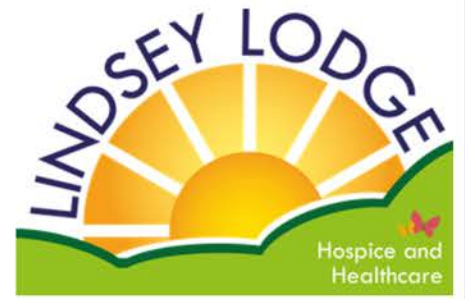


Quality Account



Charity Number 702871

LINDSEY LODGE HOSPICE AND HEALTHCARE



2025 – 2026

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Welcome

Anne Currie Chief Executive

On behalf of everyone at Lindsey Lodge Hospice and Healthcare, I am very pleased to introduce our annual Quality Report 2025 - 2026. The past year has been one of significant transition for the Charity. It has seen the introduction of a new Chief Executive, new Chair of Trustees, Dr Pat Webster, and a streamlined Senior Leadership Team. However, during this time of considerable change there has remained a strong collective focus on delivering outstanding, person-centred, safe and compassionate care.



I am immensely proud of how our staff, volunteers and wider community have lived our values during this period of change with compassion, resilience, professionalism and passion to deliver our vision across North Lincolnshire. Like many of our fellow hospices across the UK, we continue to face the ongoing challenge of securing sustainable funding in a complex and uncertain financial landscape. Rising demand for our services, alongside increasing operational costs, places significant pressure on our ability to plan for the future with confidence. However, through the ongoing generosity of our community, careful restructure of resources, and a renewed focus on collaborative working, we remain committed to delivering high-quality, person-centred care to those who need us most.

Quality remains at the heart of all we do. Across every service, we have strengthened our focus on truly person-centred care by listening carefully to individuals and families, responding to their individual needs, and ensuring dignity, compassion and choice are embedded in our daily work. This commitment underpins both our day-to-day practice and our continuous improvement efforts.

During the year, we established three clear strategic aims for 2025–2028: to enhance access and responsiveness to meet growing demand; to secure long-term financial sustainability; and to strengthen our workforce and organisational resilience. These strategic priorities will guide our work, as we continue to navigate increasing demand for Hospice care, in order to give us strong foundations to meet the future needs of our community in a timely, equitable and sustainable way.

Finally, I would like to acknowledge the strong governance which underpins our organisation. The dedication of our Trustees, staff, volunteers and supporters ensures that Lindsey Lodge Hospice and Healthcare remains a well-led, accountable and forward-looking Charity. Together, we will continue to deliver our vision of Specialist Palliative and End of Life Care for all who need it. Thank you all.

Statement of Assurance from The Board



Dr Chris Hall

Trustee and Chair of the Quality Assurance Sub-committee

On behalf of the Board of Trustees, I am delighted to be able to share the quality account for 2025-26 with you. The Board of Trustees is committed to the provision of high quality, safe, responsive and effective treatment and care to patients, families and carers across all our services.

It is the role of the Quality Assurance Sub-committee to provide the Board with evidence of that effectiveness (or otherwise) so that the board can provide robust oversight of the organisation's clinical and operational performance.

The report is a practical demonstration of how we at the hospice strive to deliver our Vision, Mission and Values on a day-to-day basis. In what has been a year of necessary change, it is a testament to the care and dedication of our staff and volunteers that the high levels of care, expertise and professionalism that Lindsey Lodge is rightly renowned for has been maintained and indeed strengthened.

This Quality Account is an annual summary of the quality improvement activity that takes place throughout the year. The Quality Governance Group meets every month and reports to the quarterly meeting of the Quality Assurance Sub-committee which reports to the Board. A wide range of activity and information is therefore regularly reviewed at all levels of the organisation and ways to improve the care we provide are discussed in detail throughout the year.

This Quality Improvement journey is strongly supported by the Board and Senior Leadership Team. They along with our staff and volunteers are fully committed to providing the best possible Palliative and End of Life Care for the community we serve and will continue to monitor progress against the priorities and objectives set for 2026-27.

Vision, Mission and Values

Vision

To provide high quality Specialist Palliative and End of Life Care across North Lincolnshire.

Mission

- WE SUPPORT patients with life-limiting conditions and their families during illness and into bereavement.
- WE AIM to provide services that meet individual needs and facilitate choice.
- WE ASPIRE to be a forward-thinking and innovative organisation striving to become a recognised centre of excellence.
- WE WILL strive to enable a culture and environment where people can thrive. Nurturing creativity through partnerships and collaborations in order to meet the needs of our community.
- WE PLEDGE that all income generated will be used efficiently providing sustainability and ensuring we will always be there to care.

Values



Caring compassionately

Putting patient centred care at the heart of everything we do.



Above and Beyond

Going the extra mile



Respect and Dignity

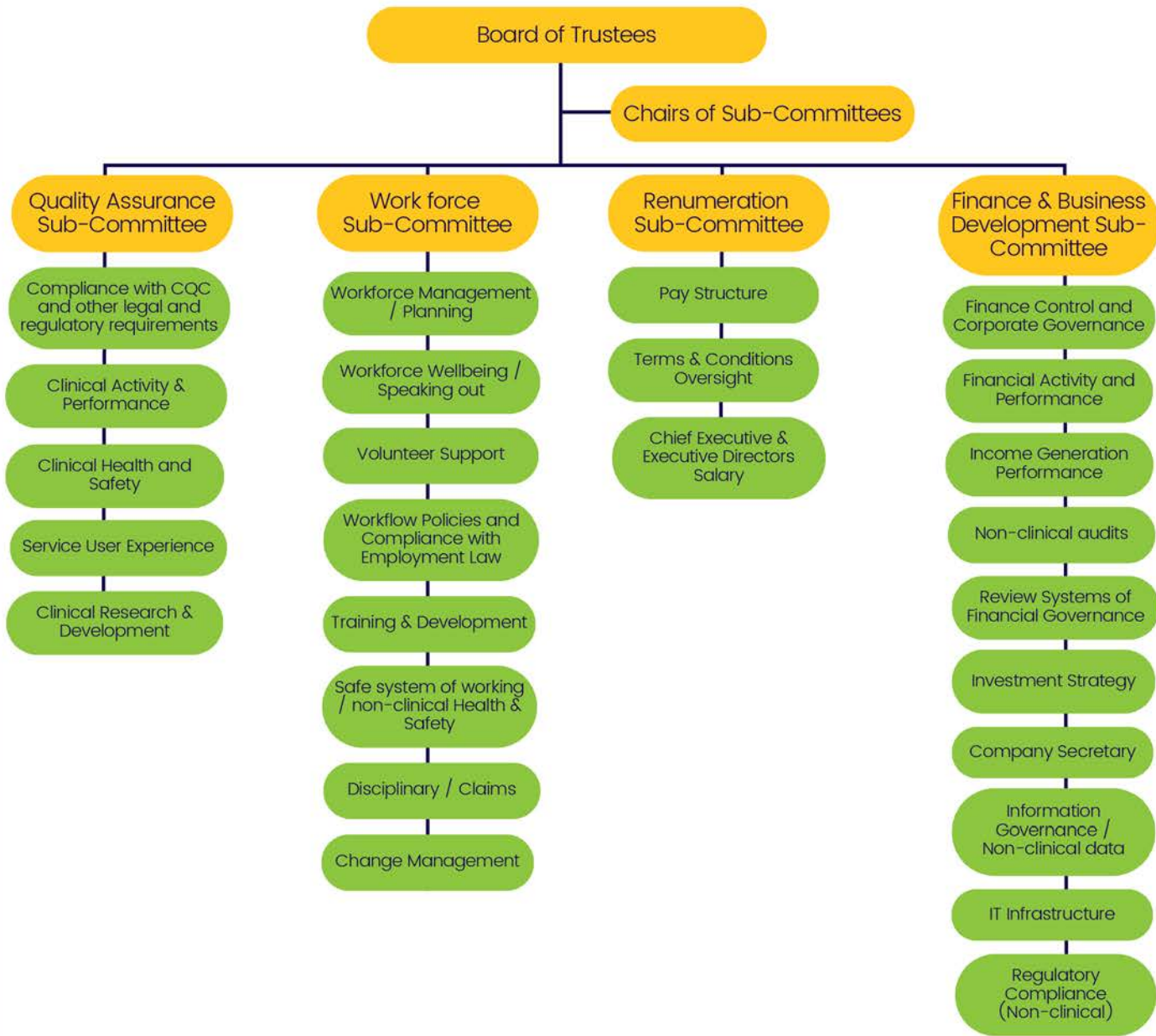
Respecting and maintaining people's dignity



Excellence

All of us, as a team, striving to deliver outstanding care

Governance Oversight



Clinical Compliance and Regulation



Lindsey Lodge Hospice and Healthcare is registered with the Care Quality Commission (CQC), the independent regulator of health and adult social care in England.

Our most recent CQC inspection took place between 23rd March and 10th April in 2024, during which inspectors reviewed key aspects of care delivery across our services including safety, effectiveness, caring, responsiveness and leadership.

We were proud to maintain our rating of "Good", reflecting the high standards of care and professionalism demonstrated by our teams.

