



St Teresa's Hospice



The Darlington and District Hospice Movement

Quality Account 2025-2026

Registered Charity No: 518394

www.darlingtonhospice.org.uk

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Section One: Introduction

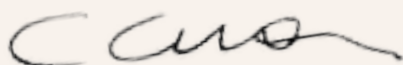
Statement of Quality from the Chair of the Board and CEO

The Board of Trustees Statement 2025-2026

The achievements in working with LGBTQ+ people in hospice care and improving end-of-life care for people with learning disabilities are two of the areas that demonstrate St Teresa's Hospice's commitment to equity in service provision.

The Board of Trustees have continued to work well together within the established structure of subcommittees that reflect the function of the hospice. We meet at set intervals throughout the year and have a flexible approach to meeting and working, additionally, if required. We have a strong focus on good governance. In May 2026, the trustees and clinical leaders will take part in a workshop that is entirely focused on quality of care in our hospice.

**The Board of Trustees approve
the Quality Account for this year.**



Carol Charlton
Chair, Board of Trustees



The Chief Executive Statement 2025-2026

Welcome to our Quality Account for 2025-2026. This report provides an overview of our services, our progress against quality improvement priorities for 2025/26 and our plans for the year ahead. At St Teresa's hospice we are committed to delivering the highest quality palliative and end of life care to our local community, striving for excellence in everything we do through strong teamwork, a skilled workforce and robust governance. Demand for our services continues to grow with increasing numbers of referrals overall. Over the past year we have continued to develop and strengthen our services, ensuring patients and families receive safe, effective and person-centred care.

Key achievements during 2025-2026 include work to improve inclusivity in end-of-life care; the development and delivery of an Ageing Well programme; the establishment of a centralised Volunteering for Health infrastructure and the continued strengthening of partnerships to support integrated, person-centred care and improve outcomes for patients and their families. We were also honoured to receive two awards during the year - one recognising exceptional care and another naming us Charity of the Year - both of which reflect the skill, dedication and commitment of our whole hospice team.

Our priorities for 2026-2027 include targeted efforts to enhance frailty identification and person centred care planning; strengthen how we capture and use patient and carer feedback to drive quality improvement; complete a comprehensive review of the Wellbeing Hub and expand community engagement activity to improve awareness of hospice services; reduce barriers to access and ensure more equitable reach across our local population.



St Teresa's
Hospice

This Quality Account stands as a testament to the professionalism, compassion and dedication of our staff and volunteers and to our shared commitment to continuous improvement. I would like to express my sincere gratitude to everyone who contributes to our mission.

St Teresa's Hospice is a remarkable charity, powered by extraordinary people, all working together to deliver the best possible care. As we look ahead to 2026-2027 we remain focused on further strengthening the quality, reach and impact of our services, ensuring that everyone who turns to St Teresa's Hospice receives the care, support and dignity they deserve.

I am able to confirm that the information contained in this document is accurate to the best of my knowledge.

Nicola Myers
Chief Executive Officer



Section Two: Priorities for Improvement

This Quality Account highlights the ongoing commitment of St Teresa's Hospice to delivering high-quality specialist palliative care to our local community. We support patients and their families to live fully and die well by providing compassionate, person-centred care in the place of their choice. As a hospice serving Darlington, South Durham and North Yorkshire, we remain dedicated to the development and improvement of specialist palliative care services across the communities we support.

At the heart of our organisation is a clear vision, underpinned by a comprehensive four-year strategic plan (2024-27). This plan sets out our key priorities and objectives, guiding our work and ensuring we continue to improve the care we provide and meet the evolving needs of our local population. Supporting this framework are our core values, which shape our organisational culture and are fundamental to everything we do.



Our Vision

At the heart of our organisation is a clear vision supported by four strategic pillars that represent our key areas of focus. Each pillar contains specific objectives, along with strategies for how we will achieve our goals.

Underpinning this framework are our core values which define our organisational culture and are visible in all that we do. These values guide how we work together to provide care for our community, as well as how we support one another within the hospice.

Our Vision sets out what we want to be known for; what we are here to achieve:

“All in our community facing the end of their life are supported to live life to the full and die with dignity in a place that is right for them, knowing their loved ones are supported.”

	Our Future (Sustainability)	Our People	Our Services	Our Impact
Objectives	We will secure the financial, operational and environmental sustainability of the hospice so that services for patients and families are secure for the future.	We will strengthen our people by using our core values and best practice to recruit and retain the right people in the right roles, promoting a healthy and supportive working environment and aiming to be an employer of choice.	Building upon our strong foundation and reputation as a palliative and end-of-life provider we will continue to develop, adapt and enhance our person-centred care to meet the needs of our patients.	We will work with our partners to enhance and improve the experience of patients with palliative and end-of-life care needs, as well as the experience of those closest to them.

Our Values

Our Values are our core beliefs. They explain who we are, how we work, what we believe in and stand for:



A welcoming space

Creating a safe, shared and inclusive space where everyone feels valued and respected.



Dedicated to care

At our very heart is holistic care, comfort and dignity for all.



Compassion in all we do

Everything is centred on empathy, kindness, understanding and respect.



Support at every stage

We offer assistance, encouragement and guidance to everyone throughout their personal journey.



Excellence in everything

Delivering professionalism and the highest of standards in everything we do.



St Teresa's
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Priorities for Improvement for the Coming Year 2026-2027



Enhancing Frailty Identification and Person-Centred Care Planning in Hospice Patients

Frailty is a clinical syndrome characterised by reduced physiological reserve and increased vulnerability to adverse outcomes such as falls, hospitalisation and mortality. Inconsistent use of a Clinical Frailty Assessment Tool can lead to missed opportunities for early intervention and appropriate care planning. This project aligns with national priorities on personalised care and reducing avoidable admissions, aiming to improve patient outcomes and decision-making. By working in partnership with other healthcare providers, hospices can help identify and support more patients living with frailty while contributing to coordinated care and reduced hospital admissions. Improving this aligns with CQC priorities by strengthening safe, effective and responsive care tailored to individual needs.

How will this be achieved?

- Deliver targeted staff training on frailty, prognostication and consistent use of a Frailty Assessment Tool.
- Integrate CFS scoring into hospice admission, assessment and MDT review processes. Embedding into S1.
- Standardise documentation of frailty, prognosis and personalised care plans
- Embed routine discussions around goals of care, advance care planning and preferred place of care.
- Strengthen MDT working for holistic frailty review.
- Develop patient and family information resources to support understanding of frailty and disease trajectory.
- Introduce prompts within electronic/paper records to ensure frailty assessment is completed.
- Develop links with community and hospital teams to support continuity of care.
- Actively participate in the development of a local model and pathway through the Integrated Neighbourhood Community Frailty.



Key Measures of Success:

- % of patients with documented CFS score within 24–48 hours of admission.
- % of patients with documented personalised care plans linked to frailty status.
- % of patients with recorded advance care planning discussions.
- Reduction in avoidable hospital transfers from hospice care.
- Patient and family feedback on involvement in care decisions and communication.
- Staff feedback on confidence in using assessment tool and discussing prognosis

Governance & Oversight:

Monthly audit
and data review.



Reporting to
Clinical Governance
Committee, Senior
Management Team
(SMT) and Board.



Regular CTM case
reviews and reflective
practice sessions.





