement: Encouraging volunteers for Compassionate Neighbours programme.
- Research in Palliative Care: Exploring its role within hospice services.

**Conclusion**

Early feedback from both users and staff has been overwhelmingly positive. The Hospice User Forum has provided valuable insights that will directly influence service improvements. We will continue to build on this collaborative approach, ensuring that lived experience remains central to the development of compassionate, responsive hospice care.

stclarehospice.org.uk

## The journey towards becoming a Research Active Hospice

AUTHOR: Dr Arjan Kingdon, Research Lead & Consultant in Palliative Medicine, St Clare Hospice

There are multiple advantages to patients, families, communities, staff and health organisations of being 'research active', but well-documented barriers can prevent hospices from achieving this goal. St Clare Hospice's medical team identified research as a priority and appointed a Research Lead in 2022. Since then we have been on a journey to increase engagement with and participation in research, and hope to inspire others by sharing what we have learnt.

**What did we do?**

- Continued what we were already doing well, e.g. the monthly multidisciplinary journal club.
- Attended a 'Research in Hospices' conference for learning, networking and relationship-building, which laid the foundation for many subsequent changes.
- Rewrote the research policy and procedure to be more ambitious, laying out a pathway for encouraging staff into research and for approving internally or externally-generated projects.
- Set up a Research Steering Group which meets quarterly, discussing project applications, progress with existing projects, and strategy.
- Set up links with University of Cambridge palliative care researchers, including hosting joint research dissemination events.
- Set up the St Clare Hospice Conference, now in its 3rd edition.
- Created links with the Harlow Healthcare Library (affiliated with PAIR), enabling hospice staff to gain access to literature searching, journal articles and other information resources.
- Involved members of the Hospice User Forum to explain research processes and canvass opinion about St Clare's involvement in research (feedback highly positive). If possible we hope to involve this group as a 'PPI' group (Patient & Public Involvement) when considering future research studies.

**What studies have we hosted since 2022?**

- CHelsea II, a large multicentre cluster randomised trial examining whether assisted hydration is helpful for people in the last days of life - we successfully recruited our target of 20 patients and closed the study in August 2025.
- EDIPPE, a feasibility study in which we worked closely with NHS Blood and Transplant to help determine whether eye donation rates are improved by provision of educational materials to hospice staff.
- Uncertainty study, led by Dr Simon Eklind of the University of Cambridge, this qualitative study involved recruiting staff for a focus group and identifying patients and families happy to be interviewed about their views and experiences of living with uncertainty. Dr Eklind returned to the hospice in 2024 to present his findings to hospice colleagues.
- CANCOG, a study of the neurobiology of cancer cachexia for which we are a participant identification centre (ongoing).
- We are in the set-up phase for the DAMPE-D study, examining whether targeted delirium education will improve delirium assessment and management in the hospice (PU setting).
- Separately, I am running a study of my own design, the PERSEX study (Personalised Care and Patient Experience) which is currently recruiting at Princess Alexandra Hospital as part of a MD programme of research.

**Where next?** While celebrating how far we've come, we know there's still much more we want to do... we hope to:

1. Devise a clear and ambitious research strategy to help us consolidate and coordinate our efforts.
2. Revise the hospice website to better highlight the research work we are doing.
3. Advocate for a research nursing role which would enable us to take our work to the next level.

...and much more beyond that

References  
1. https://www.hospicecare.org.uk/palliative-care-and-support/hospice-palliative-care-research-research-what-is-research-and-how-to-get-involved/16/09/2025

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## 2.8 CQUIN Framework

St Clare Hospice did not receive additional funding during 2025/26 from the Commissioning for Quality and Innovation (CQUIN) payment framework. The mandatory CQUIN scheme is paused.

## 2.9 Registration with the Care Quality Commission (CQC)

St Clare Hospice is required to register with the Care Quality Commission. Its current registration has no conditions attached to it. The Hospice was inspected in December 2019, and the report published on 23 March 2020 rated the Hospice as OUTSTANDING.

The rating for each Key Line of Enquiry was as follows:

### RATINGS

Overall rating for St Clare Hospice

Outstanding ★

Is the service safe?

Good

Is the service effective?

Good

Is the service caring?

Outstanding

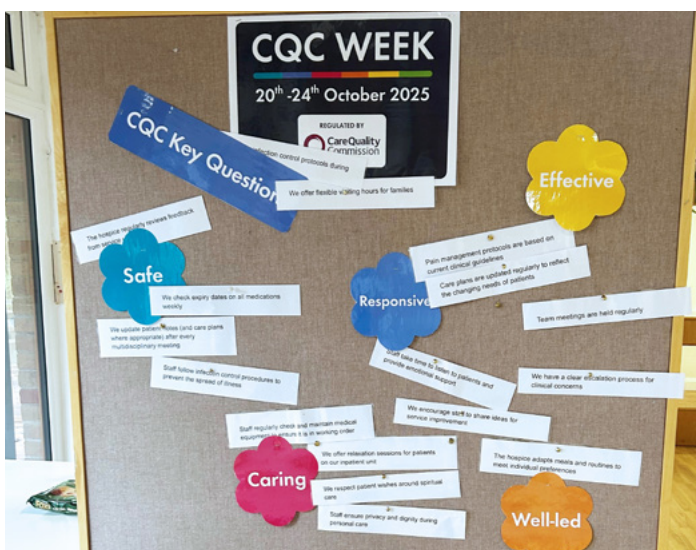
Is the service responsive?

Outstanding

Is the service well-led?

Good

In October 2025, we delivered a CQC Awareness Week designed to increase understanding of CQC requirements and to strengthen staff confidence in engaging in open discussions during inspections. The programme included a 'CQC Café Corner', interactive learning opportunities, and a series of mock clinical and whole-hospice audits to support learning and inspection readiness. Anecdotal feedback from participants was overwhelmingly positive, including from two Trustees who attended the hospice and engaged with activities.



