

st elizabeth hospice



Quality Account 2025/2026

Reg. Charity No. 289154 Company No. 1794927

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Part 1 – Statement of Quality

1.1 CEO Statement

Statement from the Chief Executive, Judi Newman



Each year, we welcome the opportunity to provide evidence in our Quality Account that our assurance processes are robust and safe, with an ambition to be outstanding in all that we do. One of our values is “Learning never ends” and we apply that value to a culture of continuous quality improvement. This year, we have seen our new clinical governance processes being embedded into our ways of working and I am grateful to the Care and Medical directorates for their conscientious efforts to plan and implement the changes.

This year has been defined by significant changes within the landscape in which we work but our strategic principles and key relationships remain strong. We worked in partnership with the two Integrated Care Systems (ICS) that serve our geography: Suffolk and North East Essex (SNEE) ICS and Norfolk and Waveney ICS. From 1st April 2026, all of our activities came under the new Norfolk and Suffolk ICB.

In Great Yarmouth and Waveney, we continue to enjoy our partnership with East Coast Community Healthcare (ECCH), who hold the community services contract in that area.

In the context of the NHS 10 Year Plan aiming to move care ever closer to the community, we continue to contribute fully to system leadership with a commitment to integrated working with primary care, neighbourhood teams and the acute trusts.

At a system level, we welcome the opportunity to play our full leadership role as a hospice and as an active member of the voluntary sector. In SNEE, we rotated the chair of the SNEE ICS Joint Advisory Group (JAG), handing over to St Nicholas Hospice Care after five years of chairing the group.

In Norfolk & Waveney ICS, we are members of the Palliative and End of Life Clinical Programme Board. The Hospice Education team has led system work

on ICS End of Life workforce resilience in SNEE, and many colleagues participated in ICB training, education and quality improvement projects.

At a place level, we are a member of the Ipswich & East Suffolk Alliance Committee and the Great Yarmouth and Waveney Place Board. Our Director of Care co-chairs the Die Well Group for Ipswich and East Suffolk Alliance, as well as being a sponsor of the Woodbridge Integrated Neighbourhood Scheme.

We work closely with our neighbouring hospices in Suffolk, Norfolk and North East Essex, looking for opportunities to collaborate, share costs and best practice wherever possible, and learn together. We are invested in Hospice Education, a collaborative approach to providing palliative and end-of-life care education, skills and training, and take an active role in Hospice UK opportunities to learn from best practice elsewhere in the UK.

Each October, our Board has a Strategy away day and actively reviews our Governance Framework to ensure it is still fit for purpose. We review our governance structure and discuss what additional working parties we may need in the year ahead.

At the moment, our additional working party is the Property Working Group to oversee our major capital projects. We review our risk registers and Business Assurance Framework, which are overseen by the Governance and Oversight Committee. We are now moving our risk registers onto the Vantage digital platform to facilitate a more dynamic approach to live risks.

At our last strategy day, we received feedback from an external audit of our compliance against the Charity Governance Code through the DigiBoard process which provides a benchmark against similar organisations. We are reassured that we score well and that we continue to develop robust processes.

In the autumn, we also reviewed our Governance Reference Library, which included several internal audits and external reviews of our processes, data protection and policy management. All audits and reviews have provided invaluable action plans for our teams to implement as we move towards more digital efficiencies for our systems.

Our Statement of Purpose outlines the main shape of our purpose:

St Elizabeth Hospice aims to improve life for people living with a progressive illness by:

- Providing multi-disciplinary holistic, specialist and dedicated palliative care services to patients, their families and carers
- Working alongside other statutory and voluntary agencies to provide specialist and dedicated palliative care, in a timely manner, where the patient wishes to be
- Acting as a resource to the local community regarding general and specialist palliative care to increase confidence and competence in improving life for people living with a progressive illness
- Providing care that respects the choices made by patients and their families so patients are treated in their preferred place of care and die in their place of choice where possible
- Working towards equitable provision of all services, leading to increased use of services by people with non-malignant progressive disease, and those from seldom-heard communities

In Ipswich and East Suffolk Alliance, we are working ever closer with Integrated Neighbourhood Teams (INTs): our community teams are now paired with INTs for a smoother multi-disciplinary experience and improved outcomes for patients and families. We are part of the National Neighbourhood Health Implementation Programme (NNHIP) in Ipswich & East Suffolk, co-leading one of the workstreams to identify opportunities for improvement in outcomes and avoidance of hospital admissions for those living with heart failure.

Our partnership with East Coast Community Healthcare (ECCH) has continued to deliver high quality specialist palliative care (SPC) to the community of Great Yarmouth and Waveney, with 6 SPC beds in Beccles Hospital, the community team, in-reach into the James Paget University Hospital and the provision of Outpatient day services including bereavement support. We have worked proactively with ECCH to identify and seek quality improvement opportunities together.

We continue to plan and fundraise for the building of a second hospice, on our site in Gorleston near Great Yarmouth. The community hospice in Gorleston will provide 16 beds, outpatients, a bereavement suite and a base for our community services across Great Yarmouth and Waveney.

Full planning permission has been granted and we hope to break ground on the project in 2026. This will represent a significant investment and improvement in health equity for the local population, in an area that has been traditionally underserved and yet has high levels of unmet need for services.

The Zest transition programme for young adult care continues to be an invaluable service for the young adults and their families who deeply value the nurse-led Zest Short Break respite care and the weekly social Zest Days. The Board has approved a plan to extend the Zest provision, which is a transformational service for the young adults and their families. We continue to work proactively with the local children's hospice East Anglian Children's Hospices (EACH) to make the transition as effective as possible for the young people as they turn 18 and leave the services of EACH to Zest.

In the coming year, we will work with stakeholders and service users to review our strategy as we look towards 2027-2028. We anticipate our core three strategic objectives will remain strong features: championing the delivery of palliative and end-of-life care, health equity for all and equipping others professionally and in the community to grow their confidence and skills in supporting end-of-life care.

This final objective includes both the education of healthcare professionals and the upskilling of the community to equip ourselves as relatives, friends, colleagues and neighbours to better support one another through the experiences of dying and loss.

This year, we were pleased to celebrate East Suffolk achieving official accreditation as a Compassionate Community: a tribute to the partnership working between the hospice, local charities such as Britten Pears Arts, Suffolk Artlink and our local library service who have all contributed their time and energy to this important work.

The year ahead is going to have a theme of transformation for our systems and processes, including the introduction of a digital HR and payroll system. Our annual business plan has an overarching focus of getting ready to be operational across two sites, which will require us to be as efficient and effective as possible so that we can prioritise our resources towards the sustainable delivery of care for our community.

We would not be able to deliver the service we do without the dedication of our staff and volunteers, or the support and encouragement of our donors and stakeholder partners. We always aim to put patients and their families at the heart of all our decisions, and we seek to hear their voices in all our plans. On behalf of our Board of Trustees and Senior Leadership Team, our sincere thanks are extended to all those who are part of the St Elizabeth family and we will continue to champion and deliver outstanding care to the community we serve.

Judi Newman

CEO

1.2 Statement from the Board of Trustees

As the new Chair of the Board of Trustees for St Elizabeth Hospice, I am grateful to our previous Chair, Ian Turner for his tenure in office and the generous handover he gave me and our Vice Chair, John Pickering. Having been a serving member of the Board at the time of my appointment, I am pleased to already have a strong appreciation of our corporate governance and have seen first-hand that the Board takes its responsibilities to the Care Quality Commission, the Charity Commission and Companies House seriously and with the rigor required.

We remain mindful that we are stewards of public and donated funds and as such, we have a responsibility to all our donors and statutory funders as well as a duty of care to our patients, families, staff and volunteers. This is not a responsibility that we take lightly, and we use our Governance Framework as our foundational guide to ensure that we are not only fulfilling our statutory requirements but, crucially, going beyond to ensure we seek the highest standards in all we do and deliver.

A modern charitable Board requires a broad range of professional skills and personal experience. We maintain a skills matrix of our Trustees so that we can review any gaps that we need to prioritise when recruiting future Trustees. Following last year's recruitment process, I have been pleased to welcome new Trustees to our Board who have brought invaluable skills and a diversity of experience. We continue to monitor succession planning for the Board and hold annual 1:1s with the Trustees. I am grateful to the Board of

Trustees who give generously of their time as volunteers with great dedication.

The Board is organised into specific Committees which meet regularly with the Executive Team and senior colleagues and which formally report to the Board. I sit on all the Committees. In addition, the Board approves the formation of working parties as required if there are specific areas the Board feels require additional time and focus. At the moment, the additional group remains the Property Working Group for the major capital projects, with the welcome and appreciated input from subject matter experts.

As well as sitting on all the Committees, it is my privilege to be a member of the Hospice Engagement Group and I would like to pay tribute to the volunteers, patients and family members who give freely of their time to help us co-produce new services, design improvements and add their invaluable input.

The Governance and Oversight Committee, which reports directly to the Board, monitors the overall compliance of current practices with written and reviewed policies and procedures. It has overall responsibility for risk management including a formal board assurance framework. The Chairs of all Committees attend this governance committee.

Following our Governance review last autumn, the Board has approved the recommendation to change our Governance and Oversight Committee in 2026-2027 to a more tightly focussed Audit and Risk Committee with a new independent Chair who is not on our Board. We will add an Information Governance Group to report into the Audit and Risk Committee, to provide extra rigour and support for our DPO and SIRO functions.

Furthermore, the Finance and Investment Committee will have new terms of reference to become a Finance and Resources Committee, expanding its remit to include all our assets and estates rather than the previous narrower focus on financial performance and investments.

We will have a new Digital Steering Group that will report into the Finance and Resources Committee, to bring together staff who are working on digital innovation implementation projects across the charity, including the introduction of a policy management online platform and an upgrade of our donor CRM system.

Each October, the Board and Senior Leadership Team meet to discuss ongoing strategy, business planning, governance framework and the subjects requiring separate working party involvement. It is also an opportunity to incorporate some in-person Board training, such as safeguarding or Freedom to Speak Up.

At our last Strategy away day, we were pleased to welcome Richard Watson, SNEE's Deputy Chief Executive and Director of Strategy and Transformation to hear directly about the new direction of strategic commissioning following the reconfiguration of our integrated care systems. We are mindful of discussions in parliament which may impact on how we deliver our palliative care services and stand prepared to help shape the new Modern Service Framework.

The Board remains fully committed to our organisational values which continue to stand us in good stead. We see the values in action, quoted and used in daily interactions across the charity as well as in recruitment, marketing and across our care services.

As a new Chair, I can vouch for the active deployment of "Compassion Takes Courage" in the delivery of our care services and I can confirm that I see regular evidence of colleagues taking the value of "Every Moment Matters" very seriously.



The Board would like to thank the Senior Leadership Team and the Senior Management Team for all their commitment and input this year to ensuring our corporate and clinical governance are reviewed and incorporated into the delivery of safe, compassionate care.

We would like to extend our thanks to all the staff and volunteers of St Elizabeth Hospice who embody our values to serve our local population as “One Team, One Community”. We have exciting and ambitious plans ahead and our values and work ethos will continue to be evident in all we do.

The Board fully endorses and approves this Quality Account.

Ann Monks

Chair of the Board of Trustees

“Every one of you who came into mum’s home were amazing. At the end when mum needed your support you were so gentle and loving with her.”

1.3 Executive Summary

Our 2025-2026 Quality Account reviews our activity and achievements through the past year and outlines our priorities for next year.

The agreed priorities for improvement for 2026-2027 are as follows:

- To implement trauma-informed care across the hospice
- Implement a safer staffing tool to enhance patient safety and quality of care
- Embed patient experience feedback into service development
- Preparation for Liberty Protection Safeguards (LPS) with a focus on the Mental Capacity Act (MCA)
- Assessment of venous thrombo-embolism risk for patients admitted to the Inpatient Unit

For more detail on the priorities please see page 15.

Achievement against the priorities for 2025-2026 was mixed, with engagement with some priorities hampered by changes within the clinical teams affecting the capacity for teams to progress projects. However, end-of-life care plans were successfully introduced onto Minsmere Ward at Beccles Hospital and there was significant progress in embedding a consistent, accessible offering of spiritual care across the organisation. Further detail can be found on pages 23 – 27.

The Inpatient Unit achieved an occupancy rate of 80% across the year and accommodated a number of complex admissions, despite some challenges with recruitment and the experience level of staff.

St Elizabeth Hospice's Medical and Therapy teams have provided support to the six designated specialist palliative care beds at Beccles Hospital, including the delivery of a training and education programme to ward staff focusing on personalised and specialist palliative care.

The Medical Team have delivered more support to community patients and supported the community transformation programme which ran throughout the year. Despite the potential impact of Resident Doctor industrial action, the team have led a number of quality initiatives across both the East Suffolk and Great Yarmouth and Waveney areas.

Community services in Ipswich and East Suffolk undertook a community transformation programme through the year, culminating in the delivery of a revised model of integrated community care. As a result, the patients

“Without your help our journey would have been so much more difficult, the help and care we received was second to none, it was down to all you wonderful people who collectively made it happen.”

previously supported by the Outpatient Services will be managed by a caseload team, ensuring improved continuity of care.

The Specialist Palliative Care Virtual Ward is an integral part of our community offer, supporting patients, at home, in their final weeks of life.

During the year a Clinical Lead was appointed to increase the level of clinical oversight for patients on the Virtual Ward.

Spiritual Care Workers have been recruited to the Emotional Wellbeing and Spiritual Care Service in both the Ipswich and East Suffolk and Great Yarmouth and Waveney areas, significantly enhancing the team's ability to meet the holistic needs of patients, families and staff. The service has seen increased demand year on year and is working to improve responsiveness and access to services.

As part of the community transformation programme, the Therapy Team have seen the introduction and recruitment to Specialist Therapist roles. The Great Yarmouth and Waveney team members have been invaluable in the design of the new build at Gorleston.

We have continued to deliver Specialist Palliative Care Services to Great Yarmouth and Waveney under subcontract from East Coast Community Healthcare.

This year the service was enhanced by the introduction of a reactive service at weekends from the Community Team. Whilst there have been staffing challenges, the development of the workforce has been a focus with team members securing promotions and others working towards Advanced Clinical Practitioner.

The Zest team have focused on communication as a quality improvement initiative throughout 2025-2026, to increase confidence in communicating with young people in a more inclusive way. An area of focus, for 2026-2027, will be developing a staffing model that ensures this important service is able to expand to meet the needs of more young adults.

Compassionate Community work has focused on improving access and support for marginalised communities. Our team supported East Suffolk's application for Compassionate Community status and held a well-attended Public Health Celebration event to recognise the endorsement by Public Health Palliative Care International.

We recognise that our staff and volunteers all play a vital part in the delivery of quality care to those that use our services and we continue to ensure they are able to seek support, when needed, from our Freedom to Speak Up Guardians and Mental Health First Aiders.

Detail of our risks, incident and complaints can be found in section 3. Robust clinical governance arrangements are in place to ensure all aspects of clinical governance are coordinated to provide oversight of quality performance across the Directorate, with Trustee oversight from the Care and Clinical

“The team at the hospice have been exceptional in helping me deal with the problems that having MND creates. I would honestly say that without them I don't know how I would cope with everything that has been thrown at me. They have been amazing.”

Governance Committee.

Part 2 – Priorities for improvement in 2026–2027

2.1 Priority 1 - Trauma Informed Care

How the priority was decided:

According to a recent study by researchers at the University of Bristol, Trauma Informed Care (TIC) approaches can prevent re-traumatisation in services and improve experiences and outcomes for both patients and staff. There is a growing body of evidence highlighting the need for integration of TIC into hospices and palliative care.

[Trauma informed hospice and palliative care.pdf](https://academic.oup.com/gerontologist/article-abstract/58/3/409/2646628?redirectedFrom=fulltext)
<https://academic.oup.com/gerontologist/article-abstract/58/3/409/2646628?redirectedFrom=fulltext>

The government has created guidance (dated 11/12/2025) - The Changing Futures evaluation which has produced a rapid evidence review of trauma-informed approaches to support people experiencing multiple disadvantages. This report discusses the evidence of how taking a trauma-informed approach benefits individuals and services. [Read more - www.gov.uk/guidance/systems-change-learning/3-supporting-trauma-informed-working](http://www.gov.uk/guidance/systems-change-learning/3-supporting-trauma-informed-working)

The decision to include this as a priority, emerged through two parallel and complementary pathways. Firstly, the Emotional Wellbeing Team Lead, who

had completed Trauma Informed Care (TIC) training, identified the need for a more structured and strategic approach to embedding trauma-informed principles within the hospice.

In addition, another practitioner, who works as a trauma-informed accredited counsellor/psychotherapist and a facilitator of training on “conflict resolution” and “behaviour that challenges us” for the workforce also independently identified a growing need to implement trauma-informed care across the hospice. Through their clinical and training work, it became clear that a trauma-informed approach would benefit both staff and service users.

This need was presented to the Care Services Group. Following discussion and shared agreement on its importance, it was collectively decided to establish a Steering Group to begin progressing this work, thereby formally recognising trauma-informed care as a priority for the hospice.

How the priority will be achieved:

Creation of a Steering Group to guide the organisation’s progress in this area. The purpose of this group is to lead the development, coordination, and implementation of trauma-informed principles, ensuring progress is strategic, inclusive, and aligned with the hospice’s core values.

The steering group will start by reviewing how trauma-informed principles are reflected in our current hospice care, so we can identify key areas for development. The idea is to gather insight into current practice and identify where we can strengthen our trauma-informed approach across hospice services.

- Assess: Staff Wellbeing, Knowledge and Awareness - survey
- Identify needs: make an action plan based on the result of the survey
- Are our values, policies, and leadership practices aligned with trauma-informed principles?
- Do our care plans and day-to-day practices reflect trauma awareness?
- Are we actively avoiding re-traumatisation?
- Are our physical and relational environments safe, inclusive, and calming for all clients and staff?

How progress will be monitored and reported:

- Presented the identified needs and action plan to the Care Services Group in May 2026
- Training programme – identified need
- Clear trauma-informed policy
- Ongoing monitoring – trauma-informed care has been included as a regular update for the Care Services Group
- Regular review of policy / procedure as needed

2.2 Priority 2 - Implement a safer staffing tool

How the priority was decided:

Hospice patients commonly present with complex symptom management needs, rapidly changing conditions, and significant emotional and psychosocial requirements. It is essential to ensure the right number of staff, with the appropriate skills, are available at the right time to reduce risks such as unmanaged pain, delayed care, medication errors, and unmet personal care needs.

Hospice staff frequently care for highly dependent patients and distressed families. Inadequate staffing levels can therefore lead to compassion fatigue, increased sickness absence, and high staff turnover. A structured safe staffing tool helps to balance workload more fairly and makes staffing pressures visible, enabling proactive management of risk.

Safe staffing tools also provide valuable evidence for workforce planning and offer an objective measure to support clinical decision making, including admission decisions. Importantly, such tools assist with skill mix optimisation, determining the correct staff mix rather than focusing solely on overall numbers.

Introducing a safe staffing tool initially within the Inpatient Unit, with a longer-term plan to implement it across the community, will enhance patient

safety and quality of care, support staff wellbeing, strengthen governance arrangements, and inform strategic workforce planning decisions.

How the priority will be achieved:

- A safe staffing tool has been identified and will initially be implemented within the Inpatient Unit as the first phase of rollout
- A Task and Finish Group will be established to oversee planning, implementation, and embedding of the tool into routine practice
- Opportunities to integrate the tool within SystemOne and develop reporting functionality through Power BI will be explored to enable real-time visibility and data-driven decision-making
- A pilot will be undertaken within the Ipswich Community Team to test applicability across community services
- An audit programme will be introduced to assess usage, staff understanding, compliance, and impact

How progress will be monitored and reported:

- Regular progress reports from the Task and Finish Group
- Formal updates provided to the Care Services Group and the Care and Clinical Governance Committee
- Monitoring of daily utilisation of the tool across inpatient and community services
- Evidence of the tool being used to inform and support admission decision making

2.3 Priority 3 – Embedding patient experience feedback into service development

How the priority was decided:

Capturing patients' experiences of their care ensures the patient voice is heard and is a measure of quality of care. The hospice had traditionally captured patient feedback via a postal questionnaire. This yielded a low response rate and was a labour intensive and costly process, as a result the process was ceased.

Recognising the need for a more effective and responsive approach, we have been transitioning toward a digital-first feedback model, enabling patients, families, and carers to share their experiences closer to the episode of care. This includes the use of QR codes and online forms, while still supporting those who prefer traditional paper-based methods.