Safe	Good ●
Effective	Good ●
Caring	Good ●
Responsive	Good ●
Well-led	Good ●

Clinical Overview

Lindsey Lodge Hospice and Healthcare offers specialist palliative care to adults in North Lincolnshire and East Riding who are living with a progressive, life-limiting illness. We operate independently of the NHS. Typically, patients are referred to us by a healthcare professional, though some of our services also accept self-referrals from patients or their relatives.

Our Care Team and Holistic Approach

Care within our inpatient unit is led by our Medical Director, Dr. Lucy Adcock, supported by our Specialty Doctor, Advanced Clinical Practitioner, and an on-call medical team. We adopt a holistic approach to care, helping patients achieve their goals while a multidisciplinary team provides comprehensive support to both the patient and their family. This support encompasses bereavement and family support, counselling, complementary therapy, lymphoedema care, physiotherapy, occupational therapy, spiritual care, fatigue and breathlessness services, and our breathe easy enablement program.



Our Services

We provide a range of services, including 24-hour inpatient care and outpatient services. Our inpatient unit is a 16 bed facility focused on specialist palliative care, assisting with symptom management, end-of-life care, or palliative rehabilitation. Outpatient support is available through clinics and day activities at our Wellbeing Centre.

Our Services include:

- Inpatient Unit (16 beds)
- Wellbeing Centre
- Lymphoedema Service
- Family Support Service
- 24/7 Support helpline
- Symptom Management
- Respite Care
- Breathlessness Clinics
- Complementary Therapy
- Physiotherapy
- Occupational Therapy
- Support Groups
- Chaplaincy

1,712 Individuals cared for during 2025 - 2026

"To all the wonderful staff at Lindsey Lodge Hospice and Healthcare. We would like to express our heartfelt thanks and appreciation for the exceptional care given to our family member. From beginning to end, the compassion, dignity, kindness and professionalism shown by everyone was truly outstanding. Your support, comfort and dedication meant so much to our loved one and our family during such a difficult time. With love and thanks."

Inpatient Unit

During the last financial year, the Inpatient Unit (IPU) at Lindsey Lodge Hospice and Healthcare has continued to enhance the quality, safety and effectiveness of care through a programme of service improvement, staff development and patient-centred care. This has taken place in the context of a restructure of senior clinical leadership and re-allocation of responsibilities within the organisation.

The introduction of new bedside tablets for Healthcare Assistants has improved access to live patient information, enabling more accurate, timely and efficient documentation on SystemOne and, in turn, releases more time to be spent delivering hands on care. Our reporting processes have also been strengthened, providing improved oversight and enabling line managers to monitor compliance more effectively.

Patient safety has remained a key focus. The team has embraced the new Fire Board system, increasing awareness of evacuation procedures, with a further two staff members undertaking fire warden training. Care plans have also been revamped to ensure they remain person-centred, responsive and aligned with best practice. We have made progress with pressure ulcer prevention, with staff receiving face-to-face training on the appropriate use of pressure-relieving pads, equipment and implementing the new Purpose T assessment tool. Falls prevention training has also been delivered to further strengthen patient safety and reinforcing learning from incidents.

End-of-Life Care feedback requests are now sent with every bereavement letter and reviewed through Quality Governance processes. In addition, themed action plans have been introduced to enhance learning from incident reporting. Following staff feedback, a visual handover process has been implemented, reducing time spent updating handovers overnight while improving consistency with live documentation.

The IPU and Housekeeping teams have demonstrated a positive and professional approach during the period of the restructure, with excellent multi-disciplinary team working and a continued commitment to delivering excellent care.



373 Patients cared for within the Inpatient Unit



Feedback

"Thank you very much for the care you gave our Mum, Nanna, Great Nanna, in her final days. The care you gave her was above and beyond any of our expectations. This town is very lucky to have this wonderful place with such lovely staff and volunteers that make it a comforting place. You are all super stars in the eyes of our family."

Turning fear into something beautiful: Lizzie's story

07



When Lizzie Kane was diagnosed with pulmonary fibrosis, she carried a deep, quiet fear. As a progressive lung condition, she terrified herself with thoughts of how the end might look—worrying she would die in pain, struggling for breath.

Her daughter, Ellie, a Palliative Medical Consultant in Yorkshire, knew those fears all too well. Lizzie opened up to Ellie, sharing the simple but profound wishes she had for her final days: she wanted to be entirely comfortable, and she wanted her family—especially her beloved grandchildren—by her side. Ellie promised her Mum that she would do everything in her power to make that happen.

During her final week in April 2026, Lizzie was transferred from the hospital to the Inpatient Unit at the Hospice. For Lizzie's husband, Gerry, the transfer brought a profound sense of relief. The emotional and physical toll of the previous weeks had left him exhausted; he wasn't sleeping at the hospital and was carrying the immense weight of caring for his wife.

At Lindsey Lodge, that burden was lifted. Lizzie was moved into a beautiful room where she could hear the birds singing outside the window. For Ellie, the relief was equally life-changing.

"I no longer had to be a healthcare professional advocating for my Mum because the team here just got it," Ellie reflects. "I could breathe. I could just be her Daughter again."

The team at Lindsey Lodge looked beyond the medical charts to see the person, understanding exactly what mattered to Lizzie. They knew how important it was for her grandson to be able to climb into bed and cuddle up next to her. They also possessed the expertise to see through the brave face Lizzie often put on, recognising exactly when she was struggling more than she let on and stepping in to help.

Because of that dedicated care, Lizzie got her final wish. She passed away peacefully in her sleep, completely free from pain, surrounded by the people she loved most.

Wellbeing Centre

The Wellbeing Centre at Lindsey Lodge Hospice and Healthcare continues to provide high-quality, holistic support to patients and carers. We are also strengthening partnerships, developing staff and enhancing opportunities for wellbeing, rehabilitation and peer support. Activity levels remained strong throughout the year, with 3,074 face-to-face contacts delivered during the first six months, alongside wellbeing assessments, telephone support, therapeutic interventions and specialist clinics.

A key achievement has been the continued development of our workforce. One Therapy Assistant successfully completed a Level 2 Healthcare Support Worker Apprenticeship, whilst one of our Healthcare Assistants achieved additional competencies within the Advanced Assistant role, enhancing the team's ability to deliver timely, person-centred care.

The team has continued to work collaboratively with external agencies, providing hospice facilities to support education, training and shared learning opportunities. This partnership approach has strengthened relationships across health, social care and the private sector has helped ensure patients benefit from coordinated support.

The Wellbeing Centre has also continued to facilitate both the Motor Neurone Disease (MND) Support Group and the Lymphoedema Support Group. The MND group has strengthened relationships with rehabilitation and specialist MND teams, improving support and communication for patients and carers. The Lymphoedema Support Group has complemented the growing demand for specialist lymphoedema services by providing education, peer support and self-management advice.

Throughout the year, the team in the Wellbeing Centre has remained committed to supporting patients and carers through counselling, exercise programmes, fatigue and breathlessness services, complementary therapies and wellbeing activities. This holistic approach has helped people maintain independence, manage symptoms and improve their quality of life.



3,074 Attendances to our Wellbeing Centre



Feedback

"This place actually saved me, thanks to the support of the following: Wellbeing Team, Lymphoedema Clinic and Counselling Team.

I can not put into words how amazing this place is. The staff are wonderful, compassionate and caring. I don't know where I would be without all the continuous person-centred support Lindsey Lodge gives me."

Defying the odds: Cheryl's journey back to independence



For two years, Cheryl Cooke has found a second home at the Lindsey Lodge Hospice Wellbeing Centre. To her, the centre is more than a medical facility; it is a place where people of all ages and conditions gather to form a supportive, extended family. However, it was only this year that Cheryl discovered the true, transformative power of the Hospice's specialist care.

In February, at just 44 years old, Cheryl's life was upended by a severe blood clot in her leg. Following hospital treatment, the prognosis was bleak: she was told she would likely never walk again and would need to move into a care home. It was then that she was offered a rehabilitation placement at Lindsey Lodge—a service she hadn't realised the Hospice provided.

Cheryl describes her fortnight of rehabilitation as *"total luxury."* From the tranquil experience of the spa bath with the support of Healthcare Assistant Kim, Cheryl felt she was at a retreat rather than a medical clinic. The rehabilitation team worked tirelessly, defying original expectations to get her back on her feet.

"Lindsey Lodge Hospice has given me back my independence."

Against the odds, Cheryl is walking with a frame again. By reclaiming her independence, she has been empowered to live her life to the fullest once more. Though she admits she was initially frightened by the idea of Hospice care, Cheryl now views her experience as nothing short of amazing. Having arrived fearing for her future, she now cannot imagine life without the regular visits and vital support of Lindsey Lodge.

Lymphoedema Service

New referrals to our Lymphoedema Service, and follow up appointments, have risen by 12% on the previous year and clinics have been running at full capacity to try to accommodate this whilst having a positive impact on waiting list times.

Following a patient engagement session held in January 2025, it was identified that there was a need for a communal space for both our past and present Lymphoedema patients to be able to access peer support and specialist advice. Therefore, in April 2025, we started our Lymphoedema Support Group meetings and have continued to hold them bi-monthly since then. There have been 105 attendances across the six sessions.

