

St Luke's



Quality Account

2024-25

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1: About us

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Our care

St Luke's, Sheffield's Hospice proudly provide palliative and end of life care to nearly 1,800 people across Sheffield each year, whilst also supporting their families and carers too.

We're here for people aged 18 and over from across the Sheffield region, at all stages of life from the point of diagnosis with a terminal illness, be that end stage neurological, heart, kidney or lung conditions, cancer, HIV, and dementia. We also partner with, and educate/ develop other organisations, both within Sheffield and beyond, to share our support and knowledge with others, for better end of life care for all.

Our care and support can begin from the point of diagnosis with a terminal illness.

Whether supporting patients in their own homes where they often feel most comfortable, providing 24-hour palliative care on our In Patient Centre, or supporting someone with tailored therapies; we care for people, not just a condition. We provide holistic, individualised care and support to each person and their families or carers.

Specialist Palliative Care Community team

88% of our patients are supported in their own home or care home by our Community team, who operate 7 days a week, 365 days a year. Our team works with District Nurses, GPs, Allied Health Professionals (AHP's) and community-based organisations to deliver wrap around care to support patients throughout their illness, improve their quality of life, provide relief from symptoms, and support to help avoid hospital admissions.

We empower our patients to have choice about where they are looked after, the care that they access and require and guide with decision making around their preferred place of death.

Specialist Palliative Care In Patient Centre

Our In Patient Centre (IPC) provides round the clock holistic care, from a multidisciplinary team of experienced specialist doctors, nurses, and AHPs to manage patient symptoms and reduce pain. Our IPC can accommodate up to 20 patients in 14 single rooms and two three-bedded rooms. Recent developments on the IPC have turned two single rooms in to a Family Suite; a dedicated space which provides a comfortable and supportive environment to help patients and their loved ones at a most difficult time. The design of the suite would permit its use as two single rooms again, should capacity be required.

Patient & Family Support (PAFS)

Our Patient & Family Support Service offers social prescribing, practical, wellbeing, and spiritual support for patients and their families or carers from the point of diagnosis and beyond, including bereavement support. This services operates from our Little Common Lane building, with activities not regulated by the CQC taking place at our Ecclesall Road South site.

Social prescribing activities for patients, families and carers provide an essential part of our service that focuses on the non-medical interventions that add quality and purpose to those accessing our care.

St Luke's Strategy 2025-2029

St Luke's has now begun delivering our Strategy 2025-2029, building on the progress of our last strategic review in 2017. While the Pandemic temporarily shifted our focus to service continuity, team safety, and survival, we successfully concluded that strategy in 2023, ensuring we were in a strong position to move forward.

With demand growing due to an ageing population, increasing complexity in care, and ongoing financial pressures, we knew we needed a strategy that not only protects our core existing services but also finds ways to expand them where possible.

Since summer 2023, we have worked closely with our wider management team, Board, and key stakeholders to shape a strategy that meets the challenges ahead.

The response to our new strategy has been overwhelmingly positive. Feedback from partners such as South Yorkshire Integrated Care Board (SYICB), Healthwatch Sheffield, Public Health, and Sheffield Teaching Hospitals has confirmed that our direction aligns well with broader healthcare priorities, including the SYICB end-of-life care strategy.

The clear message from our patients, families, and service users was that every service we provide is vital. That's why we have committed to continuing to deliver our full range of high-quality care, while also seeking to grow and develop these services in key areas.

Our strategic themes



- **Improving our care**



- **Valuing our people**



- **Sustaining growth**



- **Championing our cause**



- **Reaching further**



- **Embracing new thinking**

To read more about our strategy, visit www.stlukeshospice.org.uk/strategy



2: Statements

2: Statements

Statement on quality from the Chief Executive



On behalf of St Luke's Executive team and the Board of Trustees, I am pleased to present the 2024-25 Quality Account for St Luke's Hospice, Sheffield. This account provides an opportunity to share information about the services we have delivered, how we have prioritised quality, how we measure and ensure the quality of our services, and our thoughts and on future priorities, which are built on the six key themes emerging from our new strategy.

I was delighted to be appointed as the new Chief Executive & Chief Nurse of St Luke's Hospice in 2024, from my previous role as Chief Nurse. From first joining St Luke's in 2008 as a Community Specialist Palliative Care Nurse, I feel privileged to now take on this role and move the organisation forward, during such an exciting time for St Luke's.

This year, we launched our new Strategy for 2025-29, which will help us address some of the challenges our communities will face in the coming years, while also strengthening St Luke's sustainability in light of increasing pressures on multiple fronts.

Our new strategy centres around a new vision of a world where patients and families facing terminal illness don't feel alone, and receive the care and support they need to make the most of precious time, and experience a good death.

To support this vision, we have worked towards enhancing our quality of care, by progressing the following areas:

- **developing services and research**
- **expanding reach and accessibility**
- **championing equality, diversity and inclusion**
- **partnership working**
- **improving systems**

Whilst times may be challenging, St Luke's remains dedicated to providing high quality care to the people of Sheffield and I am delighted to report that following an inspection in 2024, the Care Quality Commission (CQC) rated us as Outstanding. More information on our CQC report can be found in Section 3 of this report.

Keeping St Luke's thriving—full of passion and purpose— is essential for the health and wellbeing of our city, and I am pleased to share that St Luke's has continued to make a huge difference to the people of Sheffield this year.

We're incredibly lucky to be supported by tens of thousands of donors, volunteers, staff, and partners, all working together to provide vital care today while building a strong and sustainable future. I would like to say a heartfelt thank you to all our staff and volunteers for their dedication and hard work throughout 2024-25, and our partners and supporters—for the vital role they play in supporting our care.

I take full responsibility for this report and its contents. To the best of my knowledge, the information shared in this Quality Account is accurate and truly reflects the care and support St Luke's provides to the people of Sheffield.

