QUALITY ACCOUNTS 2026 – 27

A look back at 2025/26 and look forward to 2026/27

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 covers 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 believe in empowering people to make informed choices about their care, ensuring they have access to clear information and compassionate support at every stage.

- We work tirelessly to foster a sense of community, encouraging mutual support and understanding among those facing life-limiting illness and their loved ones.

- 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 nearly 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 £15 million every year to run Trinity's services including Brian House Children's Hospice - over £11million 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 is committed to ensuring every child and family receives personalised care, preserving dignity and fostering hope during the most difficult moments. The team works tirelessly to create a nurturing, inclusive environment, welcoming families from all backgrounds and making each visit meaningful.

- Brian House has developed a new adolescent hub named The Bridge, which supports the transition of adolescents into adulthood.

- Brian House staff outreach into the community setting and in-reach into hospitals and other care settings to support families during very challenging times.

- The dedication of Brian House staff extends beyond medical support to emotional and practical assistance, ensuring families never feel alone. Their compassionate approach helps empower parents and carers, offering guidance and reassurance whenever needed.

- 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 at this time, whilst ensuring the holistic needs of the child and family are met.

- 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” really mean in a hospice like ours?

It would be easy to answer that question with data, ratings and performance measures — and you will find all of those in this report. They are important and they give reassurance, but they are not where quality starts.

Quality in hospice care begins with a philosophy - one that has shaped everything we do for over half a century. Dame Cicely Saunders, founder of the modern hospice movement, described it simply: ***“You matter because you are you. And you matter until the end of your life.”*** She went on to say that our role is not only to help people die peacefully, but to help them live until they die. Those words still set the standard. They remind us that quality is not just about clinical care, but about recognising the full reality of people’s lives - what Dame Cicely called “total pain”: the physical, emotional, social and spiritual experience of illness. And they challenge us, every day, to respond to all of it.

This year’s Quality Account shows how that philosophy translates into practice across Trinity Hospice and Brian House. We support nearly 8,000 people each year - in the hospice, in hospital, in care homes and in people’s own homes - and we do so with a breadth of services that reflects that whole-person approach: clinical care, psychological support, social work, spiritual care, Living Well services, lymphoedema, education and bereavement support for as long as people need us.

We have continued to strengthen that model over the past year. We have improved our 24-hour advice line to provide faster, more consistent specialist support; trained over 900 staff across hospitals and care homes to improve the quality of generalist end-of-life care; extended our reach into seldom-heard communities; and continued to build and strengthen how we involve patients and families in shaping our services. We have also invested in the quality and safety of our care - embedding the Patient Safety Incident Response Framework, strengthening clinical decision-making, improving digital systems and continuing to develop the skills and confidence of our workforce so they are truly “prepared to care”. Importantly, the experience of those we care for continues to reflect this. Patient feedback remains consistently exceptional across all services and we believe our Care Quality Commission rating of Outstanding remains a solid foundation, particularly in the areas of caring and leadership.

But I think there is something more important to say this year.

Across the country, hospice and palliative care services are under increasing pressure - rising demand, growing complexity and funding that is not keeping pace with what is needed. In that context, there is a risk that hospice care is slowly reduced to something narrower: a set of clinical functions delivered as efficiently as possible within a system under strain, with less focus on what makes someone whole - in Dame Cicely Saunders’ words.

If that happens, we will lose something fundamental. Because if that becomes the case, we can no longer truly claim to be helping people to **“live well”** or to be **“dying whole”**.

Hospice care was never meant to be a scaled-down part of the system. It was designed to change the system - to bring humanity, compassion, time and dignity into the way we care for people at the end-of-life. It combines clinical excellence with something less tangible but equally important: presence, listening, honesty and the ability to support people and those close to them through one of life’s most difficult journeys.

This report provides clear evidence that this model works - not just in terms of outcomes and experience, but in how it supports the wider system, enabling people to be cared for in the right place, at the right time and in line with what matters most to them.

So for me, quality is ultimately this:

- Are we seeing the whole person?
- Are we supporting families as well as patients?
- Are we combining compassion with expertise?
- Are we continuing to learn, improve and lead?
- And are we staying true to the vision that hospice care should offer something more, not something less?

I believe this report shows that we are. But it also reminds us that we cannot take this for granted. The model of care that Dame Cicely Saunders created has enormous value - clinically, socially and morally. It is our responsibility not only to deliver it, but to protect it and make the case for it, now and for the future.

Thank you to our staff, volunteers, partners and supporters who make that possible every day.

And thank you for taking the time to read this report.

David Houston - Chief Executive

Statement of Assurance From the Board of Trustees:

Every year, this Quality Account gives us an opportunity to reflect on the care, compassion and support provided by Trinity Hospice and Brian House to individuals and families across the Fylde Coast. As Chair of Trustees, it is also an opportunity for me to reflect on the dedication of our people and volunteers and the responsibility we share in ensuring that the care we provide remains safe, effective, responsive and centred around the needs of those we serve. As trustees, we hold ultimate responsibility for the quality of care provided by Trinity Hospice and Brian House. While this responsibility is formal, our commitment is deeply personal as many of us have used these services in our own lives and have firsthand experience of the great care provided at incredibly difficult times. We recognise that every statistic, performance measure and quality indicator within this report represents an individual, a family and a unique experience of care at a significant moment in their lives.

Over the past year, I have continued to be inspired by the compassion, professionalism and dedication shown by our people and volunteers across all areas of the organisation. Whether providing direct clinical care, supporting families through bereavement, maintaining our facilities, serving customers in our retail shops, raising vital funds or delivering essential administrative support, every colleague contributes to the quality of the care and support we provide. The Board maintains oversight of quality through regular meetings and a comprehensive sub-committee structure covering clinical governance, our people, finance, audit, and organisational governance. Trustees receive regular reports relating to quality, patient safety, employee wellbeing and organisational performance, enabling us to provide appropriate challenge, scrutiny and support.

However, effective governance is about much more than reviewing reports. Throughout the year, trustees have continued to spend time within services, attending employee meetings, participating in Schwartz Rounds and visiting teams across the organisation. These opportunities allow us to hear directly from employees and volunteers, understand the realities of service delivery and maintain visibility throughout the hospice. The insight gained from these interactions is invaluable and strengthens our ability to fulfil our governance responsibilities.

Listening remains central to our approach. We continue to place great importance on feedback from patients, families, carers, staff and volunteers. Through mechanisms such as iWantGreatCare, employee engagement activities and direct conversations during visits, we gain a deeper understanding of what we are doing well and where we can improve. This commitment to listening supports a culture of openness, learning and continuous improvement that is evident throughout the organisation.

I am particularly pleased that the organisation has continued to strengthen its governance arrangements in response to the Care Quality Commission's evolving assessment framework. The Board has supported the development of clear accountability structures, robust quality monitoring processes and a culture that encourages learning, innovation and improvement. These foundations are essential in ensuring that we continue to meet the needs of our communities both now and in the future.

We were delighted to maintain our Outstanding overall rating from the Care Quality Commission. This achievement reflects the commitment of everyone involved with Trinity Hospice and Brian House and demonstrates the strength of our culture and values. While we are proud of this recognition, we do not see it as an endpoint. The Board remains focused on sustaining excellence in the areas assessed as Outstanding, particularly Caring and Well-led, while continuing to strengthen Safe, Effective and Responsive services as expectations, needs and opportunities evolve.

Alongside quality, the Board continues to focus on long-term sustainability. Demand for hospice and palliative care services continues to grow, while the financial pressures facing both charities and healthcare providers remain significant. We therefore have a responsibility not only to oversee the quality of care delivered today, but also to ensure the organisation remains financially resilient and strategically positioned to meet future need. Through careful stewardship of resources, investment in our workforce, development of our Hospice 2030 ambitions and strong partnership working across the Fylde Coast health and care system, we are helping to build a sustainable future for hospice care in our community.

We are also committed to ensuring that our services remain inclusive, accessible and responsive to the diverse needs of the communities we serve. Working alongside our partners, supporters and local communities, we continue to seek opportunities to reduce inequalities in access to palliative and end-of-life care and to ensure that every individual receives the compassionate support they deserve.

As Chair, I remain immensely proud of what has been achieved over the past year. Every day, I see examples of kindness, professionalism and dedication across our organisation that remind me why Trinity Hospice and Brian House are held in such high regard by the communities we serve. I would also like to acknowledge the leadership of our Chief Executive, David Houston, and the Executive Team, whose commitment continues to drive the organisation forward. and help support trustees in their roles.

On behalf of the Board of Trustees, I am pleased to endorse this Quality Account and the priorities it sets out for the year ahead and I want to thank everyone who contributes to our work - employees, volunteers, supporters, partners and donors. Their commitment enables us to continue providing outstanding care and support when it matters most to allow our patients to live well to the end-of-life and for our children to live their lives to the full.

Tracy Dewhurst - Chairperson

PART TWO

Looking Forward: Our Improvements for 2026/27

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 2026/27 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 will help to ensure that our teams being "prepared to care" for the future needs of families who live within 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 five-year Fylde Coast Dying Well Strategy, improve patient safety, effectiveness and patient experience.

Trinity Hospice and Brian House continue to be key stakeholders in the strategic planning for palliative and end-of-life care services within the Fylde Coast's health and social care system. 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.

Carried Forward: Patient Experience – Specialist Palliative Care Advice Line

How was the priority identified:

This priority was identified through ongoing review and development of the 24-hour Specialist Palliative Care Advice Line, highlighting the need to strengthen robust clinical support arrangements out of hours. The aim is to improve timely access to expert advice, ensure appropriate escalation, and enhance patient safety and the overall quality of care provided.

What we want to achieve:

The aim is to deliver a clinically robust, 24-hour Specialist Palliative Care Advice Line, supported by appropriately skilled specialist practitioners with enhanced knowledge of community services. The service will enable timely, informed and complex clinical decision-making in response to specialist palliative care needs.