These informal meetings allow time for patients to have a "cuppa and a chat" between themselves and feedback has shown this peer support to be invaluable. Patients are able to share their personal stories and management strategies and get comfort in realising that they are not alone living with their Lymphoedema.

These sessions also include a talk about a relevant topic to enable patients to manage their Lymphoedema more independently. Every session has been well attended, with excellent patient feedback and they have enabled us to provide ongoing support and education for people in North Lincolnshire living with this chronic condition.

→ **105** Lymphoedema Support Group attendances



Feedback

"After having treatment for Lymphoedema on my legs, I was invited to an engagement session. I have always been very conscious of my legs so coming to the session realised I was not alone. I met a lady next to me, we exchanged phone numbers and stories. We kept in contact and we met again at the first support meeting. It was so interesting, and to know there are so many people like myself and very much suffering more than myself. It was informative and being told things I wasn't aware of. I'm very much looking forward to the next meeting."

More Than a Hospice: How Specialist Care Changed Simon's Life



In 2002, a severe race car accident at Cadwell Park left Simon with a total knee dislocation. The injury was so catastrophic that he struggled to find a surgeon willing to attempt to save his leg. Following a complex operation at Nottingham's Queen's Medical Centre, his knee was entirely reset using artificial ligaments. Simon endured 14 months of non-weight-bearing recovery and, though he walked again, he was left with a permanent limp.

Five years ago, Simon's leg began swelling to a considerable size, baffling doctors. The swelling became so severe that he could not find trousers or shoes to fit and struggled to walk. Eventually, he was diagnosed with lymphoedema—a chronic condition causing fluid buildup—and was referred to Lindsey Lodge Hospice.

"When I originally got the letter I was shocked," Simon admits. "I thought Lindsey Lodge was only somewhere that people went to die, and I wasn't sure what this meant."

In reality, Lindsey Lodge Hospice hosts the only specialist Lymphoedema Clinic in the area, treating patients across North Lincolnshire. There, Simon was treated by Physiotherapist Sally Brownsell, whom he praises immensely.

"Sally is amazing; she really helped me to understand my condition. Thanks to her and the team, my swelling is now under control and my limp has hugely decreased."

Sally also helped Simon recognise that his weight significantly impacted his condition. Motivated by her advice, Simon has since lost a fantastic five stone, and his lymphoedema control is now the best it has ever been. Reflecting on his journey, Simon says:

"My quality of life and outlook have hugely improved, and that is thanks to the education and expertise of this team. I can't thank them enough, they have changed my life."

Family Support and Palliative Counselling Service

Over the past year the Family Support and Palliative Counselling Service has striven to offer the highest standard of counselling and support to patients and their families, as well as to the wider community through our support groups.

We work closely alongside clinical colleagues to ensure clients and patients have the emotional support they need, whilst they are experiencing extremely challenging and distressing times. This may be immediate short-term support to patients and their families on the Inpatient Unit or longer term palliative counselling with Wellbeing patients, often to the end of their lives. We will then provide bereavement counselling to family members.

We also offer places at the three support groups to all in the community; the Motor Neurone Disease (MND) Support Group, the Carers' Group and the Bereavement Group – to ensure we widen our offer as far as we can and reach as many as possible within the confines of our small service. We welcomed a new volunteer counsellor in January who is a valued member of the team. We also work very closely with volunteer members of our Pastoral Team.

We have successfully worked on reducing waiting lists in the past year and have also worked on improving data capture to reflect all areas of activity. Focus has been on ensuring transparency, high governance standards and continuously looking to improve the service, to meet the evolving direction of the Hospice and the needs of the community we serve. However, at the very heart of our service is a passion for ensuring everyone the team sees feels heard, understood, cared for and deeply valued as an individual.



692 Counselling contacts



Feedback

472

"I cannot thank you enough for the care and support you have given to me through our sessions and beyond. You, just like the other people I have met through Lindsey Lodge, will always be a positive memory at a really difficult time."

Ash's Story: Finding Comfort and Support at Lindsey Lodge



→ 472 Pastoral Team contacts

Ash has been a familiar, much-loved face at Lindsey Lodge Hospice since 2021. Ash lives with Generalised Dystonia, a rare neurological movement disorder characterised by painful, involuntary muscle contractions and spasms that affect the entire body. Managing such a challenging lifelong condition requires immense physical and emotional resilience, which is where the holistic care at Lindsey Lodge steps in.

Every Friday, Ash attends our Wellbeing Centre and regularly accesses our respite services. These visits offer him a vital sense of routine and physical support, but the care Ash receives extends far beyond his physical symptoms.

When Ash first began feeling low, he was introduced to our counsellor, Emma Thorpe. Over the years, they have built an incredibly strong bond. Ash's condition is heavily affected by the weather; the harsh winter cold significantly reduces his mobility, which understandably takes a toll on his mental health. During these tougher months, Ash increases his counselling sessions with Emma to once a fortnight.

For Ash, having a dedicated space to talk to someone he trusts completely makes all the difference. He feels more comfortable opening up to Emma than anyone else.

"Emma is a lovely person," Ash shares. "She listens and doesn't rush me, which is important. I really look forward to our sessions together, as weird as that sounds."

The emotional relief these sessions provide is profound. Describing the impact of his time with Emma, Ash explains that after talking things through, it truly feels like *"a weight has been lifted."*

Ash's journey highlights just how vital our psychological and wellbeing services are, ensuring our patients never have to carry their burdens alone.

Therapies

The Therapies Team continue to play a vital role in supporting patients to maintain independence, improve quality of life and achieve their personal goals while living with a progressive, life-limiting illness. Delivered through a multi-disciplinary approach, the service combines the expertise of Occupational Therapists, Physiotherapists and Therapy Assistants working alongside the wider clinical team to provide holistic, person-centred care.

Occupational Therapy focused on enabling patients to maximise their independence, safety and wellbeing. Support included assessment of functional abilities, advice on equipment and adaptations, energy conservation techniques, fatigue management and strategies to support patients in maintaining meaningful daily activities. The team worked closely with families and external healthcare professionals to facilitate safe discharge planning and ongoing support within the community.

Physiotherapy interventions helped patients manage symptoms, maintain mobility and improve confidence in their physical abilities. The service provided rehabilitation, exercise programmes, falls prevention advice, breathlessness management and support with mobility aids, helping patients remain active and independent for as long as possible. Physiotherapy also contributed significantly to specialist Fatigue and Breathlessness (FAB) programmes delivered through the Wellbeing Centre. There have been some excellent person-centred therapy outcomes from the FAB programme and John's story (opposite) is testament to what goals-led outcomes can be achieved by individuals.

Activity levels remained strong throughout the year, with the teams delivering 237 new therapy assessments and 1,150 follow appointments across services. In addition, 491 fatigue and breathlessness follow-up appointments were undertaken, representing a 36% increase compared with the previous year, demonstrating growing demand for supportive rehabilitation and symptom-management interventions.



1,641

Therapy Follow-up Appointments

Feedback

"Members of the team were kind and considerate. They were informative of questions I asked and made me feel comfortable and quite at ease. Treatment was very good, made me feel so much better in myself."

A Journey Down the Aisle: John's Story



When John Pink first arrived at Lindsey Lodge Hospice, his prostate cancer and Parkinson's disease had left him in need of vital symptom management and recuperation. After a successful stint as an inpatient, John transitioned into a regular face at our Wellbeing Centre and a dedicated member of our Wednesday 'Gym Jammers' group.

Last year he returned to our in patient unit for respite, during this time, he brought a deeply personal goal to our rehabilitation team: his daughter was getting married, and he wanted nothing more than to walk her down the aisle. At the time, John could only manage very short distances at home and struggled with simply standing up.

Our team immediately rose to the challenge. Sarah, our Occupational Therapist Advanced Care Practitioner, and Julie, our Advanced Assistant, visited the church in Burton to measure the aisle and assess the terrain. Back at the hospice, they developed a tailored plan, working on strengthening exercises in the gym. They even found a staff member of the same height as his daughter to help John practice.

Through John's sheer determination and our team's expertise, he transformed from requiring heavy support to walking relatively independently.

When the big day arrived, Sarah and Julie were on hand just in case, but John defied all odds. He didn't just walk his wonderful daughter down the aisle; he managed to walk the entire perimeter of the church with her, bringing a tear to everyone's eyes. John's achievements didn't stop there, his newfound strength allowed him to stand from sitting without any aids, meaning he could stand proudly for every hymn.

Since that unforgettable day, John's confidence has soared. He now knows he can achieve far more than he ever believed possible.

