



QUALITY ACCOUNT

2024 - 25

What is a Quality Account?

A Quality Account is an annual report about the quality of services provided by a healthcare organisation. Quality Accounts aim to increase public accountability and drive improvements. Our Quality Accounts look back on how well we have done in the past year in achieving our goals and look forward to the year ahead, defining what our priorities for quality improvements will be and how we expect to achieve and monitor them. The report includes Trinity Hospice Palliative Care Services including Brian House Children's Hospice.

Introduction

Key Messages: Trinity Hospice and Palliative Care Services

- Trinity Hospice and Palliative Care Services is a Fylde Coast registered charity providing compassionate care on the journey towards the end of life for the people of the Fylde Coast.
- We work alongside others to care for people in their own homes, in care homes, in nursing homes and hospital settings. We always ensure people feel they are cared for as an individual, rather than as 'just another patient' and to focus on what matters most to them.
- We work hard to ensure everyone with a life limiting and palliative condition on the Fylde Coast is cared for and supported to live as well as possible.
- We work collaboratively and in partnership with other local organisations and care providers to strategically plan and support the delivery of best possible palliative and end of life care for our local population.
- We encourage everyone in our local community to talk honestly and openly about death and dying and plan to ensure those who love and care for us understand our wishes and preferences and what matters most to us in the time we have remaining and after we die.
- Through our Inpatient Unit, Community Services, Hospital Team, Living Well Services, Lymphoedema and Bereavement & Psychological Services, we touch the lives of over 8,000 people every year, supporting them physically, emotionally and spiritually.
- Family, carers and close friends have needs too; we are here for them with support and advice at every stage of illness and through bereavement.
- Working or volunteering for the hospice is rewarding and fulfilling and we share our knowledge to help others deliver excellent end of life care too.
- A large part of our role is supporting palliative and end of life care training and education. We continuously host training placements for nursing and medical students, junior doctors in training and a host of other health and social care professionals such as paramedics, social workers and care home staff who come to spend time with us on learning placements.
- We are a key stakeholder and a central contributor to the strategic planning of palliative and end of life care services serving the Fylde Coast.
- It costs over £14 million every year to run Trinity's services including Brian House Children's Hospice - over £9 million of that must come from voluntary donations and all our care is provided free of charge.

- Trinity relies on the trust and goodwill of the local community and would never undermine that by using inappropriate fundraising tactics. Our approach is to inspire people to give, rather than make them feel in any way compelled.
- Trinity Hospice is about supporting *living well* to the very end of our lives.

Key Messages: Brian House Children's Hospice

Brian House is the only children's hospice on the Fylde Coast and supports babies, children and young people from birth up until they are nineteen who live in Blackpool, Fylde and Wyre.

Because some lives are too short – every child or young person with a terminal, life-limiting or life-threatening condition, and their families, deserve exceptional all-round care, to enjoy the time they have got and, with help, live life to the full – making the most of every day.

- Children and their families are at the very centre of what we do. Our staff are passionate and dedicated with a focus on making the most of every moment the children spend in our care.
- Brian House is a place where very special memories are made.
- Brian House staff outreach into the community setting and in-reach into hospitals and other care settings to support families during very challenging times.
- Brian House staff work collaboratively with the Macmillan Team supporting children with cancer diagnosis throughout their treatment helping them negotiate some of the many hurdles. Brian House staff are also there to support the family and the siblings at these very challenging times.
- Brian House staff work collaboratively with the Neonatal Team at Blackpool Teaching Hospitals, hosting clinics in their child-friendly sensory room ensuring families are supported from the birth of their baby throughout the child's life.
- Brian House has a cinema room, sensory room, soft play area, adapted playground and these are available for families to use free of charge allowing them to spend time as a family, in a safe environment where all the family's needs can be catered for.
- Brian House works as part of the Lancashire and South Cumbria network ensuring continued learning and development to support the increasing medical complexities and developing technology needs of the children we care for.
- Much-needed respite is provided for parents, so they can get a good night's rest, have a short break or spend time with other family members.
- We care for children at the very end of their lives and provide support for the whole family whilst ensuring the holistic needs of the child and family are met.
- Brian House works to ensure the children we care for seamlessly transition into adulthood.
- Brian House offers all these services free of charge to families.
- Brian House requires £1.8 million to keep its doors open, most of which isn't funded.

PART ONE

Statement of Quality from our Chief Executive

What does 'quality' mean to us—especially as we celebrate 40 years of Trinity Hospice?

For me, quality is not just about how good something is compared to others. It's about how deeply rooted we are in our community, how far our branches reach, and how unwavering our commitment remains to those we serve. Trinity began as a fragile seed of an idea, planted by our founder, Dr David Cooper. Today, it stands as a mighty oak—its roots embedded in the Fylde Coast, its branches touching thousands of lives each year.

This year, as we mark our 40th anniversary, we reflect on how far we've come—and how much further we must go. We continue to be guided by the philosophy of Dame Cicely Saunders, who taught us that people matter until the last moment of their lives, and that pain is not only physical but emotional, social, and spiritual.

Over the past 12 months, we have achieved much of what we set out to do. This Quality Account is a testament to the dedication of our teams and the impact of our work. We have strengthened our services, extended our reach into homes, care homes, hospitals, and communities, and continued to innovate in how we deliver care.

We also acknowledge the challenges ahead. Statutory funding now covers less than 27% of our costs. Demand for our services is rising, and the complexity of care is increasing. These pressures are not unique to us, but they do pose real risks to the sustainability of high-quality care. Despite this, we remain resolute. We are not just surviving—we are evolving.

Looking forward, we must continue to reimagine hospice care beyond our walls. We must innovate in the fragile spaces between care settings and work with partners who are themselves under strain. We must also continue to advocate for a fairer, more sustainable funding model—because hospice care is not a luxury; it is a necessity in a just society.

Thank you for your continued support. Trinity Hospice is not just a place, it is a promise. One we intend to keep for the next 40 years and beyond.

David Houston

Chief Executive

Trinity Hospice and Brian House Children's Hospice

Statement of Assurance from the Board of Trustees

As Chair of the Board of Trustees, I am pleased to provide this statement on behalf of the Board for inclusion in the 2025/26 Annual Quality Accounts.

The Board of Trustees holds ultimate accountability for the quality of care provided at Trinity Hospice, including Brian House Children's Hospice. We are deeply committed to supporting and upholding the high standards of care across our adult and children's services, and within the wider community.

Our governance structure is designed to ensure strong oversight and engagement. In addition to our full Board meetings, which are held every 2 months, we have a number of sub-committees with responsibility for specific areas of clinical governance, people and organisational performance. These sub-committees enable a detailed focus on the wide-ranging aspects of hospice operations, both within Trinity and Brian House.

Trustees actively seek to stay connected with the day-to-day life of the hospice. Throughout the year, we attend a variety of staff and volunteer meetings, alongside visits to retail shops —formally and informally—to gain insight, listen to discussions and decisions, and ensure that our presence is visible and valued across clinical, medical, administrative, facilities, and retail teams. Many trustees have also taken part in Schwartz Rounds and wellbeing events, deepening our understanding of the emotional and ethical challenges faced by staff.

Regular visits to different areas of the hospice allow Trustees to witness first-hand the quality of care and support provided, as well as the professionalism and dedication of our teams. Written reports from these visits are shared with senior management and subsequently reviewed by the Board, ensuring a cycle of observation, reflection, and feedback that helps to continuously strengthen our governance.

The Board receives regular and detailed reports on quality, including updates on the Quality Strategy and feedback from patients, families, and our people. We place particular emphasis on the anonymous 'iWantGreatCare' surveys and the annual employee and volunteers surveys, all of which inform decision-making at committee and board level—especially through the Our People sub-committee.

This year, we have welcomed new Trustees and an Associate Trustee who have brought valuable expertise in Clinical, Civil Service leadership, and HR best practice. Their contributions are already proving invaluable as we continue to evolve and improve our governance. We are also investing in our Digital capability and will be appointing a new role as Trustee Digital Champion to provide expertise on cyber security and other digital threats. In 2025 as our existing Vice Chair steps down we have appointed two new co vice-chairs from within the board ready to step in to help support myself as Chair with the challenges ahead.

We continue to receive verbal updates from clinical, administrative, fundraising, retail, and facilities teams —which offer us direct insight into the operations and challenges of each department to enable better strategic supporting decision making by the Board. Trustees also actively volunteer in the community by taking part in fundraising events to gain insight into the fundraising challenges and to meet those people who support the charity.

I would like to take this opportunity to commend all our teams for their continued dedication and professionalism. The medical and clinical teams have worked tirelessly to maintain our high standards of care, supported superbly by our administrative, fundraising, retail, and facilities colleagues. We are especially grateful to our CEO, David Houston, for his leadership and vision, and to Andrea Lumb, our Finance Director, for her successful oversight of the transition to a new investment provider. The clinical team, led by David Kay, is now fully staffed and well-positioned for further development, with David preparing to step into the role of Deputy CEO.

We are immensely proud to have maintained our 'Overall Outstanding' rating from the Care Quality Commission—an achievement which reflects the strength, compassion, and excellence of our entire organisation. This is further supported by positive clinical audit outcomes across the Fylde Coast.

In our 40th year, Trinity Hospice is committed to sustaining and building upon this success. Our Business Plan outlines key objectives to maintain excellence in the 'Care' and 'Well-led' domains and to enhance our performance in the areas rated 'Good'—'Safe', 'Responsive', and 'Effective'. These ambitions are rooted in our core value of 'Excellence'.

As Trustees, we are proud to work alongside our clinical, medical, fundraising, administrative, facilities, and retail teams to ensure that Trinity Hospice and Brian House remain outstanding places of care and support—well-led and responsive to the needs of all those we serve.

Tracy Dewhurst

Chair of the Board of Trustees

Trinity Hospice and Brian House Children's Hospice

PART TWO

Looking Forward: Our Improvements for 2025/26

These Quality Accounts contribute to our Quality Strategy and are supported and approved by our Board of Trustees. The following areas have been identified for development/improvement in 2025/26 by the Clinical Quality Improvement Group, under the following headings: Patient Safety, Clinical Effectiveness and Patient Experience. They have also been included in each department's Business Plans and Objectives and contribute to the Fylde Coast's Dying Well Strategy 2024-2029.

We are ever mindful of a need to strategically plan to develop our workforce and services so that we can respond to the projected increasing palliative and end of life care needs of our aging population and those of the children and young people of the Fylde Coast living with life limiting conditions. This last year we have again strengthened our senior clinical leadership team and continued to expand and develop the skill mix within our clinical teams. Our Education Strategy has now been agreed which will result in our teams being "prepared to care" for the future needs of families who live in the Fylde Coast area.

We continue to experience an increasing prevalence of frailty and dementia. People are living longer, many with multiple and complex long-term conditions, physical and mental health disabilities, the impacts from previous cancer treatments, loneliness, and social isolation. The experience of death and dying is changing for us all with complex health, social and spiritual care need challenges to address in our society and local diverse communities.