A key objective is to work in close collaboration with Fylde Coast Care Co-Ordination services to ensure consistency, clarity and continuity of advice provided to healthcare professionals. This will support streamlined access to specialist guidance, promote effective communication across services and enhance the overall responsiveness and quality of care delivery.

How will progress be monitored and reported:

- Regular review and audit of advice line calls to assess activity, response times and appropriateness of use.
- Ongoing audit of clinical documentation to ensure accuracy, consistency, and compliance with standards.
- Collection and analysis of feedback from patients and families to evaluate experience and quality of support.
- Collection and analysis of feedback from healthcare professionals to assess usefulness, clarity and impact of advice provided.
- Reporting of findings through our governance structures to provide oversight.

Carried Forward: Patient Experience – To Work Collaboratively With 'Seldom Heard' Communities and Enable Consistent Access to All Patient and Carer Groups

How was the priority identified:

This priority was identified through ongoing collaboration with external partner organisations working with seldom heard groups, alongside a growing understanding of the levels of deprivation and health inequality within the local population.

Analysis of referral patterns highlighted a relatively low number of referrals from these groups, indicating potential barriers to access and unmet need. In addition, gaps were identified in staff knowledge and available resources relating to substance misuse, particularly in relation to drug and alcohol awareness and education.

These findings were further informed by feedback and insights gained through direct engagement and the lived experiences of patients, which emphasised the importance of improving access, equity and understanding of specialist palliative care services for these populations.

What we want to achieve:

We want to ensure equitable and timely access to specialist palliative care services for all individuals who require support, regardless of age, social status or background. This includes strengthening pathways to identify those in need at an earlier stage and reducing potential harm for patients within the community.

A key objective is to promote inclusive, person-centred care by addressing barriers to access and eliminating inequities across services. This will support the delivery of compassionate, high-quality care, ensuring that every individual is treated with dignity and respect at the end-of-life.

Through this work, the service seeks to improve outcomes for underserved populations, promote fairness within palliative care provision, and uphold the principle that everyone has the right to a dignified death.

How will progress be monitored and reported:

- Monitoring of referral activity from seldom heard groups, including tracking increases in referral numbers and sources.
- Analysis of access data to assess whether services are reaching underserved populations more effectively.
- Collection and review of feedback from patients, families, and partner organisations to evaluate experience, accessibility, and quality of care.
- Ongoing engagement with partner agencies (eg substance misuse services, homelessness teams, prisons and community mental health services) to assess impact and identify areas for improvement.
- Review of training uptake and staff confidence in supporting seldom heard groups, including drug and alcohol awareness and Naloxone training.
- Monitoring of outcomes for patients from these groups, including care planning and place of care/death where appropriate.
- Reporting of findings through our governance structures to provide oversight.

Clinical Effectiveness – Integration of Living Well, Community and Transitional Services in Brian House

How was the priority identified:

Feedback gathered from multidisciplinary teams across both Trinity Hospice and Brian House Children's Hospice highlighted a recurring challenge: patients were not consistently being directed to the most appropriate care pathways after their initial referral to the service. This misalignment often resulted in delays to care, inefficiencies in service provision and, at times, a less-than-optimal experience for patients and their families. By recognising this issue, it became clear that there was a need to review and refine the referral process, ensuring that each patient is assessed promptly and allocated to the care pathway that best meets their clinical and personal needs. In turn, this would help to improve continuity of care, enhance patient outcomes, and ensure that resources are utilised in the most effective manner.

What we want to achieve:

Our aim is to enhance the integration and co-ordination between community, Living Well, and hospice services. By strengthening these pathways, we will ensure that patients receive timely and thorough reviews, enjoy improved continuity of care and experience a seamless palliative care journey within both Trinity Hospice and Brian House services.

This strategy will establish clear care pathways and provide patients with a broader selection of support options, including innovative models that foster wellbeing, independence and community involvement. A central priority is to further develop the Living Well Service within the community, enabling earlier intervention and sustained support tailored to each patient's needs.

Furthermore, integrating Brian House services will facilitate the creation of a more cohesive transitional model. This ensures that those moving between services receive care that is timely, appropriate and centred around the individual. Our approach will support smoother transitions from children's to adult services, maintaining high standards of continuity, quality and responsiveness throughout every stage of the patient journey.

How will progress be monitored and reported:

- Through patient and staff feedback (eg I Want Great Care/Birdsong surveys/team meetings).
- Monitoring of hospital admissions for patients known to the service.
- Monitoring of the number of successful transitions between children's and adult services, with documented care plans in place.
- Reporting of findings through our governance structures to provide oversight.

Clinical Effectiveness - Audit: How Rehabilitative Is Your Hospice

How was this identified as a priority?

Feedback gathered from multidisciplinary teams across both Trinity Hospice and Brian House Children's Hospice highlighted that some patients were not consistently being directed to the most appropriate care pathways after their initial referral to the service. This misalignment often resulted in delays to care, inefficiencies in service provision and, at times, a less than optimal experience for patients and their families. Recognising this, it became clear that there was a need to review and refine the referral process, with a focus on ensuring that every patient receives the most rehabilitative and suitable support for their clinical and personal needs.

What do we want to achieve?

Our aim is to enhance the integration and co-ordination between community, Living Well, and hospice services, with particular emphasis on rehabilitative approaches. By strengthening these pathways, we will ensure that patients receive timely and thorough reviews, improved continuity of care and a seamless journey through palliative and rehabilitative services. The strategy will establish clear care pathways, offer a broader selection of support options and further develop the Living Well Service to enable earlier intervention and sustained, person-centred support that fosters independence and wellbeing.

How will progress be monitored and reported?

- Collating patient and staff feedback through surveys such as I Want Great Care and Birdsong, as well as regular team meetings.
- Monitoring hospital admissions for patients known to the service, to evaluate the impact of rehabilitative interventions.
- Tracking the number of successful transitions between children's and adult services, ensuring documented care plans are in place and reflect rehabilitative goals.
- Reporting progress and findings through governance structures to provide oversight and drive continuous improvement in rehabilitative care pathways.

Clinical Effectiveness, Patient Safety and Patient Experience – Strengthening PSIRF Investigator Capability

How was this identified as a priority?

The implementation of the Patient Safety Incident Response Framework (PSIRF) has required a shift in how the organisation responds to patient safety incidents, moving from a compliance and investigation-led approach to one focused on learning, systems thinking and compassionate engagement.

Through the ongoing implementation of PSIRF and internal review of incident investigations, it was recognised that developing a consistent, skilled cohort of investigators was essential to ensure high-quality, proportionate and learning-focused responses to incidents.

Feedback from governance reviews and audit processes highlighted variability in confidence and experience among staff undertaking investigations, alongside the need to embed a more structured training and competency framework aligned to PSIRF principles.

What do we want to achieve?

Building on the progress already made in implementing PSIRF, we will continue to strengthen investigator capability and embed a consistent, high-quality approach to incident response and we aim to:

- Develop and deliver a structured training programme for PSIRF investigators aligned to national guidance.
- Ensure all staff involved in investigations receive appropriate level training based on role and responsibility.
- Establish a defined cohort of trained investigators across clinical services.
- Embed a consistent approach to systems-based investigation methodologies (eg SEIPS etc).
- Strengthen understanding of Just Culture principles to support fair and proportionate decision-making.
- Improve the quality and consistency of investigation reports, focusing on learning and improvement rather than blame.
- Support compassionate engagement with patients, families and staff throughout the investigation process.
- Develop clear governance arrangements for oversight, support and supervision of investigators.
- Evaluate the impact of training through audit, feedback and review of investigation quality.

How will progress be monitored and reported?

- Ongoing review of a PSIRF training and competency framework and associated action plan.
- Audit of investigation reports to assess quality, consistency and evidence of learning.
- Monitoring of investigator training compliance and competency through Blue Stream training record.
- Feedback from staff, patients and families involved in investigations to inform improvements.
- Review of themes, learning and outcomes from investigations to demonstrate impact on patient safety and service improvement.

Clinical Effectiveness, Patient Safety and Patient Experience – Strengthening Patient and Public Involvement through Patient and Public Participation Group (PPPG)

How was this identified as a priority?

Ensuring that patients, families and carers have a meaningful voice in shaping services is a key component of delivering safe, effective and person-centred care.

A review of existing feedback mechanisms identified opportunities to strengthen how lived experience informs service development, quality improvement and organisational decision-making. In particular, there was a need to move beyond traditional feedback approaches towards a more structured and proactive model of engagement and co-production.

The establishment of a Patient and Public Participation Group (PPPG) was therefore identified as a priority, providing a formal mechanism for patients, families, carers and the public to influence strategy, service delivery and quality improvement across Trinity Hospice and Brian House.

What do we want to achieve?

Building on our commitment to person-centred care and continuous improvement, we will strengthen patient and public involvement across the organisation and we aim to:

- Establish and embed a Patient and Public Participation Group (PPPG) to support co-production and service development.
- Provide a structured forum for patients, families, carers and the public to influence strategic priorities and service design.
- Ensure lived experience informs quality improvement, patient experience and organisational learning.
- Strengthen engagement with diverse and seldom heard communities to address inequalities in access and experience.
- Embed PPPG outputs within governance structures, including the Clinical Quality Improvement Group and Clinical Governance Committee.
- Develop a clear “You Said, We Did” approach to demonstrate transparency and visible impact.
- Support the improved communication and accessibility of information for patients and families across services, including the development and implementation of a patient and family-facing leaflet to support understanding of how the organisation responds to incidents and involves families where appropriate.
- Evaluate the impact of engagement through feedback, participation and demonstrable service improvements.

How will progress be monitored and reported?

- Ongoing review of PPPG development and implementation through agreed Terms of Reference.
- Regular updates to the Clinical Quality Improvement Group and Clinical Governance Committee, with oversight by the Board of Trustees.
- Annual summary of PPPG activity, impact and learning included within the Quality Accounts.
- Monitoring of participation, diversity and engagement to ensure inclusivity and accessibility.
- Evaluation of feedback and evidence of service improvement influenced by PPPG activity (“You Said, We Did”).
- Review of the effectiveness of the PSIRF leaflet through patient, family and staff feedback.
- Ongoing refinement of approach based on feedback, learning and emerging best practice in patient and public involvement.