Performance Data

Year totals activity	2022/23	2023/24	2024/25	2025/26
Inpatient Unit				
Admissions	371	402	373	373
Bed Days Occupied	4,092	4,654	4,400	3,951
Occupancy*	81%	80%	76%	68%
Average Length of Stay	11	12	12	11
Deaths	206	202	244	221
Discharged Home	99	122	73	76
Other Discharges	36	43	11	30
Butterfly Line total Calls	904	563	496	343
Hospital admission avoidance	139	138	144	72
Wellbeing Centre				
New Assessments	92	138	59	52
Attendance	2,179	3,002	2,979	2,674
Lymphoedema Service				
New Assessments	103	98	138	155
Follow Up Appointments	657	1,040	1,088	1,223
Lymph Support Group				105
Fatigue and Breathlessness Service				
New Assessments	96	103	92	59
Follow Up Appointments	281	273	361	491
Occupational Therapy				
New Assessments	189	247	258	178
Follow Up Appointments	797	426	515	380
Follow Up Appointments AA**	759	800	370	770
Counselling and Support				
Appointments	823	653	849	703
Pastoral Team contacts				472
Complementary Therapy				
Appointments		2,012	1,364	1,090

*Based on 12 beds from February 2026 due to reduced nursing staffing levels across the Inpatient Unit Service.

**Advanced Assistants.

Key Performance Indicators

Bed Data

	2024/25	2025/26
Total Admissions	373	373
Bed Occupancy Rate	76%	68%
Average Length of Stay	12 days	11 days
Total Discharges	22%	25%
Patients Who Died At Lindsey Lodge Hospice	65%	59%

Patient Slips, Trips and Falls

	2024/25	2025/26
Patient Falls Reported	31	36
No Harm Reported	48%	68%
Low Harm Reported	48%	30%
Moderate Harm Reported	3%	2%
Severe Harm Reported	0%	0%
Death Resulting From Incident	0%	0%

Skin Damage

	2024/25	2025/26
Total Number Reported	265	267
Skin damage reported on admission to hospice care	82%	74%
Newly acquired skin damage during hospice care	18%	26%

Medication Incidents

	2024/25	2025/26
Total Number Reported	35	37
No harm reported	91%	97%
low harm reported	0%	0%
Moderate harm reported	9%	3%
Severe harm reported	0%	0%
Death resulting from incident	0%	0%

Care Planning

	2025/26
Preferred Place of Death Achieved	100%
Anticipatory drugs in place	100%
Last Days Of Life documents completed	94%
Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) in place	100%
Advance Care Plan in place	100%

We are beginning work with our IT Services Management Company to progress in 2026/27 processing and presenting our data in an automated format and utilise Hospice UK's PCOM360 tool. This is a freely available open-source tool designed to analyse and display Patient-Centred Outcome Measures (PCOMs). It will be able to assist our service provision and development in monitoring and adapting care to improve patient outcomes.

We are also ensuring our data aligns with, and are submitting to, Hospice UK's Benchmarking Reports - incorporating activity, workforce and finance data.

Training and Development

Mandatory Training continued to be above the 90% compliance target during 2025/26 which is Charity policy to allow for new starters/absences. We have achieved a completion rate of 96% across both clinical and non-clinical teams.

The in-house Education and Training programme offered over 60 different sessions, which is an increase from the previous year, and included Quality Improvement training, tissue viability, Level 2 psychology training, Reiki Level 1 and 2, bereavement calls, fire awareness and warden training, food allergens, falls awareness, Dementia Friends, restorative clinical supervision for supervisors and Palliative Radiotherapy.

We reviewed our induction training for new starters and have a new format corporate induction day with contributions from a wider range of departments with a focus on values and behaviours and staff wellbeing. A clear priority for 2026/2027 is a focus upon supporting our line managers to effectively undertake the leadership elements of their role. We will be rolling out line manager training in April 2026 to provide a strong foundation for equipping our managers with key principles to help them undertake their role.

During 2026/2027 we will be undertaking a training needs analysis of our clinical teams to clearly understand their needs to achieve the clinical skills and competencies of their role with the aim of formulating a 3-year clinical education and training strategy that aligns with the clinical strategy and quality priorities.

Healthcare Assistants (HCAs)

We delivered a 3-day palliative and end of life care course for all of our Healthcare Assistants across the clinical areas. This was an opportunity to bring this staff group together to learn and reflect upon the care that they provide. We spent time talking about the Charity's values of compassion, respect and dignity, going above and beyond and excellence and how they achieve this. We also explored communication styles and self-awareness, care support in symptom management and supporting a "good" death. We concluded by reflecting on the emotional impact of this care and wellbeing. The courses were incredibly well received and evaluated by staff as an opportunity to pause, reflect and learn. Some feedback included:

"I have had time to think about what I do and how I contribute to the care of our patients. I recognise that I have a big contribution and feel valued."

"It's been great to do something just for us HCAs and feel positive and valued for everything we do for our patients and families."

Apprenticeships

We continued to support staff learning through the Apprenticeship Scheme and two of our staff successfully completed their apprenticeships in Health and Social Care Support Worker and Advanced Clinical Practice. We have staff currently working towards apprenticeships in Strategic Leadership, Finance and Facilities Management.

Clinical Placements

We continued to provide a safe and structured learning environment for undergraduate and post graduate students from the University of Hull, Hull and York Medical School, the University of Lincoln and University Campus North Lincolnshire. We have supported the training of medical students, adult nursing students, nursing associates, paramedic students and pharmacist students.

Our clinical insight days provide us with an opportunity to share our specialist knowledge and skills in the provision of high-quality Palliative and End of Life Care and are always very popular. During 2025/2026 we were able to facilitate over 50 such days.

We have developed our relationship with University Campus North Lincolnshire supporting two students in their foundation degrees. In particular, we have supported a student through his T-levels and foundation degree over 4 years, where he has successfully achieved his aim of undertaking adult nursing training from September 2026. It has been especially satisfying to see him grow and develop his confidence and commitment to his studies. We have also supported a student to achieve her aim of undertaking a paramedic science degree from September 2026. In both cases, the support has not only been from staff and volunteers, but patients have nurtured them during their placements with us and must take credit for them. These students are our future workforce and it is immensely satisfying to have them as part of the team.

Clinical Supervision

The embedding of restorative clinical supervision continued to be a priority during 2025/2026 as part of the offer to clinical staff to support their wellbeing and strengthen a learning culture. Uptake has increased significantly to over 90% but some of the sessions are staff accessing them on more than one occasion. Work has begun to understand which staff are not accessing any sessions and why. After listening to staff, we trained an additional two clinical supervisors to ensure that the offer of a supervisor was inclusive across the clinical team. Previously, many of the supervisors were senior staff or managers and that was felt to be a barrier to accessing clinical supervision.

Feedback is challenging to gather given the confidential nature of the sessions. However, it has helped identify learning themes and these will feed into the training needs analysis during 2026/2027.

We will continue to review our offer to support staff with the emotional impact of caring for our patients and their families and plan to explore implementing Schwartz Rounds during the next year.



96%

Mandatory Training Compliance

Quality Priority One 2025 – 2026



To become a research ready organisation

Lindsey Lodge Hospice and Healthcare have become more research active over the last twelve months with the following activities:

Yorkshire and Humber Palliative Care Research Network

There has been ongoing collaboration and one-to-one support via Professor Fliss Murtagh (Regional Speciality Lead for Palliative Care – National Institute for Health Research). This is an opportunity to showcase work and learn about what is happening across other hospices at both a local and national level. This network also opens up opportunities for participating in active research.

Developing Allied Health Professional Research Leaders (DRL) Programme

Our application for this programme was completed, but was unfortunately unsuccessful. Their feedback suggested there was not enough Allied Health Professional (AHP) presence in the organisation for it to be truly impactful. However, we may wish to re-apply for the non-specific AHP cohort in future.

Clinical Impact Group (CIG)

The CIG is designed to be a slightly different take on the traditional journal club and is completed on a quarterly basis. There have been three meetings held so far with its Terms of Reference (ToR) in place. The introductory session completed by introducing the ToR, its governance structure and the goals for the group. It also completed an evidence-based Quality Improvement Project relating to slide sheets and this has improved efficiency of slide sheet use and helped build staff confidence and enhance patient safety.

Teams Channel / Website

The Hospice's Quality Improvement and Research Teams channel is live along with research content now in place on the Charity's website. These communication channels will be integral in sharing our work both internally and externally.

Doctoral Study

Our ACP Occupational Therapist/PhD Student had her systematic review accepted for publication in the International Journal of Supportive Care in Cancer. This has been a three year piece of work. Lindsey Lodge Hospice are still recruiting patients and staff to the ESPRiT Qualitative Study alongside Castle Hill Hospital and Active Together Sites (Yorkshire Cancer Research). ESPRiT has progressed during the last year by exploring important aspects of patient care and service delivery. This work will conclude in August 2026.



DAMPenD-II

We are thrilled that Lindsey Lodge Hospice has been accepted into the DAMPenD-II trial and look forward to welcoming the study team onsite in June 2026 for staff training. Champions for the trial can come from members of staff from any of our teams. This opt-in study and work is taking place to collate our baseline of 50 consecutive patients within the Hospice. The trial will contribute to national research aimed at improving clinical practice and patient outcomes in delirium care.

Wolfson Palliative Care Centre Conference 2026

Three of the Hospice's poster presentations have been accepted focusing on the work on falls management, patient and public involvement and the use of Quality Improvement tools to develop a project relating to carer administration of subcutaneous medications. This project belongs to our Nursing Apprentice Advanced Clinical Practitioner. Seven posters, including these three, have been accepted at national conferences in the last year.