We are committed to supporting our colleagues and ensuring our services provide the care and support our patients and local communities need. Over the next year we will be continuing to develop and embed service improvements which will, in line with the new five-year strategy, improve patient safety, effectiveness and patient experience.

In line with the Fylde Coast's Dying Well Strategy 2024/29, Trinity Hospice and Brian House continue to be key stakeholders in the strategic planning for palliative and end of life care services. The five-year strategy provides the blueprint for an integrated and collaborative working approach with our key Fylde Coast partner services across health, social and spiritual care and with other community voluntary sector service providers.

Clinical Effectiveness – Optimise the Use of Our EMIS Electronic Patient Clinical Record

How was this identified as a priority?

This was identified as a priority in our 2024-25 Quality Accounts and progress continues with the introduction of the new cloud-based platform EMIS X. Our electronic patient clinical record underpins the documentation of assessments, care, prescribing and planning, supporting safe, effective and co-ordinated care. Since its introduction nine years ago, EMIS had evolved significantly and optimising its use is essential for improving clinical productivity, communication, governance, and integrated working.

What do we want to achieve?

Building on the progress already made, we will continue to optimise EMIS and embed digital transformation across services. We aim to:

- Finalise the upgrade to the latest EMIS version.
- Continue refining role-specific clinical templates and internal referral forms.
- Streamline workflows and reduce duplication.
- Fully implement EMIS diary and bed management functionality.
- Ensure consistent SNOMED coding and alignment with local GP and community systems.
- Support safe data sharing and continuity of care.
- Enhance clinical governance, audit and reporting.
- Deliver targeted staff training and evaluate impact.
- Sustain the role of departmental EMIS Champions.

How will progress be monitored and reported?

- Ongoing review of the project action plan.
- Regular updates to the Clinical Quality Improvement Group, Clinical Governance Committee and Board of Trustees.
- Staff feedback and training evaluations.
- Demonstrated efficiency gains and improved management information.

Clinical Effectiveness, Patient Safety and Patient Experience – Strengthening Response to Medical Device and Medication Recalls and Alerts

How was this identified as a priority?

Effective management of medical devices and medication recalls is essential to ensure patient safety and regulatory compliance. The Medicines and Healthcare products Regulatory Agency (MHRA) and the Care Quality Commission (CQC) highlight the need for timely, co-ordinated responses to alerts issued via the Central Alerting System (CAS), Drug Safety Updates and Field Safety Notices. A review of internal processes and feedback from external partners identified opportunities to improve responsiveness, documentation and communication across Trinity's clinical services.

What do we want to achieve?

- Ensure all MHRA alerts are received, reviewed and actioned promptly in line with best practice.
- Implement and embed an updated Standard Operating Procedure (SOP) for handling alerts and recalls.
- Designate champions to oversee recall management.
- Quarantine and remove affected products immediately upon notification.
- Communicate clearly with staff and patients where appropriate.
- Maintain a central log of all alerts, actions taken and outcomes.
- Provide staff training on recall procedures and responsibilities.
- Embed recall response into clinical governance and audit cycles.

How will progress be monitored and reported?

- Audit all alerts and actions to demonstrate an effective system.
- Demonstrate the ability to report recall activity and learning.
- Review SOP effectiveness regularly or following significant incidents.
- Use staff and partner feedback to drive continuous improvement.

Patient Safety – Improving access and referral processes into the Inpatient Unit (IPU)

How was the priority identified?

This priority was identified following the findings of an IPU admissions audit undertaken by external auditors. The audit highlighted areas for development in patient referral and admission processes. Key issues included inconsistent referral practices between referring teams and within the multi-disciplinary team (MDT) decision-making, an outdated discharge policy and lack of a robust escalation section within current process documentation.

What do we want to achieve?

Our aim is to streamline and strengthen the IPU access and referral pathway to ensure safe, timely and appropriate admissions. This will include:

- Reviewing and updating the IPU admissions policy and discharge procedures.
- Enhancing the admissions MDT meeting by broadening representation to include referring teams (e.g. Community Palliative Care Team and Hospital Palliative Care Team).
- Redesigning the referral form/template to improve the quality and consistency of clinical information submitted at referral.
- Embedding a clear, standardised escalation pathway within the referral and admissions process.

How will progress be monitored and reported?

- Audits of referrals and admission decisions against updated policy.
- Feedback from referring teams and inpatient colleagues in the Nursing and Medical Teams.
- Incident reporting and analysis linked to admissions and transfers of care.
- Reporting to the Clinical Quality Improvement Group.
- Inclusion in departmental action plan updates.

Clinical Effectiveness – Increasing IPU Bed Occupancy

How was the priority identified?

This priority was identified through the internal performance monitoring and strategic planning process, which highlighted the opportunity to optimise use of our inpatient bed capacity. While the quality of care remains high, there is scope to improve occupancy rates and improve responsiveness and ensure more people can access specialist palliative inpatient care when needed.

What do we want to achieve?

We aim to increase average inpatient bed occupancy to at least 86%, with an optimal target range of 86% – 100% across our 14-bed unit. This will help us meet demand more effectively, maximise use of available resources and ensure timely admissions for patients with complex needs. This will include:

- Strengthening referral and triage processes to support efficient patient flow including cross-

- service working and joint visits.
- Using clinical judgement to predict bed availability based on deaths and planned discharges daily through the multi-disciplinary team.
- Reviewing communication with community and hospital referrers to improve visibility of available capacity.
- Supporting timely discharge planning to maintain flow and avoid avoidable delays.
- Aligning occupancy with safe staffing levels and dependency.

How will progress be monitored and reported?

- Regular reporting against occupancy key performance indicators (KPIs) monthly.
- Daily operational oversight of bed availability and admissions.
- Monitoring referral-to-admission timeframes.
- Inclusion in management information submitted to TMT and reporting to the board.
- Feedback from staff and referrers regarding access and flow.
- Via Knowing How We Are Doing Boards planned vs actual staffing levels.

Clinical Effectiveness – Strengthening Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) Practice

How was the priority identified?

This priority was identified through internal review and audit of documentation quality, incident analysis and feedback from staff about mental capacity assessments and the mental capacity act.

What do we want to achieve?

- Improve compliance with the MCA and DoLS processes through further staff training, better documentation and clearer processes around assessments and best interest decisions
- Develop tools and prompts to support consistent, high-quality MCA and DoLS assessments embedded in routine MDT decision-making.
- Empower and protect patients who may lack capacity and make decisions for themselves.

How will progress be monitored and reported?

- Pre and post-training audits of MCA/DoLS documentation.
- Feedback from staff on confidence and clarity around MCA/DoLS processes.
- Inclusion of mental capacity assessments in record keeping audits.
- Via clinical governance processes and escalation through the Risk Register if required.

Clinical Effectiveness and Patient Experience - Improving Generalist End-of-Life and Palliative Care across Hospital Wards

How was this priority identified?

The Specialist Palliative Care Team, based at Blackpool Victoria Hospital, receives a high volume of generalist end-of-life care referrals from across the hospital. However, a significant number of incidents and complaints in regards to sub-optimal palliative and end of life care have been reported which highlighted concerns about the quality of end-of-life care. There is currently no

mandatory end of life care training provided within the Trust and a recent questionnaire sent to clinical teams revealed that staff lack confidence in delivering end-of-life care.

What do we want to achieve?

- Improve the quality of general palliative and end of life care.
- Improve the confidence of healthcare professionals in delivering generalist end-of-life care across the hospital targeting areas where concerns have been highlighted.
- Reduce the number of complaints and incidents related to end-of-life care.
- Enhance patient and family satisfaction with the care provided.

How will progress be monitored and reported?

- Pre- and post-training evaluations to assess changes in staff confidence and competence.
- Regular updates and reviews at the Specialist Palliative Care Team Business Meeting.
- Ongoing reporting through the Specialist Palliative Care, End-of-Life, and Bereavement Directorate Meeting.
- Monitoring training records.

Clinical Effectiveness – 24/7 Specialist Palliative Care Advice Line

How was the priority identified

Our Community Palliative Care Team and Inpatient Unit Staff currently operate a specialist palliative care advice line, which provides telephone-based clinical support and guidance. However, whilst the existing provision is available across a full 24-hour period, the quality, consistency, and accessibility of advice can vary depending on the time of day and the clinician on duty. This creates a risk of fragmented care and suboptimal support for patients, families, and healthcare professionals seeking timely guidance.

Over the past 12 months, incidents have highlighted the challenges associated with the current limited availability and variability of the advice line. The gap in support during out-of-hours periods was especially evident and has been raised through clinical incident reporting, staff feedback, and multi-agency discussions with Northwest Ambulance Service and Community District Nursing Teams. These issues have collectively demonstrated the need for a more structured, consistent, and accessible advice model provided by Trinity.

What do we want to achieve

- We aim to implement a full review and redesign of the specialist palliative care advice line to ensure it delivers equitable, high-quality, and clinically robust support 24 hours a day, 7 days a week. By doing this we intend to:
- Expand availability and establish a 24/7 advice line that is accessible to patients, families, external healthcare professionals, and urgent care services (e.g. ambulance crews and out-of-hours GPs), ensuring specialist support is always available.
- Standardise clinical quality by introducing enhanced clinical protocols, decision support tools, and triage frameworks to ensure that advice given is safe, evidence-based, and

aligned with best practice in palliative care.

- Improve patient outcomes to reduce unnecessary and inappropriate hospital admissions by supporting earlier intervention, symptom management, and effective care planning, enabling more patients to remain in their preferred place of care.
- Strengthen workforce capability by providing targeted training and ongoing professional development to staff delivering the advice line, with a focus on effective triage, communication, clinical decision-making, and risk assessment.

Ensure equity and continuity to better facilitate integration between in-hours and out-of-hours services, promoting continuity of care and reducing variation in advice quality across time periods.

How will progress be monitored and reported

- Utilising Service-user and stakeholder feedback by gaining insight from patients, carers, and professionals accessing the advice line, including GPs, district nurses, and ambulance staff.
- Routine auditing of call logs to evaluate response times, patient complexity, appropriateness of advice given, and subsequent outcomes.
- Regular feedback from the palliative care team and advice line clinicians to monitor confidence, training needs, and system usability.
- Regular reporting to the Board of Trustees and Quality and Safety Committee, with updates provided through clinical governance structures and risk assurance processes.

Patient Safety – Prepared to Care

How was the priority identified

Safety is paramount to the care we deliver at Trinity, and we continue to aim to provide the highest standards of care. The Community Specialist Palliative Care Team and Hospice at Home Team aims to ensure that team members access clinical and leadership development opportunities so that the clinical teams deliver the best care possible.

The priority was identified through a completion of a clinical and leadership skills gap analysis within the Community Specialist Palliative Care Team and Hospice at Home Team and continues the work commenced during 2024/25.

What do we want to achieve

We want to be able to provide the highest standards of specialist palliative care within the community setting which is in line with national guidance with a focus upon symptom management, advanced care planning, spirituality, provision of specialist palliative care advice and care coordination.