Patient Safety – Brian House, Application of Principles of the Mental Capacity Act

How was the priority identified?

The team has identified that while training in Mental Capacity Act and consent had been delivered during 2025/26, further work was required to embed this consistently into practice and documentation. This will strengthen safe, lawful, and person-centred decision-making by embedding consistent application of Mental Capacity Act principles, consent processes and best interest decision-making across all areas of care, ensuring children and young people are supported to participate as fully as possible in decisions about their care including the transition development initiatives.

What do we want to achieve?

We aim to ensure that the principles of the Mental Capacity Act are applied consistently and confidently across all relevant care decisions. By embedding these principles into everyday practice, we will support safe, lawful and person-centred decision-making, enabling children and young people to participate as fully as possible in decisions regarding their care, including those related to transition initiatives. This approach will strengthen the integrity of consent processes and best interest decisions throughout all areas of care.

How will progress be monitored?

- Audit of clinical records to assess documentation of consent, capacity assessments and best interest decisions.
- Review through MDT discussions and safeguarding governance processes, including complex case reviews.
- Monitoring staff competence through training completion, supervision and reflective practice. Feedback from families and young people regarding involvement in care planning and decision-making.
- Reporting through quality and safety governance meetings, with identified actions and learning shared across the team.

Patient Experience – Improving End-of-Life Spiritual Care on the Inpatient Unit Through Better Assessment, Recording and Timely Chaplaincy Support

How was the priority identified?

This quality priority has been identified through review of chaplaincy practice, alignment with the hospice's Spiritual Care Policy (2026–2028) and reference to national guidance for end-of-life care.

National standards, including NICE guidance on the Care of Dying Adults and Professional Chaplaincy Standards, emphasise that high-quality end-of-life care must address spiritual and emotional needs alongside physical care. These needs should be identified sensitively, recorded appropriately and shared within the multidisciplinary team (MDT) as part of a holistic approach.

CQC frameworks similarly highlight the importance of person-centred care, clear communication and accurate record keeping ensuring care is safe, responsive and well led.

Review of chaplaincy practice and discussion with colleagues has identified some variation in:

- Confidence in assessing spiritual needs.
- Consistency of recording on EMIS.
- Visibility of spiritual needs within MDT discussions.

This variation can affect how quickly and effectively chaplaincy support is offered, particularly for people experiencing spiritual distress or with specific faith or belief-related needs.

To support improvement, it is important to establish a clear baseline of current practice, while recognising both the strengths and the limitations of available data. EMIS can record use of the ***Just Ask*** spiritual care assessment tool and the number of documented chaplaincy contacts. However, it does not capture the quality or depth of spiritual encounters and emergency chaplaincy responses will continue to be recorded manually.

What do we want to achieve?

During 2026–2027, the chaplaincy service aims to improve the consistency and visibility of spiritual care at the end-of-life by:

- Ensuring spiritual needs are identified early and sensitively, in a way that is appropriate to each individual.
- Increasing staff confidence in using the ***Just Ask*** spiritual assessment tool as part of routine, holistic care.
- Supporting timely chaplaincy involvement, particularly for people experiencing spiritual distress or with specific faith or belief-related needs.
- Improving how spiritual care information is recorded and shared so that it informs MDT discussion and care planning.

These actions support delivery against the Key Performance Indicators (KPIs) set out in the Spiritual Care Policy and contribute to organisational assurance around compassionate, person-centred end-of-life care.

How will progress be monitored?

To understand current practice and support improvement, 2023–2024 will be used as the baseline year for spiritual screening, documentation and chaplaincy activity recorded on EMIS. EMIS data will be reviewed across:

- **2023–2024** – baseline year.
- **2024–2025** – following a change in chaplaincy leadership and more consistent EMIS recording.
- **2025–2026** – following the introduction of bespoke spiritual care training for patient-facing staff and systematic collection of pastoral volunteer visit notes from the In-Patient Unit (IPU).

This longitudinal review will help to identify whether changes in practice and education have influenced patterns of activity, including use of the ***Just Ask*** tool and referral to chaplaincy services.

Learning from this analysis will be used to identify further opportunities for improvement during 2026 – 2027 and beyond, with the aim of progressing towards the KPIs set out in the Spiritual Care Policy.

Clinical Effectiveness - Strengthening and Standardising Social Work Provision

How was the priority identified?

This priority was identified through operational review, stakeholder feedback and risks relating to the delivery of social work provision within Trinity Hospice. Service review highlighted a lack of clarity regarding the scope, responsibilities and boundaries of the social work role, particularly in relation to discharge processes and interface with wider health and social care systems.

A recent Social Work Action Plan has identified key gaps in governance, including the absence of a clearly defined Service Level Agreement (SLA), variation in practice due to limited standard operating procedures and unclear interfaces with clinical teams. Feedback and complaints relating to discharge communication further reinforced the need to strengthen and standardise the service.

What do we want to achieve?

The aim is to establish a clearly defined, sustainable and professionally robust social work service fully integrated within Trinity's model of care by:

- Developing and implementing standard operating procedures for key processes including referral, safeguarding, documentation and discharge planning.
- Establishing a formal SLA defining scope, responsibilities and governance.
- Clarifying roles and interfaces within the multidisciplinary team.
- Improving discharge co-ordination and patient/family experience.
- Strengthening governance, accountability and quality assurance.
- Enhancing staff understanding and appropriate utilisation of the service.

How will progress be monitored and reported?

Progress will be monitored through a structured governance framework aligned with Trinity's quality processes. This will include:

- Tracking delivery of Social Work Action Plan milestones (SLA, SoPs, MDT integration).
- Monitoring quality and safety indicators including safeguarding, discharge issues and complaints.
- Gathering feedback from staff, patients and families.
- Reviewing performance through formal SLA arrangements.
- Reporting progress through operational governance, quality forums and Quality Account reporting.

Clinical Effectiveness – Improving Efficiency and Reducing Duplication Through Digital Transformation and Smarter Working Practices

How was the priority identified?

The continued reliance on handwritten documentation, including the scanning of carbon copy notes into EMIS, has led to unnecessary duplication of effort. Staff feedback has drawn attention to inefficiencies within the current paper-based processes, while inconsistencies in documentation methods have been observed across the team. With rising demand for the service, there is a pressing need to adopt more efficient working practices that optimise clinical time. Furthermore, engagement with digital systems and collaboration with the Digital Transformation teams have revealed valuable opportunities to improve processes.

What do we want to achieve?

The aim is to minimise the dependence on handwritten records and remove unnecessary duplication, by adopting more efficient and streamlined documentation practices throughout the team. The intention is to enhance digital workflows, ensuring uniformity across systems, which will help improve staff productivity and decrease the amount of time spent on administrative duties. Additionally, these measures are designed to promote safer practice by providing clinical records that are clearer, legible and easily accessible.

How will progress be monitored and reported?

Progress will be monitored through a structured governance framework aligned with Trinity's quality processes including:

- Record keeping audit
- Feedback and discuss art business meetings
- Reporting into the Clinical Quality Improvement Group.

Patient Safety – Strengthening the Safe Transfer of Care and Sustaining the Quality of Clinical Decision Making

How was the priority identified?

This priority has been identified through ongoing clinical audits, incident reviews, learning from discharge-related events, staff feedback and Quality Account outcomes from 2025/26. While progress has been made, feedback highlighted the need to further strengthen discharge processes, ensure consistent staff competence and continue to embed robust clinical decision-making, including capacity assessments, across all stages of the patient journey.

What do we want to achieve?

We want to focus on strengthening safe and effective discharge planning and decision-making within the IPU by improving staff competence and confidence. Efforts will be made to embed high-quality Mental Capacity Act and best interest decision-making as integral elements of discharge and care planning. Enhancing staff education, support and leadership aims to ensure that practice remains consistent, person-centred and legally compliant. Additionally, promoting seamless multi-disciplinary collaboration will facilitate timely, safe and well-co-ordinated transitions of care.

How will progress be monitored and reported?

- Audit of discharge documentation and decision-making quality, including MCA considerations where applicable.
- Review of discharge-related incidents, complaints and themes through clinical governance structures.
- Staff feedback on confidence and competence in discharge processes and decision-making.
- Ongoing monitoring through Clinical Governance meetings, quality and safety reporting and escalation via the organisational risk register where required.

Clinical Effectiveness – Standardising Clinical Meetings – Fylde Coast Locality MDT; IPU/Community/LWS/Hospital Clinical Review Meetings; Caseload Reviews; Case Reflections

How was the priority identified?

Our internal reviews showed that different meetings were run and recorded in different ways. This made decisions slower and sometimes unclear, especially when people were moving between hospital, home, care home or the hospice. A single, easy-to-follow approach will help everyone understand decisions and act on them quickly.

What do we want to achieve?

To ensure clinical meetings across our services are effective, consistent, and centred on the needs of each individual, we aim to introduce a standardised approach. The following key principles underpin how these meetings will be structured and delivered, supporting clear communication, robust decision-making and ongoing learning. By adopting these measures, we aim to enhance the quality and safety of care provided, promote professional accountability and foster a collaborative environment where best practice is routinely shared and embedded.

- Every meeting has a clear purpose: topics for discussion, key decisions to be made and how these contribute to the individual's goals.
- All essential information is readily available, including care goals, current phase of illness and functional status (AKPS), main symptoms (using IPOS where appropriate), available options and risks and care preferences (ACP/ReSPECT).
- Meetings are scheduled regularly, with a named chair and deputy for each forum, ensuring the right people are present at the right time.
- Concise notes are recorded in EMIS, linking decisions to the person's goals and detailing the rationale, information shared with the individual or their family, assigned responsibilities with deadlines and the date for review.
- Safety measures are integrated, with clear prompts for escalating clinical risks, safeguarding concerns, or issues with access and flow, enabling swift removal of any barriers.
- Support is provided for meeting leads through concise, practical training and handy one-page guides outlining agendas, suggested wording for decisions and actions and cues for escalation.
- Learning from case reflections is actively fed back into routine meetings and service improvements, ensuring that practice evolves in response to new insights.
- For deaths, an exception-based check is carried out - recording the preferred place of death (PPD) and actual outcome, noting reasons if preferences were not met and identifying anyone who may benefit from early bereavement support.