INSPIRE Palliative Rehabilitation Research Project

We have made connections with Project INSPIRE. This is a European research trial aiming to test the clinical and cost-effectiveness of a short-term and person-centred palliative rehabilitation model for people with incurable cancer. The trial's findings will influence our care provision and help us to shape the rehabilitation model within the Hospice for the future. This project is due to conclude in September 2026 with clear aims for the future of rehabilitation in Palliative Care.

Palliative Care Research Incubator

Several members of staff have joined this forum which will help to keep us updated with local, national and international research activity associated with Palliative and End of Life Care.

Research Governance

We have commenced the nationally recognised SORT tool to review organisation research structure and governance. We will look to support the underlying governance around research activity in order to ensure safe, ethical practices within the Charity. This work is being supported by the Wolfson Palliative Care Centre/Policy Research Unit and St Luke's Hospice, Sheffield.

Artificial Intelligence (AI)

Our Occupational Therapist / PhD Student attended various training and development sessions with underpinning evidence around the use of AI within healthcare. A brief summary paper was written and taken through the Charity's Operational Delivery Group. A position statement for Lindsey Lodge Hospice and Healthcare has been drafted and work will take place to develop a simple research/evidence informed policy around use of AI within the organisation. This will reflect the position statement and ensure safe practice.

Patient and Public Involvement (PPI)

Patient and Public Involvement was undertaken to review supporting documents for a qualitative study exploring patient and healthcare professional's perceptions of embedding exercise within adjuvant and neoadjuvant cancer treatment pathways. The Hospice supported recruitment, with the PIRIT tool helping to guide involvement activities. Four hospice wellbeing centre patients and five staff members reviewed key study documents, including Participant Information Sheets, consent forms, letters to medical professionals and interview topic guides. Feedback was gathered through meetings, written comments, and email correspondence. It was then collated and shared with the project team. This resulted in spelling and grammar being corrected, interview guides refined to improve flow and recruitment considerations strengthened after some participants expressed concerns that exercising was necessary for study participation.

Quality Priority Two 2025 – 2026



To strengthen leadership across the organisation, in line with the values and behaviours

At a strategic level, the new Chief Executive undertook a review and restructure of the Senior Leadership Team (SLT) within the Charity to help deliver financial sustainability for the Hospice in the future. This resulted in a leaner SLT which meant there was then opportunity to help shape a more integrated Senior Management Team across the organisation at an operational level.

Within the Hospice's clinical services, leadership capacity has also been strengthened through the restructuring of the Senior Nursing Team. By adopting a flatter management structure, the Charity has streamlined clinical leadership in order to help improve clarity regarding roles and responsibilities, enhance communication, accountability and enable timely, and consistent, decision-making.

The Charity has worked towards strengthening leadership capability across the organisation, ensuring that leadership at all levels reflects and promotes its values and behaviours. We recognise the important role that effective values-led leadership plays in delivering high-quality patient care, supporting colleagues and driving organisational change. Therefore, a number of initiatives have been implemented to help develop leadership knowledge, confidence and accountability.

Monthly Quality Governance meetings and restorative Clinical Supervision arrangements have further supported leadership development by encouraging reflective practice, accountability and continuous self-improvement. We are very pleased to have trained another two clinical supervisors to help across all clinical areas. This means that 90% of clinical staff have now engaged with supervision sessions during the course of the year which is up 35% on last year.



A key achievement has been the enhancement of line management capability through the start of a programme of mandatory leadership training delivered in partnership with one of our Trustees - a "one day MBA". This training provided both clinical and non-clinical managers with a good foundation in leadership principles, helping them to develop the skills required to lead teams effectively, understand their own personal impact in the role, support staff wellbeing, manage performance and promote a positive organisational culture guided by our values and behaviours. In addition, we are also supporting the professional development of senior management with a Level 7 Apprenticeship in Leadership.

To ensure that learning is embedded into everyday practice, a comprehensive Line Manager's Handbook has been introduced. This practical resource will provide clear guidance on organisational pathways, policies, procedures and key digital systems, enabling managers to apply consistent approaches across the Charity.

Investment in leadership development has also extended to Quality Improvement. Members of the clinical leadership team successfully completed bespoke Quality Improvement training delivered by colleagues from the local Acute Trust. This has strengthened their ability to lead improvement initiatives and implement evidence-based change within their services. Knowledge gained through this programme is now being shared more widely across clinical teams to help build sustainable improvement capability throughout the organisation.

To further support management development, a programme of focused learning sessions is being established. These sessions will address common operational challenges such as managing difficult conversations, responding to sickness absence, staff wellbeing, and using software systems effectively. This ongoing approach to leadership development will ensure managers continue to build their skills and confidence while responding to the ever evolving needs of our workforce required to meet growing demands on all of our services and our strategic objectives.

Collectively, we hope these initiatives help to strengthen and embed compassionate leadership across the Charity, creating a culture of accountability, learning, workforce wellbeing and continuous improvement that is firmly aligned with the organisation's values and behaviours.



Quality Priority Three 2025 – 2026



To develop and strengthen our patient and carer feedback and the way this is captured and shared

The Charity identified patient, carer and service-user experience as a key quality priority. Recognising that meaningful feedback is essential to delivering patient-centred care, the team has focused on strengthening the ways in which experiences are captured, analysed, shared and used to inform service improvements. Throughout the year, significant work has been undertaken to develop more robust systems for gathering feedback, ensuring the voices of patients and carers remain central to decision-making and service development.

The Hospice continues to receive a high volume of positive feedback from patients, families and carers across all clinical services. During the year, compliments received across the organisation consistently reflected the compassionate care, professionalism and support provided by staff and volunteers. Whilst the number of compliments received demonstrates the positive experiences of many people accessing Hospice services, it also highlighted the need for a more structured and consistent approach to capturing and reporting patient experience data. As a result, patient and service-user experience was formally adopted as a quality priority to ensure valuable feedback is consistently recorded and reviewed.

A key area of focus has been improving the mechanisms used to collect feedback across clinical areas. Historically, compliments, concerns and patient experience measures were often reported inconsistently across services. During 2025/26, work commenced to explore more robust methods of recording feedback and ensuring it can be effectively analysed and shared throughout the organisation. This has included reviewing current data collection processes, identifying gaps in reporting, and considering how patient and carer experiences can be better integrated into Quality Governance structures.

The Hospice has also continued to strengthen opportunities for informal and ongoing feedback through its clinical services (as pictured). Within the Wellbeing Centre, Support Groups, Outpatient Services, counselling, complementary therapies and rehabilitation programmes provide regular opportunities for patients and carers to share their experiences directly with staff. These interactions offer valuable insight into what matters most to service users and have supported continuous refinement of services to better meet individual needs. The development and ongoing facilitation of support groups, including those delivered in partnership with external organisations, have further enhanced engagement with patients and carers while providing opportunities to gather feedback on service delivery and outcomes.



Patient and family feedback has also informed learning from complaints and concerns. Although the number of formal complaints remains low, each complaint is thoroughly investigated, with lessons learned incorporated into action plans and Quality Improvement work. Throughout the year, complaints relating to communication, end-of-life care and service delivery have been reviewed in detail, with identified actions implemented to improve practice, strengthen communication and enhance the overall patient and family experience. This approach reinforces the Charity's commitment to viewing feedback as a valuable opportunity for learning and continuous improvement.

Bereavement Support continues to provide another important opportunity to understand the experiences of families and carers. Following the death of a loved one, both the Wellbeing Centre and Inpatient Unit nursing teams make contact with bereaved families, offering initial support and signposting to additional counselling services, where appropriate. These conversations not only provide compassionate support but also enable the organisation to gain valuable insight into the experiences of families during a significant and often difficult period of their lives.

The Hospice has also recognised the importance of ensuring that feedback is not only collected, but shared widely across teams. Through quality governance meetings, service reviews, incident reporting processes and quality assurance structures, patient experience information is increasingly being used alongside clinical outcomes and patient safety data to inform decision-making and drive improvement. This supports a culture in which learning from experience is valued equally alongside learning from clinical performance indicators.

The Clinical Impact Group, newly formed in April 2025, meets to appraise evidence and creates a focus for the development of research activity and Quality Improvement within the Hospice and this is also an inclusive forum to discuss patient feedback initiatives in line with its Terms of Reference.

By embedding patient and carer voices within Quality Improvement, service planning and organisational governance, the Hospice will be better positioned to continually improve the care, support and experience it provides to patients, families and carers.



Quality Priority Four 2025 – 2026



To continue to strengthen Quality Improvement

Lindsey Lodge Hospice and Healthcare has remained committed to strengthening a culture of continuous Quality Improvement across all services. Our approach has focused on using data, learning from incidents, listening to patients and families, and empowering staff to identify opportunities for improvement that enhance safety, effectiveness and patient experience. Throughout the year, Quality Improvement has been embedded into daily practice and has increasingly become part of the organisation's culture.

One of the most significant achievements has been the completion of the Falls Quality Improvement Project. Following five Plan-Do-Study-Act (PDSA) cycles, the project demonstrated a 98% reduction in patient falls when compared with baseline data from 2022.