A key priority is to ensure that all feedback - regardless of source - is consistently captured at defined times, centralised, accessible, and used to inform quality improvement.

“Words aren’t enough to describe how grateful I am for what you have done for my family. From the hard work making our wedding such a special day, to the excellent care given to her throughout her stay right up to her final moments.”

How the priority will be achieved:

A patient experience task and finish group has been set up and will report into the Quality Assurance and Improvement Group (QAIG). This group consists of service representatives as well as the Business Intelligence team and will work with each service lead to develop how and when patient experience will be captured.

To support this, the group will implement a centralised digital feedback system, which will:

- Enable feedback collection using multiple channels, including:
 - Digital MS forms for all clinical services (accessible via QR codes, tablets, email links)

- Hospice website submissions
- Complaints (via Vantage)
- External sources such as Healthwatch
- Ensure all feedback is automatically routed into a single and secure repository on SharePoint, with controlled access.
- Standardise feedback formats across clinical services to enable consistent data capture and reporting.
- Incorporate scanning and uploading of paper-based feedback, including cards and letters, ensuring no feedback is excluded.

This approach will establish a single source of truth for patient experience data, improving efficiency and data quality while enabling more meaningful insights across services.

A patient experience dashboard will be developed to provide real-time visibility of feedback trends, themes, response rates, and areas for improvement across all care teams.

How progress will be monitored and reported:

The group will report to the Care and Clinical Governance Committee via the Quality Assurance and Improvement Group.

Progress will be monitored through:

- Volume and source of feedback received across all channels (digital, or paper-based)
- Response rates across clinical service areas and patient pathways
- Timeliness of feedback review and action
- Themes and trends identified from aggregated feedback
- Number and impact of quality improvement initiatives arising from feedback

The implementation of the centralised system and patient experience dashboard will enable more robust reporting, supporting a proactive approach to quality improvement.

2.4 Priority 4 - Preparation for Liberty Protection Safeguards (LPS) with a focus on the Mental Capacity Act (MCA)

How the priority was decided:

In October 2025, the UK government confirmed it will launch a fresh consultation into the Liberty Protection Safeguards (LPS) in 2026. The consultation will be jointly run by the Department of Health and Social Care and the Ministry of Justice. It will aim to seek the views of those affected such as families, health and social care professionals as well as legal experts.

The aims of the LPS are to provide a simplified and accessible legal framework for the protection of individuals who lack the capacity to make decisions about their residence and care arrangements, aiming to improve the outcomes for people who are deprived of their liberty and ensure the Mental Capacity Act works as intended. The hospice works with a range of people, including some who due to their medical conditions or other factors lose the capacity to make decisions for themselves, and therefore need to ensure the Mental Capacity Act is followed accordingly when making decisions and arrangements for said individuals. As a provider of care the hospice will be expected to ensure and evidence that they:

- Identify potential deprivations of liberty
- Ensure appropriate information is provided to the responsible body
- Understand and comply with the LPS requirements in practice

In order to achieve the above the hospice needs to ensure it is prepared and able to deliver in these areas.

How the priority will be achieved:

- The safeguarding lead and other identified individuals will continue to attend relevant Integrated Care Board's Safeguarding forums and groups as well as other local, regional and national networking events to ensure up-to-date information regarding the LPS is obtained

- The Safeguarding Lead will continue to disseminate information to the wider hospice via the network of safeguarding deputies across the hospice services
- Review the skills of staff across the hospice to complete capacity assessments, analyse results and develop a training programme as required
- Review all SystemOne documentation in relation to safeguarding, MCA and DOLS/LPS to ensure these are fit for purpose in line with recommendations following the consultation and possible implemented changes
- Update all relevant policies, procedures and standard operating procedures

How progress will be monitored and reported:

- Review of progress and developments at the Safeguarding Governance meetings
- Completion of a skills and knowledge audit for capacity assessment and documentation
- Safeguarding training programme rolled out
- New templates and processes for recording information on SystemOne
- Updates and progress reported to the Trustees, Care Services Group and any other identified meetings

2.5 Priority 5 – Assessment of venous thrombo-embolism (VTE) risk for patients admitted to St Elizabeth Hospice’s Inpatient Unit

How the priority was decided:

Although venous thrombo-embolism (VTE) is often asymptomatic, it can be life-threatening or cause symptoms such as breathlessness, chest pain or a swollen, painful limb.

A significant proportion of patients admitted to a hospice will have risk factors for developing VTE, but many will also be at risk of bleeding.

Careful assessment is therefore required when contemplating thromboprophylaxis (treatment to reduce the risk of VTE). Current evidence neither supports nor refutes routine thromboprophylaxis in the hospice setting.

Furthermore, a patient's performance status, stage of illness, as well as their individual preferences and priorities, all need to be considered when weighing up potential benefits and burdens of treatment.

NICE guidance states all patients should undergo a risk assessment to identify their risk of venous thromboembolism (VTE) and bleeding on admission to hospital.

A recent hospice audit has highlighted the need to improve the documentation of such an individualised risk assessment and treatment decisions for patients admitted to the Ipswich Inpatient Unit (IPU).

How the priority will be achieved:

- Development of an electronic individualised VTE and bleeding risk assessment template on SystmOne
- Development of hospice guidance for primary prophylaxis of VTE in the hospice inpatient setting

How progress will be monitored and reported:

- Re-audit of documented risk assessments and decisions regarding VTE prophylaxis for patients admitted to IPU is planned for 2026
- Ongoing schedule of re-auditing will be planned thereafter
- Progress and results will be reported via the Medicines Management Group

2.6 Priorities for improvement from 2025-2026

2.6.1 Priority 1 - Joint working with St Nicholas Hospice Care

Working between ourselves and St Nicholas Hospice Care we wanted to address four priority areas:

- Safeguarding, including policy review and work to assure the application of Deprivation of Liberty Safeguards (DoLS) in the hospice setting is robust
- Pressure area care and the need to embed the Purpose-T tool
- Opportunity for joint audits / peer review across a range of hospice activities
- Mouthcare and the need for an end-of-life appropriate assessment tool

Identified leads met in June 2025 and agreed actions, including planned joint audits.

Throughout the year, excellent progress was made by the Safeguarding Leads with the following policies jointly developed and approved by each organisation:

- Adult Safeguarding and Prevent Policy
- Mental Capacity Act and Deprivation of Liberty Safeguards Policy
- Children's Safeguarding Policy

In addition, the leads agreed a joint approach to Care Quality Commission notifications.

However, due to a combination of operational demands and priorities much of the other work planned has not progressed. The Directors of Care have continued to meet and discuss joint challenges and share best practice. However, we have not been able to facilitate a meeting of the other leads. Whilst Purpose-T has not yet been implemented, the work to improve care planning on SystemOne within the Inpatient Unit will support its eventual introduction.

2.6.2 Priority 2 - End of Life Care Plans Minsmere Ward

In quarter 1, work began resurrecting a draft End of Life Care (EOLC) plan that had been written on SystemOne but not implemented. Joint working between senior nursing staff from East Coast Community Healthcare (ECCH) and the Medical Team on Minsmere Ward led to a revised improved plan, with the key feature of 2-hourly intentional comfort rounding as key part of plan of care.

The initial documentation that confirms the individualised plan of care, would be completed by a doctor and nurse together. A copy of this would be printed and uploaded to SystemOne, so that it can be seen by hospice, as well as ECCH, staff users.

Quarters 2 and 3 were focussed on education and roll out of the plan, piloted successfully in September 25. No changes were needed and the plan became standard practice for all deaths in Specialist Palliative Care beds on the ward from October 2025.

The plan was very well received by staff. The pilot coincided with the launch of the 'SWAN' model to ensure a compassionate approach to families and improved awareness for all ward staff about the person's needs at end of life. Minsmere Ward staff now talk about the 'SWAN' plan – which has become shorthand for the EOLC plan and the 'SWAN' information/signposting that is shared with families and staff.

In quarter 4 St Elizabeth Hospice (SEH) Medical Team approached ECCH to collaborate in a joint quality improvement project to assess the use and quality of completion of the EOLC plan. Due to Minsmere Ward staffing changes, ECCH have not participated in this project, but the SEH Medical Team have reviewed some simple data for the first 6 months using the plan. This is currently in the analysis and reporting phase, but the headline is that the EOLC plan was in use for 79% of deaths on Minsmere Ward (38 of 48 deaths in the study period).

In the remaining 21% of deaths, there was recognition of dying and intention to use the plan, but this was not translated into initiation of the plan on SystemOne. Recommendations for quality improvement will be shared across the Multi-Disciplinary Team, and a follow-up Plan Do Study Act (PDSA) cycle completed later in the year.

2.6.3 Priority 3 - Carers Assessment

It has been a somewhat frustrating year in terms of taking the Carer Support Needs Assessment Tool (CSNAT) forward due to many changes within the hospice teams and restructuring of teams and roles. We have been successful in being granted the licence to use CSNAT and have developed a CSNAT leaflet and process of documentation / completion.

There has been a small pilot of CSNAT use in both the Ipswich and East Suffolk Community Team and Emotional Wellbeing and Spiritual Care Team. Liaison is ongoing with both the Great Yarmouth and Waveney (GY&W) team and the Ipswich Inpatient Unit, to plan the introduction of CSNAT into these areas.

Goals for the next 12 months:

- Develop plan for implementation to the wider community team in Ipswich and East Suffolk
- Start training and roll-out in GY&W Community Team, Ipswich Therapy Team and Ipswich IPU
- Write policy for CSNAT use
- Streamline process for use of CSNAT and amend existing documentation following feedback from pilot and users
- Complete the first audit of CSNAT use towards end of next 12 months

2.6.4 Priority 4 - Spiritual Care

Our aim was to increase awareness and embed a consistent, accessible offering of spiritual care across the organisation.

We recognised patients, families, and staff were not receiving equitable access to spiritual support. In response, we sought to better align with Ambition 3: Maximising comfort and wellbeing within the Ambitions for Palliative and End of Life Care: A National Framework for Local Action (2021–2026).

We have established a committed core group of both clinical and non-clinical staff to lead and sustain developments in spiritual care, supported by a designated trustee.

Through completion of a staff-wide survey, we now have a clearer understanding of organisational perceptions and knowledge of spiritual care. This insight has informed a targeted education and communication strategy to improve awareness and confidence.

As a result:

- Updated spiritual care competencies have been embedded for registered nurses and healthcare assistants

- Many teams within the Care Directorate have received training delivered by our spiritual care workers
- Plans are in place with the marketing team to promote spiritual care through targeted videos and social media, helping to build wider organisational understanding
- Spiritual care is now planned to be incorporated into both corporate and local induction programmes

We have also strengthened the structure and sustainability of the service by developing a clear policy and a volunteer framework to guide and support those contributing to spiritual care delivery.

From a clinical perspective, patients are now receiving spiritual care support across Ipswich and East Suffolk and Great Yarmouth and Waveney. Spiritual care staff are embedded within the Emotional Wellbeing Team, contributing to multidisciplinary team discussions and actively supporting referrals, ensuring a more integrated and responsive approach to care.

“Thank you so much for all the support, patience and encouragement throughout my final placement. I have learned so much from you all. Not just about nursing but about confidence, great teamwork and empathy.”

2.7 Mandatory Statements Relating to the Quality of the NHS Service Provided

2.7.1 Review of Services

Review of Services

During 2025-2026 we provided the following services:

Inpatient Unit – Ipswich Site

The Inpatient Unit at Foxhall Road is a short stay 18 bedded unit providing specialist person-centred care for individuals with complex palliative care

needs, focusing on the holistic assessment and management of symptoms, psychosocial support, and end-of-life care. The service is designed for patients whose symptoms or care needs cannot be adequately managed in other settings, such as home or community-based care.

Specialist Palliative Care beds – Minsmere Ward at Beccles Hospital

In partnership with East Coast Community Healthcare (ECCH), St Elizabeth Hospice provides medical, therapy and spiritual care support to 6 specialist palliative care beds. The nursing support is provided by ECCH.

Medical Team

Consisting of Medical Consultants, Nurse Consultants and Specialty Doctors, the team provides cover to the 24 inpatient beds, as well as community visits and outpatient clinics across both localities.

Community Services (Ipswich and East Suffolk including the Outpatient Service and the OneCall service)

The team consisting of Clinical Nurse Specialists and Registered Nurses provide community support to patients whose needs cannot be met by generalist services. Patients that are able to attend our Outpatient Services can see multiple members of the multidisciplinary team during the course of the day, whilst being supported by Registered Nurses and a Health Care Assistant.

The service also incorporates OneCall our specialist 24/7 telephone helpline. If, following a call to the line, urgent care needs are identified, a reactive visit from the community team can be arranged.

Co-ordination Hub

The Co-ordination Hub brings together a team of multi-disciplinary staff, working across multiple providers 24 hours a day, 7 days a week, with OneCall as the main coordination point. The Co-ordination Hub provides a range of responses to calls, education and support of other providers, emotional and bereavement support, support to care homes and GPs.

Working with our clinical partners, we are coordinating communication and care by:

- Providing and coordinating care in people's homes

- Providing advice on how to manage symptoms and administration of drugs
- Arranging admissions to hospice
- Providing psychological and bereavement advice
- Arranging practical help to get equipment and medication

Specialist Palliative Care Virtual Ward

The Virtual Ward provides care to patients thought to be in the final weeks of life. Care is provided by a team of Health Care Assistants and Clinical Support Workers, with oversight from the Virtual Ward Clinical Lead and access to the wider multidisciplinary team as needed.

“I wanted to take the opportunity to say I can’t thank you enough for your empathy, guidance, and the tools you’ve provided to help me move forward in life after losing my husband. When I first came to you, I was truly at rock bottom.”

Emotional Wellbeing and Spiritual Care Services

The Emotional Wellbeing and Spiritual Care Team provides specialist psychological, emotional, and spiritual support to patients and families known to the hospice who are facing progressive or life-limiting illness.

The team also offer the following services:

- LivingGrief – providing support for individuals following bereavement. Within Ipswich and East Suffolk, this support is available to individuals who may not have been previously known to the hospice, who have been bereaved by someone with a progressive, life-limiting illness. In Great Yarmouth and Waveney, bereavement support is offered to those with an existing connection to hospice services
- 565 Service – the 565 Service provides specialist emotional wellbeing support to children and young people in the Ipswich and East Suffolk

area who are living with a family member with a progressive illness known to the hospice

Therapy Service

The team consists of physiotherapists, occupational therapists and therapy assistants. The team provide specialist support to both inpatients and those within the community, including those attending the Outpatient Service.

Specialist Palliative Care Services to Great Yarmouth and Waveney under subcontract from East Coast Community Healthcare (ECCH)

The services we provide in this area include:

- Specialist support to the 6 palliative care beds at Beccles Hospital
- In-reach specialist palliative care support into James Paget University Hospital
- Access to OneCall for patients, relatives and healthcare professionals
- A community nursing specialist palliative care service, 7 days a week
- Outpatient support, including counselling and therapies

Zest

Provides a developmentally appropriate service for young adults upwards with complex palliative care needs. Zest aims to provide seamless support during transition to adult services as well as proactive supportive and palliative care.

“The Zest service and staff is a cut above all other services we have dealt with. We all felt so welcome and genuinely cared for. You are a very special bunch of people.”

Compassionate Communities

The team works collaboratively with local hospices, community groups, schools, workplaces, and service providers across East Suffolk, Great

Yarmouth, and Waveney. The aim is to develop a public health approach to death and dying, empowering communities to support one another and encouraging open conversations about end-of-life experiences.

Hospice Education

Hospice Education is a joint branded partnership, which during 2025-2026 included St Helena Hospice, St Elizabeth Hospice and Farleigh Hospice. It is a shared education department serving the internal needs of partner organisations and provides a range of external education opportunities.

2.7.2 Funding of services

The work of St Elizabeth Hospice is supported by a grant from the Ipswich and East Suffolk Alliance, part of the Suffolk and North East Essex Integrated Care Board. The hospice also receives funding from Norfolk and Waveney Integrated Care Board, via a subcontract from East Coast Community Healthcare (ECCH).

All income received from the NHS in relation to services reviewed in April 2025 - March 2026 represents 34% of income.

2.7.3 Clinical Audit

2.7.3.1 National Audits

St Elizabeth Hospice did not participate in any national audits during 2025-2026.

2.7.3.2 Local Audits

The Quality Assurance and Improvement Group meet bi-monthly and are responsible for overseeing audit activity as well as patient experience.

The annual clinical audit programme ran from April 2025 to March 2026, designed by the Clinical Compliance Lead in conjunction with the members of the Quality Assurance and Improvement Group.

Of the planned 48 audits, 23 were completed. Those not completed will be considered in next year's audit programme. These figures are for each planned

audit and not each cycle. The total number of audits will, therefore, be higher. Frequency of audit varies from monthly to annually.

2.7.3.2.1 Selected Audit Summaries

Audit of compliance with bed rail policy on Ipswich Inpatient Unit (IPU)

The use of bed rails must be supported by a full assessment, including a risk assessment, by a suitably qualified professional before their use. For inpatients there should be a completed falls risk assessment template, a moving and handling assessment template, bed rails / bed levers risk assessment questionnaire and, if relevant, a decision specific capacity assessment. The first audit carried out in April demonstrated that whilst all audited patients had a moving and handling assessment template completed, the other required assessments were not reliably completed.

As such, the audit was repeated and compliance rates had significantly improved but not all standards were above the 90% compliance threshold.

The same audit was completed for Zest Short Breaks and found all the standards were being met.

Admission avoidance

This audit aimed to establish the number of patients who have avoided an acute hospital admission due to receiving hospice care during July 2025. Data was collected on the number of patients admitted to inpatient care, patients receiving care from the Virtual Ward and patients whom community team members felt would have needed a hospital admission had we not provided care in the community.

This demonstrated for Ipswich and East Suffolk a total of 55 admissions were avoided for the month and for Great Yarmouth and Waveney 13 admissions were avoided.

Due to the low numbers of community patients identified as avoiding an acute admission this audit was repeated in October 2025.

Community Healthcare Assistant documentation audit

Community Healthcare Assistants (CHCAs) provide care to patients within our Ipswich and East Suffolk Virtual Ward. This audit checked compliance with the assessment and documentation standards outlined within the current operational procedure. The results were as follows:

- 80% of CHCA checklists were completed prior to first visit
- 10% of patients were given written information about CHCA service on first visit
- 100% of CHCA assessments and care plans were completed on first visit
- 90% of risk assessments were completed i.e. smoking, pets etc
- 90% of observational equipment checks were done and recorded for each visit for equipment used and confirmed i.e. slide sheets etc
- 100% of the care/support provided was recorded on patient's documentation using assessment and daily care form
- 30% of patient's notes reflected that needs changed after care plan had been agreed
- 100% risk assessments were updated as needed and recorded on electronic notes
- 100% subsequent visits were recorded on daily record of care
- 100% of entries in electronic notes meet the standards under the Procedure for Recording Patient Information

CHCAs were reminded of the need to ensure written information about the service was provided at first visit. Assessment and care planning is now being overseen by the Virtual Ward Clinical Lead.

Zest capacity audit

The Zest service has a high percentage of service users with a learning disability and, therefore, likely to lack capacity. Each young adult accessing short breaks or day care services should have a decision specific capacity assessment and best interest meeting documented in their records.

The records of 21 young adults using these services during a 6-month period were reviewed. 19 of the 21 records were compliant for capacity assessments

and 18 of the 21 records compliant for best interest discussions. Of the 3 deemed not compliant, 1 had not yet accessed the service without own care provision and the other 2 had limited attendance. A further audit is to be carried out in 6 months.

DisDat – Zest

The DisDAT tool is a distress and discomfort tool, aimed to identify distress in people that have severe communication difficulties. All young adults attending for short breaks and Zest Days will have a DisDAT care plan completed and the monitoring tool completed at least once every shift, more frequently if needed (for example signs of distress identified). The notes were reviewed of 35 young people accessing services within a 6-month period. Only 4 young adults had the care plan completed and none of these had the monitoring tool completed. As a result, the use of the tool was discussed with the team and agreed that the use of the tool remained relevant, and that practice would be reviewed in 6 months to give further opportunity for use of the tool to become embedded in practice.