Strengthening Patient and Carer Feedback to Drive Quality Improvement

Patient and carer feedback is a core component of how St Teresa's Hospice develops and delivers its services. The Tees Valley Adult Palliative and End of Life Care Strategy (2021-2026) and expectations set by the Care Quality Commission emphasise the importance of actively gathering feedback from people with lived experience of services, ensuring that their views are systematically captured and used to inform service development and quality improvement. While we have taken steps to increase response rates, feedback is consistently positive, suggesting that existing approaches may not capture deeper insights. Strengthening what feedback is gathered and used will ensure lived experience is effectively collected, analysed and acted upon, enabling it to meaningfully inform continuous improvement.

How will this be achieved?

- Undertake a desktop review of current feedback channels and tools across all hospice services to identify gaps, duplication and opportunities for improvement.
- Pilot one to one consultations with patients and carers to gain deeper insight.
- Revisit how we share feedback and resulting improvements to patient care.
- Develop a policy to support a consistent and sustainable approach.
- Co-design a new leaflet outlining how we invite and use feedback with service users.





Key Measures of Success:

- Improved quality of feedback to inform service development.
- Feedback from interviewees, patients and carers about one-to-one consultations.
- Redesigned format for disseminating “you said, we did”.
- New leaflet in circulation.

Governance & Oversight:

Delivery monitored against a structured project plan and Gantt chart timeline.



Actions managed through the MyCompliance system.



Regular progress reporting to Clinical Governance Committee, Senior Management Team (SMT) and Board.





Wellbeing Hub Review

Our Wellbeing Hub model has been in operation for five years. A comprehensive review is now required to evaluate its effectiveness, relevance and sustainability. This will enable us to identify strengths, gaps and opportunities for service development.

The review will assess:

- The range and accessibility of services offered.
- The impact of these services on patients and carers.
- The effectiveness of current referral pathways and reach.
- Opportunities to improve equity of access and service uptake.

How will this be achieved?

- Review of relevant research and policy relating to wellbeing services in palliative care.
- Analysis of service data including demographics, referral sources, uptake and outcomes.
- Collection of feedback from service users, staff and other stakeholders via surveys and targeted engagement sessions.
- In-depth case studies to explore patient and carer journeys and the impact of the Wellbeing Hub on personal goals.
- Co-production of a revised Wellbeing Hub brochure with service users, carers and key stakeholders to ensure it reflects current needs and values.





Key Measures of Success:

- Development and publication of an updated Wellbeing Hub brochure co-designed with service users.
- Updated service specifications for all hospice wellbeing services reflecting findings from the review.
- Demonstrable increase in appropriate referrals and service uptake.
- Improved patient and carer reported experience measures (PREMs), where measurable.

Governance & Oversight:

Delivery monitored against a structured project plan and Gantt chart timeline



Actions managed through the MyCompliance system



Regular progress reporting to Clinical Governance Committee, Senior Management Team (SMT) and Board





Community Engagement and Service Promotion

St Teresa's Hospice will undertake a structured programme of community engagement activity across Darlington to raise awareness of hospice services, strengthen community relationships and identify and reduce barriers to access. This work aims to ensure that hospice services are better understood, more visible and more accessible to underrepresented and underserved groups within the local population. By actively engaging with communities, we will seek to improve equity of access and ensure that referral pathways are inclusive and responsive to need.

How will this be achieved?

- Attendance at three town-wide community events (e.g., Pride, GOLD Festival and similar local events) with dedicated hospice information and engagement stalls.
- Host an open day at the hospice to increase understanding of services and reduce barriers.
- Targeted outreach to underserved and underrepresented groups.
- Development of engagement materials and messaging tailored to different communities to improve accessibility and cultural relevance
- Review and refinement of communication and promotional approaches based on feedback and engagement outcomes.





Key Measures of Success:

- Levels of public engagement at community events and hospice open days (e.g. attendance, conversations, information requests).
- Increased referrals, particularly from underserved and underrepresented communities.
- Development, implementation and evaluation of an updated communications and marketing strategy informed by engagement findings.
- Improved awareness of hospice services within targeted communities, measured through feedback and engagement evaluation.

Governance & Oversight:

Delivery monitored against a structured project plan and Gantt chart timeline



Actions managed through the MyCompliance system



Regular progress reporting to Clinical Governance Committee, Senior Management Team (SMT) and Board





St Teresa's
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Priorities for Improvement Achieved During the Year 2025-2026



Ageing Well Programme

 **Outcome: Partly Achieved**

Aims:

Develop and deliver an Ageing Well programme to empower people aged 65+ to live healthier lives, promoting positive lifestyle choices, social engagement, autonomy and independence.

What have we achieved?

- Designed and developed an eight-week programme in partnership with Public Health and local agencies.
- Successfully piloted the programme with a cohort of hospice volunteers aged 65+.
- Used participant feedback to refine programme content, evaluation methods and publicity materials.
- Expanded delivery to the wider community, delivering a further two programmes.
- Demonstrated positive outcomes for participants, including improved social connection, reduced isolation and increased confidence in managing health and wellbeing. Examples of impact include:
 - Participants booking health checks with their GP.
 - Increased engagement in volunteering opportunities.
 - Participation in local walking groups and community activities.
 - Uptake of wellbeing initiatives such as mindfulness courses.
 - Accessing practical support, including Blue Badge and Attendance Allowance applications.

Next steps

- Deliver the programme to at least two further cohorts.
- Use learning from the programme to inform future hospice service development and support potential wider rollout with Public Health partners.

Developing Inclusive Care - Working with LGBTQ+ People in Hospice Care



Outcome: Achieved

Aims:

This project aimed to cultivate the hospice as an LGBTQ+ positive organisation that delivers more inclusive services for LGBTQ+ individuals, while fostering a culture of respect and understanding within our hospice community.

- Establish a Task and Finish Group, including people with lived experience, to ensure authentic and meaningful insight.
- Utilise national research and internal review to critically assess current practice, culture and inclusivity, identifying both strengths and areas for improvement.
- Develop clear, practical and achievable recommendations to drive organisational change.
- Inform and strengthen the implementation of a more inclusive approach to spiritual care.

What have we achieved?

- The Task and Finish Group met regularly over the year.
- The group undertook a comprehensive review of national guidance and critically evaluated how the hospice is experienced internally and perceived externally by the LGBTQ+ community.
- A detailed report was produced, setting out clear, evidence-based recommendations for improvement, including:
 - Develop a proactive communication strategy to overtly signpost that the hospice is an inclusive space e.g. diverse images in publicity, social media, presence at PRIDE, displays in hospice and retail outlets.
 - Strengthening processes to sensitively capture, record and utilise information about identity and relationships, enabling more personalised and respectful care.

- Introduction of a “This is me” document which includes information important to the patient: gender, presentation (including naming issues), any transition-related medical needs and the personal care and presentation tasks that they would like continued if they are not able to continue these themselves and at death.
- Delivery of targeted, face-to-face training to enhance staff confidence and competence in providing inclusive care.

Next steps

- Develop and implement a robust action plan to deliver the recommendations.
- Embed recommendations across the organisation to ensure sustainable cultural change and improved experience for LGBTQ+ patients and families.

Improving End-Of-Life Care for People with Learning Disabilities



Outcome: Achieved

Aims:

- Establish a Community of Practice to provide a supportive learning space for practitioners with a shared commitment to improving end-of-life care for people with learning disabilities.
- Strengthen cross-sector relationships between palliative care and learning disability services.
- Enable reflection on practice, sharing of resources and identification of opportunities for collaboration and service development.

What have we achieved?

- Successfully engaged a range of professionals from palliative care and learning disability services with 12 participants actively involved.
- Developed agreed Terms of Reference including clear objectives, structure and communication processes for the group.
- Held four meetings, providing a consistent opportunity for shared learning and reflection.