How will progress be monitored and reported?

- Standards adoption and documentation completeness: more meetings (by forum) use the standard agenda/notes and record the required fields; improve from the Q1 baseline to an agreed Q4 target.
- Action reliability: more actions have a named owner and a due date and are tracked through to closure within agreed timescales.
- Clinical meetings guidance set (policy, procedure, templates) – creation and adoption: guidance created and approved; pilot use by Q2; at least 85% usage across forums by Q4; chairs/scribes trained (coverage improving from Q1 baseline).
- Annual report of reasons for PPD mismatch: a simple summary of why preferences could not be met and what we changed as a result.
- Annual report of themes from case reflections: the main lessons we learned and the changes made and shared across teams.

Patient Safety – Providing 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 current managers. Analysis highlighted a clear desire for career progression and more structured support to develop leadership capability across the organisation.

What do we want to achieve?

We will implement a structured, organisation-wide development programme to equip aspiring and current managers with the knowledge, skills and confidence to lead effectively.

This will include:

- Enhancing decision-making, strategic thinking and interpersonal leadership skills.
- Providing clear development pathways for aspiring leaders.
- Ensuring consistency of leadership capability across all services.
- Embedding leadership development into patient safety and quality improvement.

Collaboration with HR and the Learning and Research Department will ensure the programme is tailored to Trinity's needs and aligned with service priorities.

This programme will support:

- Stronger, more confident leadership.
- Improved team performance and engagement.
- A sustained culture of safety, quality, and continuous improvement in patient care.

How will progress be monitored and reported?

- Completion rates of development modules.
- Evaluation of leadership competencies through feedback and assessment.
- Staff survey results and participant feedback.
- Reported through existing performance, engagement and organisational metrics.

PART THREE

Looking Back: Improvement Priorities Identified in Our Quality Accounts 2025-26 and Progress Made

During 2025/26, 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 a week.
- 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 workers supporting discharge planning for the In-Patient Unit.
- Spiritual and holistic care and support provided by our chaplain.
- 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.

- Volunteers – all aspects of our services are supported by over 850 volunteers.

Looking back over 2025/26, our Quality Accounts demonstrate a wide-ranging commitment to providing comprehensive support services across the organisation.

Key highlights include therapy services aimed at promoting independence and facilitating effective discharge from the In-Patient Unit, along with social work and chaplaincy support that address both practical and holistic needs. There is a strong focus on education and research, evident in the provision of training placements for healthcare professionals, the co-ordination of educational events and the support for palliative care research. Notably, specialist services such as the Admiral Nursing partnership enhance support for those affected by dementia, while Brian House Children's Hospice offers respite and end-of-life care for young people and their families.

Our Quality Accounts also highlight the 24/7 palliative care advice helpline, which has been strengthened through targeted staff training, structured triage processes and regular quality reviews to ensure high standards of clinical documentation and patient support. Underpinning all of these services is a significant contribution from volunteers, indicating strong community engagement.

Clinical Effectiveness - Advice Line

Our aim was:

Our aim was to review and strengthen the 24-hour specialist palliative care advice line by providing staff training in triage and accurate clinical documentation, alongside implementing regular review of advice line calls to ensure quality, consistency and effective patient support.

What we did:

The 24-hour specialist palliative care advice line has been strengthened through triage training to improve staff assessment and decision-making, alongside implementation of a structured triage process. Ongoing collaboration with community services and regular call reviews support accurate signposting and prioritisation of patients most in need. Documentation standards have been enhanced to ensure clear, consistent records that support continuity of care.

What was the outcome:

As a result of this work, the specialist palliative care advice line continues to evolve with a clearer focus on providing specialist advice, providing effective documentation and timely review of patients and health professional calls.

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

Our aim was:

To understand and agree across Trinity who the 'seldom heard' communities are, maintain support and a consistent approach to each individual area.

What we did:

Work has continued in developing engagement with seldom heard groups, including local prisons, substance misuse (drug and alcohol) services, homeless services and community mental health teams. There has been a positive increase in engagement across services from these populations, demonstrating more efficient and targeted use of available resources. This has supported improved access to specialist palliative care for individuals within these groups.

Training has been delivered to staff to enhance understanding of drug and alcohol dependency and this has strengthened staff confidence and capability in responding to the complex needs of these patient cohorts.

Collaborative working with partner organisations has continued to develop, with improved understanding of local population needs enabling more effective partnership approaches and shared learning. In addition, virtual contact support has been introduced and progressed, with a clear plan now in place to further expand this offer and improve access to support for these groups.

What was the outcome:

The work completed to date has laid important foundations and development will continue to ensure equitable access and improved outcomes for seldom heard populations.

Patient Safety – Community Team, Prepared to Care

Our aim was:

Our objective was to enhance patient safety by ensuring a resilient and highly skilled clinical team capable of delivering specialist palliative care to a high standard.

What we did:

We enhanced the quality and robustness of the specialist palliative care teams through ongoing workforce development and service improvements. This involved staff pursuing Master's level specialist practitioner training in palliative care, achieving independent prescribing (V300) qualifications and a team member completing a development course to foster learning in specialist palliative care. Additionally, Hospice at Home staff further advanced their palliative care skills by undertaking a Palliative Care module at the University of Central Lancashire.

What was the outcome:

As a result of this work, the specialist palliative care workforce has been strengthened, enhancing capacity to support patients and healthcare professionals across the community. There has been a demonstrable increase in specialist knowledge, alongside the development of clinical management and leadership skills, contributing to improved decision-making, co-ordination of care and overall quality of service delivery.

Patient Experience – Community Team, Workforce

Our aim was:

To review of the current Hospice at Home and Community Palliative Care Team workforce through a workforce analysis with a focus on strengthening the team, and rebalancing the skill mix, to ensure safe and sustainable service delivery.

What we did:

As part of the comprehensive workforce review, the leadership team conducted a thorough assessment to identify ways to optimise and adjust the skills mix within the Hospice at Home and Community Palliative Care Team. Through this process, a notable initiative was introduced by reallocating a portion of Healthcare Assistant (HCA) hours to Registered Nurse positions. This change aimed to bolster the availability of skilled nursing support, particularly during overnight shifts, which are often more challenging in terms of staffing and complexity of patient needs. By increasing the presence of Registered Nurses during these hours, the team sought to ensure patients consistently receive expert, specialist care, regardless of the time of day. This approach not only supports a higher standard of clinical practice but also offers reassurance to patients and families who may require urgent or complex assistance during night-time periods.

Beyond the internal restructuring of workforce roles, the team placed a strong emphasis on fostering collaborative partnerships with external services, most notably the District Nursing Night Teams. This collaboration was formalised through a memorandum of understanding, which outlined shared commitments and protocols for working together. The partnership has proved instrumental in maintaining the resilience and sustainability of the service, allowing for greater flexibility and adaptability during times of fluctuating staffing levels or increased demand. By integrating the expertise and resources of both teams, continuity of care for patients has been markedly improved, with seamless transitions and mutual support ensuring that the highest standards of care are upheld. This joint working arrangement has been especially valuable during periods of reduced staffing, guaranteeing that patients continue to benefit from safe, responsive, and effective care even in challenging circumstances. The collaborative ethos has strengthened relationships across services, promoting an environment where patient-centred care remains the primary focus.

What was the outcome:

Overall, these initiatives have contributed to a more robust workforce structure and enhanced service delivery, ensuring that the organisation is well-equipped to meet the evolving needs of patients and their families. The combined effect of optimising skill mix and building collaborative partnerships has reinforced the team's ability to provide comprehensive, high-quality palliative care across the community.

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

Our aim was:

To optimise the use of EMIS to support safe, effective and co-ordinated care by improving clinical documentation, workflows, data quality, reporting, and staff capability, alongside progression to EMIS X.

What we did

Following the completion of a fixed-term EMIS development role, responsibilities have been integrated within the EMIS administration function and supported by the Governance Team. This has enabled continuity of oversight, development and support albeit with reduced capacity, with EMIS optimisation now embedded within routine system updates and ongoing support across clinical services.

This new structure has continued to support the development of new clinical templates, workflows and diaries to improve clinical effectiveness and management information. Oversight of EMIS has been maintained through the Clinical Quality Improvement Group, with continued routine monitoring through audit activity, KPI reporting and governance.

Refined clinical templates (eg service specific holistic assessment templates and task specific templates to record Safeguarding concerns) are now being used to better capture activity and support management information. Progressed diary and system functionality work developed and maintained Standard Operating Procedures for EMIS system administration and diary management to support consistent use across services.

What was the outcome:

Development of improved templates and integration into clinical workflows supported more structured recording and improved management information. Enhanced data capture and reporting capability. Stronger integration with clinical governance systems such as safeguarding. Increased organisational focus on digital optimisation. This work has strengthened the reliability, usability and governance of EMIS, supporting safer, more consistent clinical documentation and improved organisational oversight.

Although implementation of EMIS X has been delayed nationally, developments will be incorporated into routine system updates, ensuring continued progress in optimising EMIS and supporting safe, effective care.

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

Our aim was:

To strengthen the organisation's response to medical device and medication alerts, ensuring timely, consistent and well-governed processes that support patient safety, regulatory compliance and effective communication across services.

What we did:

Building on existing processes, we strengthened the policy, governance and operational arrangements for managing medical device and medication alerts. The Policy and Procedure for Dealing with Medical Device Alerts (E03) was reviewed and updated to align with MHRA, Central Alerting System and National Patient Safety Alert requirements.

A more consistent, centralised approach to alert management was embedded, with alerts received, triaged and co-ordinated through the clinical leads and the Governance Team. Processes were clarified and refined to ensure all alerts are reviewed promptly, with appropriate escalation for higher risk alerts and clear lines of responsibility for action.