Intentional rounding

This audit examined the use of intentional rounding for patients, on our Ipswich Inpatient Unit, that had experienced a documented fall. All patients should have a post-falls risk assessment and if intentional rounding is to commence, checks should be completed hourly. Of the patients audited all had been assessed that intentional rounding should commence, but completion of the rounding documentation was poor. Intentional rounding documentation has since been reviewed.

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) Audit

ReSPECT serves as a comprehensive approach to discussing, formulating and documenting recommendations related to future care and treatment.

All compulsory fields of the ReSPECT form should be completed and the document uploaded and recorded in the electronic patient record (SystemOne). The notes of 10 Inpatient Unit (IPU) patients, 10 outpatients and 20 community patients were reviewed. 72.5% had a ReSPECT decision documented on SystemOne and a form uploaded. This was 100% for IPU patients, 60% for

community patients and 70% for outpatients. 80% had an advance care planning template completed.

Standard Infection Control Precautions (SICPs) monitoring tool.

The tool aims to ensure application of guidelines as set out in the National Infection Prevention and Control Manual for England. The tool identifies areas of good practice, areas for improvement and those which require immediate action to improve practice and mitigate risk.

Of the 20 areas audited 16 achieved 100% compliance. Areas for improvement included improved signage for patients / visitors with respiratory symptoms, decontamination of reusable non-invasive care equipment, issues with the management of sharps and sharps bins. An action plan has been created and is being monitored by the Infection Prevention and Control Group.

Venous Thromboembolism (VTE) Risk Assessment

This audit aimed to determine whether VTE risk assessment and anticoagulation decision making are consistently applied to hospice inpatients, and to assess documentation of VTE risk factors and bleeding risk factors. The audit found no patients had documented VTE assessments or plans.

Given the high prevalence of VTE in advanced cancer and the requirement by national guidelines to assess VTE and bleeding risks for all inpatients this represents a significant quality improvement opportunity.

VTE risk assessments will be a priority for improvement for 2026-2027 (see section 2.5).

Drug administration audit

This was a snapshot audit of 30 drug administration episodes at the 8am and 12pm drug rounds, on the Ipswich Inpatient Unit, as well as PRN drug administration. The audit identified that red tabards, worn to reduce interruptions, were worn reliably during planned drug rounds but only in 50% of PRN drug administrations.

All patients had the appropriate wristband in place and sensitivities were checked. There were 10 instances where the wristband was not checked prior to medications being given and 2 instances where medication was left with the

patient and the nurse did not witness the patient taking the medication. Results were reviewed and discussed at the team meeting.

Ketamine audit

Practice was audited against the standards outlined in St Elizabeth Hospice 'Guidelines for use of Ketamine'. 6 patients were identified for the audit. The findings were as follows:

Initiation of ketamine in the patients reviewed was done in accordance with the hospice guideline. More rigorous checking and documentation of drug interactions may add another level of safety.

Prescribing was in line with recommended guidelines. Monthly monitoring of liver function and urine needs to be improved. There is no use of the ketamine template on SystemOne. Using this may raise concordance to the guidelines in all domains.

Methadone audit

Compliance with 14 local methadone prescribing and monitoring standards were reviewed. 10 patients were included in the audit. Overall, the audit demonstrated a high level of compliance with most local methadone prescribing and monitoring standards, reflecting safe and consistent prescribing practices within the Beccles Inpatient Unit.

Consultant-led initiation, clear documentation of indication, adherence to dosing protocols, and appropriate PRN prescribing were achieved in all cases, indicating strong alignment with best practice guidelines.

Areas for improvement were identified, particularly regarding follow-up ECG monitoring, which was inconsistently performed, and incomplete documentation of electrolyte checks and medication interaction reviews.

In all cases, it is unclear whether these checks were actually performed and simply not documented in the patient notes or on SystemOne. These gaps suggest the need for more consistent monitoring and record keeping, to ensure ongoing patient safety.

Steroid prescribing

18 patients' notes were reviewed against 5 local standards for steroid prescribing. Areas for improvement were identified in documenting clear

indication, duration and review dates as well as documenting the rational of risk / benefit of why bone protection is not prescribed. We are working jointly with our pharmacy colleagues to improve the process for ensuring all patients discharged on steroids receive a steroid card.

Hospice UK Self-Assessment Tool for the Controlled Drug Accountable Officer (CDAO)

This audit was carried out using the Hospice UK audit tool and found the following:

There is limited documented evidence of clear lines of accountability for the handling of Controlled Drugs (CDs) on the Ipswich Inpatient Unit, Zest and Community. Up-to-date standard operating procedures are required for the procurement, storage, destruction, record keeping, prescribing and administration of CDs.

CD checks are carried out nightly by the nursing team and 3-monthly by the pharmacy team.

Records evidencing the completion of these checks were seen.

There is not an available risk assessment to support the frequency of checks.

It is unclear whether patients and carers are advised about the storage and safe disposal of medications.

Hospice UK Controlled Drug Audit Tool

The audit was carried out by the CDAO in two parts.

The first was a tabletop exercise, carried out by the CDAO and the Senior Pharmacy Technician, examining available policies and procedures as well as prescriptions on SystemOne.

The second part was carried out by the CDAO, Senior Pharmacy Technician and the Ward Manager and involved a review of the pharmacy room storage arrangements, as well as a review of the available controlled drug registers.

There were not robust arrangements in place for the safe custody of keys on the Inpatient Unit or for the codes to the drug trolleys and CD key safe to be changed regularly. In addition, there is not a robust process for keeping dongle access current.

The signatory list held by ESNEFT was not up-to-date and there was not an up-to-date internal list of signatories available.

Issues were identified with cancellations and corrections in the CD registers.

Syringe pump prescriptions are not on EPMA, this presents challenges with not being able to remotely check an appropriate PRN dose, prescribed on EPMA.

TTO prescriptions do not have the dose and strength of preparation in words.

Single checking of CDs is in place but a risk assessment for this cannot be sourced.

Excess CDs are not denatured in line with best practice.

A comprehensive action plan was developed, as a result of these two audits, and is monitored by the Medicines Management Group. Standard Operating Procedures have been developed and a risk assessment is in place to support the frequency of checks.

A new process has been introduced for the safe custody of keys and for ensuring appropriate dongle access to the drug room. Syringe pump prescriptions have been moved to EPMA.

“To everyone at the hospice – nurses, doctors, volunteers, cleaning and kitchen staff. Thank you from the bottom of my heart for all you have done for us.”

2.8 Participation in Research

2025 – 2026 Research Activity Summary

- Research portfolio:
Delivered a diverse portfolio of studies focused on palliative and end-of-life care, health inequalities, and service improvement. Key studies include:

- *Injectable Medication Study* (qualitative, longitudinal case studies and focus groups), led by Dr Ben Bowers (University of Cambridge); Stage 2 commencing in 2026
 - *NIHR Research Capability Funding: Enhancing multi-sectoral research capacity in the East of England for palliative and end-of-life care, with a focus on rural, coastal and low-income communities*; led by Dr Abigail Hensley (completion 2026)
 - *PISCES Study: Pharmacogenomics to Improve Supportive Care Symptoms; hospice contribution focused on patient and public involvement and engagement (PPIE)*, led by Norfolk and Norwich University Hospital (completion 2026)
 - *Reconceptualising 'Crisis' in Frailty: Thematic scoping review exploring uncertainty and care responses in community settings*; led by Dr Joseph Sawyer in collaboration with the University of Cambridge (completion 2026)
 - *Cultural Humility in Palliative Care: Doctoral research led by Dr Siobhan Workman, contributing to equitable care for marginalised populations; successfully completed with PhD award*
- New studies initiated:
 - *BEACON: Development and validation of a paediatric breakthrough pain assessment questionnaire* (University of Southampton)
 - *Patient-centred outcome measure for young adults (18–25) with life-limiting conditions* (King's College London)
 - *Hopscotch: Optimising primary care support during transition from children's hospice services* (University of Leeds)
 - Partnerships and collaboration:

Strengthened academic and regional collaborations to support research growth:

 - Ongoing collaboration with the University of Suffolk, with research activity now aligned to the Institute of Health and Wellbeing

- Senior Visiting Research Fellowship at the University of Cambridge (Palliative and End of Life Care Group – PELiCam)
- Membership of the NIHR East of England Applied Research Collaboration (ARC), enhancing access to funding, collaboration, and dissemination opportunities

These partnerships support increased research capacity, study recruitment, workforce development, and knowledge sharing.

- Workforce and capability:
 - Quarterly multidisciplinary team (MDT) journal club maintained with strong engagement
 - Access to national training through the Hospice UK Research Incubator, supporting staff research skills development
 - Development of a dedicated research section on the hospice website, including publication of the organisational research strategy
- Patient and public involvement:
 - Delivered four community engagement events focused on death, dying, and bereavement, involving patients, carers, and professionals
 - Activity has identified barriers to research participation and informed more inclusive approaches to engagement, particularly for underserved communities
- Recognition and achievements:
 - Secured NIHR Wider Care Settings funding (£74,190; April 2026–March 2027) to appoint a Research Facilitator and strengthen research infrastructure
 - Awarded NIHR Regional Strategic Funding (£1,500) to support ongoing participation in NIHR portfolio studies
 - Peer-reviewed publications contributed to national evidence base in palliative care, including work on dementia and community access to end-of-life care
- Priorities for next year:

- Leadership and strategy: Appoint a regional Research Facilitator and co-produce a collaborative research strategy aligned to NIHR priorities
- Governance and infrastructure: Develop standardised research delivery pathways (e.g. sponsorship, governance, HR, finance) to improve efficiency and reduce study set-up time
- Workforce development: Establish a regional community of practice; increase Good Clinical Practice (GCP) training and Principal Investigator capacity
- Research delivery: Expand participation in NIHR portfolio and other studies across multiple hospice sites; increase funding applications and research outputs
- Inclusive engagement: Strengthen patient and public involvement, with a focus on improving access and participation for rural, coastal, and underserved populations

2.8.1 Use of CQUIN Payment Framework

St Elizabeth Hospice's income for 2025-2026 was not conditional on achieving quality improvement or innovation targets under the Commissioning for Quality and Innovation (CQUIN) framework, as we are not party to any NHS National Standard Contracts. (Mandatory Statement)

“From our first meeting with you we all felt reassured, comforted and empowered. A and I really appreciated the support, help, advice and warmth you brought to each of your visits. I shall never forget how dad’s face brightened and he smiled that cheeky smile and winked when you last visited, 2 days before he died. Happy memories of our time with you.”

Part 3 – Review of Quality Performance

3.1 Inpatient Unit

Ipswich site

Overview of the area

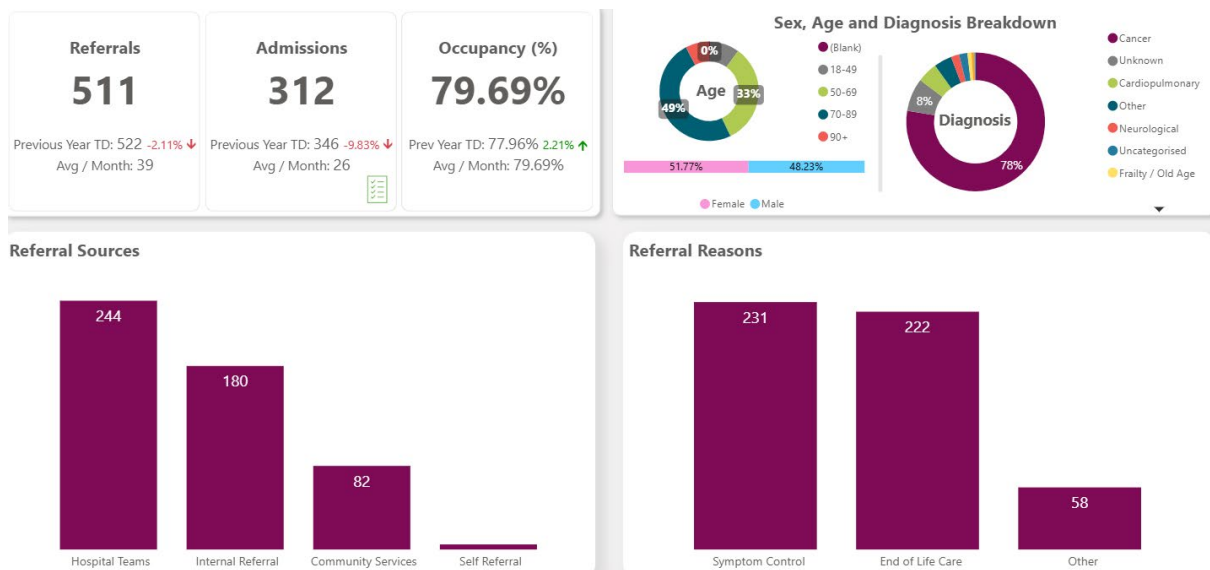
Throughout the year, 18 inpatient beds in Ipswich remained operational to support symptom control and end-of-life care, achieving an occupancy rate of 80%.

Activity

During the year, the unit received 511 referrals, resulting in 312 admissions.

The average length of stay was 16.5 days, which is slightly above the target of 14 days. This figure has been influenced by 1 patient admission that extended to 6 months, reflecting the complexity of care needs managed within the unit.

This illustrates key referral statistics for 2025-2026:



Achievements and contribution to quality

The Inpatient Unit has successfully accommodated a range of highly complex admissions, including patients with a left ventricular assist device (LVAD) and those requiring care following a laryngectomy, demonstrating the team's specialist capability and adaptability.

To strengthen communication and promote person-centred care, the daily ward huddle has been revised. These multidisciplinary meetings now provide a structured opportunity to review:

- Patient risks
- Plans of care
- Discharge considerations
- Staff wellbeing concerns

This has improved team communication, risk awareness, and shared decision-making.

The electronic patient record and care planning documentation have also been reviewed and refined, enabling a clearer timeline of events and more accurately reflecting the care delivered.

Support from Bright Space has enabled the refurbishment of the bereavement suite, creating a more welcoming, calm, and age-appropriate waiting area for family members prior to visiting their loved ones.

The team has continued to support meaningful patient and family experiences, facilitating a number of celebrations including birthdays, weddings, Christmas and Valentine's Day, helping maintain dignity, normality, and compassionate personalised care.

The nursing team also attended a series of away days, with topics directly informed by staff feedback through a questionnaire, supporting both professional development and team engagement.

Staffing

A staff consultation on shift patterns was completed, resulting in a move in July to 11.5 hour day and night shifts.

The transition from a fixed rota to self-rostering has been successful, with strong staff engagement and positive feedback regarding flexibility and ownership.

Recruitment proved particularly challenging during quarters 2 and 3, with the unit operating below establishment for both registered nurses and healthcare assistants.

However, this has improved significantly, with 9 new staff members appointed, supporting a positive move towards more sustainable staffing levels.

There has also been notable professional growth within the ward team. This includes:

- A team leader completing a Master's module in palliative care
- The commencement of an additional Nursing Associate apprenticeship, through the successful development of a staff member progressing from a hospice Healthcare Assistant role into the Nursing Associate pathway

The ward now also benefits from support from a Spiritual Care Worker and Music Therapists, further strengthening the holistic care available to patients and families.

Challenges and problems

The staffing pressures experienced during quarters 2 and 3 remained a significant challenge, largely due to recruitment difficulties and the high

proportion of newly appointed staff, which created temporary skill mix pressures.

An internal mock CQC inspection identified an entrapment risk associated with bay headboards. A temporary mitigation has been implemented while longer-term environmental solutions are progressed.

The call bell system has also been identified as excessively loud, negatively affecting patient experience and satisfaction. Work is now underway to upgrade the system, alongside plans to trial a silent ward approach overnight.

In response to the entrapment risk, wider medication management requirements, and the ageing ward environment, a business case for refurbishment has been approved by the Board, with completion planned for summer 2026. As part of the co-production process, valuable feedback has been gathered from patients, staff, and volunteers to ensure the redesigned environment meets stakeholder needs and enhances both safety and patient experience.

Plans for next year (2026-2027 priorities)

The Inpatient Unit priorities for 2026-2027 are:

- Medicines management:
Embed best practice in medicines management, including supporting safe self-administration where appropriate
- Documentation:
Further improve documentation within SystmOne to ensure records consistently and accurately reflect care delivered, including the implementation of app usage on ward tablets
- Environment:
Deliver an environment that enhances patient experience, supports health and safety compliance, and improves operational efficiency, particularly in relation to medicines management
- Staff capability:
Increase staff capability and strengthen oversight of competencies to ensure consistently high-quality and safe care

- Capturing dependency and staff skill mix:
Improve the ability to capture and evidence patient dependency and staffing skill mix to support decision-making, risk identification, and data driven service planning

“Dad was admitted to St Elizabeth three times in total. After the first and second admissions he was able to return home, while the third time involve him spending his last days under your care. Throughout all our experiences with the hospice, the support extended to him and our family contributed positively to managing a challenging period. All staff regardless of their role played a pivotal role in providing dad with the most precious care. No words we write can truly express the depth of our gratitude.”

Beccles Site

Overview of the area

6 specialist palliative care beds are provided on Minsmere Ward at Beccles Hospital in partnership with East Coast Community Healthcare (ECCH). St Elizabeth Hospice provides the medical, therapy and spiritual care support for these beds, whilst ECCH provides the nursing support, including a daytime dedicated palliative care nurse, and the remaining ward infrastructure including administration and pharmacy support.

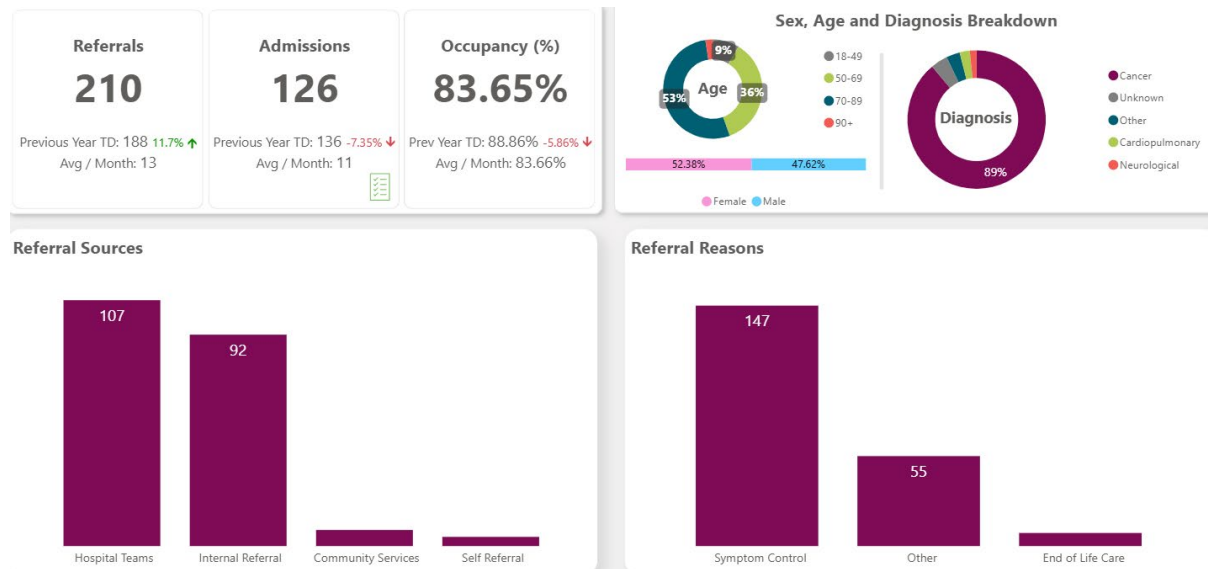
Activity

Occupancy over the past year has averaged at 84% although there have been several occasions between July and November when 7 specialist beds have been in use at one time, by mutual agreement with ECCH, to meet specific patients’ needs.

The average length of stay has varied throughout the year, impacted by small numbers of patients, between 10 and 22 days with an average of 14 days. 210

referrals were received resulting in 126 admissions. At time admissions were not required due to other interventions being put in place, for example reviews in hospital or at home. 84 people were supported to die on Minsmere Ward.

This illustrates key referral statistics for 2025-2026:



Achievements and contributions to quality

The teams continue to support patients with highly complex needs which are often impacted by psychological and social complexity. Use of the Integrated Palliative Outcomes Score (IPOS) to support assessment of complex needs has been further reinforced by a quality improvement project, with changes to internal processes to help embed its use.

To further demonstrate individualised care, the team have jointly with ECCH introduced an End of Life Care plan, known as the SWAN model, for use during the last days of life. This has helped to focus the care on patients' individualised needs, and improved communication between professionals and between staff and patients and those important to them. Following a pilot end of life care plan supported by training, the tool has been revised and will be further reviewed over the next year.