In addition, we want to ensure that new members of the team receive support and guidance and have an active development plan which will enable continued learning along the novice to expert continuum.

How will progress be monitored and reported

- Through the ongoing assessment of specialist palliative care knowledge and skills via individual Personal Development Reviews, one to one meetings and clinical supervision sessions
- Direct observation utilising structured observation tools in clinical practice
- Providing feedback to individual staff and accepting feedback from patients and relatives.
- Peer and multi-disciplinary feedback
- Measure progress against the skills gap analysis
- Reporting to the Board of Trustees

Clinical Effectiveness – Transition of care from childhood into adulthood

How was the priority identified?

Effective transition from childhood to adulthood for young people with life-limiting and life-threatening conditions is important and being able to support them to develop the knowledge and skills to manage their health condition as they move into adulthood enables families to manage better.

This work was identified through undertaking baseline health assessments with the young people and working within the Ready Steady Go Framework which is used to assess a young person's understanding of their own condition and informing their readiness for transition into adulthood.

What do we want to achieve?

We want to ensure that young people, and their families, experience an effective and seamless transition into adulthood by having the right health and social care in place. We also want to improve their health and wellbeing outcomes for the longer term.

How will progress be monitored and reported?

Progress of this quality account will be reported via Brian House Children's Committee and the Board of Trustees.

Progress will be tracked through the Ready Steady Go Framework and the young person's ability to engage in shared decision-making and manage their own healthcare in line with their care plan. Progress will also be monitored by considering feedback from the young people and their families.

Patient Experience – Brian House Bereavement Services

How was the priority identified?

For the families of young people who experience life-limiting and life-threatening conditions the grieving process often starts before death. This quality account aims to enhance bereavement services for the families of young people and provide comprehensive, personalised, practical and emotional support to families.

The Royal College of Nursing publication, Caring for Infants, Babies, Children and Young People Requiring Palliative Care - A career and education framework, sets out the importance of good bereavement support for the families who experience the loss of a child.

Brian House undertakes evaluation and analysis of the experiences of bereaved parents who shared their grief journeys with us. The evaluation explored the support the parents and families received and their perspectives on bereavement services we provide.

What do we want to achieve?

- Provide support in line with The Royal College of Nursing publication, Caring for Infants, Babies, Children and Young People Requiring Palliative Care - A career and education framework.
- Provide a safe space for families to process emotions, understand their feelings and develop coping strategies, minimizing long-term negative impacts on emotional and psychological well-being.
- Ensure that the Brian House Team hold effective knowledge and skills to help them achieve safe, effective and accountable practice.

How will progress be monitored and reported?

- Progress monitored through focus groups feedback.
- Monthly key performance indicators.
- Assessment of individual staff's progress through competency frameworks.
- Monitored via the Brian House Children's Committee and the Board of Trustees.

Patient Safety/Clinical Effectiveness – IPU Bereavement Room Project

How was the priority identified

This quality account reflects the continuation of a broader programme of improvement aimed at enhancing the dignity, safety, and efficiency of post-death care on the Inpatient Unit. Significant progress has already been made in recent months to streamline processes surrounding the management and handover of the deceased to funeral directors. However, although some essential upgrades to the existing facilities have been completed in 2023 & 2024, outstanding refurbishment works are still required to bring the Bereavement Suite Room and Viewing Room to a consistently high standard.

This priority was based on:

- Clinical risk associated with taking the Bereavement Suite temporarily out of service during refurbishment, particularly if the IPU is not adequately prepared to manage the deceased without storage capacity.
- Operational inefficiencies identified in current after-death processes, including delays in transfer and inconsistent communication with funeral directors.
- Strategic alignment with the hospice's commitment to patient dignity, family support, and best practice in end-of-life care.

What do we want to achieve

The overall aim is to upgrade and optimise the Bereavement Suite in a manner that ensures continuous high-quality, dignified care of the deceased, while minimising disruption and maintaining patient and staff safety during the refurbishment period and beyond.

This will include:

- Complete refurbishment of the current facilities. Proceeding with the planned upgrade of the Bereavement Suite which includes both the cold room and viewing room, ensuring the facilities meet current standards of safety, dignity, and comfort for bereaved families.
- Develop and implement a robust risk mitigation plan to support safe and respectful care of the deceased during periods when the Bereavement Suite is non-operational, including temporary alternative arrangements.
- Further streamline the process of deceased care and handover to the funeral director, ensuring timely transfer, clear documentation, and minimal delays or distress for families by communicating with families earlier regarding the care of the deceased process and support people to understand the process of moving patients to Funeral Directors in a timely manner.
- Assess the current and projected need for on-site cold storage, exploring opportunities to reduce dependency through strengthened partnerships with funeral directors or alternative technologies (e.g. cooling blankets).
- Identify any cost savings, additional financial pressures, or potential resource requirements associated with refurbishment and alternative care pathways. This includes assessing whether a formal service-level agreement with a local funeral provider is necessary.
- Present a full business case to the Board of Trustees and the Executive Team (TMT) for formal approval of refurbishment works and associated operational changes for implementation in the 2025/26 financial year.
- Continue to honour and facilitate patients' wishes regarding corneal retrieval, whether conducted within the Viewing Room or at the designated funeral director premises, with appropriate consent and coordination.

How will progress be monitored and reported

- Quarterly updates to the Clinical Quality Improvement Group, outlining key milestones, risks, mitigation measures, and feedback from incidents, staff and families.
- Post-implementation evaluation following the refurbishment phase, including feedback from bereaved families and staff to assess the impact on patient experience, dignity of care, and operational performance.
- Inclusion in organisational risk registers where appropriate, with regular reviews to ensure appropriate assurance is in place.

Patient Safety – To Provide a Structured Development Programme for Aspiring and Current Managers and Leaders

How was the priority identified

The priority was identified through employee surveys, performance reviews and feedback from the management and leadership team. Further analysis revealed a desire among staff for career advancement opportunities and the need for structured support to develop essential management and leadership skills.

What do we want to achieve

We aim to empower our staff by providing a comprehensive development programme that equips them with the necessary skills and knowledge to excel in management and leadership roles. This includes enhancing their decision-making abilities, strategic thinking and interpersonal skills to foster a culture of effective leadership within the organisation.

Collaboration with HR and the Learning and Research Department will ensure that the development programme is comprehensive and tailored to the specific needs of Trinity's services. This collaboration will help in identifying the most effective training methods, relevant content and appropriate delivery formats to ensure inclusivity.

A structured development programme will not only prepare managers and leaders for their roles but also contributes to a culture of safety and continuous improvement that directly benefits patient care.

How will progress be monitored and reported

Progress will be monitored through regular assessments and evaluations of the programme offered, feedback sessions and performance data. We will track the completion rates of development modules, improvements in leadership competencies and overall employee satisfaction. Reports will be generated to evaluate the effectiveness of the programme and shared with all stakeholders to ensure transparency and continuous improvement.

Clinical Effectiveness- Review Access to Trinity for 'Seldom Heard' Communities and Enable Consistent Access to all Patient and Carer Groups

How was the priority identified?

This Quality Account supports the Access and Sustainability workstream within the Fylde Coast Palliative and End-of-Life Strategy. Over recent years, healthcare professionals at Trinity Hospice have built valuable connections with seldom heard communities—groups whose voices, experiences, and perspectives are often underrepresented in mainstream services, discourse, and decision-making. These communities may face barriers to engagement due to factors such as social circumstances, disability, ethnicity, or geographic isolation.

However, there is currently no documented evidence of a consistent approach to maintaining these connections once established, nor of a sustained focus on these areas. Trinity's 2025–2028 business plan addresses this gap by committing to re-establish links with traveller and homeless communities and implementing a targeted, planned approach to ensure continuity.

Internal discussions have also acknowledged that the scope of seldom heard communities extends beyond the homeless and traveller populations, especially as our local population becomes increasingly diverse.

What do we want to achieve?

We want to ensure that 'seldom heard' communities are supported with a consistent approach to each of the seldom heard communities, these being:

- People with disabilities
- Ethnic minorities and/or refugees
- LGBTQ+ individuals
- Older adults or young people in care
- Homeless people
- People with mental health challenges
- Non-native language speakers
- People in rural or isolated areas
- Those with low literacy or no digital access
- Gypsies and travellers
- Veterans
- People in prison
- People in recovery from drug and alcohol problems
- People who have suffered domestic abuse

The initial baseline for how seldom heard communities access our services will be through an audit of all patient-facing services across Trinity to review our current reach to seldom heard communities. Questions posed will include:

- Access - Are services physically and financially accessible
- Cultural competence - Are staff trained to work with diverse populations
- Representation - Are service user groups representative of the community
- Communication - Are information and communication methods inclusive

How will progress be monitored and reported?

- An initial audit will be undertaken to give a clear baseline of current practice
- A working group will be established within Trinity to oversee work being undertaken
- The working group will report into TMT meetings and into the Board of Trustees
- Explore whether coding could be collated on EMIS to support data collection

Clinical Effectiveness – OACC (Outcome Assessment and Complexity Collaborative

How was this identified as a priority?

The OACC toolkit has been developed by Kings College London in partnership with Hospice UK. Recording outcome measures is useful in hospice and palliative care if we are to better understand what we do and can demonstrate to others the positive difference we make for patients and families.

It has been agreed that we need to introduce a standardised approach to recording OACC to consistently measure outcomes, improve care quality, and demonstrate impact. The advantages of the tool are that it can be used in both the Inpatient Unit and the community and includes carers. We hope that it will provide valuable information to improve care for individuals and families as well as supporting service improvement and development.

What do we want to achieve?

- Development of a project plan for roll out of outcome measures across the organisation.
- Identify champions from the various departments to undertake the planned roll out of the programme over a period of 18 months - 2 years, forming a OACC Task and Finish Group.
- Introduce the outcome measures to staff across the organisation, ensuring OACC is embedded in induction and with ongoing training.
- Ensure templates for recording OACC have been built into EMIS and are being used consistently.
- Monitor and track data quality and introduce dashboards or their equivalent to turn outcome data into meaningful, real-time insights that support both clinical care and strategic decision-making.
- Use the information collected to improve carer's support and information and patient outcomes by ensuring improved quality, consistency, and person-centredness of palliative care by using standardised outcome measures to assess patient needs, guide care planning, and demonstrate service impact.
- Develop a new approach to MDT meetings which incorporates OACC.

How will progress be monitored and reported?

- The OACC Task and Finish Group will play a central role in monitoring OACC rollout. It will review implementation progress, evaluate data trends, and ensures alignment with quality improvement goals.
- Monitor patient and carer experience with the use of feedback or informal interviews to ask patients and families if they feel their needs are being better understood or addressed.
- Audits will be conducted to assess, completeness and accuracy of OACC data entry and consistency across teams. Also to determine integration into daily practice in observing whether OACC measures are being used in MDT meetings, handovers, and care planning discussions and see if OACC data is influencing clinical decisions or referrals.
- Progress reported to Board of Trustees

Clinical Effectiveness - Voices of Care: Conversations on Spiritual, Religious and Emotional Needs at End of Life.