Recording and reporting arrangements were strengthened to ensure a clear audit trail of alerts, actions taken and outcomes achieved, to provide organisational oversight.

Communication processes were also enhanced to ensure timely dissemination of alerts to clinical teams, including sharing through safety huddles and routine governance communication channels, supporting increased staff awareness and prompt action.

Operational processes were standardised to ensure consistent checking of stock, quarantine of affected products and appropriate disposal or replacement in line with pharmacy guidance.

What was the outcome:

A more consistent and reliable approach to managing medical device and medication alerts has been established across clinical services, supported by a centralised log, clearly defined processes and responsibilities.

Governance and organisational oversight have been strengthened, with improved visibility of alerts and actions through reporting to governance forums and the Board, providing assurance of compliance with national requirements.

Recording systems now provide a clearer and more robust audit trail, supporting monitoring, reporting and learning from recall activity.

Improvements to communication and escalation processes have supported more timely and co-ordinated responses to alerts, reducing potential risk to patients.

Overall, this work has strengthened organisational assurance that medical device and medication alerts are managed safely, consistently and in line with national standards, supporting ongoing improvement in patient safety.

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

Our aim was:

The aim was to support healthcare professionals from Trinity Hospice and NHS partner services to offer appropriate, confident and person-centred spiritual care to patients and their supporters at end-of-life.

This focused on improving understanding of patients' faiths, beliefs and worldviews so that spiritual care could be offered in ways that were respectful, sensitive and aligned with what matters most to individuals as life draws to its end.

A further intention was to help colleagues feel more at ease having conversations about belief, meaning and end-of-life wishes, recognising that staff confidence and reflection are key to delivering high-quality holistic care.

What we did:

During 2025/26, the chaplain developed and delivered *Voices of Care* in practice through a series of informal learning events entitled "Brewing Understanding: Faith, Belief and End-of-Life Care." These sessions were held during November, aligning with Inter Faith Week and were intentionally designed as conversational events over tea and coffee rather than formal teaching sessions.

Local faith and belief leaders were invited to speak directly with staff about their beliefs and end-of-life perspectives. Sessions were structured to explore the meaning of suffering, responses to suffering, how beliefs shape understanding of illness and dying, and the practical implications for rites, customs and care practices at end-of-life. Speakers were also invited to respond to Trinity's ***Just Ask*** spiritual care assessment questions, helping staff consider how spiritual needs might be explored respectfully in clinical conversations.

Sessions were planned covering Hinduism, Humanism, Islam, Christianity (from Protestant and Catholic perspectives), Buddhism and Jehovah's Witnesses. Due to lower than anticipated attendance and logistical constraints, the planned Jehovah's Witnesses and Hinduism sessions were not able to run, though all other sessions took place as scheduled.

Despite advertising the events internally and to external partners, no NHS colleagues attended the sessions delivered. Overall attendance was lower than hoped, reflecting the ongoing pressures on staff availability and clinical workload. However, the calibre of speakers across the sessions that did take place was consistently high and the subsequent questions and discussion were respectful, open and inclusive.

In parallel with the events themselves, chaplaincy has continued follow-up relationship-building work, including ongoing attendance at Blackpool Faith Forum meetings and social events, to strengthen links with local faith communities and support longer-term collaboration and mutual understanding.

What was the outcome?

Feedback from those who attended was consistently positive. Participants described the sessions as interesting, thought-provoking and helpful, particularly valuing the opportunity to hear directly from people with lived experience of particular faiths or belief systems in a non-confrontational setting. Discussion commonly focused on themes such as the meaning of suffering, how different traditions respond to suffering, the search for meaning at end-of-life, and the implications of belief for rites, customs and care practices.

Attendees reported that the sessions supported deeper reflection on how spiritual care can be offered sensitively and appropriately within clinical practice and several expressed a clear desire for the initiative to be run again or developed further.

A key learning point from the initiative was the challenge of engaging NHS colleagues in face-to-face educational events alongside existing service pressures. Despite promotion and advertising to NHS partners, no NHS colleagues were able to attend. This has highlighted the need to explore more flexible or integrated approaches in the future, such as alternative formats, different timing, or closer alignment with existing NHS education structures, to enable broader participation and shared learning.

Overall, while attendance numbers were limited, the initiative successfully piloted a model for faith and belief-focused learning, strengthened relationships with local faith communities and confirmed both the relevance of the topic and staff appetite for further development. The work has provided valuable learning to inform future planning and quality improvement in spiritual care education.

Patient Safety – Improving Access and Referral Processes into the In-Patient Unit

Our aim was:

The aim was to streamline and strengthen the IPU access and referral pathway to ensure safe, timely, and appropriate admissions.

What we did:

To enhance the admissions process and promote patient safety, several key actions were implemented. The admissions policy and discharge procedures for the In-Patient Unit were revised to reflect current best practices. The admissions multi-disciplinary team (MDT) meeting was strengthened by expanding participation to include referring teams, such as the Community and Hospital Palliative Care Teams, which improved communication and collaboration. Additionally, the referral form was redesigned to provide more consistent and higher-quality clinical information, supporting more informed and timely decision-making. A standardised escalation pathway was introduced within the referral and admissions process to ensure safe and appropriate admissions, especially in complex or urgent cases. Together, these measures streamlined the pathway and fostered a safer, more effective admissions experience for patients.

What was the outcome:

Audit follow-up actions were implemented, strengthening the admissions pathway and admissions meeting processes to support more consistent triage and decision-making.

Clinical Effectiveness – Increasing IPU Bed Occupancy

Our aim was:

To improve clinical effectiveness by increasing average inpatient bed occupancy to at least 86%, with an optimal operating range of 86% – 100% across our 14-bed Inpatient Unit. This was intended to ensure timely access to specialist palliative inpatient care, maximise use of available resources, and support safe and responsive admissions for patients with complex needs, while remaining aligned to safe staffing levels following the implementation of the IPU Change Programme.

What we did:

To support improved bed occupancy and patient flow, we undertook a range of operational and clinical actions across the year. These included strengthening referral and triage processes through closer cross-service working with Community and Hospital teams, including joint discussions and visits where appropriate. Daily multi-disciplinary team meetings were used more effectively to apply clinical judgement in anticipating bed availability, taking account of expected discharges and end-of-life care needs.

We reviewed and improved communication with referrers to provide clearer visibility of inpatient capacity and admission criteria, supporting more timely and appropriate referrals. Alongside this, a stronger focus was placed on proactive discharge planning from the point of admission, to reduce avoidable delays and maintain patient flow through the unit.

This work was closely aligned with the IPU Change Programme, ensuring that occupancy improvement was delivered in parallel with safer staffing structures and a more flexible workforce model to support fluctuations in patient acuity and demand.

What was the outcome:

As a result of this work IPU has developed a more proactive and clinically informed approach to managing bed capacity and patient flow. Co-ordination between services improved, with clearer referral pathways and more effective communication about bed availability. The use of daily MDT discussions strengthened decision-making, supporting more timely admissions and discharges where clinically appropriate.

Although overall bed occupancy remained below the long-term optimal target at times (average occupancy of 10 beds) due to workforce constraints and service pressures, the groundwork was established for sustained improvement. Importantly, the IPU has increased to 12 bed capacity in May 2026 and will look to increase this as a phased approach to 14 beds in the near future.

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

Our aim was:

To strengthen clinical effectiveness on the In-Patient Unit (IPU) by embedding intentional rounding into daily practice and improving compliance, confidence and consistency in the application of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The intention was to enhance proactive patient care, reduce avoidable harm and ensure that capacity assessments and best interest decisions were robust, timely and well documented.

What we did:

Throughout 2025/26, we implemented intentional rounding within the IPU, accompanied by ongoing staff involvement, guidance and documentation tools to encourage systematic and proactive patient checks. We trialled two different tools and selected the one best suited to our patients' needs. This method was integrated into everyday care to enhance comfort, safety, communication and the early detection of any issues.

To further improve MCA and DoLS practices, we provided targeted staff training, clearer guidance on when and how to carry out capacity assessments and reinforced expectations for documentation and best interest decisions. We developed tools and prompts to assist staff in completing thorough MCA and DoLS assessments, making sure these considerations were regularly discussed during multi-disciplinary meetings and incorporated into clinical decision-making.

Progress was monitored through reviewing records, gathering feedback from staff, and discussions within established clinical governance and risk management forums.

What was the outcome:

Intentional rounding became an established part of IPU practice, supporting more consistent patient observations, improved communication and a more proactive approach to care. Audits demonstrated improved completion and quality of intentional rounding records.

Staff confidence and awareness in relation to MCA and DoLS improved, supported by clearer processes and training. Documentation quality showed improvement, with more consistent recording of capacity assessments and best interest decisions. MCA and DoLS considerations were more routinely embedded into MDT discussions, supporting lawful, person-centred decision-making and improved governance oversight.

Clinical Effectiveness and Patient Experience - Improving Generalist End-of-Life and Palliative Care in Identified Underperforming Ward Areas within Blackpool Victoria Hospital

Our aim was:

Our objectives were to boost the confidence of healthcare professionals across ward areas in providing generalist end-of-life care, recognising that a knowledgeable and self-assured workforce is essential for delivering high-quality support to patients nearing the end-of-life. By equipping staff with the necessary skills and training, we aimed to reduce the frequency of complaints and incidents associated with end-of-life care, ensuring that patients' needs are met with sensitivity and competence. Furthermore, we sought to enhance overall patient and family satisfaction by fostering a culture of compassionate, person-centred care, where communication is clear and families feel included and supported throughout the process. These aims were underpinned by targeted education and ongoing evaluation, which helped us identify areas for improvement and measure progress in confidence, practice and patient experience across the organisation.

What we did:

The need for improvement was identified through a combination of high referral rates, incident reports, complaints and staff feedback indicating a lack of confidence in providing end-of-life care.

In response, we delivered targeted education on end-of-life care across wards within Blackpool Victoria Hospital and successfully trained over 900 staff in generalist end-of-life care.