An audit of use of methadone on the unit has demonstrated good compliance with policy and best practice in terms of initiation and patient information, but found some areas for improvement around documentation that will be

supported by development of templates within the SystemOne electronic record.

The team have worked collaboratively with ECCH on a patient friendly environment including renovation of the garden.

Challenges and problems

Following feedback from family members including learning from complaints about some aspects of care, and also feedback internally from ECCH staff, the St Elizabeth Hospice team have supported the ward staff with a training and education programme around aspects of personalised care and specialist palliative care.

Following some staffing challenges within ECCH nursing establishment, there has been significant recruitment, and the hospice education programme has helped support induction of these new staff.

Further development of ward processes to help communication and clarity about goals of care has included refinement of attendees and structure of the morning handover meeting and a bespoke action plan about the use of specific opiate medications.

Plans for next year (2026-2027 priorities)

- Further tailored education delivery including use of novel approaches such as 'bite size' videos
- Work alongside ECCH colleagues to review governance structure and flows of information about incidents and complaints
- Continue to develop the service model and staffing requirements for future new hospice Gorleston Inpatient Unit, to ensure safe staffing and high-quality care delivery

3.2 Medical Team

Overview of the area

The Medical Team consists of Medical Consultants, Nurse Consultants and Specialty Doctors, working alongside rotational doctors in training who range

from Foundation Year Two Doctors to Specialty Trainees on the local GP vocational training schemes, to Palliative Medicine Registrars.

Across the team we provide 24/7 cover to the 24 inpatient hospice beds, as well as community visits across both localities (Ipswich and East Suffolk and Great Yarmouth and Waveney) and outpatient clinics in the Ipswich hospice, Beccles Hospital, James Paget Hospital and other satellite locations.

Several team members work across sites into James Paget Hospital and Ipswich Hospital. On-call consultant cover is provided as part of a pan-Suffolk rota which provides support to 3 Inpatient Units, 3 hospital trusts and the community nursing teams of both St Elizabeth and St Nicholas hospices, enhancing collaboration between the two organisations.

The Medical Director is also Responsible Officer, a statutory role, for St Elizabeth, St Nicholas and St Helena hospices and oversees the quality assurance of all connected doctors ensuring their fitness to practice.

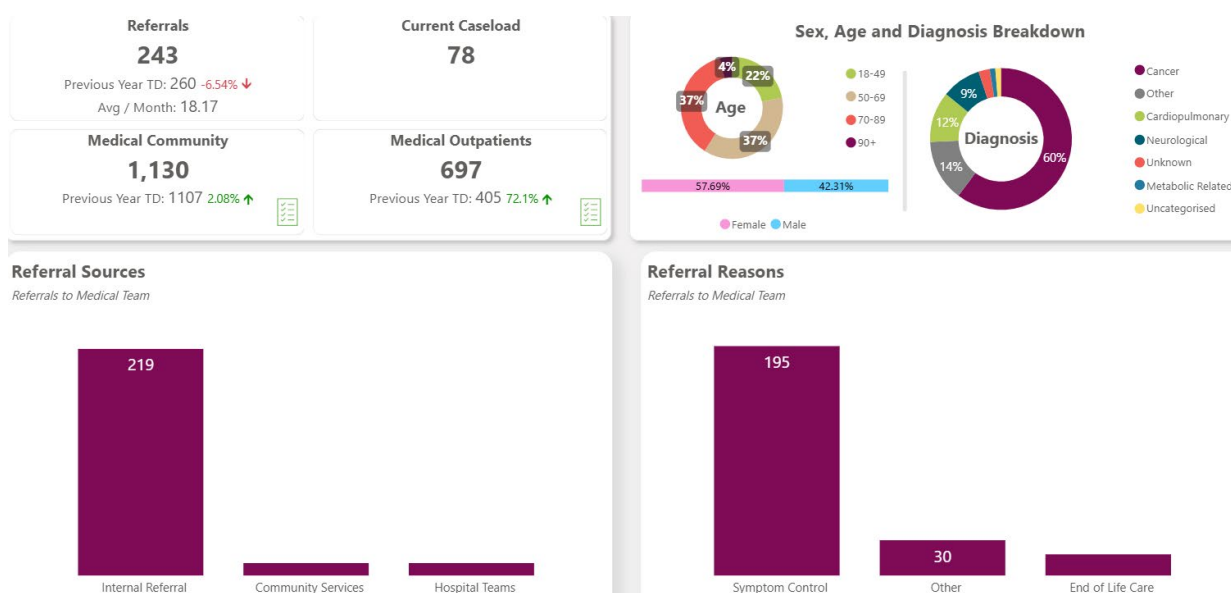
Additional roles held by other members of the team include Research Lead, Medicines Management Lead and Non-Medical Prescribing Lead, and all consultants are active in quality improvement, education and clinical audit.

We continue to host medical students from University of Cambridge and University of East Anglia, as well as doctors in other specialities who have an interest in palliative care.

Activity

As referrals to the hospice have increased, there has been an increase in the number of medical community visits and outpatient appointments across all areas, predominantly for support with complex symptom control. From 243 referrals for community medical review, 1,130 reviews were undertaken of which 697 were in outpatient clinics.

This illustrates key referral statistics for 2025-2026:



Admissions to the Inpatient Units across the 7-day service continues to be supported, and although the numbers of admissions remain stable at 438 for the year, the complexity of some patients is noted to have increased, with some unusual medical conditions encountered requiring collaborative working with tertiary centres such as Papworth Hospital.

Achievements and contribution to quality

- Nurse Consultant providing leadership and support to the Ipswich community transformation programme which informed the restructured community service. We will support the new model with caseload supervision to the three planned care teams and the Virtual Ward, as well as reflective sessions for the reactive team
- Clinical supervision to 3 Advanced Practitioners in training and a non-medical prescriber
- We transitioned from paper to electronic prescribing of syringe pumps at the Ipswich site, as a further stage in becoming 'paper lite'. Participation in review of the SystemOne module will streamline processes and improve consistency of recording patient information
- Active participation in the Norfolk and Waveney acute hospital formulary group resulted in consensus agreement of an inpatient anticipatory prescribing bundle which ensures safe and consistent prescribing advice to secondary care colleagues

- We engaged in the development and roll out of an electronic patient record at Ipswich Hospital which now allows us live access to their hospital record
- Quality improvement project for the use of Integrated Palliative Care Outcome Scale in the Beccles Hospital Inpatient Unit has improved the reliability of recording patient outcomes
- Audits of methadone and ketamine use identified areas of good practice with initiation and clinical oversight, but areas for improvement in consistency of documentation and subsequent review
- Audit of the recording of VTE assessments has identified the need for a wider project in the coming year to improve documentation and develop greater awareness in new starters to the team

Staffing

At the start of the year we welcomed a new permanent Specialty Doctor to our Beccles team, and a new Personal Assistant who has proved invaluable in optimising the team's internal processes to be able to focus on clinical care.

We then recruited a locum Consultant to support our team in James Paget Hospital, who has now been successfully appointed to her substantive role and in addition as Clinical Lead for Palliative Care in James Paget Hospital.

Where there have been previous challenges in national recruitment of palliative medicine registrars we have been pleased to support two registrars this year.

Challenges and problems

Resident doctor industrial action has proved a repeated staffing challenge over the past year, however the team have responded with flexibility and willingness to cover any service gaps and we are supported by a small pool of bank staff who are mainly doctors who have had positive experience of placements in the past.

The ongoing passage of assisted dying legislation through both English and Scottish Parliaments has highlighted existential, moral and practical issues for staff, volunteers and patients.

We have continued to provide factual information from worldwide current practice and research to staff in a supportive manner, whilst we await the national outcome. In the meantime we continue to highlight best practice with regard to high quality holistic end of life care.

Plans for next year (2026-2027 priorities)

- Ensure all our clinical staff have access to relevant and applicable internal clinical guidelines, through review and expansion of our current suite of guidelines supported by targeted training
- Development of resources for key collaborators in our clinical services including competency frameworks for hospital-based colleagues and novel training resources
- Digital transformation of processes and data handling including pilot of approved AI technology and a refreshed data set
- Review of workforce requirements for current and future service provision, including anticipated staffing needs for future Gorleston hospice site
- Support for the research milestones

3.3 Community Services (Ipswich and East Suffolk including the Outpatient Service and the OneCall service)

Overview of the area

Throughout this financial year, we have undertaken a community transformation programme with the aim of agreeing and implementing a new service model which:

- Works in close partnership with our partners to provide excellent planned multi-disciplinary specialist palliative care services to all in Ipswich and East Suffolk. To provide continuity of care within this planned offering
- Provides swift 24/7 access to palliative care advice via OneCall, ensuring 85% of calls are answered first time, and including the ability to visit reactively if indicated

- Clearly defines what our service delivers and communicates this effectively to our system partners
- Has procedures and guidelines in place internally which staff can use to understand roles, responsibilities and workflows
- Ensures staff have appropriate knowledge and skills for specialist community palliative care delivery
- Provides staff with appropriate protected time for clinical and caseload supervision – to ensure staff wellbeing and safe service delivery
- Confirms the clinical leadership structure of care services
- Continues to meet the requirements of the commissioned end of life hub

The community transformation programme has now concluded following a consultation and staff aligning to their preferred area of the service. Since February 2026, the nursing team are now split between planned Caseload Management and a reactive OneCall service.

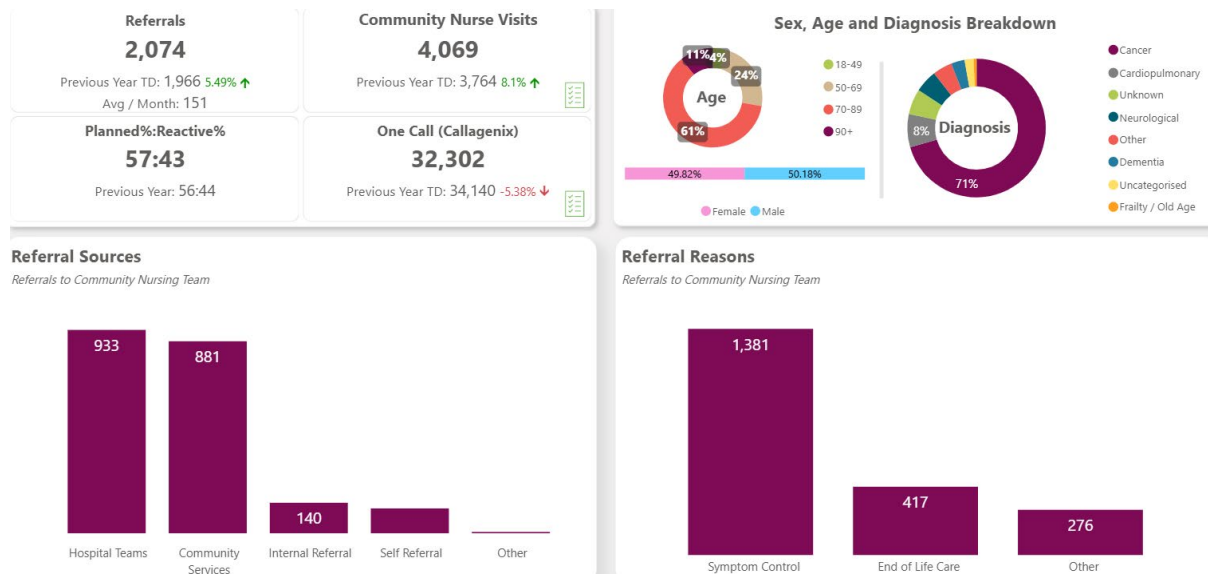
The Caseload teams are multidisciplinary with the Therapy teams also aligned with caseloads, working as one team split across the three Integrated Neighbourhood Team areas. This has enabled us to align the Medical Team support and also ensure caseload reviews are more consistent.

“It is difficult to list all the teams and individuals who have contributed: The night HCAs who cared gently for her feet and chatted with her in the early hours. The nuanced skill of symptom control and medication titration. In her final week, I would arrive to find her immaculate beneath her green woollen blanket — skin soft, mouth comfortable, flowers plumped, hair combed, perfume spritzed. Each day brought subtle signs of change, yet normality ensued.”

Activity

During 2025/2026, the team received 32,302 calls into our OneCall service, 2,074 referrals and completed 4,069 nursing visits.

This illustrates key referral statistics for 2025-2026:



Achievements and contribution to quality

Throughout the transformation programme, the focus has been on streamlining services and processes to ensure we are maximising patient contact and support.

The role of the Care Coordinator has been reorganised to prioritise the importance of our reactive OneCall service, answering calls first time and to provide consistent cover.

We moved to a new telephone provider for our OneCall service which enabled us to introduce call waiting and callers being made aware of their position in a queue, early indications are this has improved service responsiveness.

Changes have been made to our electronic health record system, SystemOne, to ensure we are using the platform as efficiently as possible and recording accurate data.

During the year, we took the decision to pause lone visiting overnight and introduced an additional Health Care Assistant (HCA) on a night shift, this was to increase the safety of our staff and further support double-up moving and handling needs.

Staffing

The community nursing team is at full establishment following recruitment at the start of 2026.

The Care Coordination team continues to have staffing challenges and retention of staff is variable.

Challenges and problems

Staff continue to adjust to the new model and to the new ways of working within SystmOne following the recent changes.

Over the year, we identified areas for improvement with our existing telephone provider for our OneCall service. Whilst the transfer to the new platform has helped, we continue to strive for a more effective system and over the coming year our IT colleagues will be addressing these issues.

Due to some staffing gaps on the Inpatient Unit, the Community Team have been needed to support which has resulted in some nights of not being able to provide a visiting service, or on occasions a very limited service overall.

Plans for next year (2026-2027 priorities)

With the recent introduction of the My Care Choices Register (MCCR) within Suffolk, our plan is for our team to be consistently using MCCR within the year.

We aim to reintroduce co-location with external providers overnight to benefit from joint working and efficiencies across the geographical patch.

Consistent use of IPOS outcome score is also a priority for the coming year.

3.4 Specialist Palliative Care Virtual Ward

Overview of the area

The Palliative Virtual Ward is a specialist palliative community care service for patients who are thought to be in the last six weeks of life, who wish to remain in their own home and require a package of care. Each patient admitted to the Virtual Ward will have their holistic needs assessed, and a detailed plan of

care in place prior to care starting by a member of the community nursing team.

Our aims of the service are:

- To support patients and their loved ones with personal care, emotional support and optimal symptom control
- To reduce the risk of being admitted to hospital
- To facilitate a timely discharge from hospital or the Ipswich Inpatient Unit (IPU)
- To enable patients to achieve their Preferred Place of Death (PPD)

Our referral criteria include:

- An expected prognosis of less than 6 weeks
- Patient must be situated in a profiling bed with fully adjustable height or have a bed on order with a plan to transfer to the bed in place
- Over 18 years old
- Registered at a GP practice within the Ipswich or East Suffolk area (this service is not available within the Great Yarmouth & Waveney area)

We have a team of Community Healthcare Assistants and Clinical Support Workers who can deliver personal care (including washing and bathing, toileting, dressing and repositioning) and provide emotional support to patients and their loved ones at this difficult time. They can provide up to 4 times a day care visits if needed, but are unable to assist with meal preparation or medication administration.

Activity

A report was completed in October 2025, by the Virtual Ward Clinical Lead, to demonstrate the level of care patients receive whilst under the care of the service. Data was collected over a 3-month period and during this time 62 patients had received our care:

- 42 of these patients had died under our care
- 3 were admitted to the Ipswich Inpatient Unit
- 1 patient was admitted to a local hospital

- 15 of these patients were transitioned to a Continuing Healthcare funded package of care (and we are expecting these numbers to be less since the implementation of a nursing assessment at the point of referral)
- 1 patient remained under Virtual Ward care at the time of this report

Achievements and contribution to quality

In October 2025, there was the new appointment of a Virtual Ward Clinical Lead. Their role includes accountability for the clinical oversight of Virtual Ward patients, and to provide line management support for the Community Healthcare Assistant team, whilst continuing to develop the service further.

In addition to this, the referral criteria have been amended so that all patients referred to the Virtual Ward must have a profiling bed in place to promote safe manual handling practices and to reduce risk of work-related injuries to the team.

Staffing

Within our current establishment, we have a total of 21 Community Healthcare Assistants (CHCA) and 2 Clinical Support Workers (CSW) within the team (NB this is head count, not Whole Time Equivalent).

There is ongoing development within the Clinical Support Worker role to ensure that there is senior cover consistently throughout the week and to support the Virtual Ward Clinical Lead with both managerial and clinical duties.

Challenges and problems

Due to the uncertainty of long-term funding, we have not filled vacant posts and have had to lower our capacity as a result.

Plans for next year (2026-2027 priorities)

Our aim for the year ahead is to continue embedding the Virtual Ward Clinical Lead role within the team and to secure long-term funding for the service to return to full capacity.

3.5 Emotional Wellbeing and Spiritual Care Service

Overview of the area

The Emotional Wellbeing and Spiritual Care Team provides specialist psychological, emotional, and spiritual support to patients and families known to the hospice who are facing progressive or life-limiting illness.

The service delivers person-centred care that is responsive to the individual needs of patients, families, and carers, recognising the diverse emotional, psychological, and spiritual experiences associated with illness and end of life.

The team works closely within the multidisciplinary team to ensure holistic care and delivers a broad range of evidence-based and therapeutic interventions, including telephone triage and advice, one-to-one counselling, group interventions and family support.

LivingGrief – Bereavement Support

Bereavement services are delivered under the LivingGrief service, which provides an accessible range of support for individuals following bereavement. This includes:

- Bereavement packs and resources to families, supporting them to better understand grief and access appropriate support
- LivingGrief information sessions - psychoeducational sessions which are designed to support individuals in understanding the grieving process, explore coping strategies, and raise awareness of available support
- Walk On – a bereavement walking group, run by volunteers, which provides an informal, inclusive, and supportive environment for individuals to connect with others who have experienced loss
- Bereavement support groups – run regularly throughout the year, allowing opportunities to connect with others and share experiences
- One-to-one bereavement support – available via phone, online or face-to-face in one of our clinics

Criteria is dependent on the individual's locality and commissioning arrangements. Within the Ipswich and East Suffolk area, support is available to individuals who may not have been previously known to the hospice, provided they have been bereaved by someone with a progressive or life-

limiting illness. In Great Yarmouth and Waveney, bereavement support is offered to those with an existing connection to hospice services.

The team works collaboratively with local partners to strengthen community provision and ensure a coordinated approach to bereavement support.

A Bereavement Hub has been developed as an accessible online resource, signposting individuals to local and national services:

<https://www.livinggriefhub.co.uk/>.

This is supported through ongoing partnership working, including the facilitation of conferences and networking events to promote integrated, high-quality care across organisations.

565 Service – Children and Young People

The 565 Service provides specialist emotional wellbeing support to children and young people in the Ipswich and East Suffolk area who are living with a family member with a progressive illness known to the hospice.

The service delivers age-appropriate, person-centred support to help children and young people understand and process the impact of illness within the family.

The service also offers bereavement support to children and young people, ensuring continuity of care before and after death, and enabling them to access support that is responsive to their developmental and emotional needs.

In addition to direct support, the 565 Service delivers a “Dying to Talk” training programme for schools. This programme equips education professionals with the knowledge, confidence, and practical skills required to support children and young people experiencing pre-bereavement and bereavement.

Staffing and Specialist Support

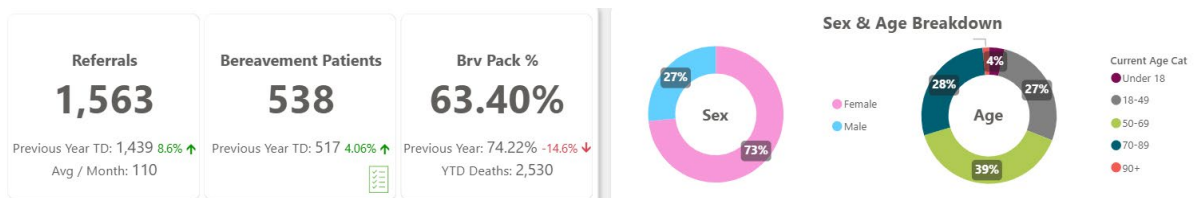
The team is equipped with social workers, counsellors, specialist children’s workers, emotional wellbeing practitioners and spiritual care workers.