Author: Jo Lenton, Chief Executive and Chief Nurse, May 2025



Statement on governance and public benefit

Overview of governance structures

Governance of St Luke's is the responsibility of the members of the Board of Trustees, who serve in an unpaid capacity. New members are appointed through the Nominations and Remuneration Committee with a view to ensuring that the Board of Trustees contains an appropriate balance of experience relevant to the requirements of St Luke's.

A skills-based system is used by the Board in considering the adequacy of its trustee complement, reflecting St Luke's need for a balanced mix of skills – clinical and non-clinical. This is reviewed regularly, and proposed new trustees must undertake a 'fit and proper person' check. Appointment is followed by a full programme of induction into all aspects of the organisation, and their obligations as a trustee, in line with Charity Commission guidance and best practice. Trustees may serve a maximum of ten years, with breaks at four-year intervals.

Committees are also supported on occasion by external co-opted members who have specific terms of reference and may not vote.

At the time of writing, we have 14 Trustees who all sit on the Board of Trustees and relevant committees based on their skills and experience. Our committees are:

- **Nominations & Remuneration**
- **Healthcare Governance**
- **Audit & Risk**
- **Resource & Finance**
- **Clinical Research & Development**

First line leadership of St Luke's is provided by the Chief Executive & Chief Nurse, who is charged with ensuring that St Luke's is run as a cost-effective and sustainable charity while providing the best possible care for patients and relatives. The Chief Executive is supported by an Executive team, comprising of:

- **Medical Director & Lead for Clinical Programme Development**
- **Director of Finance & Chief Operating Officer**
- **Director of People & Wellbeing**
- **Executive Lead for Care**
- **Executive Lead for Strategic & Competitive Performance**

The Executive team is also subject to the 'fit and proper persons' review. Executive team members take responsibility as leads for the various regulatory bodies which oversee St Luke's activities and also support the committees as facilitators working with committee chairs. The Executive team is supported by a clear and accountable organisation structure focusing on leadership, accountability and empowerment.

The 'Operational Leadership Team' of senior managers offers a collective group undertaking the normal day-to-day operations of the charity, bringing resilience, succession planning, knowledge- sharing, experience and learning.

St Luke's has developed an approach to good governance, which embraces both clinical and non-clinical risks. Our risk management strategy embraces a number of elements, overseen by committees of the Board, as follows:

- Clinical governance – our clinical governance arrangements are modelled on guidance and good practice within the healthcare sector, overseen by the Healthcare Governance Committee
- St Luke's research activity is overseen by the Clinical Research & Development Committee, ensuring that this is consistent with the objectives of the charity and follows appropriate codes
- Financial and resource management, sustainability and control – the Resource and Finance Committee takes lead responsibility for non-clinical activities and the overall resourcing of the charity. St Luke's is subject to an external independent financial audit each year
- The Board of Trustees – oversees St Luke's risk management strategy, through its Audit and Risk Committee and interaction with other committees and Executive team

Public benefit

In planning and delivering our services and activities, the trustees and management of St Luke's have given due regard to the need to ensure that the service provides public benefit – following the Charity Commission's guidance on these matters. St Luke's charitable objectives and our annual declaration of activities and achievements (publicly available from the Charities Commission and Companies House) demonstrate that St Luke's provides a vital and free to-access service to all people in the city of Sheffield. St Luke's is clearly meeting the requirements of the public benefit test – a charity providing benefits for the public and supported by the public.



3. Review of 2024-25 performance, activity and status

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Review of services and activity

In total, our clinical teams have helped and supported 1,752 individual patients (2023-24: 1,762), which involved 2,474 spells of care (2023-24: 2,834). These figures reflect the continued and consistent support that we provide to our patients and their families across all of our clinical services. The complexity, acuity and dependency of our patients continues to show an upward trajectory over the last year and given this, the continued demand for our services remains high.

St Luke's care is not limited to patients who have cancer, but includes patients with neurological, respiratory and cardiovascular conditions like motor neurone disease, end stage COPD and end stage heart failure. During the past year, care of patients with a non-cancer diagnosis has remained at 33%.

Over the past year, St Luke's has accepted 1,277 referrals into our services – it is important to note that some of our patients are referred on more than one occasion in the year. Those not accepted into our service may decline St Luke's services, may have died before their initial assessment or we may not be the most appropriate place of care for that patient and therefore decline the referral during the triage assessment. The triage process continues to play an important role in allowing us to better manage referrals in a timely manner for all aspects of our clinical services and to provide an important sign posting role to those patients and family members who may not be suitable for our services.

It is vital that St Luke's cares for the wellbeing of its staff despite the pressures faced. Complex end of life care is emotionally draining, for the patient and their loved ones but also for the caring team. At St Luke's, we invest heavily in appropriate support for staff, from clinical supervision and opportunities for reflection to dedicated 'learning days' and extensive wellbeing support. During 2024-25, we've continued to focus on a number of important areas such as mental health, menopause and men's health, creating a culture where these issues can be raised and actively supported.

"It was so lovely that my husband got to spend his last few days in such an exceptional place. Your care for me also was so kind and very much appreciated. Thank you all so much." - [Relative](#)

We've introduced staff pulse surveys to help identify areas where we're doing well and those where we can do more.

Throughout the course of 2024/2025, we have continued to engage with a number of partner organisations in Sheffield to offer the use of our facilities, share activities and events to offer different kinds of support to our patients and their families. These included Age UK Sheffield, MNDA, Sheffield Carers Centre, The Manor Library, The Proactive Care Team, Bluebell Wood Children's Hospice, as well as local universities, colleges, schools and healthcare services, offering work experience and shared learning across multiple different care teams.

The introduction of SystmOne as an electronic patient record in September 2024 has helped to streamline the clinical documentation processes across the clinical teams at St Luke's and allows for a more joined-up integrated approach to our patient care.



During 2024-25 St Luke's provided the following services:

Community team



In the past year, our teams made **6,002** visits to patients at home and in care homes across Sheffield, and **15,559** phone and video calls to them in support of their care.



St Luke's accepted **1,466** referrals to our Community service from GPs and other healthcare professionals.