What is the aim?

To help healthcare professionals from Trinity and the NHS who work with patients and their supporters at end of life, to offer the most appropriate form of spiritual care based on the patient's faith and belief system.

How was this need identified?

Having presented a significant amount of spiritual care training over the years, the Chaplaincy Team is aware of the constant refrain from healthcare professionals that they would like a better and closer understanding of the beliefs and practices of the diverse faiths and philosophies that the public follow in our locality. We also discussed our thoughts at the Hospice Multi-Disciplinary Team (MDT), who agreed with the basic premise.

Guided by the 2021 census, the Chaplaincy Team identified Christianity and 'No Belief' as the biggest demographics locally, and, of the other faiths, Islam, Hinduism, Buddhism and Judaism all polled significantly while the MDT collectively suggested an interest in hearing more about Humanism, Jehovah's Witnesses, Spiritualism and Paganism.

What do we want to achieve?

There are three goals:

Firstly, we would like colleagues to feel comfortable around conversations to do with patient beliefs and spiritual care so that the patient, their loved ones and significant supporters have the optimal opportunity for peace and closure as life draws to its end.

Secondly, we would like colleagues to have the opportunity to reflect on their own beliefs and what is important to them at end of life. It is our contention that the more at peace they are themselves with spiritual care conversations, the more at ease they will make their patients and supporters feel.

Thirdly, healthcare professionals are well placed to normalise conversation around end of life wishes. It is hoped that should opportunities to learn be taken, colleagues' conversations with patients will naturally evolve in their depth and breadth ultimately improving the quality of care offered.

To achieve this, local faith and belief leaders have been asked to nominate days and times during the month of November to come and speak to clinical colleagues about:

- What they believe and why.
- How they would answer our hospice spiritual care assessment questions 'Just Ask' that are put to our palliative care patients.
- To identify for colleagues the most important rituals from their faith and belief system that help and support patient care at end of life.
- To ask questions of staff about how patients are cared for.
- To get to know one another informally at the end of the presentation over a drink and sweet treat.

Conversation around beliefs has the potential to be confrontational. It is hoped that an informal setting with a single belief group present will make the best of the information our speaker has to bring.

How will you monitor this?

Feedback from staff themselves is important. Attendees will be required to fill in a form ahead of the talk gauging their understanding of the faith or belief system being talked about. They will then be required to fill in the same questions again to see if there has been any discernible difference in their understanding.

It is also the intention, through auditing the electronic patient record, EMIS, to gauge whether there is any greater uptake of using Trinity's 'Just Ask' spiritual care assessment tool to identify spiritual care needs.

Part 3

Looking Back: Improvement Priorities Identified in Our Quality Accounts 2024-25 and Progress Made

Carried Forward from 2025-25.

The following Quality accounts have been carried forward into 2025-26:

Patient Safety/Clinical Effectiveness – IPU Cold Room Project

Developed and carried forward into 2025 - 26 with detailed update above.

Clinical Effectiveness – Optimise the Use of Our EMIS Electronic Patient Clinical Record

Developed and carried forward into 2025 - 26 with detailed update above.

Patient Safety – Prepared to Care

Developed and carried forward into 2025 - 26 with detailed update above.

Review of Service 2024-2025

During 2024/25, Trinity Hospice provided the following services in conjunction with Blackpool and Fylde and Wyre NHS Integrated Care Board in the provision of specialist palliative care services:

- An In-Patient Unit with 14 beds offering 24-hour care for the most complex patients and their families.
- A Community Nurse Specialist Team supporting patients and primary care teams in the community over seven days.
- Hospice at Home overnight service, seven nights a week, supporting people in their own homes, care homes and nursing homes, working with out-of-hours medical services, primary care teams and ambulance service.
- A Hospital Nurse Specialist Team supporting patients and colleagues within the hospital and urgent care services over seven days.
- We have continued the development of Living Well Services.
- A specialist Lymphoedema service supporting patients, adults and children, with both primary and secondary lymphoedema.
- Bereavement, counselling and psychology services run from the Linden Centre supporting adults and children, individually or in groups.
- Quarterly bereavement and annual bereavement events such as “Light Up a Life”.
- Complementary therapy offering patients and carers a range of complementary therapies.

- Therapy Services – supporting palliative rehabilitation, promoting independence and improving quality of life and supporting discharge from the In-Patient Unit.
- Social worker helping patients to stay in their own homes and supporting discharge planning for the In-Patient Unit.
- Spiritual care and support provided by our chaplains.
- Admiral Nursing service in partnership role with Dementia UK, providing support and assessments for those caring for loved ones with a dementia diagnosis and education and training across the health care sector of the Fylde Coast.
- Education, training and research – a Learning and Research Department that facilitates education internally and externally to the hospice. Co-ordinates educational events, supports opportunities for learners and palliative care research projects.
- Provided continuous training placements for nursing and medical students and junior doctors.
- Provided learning placements for a host of other health and social care professionals.
- Brian House Children's Hospice supporting children and young people and their families with respite and end of life care.
- A 24/7 palliative care advice helpline manned by the Community Team, Medical Team and In-Patient Unit staff.
- Volunteers – all aspects of the above services are supported by over 850 volunteers.

Trinity Hospice is an independent charity which provides all services free of charge. The funding received from the NHS in 2024/25 represents circa 27% of the overall costs of service delivery with the remaining income to fund our services coming from voluntary charitable donations, legacies, events, corporate and community fundraising, hospice shops and lottery.

Clinical Effectiveness, Patient Safety and Patient Experience – Improving engagement and involving patients, families and staff following a patient safety incident in line with the principles of NHS England's Patient Safety Investigation Response Framework (PSIRF)

What was the aim?

To increase engagement with those affected by clinical incidents, including patients, families and staff, ensuring they are treated with compassion and can be part of any investigation in order to promote systematic, compassionate and proportionate responses to patient safety incidents, anchored in the principles of openness, fair accountability, learning and continuous improvement, with the aim of learning how to reduce risk and associated harm.

What we did?

Trinity Hospice has embedded the Patient Safety Incident Response Framework (PSIRF) and developed a public-facing PSIRF plan to foster a culture of openness, learning and fair accountability. Compassionate engagement is central, ensuring patients, families and staff are actively involved in investigations through structured processes such as 'Being Open'

conversations, thematic reviews and the use of Systems Engineering Initiative for Patient Safety (SEIPS) to explore systemic factors rather than assign blame.

Training is pivotal: all clinical staff complete Level 1 PSIRF training, while those involved in investigations receive additional instruction, including HSSIB Level 2 systems-based and bespoke face-to-face training.

A Just Culture has been introduced to support staff and encourage incident reporting without fear, promoting transparency and continuous improvement.

Trinity's commitment is further evidenced by its proactive use of feedback tools like iWantGreatCare to capture patient and family perspectives. These efforts support proportionate, systematic responses to incidents, aiming to reduce harm and improve safety outcomes.

The PSIRF plan outlines our commitment to compassionate, transparent responses and reinforces our dedication to embedding family engagement into our culture. It includes plans to develop new leaflets to support and guide families through the investigation process and enhance safety outcomes.

Clinical Effectiveness – Optimise the Use of Our EMIS Electronic Patient Clinical Record

What was the aim?

Optimised our patient records system, EMIS, to enhance clinical productivity, streamline processes and support safe, integrated care through improved documentation, communication and governance.

What we did?

Trinity Hospice has made significant progress toward optimising EMIS to support safer, more efficient and integrated care with work remaining for the upcoming year.

Key developments include the development of bespoke clinical templates for services, the introduction of Accurux for Text Messaging reminders for patient appointments and virtual consultations marks a step forward in digital communication, with implementation for our counselling and Lymphoedema services.

The Hospice at Home Team has commenced using EMIS diaries for patient scheduling, supporting real-time documentation and continuity of care. While Standard Operating Procedures for EMIS downtime and system administration are being further developed.

Data quality improvements and staff training are ongoing to ensure accurate information capture. These efforts, alongside the reintroduction of EMIS Champions and alignment with community systems, demonstrate a clear commitment to embedding digital transformation into everyday practice and achieving the aims.

Clinical Effectiveness – IPU Staffing Establishment

What was the aim?

To review and define the IPU staffing establishment needed to support a consistent, safe and sustainable inpatient service, ensuring we could meet patient need and maintain high-quality end of life care delivery.

What we did?

We collated and reviewed a wide range of workforce data including sickness levels, staff feedback, and bank usage. Analysis of this data helped us understand key workforce pressures. We also reviewed current shift patterns and capacity to support 24/7 care and 18 beds. We then benchmarked against other hospices through Establishment Genie. Staff were engaged through engagement sessions to understand resilience, concerns and support needs. We then commenced a project called the IPU Change Programme in which we consulted the workforce to enable us to make the changes required to operate a safe unit in terms of staffing.

What was the outcome?

The review confirmed the need to create a formal staffing establishment model to support consistency in workforce planning. This included identifying gaps in the current model, recognising risks associated with ongoing vacancies and sickness and highlighting the need for a more flexible staffing approach. The IPU Change Programme is now coming to a successful conclusion, bringing several key changes that will enhance our operational efficiency. Starting from 2 June 2025, we will implement new start and finish times, ensuring a more balanced and equitable schedule for all staff. One of the significant changes includes equalising the day and night shifts, which will promote fairness and consistency across the service. Additionally, all staff members will be requested to flexibly rotate across the 24-hour period, fostering a more adaptable and resilient workforce. These changes are designed to improve overall productivity and create a more harmonious working environment.

Patient Safety – Holistic Assessment (End of Life Care Template)

What was the aim?

To improve the quality and consistency of holistic assessment and documentation for patients in the last days and hours of life through the introduction of a dedicated End of Life Care (EoLC) template on IPU.

What we did?

We co-designed a new digital end of life care (EoLC) template for use on IPU, which aimed to support person-centered planning, capture key clinical and personal priorities and prompt sensitive conversations with patients and families. Staff were engaged during development via a task and focus group lead by our Electronic Patient Record Lead and initial templates were developed throughout 2024 and into 2025.

What was the outcome?

The template was positively received by the Task and Finish Group and while the EoLC template is yet to go live, ongoing efforts are being made to implement it effectively. This template aims to support staff, patients and their families during the dying phase, ensuring that we meet the five ambitions for palliative care. Additionally, we are actively involved in a broader initiative with the local Trust, Blackpool Teaching Hospitals, to further enhance our palliative care services. This collaborative effort highlights our commitment to providing comprehensive and compassionate care during this critical time.

Patient Safety – Improving Patient Safety and Managing Acuity, Complexity and Transfers of Care

What was the aim?

To improve patient safety on the IPU by strengthening how we assess, communicate and respond to patient acuity and complexity and to enhance the management of admissions, discharges, and transfers of care.

What we did?