We also introduced fortnightly teaching sessions in the Emergency Department as part of staff safety days, guided by our in-reach work and active presence within the department.

End-of-life care education was also extended to care homes throughout the Fylde Coast. Since November 2025, we have delivered teaching in 16 care homes, reaching over 100 staff members.

The End-of-Life Study Day was revised to follow a competency-based model and the associated podcasts were updated and made available to all staff. These changes are intended to improve knowledge, skills and confidence across the workforce, with their impact being monitored through ongoing evaluation.

What was the outcome:

- Over 900 staff trained in end-of-life care, significantly increasing organisational reach and engagement.
- Improved staff confidence and competence in delivering generalist end-of-life care (based on evaluation feedback).
- Pre-teaching evaluations in care homes highlighted that 37% of participants were not confident managing end-of-life symptoms, increasing to 80% reporting confidence following teaching.
- Qualitative feedback highlighted improved understanding, reassurance and perceived support from palliative care services.
- Strengthened relationships with clinical areas, such as A&E, supporting ongoing education and improvement in patient care.

Clinical Effectiveness – Brian House, Transition of Children Into Adulthood

Our aim was:

Enable a good transition into adulthood for young people with life-limiting and life-threatening conditions and helping young people develop the knowledge and skills to manage their health condition as they move into adulthood.

What we did:

We established a structured and personalised process for transition planning, tailoring care plans to the specific needs and circumstances of each young person. Key tools were introduced to support the transition, such as the Ready Steady Go Framework, which assesses transition readiness and fosters independence; hospital passports to promote effective communication and continuity of care; and annual health checks integrated into routine reviews. In addition, we encouraged greater engagement and independence among young people by supporting active involvement in care planning and decision-making and by promoting autonomy, for example, helping them to complete documentation and express their preferences. Co-production approaches were adopted, meaning young people were actively involved in shaping services, including the design of a new space specifically for adolescents.

We enhanced collaboration across agencies, working in partnership with paediatricians, dietitians, and psychological services to offer holistic care to each young person. Comprehensive staff training was delivered on transition principles, the Mental Capacity Act, consent and best interest decision-making. Family participation was strengthened, ensuring that families played an active role in transition planning and received emotional support throughout the process. Furthermore, national frameworks and legislation were incorporated into all aspects of practice, including NICE NG43, the Care Act 2014, the Mental Capacity Act 2005 and Together for Short Lives guidance.

What was the outcome:

Young people demonstrated increased confidence, independence, and engagement in their own care, actively participating in decision-making and expressing their preferences. Clinical outcomes were enhanced, with health indicators remaining stable and, in some instances, improving. The introduction of hospital passports and strengthened multi-agency collaboration contributed to improved continuity and safety of care.

Staff members reported greater confidence and competence in managing transitions, resulting in more inclusive and person-centred care planning and families felt more involved and supported, with feedback revealing improved engagement throughout the transition process. The creation of age-appropriate environments and services, including progress towards establishing a dedicated adolescent space, further promoted young people's wellbeing, independence and sense of belonging. Overall, there is clear evidence of the effective implementation of national best practice frameworks, demonstrating a robust, compliant, and continually evolving transition model.

Patient Experience – Brian House, Bereavement Services

Our aim was:

Our objective was to strengthen bereavement services by providing families with personalised, practical, and emotional support throughout the grieving process. Guidance and care are offered before and after a child’s death to help families prepare and cope with loss. We create a safe environment with regular support groups, such as the Butterfly Group, where families can share

and process grief together. Memory-making activities, keepsakes, anniversary cards and practical funeral support address varied needs, while sibling bereavement pathways and dedicated events ensure support for all family members. We embed co-production by actively involving bereaved parents in shaping training and services and participation in conferences like “Together in Grief” enhances our understanding and practice. By listening to feedback, we continually refine our approach, guaranteeing families receive holistic support at every stage.

We plan to review and improve our career and education framework, clarifying pathways for professional development in bereavement services. Training programmes will be updated to reflect best practices, incorporate lived experience and ensure all staff are trained in anticipatory grief, cultural sensitivity, communication and resilience-building. Access to conferences and collaborative learning will foster continuous improvement. The revised framework will support clear career progression, equip staff to meet the evolving needs of those experiencing loss and maintain high standards of care for families.

What we did:

We established and facilitated bereavement support groups, such as the Butterfly Group, which provided regular opportunities for families to come together, share experiences, and process grief within a safe and supportive environment. Feedback from bereaved parents was actively sought and used to inform service improvements and set priorities, ensuring that lived experience shaped our approach. A range of bereavement support initiatives were developed, including memory-making activities and keepsakes, anniversary cards and recognition, practical guidance and support for funerals, as well as sibling bereavement pathways and dedicated activities such as Butterfly Sibling Days. Additionally, the “Together in Grief” conference was delivered, bringing professionals and individuals with lived experience together to enhance understanding of bereavement, covering key areas such as anticipatory grief, cultural perspectives, communication, and resilience-building activities for children. Co-production and lived experience were embedded into education and service development, enabling bereaved parents to contribute directly to the shaping of training and services. Multi-agency collaboration and networking were strengthened, raising awareness of available support services and referral pathways. Workforce development was supported through training, reflective practice and engagement with national guidance, aligning closely with the RCN career and education framework.

What was the outcome:

Families found a safe and supportive environment to process their grief, with feedback highlighting the openness and shared understanding that helped them feel less isolated. Engagement and satisfaction among families increased, as parents played an active role in shaping services and felt their voices were genuinely valued. Bereavement support pathways were enhanced, providing practical, emotional, and peer support throughout the grieving process. Staff became more confident and skilled in supporting bereaved families, particularly in communication and responding to grief, and the quality of care improved through learning from lived experience, with staff reporting that hearing from bereaved parents influenced their practice. Training and conferences were well received for being informative, engaging and relevant, boosting staff confidence in supporting families. Collaboration and understanding across services were also strengthened, improving co-ordination and holistic support for families. Furthermore, a foundation was laid for ongoing workforce development, supporting safe, effective, and accountable practice in accordance with national standards.

Patient Safety – Brian House, improving communication

Our aim was:

To enhance patient safety and care, we introduced a tool for communicating distress signals in children with limited communication abilities, ensuring their needs and discomfort are recognised promptly and appropriately. We have also worked to make healthcare more accessible and child-centred for children with learning disabilities, providing professionals with essential information regarding each child's needs, preferences and unique communication styles. In addition, transcribing procedures are regularly reviewed and updated to comply with legal requirements and reflect best practices in medication management. Our commitment to psychological safety is demonstrated by promoting a culture where staff feel empowered to raise concerns openly and without fear of reprisal. We have established an effective incident management and reporting system to support learning and continuous improvement. To further support symptom recognition and management, especially for children at the end-of-life, we developed and implemented a SPAR booklet as a practical resource for staff and families.

What we did:

We launched staff training to enhance the recognition, documentation and response to distress and discomfort in children with complex communication needs, improving the ability to identify non-verbal cues. In addition, we introduced hospital passports for all children of transition age, ensuring that care is accessible and child-centred by enabling effective communication of each child's needs, risks and preferences across services.

We also strengthened medication safety systems, including a comprehensive review of transcribing practice, including:

- Developed a transcribing policy aligned to national guidance.
- Ensured only registered nurses transcribe medications.
- Embedded mandatory competency frameworks.
- Completed weekly pharmacy audit and structured feedback mechanisms.
- Completed PSIRF-informed thematic reviews, introducing further safety controls such as checklists and protocol updates.

We then completed a full transcribing risk assessment review in March 2026, implementing additional mitigation measures and strengthening governance oversight.

Incident reporting and management systems were strengthen which ensured that:

- Incidents and near misses were consistently reported.
- Learning was shared through team meetings and thematic reviews.
- Proportionate review and oversight of incidents.

And we promoted a culture of psychological safety and just culture, supported by:

- Having open discussions of incidents and learning.
- Encouraging staff to raise concerns.
- Leadership visibility and responsiveness to feedback.

Finally we used findings from the Birdsong Survey 2025 to better understand staff experiences of safety culture, including confidence in raising concerns, perceived support from managers and

communication across teams, which informed the development and implementation of a targeted Brian House Birdsong Action Plan to address identified priorities.

What was the outcome:

Team members became more adept at recognising distress in children, leading to earlier interventions and more tailored care, particularly for those with limited communication abilities. The introduction of hospital passports and improved communication ensured children with additional needs received consistent, accessible and child-centred support. Medication safety was enhanced through better governance and clearer processes, significantly lowering transcribing risk. Incident reporting and learning systems were refined, enabling clearer identification of issues and more effective action to prevent recurrence. Feedback from the Birdsong Survey demonstrated progress in fostering a positive safety culture, with staff feeling more supported, confident to raise concerns and experiencing stronger psychological safety and engagement within the team.

Patient Safety/Clinical Effectiveness – IPU Cold Room Project

Our aim was:

To improve patient safety, dignity and clinical effectiveness in the care, management and transfer of the deceased within the In-Patient Unit. Building on earlier phases of the IPU Cold Room Project, this work sought to further reduce operational reliance on the Cold Room, enhance efficiency and consistency in care of the deceased and strengthen governance, documentation and policy in line with best practice and national recommendations.

In parallel, the project aimed to ensure the IPU was operationally resilient and able to safely manage periods where the Cold Room may be out of use.

What we did:

During this phase, the scope of the original Cold Room and Bereavement Suite project was reviewed and intentionally broadened. The work evolved into a wider Care of the Deceased Quality Improvement Group, shifting focus away from refurbishment alone and towards safer systems, improved operational efficiency, clearer documentation and strengthened policy, informed by learning from the Fuller Report and broader sector best practice.

As part of contingency planning and to support resilience should the Cold Room be unavailable, the IPU procured two additional cooling blankets, including one bariatric-sized blanket, ensuring care provision is inclusive and responsive to patient needs. This enhanced the unit's ability to safely care for the deceased without reliance on Cold Room storage and supported timely transfer to funeral directors.