In the year, St Luke's have also provided **436** specialist food packages including tailored food and drinks parcels which include both hot and cold meal options, and laundry packs to our community patients, all free of charge.



We have also provided **1,103** specialist medical nursing and allied health professional symptom control and acupuncture clinics, art therapy sessions and specialist groups such as the fatigue anxiety and breathlessness groups as part of our outpatient clinic offer to our patients.

"St Luke's nurses visited mum at home to assess her needs. They were very kind and helpful. Chaplain, Mike Reeder, visited mum at her home and she really welcomed him and enjoyed his visit. He officiated at mum's funeral and it was very appreciated by all the family. A really nice service." –

Community relative

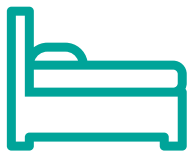
Project ECHO

St Luke's is a UK Superhub for the Project ECHO system, which facilitates telementoring and collaborative learning for communities of care, covering a wide portfolio of disciplines. In the year, St Luke's delivered 342 ECHO sessions with a collective attendance of 6,764 for healthcare professionals and practitioners.

In Patient Centre (IPC)



The team of specialist nurses, medical and allied health professionals continue to provide 24 hour care on our In Patient Centre.



Over the last 12 months, we cared for 285 patients on our IPC. We provided 4,898 nights of care for patients on the IPC.



On average, each patient stayed on the IPC for 17 days with 19% able to return home after specialist intervention treatment

"Staff are very friendly and helpful. They care and support patients and their family/friends. All staff have been nothing but nice and caring. We are very grateful and appreciative. The kitchen staff have gone above and beyond to support us and meet our needs. Thank you all. Our experience overall has been positive regarding our care and our loved ones care." - In Patient Centre Relative

Patient and Family Support service (PAFS)



There have been over 8,440 attendances in the past year to our Patient and Family Support service, with 1,103 sessions of clinical outpatient, clinic or day-patient support at Little Common Lane and 7,337 attendances to our Ecclesall Road South site for 'social prescribing' activities for our patients and their families.

A wide variety of activities continue to be offered which include wellbeing sessions, cookery classes, art club, chair pilates and chair yoga, bereavement and counselling, indoor curling and bowls, Cup Shup sessions, knit and knatter groups, gardening clubs and men's talking groups - to name just a few.

Our social prescribing activities are supported by staff plus 49 volunteers offering 172 hours of their time to us each week, including serving in our onsite Coach House Café at our Ecclesall Road South site.

669 relatives were supported with bereavement and counselling therapy groups and 1:1 counselling sessions after the death of a loved one.



"Well done for your amazing work. Always full of great insight and knowledge. Naureen thank you for making us aware of this and your support. I speak for many who have felt isolated 'pre' and 'post' bereavement - especially as a result of cancer. Never knew there was such a service." – Relative

Care Quality Commission (CQC) oversight

St Luke’s is required to register with the CQC given the nature of the services we offer to patients. Our registration is under the following regulated activity category: the treatment of disease, disorder or injury.

In April 2024, St Luke’s was asked to provide data to the CQC under its new Single Assessment Framework. This was followed up in early May 2024 with a formal visit by the CQC, where they led an unannounced inspection of four out of the five Key Lines of Enquiry (KLOEs).

The CQC’s report, published in November 2024, gave the following results below:

Ratings	
Overall rating for the trust	Outstanding ★
Is the service safe?	Good ○
Is the service effective?	Outstanding ★
Is the service caring?	Good ○
Is the service responsive?	Outstanding ★
Is the service well led?	Outstanding ★

The full report can be viewed at: www.cqc.org.uk/provider/1-101634123



Financial and resource review

As highlighted in the Chief Executive's statement, the environment we operate in-both nationally and locally-isn't getting any easier. As a charity, St Luke's has a responsibility to manage its finances sustainably, but there's still a lot of uncertainty around funding and support. However, thanks to careful financial planning, diverse income streams, and strong cost controls, we remain confident in our ability to keep St Luke's sustainable for the future.

For 2024-25, our running costs were around £14.5 million, plus around £500K spent on one-off specific strategic projects.

**Normal running costs for
2024-25
£14.5 Million**



**Budgeted financial deficit
for 2025-26
£537K**



For 2024-25, we're expecting to have a deficit. We have carefully managed our spending in line with expectations and have seen good returns from our fundraising efforts, shops, and legacies.

Looking ahead to 2025-26, we've set a budget deficit of £537k. Rising staff costs continue to be a big challenge, especially as NHS pay rises impact the wider job market. The National Living Wage (NLW), rising National Insurance costs and the general increase costs of running our services all impact our finances.

Our SYICB funding for 24/25 was 23%, with the remaining 77% being raised through our own activity, such as fundraising and retail.

The increases to National Insurance and National Living Wage are unfunded and the extra costs are covered by St Luke's, adding further pressure to our income generation.

Generating and growing our own income remains absolutely essential. In Autumn 2024, we opened a new shop at Kilner Way Retail Park in Sheffield. These larger stores take significant investment, expertise, and infrastructure to run, but play a key role in supporting our services. We're also working to expand our Lottery scheme and have launched a legacy marketing campaign to encourage long-term support. These initiatives are helping us offset rising costs and secure our future.

Despite the challenges, we remain committed to the people of Sheffield. With the support of our incredible donors, volunteers, staff, and partners, we are working hard to ensure St Luke's continues to provide the highest standard of care now and for generations to come.

St Luke's funded the roll-out of SystmOne, our new electronic patient record and clinical workflow system, across all our services at a cost of around £1 million, with £300k of that supported by SYICB. Unfortunately, hospices don't have access to government funding like NHS bodies do to help cover these kinds of costs. While we believe the move to SystmOne – which was completed on time, late 2024 – will bring real benefits to patients, GPs, and other healthcare providers, much of this is being funded by our charitable resources.