We introduced and embedded daily Safety Huddles across the IPU, creating space for the team to discuss patient needs, risks and dependencies. A Safety Huddle form was implemented on the unit to help document acuity and complexity, enabling more consistent decision-making about admissions and discharges. We also improved the handover process between hospital and IPU staff, using a Situation, Background, Assessment, Recommendation (SBAR) template to structure safe clinical communication. A renewed focus was placed on staff understanding of the Mental Capacity Act and best interest decisions via training organised by the Inpatient Unit Clinical Lead.

What was the outcome?

The IPU team reported improved situational awareness and team communication through the Safety Huddles. The Safety Huddle form supported better oversight of patient complexity and helped Senior Nurses with communication and decision-making. Staff feedback highlighted increased confidence in managing capacity assessments, though further training and refinement remain a focus for the coming year.

Clinical Effectiveness and Patient Experience - Specialist Palliative Care Support for the Withdrawal of Ventilation at End of Life

What was the aim?

The aim was to support the Respiratory Team in implementing and ratifying draft guidelines for the withdrawal of ventilation, adapted from Leeds Royal Infirmary and to provide education on these guidelines to nursing staff within MECU and the hospital's Palliative Care Team.

What we did?

The Hospital Palliative Care Team (HPCT) reviewed the draft guidelines and shared them with the Respiratory Team. Amendments were suggested and incorporated into local guidance documents and the revised guidance is currently awaiting stakeholder ratification.

Earlier referrals were also encouraged so that palliative care support and advanced care planning facilitated preferred place of death when withdrawal was part of end-of-life care.

Education sessions were then delivered to nursing and medical staff covering a wide range of specialist palliative care and advanced care planning skills and there was a proactive focus on identifying the patients who would benefit from this intervention.

What was the outcome?

- There was a noticeable increase in early referrals into the Hospital Palliative Care Team from MECU, enabling timely support for patients and families.

- Post-training evaluations indicated increased confidence among staff in supporting patients undergoing withdrawal of ventilation.
- Strengthened relationships with the Respiratory Team, who have requested continued support with advance care planning.
- Final approval of the updated guidelines is in progress.

Clinical Effectiveness and Patient Experience - Nurse Led Advanced Care Planning (ACP)

What was the aim?

To improve the frequency and quality of Advance Care Planning (ACP) discussions on Ward 11 at Blackpool Victoria Hospital, ensuring they are conducted in a timely and effective manner.

What we did?

Firstly, the team attended the Trust's Clinical Quality Academy (CQA), a nine-month improvement science programme designed to equip multidisciplinary teams with the skills to enhance patient outcomes and system performance. The team then collaborated with key stakeholders, including Northwest Ambulance Service and community teams, to ensure that there was an effective partnership approach. Pre audit and evaluations were completed to measure the frequency of ACP discussions and a structured proforma was created to prompt and support staff in initiating ACP conversations. Training sessions were then provided to nursing and medical staff to build confidence and competence in ACP discussions and finally the team attended board rounds to identify patients who may benefit from ACP discussions and to support staff in initiating them.

What was the outcome?

- Significant Increase in ACP Discussions - Post-intervention audit showed an increase in ACP discussions from 3% to 71%.
- Knowledge Sharing and Expansion - Presented outcomes at the hospital's Grand Round, generating interest from other teams.
- Recognition and Dissemination: Awarded Best Poster at the CQA Academy ceremony. Submitted for presentation at: Palliative Medicine Away Day, Manchester Medical Society, HSJ Awards and Hospice UK Conference.
- Plans are underway to roll out the initiative to other ward areas.

Clinical Effectiveness - integration of Community Palliative Care Team into Palliative Care Networks

What was the aim?

The collaboration of Trinity services and Community services across the Fylde coast has continued to provide a fair and equitable access to palliative care services. Improved communication among all community services has contributed to enhanced palliative care outcomes and co-ordination of services including Trinity living well, Community palliative care team and our integrated neighbourhood teams.

What we did?

The Community Palliative Care Team has actively collaborated with local NHS services, strengthening partnerships to enhance the delivery of specialist palliative care across the local community. This collaborative approach has supported patients in receiving care in their preferred place, often within their own homes. In addition, joint working with the local rehabilitation hospital has further improved the identification of patients requiring end-of-life care and has advanced the quality-of-care planning, ensuring that individual needs and preferences are recognised and respected.

A strong collaborative relationship between internal services at Trinity Hospice has proven effective in delivering high quality palliative care to our patients and families. This has enabled patients to transition between services smoothly, ensuring patients are assessed accurately and guided to the most suitable service.

The community palliative care team have continued to integrate into seldom heard areas including our local prison, however, endeavour for this to develop further to those most vulnerable to ensure everyone has fair equitable access to good palliative care.

What was the outcome?

Service collaboration has resulted in more patients being cared for in their preferred place of choice. We have been able to recognise those who require palliative care support in our local communities encouraging advanced care planning to be undertaken and develop a smooth transition between our services. Providing education and support in the community and community hospital has strengthened our end-of-life services.

Patient Safety - Supporting Our Teams to be Educated to Enable Them to Undertake a Specialist Role in Line with NMC and CQC Guidelines

What was the aim?

Safety is paramount to the service we deliver at Trinity. We aim to focus upon the social, psychological, spiritual and physical aspects of patient care within palliative and end of life care to provide a holistic approach to care. We aim to build a workforce fit for the future ensuring the aspects of CQC are embedded within the knowledge of the staff. We aim to develop and build a continued area of learning and development for staff to give them the opportunity to develop within the field of palliative specialist care. This will support both our patients and our staff putting them at the centre of what we do.

What we did?

We developed a training plan to upskill the current workforce through education and support enabling progression towards being specialists in the field of palliative care. This ensures we have the right skill at the right place and time to support patients in their own homes and keep them safe.

We have supported the workforce to be equipped to provide support to more patients and relatives in the community enabling them to remain in their preferred place of death.

As the team have recruited to new positions an effective learning environment has been created. This was achieved through effective clinical supervision, shadowing, senior support and bitesize training sessions for team members. Opportunities have been taken to work alongside alternative specialists to enhance our overall knowledge and learning within their field of practice.

To strengthen the leadership within the team a nurse was supported to undertake the Community Specialist Practitioner in Palliative and End of Life care at the University of Central Lancashire. The two-year programme will equip the nurse with specialist skills and knowledge to become a competent Clinical Nurse Specialist in palliative care.

What was the outcome?

Effective clinical supervision within the Community Palliative Care Team and Hospice at Home Team continues to support the development of specialist knowledge and skills in palliative care. Collaborative links have also been strengthened with other specialist services, including the Motor Neurone Team. To further enhance learning, bitesize training sessions are scheduled to begin, delivered by Trinity's Advanced Care Practitioners to the wider Community Teams.

Patient Experience – Twilight and Hospice at Home

What was the aim?

The aim was to implement a twilight hospice at home service community service to ensure continuous service coverage, enabling specialist palliative care support 24 hours a day over a 7-day period.

What we did?

Due to vacancies and staffing challenges, maintaining a consistent twilight approach has proven difficult. However, the Hospice at Home team has been able to provide intermittent twilight shifts, which have been beneficial in supporting patients at home during the evening. The recent relocation of the Hospice at Home service has enabled more effective collaboration between services within Trinity, enhancing overall care coordination.

Advanced care planning continues to be embedded in our daily work, offering patients and their family's meaningful opportunities to express their wishes. Additionally, the implementation of the community palliative care virtual ward has introduced a step-down approach from the hospital, ensuring that patients are safely guided home with the support of Trinity.

Furthermore, the creation of two new responsive nurse roles within the community palliative care team has allowed us to develop a more agile model of care. This has significantly increased our capacity to support patients in crisis at home and to ensure that end-of-life care provisions are met effectively.

What was the outcome?

Flexible twilight shifts have been introduced, allowing the Hospice at Home team to extend their specialist palliative care services into the evening. This flexible approach ensures that patients and families receive timely support during critical hours, particularly when symptoms may escalate, or emotional needs intensify after regular working hours.

To further enhance service delivery, the Hospice at Home team has been strategically relocated to be in closer proximity to the inpatient unit during nighttime hours. This move has significantly improved communication and coordination between teams.

Advanced care planning has also seen marked improvements, with a greater emphasis on early conversations about patients' wishes, treatment preferences, and end-of-life care goals. This proactive approach has empowered patients and families and ensured that care is aligned with individual values and choices.

The Community palliative care virtual ward continues to operate at a high level, consistently maintaining bed occupancy rates above the national average of 80 percent. This high level of utilisation reflects the effectiveness of the model in supporting patients with complex needs. It has enabled more individuals to remain at home, while still receiving specialist palliative level support. In addition, a responsive model in specialist palliative care is currently under development. This model aims to enhance the flexibility and timeliness of service delivery by incorporating real-time triage, and integration with community services. The goal is to ensure that patients receive the right care, at the right time, in the right place.

Clinical Effectiveness – Enabling a Seven-Day Service Through Community Outreach

What was the aim?

Brian House provides a service to our local community in supporting children and their families in complex care and management for children with life-long limiting illnesses. We therefore wanted to expand of our service provision into the community by embedding new ways of working and expanding the teams specialist skills and knowledge.

What we did?

The Community Lead Nurse actively raised awareness of the wide range of supportive services offered by Brian House through presentations at conferences and partnership seminars. There was increased attendance at multi-disciplinary meetings, promoting information sharing, collaborative decision-making, and a holistic, coordinated approach to child-centred care planning and safeguarding. In partnership with Blackpool Teaching Hospital, Trinity hosted the 'More than Medicine Conference', which highlighted the importance of partnership working and holistic care, guiding professionals in meeting the pastoral, spiritual, and religious needs of children, young people, and their families—particularly within community settings. A new Health Care Assistant role was established to provide community-based family support and new relationships were formed with multi-disciplinary teams supporting asylum-seeking families at the Metropole Hotel in Blackpool, and access to translation services were secured to support non-English speaking families residing there.

What was the outcome?

There has been an increase in referrals for school-aged children, reflecting growing awareness and demand for services. Children accessing Brian House now benefit from enhanced protection and support, underpinned by a more holistic approach to hospice care. Paediatric palliative care professionals have deepened their understanding of spiritual distress and threats to spiritual wellbeing, further enriching the quality of care provided. Access to a wide range of local and national support services has also improved, ensuring families receive comprehensive assistance.

Importantly, hard-to-reach families are now receiving specialist care and support tailored to their unique needs.

Patient Safety – Implementing Safer Ways of Working Through Supporting Staff

What was the aim?

Review and update the current clinical information system to support and evidence safe and effective care.

To transcribe safely and competently and review the current Standard Operating Procedure and policy.

To create a safe environment for staff to flourish within a reflective environment through dedicated support from restorative clinical supervision.

To continue to develop upon building a service delivery with the right skill, right place, and time, through utilisation of continuing professional development and learning.

What we did?

Firstly, the current clinical documentation which supported transcribing was reviewed. This was followed by a full review of the transcribing process and learning material which was updated to better support and safe and effective transcribing.

The transcription process was then evaluated to ensure it was carried out safely and competently, alongside a review of the existing Standard Operating Procedure and policy.