Root Cause Analysis (RCA) investigations have consistently evidenced improved falls risk assessment, documentation, care planning and staff awareness. The project has demonstrated that learning has become embedded within practice and has subsequently been presented at the Hospice UK Conference in November 2025, recognising the Hospice's commitment to sharing learning and innovation across the sector.

Significant progress has also been made in the prevention and management of skin damage. Working closely with a Tissue Viability Nurse Consultant, the hospice introduced a Wound Care Formulary, enhanced staff education on prevention and categorisation, updated pressure ulcer care planning templates and introduced additional risk monitoring tools. These initiatives have contributed to consistent reductions in new skin damage incidents, improved accuracy of categorisation and stronger compliance with best practice standards. Throughout the year, there has been clear evidence that staff learning and competency in this area has improved and become embedded across our clinical services.

Medication safety has remained a key focus. The Hospice has continued to undertake thematic analysis of medication incidents to identify system-wide learning rather than focusing solely on individual events.

Lindsey Lodge Hospice and Healthcare
Charity Number 1048

"The most useful training we've had to keep patients safe"
The impact of embedding a multi-faceted approach to falls management through use of quality improvement techniques

Background
The impact of falls within patient care is multi-faceted and can have a significant impact on a person's physical, psychological, social and financial wellbeing. Within hospices, falls are a concern with statistics indicating that patients receiving palliative and end of life care have a higher risk of injury from falls compared to other adult populations. What we know is that many falls can be prevented through early identification, multifactorial assessment and early intervention.

Aim
In 2022, Lindsey Lodge Hospice and Healthcare piloted a new falls audit tool based on Hospice UK benchmarking data. It was evident that whilst goal-falls intervention was well established, improvements were required within pre-fall care, documentation, appropriate use of risk management devices and staff confidence with incident reporting including the recognition of near miss incidents as a prevention tool.

Results & Conclusion

Confidence and empowerment Staff have reported feeling more confident regarding falls management and patients have expressed a feeling of empowerment being involved in falls discussions.	Clearer focus Use of the quality improvement tools have provided a clearer focus and guidance on the content and delivery of falls training within the hospice.	Information flow Additionally, capturing the information to ensure robust measures has helped with disseminating information to both patients and the hospice team – an approach that can be sustained within Lindsey Lodge care.
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Statistics
The total number of patient falls per month has reduced by 93%.
Falls incident reporting via the appropriate channel has improved from 71% to 100%, with consideration around prevention and near miss incidents.

PDSA Cycle
What did you learn from this cycle? What went well? What didn't and what change do you want to introduce next time?

Method
Through exploring drivers for change and including both staff and patient perspectives within:
• Process mapping
• Stakeholder analysis
• A pilot with Plan, Do, Study, Act (PDSA) cycle
A series of intensive mandatory falls training sessions were completed across the organisation including both clinical and non-clinical services with a view to falls becoming 'everyone's business.'

References

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Improvements introduced during the year include refreshed Policies and Standard Operating Procedures, enhanced medicines management training, increased compliance monitoring, implementation of prescribing safeguards and the development of a competency framework for single nurse drug administration. Importantly, no significant patient harm resulted from reported medication incidents, demonstrating both effective reporting and mitigations.

Across the Wellbeing Centre, Outpatient Services and Allied Health Professional services, a number of Quality Improvement Projects (QIPs) have been undertaken to better understand activity, demand, service effectiveness and workforce utilisation. Reviews of the Fatigue and Breathlessness Service (FAB), Breathe Easy Enablement Programme (BEEP), Lymphoedema provision and counselling services have improved data quality, informed service redesign and supported more sustainable models of care. This work has also strengthened understanding of capacity and demand, ensuring resources can be directed where they have the greatest impact for patients and carers.

The Charity has continued to develop its use of data to support improvement. Statistical Process Control (SPC) methodology, benchmarking through Hospice UK, patient acuity monitoring and enhanced performance reporting have provided greater insight into variation, trends and opportunities for improvement. Significant work has also been undertaken to improve the quality and consistency of data collection across services, particularly within wellbeing, counselling and outpatient pathways.

Workforce development remains integral to sustained improvement. Mandatory training compliance has consistently exceeded organisational targets, clinical supervision has expanded, additional supervisors have been trained and competency-based development has continued across clinical teams. Quality improvement initiatives have also driven enhanced education relating to falls prevention, medicines management, pressure ulcer prevention, Duty of Candour and documentation standards.

The Slide Sheet Quality Improvement Project, shown below, has been particularly interesting as it began life as a simple conversation around environmental sustainability regarding the use/re-use of disposable slide sheets. The aims of this also fitted perfectly with the Charity's green pledge.

Project - Plan On A Page
 Title: Evaluating slide sheet use to optimise patient movement and positioning
 Date: 09/04/2025
 Project lead: Sarah Hodges
 Funding/sponsor: N/A
 Lead Person/Team: In-patient unit

Project Focus: Patient Safety Patient Experience Staff Experience Clinical Effectiveness Sustainability (Green Agenda) Sustainability (Financial)

Current Situation and Problem Statement
 All patients admitted to Lindsey Lodge will have an 'in-bed management system' (integrated slide sheets in-lifts for use to support repositioning and positioning).
 Disposable slide sheets are designed to support both patient and carer safety, with safe, controlled movement when in-bed.
 In 2023, a study was completed via the Heat and Best Flipping Tools website to understand practices of equipment removal for different in-bed systems, including Wondobeds. They conducted a series of actions for this equipment which were escalated to the Regional Moving and Handling Support Network (headed by St George's Hospital).

Breakdown of the problem (Diagnostics)
 The following is a chronology of events leading up to the QIP:
 • 2020 - Introduction of Wondobeds slide sheet system for hospice patients/shift.
 • 2021 - Potential access to Wondobeds slide sheet system with handles for single-handed care through annual purchasing this during the pandemic, however not an immediate priority.
 • 2022 - Review of members meeting and handling training to include single-handed care techniques and refresh all staff in safe use of Wondobeds bed sheets.
 • 2023 - Mandatory moving and handling training refreshed. Researcher/clinician completed the heat and best flipping of in-bed systems (inclusive of Wondobeds) highlighting the potential of use. This included anecdotal evidence exploring ease of use, set-up, resources, clinical appropriateness, ease of fit/removal, ease of cleaning. Concerns relate to regular handling requirements, close the handles easily to check, potential hazards for handles if appropriate techniques not implemented, wrinkles of sheets reducing contact between skin and mattress and potential issues for overwheating with patients.
 • 2024 - Additional research evidence presented as part of the Regional Moving and Handling Support Network. We also began significant conversations around handling, skin integrity, use with frail patients. Consideration that that most research was conducted by companies that provide the equipment. General consensus of other bodies was to retain use of Wondobeds bed sheet but ensure they are provided person specific.
 • 2024 - Review of moving and handling risk assessment, new software template and patient care books to review to highlight appropriate use of Wondobeds. Further education with staff around use, removal of these Wondobeds handle to review on the practice.
 • 2025 - Escalation from staff re: difficulty of use of Wondobeds with plus sized patients, several techniques that require full observation, in relation to the height of the sheets and long/furrows. Changes to mattress position to Lindsey Lodge and discussion around Wondobeds as the most effective system from a patient, carer and cost perspective.
 • 2025 - RCP DT and ACU attended by Trainer Moving and Handling training via H&M, introduced to the single-use patient RCP DT2's including training trial of use.

Outcome Measures/Data Collection
 • Quality report - pressure ulcer incidence
 • Patient and staff feedback (qualitative)
 • Review of incidents due to fatigue in relation to moving and handling slide sheet use

Drivers and Priorities for Change (Knowledge Mobilisation)

1 st Driver	2 nd Driver	Change Idea	Priority
Skin integrity	To reduce incidence of acquired pressure ulcers	Introduce RCP DT2's in conjunction with Wondobeds bed sheets	1
Safe moving and handling practice	Ensure patients are safe during moving and handling	Ensure optimal use of the mattress	1
Life	Reduce risk of injury to staff during moving and handling	Ensure use instead on hospital	2
Cost	Reduce the cost of single sheets from 10p	Introduce QIP and direct application of research into practice	2
Completing a research informed clinical practice	Staff buy-in to research activity		3

SMART Goal/Objective
 To identify the safest, most appropriate and cost-effective slide sheet system for Lindsey Lodge services and staff within 3 months.
 To ensure safe moving and handling of patients on the in-patient unit in the longer term.

POSA (Plan, Do, Study, Act)

Plan	Do	Study	Act
Plan: Values / Where / Why / What is being Led/How / What happened/ Impact/ Act - What next/ Adopt / Adapt / Abandon	Roller in accompanying research		

Dissemination
 • Quality governance
 • Regional Meeting and Handling Support Group
 • Quality assurance
 • Research Teams to disseminate outcome to hospice staff

We will continue to build on this Quality Improvement culture. Initiatives such as as these will ensure the Charity continues to learn, improve and deliver safe, effective and compassionate care in response to increasing patient complexity and demand while maintaining a relentless focus on quality.