Staffing equates to 3.1 Whole Time Equivalent (WTE) for Great Yarmouth and Waveney and 6.9 WTE for East Suffolk. In addition, the team is supported by volunteers in varying roles.

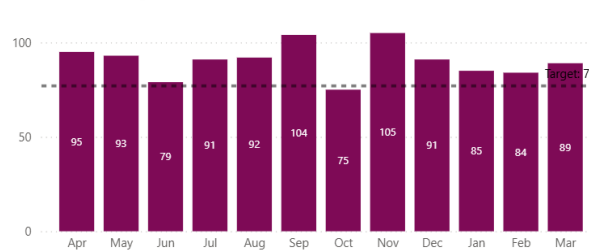
Specialist therapeutic interventions include Eye Movement Desensitisation and Reprocessing (EMDR), enabling the team to provide trauma-informed, evidence-based support for individuals experiencing complex grief and trauma related distress. Subject to funding, the service also offers creative therapies, including art therapy and music therapy, to support emotional expression and psychological wellbeing.

Activity

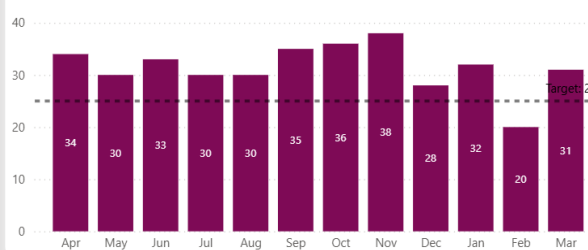
This illustrates the referrals that the emotional wellbeing service has received over the last financial year:



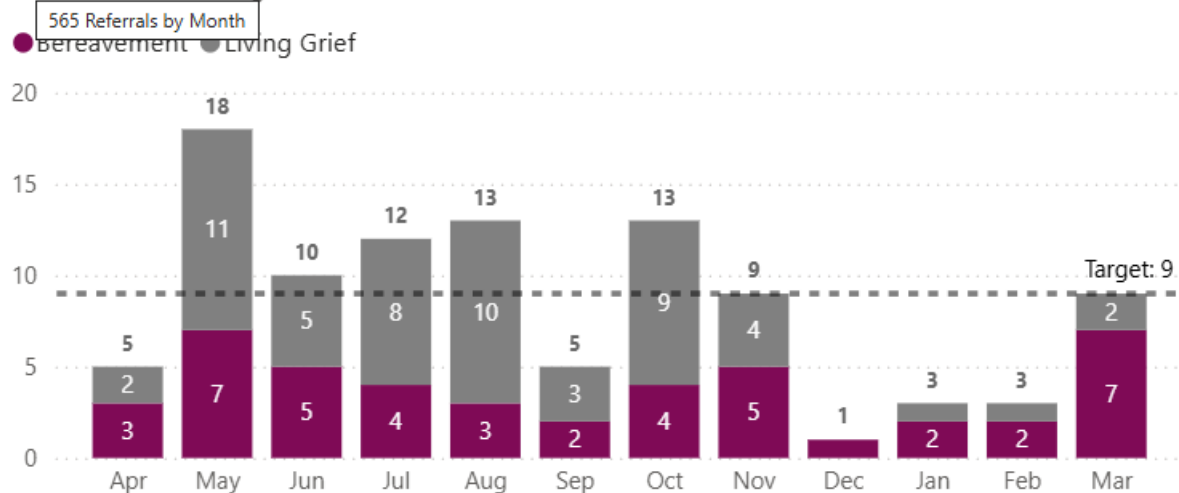
EWT Referrals by Month



All Bereavement Referrals by Month



565 Referrals by Month



Feedback from clients (January 2025 – August 2025)

East Suffolk area:

- 97% of clients who responded were satisfied with the overall service
- 88% found the response time to the referral just right. 6% felt it was too long
- 67% described the environment in which they were seen as excellent/good
- 89% felt the sessions had helped them deal with the situation that brought them to the service
- 95% said the therapist showed warmth and empathy towards them
- 85% said the number of sessions offered to them was just right (the majority having between 7-12 sessions)

Great Yarmouth and Waveney area:

- 100% of clients who responded were satisfied with the overall service
- 84% described the environment in which they were seen as excellent / good
- 87% felt the sessions had helped them deal with the situation that brought them to the service
- 91% said the therapist showed warmth and empathy towards them

Achievements and contribution to quality

A key area of development during 2025-2026 has been the introduction of Spiritual Care Workers, significantly enhancing the team's ability to meet the holistic needs of patients, families, and staff.

Work is ongoing to further establish spiritual care, including the development of a spiritual care policy and a volunteer framework, to ensure a consistent, safe, and sustainable approach to spiritual care delivery across the organisation.

The team has further strengthened its clinical offer through the provision of EMDR, with trained practitioners now delivering specialist trauma-informed interventions.

Support for carers has also been significantly enhanced. Funding has been secured to deliver four structured carer support groups across the year, in both Ipswich and East Suffolk and Great Yarmouth and Waveney, providing opportunities for shared experience, peer support, and facilitated discussion.

This is complemented by monthly drop-in sessions, offering flexible and ongoing access to support and ensuring carers are able to seek support at a time that meets their needs.

In addition, the service has developed a partnership with an independent music therapist, enabling the expansion of creative therapeutic provision.

This has supported the introduction of music therapy for bereaved individuals, alongside the provision of live music within the Ipswich Inpatient Unit, contributing positively to the wellbeing of patients, families, and staff. Plans are in development to introduce a dedicated patient music therapy group, further enhancing the range of therapeutic support available.

We have also strengthened our commitment to high quality bereavement support through the bereavement hub by running a bereavement conference, networking event and a series of webinars. This has created valuable opportunities for shared learning, professional development and dissemination of best practice across services.

Challenges and problems

Over the past year, the Emotional Wellbeing and Spiritual Care Team has experienced service pressures impacting timely access to support.

These have been driven by increased demand, evidenced by a year-on-year rise in referrals, alongside staffing changes during the first half of the financial year, resulting in the team not having a full establishment during this time. This has meant that there have been periods of reduced capacity and increased waiting times, particularly for those accessing bereavement support.

In response, the service is focused on strengthening systems and improving access pathways to ensure individuals receive timely, appropriate support. Priorities include improving efficiency, responsiveness, and access.

A further area for development is the consistency and accuracy of data capture, particularly relating to waiting times. Work is underway to

strengthen reporting processes to ensure reliable data that supports service planning, performance monitoring, and continuous improvement.

These remain key priorities for ongoing quality improvement. Securing funding to deliver 565 Service support to the Great Yarmouth and Waveney area has also been an ongoing challenge, meaning that we are currently only able to offer support to children in the Ipswich and East Suffolk area.

Plans for next year (2026-2027 priorities)

- Service offer – to ensure our services effectively meet identified needs and demand: looking at criteria, implementation of an early intervention bereavement service, enhancing groups, further developing spiritual care, exploring opportunities to deliver the 565 service in the Great Yarmouth and Waveney area, raising awareness surrounding trauma-informed care
- Data, outcomes and evaluation: to ensure accurate, reliable data informs service development and improvement – focusing on outcomes for spiritual care support, waiting list data, evaluating the early intervention service, using the Adult Attitude to Grief scale and The Carer Support Needs Assessment Tool (CSNAT) data
- Volunteers and students: to develop a skilled, supported and sustainable volunteer and student workforce – looking at roles, profiles, training, recruitment, induction and supervision
- Processes: to ensure efficient, streamlined, and effective team processes – exploring how we can use administrative support to support the team

“Having attended the Tuesday rehab classes, I’d like to thank all the staff involved for their care and advice. This service is helping so many people who may otherwise not have access to such services. The social aspect of meeting other people is also very important to me.”

3.6 Therapy Service

Overview of the area

Our team consists of physiotherapists, occupational therapists and therapy assistants.

Physiotherapy

Physiotherapy aims to help maintain a patient's movement, function and independence. Our physiotherapists assess each patient and a treatment plan is agreed according to the individual's needs.

Occupational therapy

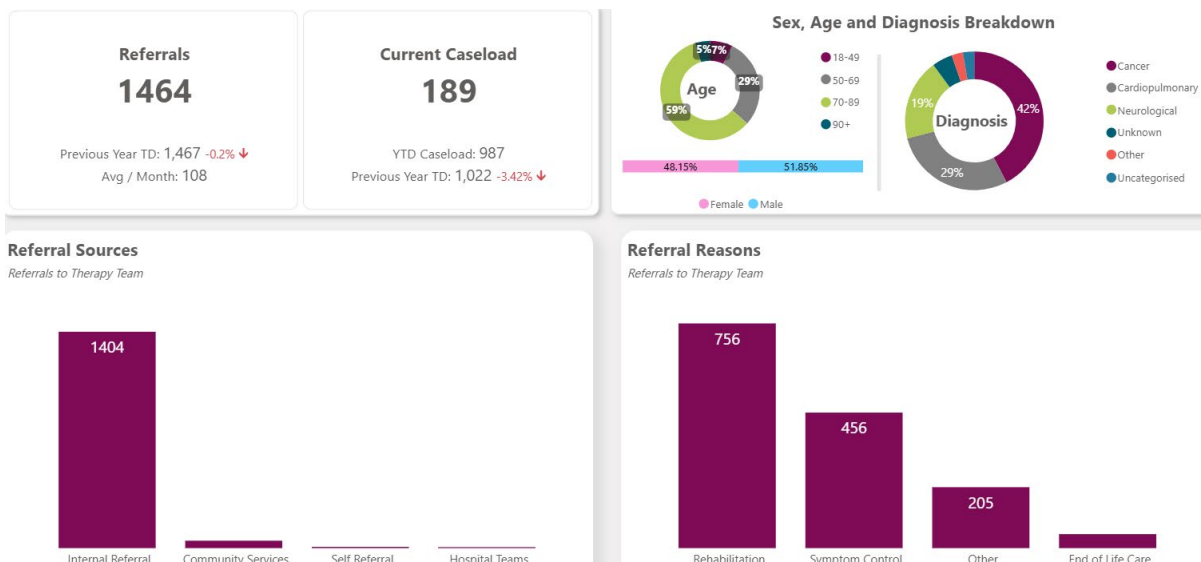
Occupational therapy (OT) focuses on maintaining independence and quality of life in all aspects of a patient's daily routine. Our occupational therapists work with patients, carers and families to assess a patient's ability to perform activities. They then draw up a treatment programme which aims to increase the patient's capability to tackle difficulties and adapt with independence, confidence and control.

Occupational therapy can be important in ensuring a patient is safely discharged home from the hospice with appropriate equipment and support services. The team also supports patients in the community, including those who wish to remain at home during the final stages of their illness.

Activity

The Therapy Teams across Ipswich and East Suffolk and Great Yarmouth and Waveney (GY&W) received 1,464 referrals in 2025-2026, this was consistent with the previous year. These referrals were mainly for rehabilitation (51%) or symptom control (31%). The team undertook 9,833 contacts of which 51% were face to face.

This illustrates key referral statistics for 2025-2026:



Achievements and contribution to quality

Within Ipswich and East Suffolk, through the work of the community transformation programme, it has been recognised that some of the team have been working at Band 7 Senior Therapist level.

Through consultation, these roles were added into the structure and successful internal recruitment has meant these posts have now been filled.

The new structure has also given clearer distribution of the team's resources between the Inpatient Unit, Community Team, Outpatients and groups. The Community Team will now align to the Integrated Neighbourhood Teams alongside their nursing colleagues.

During the year one of the Band 7 Occupational Therapists within GY&W achieved their Advanced Clinical Practice qualification, gaining a distinction. This increased knowledge will inevitably improve practice and support offered to patients.

Also, within GY&W, the Therapy Team introduced a fatigue management programme which is demonstrating good outcomes for patients. The team have also been influential in the design of the new build in Gorleston.

Staffing

GY&W were fully staffed for the majority of the year, with a vacancy carried in East Suffolk for a physiotherapist (however this has been covered by bank).

Challenges and problems

There have been challenges throughout the year in providing appropriate space to provide palliative rehabilitation.

Despite commitment from the team to trial Measure Yourself Medical Outcome Profile (MyMOP) as an outcome measure this year, unfortunately we have not been able to evidence the benefit of using this tool and therefore the team will look to using an alternative moving forward.

Plans for next year (2026-2027 priorities)

Following the restructure within Ipswich and East Suffolk, the team will now sit within the Living Well Services team. This service encourages patients to access early rehabilitation and adopt strategies to maintain their wellbeing while planning for future care, so within Therapies this will particularly look at opportunities within groups and other activities that promote a proactive, person-centred approach enabling individuals to live as well as possible and optimise their quality of life.

Following the MyMop trial, the team will look to a new outcome measurement tool through the year.

3.7 Specialist Palliative Care Services to Great Yarmouth and Waveney (GY&W)

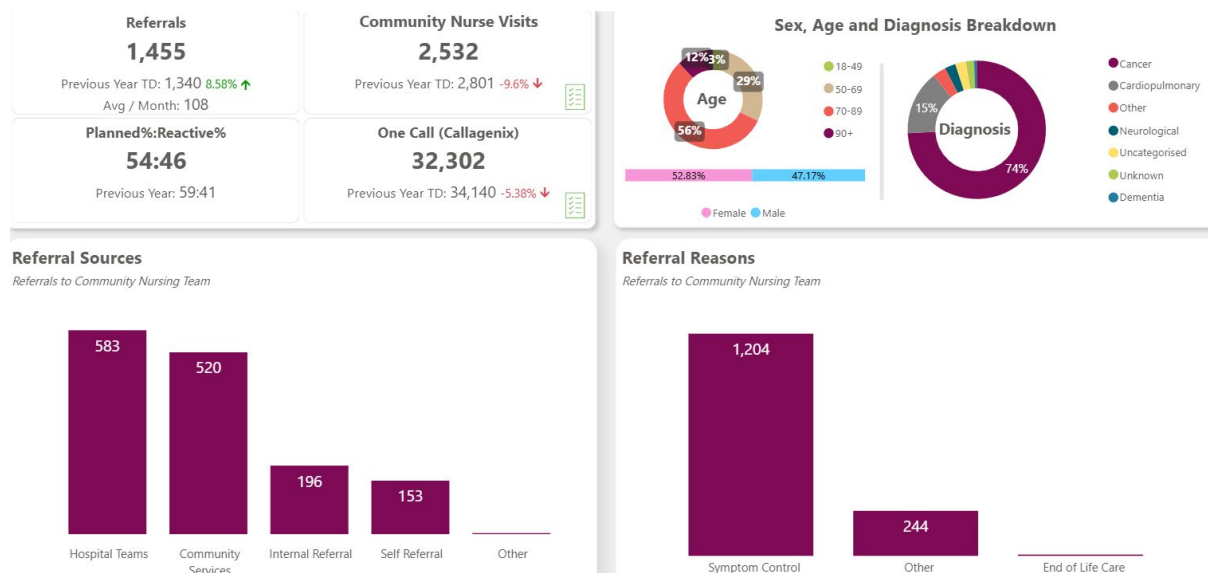
As part of our subcontract with East Coast Community Healthcare, we are contracted to provide a community nursing specialist palliative care service, seven days a week.

Activity

The GY&W Community Team received 1,455 new referrals in 2025-2026, representing an 8.6% increase compared to the previous year.

Despite this rise in demand, the number of community visits decreased by 9.6%, primarily due to reduced staffing levels.

This illustrates key referral statistics for 2025-2026:



In April 2025, weekend staffing was increased to 2 Clinical Nurse Specialists (CNSs) to enable the delivery of reactive visits. As a result, 88 weekend visits were completed over the course of the year. These visits were predominantly aimed at preventing hospital admissions for patients in crisis and addressing urgent symptom control needs.

However, there were several weekends where staffing levels did not meet the planned 2 CNSs. It is therefore likely that the number of weekend visits would have been higher if full staffing had been consistently maintained.

Achievements and contribution to quality

This year, the team reintroduced face-to-face multidisciplinary team (MDT) meetings, held weekly on Thursdays. These meetings include representation from medical, community, therapy, and emotional wellbeing teams.

This approach has strengthened collaboration across services, enhanced shared learning opportunities, and ensured that all new patients are reviewed within an MDT framework. As a result, care planning has become more coordinated, which is supporting improved patient outcomes and ensuring consistent communication with GP surgeries for every new patient referred to the service.

This year, the team also reinstated the face-to-face GY&W Whole Team meeting, held on a bi-monthly basis. These meetings include representation from the medical team, Associate Director, community, therapy, emotional wellbeing, administrative, fundraising, and JPUH medical teams.

This forum has facilitated effective communication across all service areas, enabling teams to share relevant updates, promote shared learning, and reinforce a unified, “one team” approach to patient care in the GY&W area.

The team attended a dedicated away day to review the year’s achievements, reflect on themes arising from complaints, and identify priorities for team development ahead of the next financial year. This provided an opportunity to strengthen team cohesion and align future service improvements with identified needs.

Staffing

The GY&W Community Team continues to provide a 9.00–17.00 service, 7 days a week.

There have been significant staffing challenges over the past year, including 3 staff members on maternity leave, periods of long-term sickness, and one staff member undertaking a 6-month secondment to East Coast Community Healthcare (ECCH). Recruitment has also proved challenging, with one new starter resigning during their probationary period.

Despite these pressures, there have been positive developments in staff progression. Two Band 5 nurses secured permanent Band 6 posts, and one Band 6 nurse progressed to a Band 7 role.

The team is also investing in future workforce development. Two staff members are currently undertaking the Advanced Clinical Practitioner (ACP) pathway with support from the medical team, and one staff member is completing the final module of their degree.

In addition, a Band 7 CNS has successfully completed a healthcare leadership course. The Paramedic Practitioner has also completed the non-medical prescribing module, which has enhanced the reactive ability of the service. There are also several team members who have been able to attend national conferences, including the Hospice UK conference.

Challenges and problems

Staffing pressures during quarters 3 and 4 remained a significant challenge. These were largely driven by temporary gaps due to maternity leave, ongoing recruitment difficulties and a high proportion of newly appointed staff, which created temporary skill-mix pressures within the team and increased the need to support induction and training.

Plans for next year (2026-2027 priorities)

In response to the challenges and developments identified during 2025 -2026, the GY&W Community Team has identified the following priorities for the coming year:

- Development of the Carers Support Nurse

This is a new role within the hospice, developed to provide specialised, tailored support to unpaid carers. The role focuses on supporting carers to manage both their own health and wellbeing, as well as the complexities associated with their caring responsibilities.

The introduction of this role will also support the implementation of the Carer Support Needs Assessment Tool (CSNAT) within the GY&W Community Team, enabling a more structured and consistent approach to identifying and addressing carers' needs.

- Skill Mix and Workforce Development

The team will continue to strengthen its skill mix by supporting career progression and professional development. This includes ongoing support for staff undertaking the Advanced Clinical Practitioner (ACP) pathway, encouraging internal progression, attendance at national conferences and ensuring appropriate clinical supervision and mentorship for less experienced staff.

- Service Capacity and Responsiveness

Efforts will be made to increase service capacity in line with rising referral rates. A particular focus will be on restoring and sustaining community visit activity, as well as maximising the impact of weekend working to support timely, responsive care and prevent avoidable hospital admissions.

- Quality Improvement and Learning from Complaints

The team will prioritise learning from complaints and incidents. Themes will be reviewed regularly to inform service improvements, enhance patient experience, and reduce the likelihood of recurrence.

- Patient-Centred Care and Outcomes

Maintaining a high standard of patient-centred care remains a core priority. The team will continue to focus on effective symptom management, supporting patients in crisis, and enabling more patients to be cared for in their preferred place where possible.

“The housekeepers who ensured an immaculate environment — I once saw a high ledge meticulously inspected for dust, and that moment epitomised for me the standard of hospice care. The kitchen team who tempted her appetite back to strength that last summer and sustained me with meals when I was too tired to think about cooking. The volunteers quietly restocking cupboards or weeding the patio on a grey morning — often unseen but noticed by me during the long hours I sat with Mum. The therapy team. The fundraisers and shop volunteers whose efforts ultimately make this level of care possible. The administrative and support staff whose work underpins everything that happens so seamlessly.”

3.8 Zest

Overview of the area

Zest was established in 2015 to provide a developmentally appropriate service for young adults 14 years upwards with complex palliative care needs. Working in partnership with local children’s services and families the service has been co-produced to enable a successful transition pathway into adult palliative care. Zest aims to provide seamless support during transition to adult services as well as proactive sustainable supportive and palliative care.