## 2.10 Data Quality

St Clare Hospice worked alongside the Hertfordshire and West Essex Integrated Care Board (ICB) during 2025/26 to provide data enabling the ICB to gain insight into a patient's journey across our services, as well as to share key activity measures. We are also regularly submitting to the Community Services Data Set (CSDS) and Faster Data Flows (FDF).

Internal data is used to support individual delivery, daily review and wider development of services. It is also used as evidence of any contract compliance. Key performance and quality data is verified with clinical managers working in collaboration with the Data Programme and Senior Leadership Team. The Board of Trustees and its subcommittees have oversight of the data provided externally by St Clare.

## 2.11 Information Governance Toolkit

St Clare Hospice completed the NHS Data Security and Protection (DSP) Toolkit for 2025/26, exceeding the required standards and achieved Cyber Essentials Plus certification in March 2026 demonstrating compliance with national data protection standards.

Our Information Governance Steering Group, made up of senior staff across the Hospice, ensures we remain compliant, oversees the implementation of new policies and training and investigates any information governance issues.

All staff complete annual online training in information governance and data security, with key topics also covered during induction. Additional training is available from the Data Protection Officer. The hospice has designated roles to support governance: a Caldicott Guardian, Deputy Caldicott Guardian, Data Protection Officer, and the CEO as Senior Information Risk Owner (SIRO).

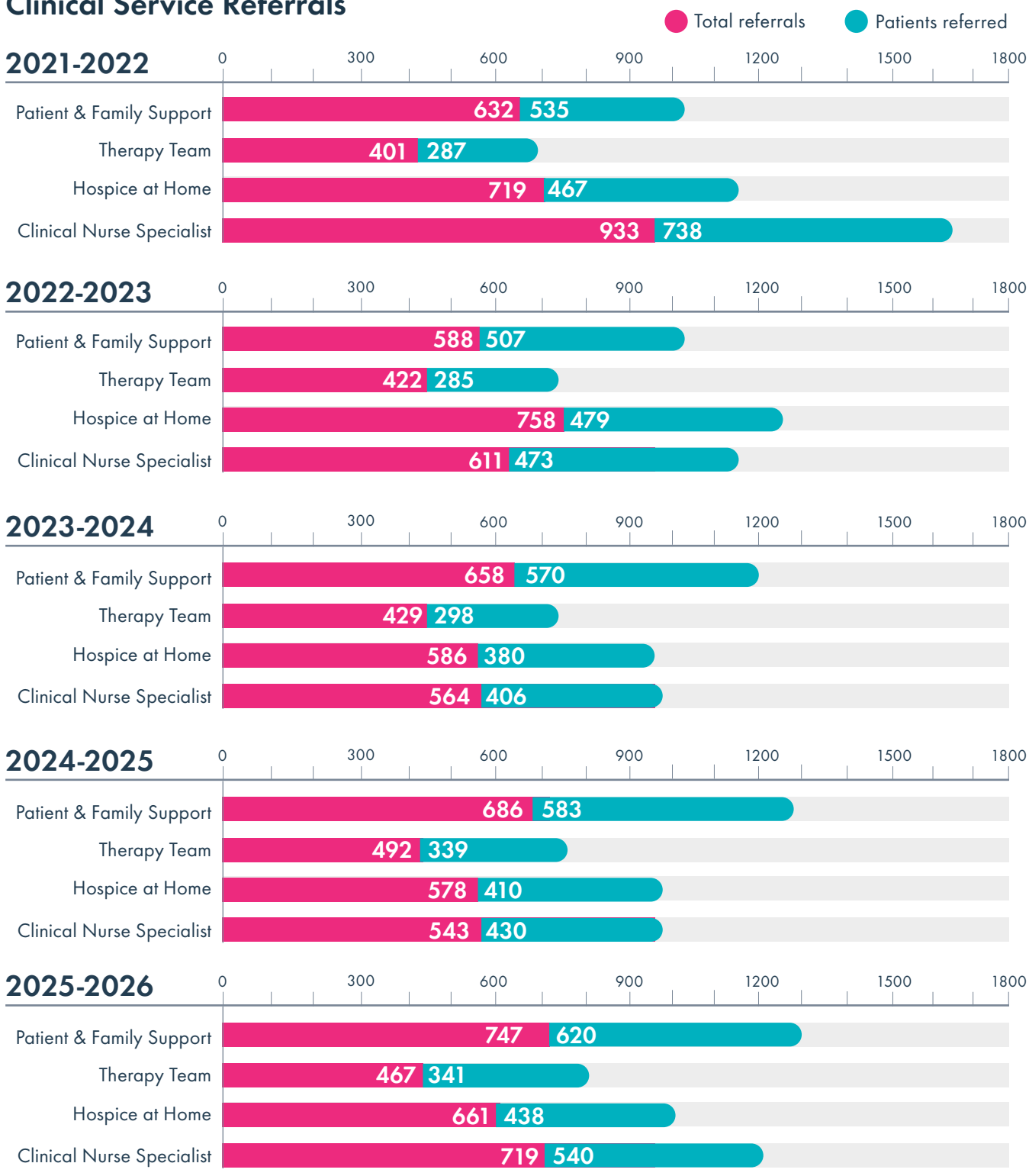
## PART 3

# Review of Quality Performance

The following data relates to our clinical activity and performance, including quality markers.

### 3.1 Overall Service Activity

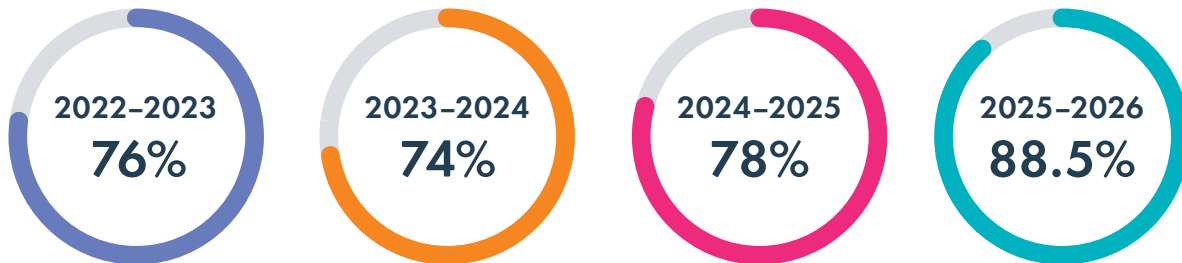
#### Clinical Service Referrals



## IPU Activities

	2022-2023	2023-2024	2024-2025	2025-2026
Total No. of Admitted Patients	171	181	210	224
Median Length of Stay on the IPU (days)	6.5	9	7	7.5

### % Bed Occupancy - IPU



**NB:** Occupancy figures may not be directly comparable due to a change in recording methodology. In 2025, we revised our occupancy recording process to ensure occupancy was calculated at more appropriate timeframes, improving the accuracy of reported data.