- Evaluation demonstrated strong positive impact:
 - 100% reported improved understanding of other services and professional roles.
 - 85% felt energised by collaboration with like-minded professionals.
 - 65% reported improved knowledge of available resources.
 - 65% increased confidence in their own practice.
 - 65% gained new ideas to reduce inequalities.
 - 65% felt inspired to develop their practice further.
- Identified examples of good practice and opportunities for improvement across services.
- Supported participants to develop individual organisational action plans.
- Identified key service improvement recommendations for the hospice including enhanced communication tools, development of a photo-based guide and virtual tour, and improved handover processes for communication preferences on the Inpatient Unit.

Next steps

- Develop and implement a robust action plan to deliver the recommendations.
- Embed learning and improvements across the organisation to strengthen inclusive end-of-life care.

Volunteering for Health: Enhancing Local Infrastructure and Inclusion through Strategic Partnership



 **Outcome: Partially achieved**

Aims:

- Establish a centralised service which will focus on the triage and induction of volunteers within the health and social care sector in Darlington.
- Engage individuals with physical and mental health challenges and encourage young people to participate in volunteering, using co-production with local communities.

- Consider the introduction of a 'volunteering passport' to streamline background checks and improve mobility between roles across organisations.

What have we achieved?

- Recruited a dedicated Volunteering for Health Coordinator, based at St Teresa's Hospice.
- Began to create clear volunteer pathways and consistent support processes across the local system for participating organisations.
- Developed relationships with local organisations with health volunteering opportunities.
- Set up an online platform for organisations to advertise volunteering opportunities and for volunteers to apply for roles.
- Engaged in coproduction with one of our project partners, Darlington Association on Disability (DAD), to develop our hub services and marketing.

Next steps

- Setting up the physical hub base in our newly refurbished Wellbeing Hub.
- Arranging our first Volunteer Hub drop-in session for providers and potential, or existing, volunteers.
- Continuing to work on marketing and community engagement initiatives to promote the Hub to providers and volunteers.
- Working with our project partners Citizens Advice Darlington, Redcar and Cleveland (CADRC) to support their development of NHS Charities' hospital discharge initiative through volunteer recruitment.

Further Quality Improvements during the year (2025-2026)



Nutrition and Catering

Good nutritional care remains central to delivering holistic, person-centred care. Using a Plan-Do-Study-Act (PDSA) approach, improvements were made to food quality, presentation and personalisation. A new two-week rotating menu increased variety and sustainability, supported by staff education on dysphagia and diabetic diets.

Feedback from 57 patients and staff showed high satisfaction with food quality, variety and staff support. Areas for further improvement included expanding dietary choice, improving communication with clinical teams and enhancing menu accessibility.

Next steps include mandatory dysphagia training for catering staff, improved 24-hour snack provision, themed menus and greater integration of catering within the multidisciplinary team. This work supports continuous improvement and personalised care.

Cuddle Bed

A Cuddle Bed has been introduced within the Inpatient Unit to enhance patient and family experience, dignity and comfort.

This enables patients to remain physically close to loved ones, supporting shared rest, extended visiting and meaningful time together.

It is particularly valuable for families wishing to create lasting memories including parents and children. The initiative reflects the hospice's commitment to holistic, person-centred care addressing emotional alongside clinical care and enhancing wellbeing at the end of life.



PURPOSE T Tool

A review of pressure ulcer risk assessment tools was undertaken in line with national guidance. The PURPOSE T Tool was introduced to provide a more structured and evidence-based approach to risk assessment and care planning.

The tool supports clearer identification of risk and enables targeted prevention strategies. Implementation included staff training and integration into SystemOne, improving documentation and consistency in clinical decision-making.

Further work will focus on linking care plans directly to identified risks, supporting prevention and improved patient outcomes in line with safe and effective care priorities.

Digital Maturity Project

St Teresa's Hospice has participated in a North East collaborative Digital Maturity Project to improve efficiency and standardisation across systems, particularly SystemOne.

Work has focused on developing structured documentation templates covering clinical and holistic care, supporting more consistent and comprehensive records. Shared learning with partner hospices has highlighted opportunities to improve usability, coding and data quality.

Next steps include streamlining inpatient admission processes using a PDSA approach to reduce duplication and improve usability. This work supports digital transformation, service efficiency and continuous improvement.

Culture Development

We have undertaken a culture development project, using a volunteer with relevant experience to complete interviews with 92 individual staff and volunteers and workshops with every hospice team - a total of 162 hours of listening.

Actions have been identified for us to address over the next two years, to safeguard and develop our culture and further embed organisational values.

Environmental Improvements

In response to feedback from patients and families, and in consultation with staff and volunteers, the hospice has delivered a programme of environmental improvements that have significantly enhanced patient comfort, dignity and accessibility.

On the Inpatient Unit, widened doorways allow patients to have direct access to our beautiful gardens from their rooms. An upgraded family space offers patients and families a dedicated private area where they can feel at home and relax at difficult times.

The redesigned Wellbeing Hub now provides a contemporary, welcoming environment with accessibility enhanced through improved access, an additional accessible toilet and a hearing loop system.

The creation of a “Reflections Room”, which will house the Book of Remembrance and provide a quiet space for reflection and contemplation, will begin soon.



Partnerships in The Wellbeing Hub

Over the past year we have continued to work with our valued partners and sought to further deepen our partnerships for the benefit of patients and their families:

- Hosted Carers Rights Day with Darlington Carers Association.
- Introduced yoga classes with a private provider for neurological patients.
- Worked with the regional MND team to explore opportunities for service development and more joined-up working.

St Teresa's hospice has always been a very welcoming and supportive place for our MND patients and their families.

From the initial conversations to setting up meetings together and now planning MND clinics at the hospice, the process could not have gone better. We are really excited about the prospect of having clinics there which I know will greatly benefit patients and carers.

We have had quite a few patients in the hospice Inpatient Unit and we know that patients are in safe hands, receiving the care and support they need. We have always had very positive feedback from patients and often they want to stay longer at the hospice. The Family Support Team has been seeing patients in their own homes. One patient has got so much out of these visits, is in a much better place with their mental health and is starting to accept the changes to their life resulting from MND. I don't think they could have done that without hospice support.

MND is a devastating disease and it's very sad to see the challenges our patients face on a daily basis. They can attend our clinic, which is a safe and welcoming space where they can enjoy time with their family. We also hope that, with your ongoing support, we can offer early referral to your Wellbeing Hub and the extra support they can find there.

Deborah Armstrong (MND Specialist Nurse South Tees Hospital)

Section Three: Statutory Statements of Assurance

Our Services

St Teresa's Hospice provides specialist palliative and end-of-life care for people living with life-limiting illnesses including cancer, heart and lung disease, neurological conditions and advancing frailty. Care is delivered by a skilled multi-disciplinary team working closely with health and social care partners to provide coordinated, high-quality support.

Services include specialist symptom management, inpatient care, community and outpatient support, emotional and psychological support, wellbeing services and support for families and carers.



Hospice At Home



Inpatient Unit



Woodlands Wellbeing Hub



Family Support Team



St Teresa's Hospice



Bereavement Care



Complementary Therapies



Lymphoedema Clinic



Volunteer Visiting

Funding

Over recent years the proportion of NHS funding has reduced. **Six years ago, income from the Integrated Care Board represented 36.91% of total expenditure, now it is 24.98% (2025-2026).** This means we are increasingly reliant on charitable income. All NHS funding for commissioned services is fully invested directly into patient care.