Based at St Elizabeth Hospice, in Ipswich, Zest provides a supportive care model providing positive engagement opportunities through regular social groups and family drop-ins, enabling timely access to the wider specialist palliative service as needed. Zest also provides enhanced services - Zest Days and weekend Short Breaks - for young adults 18 years upwards using a personalised funding model.

In 2024, Zest was established as Centre of Excellence for young adult palliative care and transition.

Core Services include:

- Caseload management – including Holistic Needs Assessment (HNA), reviews either as an outpatient appointment or home visits and annual reviews
- X-Change social group
- Parent group
- Family drop-in
- Social Group

Enhanced services:

- Zest Days
- Short Breaks

Our specialist team work with young people and support them to minimise the impact of their conditions and maximise their potential. This care enables young adults with challenging conditions to manage their symptoms, access fun activities with their friends and fulfil their aspirations.

Activity

The below data summary is for the complete financial year April 2025 to March 2026. Key highlights include:

- The service received 16 new referrals during the period
- At the end of March 2026 there were 85 young adults on the caseload
- There were 468 attendances at Zest Days. With 65% of these days receiving partial funding via the Integrated Care Board, and 35% funded by Social Care

- There were 67 Short Breaks during the year, with approximately half receiving funding by the Integrated Care Board and half funded by Social Care
- The below table shows the attendance for our support groups (X-Change includes the young adults only). Saturday drop in includes attendance of parents, carers and siblings. Parent peer support group runs alongside X-Change and is facilitated by a member of the hospice Emotional Wellbeing and Spiritual Care Team

25/26	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
X-Change	7	9	9	6	6	9	10	13	15	11	10	11	116
Drop in	12	7	16	2	6	16	6	24	24	14	19	17	163
Parent peer support Group	5	5	3	3	N/A	4	5	6	4	4	5	4	48

Achievements and contribution to quality

The focus for quality improvement within Zest for 2025 was communication. The community Speech and Language team supported short teaching sessions before Zest Days focussing on how our team can support those with communication needs to be able to communicate their needs, and for us to ensure we are communicating with these service users in the best way.

This included developing a visual board welcoming young people to Zest, showing what activities are on offer and who will be supporting them. They then completed a number of shadowing sessions to encourage use of new communication techniques and allow modelling of good communication. Staff have reported this has given them confidence to communicate with young people in a more inclusive way.

Within the communication aspect of care, we have also introduced the Distress and Discomfort Assessment Tool (DisDAT) care plan: this aims to help

staff to recognise signs of distress specific to the individual, which they can then take steps to reduce depending on the potential cause.

This allows the team to recognise feedback from young people in all forms, and evidence changing care to meet the feedback given by those young people that are non-verbal.

Staff development has also seen the first non-medical prescriber within the team to allow for timely access to prescriptions within the service.

Staffing

We have successfully supported a Registered Nurse (RN) from the Inpatient Unit (IPU) to take on a joint role between IPU and Zest. This is a welcome addition to the Zest team and hopefully will encourage similar roles in the future.

Challenges and problems

Zest is staffed with some contracted staff but due to the limited numbers of hours and weekend working the service relies heavily on bank staff both for Healthcare Assistant (HCA) and Registered Nurse (RN) roles.

This provides problems for shift cover and enforcing mandatory training requirements due to most staff having other substantive roles outside of Zest. The senior RN and Developmental Advanced Care Practitioner (ACP) do have to cover RN shifts on short break weekends to ensure the service continues to operate.

Due to the complex care needs of the young people we support it is difficult to recruit RNs with the appropriate skills needed.

Our focus for the coming year is to ensure we fully understand the staffing model for all Zest services to allow us to contract more staff to fulfil service needs. We are also looking at how we support upskilling nurses to ensure they have the right skills to support the service needs.

Plans for next year (2026-2027 priorities)

- Fully understand staffing model across all Zest services to allow for move towards more contracted staff and a more sustainable method of staffing the service

- Develop innovative ways to support training and development to enable upskilling of staff within the service. Explore opportunities for joint working, training opportunities and support with East Anglia's Children's Hospices
- Support growth and development within both core and enhanced Zest services in response to increasing demand
- Continue to support research focussed on improving quality of care experienced by young people within adult palliative care environments

3.9 Compassionate Communities

Overview

Compassionate Communities recognises that care, particularly during times of health crisis and personal loss, is everyone's responsibility. They support individuals, families, and communities to care for one another.

With an ageing population, demand for end-of-life services is increasing, and hospice services alone cannot meet this need. Building resilience within communities helps ensure that clinical teams can focus on those requiring more complex care.

Compassionate Communities was introduced to St Elizabeth Hospice in 2021 with the appointment of a Compassionate Community Lead. In 2024, the project significantly expanded through a 3-year grant from the National Lottery. The overarching aims of this funding are to:

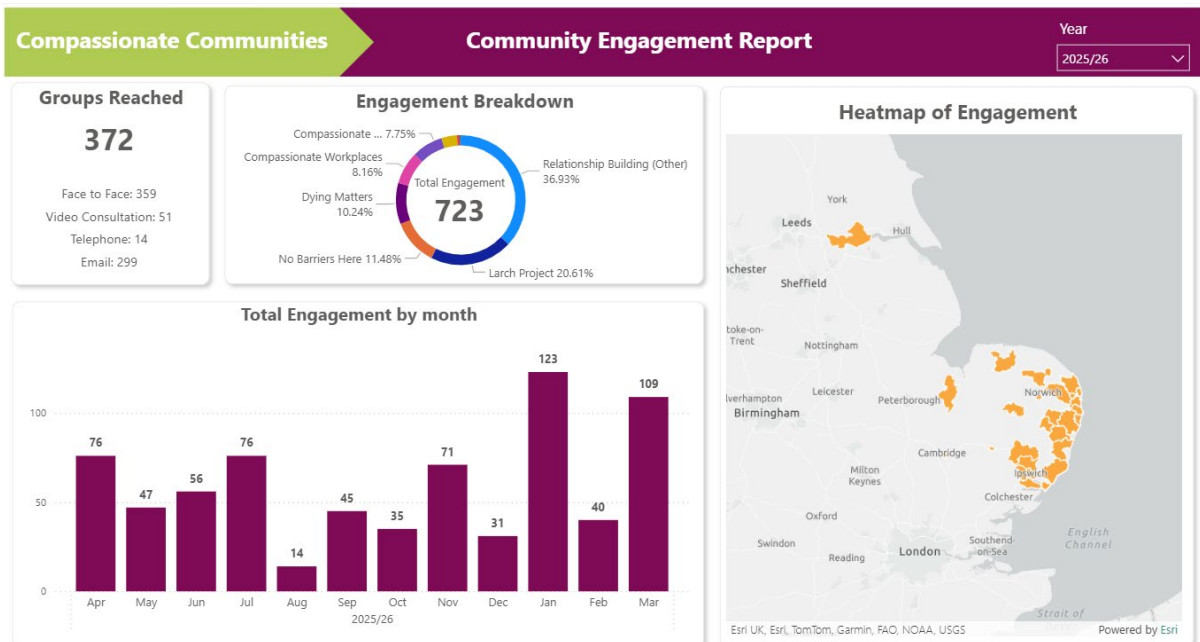
- Improve the experience of hospice users from marginalised communities
- Equip and enable these communities to better prepare for and cope with death, dying, and bereavement

As a result, much of the current work focuses on improving access and support for marginalised communities.

Activity

During this period, the team delivered:

- 34 Compassionate Conversations sessions, reaching 444 participants. Delivered across a range of settings, including Hollesley Bay Prison, Leading Lives, and Access Community Trust
- 7 Compassionate Workplaces sessions, reaching 75 participants. Supporting organisations to better respond to bereavement, caring responsibilities, and serious illness
- 6 No Barriers Here sessions, reaching 48 participants. Delivered to organisations supporting people with learning disabilities, autism, refugees, and non-English-speaking communities
- 4 Larch Projects, reaching 80 participants. Connecting school pupils with hospice patients to challenge misconceptions and promote open conversations
<https://www.stelizabethhospice.org.uk/supporting-you/in-your-community/the-larch-project/>
- Walk On expansion in Great Yarmouth & Waveney
 - 18 walks delivered
 - 234 participants
 - 3 new volunteers recruited
 - Increased from monthly to twice monthly sessions



Achievements and contribution to quality

Staff Training

- 6 staff completed Being Ready (gender-fluid and transgender end-of-life care)
- 13 staff attended EDEI online training
- 13 staff attended Speak Up, Speak Out (allyship and anti-discrimination)
- 15 staff attended a Windrush Society session
- 25 staff attended an LGBTQ+ awareness event
- 16 staff attended Neurodiversity Awareness training

Accessibility of Information

- Introduction of Recite Me accessibility toolbar on the Living Grief website
- Easy Read leaflets developed in partnership with ACE Anglia

Engagement Highlights

- Participation in Suffolk Pride
- Participation in multicultural festival
- Engagement with Ipswich Mosque community event
- Public Health Celebration event with over 120 attendees

Compassionate Community Accreditation

- Supported East Suffolk's application for Compassionate Community status
- Successfully endorsed by Public Health Palliative Care International (PHPCI)

This reflects a shared commitment to:

- Recognising death, dying, and grief as part of life
- Promoting community-led care
- Ensuring equity, diversity, and inclusion

Touchstone Art Project

- Delivered in partnership with artist Gillian Allard
- 10 sessions delivered, including targeted work with migrant and refugee communities
- Strengthened relationships and community connections

<https://www.gillian-allard.com/arts-council-nat-lot-touchstone-25>

Staffing

The team consists of:

- 0.91 WTE Compassionate Community Lead
- 1.2 WTE Community Engagement Coordinators
 - 0.6 East Suffolk
 - 0.6 Great Yarmouth & Waveney

Challenges and problems

Engaging marginalised communities requires sustained time and relationship-building. While strong progress has been made, long-term impact depends on securing stable funding.

The National Lottery has provided a 9-month extension, funding the team until the end of 2027. However, longer-term sustainability remains a key challenge.

Plans for next year (2026-2027 priorities)

- Continue delivery of:
 - Compassionate Conversations
 - Compassionate Workplaces
 - No Barriers Here
 - Walk On
 - Larch Project
- Expand the Larch Project into Great Yarmouth & Waveney
- Improve accessibility of advance care planning (e.g. language, formats)
- Strengthen partnerships to ensure services are inclusive and welcoming
- Explore opportunities for long-term funding

3.10 Equality, Diversity and Inclusion

Equality, Diversity and Inclusion (EDI): St Elizabeth Hospice is a hospice for all.

We believe everyone who accesses St Elizabeth Hospice services should receive outstanding care regardless of their age, race, socio-economic situation, gender, nationality, sexuality, disability or beliefs.

We are actively committed to ensuring we are inclusive and understanding to everyone from all backgrounds. By building positive strong relationships within our local community, we are helping to improve our services and reduce inequalities for healthcare provision in East Suffolk, Great Yarmouth and Waveney.

We also aim to be a diverse workforce that reflects our local community.

We have structures in place to drive and monitor our EDI strategies, including a Hospice Inclusion Steering Group.

We know we have a long way to go, and we may not always get it right, but we

“His journey was a difficult and long one, you cared on the phone, at home and in the unit, with your help he was able to die with dignity and comfort.”

pledge to always make St Elizabeth Hospice a hospice for all.

3.11 Hospice Engagement Group (HEG)

We are fortunate to have an active Hospice Engagement Group and associated co-production framework. This year there has been a focus on embedding the HEG and the principles of co-production into the core of our hospice culture.

Each project starts with the key question: how can we involve the people who use our services in the development and delivery of this initiative?

The group’s terms of reference have been revised to reflect the hospice-wide remit of the group and it now reports directly to the Board.

During the year the group have been a key partner in the community transformation programme and have successfully recruited a new member to improve representation from across our geography.

3.12 Safeguarding

At St Elizabeth Hospice we are committed to ensuring we protect individuals from harm, abuse and neglect while promoting our patients' and service users' wellbeing, dignity and rights.

St Elizabeth Hospice has a Designated Safeguarding Lead (DSL). The hospice also has dedicated clinical staff who receive additional safeguarding training as safeguarding deputies.

Our DSL works with and alongside external agencies such as the Integrated Care Board, Suffolk Safeguarding Partnership and East Coast Community Healthcare's (ECCH) Safeguarding Lead, to ensure the safeguarding processes within St Elizabeth Hospice services are robust and that any geographical and organisational differences in safeguarding processes and developments across Suffolk and Norfolk are identified and accounted for.

The DSL attends safeguarding forums locally, regionally and nationally to ensure they are up to date with legislation and best practice which is then disseminated within the organisation.

Our staff and volunteers receive safeguarding training appropriate to the level of their work. Our staff also have opportunities to receive additional training and updates formally and informally delivered by the DSL throughout the calendar year.

We disseminate information across the hospice via emails, noticeboards and other forms of communication to provide up-to-date safeguarding information to staff, patients, volunteers and visitors.

The DSL takes responsibility for monitoring safeguarding concerns across the hospice and reports to CQC any required statutory notifications.

Safeguarding is overseen by the hospice clinical governance structure and the DSL investigates any safeguarding incidents or concerns to ensure best practice, as well as identify any areas of learning or improvement across

hospice services. These incidents are then reported to the Incident Risk and Complaints Group for governance oversight.

The DSL is available to support staff across clinical and non-clinical services to provide guidance and assistance with safeguarding matters, and regularly attends handovers and multi-disciplinary meetings across all hospice services to provide support and a safeguarding presence.

Over the last year we have worked collaboratively with other hospices locally to develop a robust suite of policies. The DSL also works with other departments across the hospice to provide expertise with the development of policies, processes and services, to ensure safeguarding remains at the heart of every interaction and intervention with patients and service users.

3.13 Hospice Education

The service comprises a Head of Department, a Team Leader, two Practice Educators, two Clinical Trainers, two Administrators, and two Volunteers.

Recent Activity

Creation and launch of Hospice Education Synergy resource. Synergy is our new virtual learning environment, designed to bring together clinical education across both hospices. Whether you're onboarding, refreshing your knowledge, or exploring new areas of care, Synergy offers a central space for learning, sharing, and growing together. The four areas are Peer Learning; RN and HCA study days; Advanced Clinical Practitioner Framework; and Coaching Climate. Enabling innovation with podcast, ask the expert and masterclasses.

Suffolk and North East Essex (SNEE) Workforce development funding has seen Hospice Education deliver taster days looking at job roles and working in a palliative and end-of-life environment.

We have supported both Further Education and Higher Education providers with education sessions around palliative care focusing on advance care planning, dignity and respect. Workshops and webinars have been provided on developing skills for the workforce around competencies, best practice,

coaching and new ways of working. We have delivered two frailty conferences and one advanced clinical practitioners conference.

Achievements and contributions to quality

One of the hospice education clinical practitioners has completed her PHD.

One of the hospice education clinical trainers has completed her Certificate in Education.

We have achieved CPD accreditation for Optimising Comfort - Pain Assessment and non-pharmacological interventions in Palliative Care (this is the first of 10 courses we plan to accredit in 2026).

Care Home Accreditation

Five fully accredited, five completed but awaiting CGQ inspection so received the certificate until CQC inspection has been completed. Four Care Homes currently in progress.

Care Agency accreditation

Rose Care agency are working with the team to achieve the care agency accreditation (on schedule for April 2026).

Achievement: Feedback from recent training facilitated by the Hospice Education Team on sensitive conversations:

“I have a better understanding of how to approach difficult situations and how to handle them.”

“The discussions so we were able to talk about what we have all encountered in our roles.”

Achievement: Feedback from 2 Frailty Conferences held in NEE and Suffolk:

“The speakers in each field were very informative & have inspired me to sought more related training.”

“An excellent comprehensive account on how to understand frailty.”

“Thought provoking, dispelled myths. This should be a mandatory training day for all health and social care professionals.”

“Took a lot from today and gained a lot of knowledge “

Mandatory training compliance we ended the year at 90.86%

A major factor in the year end mandatory training figure for 2025-2026 has been sourcing and booking staff onto the Oliver McGowan lived experience sessions.

Study days for clinical staff in 2026 (RN and CSW / HCA) - 3 days

A schedule of topics, speakers and dates to support, registered nurses, clinical support workers and healthcare assistants across all the hospices for 2026. Topics were Skin Integrity and Pressure Ulcers, Blood Transfusion, Duty of Candour, Caldicott Guardian, De-escalation Techniques and Resilience and Pain Assessment.

Apprenticeships

We continue to look at how we can make the best use of the apprenticeship levy. Currently there are 9 apprenticeships active.

Staffing

We are currently reviewing the administration support for the Hospice Education partnership to explore a more streamline team structure.

Challenges and problems

- St Nicholas Hospice withdrew from the partnership in March 2026
- Finding and funding the Oliver McGowan lived experience training sessions
- A continual challenge around coordinating IT and marketing access across three organisations
- New challenge of external commissioned training being reduced to save money across NHS and other health and social care providers. Consequences include the possibility of not achieving income targets for 2026

Plans for 2026-2027

- End-of-life care pathways: review and begin implementation of pathways (learning outcomes and clinical core capabilities) by role /

level, aligned to the Career Pathway, Core Capabilities in Practice, and Education Framework. Initial hospice meeting held: discussions ongoing on a potential collaboration approach

- Governance and agreements: renew the Hospice Education Memorandum of Understanding (MoU) with current hospice partners and progress transition to Service Level Agreements (SLA). Work ongoing across St Elizabeth and St Helena
- Partnership development (Essex): explore development opportunities with Essex partners. Meetings held with Farleigh, St Lukes, St Clare Hospice, and Havens
- Digital learning (Synergy): launch Synergy across both hospices (March 2026 St Helena; June 2026 St Elizabeth)
- Oliver McGowan programme: complete Phase 1 of the action plan
- Partnership growth: onboard Farleigh Hospice (target July 2026)
- Service agreements (SLA): secure SLAs with two Essex-based hospices (Havens and St Clare Hospice)
- Workforce capacity: secure additional roles to support growth (education administration: 10 hours/week; operations lead: 20 hours/week, part-time)
- Clinical pathways (palliative and end-of-life care): support a multi-hospice working group (St Helena, St Elizabeth, Farleigh) with a report due June 2026
- Core programme: improve and embed the 8-day Palliative Care programme for all new clinical staff
- New learning offers: develop 4 new education sessions across the Hospice Education footprint
- Education framework: introduce a two-day Education Update course to enable staff to meet the relevant framework pillar
- Inpatient unit accreditation: launch a new Inpatient Unit accreditation scheme based on the Kirkpatrick model, ensuring education is being applied in practice

- Succession planning: identify Hospice Education key roles and set out a clear succession plan

3.14 Internal Support

3.14.1 Freedom to Speak Up

At St Elizabeth Hospice we are committed to ensuring that we create an environment where all staff feel empowered to speak up about a range of issues, whether this relates to patient care or anything else that has an impact on their working life.

To support our speak up culture we have strengthened our Freedom to Speak Up Guardian Network by raising awareness through regular reminders and communications. We continue to explore a confidential platform for raising concerns.

We currently have 4 Freedom to Speak Up Guardians across the hospice, a Trustee Lead and a Senior Lead who have responsibility for Freedom to Speak Up.

3.14.2 Mental Health First Aiders

We are dedicated to fostering an environment where the mental health and wellbeing of all staff are prioritised and openly discussed. We believe that a supportive culture around mental health is crucial for a thriving workplace.

To support this, we have established a network of trained Mental Health First Aiders who have undergone recognised training to equip them with the skills to recognise signs of mental distress and provide early intervention.

These individuals are available to provide a confidential listening ear, offer initial support, and guide colleagues towards appropriate professional help if needed.

3.15 Quality of the Environment

Providing a safe, welcoming, and therapeutic environment is fundamental to the care we deliver. Our buildings and grounds support the wellbeing, dignity, and comfort of patients, families, staff, and volunteers, while also reflecting our commitment to sustainability and long-term resilience.

Over the past year, the Sustainable Estates team has continued to improve both the quality and reliability of the hospice environment through targeted investment and ongoing maintenance.

Key achievements include:

- Working with corporate and community volunteers to enhance gardens and outdoor spaces
- Refurbishment and redecoration of clinical areas, corridors, and staff facilities to create brighter, more comfortable spaces
- Installation of further vehicle chargers and purchase of electric vehicles, alongside expanding our solar array and other energy efficiency minded investments
- Continued focus on statutory compliance, including water safety and planned maintenance, ensuring a safe environment for all
- Improvements in Health and Safety with continuity planning, and reporting processes from the Community Worker safety devices
- Upgrades to catering equipment to offer more diversity at mealtimes

These improvements form part of a longer-term approach to developing a sustainable, high-quality estate that supports excellent care. We will continue to invest in environments that are safe, efficient, and designed to enhance the experience of patients and those important to them.