## Community Engagement Activities

	Compassionate Neighbours		Attendances	
	Trained Volunteers	Matches Made During the Year	Café Clare	Bereavement Café
2021-2022	19	17	515	993
2022-2023	19	42	568	1,196
2023-2024	26	33	1,164	1,834
2024-2025	41	26	1,526	2,083
2025-2026	12	56	1,767	2,203

Due to service developments, previous years' referral data (prior to 2022/23) for the Clinical Nurse Specialist team and (prior to 2023/24) for the Hospice at Home team include referrals which are now triaged by our First Contact Service, meaning the referral figures for these two teams are not comparable across all years displayed. Our First Contact Service team complete a thorough triage, then refer patients to appropriate internal teams, introduce them to Hospice care, or signpost them to additional services.

The hospice stopped actively making Compassionate Neighbours matches at the end of December 2025, therefore the figures associated with this service cover the period from April 2025 to December 2025. Following a formal review, the Compassionate Neighbours project has been discontinued and is no longer delivered by the hospice.

Attendance at Café Clare and the Hospice Bereavement Café has significantly increased over the past four years, strengthening our objective to work alongside communities to support one another and become more resilient.



## 3.2 Safety Information

We are committed to maintaining a positive and proactive patient safety culture. To complement our mandatory training programme, we introduce the Patient Safety Incident Response Framework (PSIRF) to all new employees during our quarterly 'Welcome Day' induction. This early introduction reinforces our values around:

- System-wide learning
- A 'no blame' culture
- Openness and transparency in incident reporting

Our culture is further evidenced by the high volume of near miss reports, which indicates strong staff awareness and a willingness to report potential risks before harm occurs.

We also ensure that learning is shared consistently across the clinical directorate. This is through regular MDT meetings, and we also have a standardised learning dissemination template supporting structured reflection and documentation of: what went well, what can be improved and any associated actions.

### The PSIRF guidance has four key aims:

- Compassionate engagement for and involvement of those affected by patient safety incidents.
- Apply a system-based approach to learning from patient safety incidents.
- Proportionate and considered responses to patient safety incidents.
- Support from commissioners focused on improvement.

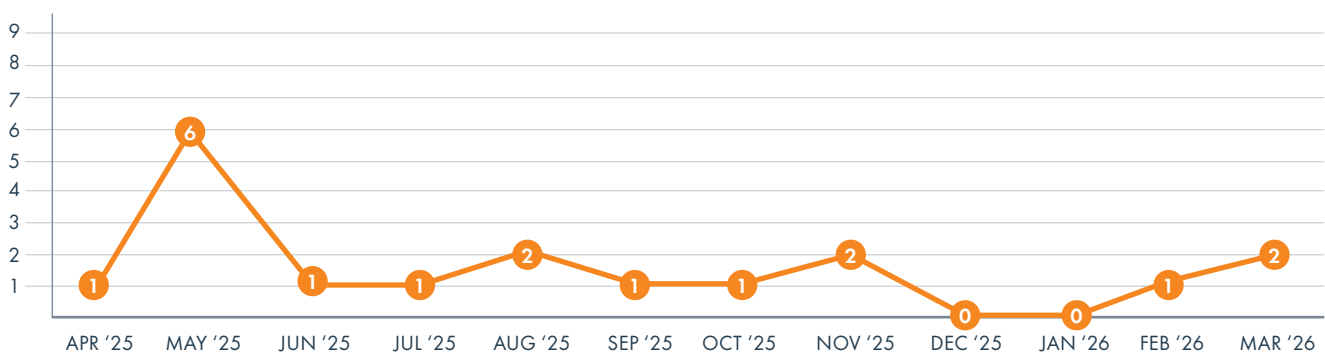
In addition to PSIRF, we continue to report any applicable incidents externally to the Care Quality Commission (CQC) and the Health and Safety Executive Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

A total of 463 incidents were reported from 01 April 2025 to 31 March 2026: 355 clinical and 108 non-clinical. On average, 89 clinical incidents were reported per quarter in 2025/26.

### Our key areas of clinical incident reporting are:

#### Patient Falls

Reported patient falls 2025-2026 (including near miss events)



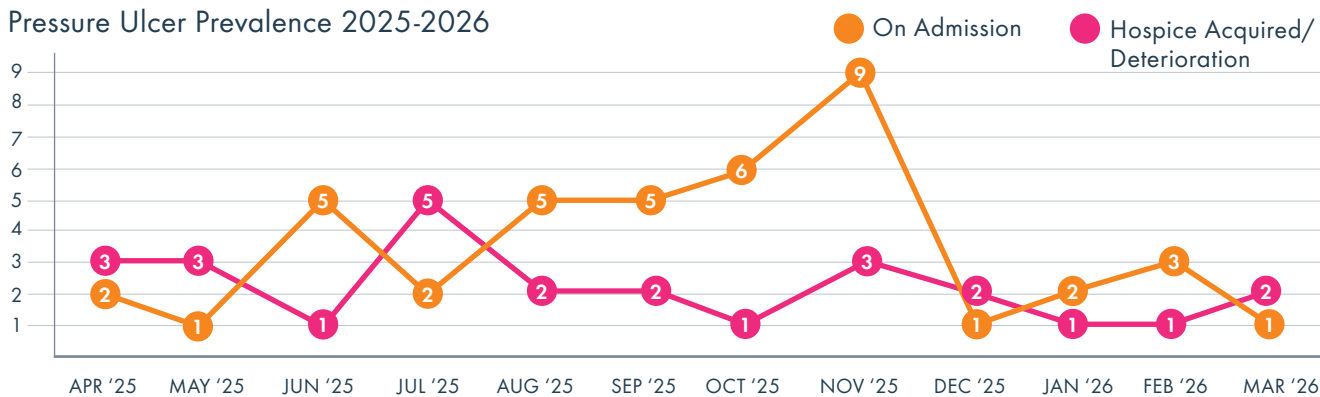
Throughout most of the reporting period, the number of falls remained consistently low. Of the 18 falls reported, four were categorised as near-miss events, and all incidents resulted in either no physical or psychological harm, or low-level harm.