St Teresa's Hospice continues to review services to ensure they are delivered as efficiently as possible, with expert care for patients and families remaining the highest priority. While significant efforts continue to be made to grow charitable income, long-term sustainability will require increased and sustained statutory funding to ensure the continuation and stability of hospice services. This reflects wider national concerns across the hospice sector, with Hospice UK calling for increased government investment to address funding pressures and support a fairer, more sustainable funding model for hospice care.

All our core services are free of charge to patients and carers.



“ Thank you for caring for my uncle with such kindness and treating him like family.

You gave him dignity, comfort and peace in his final days, and that means more to me than I can ever say.

I will always remember the compassion you showed him - and me. ”

Participation in National Clinical Audits

St Teresa's Hospice did not participate in any national clinical audits or any national confidential enquiries. No patients receiving services provided by St Teresa's Hospice were recruited during this period to participate in research approved by an ethics committee. Information about the hospice's clinical audit programme for 2025-2026 can be found in section four.

Participation in Clinical Research

Whilst the clinical team have not undertaken a specific clinical research project this year, we have made progress in developing partnership working with our local network - North East and North Cumbria Regional Research Delivery Network. We are a member of their Palliative Care Speciality Group and have the ambition to 'go-live' with the following research project for 2026-2027, "IRAS 337603 METEL (Metabolites Towards the End of Life)". This work could identify mechanisms involved in the dying process. The project asks how the levels of metabolites and proteins change in people in the last weeks and days of life

Education

We continue to contribute our experience and expertise in palliative and end-of-life care at relevant strategic forums, working with system partners to develop and improve local services.

In the past year hospice staff delivered a training session on "Subcutaneous injections for Symptom Management in End-of-Life Care" at the North East Ambulance Palliative and End of Life Master class.

We also delivered a workshop on "Supporting Children and Young People through Grief and Loss" to foster carers and social care staff. All 14 attendees rated the session as "excellent" and said they felt more confident supporting young people and having open conversations about grief.

CQUIN Framework

St Teresa's Hospice did not receive additional funding during 2025-2026 from the Commissioning for Quality and Innovation (CQUIN) payment framework. The mandatory CQUIN scheme is paused.

CQC Registration

St Teresa's Hospice is required to register with the Care Quality Commission. Its current registration is for the regulated activity of "the treatment of disease, disorder or injury". The hospice was last inspected in August 2022 and we retained our "Good" rating.



2025-2026 saw some senior leadership changes in the hospice resulting in a shuffle of senior clinical posts and the appointment of a new Registered Manager. Following their CQC interview, the post holder received approval that their application for Registered Manager status had been adopted.

An initial high-level review of services demonstrated many areas of good practice. However, some of this work was difficult to 'evidence'. A revised process for evidence capture has commenced and an electronic system is now in place by way of preparation for our next CQC visit.

Whilst the alignment to CQC's high quality standards is embedded into daily practice, a full in-depth data gap analysis is now underway which will be developed into the hospice's CQC Action Plan. This will be performance managed via Clinical Governance Sub Committee and, ultimately, our Board of Trustees.

Data Quality

St Teresa's Hospice has established information governance arrangements to ensure the accuracy, integrity and security of all clinical and organisational data. The Data & Quality Assurance Manager oversees data quality, validation and reporting processes and supports the effective use of clinical information systems in line with governance standards, including appropriate access controls and data quality assurance procedures.

The hospice operates within agreed information governance frameworks in partnership with the Tees Valley Integrated Care Board (ICB), including submission of Minimum Data Sets, as well as reporting to external funders and regulatory bodies. A Data Protection Officer provides oversight of data protection compliance, ensuring adherence to relevant legislation and standards.

Internal data is subject to routine validation with clinical managers in collaboration with the Data & Quality Assurance Manager. Oversight of external reporting and assurance of information governance compliance is monitored by Senior Managers and maintained through the Board of Trustees and its subcommittees.


Information Governance


St Teresa's Hospice has robust information governance arrangements in place to ensure the secure and lawful handling of data in line with UK GDPR, the Data Protection Act 2018 and relevant NHS standards.


The hospice is fully compliant with the NHS Data Security and Protection Toolkit 2025-2026, which incorporates the National Data Guardian's ten data security standards. Information governance is overseen by the Data Security & Protection Steering Group, supported by the Data Protection Officer and Caldicott Guardian roles, with mandatory annual staff training and monitoring of incidents and compliance.


Section Four: Review of Quality Performance


Summary of Activity


 Inpatient Unit	2023-2024	2024-2025	2025-2026
Total Number of Admitted Patients	160	150	164
Average Length Of Stay	10.3	11.4	10.9
% Bed Occupancy	70%	79%	78%
Total Number of Preferred Place of Death Met	123 (98%)	118 (99%)	136 (99%)

 Hospice at Home	2023-2024	2024-2025	2025-2026
Number of Individual Patients Seen	54	58	82
Total Number of Patient Contacts	1142	1768	4442

 Wellbeing Hub Groups	2023-2024	2024-2025	2025-2026
Number of Individual Patients Seen	115	103	114
Total Number of Patient Contacts	2045	2252	2560

 Family Support & Bereavement Care	2023-2024	2024-2025	2025-2026
Number of Individual Patients Seen	370	362	393
Total Number of Patient Contacts	2261	2303	2106

 Lymphoedema	2023-2024	2024-2025	2025-2026
Number of Individual Patients Seen	241	229	224
Total Number of Patient Contacts	599	619	443

 Complementary Therapies	2023-2024	2024-2025	2025-2026
Number of Individual Patients Seen	225	227	242
Total Number of Patient Contacts	2417	1820	2339

On the Inpatient Unit, a positive length of stay has been maintained and continued refinement of the referral pathway has contributed to an increase in bed occupancy. The Hospice at Home service, established in December 2024, has continued to develop. A six-month review resulted in adjustments to the operational model.

Capacity within the Wellbeing Hub and Family Support service has remained stable over the past year, with SystemOne data indicating consistent levels of service delivery throughout this period. The lymphoedema service model was reviewed to prioritise newly diagnosed and symptomatic patients, with stable patients managed by their GP. Complementary Therapies saw a small increase in team capacity as a result of external funding.

“ St Teresa’s has been an absolute gem for me.