Looking ahead and as we put our Strategy 2025-2029 into action, keeping our focus on sustainability remains crucial. Right now, our financial forecasts show we need to act now to stay sustainable over this period, with reserves in place to manage ongoing challenges, invest in new activities, and fund one-off developments. This is a mostly positive outlook, though it's a fine balance, and future discussions with SYICB about adjusting the NHS to charitable funding ratio will be essential in the coming years.



Continuous improvements through research and clinical audit

Research

St Luke's has successfully integrated research, audit and service evaluation activities into its wider governance framework. Our research activity is overseen by the Clinical Research & Development Committee (CRDC) and Clinical Audit and Research Group (CARG), ensuring that it is consistent with the objectives of the charity and follows the UK Health Research Authority (HRA) Policy.

Our research programme is focused on initiatives that will benefit the people of Sheffield. Through fulfilling our charitable objectives, St Luke's is an important partner within the South Yorkshire ICB.

We enable the ICB's statutory duty on promoting research on matters relevant to the health service, and the use in the health service of evidence obtained from research.

The programme is managed by Dr Sam Kyeremateng (Medical Director and Clinical Lead for Programme Development); Dr Paul Taylor (Research Lead); Clare Pye (Research & Innovation Manager/Research Nurse) and Maria Paes (Research Administrator).

Activity in the research agenda has been considerable in 2024-25 with the following significant achievements:

- Expansion & development of our Research Policy & Procedures, including the development of the Research Registers which now capture all research activity and are linked to our Research Key Performance Indicators (KPIs)

- Implemented Clinical Research Nurse role and secured matched funding from the National Institute for Health & Social Care Research (NIHR) to facilitate the operational and organisation delivery and enable St Luke's to participate in its first Randomised Controlled Clinical Trial (Chelsea II) on the In Patient Centre (IPC)
- Developed the 2025 Research & Research Workforce Strategy
- Held a national 'How to Establish Research in Your Hospice Conference' impacting on culture, capacity & capability of hospices nationally to participate in research and positively influence national research growth
- Developed and expanded the remit and content of the St Luke's Journal Club and re-branded it as 'Papers 2 Patient' (P2P) - reviewing evidence and sharing good practice to ensure we provide the best care possible
- Continued to publish in peer-reviewed high-impact journals and since last year have had a further four articles published with an additional five conference abstracts accepted over the same time period

Over the next few years we will work to grow the clinical, research & academic critical mass by empowering our workforce and enabling them to participate and consider research and evidence to facilitate best practice and job satisfaction.

Clinical Audit

Clinical audits and service improvement projects allow St Luke's to monitor the standard of care we deliver to patients and constantly improve its quality. We identify the projects needed under direction from our regulators, in response to local or national incidents, clinician interest and national policy changes.

The audit and service improvement process is managed by the Clinical Audit and Research Group (CARG), a group which is chaired by the Research Lead and attended by the Medical Director, Research Lead, Pharmacy Lead, Nurse Consultant, Head of Clinical Governance, Clinical Quality and Risk Lead, Infection Prevention and Control Nurse, and St Luke's Audit Lead (Deputy Medical Director), to ensure representation and buy-in from the whole clinical and organisational team. Governance for the audit process and learning comes through the Audit & Risk and Healthcare Governance Committees.

During 2024-25, St Luke's carried out a number of clinical audit, service evaluation and quality improvement projects that provided assurance around the quality and safety of our services, and led to improvements in care for our patients. The findings and actions from these projects are reported both to CARG but also to the clinical effectiveness meeting which is attended by all clinical services.

Examples of improvements from our clinical projects include:

- New oxygen care plan and alert for the medical team to remind them to prescribe appropriately
- Review of safeguarding pathway in St Luke's to ensure the process is clear and easy for all staff to follow and report any concerns
- Review of the new blood transfusion care plan to provide the assurance that it meets national standards of care
- Development of a Deep Vein Thrombosis (DVT) diagnosis protocol at St Luke's to ensure we are following gold standard care



4. Special focus 2024-25

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Special focus - Strategy 2025-2029: Moving forward, palliative counselling, workforce, Family Suite & Transition patients

One of the top priorities from our new strategy was strengthening support for patients receiving care at home, particularly out of hours, when families can often feel alone and unsupported. We also expanded our provision to hard-to-reach and underserved communities in Sheffield, ensuring that more people can access the compassionate, expert care they need, wherever they are. We did this by taking some of our services out into communities with the aim of increasing access to such things as social prescribing activities, e.g. crafts, exercise groups. Social prescribing is another area where we are working to make a bigger impact, connecting people to the wider support they need beyond medical care.

Pre-bereavement Counselling

For the past 12 months, the Counselling and Bereavement service have been delivering a Palliative Counselling offer to relatives, carers and family members, as well as a counselling service to our patients.

There is evidence to suggest that early support with the grief process achieves better outcomes post-bereavement. This service is delivered by a small team of Counsellors and 17 Counselling Volunteers, Monday- Friday and in the past year, we have supported 193 clients with palliative and counselling support. In 2025- 2026, we will be looking to expand our service further to offer children and young people aged 5-17 counselling provision.