A clear increase in reported falls was identified in May 2025 and was subject to detailed review. Three of the incidents involved the same individual who had already been identified as at high risk of falling. Two incidents were near-miss events that occurred during mobilisation, and one incident involved a fall while the individual was using a walking frame. In two cases, patients fell to their knees without sustaining injury. The final incident involved a patient experiencing severe postural hypotension when attempting to mobilise from the bed; no harm occurred as a result.

The hospice’s previous quality improvement work focused on falls prevention, undertaken in 2022, remains relevant and continues to inform current practice. This work is available on the Hospice UK Innovation Hub: [Reducing falls in the IPU | Hospice UK](#).

## Pressure Ulcers

Pressure Ulcer Prevalence 2025-2026



St Clare Hospice recognises that tissue damage can occur in patients approaching the end of life. A fundamental aim of care is to maintain skin integrity for as long as possible in order to promote patient comfort, dignity and overall wellbeing. Any pressure ulcers that develop during a patient’s care at St Clare Hospice, or that are identified on admission, are reported in line with local procedures.

The hospice’s pressure ulcer management procedure is aligned with national guidance. Moisture Associated Skin Damage (MASD) and vulnerable skin are recorded and reported separately, in line with best practice. A safeguarding decision-making guide is embedded within the hospice’s electronic incident reporting system to support staff in identifying and responding appropriately to safeguarding concerns where relevant.

Key themes of hospice acquired pressure ulcers throughout the 2025-26 year include:

- Limited mobility or patients being bedbound
- Patients being at end-of-life and/or rapid clinical deterioration
- Intolerance or non-compliance with repositioning
- Poor nutritional intake
- Frailty
- Cachexia

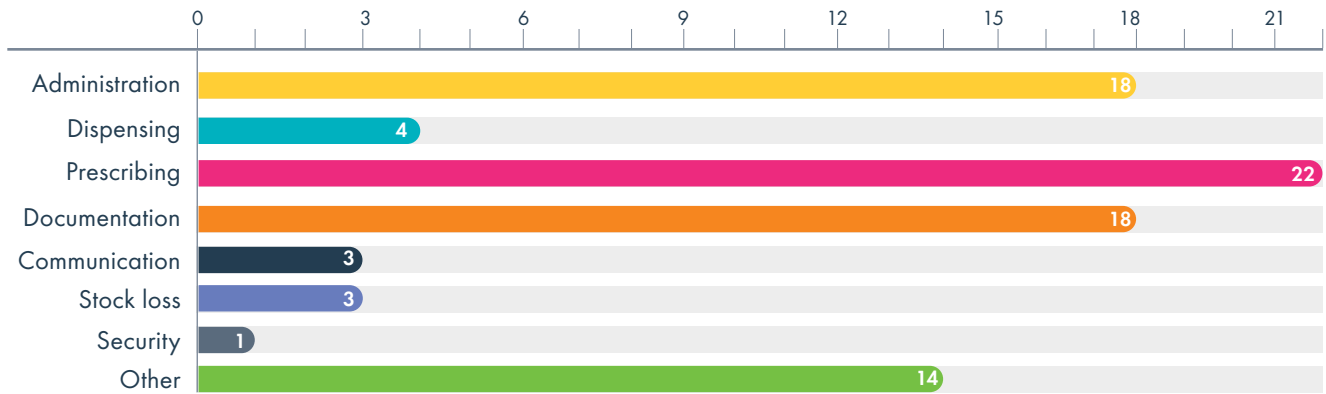
For all Hospice-acquired pressure ulcers, preventative measures were in place prior to the pressure ulcer developing or deteriorating, and appropriate management was carried out to prevent further deterioration.



The IPU team liaise with external partners on any pressure ulcers not documented in admissions paperwork to enable external reviews/incident investigations and, if appropriate, a safeguarding referral.

## Medication Errors

### Inpatient Unit Medication Error Categories 2025-26



There were 83 IPU medication errors reported in 2025/26 with eight (10%) of these being externally related. All internal medication errors reported within the year were reported as no or low-level physical and psychological harm. This indicates that the majority were 'near misses' and were identified before any patient harm occurred.

Due to medication incident prevalence remaining high from the start of the year, we held a Multidisciplinary Team (MDT) meeting early January 2026 to review system-wide factors (using the SEIPS framework) contributing to the volume of medication incidents, which remain consistently higher than other incident types.

The purpose of the meeting was to:

- Review themes from 2025 IPU Medication incidents.
- Identify system-level factors contributing to risks.
- Develop actionable improvements for patient safety and experience.