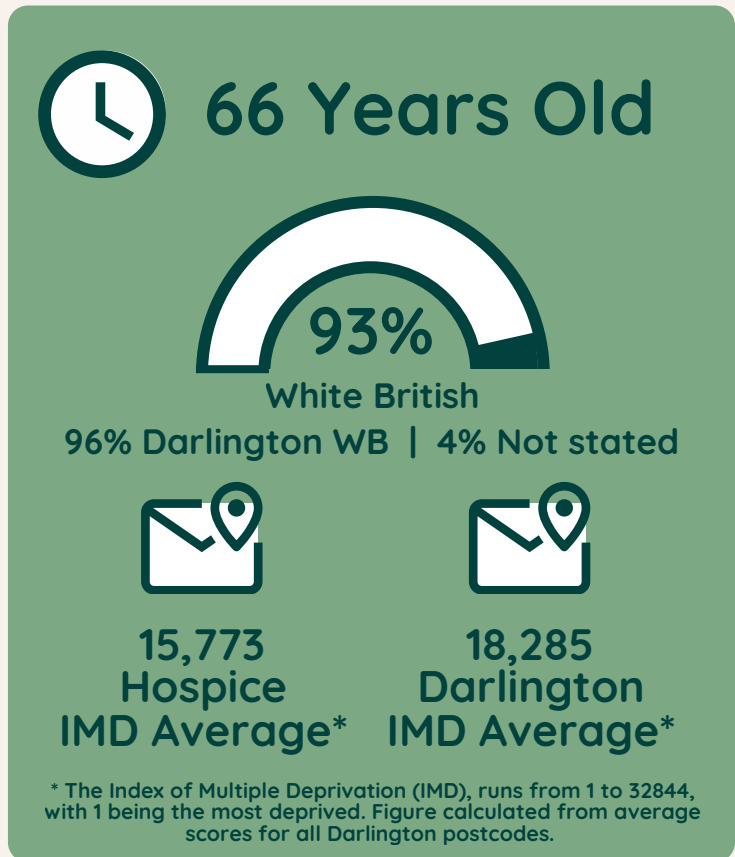
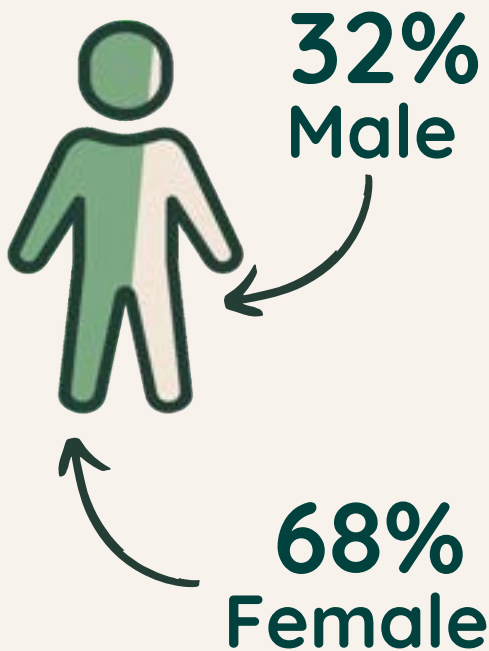
I have accessed counselling, reflexology and acupuncture, all through the hospice, which has been so helpful.

Members of my family have also accessed different support structures offered.

”

Patient Profile 2025-2026

Total Patients 1082



Our data indicates that the services with the lowest proportion of male participation are Acupuncture (21%) and the Wellbeing Hub (25%). In response, our priority for the coming year is to implement targeted marketing of complementary therapy and wellbeing services to men. In addition, as part of our review of the Wellbeing Hub, we will look to adapt the model to make it more appealing and accessible to male patients.

There is also a need to continue our focus on the uptake of our services across all the Darlington electoral wards. In the coming year, the hospice has a programme of community engagement activities across Darlington to raise awareness of hospice services, strengthen community relationships, and identify and reduce barriers to access. This work aims to ensure that hospice services are better understood, more visible and more accessible to underrepresented communities to improve equity of access.

Patient Safety

St Teresa's Hospice is committed to the continuous review and improvement of services to meet the evolving needs of service users. Progress is monitored through the Clinical Governance Sub Committee and reported to the Board of Trustees. During 2025-2026, the clinical team undertook a review of the patient safety framework to assess alignment with the NHS Patient Safety Incident Response Framework (PSIRF). This included an evaluation of incident reporting, documentation, investigation processes and organisational learning.

The review identified strengths in incident reporting, documentation, targeted safety actions and staff feedback mechanisms. It also highlighted opportunities to strengthen system-based learning and further develop a consistent patient safety culture in line with PSIRF principles.

As a result the hospice has:

- updated our incident policy – HS22 Patient Safety Incident Response Policy (PSIRP).
- developed a Safety Improvement and Assurance Group, which will report directly to Clinical Governance Sub Committee.
- revised documentation to include a 'Good Save' framework.
- updated training for staff in line with NHS Best Practice, specifically around a 'Just Culture' and thematic analysis.

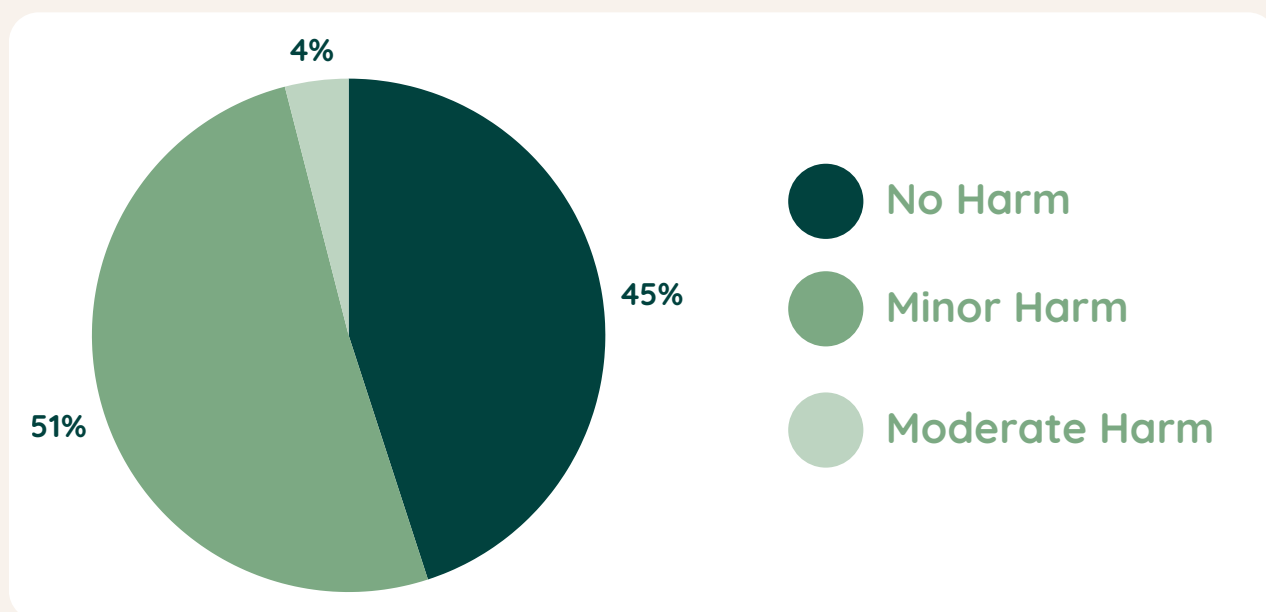
These developments strengthen our approach to patient safety by improving the identification of risks, supporting system-wide learning and ensuring effective monitoring of action plans. They also serve to promote openness, learning and continuous improvement in line with regulatory requirements.

A total of 132 incidents were reported in the last year: 119 clinical and 13 non-clinical.

There was a total of 119 clinical incidents. There were no Never Events, incidents of severe harm nor any requirement for a Patient Safety Incident Investigation report to be completed and reported externally.

1 in 24 incidents (5) were rated as moderate harm. 4% (5) were rated as moderate harm, broadly 1 in 24 of all the incidents, leaving all other incidents as either minor or no harm, with an equitable split between the two. All other incidents were either minor or no harm with an equitably even split between the two.

Incidents by harm rating



Key areas of clinical reporting

Patient Falls

The hospice has a Lead Nurse for falls prevention who co-ordinates risk assessments, staff education and incident reviews.

Monthly reviews on risk assessments and incidents are undertaken to ensure best practice is maintained. All patients admitted to the Inpatient Unit have a Falls Assessment within 6 hrs and, if identified as a falls risk, a Falls Prevention Care Plan is initiated.

There was a total of 8 falls in 2025-2026 with no harm identified.

