



Quality Account 2021-2022





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1 Statements from St Luke's Chief Executive

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 this, the 2021-22 Quality Account for St Luke's Hospice, Sheffield. This account gives us the opportunity to provide information on the services we delivered, how we have focused on quality, how we measure and gain assurance about the quality of our services, and some thoughts about future priorities.

St Luke's reached its 50th year of service to Sheffield in 2021, during which time it has cared for over **40,000** terminally-ill patients plus their families in the city. Across those years, our charity has been enabled and supported by tens of thousands of donors, volunteers, staff and partners. We thank them all for helping to make St Luke's a leading hospice in the UK, a fitting tribute to the vision of our Founder and local GP Professor Eric Wilkes, who was such a major figure in the development of modern hospice care worldwide. Eric began this journey in Sheffield, something about which we should be incredibly proud. I'm sure that he would be delighted to see the modern St Luke's continuing to deliver on his legacy, and his values, as we move into our sixth decade – and seeing a growth in our role and influence across the wider sector with whom we work closely in positive partnership. We know that having a sustainable, passionate and effective St Luke's into the future is vitally important for the health of our city and that our vision – *'Supporting and caring for everyone affected by terminal illness in Sheffield'* – is as important today as it was in 1971.

As we commenced the 2021-22 year, the pandemic was continuing to bring operational, safety and sustainability challenges to St Luke's. The second

wave of Covid was still enforcing lockdown, and whilst things eased across summer and early autumn, the rise of the Omicron variant added to traditional 'winter pressures' which continued until March 2022. Thankfully the measures we introduced in the early days of the pandemic served us well and, once again, we maintained core services – and developed new ones – enabling us to support **1,758** patients in the year. Throughout the pandemic, St Luke's has been *'still here, and still caring for Sheffield.'* I'd like to express my thanks again for ongoing support from many donors, NHS Sheffield CCG, and the UK Government (which provided additional contractual funding to maintain the capacity of UK hospices across lockdown, and to enable hospices to support discharge from acute settings across Omicron), all of which helped us to maintain sustainable operations in difficult times.

St Luke's staff and volunteers have once again performed with incredible dedication and selflessness across a very difficult year. The sense of exhaustion and anxiety that came at the end of the first year of the pandemic has made 2021-22 challenging for many. The more recent wider spread of Covid as the effectiveness of the booster jabs waned and social contact rules were eased has raised absence levels, resulting in many staff having to undertake not only their work but cover for absent colleagues. The fact that we have been able to care for so many patients is evidence of their amazing work.

Our Community team of nurses, doctors and health and social professionals worked throughout the pandemic, but as we moved into 2021-22 they resumed home visits in full, undertaking **6,289** (prior year 4,848)

person-to-person visits to patients and families at home and in care homes, including 2,012 intensive treatment visits in the most difficult – often crisis – circumstances. The team also made **11,838** contacts (video and phone calls) with those patients and families to support their care.

St Luke's supported **570** bereaved relatives with **2,764** sessions of counselling and support in the year, providing the only Tier 3 bereavement service in Sheffield, all funded from our charitable income. And through our 'ECHO' tele-mentoring and support system, St Luke's provided and enabled the delivery of **123** sessions attended by **2,810** practitioner delegates (GPs, care and nursing home staff, health professionals) to support the wider Sheffield healthcare system in the care of the dying and support for the bereaved across the pandemic. Whilst some Covid-specific programmes ended, others have been extended to reflect ongoing need, and we are grateful to our partners (including Health Education England, HEE Northeast and Yorkshire, and NHS Sheffield CCG) for their commitment.

I am delighted to report that St Luke's has continued to make a significant, vital and high-quality contribution to the care of the public in Sheffield throughout the pandemic, one that is recognised by so many across our city. This report outlines just some of that work, and I thank our partners and supporters for their part in this story across 50 years of amazing care for our city.

Healthcare governance frameworks

During the pandemic, we continued to work with our colleagues and partners at NHS Sheffield CCG, Sheffield Teaching Hospitals, Primary Care networks

and the Director of Public Health, as well as various command and oversight structures developed to manage Sheffield's response to the pandemic. We also meet together regularly in a city-wide end of life care forum, a focal point which helps to influence the wider integrated care system and accountable care partnership approaches. St Luke's has a wealth of experience and data in this area, and we will continue to be a champion and a voice for those who so often go unheard.

End of life care stretches across all ages and impacts all sections of healthcare, and the need for collaborative and joined-up working has never been more crucial as the longer term impact of the pandemic on patients whose care was delayed becomes clear. St Luke's continues to work in partnership with others as we have done through the pandemic, and as we now enter the recovery phase and strive to 'live with' the virus as it becomes another endemic disease with which to cope.