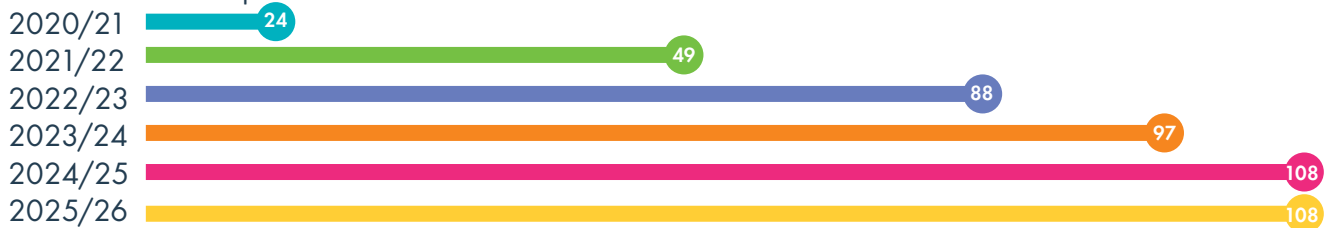
Actions following included:

- Reviewing 'to take away' medication ordering process
- Awareness/education on administration of medication within range prescribing
- Discussion regarding on-call thresholds
- Review of discharge checklist in use by nursing team
- Standardised process for controlled drug receipts and documentation
- Shared list of high-risk medications where missed doses must be escalated



## Non-Clinical Incidents

No. of incidents reported



### 2025-2026



Most non-clinical incidents reported during 2025/26 were classified as near misses or involved low or no psychological or physical harm. One incident was appropriately reported as resulting in moderate harm. Incident reporting and patient safety training is mandatory for all hospice staff and is also covered as part of the Hospice Welcome Day, reinforcing the importance of open and transparent reporting.

Incident data demonstrates a sustained upward trend in reporting, largely attributable to the full implementation of the electronic incident reporting system in the 2022/23 financial year. Since implementation, reporting levels have continued to increase at a smaller, steady rate, with a 10% increase from 2022/23 to 2023/24, followed by an 11% increase from 2023/24 to 2024/25. Reporting figures have remained consistent for the past two years.

In the 2025/26 reporting period, the most frequently reported non-clinical incident categories were accidents, health and safety, IT, and information governance, consistent with trends from previous years. Following a review last year in response to a high number of incidents recorded under the 'other' category, additional reporting options were introduced, including 'health and safety (including first aid)' and 'security', to improve clarity and accuracy of categorisation.

Nineteen of the 108 non-clinical incidents reported (18%) related to external organisations. These incidents were shared with the relevant external parties to support learning, continuous improvement, and accountability.

## Learning from Incidents

At the hospice, we place a strong emphasis on learning from incidents to support continuous improvement in the quality and safety of care provided to patients and service users. Each incident is viewed as an opportunity to reflect on practice and identify areas for improvement. Incident reporting is embedded within the hospice's wider governance framework, with all incidents reviewed daily and discussed through a multidisciplinary approach at weekly Patient Safety Meetings. This provides oversight and assurance and enables timely identification of any required changes to processes, policies, or practice.



## 3.3 Infection Prevention and Control (IPC)

At the hospice, we have an IPC Committee that meets quarterly. The committee is responsible for reviewing IPC-related incidents, risks, and priority areas. Its key aims include:

- Promoting consistent standards for infection prevention and control.
- Ensuring national guidance and best practices are implemented within the hospice.
- Establishing, implementing, and monitoring appropriate IPC policies and procedures.
- Providing a formal mechanism for reporting IPC updates to the Board of Trustees.
- Regularly reviewing IPC audits and ensuring follow-up actions are taken.
- Monitoring and updating the hospice's IPC action plan.
- Reviewing feedback related to infection control and cleanliness standards.
- Identifying IPC-related risks and, where appropriate, recommending additions to the hospice risk register.

Meeting minutes are shared through our Clinical Governance framework, progressing from the working group to the committee level.

## 3.4 Safeguarding

St Clare Hospice prioritises safeguarding as a fundamental aspect of its operations. It acknowledges that protecting children, young people, and vulnerable adults is a collective responsibility, requiring effective collaboration with partner agencies and other professionals.

The hospice has Safeguarding Supporters who serve as safeguarding champions. There are approximately 16 Safeguarding Supporters representing various teams across the hospice, including clinical and non-clinical. We promote our Safeguarding Supporters throughout the hospice site on posters to ensure everyone knows who they can approach for advice and support. The Safeguarding Supporters meet every quarter for 1.5 hours to share knowledge and best practice. In the reporting period they discussed the following:

DATE	TOPIC
12th June 2025	Safe Places - Domestic Abuse
11th September 2025	Prevent
28th November 2025	Elder Abuse
6th March 2026	Reporting and responding to Safeguard Concerns

To ensure that relevant staff have adequate awareness of all aspects of safeguarding, the Hospice provides support, information, and training. This education equips staff with the necessary awareness to identify potential vulnerabilities and risks of harm, and to understand how to implement local safeguarding procedures.

New staff joining the Hospice meet with their department's Safeguarding Supporter as part of their induction training, where they review the Hospice's safeguarding policy and procedures. Wherever possible we make sure this happens on their first day. All staff members and volunteers receive training in the detection of abuse as part of the mandatory training program, tailored to their role.



All staff are encouraged to raise and discuss any safeguarding concerns with their line manager, a safeguarding supporter, or lead. Staff should report all safeguarding incidents through the hospice's quality management system.

During April 2025-March 2026, 80 safeguarding concerns were reported internally with three of those concerning children/young people (one of which was related to both adult and child/young person):

<b>TYPE OF SAFEGUARDING CONCERN TOTAL</b>	<b>TOTAL</b>
Domestic Abuse	5
Economic Abuse	16
MCA/DoLS	15
Neglect/Acts of Omission	9
Organisational Abuse (external)	1
Other	1
Physical Abuse	5
Psychological Abuse	5
Self Neglect	1
Suicidal Ideations	22
<b>TOTAL</b>	<b>80</b>

Safeguarding continued to progress across the hospice during 2025/26, with a strong embedded culture that safeguarding is everyone's responsibility. Staff demonstrate a clear understanding of their duty to identify, respond to and appropriately escalate concerns or disclosures in line with legislative and professional requirements. The safeguarding priorities set for 2025/26 have been achieved or are ongoing, as outlined below, and further priorities have been identified to support continued improvement during 2026/27.