Pressure Ulcers

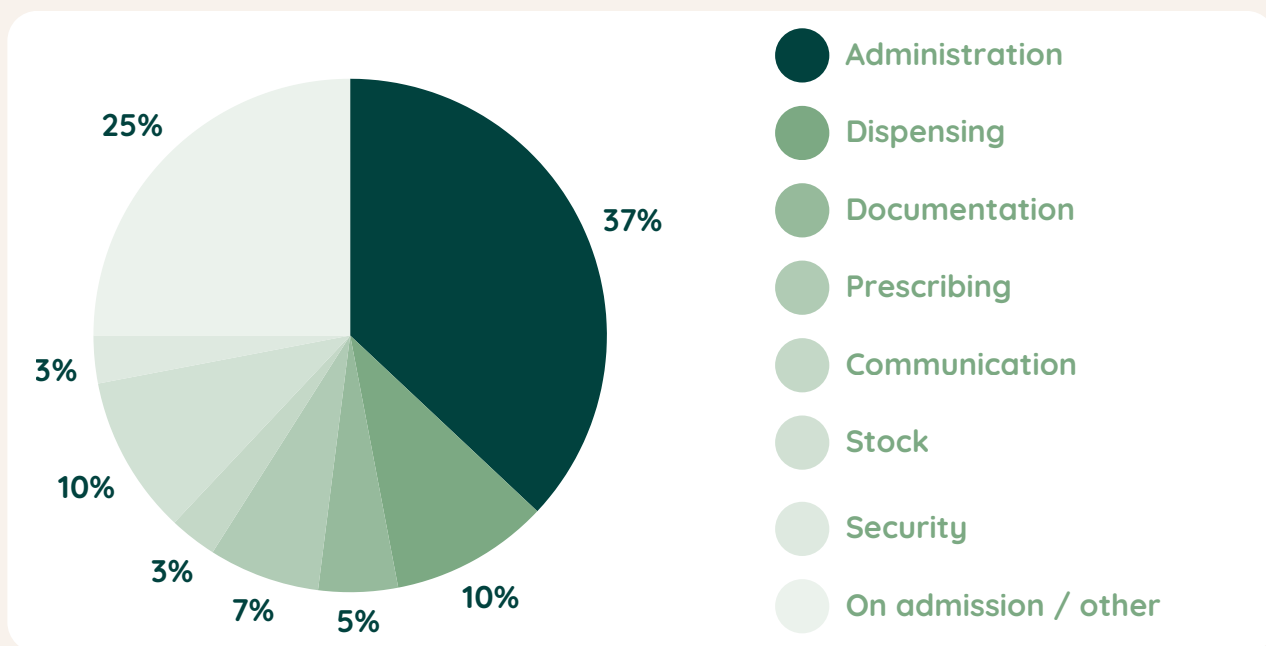
St Teresa's Hospice acknowledges that tissue damage may occur in patients nearing the end of life. A key priority is to maintain skin health for as long as possible, supporting patient comfort and overall well-being. Any pressure ulcers that develop within the hospice, or are identified on admission, are reported in accordance with local procedures.

As mentioned in our priorities for improvement, a review of pressure ulcer risk assessment tools was undertaken in line with National Wound Care Strategy Programme (NWCS) guidance and a revised tool was implemented for both risk assessment and care planning.

44% of all incidents (119) were pressure related incidents equalling a total of 53. Of these, 30 incidents were identified 'on admission'. The IPU team liaise with external partners on any pressure ulcers not documented in admission paperwork to enable external review/incident investigations and, if appropriate, a safeguarding referral. In relation to the 23 acquired pressure ulcers identified within the hospice setting, it is important to acknowledge these occurrences while recognising the complex clinical context in which care is delivered. Despite consistent implementation of high-quality preventative measures, including the use of Oska series 5 airflow mattresses and optimisation of repositioning and movement, skin breakdown unavoidably occurs as part of the natural trajectory of advanced illness and deterioration. Contributing factors include reduced tissue perfusion, multi-organ failure and a decline in nutritional intake associated with the natural dying phase. In some cases we are reporting acquired pressure ulcers that have developed in the final hours of life. These can likely be attributed to organ and skin failure and are considered clinically unavoidable, and not preventable through intervention. This statement does not seek to attribute blame, but rather to provide context and understanding of expected outcomes within palliative care, while also recognising that patients' skin integrity was maintained and protected for as long as possible, reflecting the standard of care provided across the hospice.

Medication Incidents

There were 40 medication incidents reported within the year all of which were reported as no or minor harm.



Incident Relating To:	Total	%
Administration	15	38%
Dispensing	4	10%
Documentation	2	5%
Prescribing	3	8%
Communication	1	3%
Stock	4	10%
Security	1	3%
On admission / other	10	25%

There have been several key improvement and quality assurance measurements implemented during 2025/26.

- Improved relationships with our external partners to enable collaborative review/incident management.
- Dedicated support for the nursing teams by senior staff to assess and address training needs.
- Review and refresh of our competency frameworks for transcribing and medication calculations have been completed to ensure the delivery of best practice.
- Repurposing of drugs in line with our environmental sustainability programme, which in turn has improved our stock management and security systems.
- Implementation of a structured programme of reflective learning.

Non-clinical incidents

Within 2025/26 there were 13 non-clinical incidents reported with 2 classed as near misses. None of the incidents resulted in actual physical harm to anyone although, due to the nature of some, these may have been of concern to the relevant individuals. Six incidents related to data issues and seven incidents related to security and property with appropriate actions taken to address and reduce recurrence.

Non-clinical incidents are reviewed as received including actions taken, actions required and lessons learned. Following this the incident is closed.

Infection Prevention and Control

At St Teresa's Hospice we maintain a close working relationship with our Public Health England lead. IPC audits and associated action plans are shared via the MEG app (Medical or clinical E-governance) to ensure transparency and open review across our services.

We have recently established an Infection Prevention and Control Committee. The committee is responsible for reviewing IPC-related incidents, monitoring ongoing risks and identifying priority areas for improvement. A deputy IPC Lead has also been appointed and both leads are working collaboratively to ensure the hospice remains up to date and fully compliant with current IPC standards and guidance. The IPC Committee's key aims are structured under the following themes:

Governance

- Ensure compliance with national guidance and best practice.
- Report key IPC updates to the Board of Trustees.
- Develop, implement and monitor IPC policies and procedures within the hospice.

Assurance

- Maintain consistent infection prevention and control standards across the hospice.
- Review IPC audits and ensure actions are up to date and completed.
- Monitor the IPC action plan and associated risks.
- Identify and escalate IPC-related risks to the clinical risk register if applicable.

Quality Improvement

- Review feedback on cleanliness and infection control standards.
- Use audit outcomes and feedback to drive continuous improvement in our IPC practice within the hospice.

Safeguarding

St Teresa's Hospice prioritises safeguarding as a fundamental aspect of its care. We recognise that protecting children, young people and vulnerable adults is a shared responsibility, requiring effective collaboration with partner agencies and professionals.

The hospice has four Designated Safeguarding Officers (DSOs), who are the key points of contact for support and advice. Information about the DSO role is promoted throughout the hospice. DSOs meet quarterly for peer supervision and to review all safeguarding concerns. This enables the identification of emerging themes, informs training needs and supports service improvement. The Safeguarding Lead also receives external supervision from the Local Authority, ensuring governance oversight and alignment with safeguarding partnership arrangements.

During 2025-2026 14 safeguarding concerns were raised, the majority of which were managed internally with advice and support from the Local Authority Safeguarding Team where required. Three concerns were escalated to the Local Authority Safeguarding Team.

The hospice submitted 9 Standard Authorisation Requests under the Deprivation of Liberty Safeguards (DoLS).

Service improvements over the past year in response to reflection on safeguarding practice:

- Updated Terms of Reference adopted for DSO meetings.
- Strengthened the Safeguarding Flow Chart in response to case reflection.
- Amended Safeguarding SOP in response to audit.
- Amended the Reflection Report in response to staff feedback.
- Panic button installed on IPU for added security and safety out of hours.