Workforce

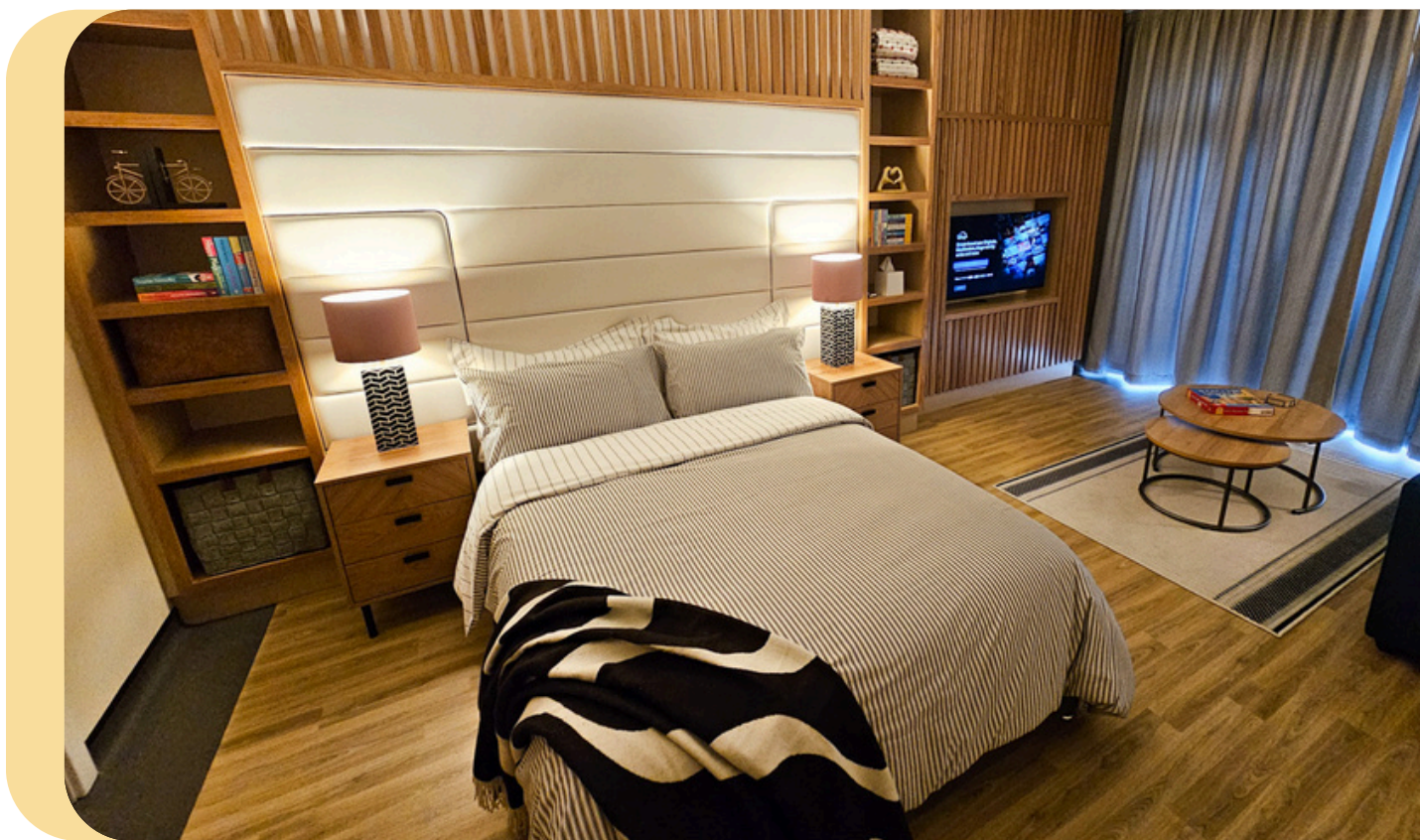
Over the course of 2024-2025, workforce welfare and learning and development have remained high priorities for us here at St Luke's. This can be demonstrated in how we have supported a number of staff across all the different disciplines grow with their learning and development. Some of the courses that our staff have been supported to complete have included The Institute of Leadership & Management (ILM) to our leaders across the organisation, top-up courses for some of our Nurse Associates supporting them to become Nurses and supporting six members of staff through their Trainee Advanced Clinical Practitioner Courses, both on the In Patient Centre, in our Community team and in our Allied Health Professional teams.

We also have a number of Community Nurses carrying out their APACS courses (Advanced Physical Assessment and Consultation Skills) to offer a wider set of assessment skills to our patients. We have supported one of our Healthcare Assistants on our IPC start the Assistant Practitioner Course, and we have a member of our Allied Health Professional team who has completed their Social Prescribing Link Worker Course.

Family Suite

We opened our Family Suite in November 2024; a dedicated space which provides a comfortable and supportive environment to help patients and their loved ones at a most difficult time. This suite offers the patient a room with a ceiling track hoist to support with care needs and has a partitioning door that opens through to the relative's side of the room which has TV sitting area, double bed, an en-suite bathroom and a kitchenette leading down to the main rooms.

The room has so far been used to support 12 patients and their families which have included some of our transition patients, some of our patients with young and larger families, as well as patients whose carers want to continue being involved in their care and to support our enablement patients.



Transition Patients

During 2024, a feasibility study around the support of transition patients from children to adult services was completed by the Transitional Care Pathway Lead for South Yorkshire. This has highlighted areas where we can improve in our support and care of transition patients and their families across South Yorkshire and Sheffield. Our Nurse Consultant has supported eight transition patients over the age of 18, and their families, over the past year with symptom control on our IPC, and some for end- of-life care. Over the next year, our Nurse Consultant will continue to support a number of transition patients and their families across Sheffield and will work closely in conjunction with Sheffield Children's Hospital and other services working with transition patients.

We have also set up regular transition events for patients and their families once a quarter in conjunction with Bluebell Wood Children's Hospice at our Ecclesall Road South site. These provide an opportunity for patients and their families to come along and have an introduction to our adult hospice services, meet some of our team across our multiple disciplines and take part in some activities.





5. Quality at St Luke's

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Quality priorities 2024-25 & 2025-26

St Luke's intention to improve quality is always a key part of the work of our teams, supported by our leadership team and governance bodies. Quality underpins our strategic objectives and is continually measured through a framework that spans the organisation's clinical and operational teams.

Our 2024-25 priorities and outcomes - review

- **Completing the implementation of SystmOne as an electronic patient record and clinical workflow tool**

SystmOne went 'live' in September 2024 and saw St Luke's move from paper-based patient records to digital records for all inpatient, community and services. The benefits of the system are already being realised with improved patient pathways between both services internal to St Luke's, and also the wider health network including district nursing teams and GPs.