## 2025/26

PRIORITY	DETAIL
MCA/DoLS	<b>COMPLETE</b> <ul style="list-style-type: none"><li>Improving awareness across clinical teams through training and education.</li><li>Improving processes through internal working with our First Contact Service who receive external referrals.</li><li>Regular audits to monitor the quality of MCA assessments.</li></ul>
Domestic Abuse	<b>COMPLETE</b> <ul style="list-style-type: none"><li>Awareness raising across the organisation with separate focus on patients/families and colleagues.</li><li>Introduction of HR-based Domestic Abuse policy to support staff and volunteers who are experiencing domestic abuse.</li></ul>
Children and Young People	<b>ONGOING</b> <ul style="list-style-type: none"><li>Raising awareness with a focus during Children's Safeguarding Week.</li></ul>
MDT approach to managing safeguarding concerns	<b>COMPLETE</b> <ul style="list-style-type: none"><li>Devise an MCA/BI/DoLS Flow-chart for clinical areas.</li><li>Development of a Lasting Power of Attorney (LPA) Information Sheet for staff, patients and visitors.</li><li>Devise a tool for staff to understand how to validate an LPA document and upload onto SystemOne.</li></ul>

## 2026/27

PRIORITY	DETAIL
Prevent Training:	<ul style="list-style-type: none"><li>Review Prevent legislation and requirements to ensure appropriate levels of training are in place across the hospice.</li><li>Continue annual discussion of Prevent within the Safeguarding Supporters group.</li></ul>
Children and Young People:	<ul style="list-style-type: none"><li>Ensure at least one Safeguarding Supporters meeting per year focuses on Children and Young People.</li><li>Promote relevant resources and information to maintain staff awareness.</li></ul>
MCA/DoLS:	<ul style="list-style-type: none"><li>Deliver two MCA/DoLS training sessions during the year.</li><li>Adapt training content in response to staff feedback and identified clinical need.</li></ul>

## 3.5 Participation in Clinical Audits

### Local Audits

To support ongoing improvements in the quality of care we provide to patients, their families and carers, we collect and analyse data on our clinical activities. Our annual local clinical audit programme evaluates patient care against established clinical standards. The programme is flexible, allowing for the inclusion of audits in response to emerging themes from incidents and complaints. We hold a quarterly audit meeting and regular presentation sessions to share findings and promote best practice across teams.



## Some of the audits from our Clinical Audit Programme are shown below:

TITLE	COMPLETION	RECOMMENDATIONS AND ACTIONS TAKEN INCLUDE:
Bowel Management	Monthly from October 2025	<ul style="list-style-type: none"> <li>Discuss with Multidisciplinary team for all interventions to be documented with use of key words.</li> <li>To feedback that improvement has been shown over course of monthly audits.</li> <li>Auditor to ensure that key staff questioning takes place during audits.</li> </ul>
Eye Donation	March 2026	<ul style="list-style-type: none"> <li>Focus on clear documentation of discussions, including eligibility and outcomes.</li> <li>Added to handover document to ensure awareness of wishes.</li> <li>Simulation based training for medical trainees.</li> </ul>
Therapy Team Record Keeping	October 2025	<ul style="list-style-type: none"> <li>Review of Therapy Team SystemOne templates.</li> <li>Review St Clare accepted abbreviations list to ensure only these are used.</li> <li>Re-audit on annual basis.</li> </ul>
Advice Line Quality Assurance Review	Quarterly	<ul style="list-style-type: none"> <li>Accurate Pharmacological drug dosing and frequency to be effectively communicated with Prescriber.</li> <li>Awareness and rationale of category 2 ambulance request process.</li> <li>Reinforce documentation process.</li> </ul>
Controlled Drug (CD) Audit (Hospice UK)	Bi-annual	<ul style="list-style-type: none"> <li>Ensure staff signature list is kept up to date including removal of those who have left the organisation.</li> <li>Update of stock list to reflect requirements.</li> <li>Ensure all CD Record Book entries made in error are signed.</li> </ul>
Utilisation and effectiveness of screening for delirium	July 2025	<ul style="list-style-type: none"> <li>Better evidence needed for non-pharmacological discussions and implementation of interventions.</li> <li>Auditing of staff knowledge and awareness to take place.</li> </ul>

### IPU Infection Control Audits:

Functional Risk 2	Compliance	Star rating
Q1	95%	★★★★★
Q2	96%	★★★★★
Q3	95%	★★★★★
Q4	97%	★★★★★

Key infection prevention and control improvements have been incorporated into the planned refurbishment of the IPU during 2026. This includes the replacement of flooring and furniture with materials that support effective cleaning and reduce infection risk. These changes aim to enhance the safety of the care environment for patients, visitors, and staff, and to support good infection prevention practice.



## 3.6 Feedback and User Involvement

We seek feedback from our service users to ensure we provide the most effective and responsive services possible. To further encourage engagement, we recently reviewed and refreshed the 'Share Your Feedback' page on the hospice website, with the aim of promoting all forms of feedback, including surveys, compliments, and complaints. The updated page now includes a clear and easy-to-follow complaints process flowchart, which explains how concerns are managed within the hospice in a transparent and accessible way, helping service users and families understand what to expect and how their feedback will be used.

### Compliments

In 2023/24, we began formally recording our compliments in a quality management system. Within the past year (2025-26), we have added 249 compliments, which we have been able to monitor and share with the appropriate staff/teams.

Below are just some of the comments received during 2025/26 from service users, their families and friends and professionals following support from our clinical teams. These are taken from emails, cards and letters and are shared with our staff alongside formal feedback to demonstrate the impact of their care.