- New tool introduced to support creation of a safe environment for someone at risk of self-harm.
- Staff offered suicide prevention training (ICB funded).
- Resource around Professional Challenge (Darlington Safeguarding Board) shared with teams.
- Review of mandatory training to ensure alignment with the Intercollegiate Documents.

In the coming year we will focus on the following priorities:

- Implement guidance with targeted training around responding to suicidal ideation.
- Create an electronic safeguarding resources folder on Sharepoint.
- Review Audit tool.

Clinical Audit

To support the continuous improvement of the quality and safety of care we provide to patients, their families and carers, we routinely collect and review data relating to our clinical activity.

Our annual Clinical Audit Programme measures the care we deliver against agreed clinical standards and best practice, helping to ensure that patients receive safe, effective and high-quality care.

The programme is responsive and flexible, allowing additional audits to be undertaken where themes are identified through incidents, complaints or patient and carer feedback. Whilst this is an established programme of work, we took the opportunity in 2025-2026 to review in depth both the Infection Prevention and Control and Medicines Management audit programmes. Our aim was to ensure that the programme provides assurance from a governance perspective but also ensures the hospice has a programme of clinical audit that adds value and is proportionate to our potential risks and capacity within teams.

The hospice undertook 50 clinical audits in 2025-2026. 42 were compliant, 7 had some minor non-compliance with one major non-compliance. The major non-compliance was already known and in the process of being addressed.

There were 80 actions identified, the majority of which relate to improving staff awareness and consistent application of existing policies, rather than introducing new systems.

Most actions are practical follow-ups from audits aimed at tightening compliance and improving consistency. Identified themes:

- Reviewing or updating policies/guidance.
- Ensuring staff follow existing procedures correctly.
- Improving documentation and record-keeping.
- Strengthening communication within teams.

A sample of the audits from our Clinical Audit Programme are shown below.

Clinical Audits 2025-2026	Completion Quarter	Outcomes
C01 Clinically Assisted Hydration Policy Audit	Q1	Consider recording the process steps in the patient care plans and SOPs.
C09 (vii) Medicine Management Pharmacy Audit	Q1	Reminded to fill this in each day.
C03 Complementary Therapies Policy Audit	Q2	Develop: 'Referral acceptance and exclusion criteria' in policy to include who can refer e.g. IPU, breast care, CDDFT, as identified in recent audit. To add inclusion/exclusion criteria e.g. those at risk of seizures.
C14 (1.6) Care Environment Audit	Q2	Ensure that all the catering and housekeeping team know how to access policies and ensure they are kept up to date if the teams are relying on hard copies.

Clinical Audits 2025-2026	Completion Quarter	Outcomes
C15 Uniform Audit (ID badges, shoes and nails)	Q2	Remind staff periodically about the uniform policy and share the results of this audit at team meetings.
C14 (1.9) Safe disposal of waste	Q3	No action required. Observed practice prior to informing staff that there was to be an audit. Questions answered appropriately by all 5 staff. Waste disposal observed and outside containers checked.
C32 Transcribing of Medication Audit	Q3	Minor changes required to enhance safer process to reflect new supportive care services i.e. verbal exchange of transcribed medications and S1 evidence and 1 x RN to complete transcription competencies.
C22 Verification of Death	Q4	Change Trapezius rub to Trapezius squeeze.
HS14 Hazard Notices and CAS Alerts	Q4	No recommendations; all email instruction of CAS alerts has been carried out.

Listening to and Learning from Patient and Carer Experience

St Teresa's Hospice remains committed to actively gathering and responding to the experiences of patients and service users to drive continuous improvement.

Over the last year we implemented a targeted improvement programme to increase questionnaire returns following a decline in responses. Using a Plan-Do-Study-Act (PDSA) methodology, a range of interventions were identified and tested including increased volunteer support for online surveys, improved visibility of feedback in team meetings and enhanced information provided in patient packs.

These actions resulted in a significant improvement in response rates, with returns increasing from 154 in 2024-2025 to 286 in 2025-2026.

This represents an increase from 12% to 25% of total patients seen, demonstrating improved engagement and a strengthened feedback culture across the hospice.

A range of feedback mechanisms are in place, including structured questionnaires incorporating the Friends and Family Test, suggestion boxes and informal conversations with patients and carers. This feedback is invaluable in helping us understand what we are doing well and where we can improve.



99%

During the reporting period 99% of service users stated they were “likely” or “extremely likely” to recommend our services to others - a strong endorsement of the care provided.

All suggestions and comments are reviewed by the relevant departments and collated into our ‘What You Said, What We Did’ report. Where possible we respond directly to individuals who have provided suggestions or we publish outcomes on our website. Feedback is reviewed at monthly Senior Management Team meetings and monitored through the Clinical Governance Subcommittee.

Recent examples of feedback leading to service improvement are:

“Mounting of coat hooks in the toilets”

We have now installed coat hooks in the toilets in receptions and public areas.

“It’s difficult locating the feedback form on your website”

We have added clear links to the feedback form from the website Homepage and from the Contact Us page. There are also feedback links on each of the services pages and the feedback form can be accessed from the website’s main menu bar at the top of every page.

Here is a sample of the comments we received during the past year from service users, their families and friends and professionals following support from our multi-disciplinary team. These are taken from emails, cards and letters and are shared with our staff alongside formal feedback to demonstrate the impact of their care.

Family Support Team Bereavement Support Feedback:

“[My counsellor] supported me through a very difficult few months following my husband’s terminal diagnosis then again in the weeks following his death.

Afterwards she helped me understand my feelings and how to cope with them independently. She listened well and talked well and was extremely approachable and professional.

I now feel secure in my own abilities to carry on life. I can't thank her enough.”

“It was good to make a memory jar because it helps you remember the special memories you has together... talking to people helps.”

(Aged 8)

IPU Feedback:

“You welcomed into your care my wife after the results of her illness had reached a stage where she needed palliative care. On reflection I am of the opinion that nowhere in the region could any facility have demonstrated the commitment and dedication for the complex care [my wife] needed.

On behalf of us all, I would like to thank you for the empathy, care, support and dedication shown in your respective roles during [my wife’s] stay at St Teresa’s. You have exemplified one of the best phrases in the English language: “the kindness of strangers”.”

"I just wanted to thank you for the support that you gave me and my family when my dad came to St Teresa's for his final short days... I also wanted to thank you for suggesting it was a good idea for my daughters to visit when I wasn't sure.

It absolutely was the right thing to do. My dad died with his granddaughters playing in the background, such a fitting end to the life of a man who adored them. It has also given my daughters the unexpected gift of experiencing how a natural death is, a huge gift for them to know it was peaceful and surrounded by love."

Wellbeing Groups Feedback:

"There's people in the same or similar situations as yourself who understand what you are experiencing. They all understand because they are and have been through the very same and they can help by talking you through your problems."

Complementary Therapy Feedback:

"I have improved greatly. More mobility and sensation in my feet enabling me to walk without stumbling, with my hands I can now pick up my small tablets looking anymore. Joint pain gone, which was an unexpected bonus, all in all excellent work. A wonderful service thank you."

"I cannot believe how relaxed I have felt. I was apprehensive before my first session - thoroughly enjoyed them. [Your therapist] is a good listener and therapist - thank you."

Hospice at Home Feedback:

"Nothing is too much trouble, they always explain things. It is the sort of care people hope for, but don't really expect, can't fault it at all."