Quality Data Reporting

Year totals activity	2022/23	2023/24	2024/25	2025/26
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Quality

Complaints	5	1	1	4
Compliments	219	223	216	250

Patient and Staff Safety

All harm or risk to person	125	209	255	286
Medication incidents originating at Lindsey Lodge	12 (5 controlled drugs)	32 (4 controlled drugs)	35 (15 controlled drugs)	37 (24 controlled drugs)
Slips, trips or falls	28	49	31	36
Harm or risk to care delivery	5	10	9	43
Safeguarding referrals	1	0	0	0
Winterbourne referrals	0	0	0	0
Number of patients who acquired a healthcare infection during admission	0	0	0	0
Number of staff who acquired a healthcare infection	0	0	0	0
Never events	0	0	0	0
Harm or risk to property or equipment	5	10	12	26
Admin	0	0	0	1
Information governance incidents	6	4	7	5
Financial or business risk	1	2	0	1
Risk to reputation	0	0	0	3
Security Issue	3	6	1	8
Data security awareness training (target 95%)	97%	98.5%	91%	86%
Mandatory training compliance (target 90%)	96.75%	98%	97%	96%

We are committed to a learning culture in which staff and volunteers feel comfortable in raising concerns and reporting patient safety incidents. We use the web-based Vantage incident management system that enables staff to report incidents as soon as they are recognised with a clear chain of escalation. We recognise the decrease in compliance level with Data Security Awareness Training and are currently in the process of developing a more bespoke training session for the Charity's non-clinical, support staff. There is a monthly Quality Governance meeting where all patient safety incidents are analysed, themes and trends are identified and any learning is disseminated. An overview of this is presented quarterly to the Quality Assurance Sub-committee of the Board of Trustees.

Falls

Falls are monitored and reviewed through our monthly Quality Governance meeting. In 2025/2026 we saw a slight increase in the number of patients falls but this total now includes near miss falls. 98% of falls were deemed as at either no or a low level of harm. There were 2 incidences relating to the same patient falling. They both had appropriate care plans, equipment and monitoring. However, due to their deteriorating condition and or lack of adherence, they continued to have multiple falls. To provide assurance, the annual falls audit saw clear evidence of the impact of falls training, documentation was consistent with moving and handling risk assessments and appropriate care plans were in use.

Medication Incidents

There remains a healthy and mature culture around the reporting of medication incidents. The number of medication incidents slightly increased during the year. Of the 37 medication incidents, 24 concerned controlled drugs. A thematic analysis of these was undertaken. We identified that distraction was the root cause and have reinforced work routine to minimise this. This has included the use of red tabards when nurses are undertaking controlled drug administration, a review of the controlled drug standard operating procedure and a re-design of the drug treatment room will take place in May 2026. All incidents were reported to the controlled drug local intelligence network.

Pressure Ulcers

Episodes of new pressure damage has increased from 2024/25. In all instances, patients were classified as high risk of developing skin damage on admission and half had existing skin damage on admission to our care. Despite all mitigations which included appropriate management care plans and equipment, their skin deteriorated. Learning from these incidents included these actions: we identified a senior staff nurse with extensive wound care/tissue viability experience to lead quality improvement measures; instigation of mandatory reporting of Category 1 and moisture related skin damage so we can track deterioration more accurately; undertook a baseline survey of staff understanding and confidence of pressure damage prevention and reporting; identified and implemented a new risk assessment tool (Purpose T) to be used in line with national best practice guidelines with associated amendments to policy and integration of the documentation on SystemOne.

Learning from incidents

Infection Prevention and Control

There was no recorded infection outbreaks recorded for patients or staff during 2025/26. We continue to have specialist nurse input for advice, audit and education on a monthly basis from the local acute trust. In line with this specialist advice, we adopted the new national infection prevention and control guidelines.

Duty of Candour

At the Hospice, we promote a culture that encourages openness and honesty at all levels of the organisation, which we recognise is essential to improving and maintaining patient safety.

Statutory duty of candour is a legal duty to be open and honest with patients and their families when mistakes in care have led to significant harm. It applies to all health and social care organisations registered with the regulatory body, the CQC.

Our Duty of Candour Policy provides guidance to clinical staff about the principles of the Duty of Candour and being open. The policy also sets out the processes to be followed to support openness with patients and their families following a serious safety incident.

Clinical Complaints

Our Compliments, Concerns and Complaints policy provides guidance on how people may raise a concern or complaint about any aspect of our services and we have information leaflets detailing this around the hospice.

During 2025/2026 we received four formal clinical complaints where communication concerning a discharge and family discussions, the environment and visiting arrangements were not at the standard we strive for. We were able to resolve these issues and the actions formed part of quality improvement works, education and training and specific issues reviewed with individual clinicians.



Clinical Audit

Clinical audits take place within the Hospice throughout the year as part of ongoing monitoring of standards and quality and adherence to policy, standard operating procedures and guidelines. We determine the focus of our audits from a range of sources such as:

- Potential clinical risk issues such as an increase in patient safety incidents or from patient feedback;
- Compliance with regulatory requirements;
- Compliance with national guidance;
- Assurance required to assess if an existing or new hospice policy is embedded.

Our clinical audit activity is overseen monthly by the Quality Governance meeting where outcomes and action plans are reviewed. An oversight of this is presented to the Quality Assurance Sub-committee of the Board.

We undertook nineteen clinical audits throughout 2025/2026 across a diverse range of topics including documentation, falls, medicines management, infection control and prevention and last days of life key performance issues. One was a follow up audit at the end of the data standardisation Quality Improvement Project.

Examples of learning from audits and actions taken included:

- Prompting and education concerning accessible information standard completion across all clinical teams;
- Consistency and standardisation of data entry;
- Adjustments made to hourly care round documentation to include bed rails, falls risk and toileting assistance fields mandatory;
- 100% compliance with hand hygiene, dirty linen and waste disposal, sharps safety, clinical practice infection control, patient equipment cleaning;
- Updated cleaning schedule and decontamination of gym equipment;
- Review of systems for checking patient own drug stock levels;
- Identified need to review medication stock levels once drug room refurbishment complete;
- Consideration of how we capture conversations around spirituality in line with care planning quality improvement project.



100% Compliance with hand hygiene audit

Collaborative Working

During 2025/26, Lindsey Lodge Hospice and Healthcare continued to strengthen its collaborative approach, working closely with healthcare professionals, community organisations, private care providers, volunteers, supporters and regional partners to improve the quality and accessibility of palliative and end-of-life care across North Lincolnshire. We have also worked alongside our system partners to input into Humber and North Yorkshire's Integrated Care Board's All Age Palliative and End of Life Care Strategy (2026 - 2031).

"Goodwin Healthcare are proud Brand Partners of Lindsey Lodge Hospice, supporting a shared vision of providing compassionate, person-centred care to individuals and families during some of life's most challenging moments. Through this valued partnership, both organisations are committed to enhancing wellbeing, comfort, and dignity for those living with life-limiting illnesses, while ensuring families receive the support and guidance they need. Together, we continue to make a meaningful difference within the local community working collaboratively on projects, championing high-quality care and improving quality of life for those who need it most".

Gail Button, Head of Strategic Partnerships and Engagement, Goodwin Healthcare.

The Hospice's model of care is founded on multi-disciplinary working, bringing together doctors, nurses, advanced clinical practitioners, physiotherapists, occupational therapists, counsellors, complementary therapists and family support teams to deliver responsive, coordinated and person-centred care.

Lindsey Lodge maintained strong partnerships with local NHS services and healthcare professionals, supporting referrals into both the Inpatient Unit and Wellbeing Centre. These collaborative relationships ensured patients with cancer, neurological, cardiac, respiratory and other life-limiting conditions could access specialist support at the right time and in the most appropriate setting for them.

A key achievement was the continued development of multidisciplinary wellbeing services, with nearly 2,700 attendances at the Wellbeing Centre. Through collaborative working, patients benefited from integrated lymphoedema services, fatigue and breathlessness programmes, counselling, rehabilitation and complementary therapies designed to improve day-to-day quality of life and independence.

The Charity also entered into discussion with other charitable organisations to share its onsite facilities and support available to patients and families. Alongside this, Lindsey Lodge worked with the Humber and North Yorkshire Integrated Care Board, local businesses, funding bodies, volunteers and community supporters to sustain services during a period of significant financial pressure, demonstrating the vital role of partnership working in maintaining hospice care provision within North Lincolnshire.

Overall, collaborative working during 2025 - 2026 enabled Lindsey Lodge Hospice and Healthcare to deliver holistic, compassionate care, strengthen community engagement, and ensure patients and families received coordinated support tailored to their individual needs.



Statement from Humber and North Yorkshire Integrated Care Board

Humber and North Yorkshire Integrated Care Board (HNY ICB) welcomes the opportunity to review and comment on the Lindsey Lodge Hospice and Healthcare's Quality Account for 2025/26.

We would like to take this opportunity to extend our sincere appreciation to the leadership, staff, volunteers, and partners of Lindsey Lodge Hospice, for their commitment to delivering compassionate, high-quality, patient centred palliative and end-of-life care across North Lincolnshire. The breadth of services provided from inpatient care to community outreach and wellbeing support demonstrates a holistic and person-centred approach that aligns with our shared values and priorities.