A key priority was to foster a safe and supportive environment where staff could thrive, learn from errors in a no blame way, which was supported by dedicated reflective clinical supervision when errors were identified so that effective learning could be completed. The transcribing process continued to evolve by building a process and environment that ensured the right skills were available in a quiet and safe environment so that staff would be undisturbed when transcribing.

What was the outcome?

- Fully updated transcribing process and standard operating procedure.
- A just culture is now embedded conducive to learning from errors.
- Upskilled staff in the transcribing of complex medication regimes.
- Regular monitoring of transcribing errors to ensure continued professional development.

Patient Safety/Clinical Effectiveness – Improvement of the Environment in the Bereavement Suite on IPU for Care of the Deceased

What was the aim?

To improve the facilities in the IPU Bereavement Suite, so we can provide safe, secure and dignified storage for deceased patients prior to transfer to the undertaker.

To reduce the incidences for breaching the storage capacity of deceased patients, improve efficiencies and facilitate a consistent and timely approach to moving deceased patients to the care of the undertaker within 24 hours of death.

What we did?

A dedicated Project Group and Project Brief were established to oversee the implementation of the project. In terms of infection control and cleanliness, routine daily cleaning by housekeeping services was implemented, along with periodic deep cleaning of walls, ceilings, and beds. Blood and bodily fluid spillage kits were installed, and daily checks and cleaning responsibilities were introduced for nursing staff. To enhance safety and security, electronic access control with multi-factor authentication was added to the Cold Room, and processes for identifying patients prior to transfer to undertakers were improved. Privacy and dignity were also strengthened through the installation of a privacy screen to shield views from the exit door, improved practices around care of the deceased, and alignment of care procedures with Hospice UK's "Care After Death" 5.1 edition guidance. A cooling blanket was acquired, allowing deceased patients to remain in their rooms under cooled conditions until transfer. Staff engagement sessions were held within the IPU to ensure understanding of the project's aims, encourage input into improved practices, and prepare staff for change. These sessions also supported the co-development of clear procedures to safeguard deceased patients, reduce risk, and enhance dignity. Sustainable relationships with local undertakers were fostered through formal engagement sessions and site visits by the IPU senior team, which helped identify best practices and new ideas. Operational efficiencies were improved by proactively identifying patients' preferred undertakers through advance care planning, enabling timely transfers within 48 hours and reducing the risk of patient deterioration.

What was the outcome?

A significant amount of work was undertaken to upgrade the existing IPU Cold Room facilities, with the aim of improving both patient and staff experience. Enhancements in infection control, safety, security, and patient identification practices helped mitigate potential risks associated with the storage and care of deceased patients. In July 2024, the Blackpool Council Public Protection Department inspected the IPU facilities in relation to the Fuller Enquiry (The Independent Inquiry into the issues raised by the David Fuller case), and Trinity received positive feedback for its excellent standards of care and provision for the deceased. Operational practices and efficiencies were significantly improved, resulting in a consistent and timely approach to transferring deceased patients to the care of undertakers within 24 hours of death. This ensured that undertakers of the patient's choice could collect promptly once notified, enhancing the privacy and dignity of the deceased by facilitating their transfer at the earliest opportunity. Overall, these improvements contributed to a reduction in the incidence of breaching the Cold Room's storage capacity.

Patient Safety - To Provide a Career Pathway and Training Opportunities for Staff That Encourages Retention and Recruitment

What was the aim?

To provide a clear pathway and learning and development opportunities for clinical staff to support growth and address recruitment and retention of a workforce "prepared to care".

Staff will be encouraged to pursue additional accredited training in palliative and end of life care to ensure that they are seen as specialists in palliative and end of life care.

What we did?

We collaborated with the University of Central Lancashire, Lancashire and South Cumbria Hospices Together (L&SCHT), and the Integrated Care Board (ICB) to identify apprenticeship programmes that support a structured career pathway in palliative and end-of-life care. This initiative enabled team members to visualise and plan their professional growth within Trinity Hospice and Brian House, offering clear progression routes from entry-level roles to senior positions. Regular training sessions, workshops, and seminars were provided, focusing on patient safety, healthcare quality, and professional development to ensure staff remained up to date with evolving practices.

We actively engaged in college career fairs, university partnerships, and community outreach to attract future team members, including delivering training sessions to T Level Health and Social Care students at Blackpool, Fylde and Wyre College. A comprehensive induction and preceptorship process was implemented to ensure new clinical staff were well-integrated, aligned with patient safety protocols, and supported from day one.

What was the outcome?

We supported several staff members along structured career pathways through a range of apprenticeship programmes. These included the Health and Social Care Level 3 Trainee Nurse Associate Apprenticeship, which combined on-the-job training with academic learning and offered a route to becoming a registered Nursing Associate with potential progression to degree-level nursing. Staff also undertook the Trainee Nurse Associate Foundation Degree, a Level 5 Apprenticeship that included clinical placements, university-based learning, and mentorship from experienced nurses.

One team member progressed from Nursing Associate to a Level 6 Nursing degree via the apprenticeship route, balancing university study with clinical practice. For more experienced nurses, the Senior Nurse to Advanced Clinical Practitioner programme provided a Master's level pathway working toward roles such as Advanced Clinical Practitioner or Nurse Consultant.

Additionally, we collaborated with the University of Central Lancashire to help shape the Community Specialist Practitioner – Hospice Care Pathway, which was accredited by the NMC in 2024. One of our Community Team nurses became the first to undertake this course, which has been praised for bridging the gap between experienced palliative care nurses and specialist roles. This pathway is now set to become the standard for all Community Nurse Specialists within the team. By prioritising staff development, we have not only enhanced the quality of care provided but also strengthened the resilience and motivation of our workforce.

Clinical Effectiveness - To Expand the Provision of Specialist Palliative and End of Life Care (PEoLC) Training to Staff at Trinity and Partner Organisations Including the Wider Community and Social Care Teams

What was the aim?

To establish Trinity Hospice as a centre of excellence for the provision of PEoLC training in the local area and within the communities we serve.

What we did?

We mapped the current mandatory and essential training across clinical roles in all areas and developed a matrix for team leads to review and standardise competency monitoring methods and documentation across all Trinity teams.

We have developed training programmes focused on the palliative and end-of-life care skills required. These programmes are designed to equip our clinical teams with the knowledge and skills needed to provide high-quality care.

We reviewed some of the current Bluestream training provision and now offer a face-to-face version of Moving and Handling for clinical staff. The non-clinical element is being piloted June 2025. Safeguarding training will move to face to face following analysis of feedback from an initial pilot planned for July 2025.

We have introduced a redesigned Foundation level Communications course for all staff and an Advanced Communications course for clinical staff. Both have been developed and are being delivered in collaboration with staff from the Trust. Increased collaboration has resulted in staff from Trinity being able to access more of the training provided by the Trust at no cost.

We delivered the “Last Days Matter” training to various community groups including Fleetwood Churches Together and domiciliary care agencies – this is planned to continue over the next year.

We worked with the Trust team to deliver a six-week information programme for carers of people with a life limiting condition covering topics such as how to do personal care, moving and handling, information on benefits etc. The feedback from this is being evaluated for future provision. We participated in workshops delivered by L&SCHT to review and map training provision across all local hospices in the area. This will result in potential savings for economies of scale sourcing and purchasing of required training. In addition, it will help to align the core training needs for hospice clinical staff.

We participated in the L&SC Education Strategy Group Meetings and chair the Fylde Coast Dying Well Strategy Education Stream to ensure that Trinity remains at the forefront of developments across the area.

We have developed good working relationships with the Learning and Development Team at the Trust to enable sharing of resources, expertise, and best practices in PEOLC.

What was the outcome?

KPI targets were met consistently on mandatory training, the training delivered and on offer has increased.

By involving the wider community and social care teams in our training offers, we have created a more cohesive and supportive environment for patients and their families.

The Lancs and South Cumbria Education Strategy Team are in the process of restructuring the area teams for the purpose of funding offers and training delivery using a hub and spoke model. Trinity Hospice will be recognised as the Hub for the provision of PEOLC training in the locality.

Informal feedback from staff state increased opportunities are more available and increase their feeling supported in the workplace.

CARE QUALITY COMMISSION – OUTSTANDING

The Care Quality Commission regulates Trinity Hospice for the following regulated activities:

- Treatment of disease, disorder, or injury.

During this period, and since 2016, we have not had an inspection by the Care Quality Commission (CQC).

• OVERALL RATING FOR THIS SERVICE	Outstanding
• Is the service safe?	Good
• Is the service effective?	Good
• Is the service caring?	Outstanding
• Is the service responsive?	Good
• Is the service well-led?	Outstanding

What They Said:

Is the Service Safe?

- The service was safe.
- Staffing levels were sufficient to meet people's needs and individuals we spoke with said there were enough staff to keep them safe. The management team had not always followed their recruitment systems but took immediate action to address this.
- Staff had a good awareness of safeguarding principles and who to report concerns to if people were at risk of harm or injury.
- We observed people receiving their medicines on time and when required. Staff were skilled and managed medicines carefully.

Is the Service Effective?

- The service was effective.
- People told us they felt staff were experienced and skilled. Staff files we saw showed they received a wide range of training.
- Care files contained nutritional risk assessments and control measures to minimise the risk of malnutrition.
- Staff receive training about Mental Capacity Act and Deprivation of Liberty Safeguards. People told us they were supported to make decisions.
- Staff worked with other healthcare services to monitor people's ongoing physical and mental health.

Is the Service Caring?

- The service was exceptionally caring.

- Without exception, people and their relatives spoke extremely highly of staff and their experiences of care. We found staff were passionate about providing a non-discriminatory service.
- We toured the service and found it was exceptionally tranquil, warm, happy and welcoming atmosphere throughout. People said this enabled them to feel exceptionally comfortable and relaxed.
- The Registered Manager worked with other healthcare services to provide relatives with dignified end of life care. Care planning was highly personalised and held details about the person's preferences and how they wished to be supported.

Was the Service Responsive?

- The service was responsive.
- Care planning was personalised and gave staff precise direction to care. People told us that staff were efficient at responding to them and their requirements.
- The provider maintained the environment to a very high standard to enhance people's wellbeing and stimulation. This included a range of activities, facilities and holistic therapies.
- We saw that the Registered Manager dealt with complaints competently.

Is the Service Well Led?

- The service was extremely well led.
- The Registered Manager acted with other agencies to develop best practice and foster excellent partnership relationships. They worked with the local hospital to influence and improve best practice and national policy making. We found this had a major impact upon people's care, safety and welfare.
- Staff, people and visitors said the service was organised and managed to an extremely high standard. They told us the Registered Manager was very active in supporting and understanding their requirements.
- The management team excelled at managing change in a coherent and cohesive approach. Staff said they felt fully involved in Trinity's ongoing development. They added the management team was extremely supportive and approachable.
- We found people were at the heart of Trinity's quality assurance programme. They fed back they would not hesitate to recommend the hospice to others. The Registered Manager had remarkable oversight of care provision, service quality and everybody's safety.