*"From the very first phone call to the hearts on the pillow, your compassion, care and support were second to none."*



*"Myself & all the family cannot thank you enough for the kindness, tenderness and humanity you showed xxxx is his final days. He said a number of times what wonderful people you all are."*



*"Thank you so much for your grace, positivity and unwavering commitment to giving our beloved wife/mum/nan a comfortable and dignified end of life. You all worked so tirelessly. You're amazing!"*



*"She was a fighter, I've never seen her quit anything in my life, but your kind, caring natures helped her come to terms with it and find peace. For that we are forever grateful."*



*"I would like to say a big 'thank you' to your incredibly caring team. The care love and kindness was so safe and comfortable in this special environment. You are all incredible, I will never forget your kindness and the support you provided for my beautiful little sister."*



*"And I strip away everything else, what helped me through the heaviness really, was the kindness I witnessed in you and the whole team. The way you give people dignity in their last days, the gentleness with which you hold space, the absence of judgment. In the middle of sadness and chaos, your compassion softened everything. It offered her peace, and in a quiet way, it offered me a place to breathe too. Thank you for the care you gave her and, without even realising it, the care you extended to me as well."*



*"I would like to thank you all from the bottom of my heart for looking after my mum (and me) with such care and compassion during her final days with you. My last memory of mum is her... being wheeled outside in her bed onto the patio overlooking the beautiful hospice grounds, the sun shining on her face and birds singing amongst the flowers, it was the ending she so deserved, and I thank you for making this possible."*



*"We wanted to thank you for the care, consideration & kindness shown during xxxx final weeks & days with us. We appreciate greatly your patient consideration & inclusion of us all during what was a very difficult time for our family."*



## Complaints

St Clare Hospice actively encourages feedback from patients, service users, families, staff, volunteers and visitors.

We deliver internal, interactive complaints workshops on a regular basis, led by the Medical Director and the Head of Quality and Governance. These sessions have been running for several years and aim to equip staff with the skills, confidence and knowledge to manage complaints effectively and to support individuals who raise concerns about our care or services.

All complaints are recorded and managed using the Vantage quality management system. St Clare Hospice closely monitors both the volume and nature of complaints as part of its commitment to quality assurance and continuous service improvement. Service users are supported to raise concerns, and all complaints are taken seriously, thoroughly investigated, and responded to in writing.

During 2025/26, St Clare Hospice logged 28 complaints in total, nine of which were issues that were resolved immediately. Of the 19 complaints that were not immediately resolved, five were raised verbally and 14 in writing. These included six emails, one face-to-face complaint, four telephone calls, two social media posts and six online retail reviews.

All relevant information relating to complaints is shared with the Directors, the Clinical Governance Committee and the Integrated Care Board (ICB).

<b>TOTAL NO. OF COMPLAINTS INVESTIGATED</b>	<b>19</b>
Clinical complaints	5
Non-Clinical complaints	14
Complaints completed/closed	19

## Learning from Complaints

We view every complaint as an opportunity to reflect on and enhance the quality of our services. Our approach is open and transparent, encouraging thorough review and learning from all aspects of the complaint. This helps us identify areas for improvement and understand where systems or processes may have broken down.

By aligning our reviews with the CQC Key Questions, we are able to determine what aspects of care were or were not, Safe, Caring, Responsive, Effective or Well-led.

### Examples of actions and learnings following complaints during 2025/26 include:

- Delivery of refresher training to support staff in accessing and using key external clinical management plans to further enhance patient care.
- Review and improvement of the Inpatient Unit handover process to ensure care and nursing homes receive consistent, timely, and accurate updates.
- Strengthening of discharge preparation processes, including enhanced medication checks and improved coordination to support timely transport arrangements.
- Facilitation of cross-team learning sessions to improve coordination and promote a holistic approach to care.
- Exploration of bespoke advanced communication skills training for Healthcare Assistants and Administrative staff, to further support effective and compassionate communication with patients and their families.



## Feedback We Acted Upon

FEEDBACK TYPE	FEEDBACK GIVEN	ACTIONS TAKEN
<b>Service Users &amp; Staff</b>	Feedback opportunities to improve the comfort and appearance of IPU facilities and internal surroundings.	<ul style="list-style-type: none"> <li>• Hand towels are used in bathrooms to reduce noise from hand dryers.</li> <li>• A volunteer has been assigned responsibility for maintaining the fish tank.</li> <li>• Refurbishment works are planned for 2026.</li> </ul>
<b>Staff</b>	Staff reported having protected time to remember patients but identified a need for deeper reflection on individual experiences.	<ul style="list-style-type: none"> <li>• Monthly reflection sessions have been introduced, with designated patient-focused discussions to support exploration of experiences and emotional impact.</li> </ul>
<b>Service Users</b>	Improved GP/Paramedic awareness of hospice services.	<ul style="list-style-type: none"> <li>• Strengthened partnership working with the ambulance service, including hospice-based awareness session and Q&amp;A engagement.</li> <li>• Review of the 'For Professionals' section of the hospice website.</li> </ul>
<b>Service Users</b>	Parents of children and young people attending the bereavement group would benefit from opportunities for peer support.	<ul style="list-style-type: none"> <li>• We now use the lounge area to provide a dedicated space for parents to connect and support each other while the group is running.</li> </ul>



# User Involvement Forums and Surveys

## Hospice User Forum

As outlined in the 2025/26 priorities update, the hospice introduced a Hospice User Forum in 2025. This forum aimed to bring together a small group of patients, carers, friends and/or family members to discuss their experiences of care and explore opportunities for service improvement. Sessions were held on a range of topics, including Understanding Hospice Care, Safety and Quality, Access and Awareness, Community Engagement, and Research in Palliative Care. Early feedback was positive and provided valuable insight; however, the forum is currently on hold due to attendance numbers and a wider review of hospice priorities.

## Staff Survey

The most recent Hospice Staff Survey was conducted in 2024, with all staff encouraged to participate and share their views anonymously. St Clare received 140 responses, representing 82% of the workforce—an increase of 9% compared to the 2022 survey. We currently have a survey open, which was live on 5 May 2026, and responses will be reviewed to support continued organisational learning and improvement.

### Highlights of our 2024 results include:

If a friend or relative needed treatment, I would be happy with the standard of care provided by St Clare

**100%**

I enjoy the work I do

**96%**

I am proud to work for this charity

**96%**

I understand what this charity wants to achieve as an organisation

**95%**

I believe in the aims of the charity

**94%**

In response to survey findings, staff wellbeing was identified as a key area of focus during 2025/26. A dedicated wellbeing survey was conducted, with results showing that 85% of respondents knew where to access wellbeing information and 77% reported no barriers to accessing wellbeing initiatives. The most valued initiatives identified were managerial support, the Health Cash Plan, and clear policies and procedures.