The ICB notes and acknowledges that the Hospice has done this against a background of change at the hospice and at a time when hospices nationally are challenged financially.

This year's Account gives a comprehensive review of the services provided within the hospice. The inclusion of patient stories within the review provides thought provoking and emotional examples of the impact and importance of the services provided, not just helping people die free from pain and anxiety but helping people live independently and as well as possible while dealing with their life limiting conditions.

The ICB acknowledges your ambitious Quality Priorities for the coming year, one of is which being to become a research ready organisation. As outlined, there is a clear commitment to strengthening leadership and it was positive to read how your improvements to patient care are informed by carer feedback; a culture of continuous improvement and improving the quality and experience of those using your services. The ICB would like to thank Lindsey Lodge for your continued leadership with regards to education and training for end-of-life care. Moving forward with Neighbourhood Health this will be valuable to ensuring that Neighbourhood Health Teams have the knowledge to care for patients at the end of life.

We note the work completed over the previous year and were pleased to read about the 98% reduction in patient falls, following a piece of improvement work. Furthermore, the commitment in relation to improving Infection Prevention and Control (IPC) and the adoption of the national infection control guidelines. It is extremely positive to read that IPC is part of the Clinical Audits schedule with hand hygiene achieving 100%. We noted in your "Looking Forward" section the plans to introduce the Patient Safety Incident Response Framework and look on with interest and as an offer of support by the ICB as the hospice embarks on the journey to improvement

The Collaborative Working section of the Quality Account already demonstrates how actively the hospice works with its partners. Similarly, the Looking Forward section sets out the vision of the Hospice which is clearly aligned to the ICB's All-Age Palliative and End of Life Care Strategy and wider system priorities. The ICB looks forward to working with you closely in delivering the best quality, safe patient care for residents in North Lincolnshire as we move towards Neighbourhood Health Teams.

The ICB remain committed to working with Lindsey Lodge Hospice and its regulators to improve the quality and safety of services available for the population of the patients served by the hospice. We fully endorse the ambitious Quality Priorities for 2026/27 and we look on with interest to see the progress made across the coming year.

Humber and North Yorkshire ICB confirm that to the best of our knowledge, the Account is a true and accurate reflection of the quality of care delivered by Lindsey Lodge Hospice. The Quality Account demonstrates the continued commitment to enhancing patient safety, experience and quality improvement.

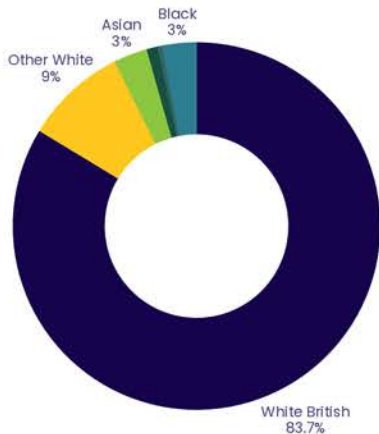
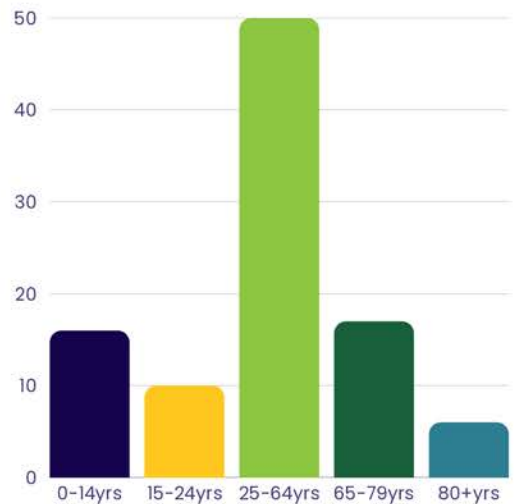
Our Community



Population Growth (Source: ONS)
 The current GP population in North Lincolnshire is 183,593. It is predicted that the population will grow by 2.9% in the next 20 years.

Over the decade, it is forecast that number of residents of 65 years and older will increase by 21% overall and specifically seeing the largest rise of 24% in the Scunthorpe North area and the lowest rise of 12% in the Isle of Axeholme.

The average life expectancy for men is 78.7 years and 82.7 for women.



Population Ethnicity (Source: RAIDR)
 The ethnic makeup of North Lincolnshire is assessed in detail as part of the 10 yearly consensus. North Lincolnshire Public Health Department also have access to the ethnicity of GP patients collected as part of the registration process. As of 31st January 2022, the majority(84%) of patients registered were White British, with 16% being of Minority Ethnic Groups.

Population Deprivation (Source: IMD)
 There are currently 76,800 dwellings within North Lincolnshire with 57% of the population living in an urban area. According to the Index of Multiple Deprivation (IMD), there is one area out of six covering North Lincolnshire which would fall within 20% of England’s most deprived areas.

Looking Forward

As Lindsey Lodge Hospice and Healthcare looks ahead to 2026/27, our focus will be on strengthening the foundations that enable us to deliver outstanding, compassionate and sustainable care in an increasingly challenging healthcare landscape. With growing patient complexity, rising demand for Palliative and End-of-Life Care, and continued financial pressures across the sector, we remain committed to ensuring that quality, safety and patient experience remain at the heart of everything we do.

A key priority will be the further development of a values-led clinical and management structure, ensuring that our CARE values are consistently embedded across all levels of the Charity. We will continue to strengthen leadership capability and accountability, supporting staff and managers to deliver high-quality, person-centred care while fostering a positive and inclusive work culture.

We will also review and update our clinical competency framework, ensuring our workforce has the knowledge, skills and confidence required to meet the needs of patients with increasingly complex conditions. In particular, we will introduce a structured development framework for Healthcare Assistants, creating clear pathways for professional growth, competency assessment and career progression.

To ensure the long-term sustainability of our services, a comprehensive review of Wellbeing and Outpatient Services will be undertaken. This review will support the development of a sustainable, therapy-led model that maximises patient independence, rehabilitation, self-management and quality of life while ensuring resources are used effectively for equity of access for everyone in our community.

We will also introduce the Patient Safety Incident Response Framework (PSIRF), embedding a culture of learning, reflection and continuous improvement. Alongside this, we will continue to integrate evidence-based wellbeing approaches into clinical practice, supporting both patients and staff through techniques that promote emotional resilience and psychological wellbeing.

These priorities will support delivery of the National Ambitions for Palliative and End of Life Care and align with the Integrated Care Board's All-Age Strategy, ensuring Lindsey Lodge Hospice and Healthcare remains responsive, innovative and sustainable while continuing to meet the evolving needs of our community within North Lincolnshire.



2026 – 2027 Quality Priorities



1 To further strengthen values-led clinical and management structure and competencies across the organisation



2 To review clinical competencies and introduce a development framework for Healthcare Assistants



3 To undertake a review of Wellbeing and Outpatient Services to deliver a sustainable, therapy-led model



4 To introduce the Patient Safety Incident Response Framework (PSIRF)



5 To embed a variety of wellbeing techniques in clinical practice to help support mental health

Quality Summary from our Director of Care and Governance



Helen Turner

Director of Care and Governance

As we bring this Quality Account to a close, I would like to take a moment to reflect on what has been at the heart of everything we have achieved this year – our people and our values.

Across every service, our teams have demonstrated what it truly means to care with compassion, treat every individual with dignity and respect, go above and beyond in the moments that matter most, and strive for excellence in all that we do.

These are not just words; they are lived every day in the care we provide to patients and families.

I would like to extend my sincere and heartfelt thanks to our clinical staff – our nurses, healthcare assistants, doctors, therapists and wider multidisciplinary teams – whose skill, professionalism and unwavering commitment ensure that patients receive safe, effective and deeply compassionate care.

To our volunteers, who generously give their time, kindness and humanity, you are an integral part of the hospice. The difference you make to patients and families cannot be overstated.

To our non-clinical and support teams – including housekeeping, catering, administration, fundraising and retail – thank you for the vital role you play behind the scenes, enabling our clinical services to deliver the very best care every day.

Finally, I would like to acknowledge our partners, supporters and the wider community. Your ongoing support allows us to continue delivering high-quality, person-centred palliative and end of life care to those who need us most. As we look ahead, we remain committed to strengthening a culture that is values-led, learning-focused and continuously improving. Together, we will continue to build on our achievements, respond to the needs of our community and ensure that Lindsey Lodge Hospice remains a place of excellence, compassion and dignity.

Thank you all for the dedication, care and commitment you show each and every day.



Thank You

Thank you for all your support in helping Lindsey Lodge Hospice and Healthcare to provide excellent Palliative and End of Life Care for North Lincolnshire during 2025/26.



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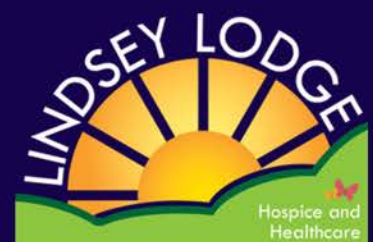
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