CQC has now changed its methodology for inspections and hospices come under the same directorate as NHS and Healthcare organisations. At the time of writing CQC are in a transition process so unsure as to when our next inspection will be.

Trinity's Values and Ways of Working

Trinity's values and ways of working are embedded throughout the organisation and staff are expected to act in accordance with them.

Trinity C.A.R.E.S

Caring

Provide care with skill and compassion that is person and family centred.
Truly listen in order to provide appropriate, warm hearted and honest support that meets physical, psychological and spiritual needs.
Place 'caring for patients and those important to them' at the heart of our actions.
Respect and value individual differences.
Support colleagues and volunteers at all times.
Share our knowledge and expertise with others involved in the care of people with progressive life-limiting illnesses.

Adaptable

Respond positively, appropriately and flexibly to challenges.
Constantly strive to ensure all we do is high quality and compliant (safe and risk assessed) in accordance with changing regulations.
Work across sectors (voluntary, public and private) to maximise our collective impact.
Develop effective external collaborations based on mutual respect and trust.

Responsible

Clearly communicate expectations so that staff members and volunteers know what is required of them.
Demonstrate a 'can do' attitude and be accountable for our individual actions.
Investigate adverse comments and complaints carefully and honestly, to ensure learning and continuous improvement.
Share compliments and celebrate successes to learn from good practice.
Ensure effective teaching and provide exceptional learning opportunities around end-of-life care.
Maximise our impact by effective team working.

Excellence

Constantly develop and apply our professional expertise in palliative care.
Encourage others to share ideas and learning.
Aspire to provide exceptional professional performance in all roles.
Promote learning and development for all those providing and needing our services.
Recruit capable and committed volunteers.
Strive for improvement every day as everyone makes a difference.
Continuously challenge assumptions and strive for cutting edge solutions.
Add new knowledge around end-of-life care through high quality audit and research.

Socially Engaged

Work in partnership with our community to achieve high quality care at the end of life, for all who need it.
Provide meaningful and satisfying employment and volunteering opportunities.
Fund our services through ethical and transparent fundraising.

Share Trinity's expertise to benefit the wider hospice and palliative care community as well as other care providers.

Speak up/advocate for vulnerable individuals or disadvantaged groups who need palliative care.

Endeavour to be environmentally and financially sustainable to benefit future generations.

Use available resources well, to maximise our shared compassionate cause.

Working Smarter

As Artificial Intelligence (AI) develops we will embrace opportunities and explore ways of how AI can support patient and carers, support symptom management and support administration processes. This will be enabled by new AI policies, protocols and procedures.

We have continued working to develop smarter ways to deliver palliative care interventions and to support clinical colleagues to enhance their knowledge and skills in palliative care to improve outcomes for patients in their usual place of residence; this includes care and nursing home and local hospitals. We continue to develop the use of remote technology within care homes and with the local community hospital, undertaking virtual ward rounds with staff, in which patients are discussed and a management plan instigated; this is alongside training around palliative care and symptom management.

In addition, we continue to maintain effective use of our Palliative and End of Life Virtual Ward which is a proven and viable alternative to hospital and Hospice bed-based care.

Staff Development

Trinity Hospice prides itself on supporting staff to undertake professional development. For nursing staff and allied health care professionals, this is an important part of demonstrating their fitness to practice. Revalidation supports nurses to capture their learning and, more importantly, how they have applied this to patient care.

Supported by our new Education Strategy we have continued to provide a wide range of staff development opportunities to improve both management and leadership capabilities and clinical skills. Our teams celebrate this success and congratulate individuals and teams for their achievements.

Staff development successes include:

- Recruited to a new Community Specialist Practitioner in Palliative Care development role.
- Supported a management team member to complete Level 7 qualification in Strategic Leadership and Professional Development.
- Further developed the Advanced Clinical Practitioner (ACP) role.
- Continued to develop the Nurse Associate Programme.
- Management and Leadership upskilling across all clinical settings and teams.

Investors in People Gold

Trinity Hospice was first awarded Investor in People (IiP) Gold accreditation in 2016, having achieved Silver for the first time in 2015. Re-accreditation occurs every three years and in 2022 the hospice was delighted to retain its IiP Gold following a three-day assessment, which reflected extremely well on the contribution of everyone across the organisation. A Gold IiP accreditation is not easy to retain but everyone involved will be working hard towards the goal of once again retaining Trinity's Gold accreditation status.

PART 4: REVIEW OF QUALITY PERFORMANCE

In-Patient Unit Service	2020/21	2021/22	2022/23	2023/24	2024/25
Total number of new admissions	304	351	390	351	346
Total number of admissions	340	374	414	362	356
% Bed occupancy	67%	70%	84%	76%	87%
Number of patients discharged	104	86	110	63	51
Number of deceased patients	232	289	299	304	289

Clinical Nurse Specialist Team Community	2020/21	2021/22	2022/23	2023/24	2024/25
Total number of patients referred	1429	1113	1564	1748	1828
% of patients with a non-malignant disease	22%	18%	17%	20%	24%
% of patients who died outside hospital	94%	98%	96%	94%	92%
% of patients that died in stated PPD	85%	86%	80%	85%	84%

Clinical Nurse Specialist Hospital	2020/21	2021/22	2022/23	2023/24	2024/25
Total number of patients referred	1467	1593	1932	2058	2259
% of patients with a non-malignant disease	46%	47%	55%	60%	56%
Number of patients discharged	796	874	1033	1143	1051
Number of deaths in hospital	493	509	711	692	731

Lymphoedema Service	2020/21	2021/22	2022/23	2023/24	2024/25
Total number of new referrals	175	261	242	395	337
Monthly case load number	247	257	242	244	226
% of non-attendance for booked appointments	2%	8%	6%	8%	7%

Hospice at Home	2020/21	2021/22	2022/23	2023/24	2024/25
Total number of patients referred	1301	1075	1157	1158	1131
Face to face contacts	2962	4279	3553	4234	3891

Telephone advice	1571	1251	2835	1417	2591
% with non-malignant diagnosis	43%	42%	45%	45%	49%

Our Participation in Clinical Audit

Clinical audit within the organisation continues to play an integral part in ensuring it constantly strives to improve and provide the highest standard of care by auditing our practice against agreed policies or standards. Audit action plans allow us to rectify or improve service provision and safety. Re-audit then ensures any necessary changes have had an effect.

Improvement in practice is embedded into all aspects of Trinity Hospice and Palliative Care Services but specifically patient safety, patient experience and effectiveness of care. In doing so we strive to comply with all aspects of clinical governance and meet the standards required by our regulatory body, the Care Quality Commission.

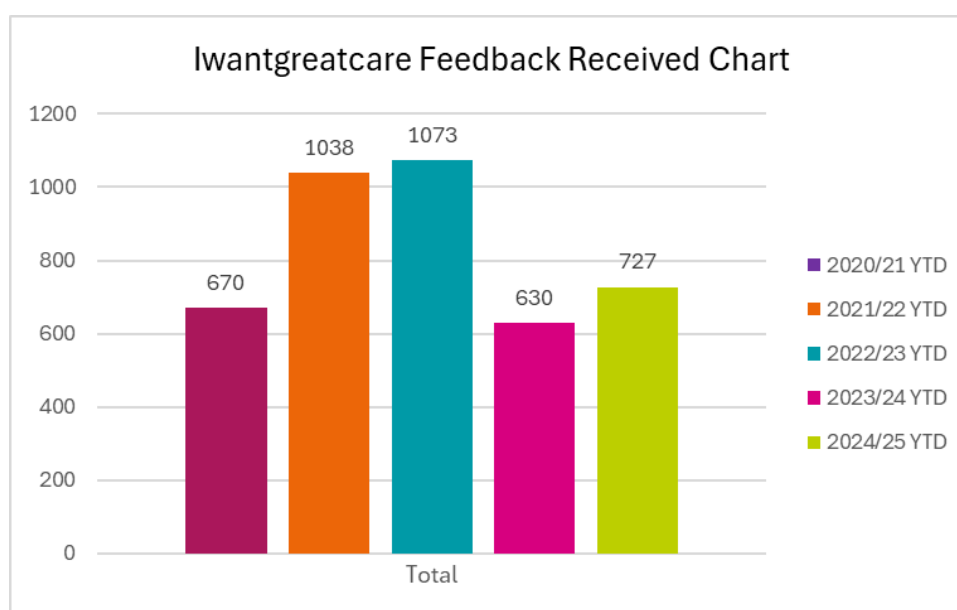
Membership of the Audit Group continues to comprise of a representative from each area of the clinical and medical services. The group meets quarterly and is chaired by the Clinical Audit Lead, and this is fed back into the Clinical Quality Improvement Group and Clinical Governance Committee.

“Iwantgreatcare”

What Do Patients Say About Us?

Each department undertakes evaluation of their service which entails seeking views, comments and suggestions of patients and their families and carers who use the service. Feedback is gathered using ‘Iwantgreatcare’, thank you cards, letters and comments and learning from complaints.

Brian House – a total of 179 ‘Iwantgreatcare’ feedback forms completed during 2024-25.



How likely are you to recommend our services?	100%
A selection of the comments received: <ul style="list-style-type: none"> • **** really enjoyed going swimming with Brian House staff and couldn't stop talking about it when she came home. • Mum could tell how much **** enjoyed his overnight stay for the first time from the photos and communication staff gave her. He has been coming for day care for about a year and Mum was very nervous at leaving him overnight. All her worries went away. • **** had a two-night short stay at Brian House last week. She enjoyed her stay and wanted to be involved in all the activities the staff were doing. Mum knew she would be well cared for by the amazing Brian House staff. • **** came to Brian House last week for day care. He loved playing with toys he doesn't have at home and spending time in the sensory room. Mum really appreciates the Brian House service. • **** always has a smile on her face when the staff open the door as they make her feel so welcome, and she thinks they are her best friends. Mum acknowledges the staff are always there for her even when **** is at home. • The staff took great care of ****, as they always do. He really enjoyed making a very special Christmas bauble which mum will treasure. • He enjoyed his day care at Brian House last week. Mum has 110% trust in the amazing staff there and knew he would be well cared for. • **** stayed at Brian House last week for two nights. She really enjoyed playing in the sensory room and the special attention the caring staff gave her. 	

Community Clinical Nurse Specialist Team – a total of 181 'iwantgreatcare' feedback forms completed during 2024-25.	
How likely are you to recommend our services?	98%
A selection of the comments received: <ul style="list-style-type: none"> • I felt very relaxed and at ease. I was made aware of all the help and assistance available to me. Having support at hand is important so I feel very lucky to have that in place now. • Trinity gave my father all that he needed, the nurses were kind. We felt confident in the care they gave. Thank you to all of them. • Cannot be more pleased with the service received. All the staff are friendly, efficient and sympathetic. • The nurses listened to my Wife's wishes. They did not judge her wishes for palliative care and not treatment, with respect and dignity. You could not have treated my wife better. • Grateful to all the community nurses involved with supporting Ian, especially the HCAs involved before he passed who helped with personal care. • Nurses are easy to talk to, very well informed and make me feel listened to and cared for. • You are all wonderful. Amazing have you bonded with my mum and allowed her not to be frightened. You are amazing people. Thank you. • **** was very professional but also compassionate and empathetic. She approached everything we needed to know with competence and friendly. 	