3.16 Volunteering at St Elizabeth Hospice

Volunteers are vital to the success of the hospice: without them we would not be able to enhance the services we provide or generate the income required. Each month approximately 1,600 volunteers fulfil 1870 shifts; each

week they donate approximately 7,480 hours, undertaking a variety of roles across the hospice.

Roles include retail and fundraising, reception, administration, community, gardening and assisting our clinical teams on the inpatient and outpatient units.

We also work with businesses to support Employer Supported Volunteering and offer placements for work experience and Duke of Edinburgh schemes for young people.

3.17 Social Value

During 2025-2026, St Elizabeth Hospice commissioned Community Action Suffolk (CAS) to understand the social value added to our community. This will result in evaluation and understanding of the social value that 3 projects bring to the population we serve:

1. Virtual Ward delivery across Ipswich and East Suffolk
2. Compassionate Communities programme across both Ipswich and East Suffolk and Great Yarmouth and Waveney areas
3. New Carers Support Nurse role in Great Yarmouth and Waveney area

Initial meetings have been held to inform CAS of the service models and to agree potential data collection and outcome measures to be used. These discussions are in the early stages and we look forward to understanding the social value we bring to the population when we receive the report from CAS later in 2026-2027.

3.18 Quality Markers

3.18.1 Infection Prevention and Control

Infection Prevention and Control (IPC) is a practical, evidence-based approach aimed at preventing patients and healthcare workers from being harmed by avoidable infections.

For IPC to be effective it requires support and engagement from everyone. It is a unique field of patient care, quality, and safety since it is universally relevant to all healthcare workers and every patient at every interaction. Quality healthcare cannot be delivered without effective IPC, and where it is defective it may cause harm.

Whilst hospice clinical staff have some experience in IPC, additional expertise is provided by a highly trained Infection Prevention and Control Nurse Specialist who has over 26 years' experience in the speciality.

This specialist nurse is contracted to provide 8 hours per month of support via a mixture of on-site attendance and remote working, and staff contact her whenever needed via email or telephone.

Throughout the year, staff at the hospice have benefitted through her attendance at the monthly IPC meetings, updating and writing policies, delivering eight hour-long teaching sessions (more are planned on a monthly basis for the coming year) and advising and attending meetings with regard to the new building at Great Yarmouth and Waveney.

In addition, the IPC specialist has been fundamental to securing the movement of the on-site laundry facility to a designated room adjacent to the IPU with appropriate systems of working and controls in place.

St Elizabeth undertakes a range of IPC surveillance and audits. IPC audit reports for the year are shown below this written report with text explanation where required. These audits cover the major aspects of IPC pertinent to hospice care: hand hygiene, insertion and management of invasive devices, and cleanliness of the environment.

Environmental cleanliness at the hospice is monitored and audited according to the National Standards of Cleanliness in the NHS. The display of selected IPC audit results within the Inpatient Unit (IPU) is an additional means of offering reassurance to employees, visitors and patients regarding the high standards of IPC maintained at St Elizabeth.

Throughout the year the IPU has cared for patients both colonised and infected with various micro-organisms including *Clostridioides difficile* (C.diff), Meticillin-resistant *Staphylococcus aureus* (MRSA), Carbapenem-Resistant Organisms (CRO), Extended-Spectrum Beta-Lactamase producing organisms (ESBL) and Covid.

The infection status of these patients was either known about prior to admission or identified within 48 hours of admission. All were cared for in single rooms with appropriate IPC measures in place.

The IPC specialist remains the main focus of information and support for all IPC-related subjects and continues to advise and support all staff at St Elizabeth Hospice through a combination of site visits, remote working via email, virtual meetings and telephone. This will continue to the next year and will include even greater involvement with the plans for the new hospice planned for Great Yarmouth and Waveney.

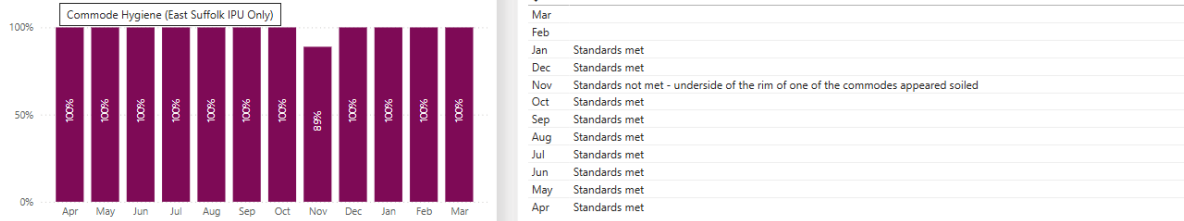
3.18.1.1 Infection Control Audits

Infection Control: Hand Hygiene – 2025-2026



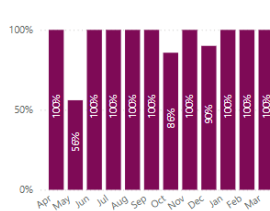
Infection Control: Commode Hygiene – 2025-2026

Commode Hygiene (East Suffolk IPU Only)

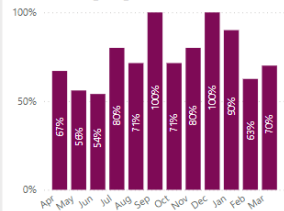


Infection Control: Catheter, PVAD and CVAD – 2025-2026

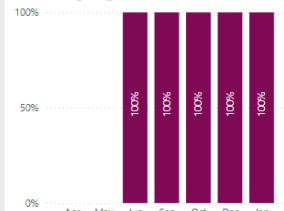
Catheter Insertion



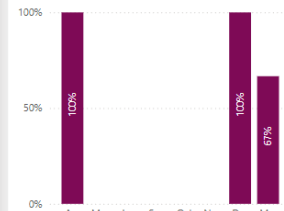
Catheter Ongoing Care



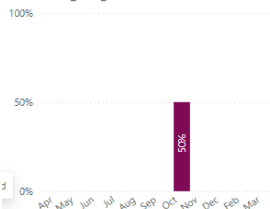
CVAD Ongoing Care



PVAD Insertion



PVAD Ongoing Care



Month	Catheter Insertion	Ongoing Catheter Care	PVAD / CVAD Insertion	Ongoing PVAD Care
Mar		Standards not met - three patients with incomplete documentation for ongoing care.	Three PVADs inserted on IPU in March. Two insertions documented correctly.	Three cannulas in use on IPU in March but care plans not completed for all episodes of care. 2 out of 3 removals documented. VIP scores missing for two out of three cannulas.
Feb	Standards met	Standards not met - three patients had no ongoing care documented but should have given length of stay.	No PVADs inserted on IPU in February. One in situ from hospital.	One cannula used on IPU in February but the care plan was not completed for each episode of care.
Jan	Standards met	Standards not met - one patient had no ongoing care documented but should have given length of stay with catheter in situ.	No PVADs inserted on IPU in January.	No PVADs on IPU in January.
Dec	Standards not met - one patient's documentation was incomplete.	Standards met	Standards met	Care plans started for the 2 patients with PVADs. Neither had all episodes

Infection Control: Infection Surveillance – 2025-2026

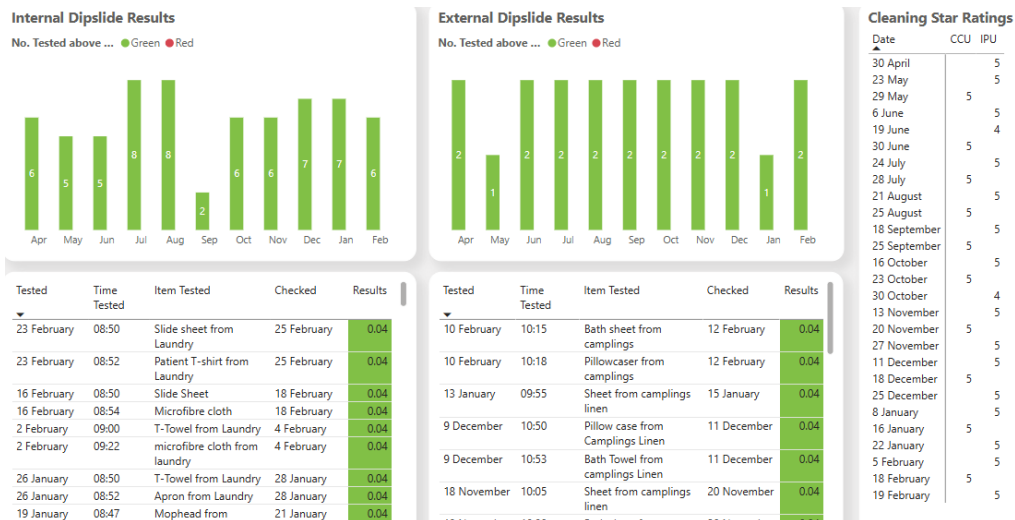
Month	Carbapenem-Resistant Enterobacteriaceae etc	Clostridioides Difficile (previously Clostridium Difficile)	Extended Spectrum Beta-Lactamase Producing Organisms (ESBL)	Meticillin Resistant Staphylococcus Aureus (MRSA) Bacteraemia	Meticillin Sensitive Staphylococcus Aureus (MSSA) Bacteraemia	Vancomycin-Resistant Enterococcus (VRE)
Apr	0	0	0	0	0	0
May	0	0	0	0	0	0
Jun	0	0	0	0	0	0
Jul	0	0	0	0	0	0
Aug	0	0	0	0	0	0
Sep	0	0	0	0	0	0
Oct	0	0	0	0	0	0
Nov	0	0	0	0	0	0
Dec	0	0	0	0	0	0
Jan	0	0	0	0	0	0
Feb	0	0	0	0	0	0

Month	Comments
Sep	Nothing to note reported this month
Aug	One patient admitted from hospital 17/7/25. On 9/8/25 was symptomatic with fevers and diarrhoea so stool specimen taken. 12/8/25 notes record that patient was c-diff positive, toxin negative. Patient barrier nursed.
Jun	One patient was admitted from hospital who been a contact for Carbapenem-Resistant Enterobacteriaceae (but not tested positive) and was isolated on admission to hospice. The same patient tested positive to Clostridioides Difficile (stool sample sent day of admission to hospice). Both infections noted to be hospital acquired infections.

Infection Control: Uniform Audit – 2025-2026



Infection Control: Dipslides – 2025-2026



It was agreed that some GY&W audits would not be completed during the year due to service pressures.

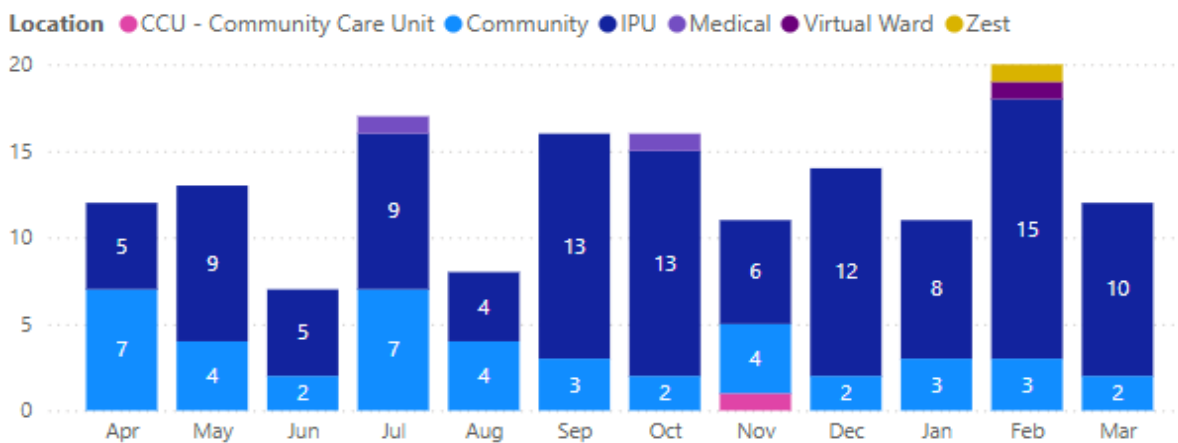
3.18.2 Medicines Management

The Medicines Management Group, which reports to the Incident, Risk and Complaints Group, oversees a comprehensive framework to ensure the safe management of medicines. This includes reviewing all medication incidents, approving investigations, and identifying learning needs along with any related actions.

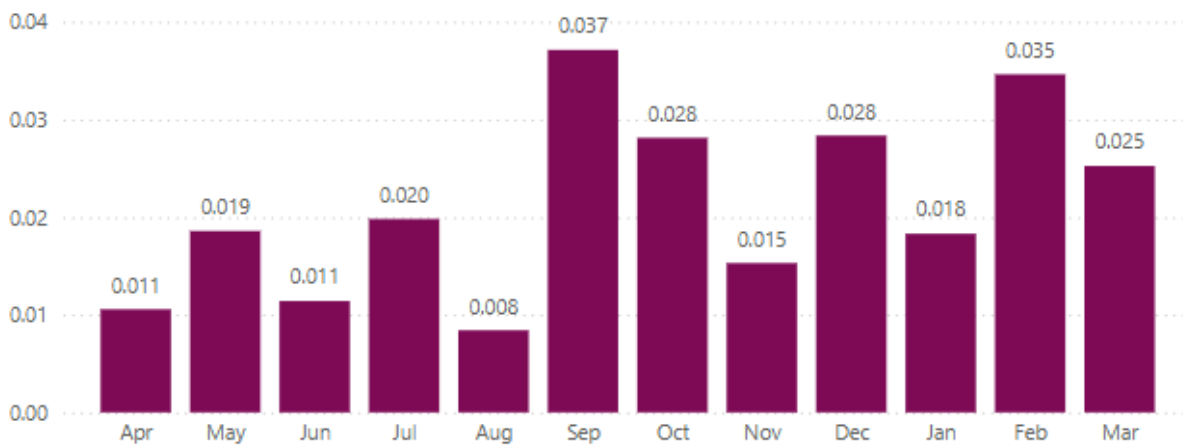
All medicine related incidents are reported to Vantage as an incident and investigated.

The Controlled Drug Accountable Officer (CDAO) provides a quarterly report of the incidents relating to Controlled Drugs to the Local Intelligence Network (LIN).

Total Drug Incidents - East Suffolk



IPU Drug Incidents per OBD - East Suffolk



A total of 157 incidents were reported in 2025-2026 for Ipswich and East Suffolk and of these, 10 were closed as non-incidents following investigation. All were categorised as no to low harm with the exception of 1 categorised as moderate harm. The Great Yarmouth and Waveney area reported 11 incidents relating to medicines management over this period.

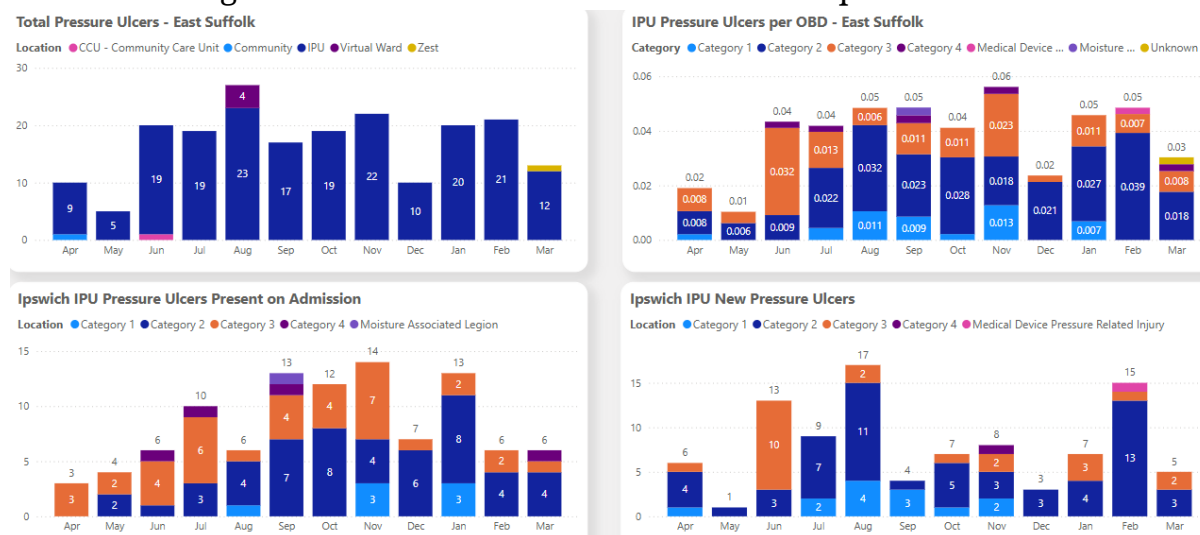
Achievements over the year include:

- Pharmacy support now in place every day on Ipswich Inpatient Unit (IPU) with Pharmacy Technician available daily to complete medicines reconciliation of patient medicines on admission, stock control orders and checks including monthly audits
- The pharmacy support has enabled further training for IPU staff in the governance and management of controlled drugs
- A comprehensive induction programme is now available for all new Registered Nurses on IPU regarding medicines management, provided by the Pharmacy Technician, who also provides a weekly drop-in session available to all clinical staff for support with medicines management
- The electronic prescribing module has been updated with a revised medicines formulary, with critical medicines highlighted to signpost to appropriate actions, and syringe pumps now within electronic prescribing rather than paper records
- A monthly drug update memo is sent to all nursing teams to support ongoing learning from medicines incidents

3.18.3 Tissue Viability

Pressure ulcers are reported both on admission, and if developed during an inpatient stay. For the purpose of reporting, pressure ulcers on admission are discounted. All pressure ulcers are investigated by a team leader, and any areas for improvement are fed back to the team via weekly updates and ward meetings.

A total of 94 new pressure ulcers were reported over the year, of which 20 were reported to the CQC due to being category 3 or 4 ulcers. Safeguarding reviews have been requested for any category 3 or 4 ulcer. On investigation it has been recognised there have been instances where pressure ulcers have



healed.

In 2025-2026 achievements included:

- Pressure ulcers have been prevented for 83% of patients
- Some IPU team members have received a refresher demonstration on the pressure relieving mattresses from the mattress company
- A Dyna-Form cushion has been purchased which can provide a higher level of pressure relief than the standard gel cushions within the patient chairs. This has been used for patients that are particularly high risk

Capacity to investigate pressure ulcer incidents has been difficult due to changes within the senior nursing team. This has led to a delay in some

investigations being carried out. However, there is now an established team leader that has taken on the tissue viability link role.

Tissue viability plans for next year:

- Documentation has been amended in relation to care plans – this will be evident within the next quarterly report
- To produce a new Tissue Viability policy taking current best practice guidance into consideration
- To create a new audit to ensure practice is in line with policy
- To implement Purpose-T

3.18.4 Falls

All patients admitted to the Inpatient Unit are assessed for risk of falls and then a falls risk assessment completed as appropriate. Towards the end of this year the Falls Procedure was updated so that all patients have a falls risk assessment completed on admission to enable early identification and prevention, as given the patient population all patients admitted are at risk.

There have been 85 falls this year. All falls have incident forms completed via Vantage within 24 hours which are then investigated by the Falls Lead. Investigations are then signed off at the Incident, Risk and Complaints Group (IRC) bi-weekly meeting.

Any learning from the investigations is recorded as actions and allocated to nominated staff members and are regularly reviewed at the group until completed.