Operational processes for the management and collection of the deceased were reviewed and refined, with particular attention to handover arrangements with funeral directors, timeliness of collection and clarity of roles and responsibilities. Governance arrangements were strengthened by introducing three methods of identification in the Cold Room. This included wristbands, bed signs and a whiteboard with patient details on.

What was the outcome:

This programme of work resulted in a more robust, system-wide approach to the care of the deceased on the IPU. The establishment of the Care of the Deceased Quality Improvement

Group provided clearer governance, improved oversight and a consistent forum for embedding best practice, policy development and continuous improvement. Operational reliance on the Cold Room was reduced, improving flexibility, safety and resilience.

The procurement of additional cooling blankets strengthened contingency arrangements and ensured inclusive care for all patients, including those with bariatric needs. Processes for the management and transfer of the deceased became more efficient and reliable, supporting both patient dignity and staff confidence.

While refurbishment of the Cold Room and Bereavement Suite remains an important priority, particularly from an infection prevention and control perspective to ensure a more clinical, safe and easily cleanable environment, this has been appropriately phased. Subject to planning and approval, refurbishment work is now anticipated to be undertaken in 2026/27 – 2027/28, ensuring it is delivered at a time when operational and clinical risks can be fully mitigated.

Patient Safety – Developing Management and Leadership Capability to Support Safe and Effective Care

Our aim was:

To strengthen leadership capability across Trinity by enhancing management and leadership skills, ensuring staff were supported to lead teams effectively and contribute to high-quality, safe patient care.

What we did:

Continued investment in leadership and management development was prioritised across both clinical and non-clinical teams, encompassing formal qualifications and structured programmes. Staff were actively encouraged and supported to undertake leadership development, including participation in Level 7 Strategic Leadership programmes. In partnership with WorkNest, a structured management training programme was introduced during the year, focusing on essential management skills such as performance management, managing difficult conversations, absence management and handling disciplinary and grievance procedures. Targeted training was delivered to managers on disciplinary processes, conducting investigations and hearings, thereby strengthening consistency, confidence and compliance with best practice and employment law. Staff development was firmly embedded within governance frameworks, ensuring that training was linked to patient safety, quality improvement and organisational priorities. Furthermore, broader workforce initiatives were expanded, including Advanced Clinical Practitioner development, Nurse Associate programmes as well as cross-team skills development supporting a well-rounded and capable workforce.

What was the outcome:

Staff reported a high level of satisfaction with both the development opportunities available and the organisational culture. Leadership was described as supportive, visible, and effective, with team members feeling actively involved in shaping organisational development. Managers showed greater confidence and consistency in addressing employee relations issues, including investigations and disciplinary processes, which not only reduced organisational risk but also improved governance. The strengthening of leadership capability fostered a culture centred on safety, quality improvement and effective change management throughout our services. Additionally, the organisation's continued Investors in People Gold accreditation stood as a testament to its strong commitment to leadership and people development.

Clinical Effectiveness - OACC (Outcome Assessment and Complexity Collaborative) Pilot

Our aim was:

To embed structured outcome and complexity measures to support consistent assessment of need and distress, improve communication within and between teams and strengthen how we evidence effectiveness across services.

What we did:

The AKPS and Phase of Illness (POI) templates have been integrated into new patient documentation tailored to specific settings. These tools are now routinely employed in the In-Patient Unit (IPU) during handover procedures, reflected in both the handover documentation and during the IPU Clinical Review Meeting. Additionally, the newly introduced “IPU Holistic Assessment – Medical” template contains placeholders for IPOS, facilitating its future implementation. While IPOS is consistently used in Living Well Services, it has yet to become standard practice within the IPU, Hospital and Community services. Progress is ongoing to establish the routine use of AKPS and POI in a forthcoming Community Clinical Review Meetings currently under development.

What was the outcome:

AKPS and POI have become routine measures within IPU handover procedures and IPU MDT discussions, fostering a more consistent and shared understanding of patient phase and function. In addition, readiness work has been completed to facilitate the future rollout of IPOS, with placeholders incorporated into the “IPU Holistic Assessment – Medical” template. IPOS is already firmly established in Living Well Services practice.

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 role (ACP).
- 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 2025 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 FOUR

REVIEW OF QUALITY PERFORMANCE

In-Patient Unit Service	2021/22	2022/23	2023/24	2024/25	2025/26
Total number of new admissions	351	390	351	346	340
Total number of admissions	374	414	362	356	352
% Bed occupancy	70%	84%	76%	87%	72%
Number of patients discharged	86	110	63	51	76
Number of deceased patients	289	299	304	289	276

Clinical Nurse Specialist Team Community	2021/22	2022/23	2023/24	2024/25	2025/26
Total number of patients referred	1113	1564	1748	1828	2068
% of patients with a non-malignant disease	18%	17%	20%	24%	27%
% of patients who died outside hospital	98%	96%	94%	92%	93%
% of patients that died in stated PPD	86%	80%	85%	84%	80%

Clinical Nurse Specialist Hospital	2021/22	2022/23	2023/24	2024/25	2025/26
Total number of patients referred	1593	1932	2058	2259	2326
% of patients with a non-malignant disease	47%	55%	60%	56%	50%
Number of patients discharged	874	1033	1143	1051	1241
Number of deaths in hospital	509	711	692	731	730

Lymphoedema Service	2021/22	2022/23	2023/24	2024/25	2025/26
Total number of new referrals	261	242	395	337	438
Monthly case load number	257	242	244	226	310
% of non-attendance for booked appointments	8%	6%	8%	7%	5%

Hospice at Home	2021/22	2022/23	2023/24	2024/25	2025/26
Total number of patients referred	1075	1157	1158	1131	1283
Face to face contacts	4279	3553	4234	3891	3808
Telephone advice	1251	2835	1417	2591	3058
% with non-malignant diagnosis	42%	45%	45%	49%	47%

Our Participation in Clinical Audit

We use clinical audit to help us check and improve the care we provide at Trinity Hospice and Palliative Care Services. This means regularly reviewing our work to make sure it meets agreed standards and good practice.

When we identify areas for improvement, we create action plans to make changes . We then repeat the audit to check that these changes have made a positive difference for patients.

Improving care is part of everything we do, especially in keeping patients safe, ensuring a good experience and providing effective treatment. This helps us meet the standards set by the Care Quality Commission (CQC).

Our Clinical Audit Group, made up of staff from across our services, meets every three months to review audit findings. This information is shared with our wider governance groups to ensure learning and improvements are carried forward across the organisation.

"Iwantgreatcare"

What Do Patients Say About Us?

Each department regularly reviews its service by gathering feedback from patients, families and carers. This includes comments from iWantGreatCare, thankyou cards, letters and learning from complaints, helping us to continually improve our care. In 2025 - 26 we received feedback from 574 people across the Trinity Services.

Brian House – a total of 35 'iwantgreatcare' feedback forms completed during 2025-26.	
How likely are you to recommend our services?	**100%**
A selection of the comments received: • ****'s mother said that **** loves coming to Brian House and really enjoys being out in the fresh air and going on any trips. She trusts staff one million percent. • The patient stayed for three nights last week at Brian House. He really enjoyed playing in the sensory room. Mum is grateful for the care Brian House staff gave the patient and his stay enabling her to spend time with her other children. • The patient had a two-night short stay recently at Brian House. The staff took great care of her and she loved being taken to the zoo and amusement arcade. Mum thinks the Brian House service is amazing. Thank you. • The patient had a four-night short stay at Brian House recently. He really enjoyed his stay there as usual and loved the attention the caring staff gave him. Mum managed to catch up with some sleep, without worrying about the patient's seizures. • The patient stayed at Brian House recently. Her stay was for one night and she really enjoyed playing in the sensory room with the staff there. Her stay gave Mum a night's uninterrupted sleep. Thank you.	

Community Clinical Nurse Specialist Team – a total of 143 'iwantgreatcare' feedback forms completed during 2025-26.	
How likely are you to recommend our services?	**100%**

A selection of the comments received:

- Thank you for all your support and kindness. Never thought we could manage at home. Your support was wonderful.
- The kindness, professionalism and total attention to individual needs are exemplary. I cannot thank all the nurses involved for their care enough. They are worth their weight in gold.
- **** was very helpful and gave some good advice about pain management. She also took the time to listen and to explain things in an understandable way.
- Thank you so much for looking after my husband during this illness. You supported both of us during a difficult time. Always treating him with respect, dignity, compassion and at times humour (which was much needed). You do a fantastic job.
- **** and **** were extremely attentive, they explained everything to the patient and the patient's family member. They were so polite and courteous. They could not have been more pleasant. They went above and beyond in the duty of care.

Hospice at Home – a total of 51 'iwantgreatcare' feedback forms completed during 2025-26.	
How likely are you to recommend our services?	**100%**

A selection of the comments received:

- I cannot thank or praise you all enough – absolutely wonderful. The last few weeks you listened, cared and you are all amazing.
- Providing support during the night popping in due to living alone and being in a hospital bed. Chasing up Package of Care and assessing for pain relief.
- Thank you **** for all the support shown to the patient and the patient's family member. Thank you for looking after her right at the end. You made a traumatic experience more bearable.
- Felt very well supported at night, knowing the Hospice at Home team is at the end of the phone.
- If I had a million pounds it would never be enough as I am so grateful and the nurses were wonderful at the end. Everything treated with dignity. Thank you.

In-Patient Unit – a total of 111 'iwantgreatcare' feedback forms completed during 2025-26.	
How likely are you to recommend our services?	**100%**

A selection of the comments received:

- Everything was dignified and kept my dad positive throughout the whole awful experience of his deterioration. Always smiling, but straight with informative answers when requested.
- My dad has received gold standard of care. From arrival at the hospice both my dad and myself were treated with kindness, dignity and respect. My dad was welcomed by all the staff and a doctor gave a full assessment to him shortly after he was brought to his room. Every single member of staff is amazing. All our needs were addressed and don't feel there

was anything that could have been done better. Trinity Hospice has been a blessing for our family and we are truly grateful.