Hospice at Home – a total of 53 'iwantgreatcare' feedback forms completed during 2024-25.
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How likely are you to recommend our services?	100%
A selection of the comments received: <ul style="list-style-type: none"> • The nurses supported my husband and me. They came out in the middle of the night, whenever we needed them – they were remarkable. • What a priceless service, its invaluable. • Kindness was show, not just to Mum but all of us. • Nurses at nighttime turned ****'s bed around so we could hold hands. What a difference, thank you. • Feel very supported by the night team. • Everyone who visited has been fantastic. Especially the ladies at night. A big thank you to you all. • Hospice at home really calmed me down, settled my mum and encouraged me to ring again if needed. 	

In-Patient Unit – a total of 139 'iwantgreatcare' feedback forms completed during 2024-25.	
How likely are you to recommend our services?	99%
A selection of the comments received: <ul style="list-style-type: none"> • The dignity and care my mother received was impeccable. My mother was an extremely proud woman, I know the care she got was perfect for her. They also showed total respect for me as I stayed by her bed for three nights before her death. • My dad has been respected, considered and care for in a most dignified way, me and my family have been cared for too. We have laughed, smiled and shed tears when we need to and the staff have lovingly assisted. They have made this difficult time so much easier to cope with. • All interactions with dad were explained clearly and patiently ensuring dad fully understands, enabling him to make fully informed decisions. Everyone is so caring and friendly. Dad is happy and relieved to be here as per his wishes. • From the moment my mum entered Trinity, both Mum and the family have been treated with the utmost respect, care and compassion. The Trinity team have kept us fully informed and consulted on every step of mum's journey. The support that the whole family has received has been excellent and without it would have meant a much greater struggle in coping with mums' illness. • Unit is wonderfully set up to treat palliative patients. Good staff ratio and excellent care. • The staff are very supportive and nothing is too much trouble. I feel safe here. • I could not do this job. The dedication to care, patience, ability and understanding of what they do is remarkable. My relative is better off for meeting every member of staff and volunteer alive. Everyone here is fantastic at what they do. • As the patient's wife, I was never left out and was treated with respect. I also felt listened to. I also felt I could go home and know he was being looked after. 	

Linden Centre Counselling and Support – a total of 81 'iwantgreatcare' feedback forms completed during 2024-25.	
How likely are you to recommend our services?	100%

A selection of the comments received:

- From the minute I was referred to the team I was treated with care and compassion during the most difficult periods of my life. It was wonderful to talk.
- Total friendliness and warmth from start to end of counselling, very professional from start. Cannot fault the service offered. First class and understanding.
- I appreciated the help given to me in a very professional way. This is a great service offered by the hospice.
- Having someone other than my family listen to me and help find a way for me to come through the pain of losing my daughter, was a huge help to me. **** treated me with care, dignity and compassion and I will be forever grateful, you are a marvellous team. Thank you.
- **** was amazing from start to finish, always made me feel comfortable. She always made our sessions fun and put a smile on my face. My favourite thing was that we played dominoes; me and my Grandma used to play this, so made me feel very safe.
- The loss of my husband has been so difficult to deal with. My counselling was invaluable - having the time and space to talk has really helped me move forward. Thank you so much, what an amazing service you provide.
- **** was extremely helpful. She spoke clearly enough for me to understand everything she was saying. Listened without interrupting everything I said.

Lymphoedema – a total of 42 ‘iwantgreatcare’ feedback forms completed during 2024-25.**How likely are you to recommend our services?****100%****A selection of the comments received:**

- The staff were kind and caring. I got the information I needed. Staff were very friendly.
- I was treated with care and at long last was happy they knew what lymphoedema was and it was explained to me.
- **** is very caring and considerate about my wellbeing. I know she is there for me if I have any concerns at all.
- The nurse I saw today looked after me very well and explained everything very concise and in detail. I was nervous coming to the appointment, but **** soon put me at ease.
- **** was very helpful to my husband and me. She explained everything clearly and if we were not sure, she would explain again.
- I found the whole experience very good. Relaxing and lovely staff.

Admiral – a total of 13 ‘iwantgreatcare’ feedback forms completed during 2024-25.**How likely are you to recommend our services?****100%****A selection of the comments received:**

- I found the Admiral Nurses have helped me and my wife with all sorts of things and have always shown compassion. They have spent time and talked me through many things which I previously had no knowledge of.
- They created a good relationship with my wife who has dementia and can be very suspicious of people but **** and **** put her at ease almost immediately.
- From the start of this journey, I have received the best support from the nurses for my husband. We have had instant prompt support and service, total empathy, extreme friendliness, and a massive shoulder to cry in.

- I couldn't have asked for more. It was a great comfort to know that they were there for me. I really appreciate their ongoing support and cannot thank them enough for what they have done for me.
- I felt I was struggling to deal with my situation and could not find anyone to discuss it with. Finally, I was recommended to Trinity Hospice. I am amazed at the kindness and support I received from the Admiral Nurses and everyone else who helped me.
- The care and compassion and assistance my wife and I have received from **** and **** has been beyond our wildest dreams. We also look forward to attending the Dementia Lounge along with friends we have made and to all of the team who make the morning enjoyable. On a personal note, if it had not been for **** and **** things in my life would have had a different outlook.

Virtual Ward – a total of 38 'iwantgreatcare' feedback forms completed during 2024-25.

How likely are you to recommend our services?

100%

A selection of the comments received:

- Can't praise the staff enough, feels like the whole of Trinity go above and beyond. Everyone is caring and feels like there are lots of personal touches.
- Were like angels coming in.
- A big thank you for all your care and help. You are all fantastic.
- So grateful of the input from all the staff on virtual ward. Very pleased, very professional.
- Amazing service with prompt advice. Feels well supported.
- We want to thank you for all your love and support during his final journey it meant a lot to us.

Living Well – a total of 1 'iwantgreatcare' feedback forms completed during 2024-25.

How likely are you to recommend our services?

100%

A selection of the comments received:

- The word Hospice was filling my wife and myself with complete fear. How wrong were we? From the initial contact to leaving the staff made us feel calm and relaxed and explained what palliative care is in great detail. They co-ordinated all the services we are likely to need which put my mind at rest being my wife's full time carer. Thank you.

Patient Safety

Patient quality and safety is at the heart of everything Trinity Hospice does. The hospice promotes an open reporting system, recognising that patient safety is everybody's business. It supports and upholds the Duty of Candour and will continue to inform and involve patients and families in understanding any error or incident that has resulted in patient harm under hospice care in line with the Patient Safety Investigation Response Framework which has been embedded into our safety processes during 2023-24.

PART 5

Lancashire and South Cumbria Integrated Care Board - Kathryn Lord

Lancashire and South Cumbria Integrated Care Board welcomes the opportunity to review and comment on the Trinity Hospice Quality Account 2024/25, the commentary provided in this letter relates to services commissioned by us. We have a continued commitment to commissioning high quality services from the hospice and take seriously their responsibility to ensure that patients' needs are met by consistent and high standards of safe care, provision of effective services and that views and expectations of patients and the public are listened to and acted upon.

Firstly, we would like to recognise the continued hard work and commitment staff demonstrate during what has been a challenging time for the NHS in relation to demand and patient flow.

We are pleased with the progress made by Trinity Hospice against the quality priorities set out for 2024/25, this includes improving engagement and involving patients, families and staff following a patient safety incident, review of the staffing establishment, holistic assessments, specialist palliative care support for the withdrawal of ventilation at end of life and nurse led advance care planning.

Lancashire and South Cumbria Integrated Care Board are pleased to read that the hospice is aligning planning, objectives and improvement work with the Fylde Coast's Dying Well Strategy 2024/29, which is further enhanced by collaborative work with key partners. This will ensure that services are able to respond to the complex health and social needs of the communities they serve.

It is clear that the hospice takes seriously staff health and well-being, as well as personal and professional development. We are encouraged to read about the introduction of a structured programme which will provide development opportunities for management and leadership roles. This not only supports succession planning, but works to retain experience, skills and competencies that will ultimately enhance patient safety, experience and outcomes. Similarly, and to compliment this work, we appreciate the wider focus on providing a career pathway and training opportunities for staff, this includes an additional and accredited training offer in palliative and end of life care.

Lancashire and South Cumbria Integrated Care Board appreciates the focus on equality and diversity that runs throughout the account, particularly the work around engagement with seldom heard communities. We recognise the importance of hearing the voices and opinions of unrepresented groups, this ensures decision makers are aware of barriers to accessing services. This also supports the wider health inequalities agenda, which is a key area of focus from a health and social care perspective.

Brian House is the only children's hospice on the Fylde Coast, and we recognise the vital importance of the services it offers to children and their families in what is the most challenging time of their lives. We are touched to read about improvement initiatives, including ongoing development of the Brian House Bereavement Service and enablement of the seven-day service through community outreach.

Lancashire and South Cumbria Integrated Care Board notes the ongoing work to optimise and embed digital capabilities across the hospice services using EMIS, and we recognise the importance of the digital interface for improving clinical productivity, communication, governance, and integrated working.

Lancashire and South Cumbria Integrated Care Board acknowledges the focus given by the hospice to engaging with patient, families and carers regarding the Patient Safety Incident Response Framework and following an incident, this demonstrates a clear commitment to patient safety, experience and enhancement of improvement. We encourage the hospice to consider inclusion of local patient safety priorities from the Patient Safety Incident Response Framework plan and summarising any learning that has taken place in relation to these. It would also be helpful to state how many Patient Safety Incident Investigations were commissioned, where relevant. Alongside this, it would also be beneficial to detail any process changes introduced in response to patient safety incidents, such as the implementation of safety huddles or planned responses such as After-Action Reviews. It is positive to see that training has been identified and acknowledged. This is a key enabler for embedding Patient Safety Incident Response Framework principles and building staff capability in patient safety practices.

Patient feedback remains consistently positive and the patient comments provided in the account demonstrate the hospice's commitment to delivering safe, effective, thoughtful and tailored care. The voice of patients and families is essential to ensuring that feedback drives improvement. In future accounts, we would appreciate more insight into the complaints the hospice has received, including how these were responded to and any resulting actions taken to promote learning and improvement.

The Trinity Hospice Quality Account outlines the achievements made in the past year and describes the priorities for 2025/26, which include strengthening the response to medical device and medication recalls and alerts, increasing inpatient unit bed occupancy, Improving generalist end of life palliative care across hospital wards and introduction of a specialist palliative care advice line. We look forward to hearing about the outcomes of these programmes of work.

This account is an important contribution to public accountability in relation to quality and Lancashire and South Cumbria Integrated Care Board appreciates the amount of work involved in producing this report.

Yours sincerely

Kathryn Lord
Lancashire and South Cumbria Integrated Care Board – Director of Nursing, Quality Assurance and Safety