Work to develop SystmOne continues to further streamline processes, make full use of the available functionalities within the system and ensure that reporting tools are embedded. Some examples of the positive impact that SystmOne has made to date include:

- Reduced time that death certificates can be issued to families as SystmOne links between St Luke's and the Medical Examiner Office.
- Wider care plan sharing with healthcare colleagues means patients only need to 'say it once' and information gathering is not repeated. This in turn reduces the risk for errors. The data coming out of SystmOne, helps us to know that we are delivering effective and equitable care across the city and address any areas of inequality.

- **Patient Safety Incident Response Framework (PSIRF)**

St Luke's implemented the Patient Safety Incident Framework (PSIRF) in June 2024. PSIRF replaces the NHS Serious Incident Framework and seeks to implement effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. St Luke's Patient Safety Incident Response Policy & Plan (PSIRP) were developed following a review of our incident, audit and complaints profile and these were shared with South Yorkshire ICB and a proportionate and concise approach was agreed upon. Our PSIRP Safety Priorities for the 2024-25 year were focused on incidents relating to:

- Medications
- Skin damage
- Falls
- Admission, discharge and transfer issues

PSIRF aims to use a systems-based approach to learning and supports staff to ensure a 'no-blame' culture is adopted when reviewing and responding to incidents. All staff have undertaken training modules in the 'National Patient Safety Syllabus' at a level appropriate to their role, and senior clinicians have undertaken 'After Action Review' (AAR) training. AARs are held as soon after an incident as possible and take experiences of those involved as the starting point to developing systems-based safety actions to prevent such incidents happening again in the future. More details around our incidents are included later in this report.

Our 2025-26 priorities:

- **To roll out the strategy and implement, execute and deliver against this and our strategic themes**

As noted previously, our Strategy for 2025-29 went live to our staff in March 2025 and will run for the next 5 years across the organisation. Our six strategic themes are going to be fundamental to all the work we do as an organisation in the city over the next 5+ years. Our workforce will be our biggest champions of our strategy, especially those going out into the wider communities, and will be key in bringing it to life.

- **Continue and build on our partnership working and collaboration**

St Luke's will continue to build on our partnership working and collaboration with Sheffield Churches Council for Community Care (SCCCC's), MNDA, The Carers Centre, Age UK, Roshni, The City of Sanctuary, Weston Park Cancer Charity's 'Big Purple Bus' and Weston Park's Wellbeing Days. Building on these partnerships will enable us to continually improve our care and reach further across Sheffield – to support more patients and families needing our services.

- **Continue to enhance our outreach model and social prescribing**

One of our strategic goals for the next year is to build on, grow and become more established in our outreach offer and social prescribing model across the city. By the end of the year, we are aiming to have an established outreach offer across four areas of the city which have been selected based on health inequalities data and accessibility to our services. These sessions will offer informal drop-ins and introduction to our services and the opportunity to meet some of our staff and volunteers. We have also launched an outreach programme that brings elements of our social prescribing activities directly into the community, expanding access to palliative care services and engaging with diverse groups—such as individuals experiencing homelessness in Sheffield.

- **Equity in experience**

The collection of feedback from our patients and their families helps not only to improve our care, but also to ensure that we are designing our services around their needs. We aim to actively seek out and listen to information about people who are most likely to be exposed to inequality in experience or outcomes at the end of their lives. To do this, we will develop tools to ensure that all users of our services are able to provide feedback, and quality measures are in place to identify areas of inequality so that these can be fed back into our strategy and are reduced.

Monitoring and managing the quality of our services

St Luke's governance structure has continued to develop throughout this year, with a focus on integration across teams and services. The aim to improve quality and maintain oversight of incidents and near misses which have the potential to impact patient safety has remained, with a key development being group review of relevant clinical incidents by non-clinical senior managers and vice versa. This has, in turn, resulted in closer working within the hospice and valuable input from other perspectives in the investigation of incidents and how systems and processes change, and improvements impact and benefit other teams.

The Vantage incident and near miss management system continues to be developed, and with the introduction of clinical governance dashboards on PowerBI – led by our Data Analyst – we are now able to delve deeper into emerging trends and themes as well as interrogate data over time. These subtle but important additions to how we monitor patient safety incidents and near misses continue to be communicated to staff through regular bulletins and updates.

We have also communicated our safety priorities to staff through these methods with a view to improving understanding of clinical governance activities to promote engagement in learning and improvement activities.

Patient Safety Incident Investigations and After Actions Reviews

Following the successful implementation launch of the NHS Patient Safety Incident Response Framework (PSIRF) early this year, we no longer investigate incidents under the retired NHS Serious Incident Framework. As such, our response to patient safety incidents has focussed more on the system(s) in play surrounding the event and identifying opportunities to learn and consequently improve those systems. To do this we have three levels of response to patient safety incidents: Patient Safety Incident Investigations (PSIIs); After Action Reviews (AARs); and multidisciplinary senior management-level review and response through our weekly Incident Review and Grading Meeting.

We investigate patient safety incidents as PSIIs and AARs to ascertain how our systems and processes contributed to the incident, and when we have identified significant patient safety risks and potential for new learning. PSIIs are led by the Head of Clinical Governance involving other colleagues as required, and a formal report is written at the end of the investigation. Patients and their loved ones are invited to be involved in this process. An After Action Review is a process of group reflection usually focussing on task-based elements of the incident, and its purpose is to capture learning from all teams to avoid recurrence and improve systems and processes.

We undertook one PSII this year which related to an inpatient fall and identified six safety actions to improve communication on the In Patient Centre and the care pathway for those patients who experience a fall. This year four AARs were undertaken; two relating to medication administration, one relating to communication failure on the In Patient Centre leading to delayed escalation of a patient; and one relating to the systems and processes around the viewing of the deceased. Actions arising from PSIIs and AARs are monitored by our Clinical Effectiveness Group which meets monthly.

Infection Control

Over the past year, St Luke's has maintained a robust approach to infection prevention and control. Surveillance of healthcare-associated infections (HCAIs) has demonstrated significant improvement, with rates reduced substantially by the end of Quarter 3 of 2024/2025.