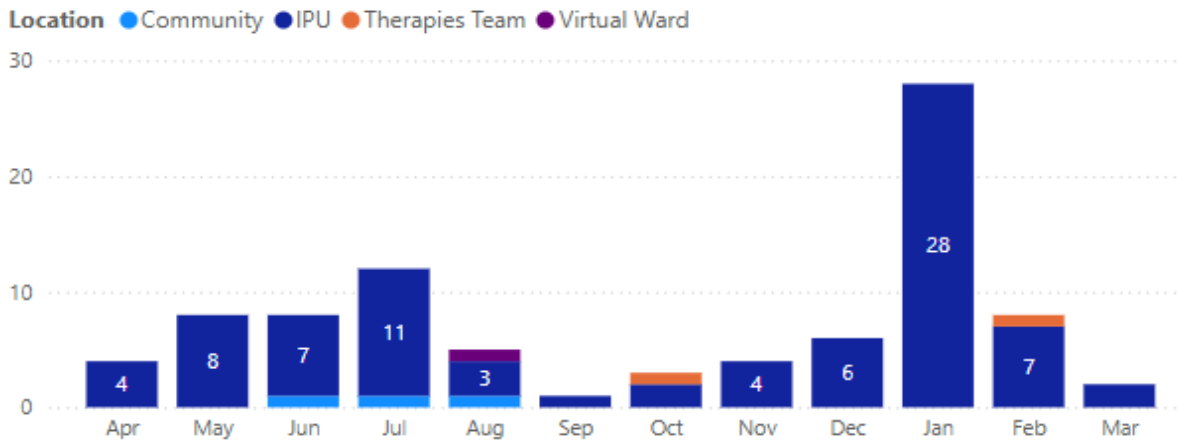
In all falls this year, appropriate post-fall protocol was followed and appropriate prevention strategies put in place. The Inpatient Unit has access to appropriate prevention equipment including falls alarms, sensor mats, low beds and crash mats.

There were some instances where, for example, falls alarms were used as standard rather than assessing patients for their individual needs.

The falls procedure has been updated following this and there is a risk factor and prevention strategy appendix to make clear when to use particular strategies to make prevention more patient focussed.

All falls this year were low or no harm apart from one fall being moderate harm resulting in a fracture. Appropriate action was taken with this being reported to CQC and an after action review completed.

Total Falls - East Suffolk



NB the higher level of falls in January was, in part, related to one individual who had repeated falls. A PSIRF approach was taken to management.

3.19 Risks and Incidents

All incidents and risks concerning the Care Directorate are managed by the Incident, Risk and Complaints Group (IRCG) which meets fortnightly.

All incidents and risks are logged on the Vantage electronic system, automatically notifying the relevant staff member by email. Incidents are investigated by the allocated investigator and investigation findings reviewed by IRCG.

Lessons learned are reviewed and actions are allocated to relevant individuals if required. The IRCG monitors these actions to ensure completion.

A risk scoring is given to logged risks based on impact and likelihood of occurrence. Appropriate controls are implemented to mitigate risks, with risks reviewed by allocated risk owners at a frequency determined by the risk score. IRCG reviews all care-related risks each time it meets and considers whether there are any risks that have not been captured.

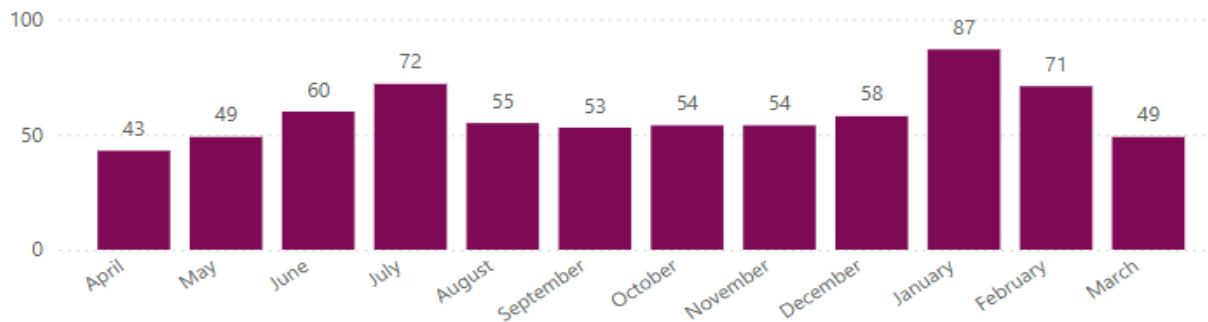
St Elizabeth’s Patient Safety Incident Response Framework (PSIRF) plan and policy are available on our website at:

<https://www.stelizabethhospice.org.uk/about-us/statement-of-purpose/>

During the period April 2025 to March 2026 a total of 705 incidents were logged.

Monthly Clinical Incidents

All Clinical Incidents



Incidents by Category



Details of our three largest incident categories; falls, medication errors and pressure ulcers can be found on pages 90, 91 & 93.

3.20 Information Governance

St Elizabeth Protection Officer (DPO) works across the organisation to ensure that we are fully compliant with the UK General Data Protection Regulation, the Data Protection Act 2018, and the Privacy and Electronic Communications.

We will assess all new projects involving personal data using Data Protection Impact Assessments (DPIAs)

In addition to having a DPO, our Medical Director serves as our Caldicott Guardian, tasked solely with ensuring the protection and proper handling of patient information.

3.20.1 Information Governance incidents closed during the year

During 2025–2026, St Elizabeth closed a total of 24 Information Governance (IG) incidents, with a further 1 being closed but kept under review.

The majority of these were categorised as minor or non-incidents. Several involved avoidable errors such as misdirected or unsecurely sent emails to NHS domains.

Our email domains have since achieved accreditation to the secure email standard (DCB1596) preventing the risk of this in the future.

Four incidents were found to be the fault of a 3rd party.

One incident led to a review of systems and restricting which members of staff had access.

One incident led to a review of our Retail Gift Aid systems and how personal data is processed.

One incident was found to be reportable to the Information Commissioner's Office (ICO), who have deemed no further action was necessary.

In each case the appropriate escalation and remedial actions were taken, including the education and training of staff and volunteers.

Resulting from internal and external discussions with staff and our Data Protection Officer regarding these incidents we have since conducted a full systems audit.

These incidents demonstrate St Elizabeth's commitment to data protection and any potential issues, no matter the scope or magnitude.

“Just wanted to say how much we enjoyed our fine dining with you; it was lovely for us both to go out for a meal as we used to and it brought back happy memories and made some more.”

3.20.2 Data Security and Privacy toolkit self-assessment

Each year St Elizabeth Hospice publishes a Data Security and Protection Toolkit (DSPT) which is a mandatory self-assessment against the National Data Guardian's 10 data security standards for organisations accessing NHS patient data or systems. Publication of the DSPT provides assurance that personal data is handled securely and in compliance with UK GDPR and NHS requirements.

We published our latest toolkit for 2024-25 on the 12th June 2025:

Data Security and Protection Toolkit
2024-25 (version 7)

NHS Digital

ST ELIZABETH HOSPICE (IPSWICH)
565 Foxhall Road, Ipswich, Suffolk, England, IP3 8LX

Standards met

Date of publication: 12 June 2025 (valid to: 30 June 2026)

This organisation has completed a Data Security and Protection Toolkit self-assessment to demonstrate it is practising good data security and that personal information is handled correctly.

www.dsptoolkit.nhs.uk

You can verify our status here:-

<https://www.dsptoolkit.nhs.uk/organisationsearch> using our organisation code 8A408.

St Elizabeth Hospice has also been assessed for compliance with the Cybers Essentials Scheme:



3.21 Duty of candour

The Duty of Candour is a legal requirement introduced under Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and applied to health and social care providers in England.

It is designed to ensure openness and honesty with patients when things go wrong. When a safety incident occurs providers must inform the patient (or their representative) as soon as possible, provide a clear explanation of what happened, offer an apology, keep a written record and offer support.

Duty of Candour is a mandatory field in the reporting process for incidents with incident reporters required to log who has been informed for all clinical incidents reported. This is monitored by the Incident, Risk and Complaints Group.

Duty of Candour principles are embedded in our Complaints Policy, Clinical Incident Management Policy and Patient Safety Incident Response Framework (PSIRF) Policy on which staff receive appropriate training.

3.22 Complaints and Compliments

Our services receive a large number of compliments about our services throughout the year. These are shared with appropriate teams and collated by the Head of Operations for review by the Quality Assurance and Improvement Group (QAIG).

3.22.1 Complaints closed during the year

Overview

During 2025-2026, St Elizabeth Hospice closed 17 complaints. Each complaint is treated with utmost seriousness and regarded as an opportunity to learn and enhance the quality of our services. Upon receipt, all complaints are recorded using the Vantage module and are reviewed bi-weekly at the Incidents, Risks and Complaints Group (IRCG) clinical governance meeting.

Complaint 5: End of Life Care Concerns

The relative of a patient expressed concerns regarding her mother's end-of-life care. Issues raised included a lack of anticipatory medications, uncertainty about which service was responsible, unmet expectations concerning daily visits, and a poor experience with the OneCall service.

Findings

The investigation revealed a delay in organising 'just in case' medications, and the information provided by the OneCall team was found to be inaccurate.

Actions taken

- Apology sent to the family outlining the findings and planned actions
- The case was discussed with the team and individuals involved to evaluate the impact of their actions on patient care

- Weekly reminders were introduced for staff to emphasise the importance of ensuring 'just in case' medications are organised in good time
- Concerns regarding OneCall were escalated to the Director of Care, and a service review was undertaken to improve call handling and ensure timely support for patients and their relatives

Outcome: Upheld

Complaint 10: Delays in Care and Communication

Concerns were raised by a patient and their family about delays in answering call bells and issues with care plans for pressure ulcers and falls during a stay on IPU.

Findings

It was found that the communication book used by staff and family was not adequately updated. Additionally, when a pressure relieving mattress was introduced, a corresponding care plan was not completed. At admission, a falls risk assessment was not performed as there was no history of falls at that time.

Actions taken

- An apology was sent to the family
- Recommendations were made to ensure communication books are properly completed
- Staff were reminded to discuss the pressure relieving advice leaflet with new admissions
- A review of pressure area care processes and care plans was undertaken

Outcome: Upheld

Complaint 12: Thank You Letter and Admission Concerns

The relative of a patient called after receiving a thank you letter for a donation he had not made and also expressed concern that his mother was not admitted to IPU.

Findings

The thank you letter was mistakenly sent to the wrong supporter, and there was no record of a referral for the patient, who was receiving care in a local care home.

Actions taken

- An apology was sent. No further actions were required

Outcome: Rejected

Complaint 13: Family Concerns re Care on IPU

Relatives of a patient in IPU raised concerns about the hospitality suite, pain relief, and delays in repositioning.

Findings

Staff did not communicate with the family regarding the hospitality suite's availability, care after PRN medication could have been timed better, and the patient was not repositioned for 12 hours.

Actions taken

- An apology was sent to the family including actions to be taken
- Recommendations were implemented to improve communication around the hospitality suite, handovers, and a review of care plans and documentation

Outcome: Upheld

Complaint 15: Delays in Medication and Staff Attitude

A patient in IPU and her relative raised concerns about medication delays and the attitude of a staff member.

Findings

There were delays in administering medication, and electronic notes were not accurately updated to include all interventions.

Actions taken

- An apology was sent including actions to be taken
- Recommendations implemented for nursing staff to enhance documentation of pain relief and care plans and to improve record keeping, accuracy and completeness

Outcome: Upheld

Complaint 16: Patient Harm During Care

The relative of a patient on IPU reported that her spouse was hurt during a period of care, which made him fearful of future care episodes.

Findings

The incident occurred during a busy shift with reduced staffing. The patient required assistance from three staff members but was repositioned by only two.

Actions taken

- An apology was made to the patient and his relative
- Staff were reminded about the importance of following care plans for the protection of patients and staff
- Longer day shifts were introduced on IPU which it is expected to help maintain consistent staffing throughout the day

Outcome: Upheld

Complaint 19: Administrative Error Leading to Patient Status being changed to RIP

Due to an administrative error, a patient was incorrectly marked as deceased (RIP) on S1. This error was not identified for several days, resulting in

cancelled appointments and medication prescriptions, causing significant distress for the patient and family.

Findings

The staff member responsible was working alone alongside a new starter. Established process notes for handling such incidents were not followed, contributing to the delay in resolving the error.

Actions taken

- An apology and full report, from an external investigator, sent to the family
- A revised staffing model for Care Coordinators was developed to ensure consistent cover
- A clear SOP for correcting erroneous deceased entries was created and circulated to all relevant staff
- Revised procedures for changing patient status were implemented, including a second check to ensure that the correct patient notes were being updated

Outcome: Upheld

Complaint 32: Delays in Medication on Discharge

A complaint coordinated by West Suffolk Hospital related to delays in providing medication to a patient after discharge. The family were concerned about the delay and the lack of information regarding referral plans.

Findings

The referral to St Elizabeth Hospice was made by the hospital team: consequently, the family were not informed. An earlier triage call could have highlighted urgent clinical features needing prompt attention.

Actions taken

- Full report and response sent to West Suffolk Hospital
- Team leader met with involved individuals for reflection

- Community transformation programme tasked with ensuring all referrals receive administrative contact within 24 hours, including provision of the hospice OneCall number
- Discussion of appropriate time frames for follow-up calls undertaken with the Medicines Management Group, and feedback shared in team meetings

Outcome: Partly upheld

Complaint 38: Community Patient Support and Communication Issues

The partner of a community patient raised concerns about confusion between hospice and GP over responsibility for care, limited contact, inconsistent responses from OneCall, lack of physiotherapy input, and difficulties accessing support without persistence.

Actions taken

- Additional recommendations were implemented as part of the communication transformation work, including improved liaison between virtual ward clinical lead and caseload nurses
- Internal processes were reviewed and revised
- Training for coordinators and OneCall nurses was implemented, with yearly refresher sessions scheduled

Outcome: Upheld

Complaint 39: Concerns regarding use of alternative funeral director

A funeral director sent a complaint via the website reporting that the relative of a deceased patient had visited the funeral director on another matter and had expressed their distress that their relative had been coerced, by the hospice, into using the Co-op funeral service.

Several attempts were made to contact the complainant, with messages left to return the call. The incident was reviewed by IRC and closed, as there were no details of the patient concerned, with the option to re-open if the complainant made contact.

Outcome: Rejected

Complaint 41: Concerns Over Use of Syringe Driver

The family of a community patient complained that commencement of a syringe driver led to the patient's death.

Findings

A comprehensive investigation found no case to answer. A response was sent, and the family met with representatives from our service.

Outcome: Rejected

Complaint 46: Delay in OneCall Response

A family member reported not receiving a call back from OneCall until the following morning, despite seeking support the previous night.

Findings

Nurses on the late shift were occupied with reactive visits and complex calls. The patient's call was transferred to the GY&W ledger and picked up at 9am the next day, as the Clinical Nurse Specialist assessed that an overnight call would not significantly impact the issue.

Actions taken

- Issues raised were already under review as part of the community transformation programme, focusing on OneCall capacity and user expectations

Outcome: Partly upheld

Complaint 47: Support and Communication at end of life

The relative of a patient expressed distress regarding the lack of support during the weekend of their father's death. Concerns included insufficient explanation about procedures for patients with industrial diagnoses and involvement of external providers.

Findings

The complaint involved other services, so an After-Action Review was conducted with all parties.

Actions taken

- A letter of apology was sent with findings and recommendations
- Families of patients with industrial diagnoses are now informed about possible delays in post-death procedures
- The weekend service at Great Yarmouth and Waveney has been re-structured to provide support at weekends

Outcome: Upheld

Complaint 50: Accusation that staff lied to a family member

A patient's relative complained of being lied to by a member of the GY&W community team.

Findings

There was no evidence supporting the claim of dishonesty. Several staff witnessed the conversation and reported that the caller was aggressive and non-receptive. The patient had capacity and consented to direct communication with the service. However, some aspects of complaint were upheld, given the complainant's need for more support not being recognised.

Outcome: Partly upheld

Complaint 63: Support from Community Nursing Team

A family expressed concerns regarding lack of support from the GY&W community nursing team.

Findings

We identified that there was confusion around the different community services involved in the patient's care. Increased support was offered to

ensure that the patient and family had the support that they needed and a CHC fast track application submitted. Compliments were offered to the hospice team during bereavement call.

Outcome: Partly upheld

Complaint 66: Continuing Health Care(CHC) Funding Communication

A family member was initially told CHC funding would be available for six weeks prior to the patient's death but was later informed it would only be for two weeks.

Findings

Upon the Fast Track application being declined, the team could have escalated the matter further, which may have assisted in progressing the referral more promptly.

Outcome: Partly upheld

Complaint 68: Admission and Symptom Management Concerns

The family of a patient on Beccles IPU questioned why she was admitted to the ward rather than an acute hospital and raised concerns about her care, including the use of a syringe pump.

Findings

The patient preferred not to be admitted to an acute hospital and agreed to symptom management on Minsmere ward at Beccles. Due to ongoing concerns about her safety, she was admitted to Beccles, with escalation to acute care as needed. The syringe pump was initiated for symptom management, not for end-of-life care.

Outcome: Partly upheld

3.23 Patient Feedback

During the year a task and finish group has been convened to focus on how the hospice collects feedback from patients, carers and families at key points during their contact with our services.

QR codes and text have been piloted alongside more traditional, paper-based methods. During 2026-2027 this work will be supported by an associated quality account priority (see page 18).

During the year we asked patients and families for their views on our community services. A form was devised with the Hospice Engagement Group and was distributed via letters and staff during interactions with patients and families. 30 responses were received feeding back what we are doing well, ways our services could improve, and whether the OneCall service was easy to access. Participants also rated how important aspects of the service were such as access to prompt care at home and continuity of care. The results were used to inform our community transformation programme.

For feedback relating to our Emotional Wellbeing and Spiritual Care Service please see section 3.6.

3.24 What Others Say

3.24.1 CQC Inspection Report

We are registered with the CQC to provide the following activities:


- Personal care
- Treatment of disease, disorder or injury
- Diagnostic and screening procedures

We were last inspected in October 2021 and were rated as Outstanding.

Overview

Latest inspection: 21 October 2021

Report published: 20 December 2021

Latest review: 6 July 2023 

Safe Good 

Effective Good 

Caring Outstanding 

Responsive Outstanding 

Well-led Outstanding 

3.24.2 Response from Healthwatch Suffolk

Thank you for getting in touch about your QA as you do each year.

We will unfortunately not be in a position to provide NHS Trusts with a local healthwatch statement in response to draft 2025-26 Quality Accounts. We are however appreciative of the opportunity being offered.

Kind regards

Andy

Andy Yacoub (He/Him)

CEO

Knowing Works CIC

(formerly known as Healthwatch Suffolk CIC)

M. 07858230510



3.24.3 Response from Suffolk and North East Essex Integrated Care Board

Dear Lisa,

Re: Commissioner Response to St. Elizabeth Hospice Quality Account
2025/2026.

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

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

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

The ICB acknowledge the significant progress made across several key areas of quality as outlined in the 2025/26 priorities. Notable achievements include the collaborative work that has been achieved with St. Nicholas hospice on policy development and the progress made on spiritual care that will significantly support patient experience.

The ICB endorses the Quality Priorities set out for 2026/2027 which align well with NHS quality standards and will continue to work collaboratively with St. Elizabeth Hospice to support the delivery of these. Implementation of Trauma Informed Care will enable the local population to receive the care they need that is considerate of the diverse needs of the local population and supports greater choice and clinical effectiveness. A focus on safer staffing will impact both patient and staff experience alongside patient safety. Introduction of a new digital patient experience tool will support improved access for patients

to submit timely feedback and supports the national priority of analogue to digital. The priority linked to VTE assessment will support both clinical effectiveness and patient safety.

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

Kind regards

Karen Watts

Director of Nursing and Quality

NHS Norfolk and Suffolk ICB

3.24.4 Response from Suffolk Health Scrutiny Committee

Thank you for the query about your draft Quality Account for 2024-25.

This year the opportunity to comment on the NHS Quality Accounts has coincided with a period of political moratorium within the Council as we await the local elections on May 7 2026. The Health Scrutiny Committee will reconvene for the next administrative period in the summer of 2026 and we look forward to working with Suffolk's NHS providers in the year ahead.

Best wishes

Katherine Bailey
Senior Democratic Services Officer, Governance, Legal and Assurance Division
Suffolk County Council

Endeavour House, 8 Russell Rd, Ipswich, Suffolk, IP1 2BX
Telephone: 01473 260132
Email: katherine.bailey@suffolk.gov.uk
Website: www.suffolk.gov.uk
Pronouns: she/ hers



3.25 Contacting St Elizabeth Hospice

Central office:

St Elizabeth Hospice,

565 Foxhall Road, Ipswich,

IP3 8LX

01473 727776

OneCall 24/7 Advice Line

OneCall is a 24/7 telephone service providing palliative care advice in Ipswich & East Suffolk and Great Yarmouth and Waveney.

0800 567 0111

For sending confidential patient information, email information via:

administration@stelizabethhospice.org.uk

Or contact us using the information on this webpage:

<https://www.stelizabethhospice.org.uk/about-us/contact-us/>