"I would like to express our gratitude for all your care, support, understanding and help over the last week or so. You checked in on [X] 4 times a day and kept her clean, comfortable and sore free. All the ladies that came had such a lovely, friendly, helpful attitude. I don't know how you all do the job you do, but you certainly have the caring and understanding attitude that is needed."

Complaints

We view complaints as a valuable source of feedback; an opportunity to reflect, learn and enhance the care and services we provide. We maintain a clear and accessible complaints process, which is prominently displayed throughout the hospice and on our website.

During the reporting period, the hospice received three formal complaints. None related to our clinical care. All were investigated and appropriate action taken.

Learning and Development

The hospice is committed to maintaining a highly skilled, knowledgeable and compassionate workforce, capable of delivering specialist-level symptom management and holistic end-of-life care. Our clinical training programme is designed to support continuous professional development, ensuring our staff remain up to date with best practice and emerging clinical knowledge. In addition to our established internal programme the following external training has been completed by a number of staff:

- Non-Medical Prescribing PGC - Teesside University
- Controlled Drug Accountable Officer Training - Sancus
- Physical Assessment Skills - Teesside University
- Infection Prevention and Control Lead and Practitioner Course - IPC Ltd.
- Oxford Advanced Pain and Symptom Management - Oxford Centre for Education and Research in Palliative Care (OxCERPC)
- Palliative Care Course - Teesside University
- Organ Donation Training - Northern Organ Donation Service



- Non-invasive ventilation - Newcastle University Trust Hospitals
- Refresher training for Physiotherapy and OT - County Durham and Darlington Foundation Trust
- Tissue Viability - OSKA
- Project ECHO - South Tyneside and Sunderland Foundation Trust

This year, we have improved our record keeping systems and processes for Learning and Development using our HR Information System (HRIS) to enable improved reporting, self-service access and manager access to records and we are working on a comprehensive action plan to ensure mandatory training compliance.



Section Five: Statements from External Stakeholders

NHS
North East and North Cumbria

Commissioner statement from NHS North East and North Cumbria Integrated Care Board (NENC ICB) for St Teresa's Hospice Quality Account 2025/26.

NHS North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from St Teresa's Hospice. NENC ICB is responsible for ensuring that the healthcare needs of patients that they represent are safe, effective and that the experiences of patients are reflected and acted upon. The ICB welcomes the opportunity to review and provide comment on this 2025/26 Quality Account.

Overview
The ICB would like to thank St Teresa's Hospice for the openness and transparency reflected in this year's Quality Account. The ICB would like to commend all staff for their commitment and dedication demonstrated throughout these challenging times and for striving to ensure that patient care continues to be delivered to a high standard.

Achievements
The ICB would like to congratulate St Teresa's Hospice and its staff on the achievements made during this period. The ICB recognises the main attainments detailed within the Quality Account, which include:

- The development and delivery of the eight-week Ageing Well Programme for people aged 65+, in partnership with Public Health and local agencies. Following a successful pilot with hospice volunteers, the programme was refined using participant feedback and expanded to two further community groups. It has led to positive outcomes, including improved social connection, reduced isolation, greater confidence in managing health and wellbeing, and increased uptake of health, wellbeing and practical support services. The ICB appreciates that this was partly achieved with implementation ongoing.
- The development of the approach to Inclusive Care by Working with LGBTQ+ People in Hospice Care project to successfully deliver and established a strong foundation for more inclusive LGBTQ+ care within the hospice. This was underpinned by the task and finish group, which included people with lived experience, reviewed current practice and national guidance, resulting in clear recommendations to improve visibility, staff training, personalised care, and the sensitive recording of identity and relationships. This work has supported progress towards sustainable cultural change and an improved experience for LGBTQ+ patients and families.
- The Community of Practice which the hospice established to improve end-of-life care for people with learning disabilities and which successfully strengthening collaboration between palliative care and learning disability services. The project achieved its aims, demonstrated clear positive impact on participants' knowledge and confidence, and identified practical recommendations to improve inclusive care across the organisation. The evaluation showed a strong positive impact, with all participants reporting better understanding of other services and roles, and most describing increased collaboration, confidence, and knowledge of resources.

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NENC_NHS

Better health and wellbeing for all...

Section Five: Statements from External Stakeholders

- Volunteering for Health, and the success of this project in enhancing local infrastructure and inclusion through a strategic partnership, where a dedicated Volunteering for Health Coordinator was recruited to lead the project. It can be seen that clearer volunteer pathways and support processes have started to be developed, alongside maintaining stronger links with local organisations offering volunteering roles. The online platform will support you in advertising opportunities and support applications, and your co-production with another local provider has helped shape hub services and marketing to ensure accessibility and inclusion. The ICB recognises that this priority has only been partly achieved, however accepts that the work to date has created a stronger infrastructure for volunteering in health and social care in Darlington, improved collaboration between local partners, and laid the groundwork for greater inclusion and participation in volunteering.

Further Quality Improvement for 2025/26 were identified and include, Nutrition and Catering, Cuddle Bed, PURPOSE T Tool, Digital Maturity Project, Culture Development, Environmental Improvements and Partnerships in the Wellbeing Hub.

The ICB recognises that St Teresa's Hospice consistently delivers high-quality, person-centred palliative and end-of-life care. Increasing demand underscores the significance and impact of its services. It is important to acknowledge and congratulate the hospice for earning external recognition, having won two awards, one for exceptional care and another naming them Charity of the Year. These achievements reflect the dedication and excellence consistently demonstrated by the hospice team, and the ICB would like to extend warm congratulations to all staff for their outstanding efforts. The ICB also acknowledges the continued support received throughout the period of organisational change and values your ongoing commitment to partnership working to maintain high quality, joined up care for patients and families.


Future Priorities

The ICB is fully supportive of the identified Quality Priorities for 2026/2027, and we look forward to hearing about the Strengthening of Frailty Identification and Person-centred Care Planning by embedding consistent frailty assessments into admission, assessment and MDT processes. It is positive to hear that the hospice is strengthening patient and carer feedback to drive quality improvement. It is also encouraging to hear that the hospice is reviewing their Wellbeing Hub through evidence, service insight, stakeholder feedback and updated patient-facing information as well as promoting their community and engagement service by raising awareness to help improve access through targeted community outreach, tailored engagement and open hospice events.

The ICB can confirm that to the best of their ability the information provided within the annual Quality Account is an accurate and a fair reflection of hospice performance for 2025/26. It is clearly presented in the required format, contains information that accurately represents hospice quality profile and aspirations for the forthcoming year.

NENC ICB remain committed to working in partnership with St Teresa's Hospice to assure the quality of commissioned services in 2026/27.

Yours sincerely,



Louise Mason-Lodge
Director of Nursing for Quality
NHS North East & North Cumbria Integrated Care Board

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Louise Mason-Lodge
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“St Teresa’s Hospice plays a significant role in the health and wellbeing of Darlington. It is cherished by local people and not only provides vital end of life care but is increasingly playing a role in providing essential support for those with life limiting conditions, as well as work in our communities to help people live healthier and longer lives.

This last year it has been especially great to see the capital improvements at the Hospice, which will enhance the care and support they provide, and the leadership role that St Teresa’s has played in developing health volunteering for our area.”

CLlr Matthew Roche

-Cabinet Portfolio Holder for Health and Housing

-Chair, Darlington Health and Wellbeing Board



St Teresa's
Hospice

Endorsement by Senior Directors

We the undersigned confirm this Quality Account as a true and accurate assessment of the standards at St Teresa's Hospice:

Carol Charlton
Chair Board of Trustees

Nicola Myers
Chief Executive Officer



St Teresa's Hospice

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