Our focus remains strongly on the newly implemented audit schedule, which ensures alignment of practice with the National Infection Prevention Manual. Audit outcomes, along with reported incidents or near misses, are reviewed quarterly at infection prevention and control meetings, attended by key leads from across all clinical areas.

Additionally, specialised educational sessions on infection control practices and principles have been provided to all St Luke's colleagues working in clinical areas. Three infection control link workers have now been successfully established within the organisation, representing the housekeeping, inpatient, and community nursing teams.

These link workers champion infection control practices within their respective areas, acting as both a knowledge source and a communication channel between the Infection Control Lead and their colleagues.

Staff education continues to be fundamental to the infection prevention and control programme at St Luke's. Comprehensive hand hygiene training using a practical lightbox demonstration is in place for all staff working at Little Common Lane and Ecclesall Road South. This training includes assessing staff knowledge and implementation of hand hygiene practice, notably the 'five moments of hand hygiene'. Additionally, clinical team members participate in an hour-long, in-person mandatory training session covering broader infection prevention and control measures. Non-clinical teams working in clinical areas also receive targeted training sessions relevant to their roles, including hydration training for hospitality team members aimed at reducing urinary tract infections, and decontamination training for the hospitality team.

Surveys and quality monitoring – gathering feedback and using it

St Luke's continues to monitor the quality of our services through the eyes of our service users in various ways: the FAMCARE bereavement survey; 'Tell Us What You Think' comments cards; '15 Steps Challenge' walkabouts with patients, loved ones, external organisation representatives, and other key representatives from our community; our 'Feedback Group'; and our 'Quality Questionnaire' for patients and loved ones. Additionally, we promote the use of the CQC's direct service feedback system. Service users are also able to send us compliments, complaints and concerns in many other ways including via our website, by letter or email, on social media, and by talking with a member of staff.

The outcomes of feedback are collated and, where appropriate, learning and improvement actions are identified and shared with the service user when possible. The St Luke's Healthcare Governance Committee has oversight of all clinical governance activities including the collection of and actions arising from feedback, and monitors trends and themes amongst the comments we receive.

Safeguarding

Here at St Luke's we take a serious approach to safeguarding to ensure that all our service users are protected from harm. We have safeguarding policies and procedures which are regularly reviewed and updated to follow legislation and local protocols, key staff and the governance team are given appropriate training and support in order to fulfil their roles. Our Executive Lead for Care is our organisational safeguarding lead and takes part in and chairs quarterley safeguarding meetings.

We hold an active safeguarding log that is monitored by the safeguarding lead, Head of Governance, and the clinical leads and social work team. Any safeguarding concerns are discussed with the Executive Lead for Care and reported externally and. All safeguarding incidents are logged locally on our Vantage accident, incident and near miss management system and all learning from the safeguardings are shared at our monthly clinical effectiveness meetings.

Focus on – complaints and feedback 2024-25

Complaints

We received three complaints during the 2024-25 financial year – the same number as last year. All were investigated and responded to, with two of the complaints being partially upheld. Focussing on the opportunity to learn as a result of the complaints, we identified improvement actions including:

- Ensuring all In Patient Centre staff are aware of how to recognise and record a verbal complaint and the process that follows
- Create mobility aid signs for bed spaces to communicate to visitors how the patient is able to safely mobilise that day
- Create a discharge card which has details of which St Luke's team is taking over care post-discharge (where relevant) and key contact numbers
- Change working practices to make use of the desk space at the far end of the In Patient Centre which will provide increased high visibility bed spaces

Feedback

As explained in the previous section, feedback is encouraged and gathered from patients and their loved ones in numerous ways at St Luke's.

During the 2024-25 year, we sent out 437 FAMCARE surveys for the In Patient Centre and Community Service in total and received 220 responses (50.3% return rate). This response rate has increased in comparison to the previous year when we had a response rate of 31.5%. Patient families score our care from 1-5 in various domains, and we continue to achieve an average of 4.8. Any low scoring responses are fully explored where possible and investigated with appropriate changes put in place.

Our "Quality Questionnaire" is a tailored set of questions that cover a variety of topics which seek to assess care in line with the CQC 'key lines' criteria.

The questionnaire is conducted on a one-to-one basis by an In Patient Centre Volunteer with patients and is also distributed by St Luke's Reception to family and friends. During 2024-25 we received 131 responses in total, up from 110 in the previous year.

This is a significant improvement following work between the Patient Experience Lead and the Volunteer team to support patients in completing these forms.

We continue to hold our regular 15-Steps challenge and St Luke's Feedback Group. The attendance at the Feedback Group has more than doubled this year, thanks to the work of the Patient Experience Lead who has joined with the clinical teams to engage patients and their families to help bring together a group with a range of experiences and views of all of St Luke's services. The 15-Steps challenge has included people with specific needs including relatives of patients with dementia and a group with learning disabilities.

In November 2024, we hosted St Luke's first PLACE (Patient Led Assessment of the Caring Environment) whereby four key areas were assessed by patient assessors. This highlighted the work of non-clinical staff who helped the hospice achieve high scores for cleanliness, condition and appearance of buildings, food and dignity for patients and their loved ones.

The insight that our feedback offers has led to a number of improvements which include:

- Development of patient information leaflets including easy read formats
- Improvements to the In Patient Centre food menu and opening the Little Common Lane site Café to families and visitors
- Providing training around learning disabilities to staff from someone with lived experience

Compliments

In 2024-25, we recorded 314 formal compliments about clinical services. These are received through our feedback questionnaires, website, emails and thank you cards from patients and their families. Compliments are shared and communicated with teams throughout the year and a selection are shared in the monthly Patient Experience Bulletin. A number of compliments are shared throughout this report as examples of the comments made by service-users and family members. St Luke's receives compliments in respect of other aspects of its operations, and these are not included in the numbers above.