To further promote awareness and accessibility of wellbeing support, a wellbeing segment has been embedded into the Human Resources (HR) Welcome Day, one-to-one documentation, and a relaunch of wellbeing initiatives was shared at a HR Manager workshop.

Additional measures to support staff during the year included the introduction of a personal development screen within the HR system to improve oversight of required training, the implementation of a behaviours framework, and the review and update of the annual leave policy and procedure to better support work-life balance.



## 3.7 Statements from External Stakeholders

### Statement from the ICB



*By email*

*Giles.thorpe@nhs.net*

*23<sup>rd</sup> June 2026*

**Subject: NHS Essex Integrated Care Board response to St Clare Hospice Quality Account 2025/26**

Dear Colleagues

NHS Essex Integrated Care Board (EICB) welcomes the opportunity to comment on the St Clare Hospice (SCH) Quality Account for 2025/26.

It should be noted that EICB was not the primary commissioner of services delivered by SCH last year so will only be commenting on the planned quality priorities for 2026/27.

EICB recognises the significant efforts made by the Hospice and its staff to deliver high-quality care in the context of sustained system pressures and increasing demand.

EICB notes that the quality improvement priorities for the coming year were developed in line with SCH 2022+ Strategy which focuses on improving access, sustainability, and quality. The five key objectives which underpin the vision, mission and goal are:

- 1) SCH will reach significantly more people facing death, dying, and loss in its local communities.
- 2) SCH will work alongside its communities to become more resilient, to support one another and to remain independent for as long as possible.
- 3) SCH will equip healthcare colleagues with the confidence and skills to provide outstanding end of life care.
- 4) SCH will seek partnerships to deliver outstanding care to patients and local people.
- 5) SCH will grow as a strong, sustainable, and effective organisation.

EICB has noted that for 2026/27 these have been codified into three key priorities each with two areas for quality improvement:

Patient Safety:

1. Independent electronic prescribing in the community
2. Inpatient Unit (IPU) Handover Process Review

Effective Treatments:

1. The use of Artificial Intelligence (AI) to support effective clinical note taking.
2. Review of Inpatient Unit (IPU) Nursing Care Plans

Patient and Family Experience:

1. IPU Refurbishment

**NHS Essex Integrated Care Board**

Seax House, Victoria Road South, Chelmsford, CM1 1QH

[www.essex.icb.nhs.uk](http://www.essex.icb.nhs.uk)

Chair: Professor Michael Thorne CBE | CEO: Tom Abell



## 2. Review of IPU discharge information provision.

In summary, EICB notes that the SCH plans for 2026-27 focus on improving patient safety and experience and providing effective treatments. These priorities are actionable, measurable, and aligned with local patient needs.

In conclusion, NHS Essex ICB considers that the SCH Quality Account for 2025/26 provides a well-planned and balanced approach to quality improvement for the year ahead.

EICB will seek assurance on the quality, safety, and performance of services through established contract, quality, and governance processes, working collaboratively with system partners to support sustained improvement in patient outcomes.

EICB extends its thanks to SCH and all its staff for their continued dedication, professionalism, and commitment to delivering high-quality care for the population they serve.

Yours sincerely,



**Dr Giles Thorpe RN, DProf, MSc, Bsc (Hons), MIHM**

**Executive Chief Nurse / Caldicott Guardian**

### **NHS Essex Integrated Care Board**

Seax House, Victoria Road South, Chelmsford, CM1 1QH

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Healthwatch Essex is an independent organisation that works to provide a voice for the people of Essex in helping to shape and improve local health and social care. We believe that health and social care organisations should use peoples lived experience to improve services. Understanding what it is like for the patient, the service user and the carer to access services should be at the heart of transforming the NHS and social care as it meets the challenges ahead of it.

We recognise that Quality Accounts are an important way for local NHS services to report on their performance by measuring patient safety, the effectiveness of treatments that patients receive and patient experience of care. They present a useful opportunity for Healthwatch to provide a critical, but constructive, perspective on the quality of services, and we will comment where we believe we have evidence – grounded in people’s voice and lived experience – that is relevant to the quality of services delivered by St Clare Hospice. We offer the following comments on the St Clare Hospice Quality Account.

- We are heartened to see the creation of the Hospice User Forum, embedding the vital service user voice into the St Clare structure. Lived experience is our greatest resource for learning and improvement. It is however disappointing to see that the last forum meeting was cancelled due to low participation, leaving the future of the forum under review. We would encourage further investigation into ways to develop and improve this conduit.
- We are delighted to see the ongoing commitment to staff education and development at St Clare. The launch of the Education Hub, the Palliative Care Conference and variety of study days show an ongoing investment in the progression of the workforce.
- We welcome the 2026-7 priority of improving the inpatient handover process, with the aim of making this crucial point in patient care more effective, concise and safety focussed. This will be a positive implementation for staff, patients and loved ones.

Listening to the voice and lived experience of patients, service users, carers, and the wider community, is a vital component of providing good quality care and by working hard to evidence that lived experience we hope we can continue to support the encouraging work of St Clare Hospice.

**Sharon Westfield de Cortez**

*Information & Guidance Manager, Healthwatch Essex*

2<sup>nd</sup> June 2026

## 3.8 How to Provide Feedback to St Clare Hospice

We would like to encourage you to contact us with questions, comments or suggestions following reading this report or from your experience of St Clare Hospice.

You can feedback on your experience with St Clare Hospice on our website:

<https://stclarehospice.org.uk/us/get-in-touch/share-your-feedback/>,

or you can contact our CEO directly (details below).

### Contact details:

Sarah Thompson, Chief Executive Officer  
St Clare Hospice  
Hastingwood Road  
Hastingwood  
Essex  
CM17 9JX  
Email: [sarah.thompson@stclarehospice.org.uk](mailto:sarah.thompson@stclarehospice.org.uk)