- All the staff go above and beyond to make sure patients and families feel cared for and at such a difficult time, this has been much appreciated. Nothing is ever too much trouble and they think of lots of different things to make sure everyone is comfortable and supported. We feel grateful for all the staff and volunteers at Trinity who provide a much-needed service.
- I felt safe and secure at all times and was kept fully informed as to what was going on. I felt comfortable that the end would be completely as I wanted it to be. The staff were caring at all times.
- Outstanding care and empathy for my mum.

Linden Centre Counselling and Support – a total of 62 'iwantgreatcare' feedback forms completed during 2025-26.	
How likely are you to recommend our services?	**100%**

A selection of the comments received:

- Fantastic counselling felt I was listened to and helped me.
- I truly did not know what to expect when I came for first session of bereavement counselling and was nervous/anxious. Straight away **** made the patient feel comfortable and supported. Throughout all the sessions I felt listened to and understood. **** helped me so much to understand my feelings. I really cannot thank her enough; you run an amazing service.
- Made welcome, felt relaxed, didn't feel under any pressure. Counsellor very informative and understanding. Good ambience and great surroundings.
- Having a safe space to unload, share, release personal problems difficulties, challenges, disappointments to someone trained to listen to care, be non- judgemental and compassionate knowing that whatever you share is confidential helps to unburden oneself. I am very grateful for the referral and the opportunity to use this service.
- The care and support I am receiving from Trinity Hospice is wonderful. All staff are so helpful. **** was so caring, kind, understanding and an excellent listener.

Lymphoedema – a total of 42 'iwantgreatcare' feedback forms completed during 2025-36.	
How likely are you to recommend our services?	**100%**

A selection of the comments received:

- I have been really satisfied on my every visit to the clinic. I really look forward to going, which is not usual for me. All staff are excellent in what they do.
- Staff were very kind and welcoming. Listened to how the patient and family have got on since last appointment and tailored care appropriately.
- An open and professional consultation. As well as the assessment and product review, we were able to share information in a friendly and mutually helpful manner. Very knowledgeable and supportive clinic.
- Everyone who looked after me was very professional and caring. They could not have been any more helpful and the end results were excellent. Thank you all.
- I was listened to so important in any patient journey. I was involved in decision making. I was treated as a part of the care. I understood my role in the care and treatment of my Lymphedema, **** and **** have been absolutely amazing, caring and professional.

Virtual Ward – a total of 73 'iwantgreatcare' feedback forms completed during 2025-26.	
How likely are you to recommend our services?	**100%**
A selection of the comments received: • Very grateful for the exceptional care, kindness and support provided to my husband, myself and my family. • Felt well supported by the virtual ward. Knowing my nan passed away at home where she wanted gave me peace of mind. • I can't express how much you have all helped from the beginning to the end. Thank you all. I could not have managed without your help. • So grateful that the patient got to stay at home with all the support from the Virtual Ward and the carers. Thank you so much for enabling this. The patient really did not want to die in the hospital, glad he died at home. • Felt very well supported by the staff on virtual ward. Always on the end of the phone when needed anything. So grateful for this wonderful service.	

Living Well – a total of 63 'iwantgreatcare' feedback forms completed during 2025-26.	
How likely are you to recommend our services?	**100%**
A selection of the comments received: • I have looked forward to every session as it has helped me so much to relax and find my own space. • **** was very kind and professional. I was shown around the hospice I received the correct information about care and treatment and was given full information about groups. • Open, honest, friendly, welcoming, informative. Helps to guide patients and carers through extremely tough times. • All staff of Trinity are more than helpful kind treat all with dignity and respect and excellently caring thanks to all staff. • Very happy with the service, seen on time, everything explained properly.	

Using Patient Feedback to Improve Care

In 2025 – 26, Trinity Hospice commissioned an independent review through Healthwatch Blackpool to gather feedback from patients, families, carers, volunteers and supporters across our services. Feedback was collected through surveys, online engagement and conversations with patients receiving care both in the hospice and in the community. This provided valuable independent insight into how well we are delivering our mission to provide exceptional hospice care across the Fylde Coast.

The report was overwhelmingly positive, highlighting the high quality of care, strong communication, and the dedication of our staff. It also identified areas for further improvement, including strengthening how feedback is collected and shared, increasing awareness and education around end-of-life care, and continuing to improve collaboration with hospital and community services to support smoother patient transitions.

This work supports our commitment to listening, learning and continuously improving care, ensuring our services are shaped by the people who use them. A summary of the report is available here.

Patient Safety

Patient safety is at the heart of everything we do at Trinity Hospice. We promote an open reporting culture, recognising that keeping patients safe is everyone's responsibility. We are committed to being open and honest (Duty of Candour) and will always involve patients and families if something goes wrong.

We follow the Patient Safety Incident Response Framework (PSIRF), which is now embedded in our processes, to ensure we learn from incidents and continue to improve the care we provide.

PART FIVE

Lancashire and South Cumbria Integrated Care Board

Lancashire and South Cumbria
Integrated Care Board

Level 3, Christ Church Precinct
County Hall
Fishergate Hill
Preston
PR1 8XB

Tel: 0300 373 3550
www.lancashireandsouthcumbria.icb.nhs.uk

16 July 2026

To:
David Houston
Chief Executive
Trinity Hospice, Blackpool

Re: Trinity Hospice Quality Account 2025/26 – Stakeholder Feedback
Lancashire and South Cumbria Integrated Care Board

Lancashire and South Cumbria Integrated Care Board (LSCICB) welcomes the opportunity to review the Trinity Hospice and Brian House Quality Account 2025/26, and to provide this statement as a commissioner of services. LSCICB recognises the significant contribution Trinity Hospice makes to the wider health and care system through its specialist inpatient, community, hospital, hospice at home, living well, bereavement and education services. The hospice continues to offer key provision to the local population and plays an important role in enabling patients and their loved ones to receive compassionate and person-centred care.

The Account provides evidence of a strong organisational culture focused on dignity, compassion, safety, learning and continuous improvement, underpinned by robust governance arrangements and clear strategic priorities. This is further enhanced by Trinity's ongoing commitment to reporting comprehensively in respect of quality and LSCICB appreciates the richness of detail provided.

LSCICB wishes to recognise the strength of commitment reflected within the Chief Executive's statement. The emphasis placed on delivering truly holistic care is particularly evident, with a clear focus not only on clinical care but also on meeting the psychological, social, emotional and spiritual needs of patients and their loved ones. This whole-person approach remains a defining characteristic of high-quality hospice care and is clearly embedded throughout the organisation's vision and service delivery.

We commend several areas of good practice highlighted within the report, these include:

- The development and strengthening of the 24-hour Specialist Palliative Care Advice Line, supporting timely clinical decision-making and access to specialist advice.
- The extensive education and training offer delivered across the health and care system, including training over 900 healthcare professionals in generalist end-of-life care.
- Continued work to improve access to services for seldom heard and underserved communities, helping address health inequalities and improve equity of access.
- The implementation and embedding of the Patient Safety Incident Response Framework (PSIRF), demonstrating a commitment to a learning culture and continual improvement in patient safety.
- The excellent feedback received from patients, families and carers across all service areas, with consistently high levels of recommendation and positive experiences reported.
- The ongoing development of innovative services supporting people to remain in their usual place of residence wherever possible, including Hospice at Home, Virtual Ward and Living Well services.

LSCICB also wishes to acknowledge the outstanding work undertaken by Brian House Children's Hospice. We particularly recognise:

- The development of The Bridge adolescent hub and the continued focus on supporting young people transitioning into adulthood.
- The comprehensive bereavement support provided to children, siblings and families.
- The strong collaborative partnerships with paediatric, neonatal, oncology and community services.
- The commitment to involving young people and families in care planning and service development.
- The focus on improving communication, consent, Mental Capacity Act application and patient safety for children with complex needs.

LSCICB particularly welcomes the structured and transparent approach adopted in setting out the organisation's quality improvement priorities for 2026/27. Each priority is supported by a clear description of how the need for improvement was identified, the intended outcomes, the actions planned to achieve those outcomes, and the arrangements for monitoring, evaluating and reporting progress. This demonstrates a mature approach to quality improvement and organisational learning and offers confidence that priorities are informed by patient experience, incidents, audits and service evaluation, and supported by appropriate governance arrangements to ensure effective oversight and delivery. Similarly, the progress reported against the priorities identified in 2025/26 demonstrates a clear commitment to reviewing impact and sustaining improvement over time.

LSCICB welcomes the openness demonstrated by Trinity Hospice and Brian House in identifying areas where further development is required. The willingness to reflect honestly on challenges, alongside the establishment of clear plans for improvement, is an important component of accountability. As these programmes of work continue to mature, we would welcome further assurance regarding the measurable impact and sustainability of improvement activity, particularly in relation to reducing health inequalities, embedding effective transition arrangements within Brian House, workforce and leadership sustainability, patient and public involvement, and the progression of digital transformation and data maturity.

We recognise that the purpose of a Quality Account is not solely to celebrate achievement, but also to provide transparent reflection on areas requiring further development. It is essential that providers can demonstrate effective response to emerging risks, addressing inequalities, developing their workforce and ensuring long-term sustainability. The transparent and reflective nature of this Quality Account provides confidence that Trinity Hospice and Brian House remain committed to these objectives.

Evident and strong collaboration demonstrated by the Board of Trustees and Executive Team with local system partners encourages continued investment in key relationships, which supports services to remain responsive, sustainable and capable of meeting the evolving needs of the local population.

LSCICB would like to thank Trinity and Brian House Children's Hospice for the opportunity to review and comment on this Quality Account and recognise the considerable work undertaken by staff, volunteers, leaders and trustees in delivering and continuously improving services for the communities they serve. We look forward to continuing to work alongside the organisation to monitor progress against these priorities and support the ongoing delivery of safe, effective, compassionate and equitable care.

Yours sincerely,

Claire Lewis

Associate Director - Quality Assurance
Lancashire and South Cumbria Integrated Care Board

Chair – Emma Woollett Chief executive – Aaron Cummins