"To everyone at St Luke's thank you so, so much for the care, kindness and compassion you gave as you looked after [patient] in her final weeks. Whilst I was aware of St Luke's it is only this year when I saw and experienced the truly extraordinary service you give, and from the highest to the lowest, what extraordinary people you all are. With my best wishes and greatest affections to you all." - Relative



6. Statements from stakeholder organisations

NHS South Yorkshire Integrated Care Board- Sheffield Place, (the “ICB”) has reviewed the information provided by St Luke’s Hospice in this account. In so far as we have been able to check the factual details, the ICB’s view is that the report is materially accurate and gives a fair representation of the provider’s performance.

During 2024-25 key priorities included completion of the implementation of System One electronic patient record / clinical workflow tool and implementation of the (PSIRF) Patient Safety Incident Response framework. St Luke’s has demonstrated excellent progress in completion of these.

Moving forward to 2025-26 key priorities which focus around the outreach model and social prescribing demonstrates St Luke’s strive to engage with the people they serve. Roll out of their new strategy which went live March 2025 and building on partnership and collaborative working,

Quality of service continues to be central St Luke’s approach. There is evidence of a pro-active approach to managing all aspects of service quality, supporting the CQC most recent 2025 rating of “Outstanding”.

St Luke’s provides a lifeline for people and their families at a most challenging time and the feedback from the service users is testimony to this. As a service, the ICB values St Luke’s knowledge, compassion, experience and ability to respond to need and changing situations and thanks them for all the work done over the past year.

The ICB’s overarching view is that St Luke’s Hospice continues to provide high-quality care for patients, with dedicated, well-trained staff and good facilities. The service flexes to meet the needs of individual service users, their families/carers and the changing local context as a key partner in delivery of PEOLC in the city.

Submitted by Charlotte Ferguson – Quality Manager on behalf of:

Alun Windle – Deputy Chief Nurse South Yorkshire ICB
Suzanne McAllister, Senior Contracts Manager

Sheffield City Council Health Scrutiny Sub-Committee

The first draft report was provided to Sheffield City Council Health Scrutiny Sub-Committee on 5th June 2025. The following response was agreed at that meeting:

The Sub-Committee welcomed the opportunity to discuss the Trust's Quality Accounts and they found the discussions informative and helpful. In particular the discussion focussed on a number of issues which the Sub-Committee members sought clarification and reassurance on:

- Transitions report and the Board's agreement to take this work forward: members were encouraged to hear that a member of St Luke's staff are dual-trained in paediatric and adult care.
- Finances: members of the Sub Committee sought information about financial sustainability. They were assured that whilst use of reserves and property assets is neither desirable nor sustainable in the long term to address budget deficits, St Luke's is taking an ever more creative and ambitious approach to fundraising, and the deficit had been halved from the previous year, whilst making no reductions to clinical delivery. Members were keen to consider how they might play a part in fundraising efforts, and would welcome further interaction to develop this idea.
- Discharges to care at home: the very complex needs of some younger patients don't always make this possible, due to the need to get the right skills in place. Upskilling of carers was discussed as part of this, and members were pleased to hear how patient-centred and personalised care continue to be core to the values of St Luke's.
- Maintaining overall 'outstanding' CQC status, and preparations in place to enable this.
- Inclusion: members asked about work being done around 'hard-to-reach' groups and were encouraged that data analytics expertise had been recruited to deep-dive into this and develop methods for reaching more people.

The Sub-Committee was reassured by measures being put in place by St Luke's to address these issues and received verbal updates very positively.

They wished to congratulate the St Luke's on their progress made since last year and particularly welcomed the following:

- Maintaining Outstanding status with the CQC.
- The development of the Family Suite and 'cuddle beds', which facilitate deeper compassionate care, family involvement, and wellbeing.
- Outreach, social prescribing, and community-based care: members were once again delighted with the importance placed on non-clinical and wrap-around care, including the introduction of a pre-bereavement service, and plans to provide a Community Hub within one of the Trust's retail outlets.

The Sub-Committee looks forward to receiving further updates and supports any work to expand the Family Suites offer.

Thank you for sharing this year's Quality Account with us.

This report is a good example of how a Quality Account can be made accessible to members of the public; minimal jargon, helpful formatting choices and pictures and examples make it easy to understand.

The report gives a good overview of the work that St Luke's does both in the In Patient Centre, in people's homes, and in the wider community. This is in the face of a challenging financial climate which St Luke's is also transparent about.

The report also describes the different ways that patients and families can share their experiences of St Luke's services. This is presented with a positive learning attitude, with clear examples of changes that have been made as a result of complaints and other feedback.

Progress on the quality objectives from last year shows some good work. When we did some in-depth work on people's experiences of palliative and end of life care last year, timeliness of death certificates was an issue that was particularly important to people, so we were pleased to see that implementing SystemOne has helped to speed this process up.

We are supportive of the Quality Objectives for the coming year. It is especially positive to see the commitment to partnership working, including working with organisations who focus on supporting vulnerable or marginalised communities. We hope that this will lead to increased engagement from communities who are underrepresented in accessing St Luke's services.

Acronyms

AAR	After Action Review
AHP's	Allied Health Professionals
APACS	Advanced Physical Assessment and Consultation Skills
CARG	Clinical Audit Research Group
CHELsea II	Clinically-assisted Hydration in patients in the last days of life
CRDC	Clinical Research & Development Committee
CQC	Care Quality Commission
ECHO	Extension of Community Healthcare Outcomes
HCAI	Healthcare Associated Infection
HRA	Health Research Authority
ICB	Integrated Care Board
ILM	Institute of Leadership & Management
IPC	In Patient Centre
KLOE	Key Lines of Enquiry
KPI	Key Performance Indicator
MNDA	Motor Neurone Disease Association
NIHR	National Institute for Health & Social Care Research
NLW	National Living Wage
PAFS	Patient and Family Support (service)
P2P	Papers 2 Patient
PLACE	Patient Led Assessment of the Caring Environment
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
PSIRP	St Luke's Patient Safety Incident Response Policy & Plan
SI	Serious Incidents
SY	South Yorkshire
SCCCC's	Sheffield Churches Council for Community Care
SYICB	South Yorkshire Integrated Care Board



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