Information governance

St Luke's meets the requirements arising from both the Information Commissioner's Office (including General Data Protection Regulations) and the NHS's information governance code. During the year, we have responded to enquiries from data subjects regarding the information we hold about them, and have respected their wishes in accordance with regulation. We investigate potential breaches – including those arising from 3rd party suppliers and cyber-attacks – when they are identified, and follow the advice of our independent Data Protection Officer in ensuring that the actions we take comply with regulations.

Equality, diversity and inclusion

St Luke's strives to promote equality in all aspects of its services, operations, and governance – removing barriers wherever these arise, in accordance with our statement on diversity. Part 11 of this report gives more details of our work in this important area.

Quality

The Board of Trustees is fully focused on maintaining and improving the quality and extent of care we provide, and bases the decisions it makes on managing risk and serving our beneficiaries. This is reflected in our approach to corporate and healthcare governance which, in conjunction with operational groups, enables me to give assurance to our Board that the appropriate processes and procedures are in place to support our activities, and that these are regularly monitored and reviewed using key quality and performance indicators.

In closing this introduction, I repeat the words of our 'promise':

'St Luke's is dedicated to the wellbeing of the terminally ill in Sheffield and their loved ones. No patient or family is ever the same, and our journey with each individual is unique. Above all, we are about life, and enabling our patients and their loved ones to live theirs and die with dignity and respect.'

Delivering this promise is down to people, and I would like to thank all of our employees and volunteers for their incredible achievements in 2021-22, recognising the real challenges encountered in the second year of the pandemic.

I am responsible for the preparation of this report and its contents. To the best of my knowledge, the information reported in this Quality Account is accurate and a fair representation of the quality of healthcare services provided by St Luke's for the people of Sheffield.

Peter Hartland

Chief Executive
June 2022



Photo is for illustrative purposes and followed the correct PPE guidance at the time the photo was taken.

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, 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.

First line leadership of St Luke's is provided by the Chief Executive, 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 the Director of Care, Medical Director, Director of Finance & Chief Operating Officer, and the Director of Income, Media and Marketing. The Executive team is also subject to 'fit and proper persons' review. The Executive team is supported by a clear and accountable organisation structure focusing on leadership, accountability and empowerment.

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 Research Committee, ensuring that this is consistent with the object 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 and business risk. 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.

During the year, St Luke's Board and Executive undertook an independent review process to look at the governance performance, using the DigiBoard tool. The results indicated that the Board and Executive work effectively together with a high level of performance, whilst identifying particular areas for future development which are now the subject of an action plan.

St Luke's updated its Articles of Association in 2021, to bring these into line with the operation of a modern charity. The revised articles were adopted by the Board, and subsequently accepted by the Charity Commission, where they can be accessed by the public.

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.

2 Special focus 2022

New initiatives

Whilst keeping our core services running through the pandemic and its aftermath has been the focus of work across 2021-22, St Luke's has progressed a number of new initiatives and commitments, additional to our regular activities. In most cases, the resources needed for these initiatives have been allocated from our charitable income sources and reserves, with St Luke's trustees keen to offer extended support to our communities to help cope with additional demand upon services as the true impact of the pandemic is revealed.

Some of the headline new initiatives are as follows:

Expanding our Community team and creating a new triage service

Following a significant increase in demand from GPs for support from St Luke's Community team during the year, St Luke's Board supported a £200k per annum increase to the team's annual staffing budget, to allow an increase in resources, an upskilling to capabilities, and more specialty support. Included within these changes was the creation of a dedicated triage team, tasked with reviewing each new referral to ensure that it is appropriate to St Luke's services, and directing each to the most appropriate resource – improving the experience for the patient and family whilst ensuring that inappropriate referrals are signposted to other services rather than tying up scarce specialist palliative care resources.

“We were supported at home by the Community nursing team. No words would be enough to say thank you for all the support I received to help me care for my loved one, and listen to my worries and concerns. When I rang for advice in the early days, the team were always there to help me and ring me back offering advice and contacting the GP and arranging for medication. All the input from everyone was first class and we could never repay them for the time and support through this difficult time.”

– Relative of community patient, Jan 2022

St Luke's Patient and Family Support service

During the pandemic, St Luke's was forced to suspend its traditional day care services provided from the Active Intervention Centre at Little Common Lane, and our range of support and activities for patients and families delivered from our centre on Ecclesall Road South (formerly branded as 'Clifford House'). A review of the services undertaken during this period has given rise to a new combined approach, the Patient and Family Support service, or 'PAFS.' The PAFS service will offer a range of care and support for community-based patients and families (including those requiring bereavement counselling), including access to clinics, therapies, rehabilitative services, wellbeing sessions, group activities, and social interaction – built on 6-week 'sessions.' Referrals will be accepted from GPs

and other health services, as well as from St Luke's own practitioners. We expect the PAFS service to make a significant contribution in allowing patients (and their families) to cope with the progression of their illness at home, to prepare for later deterioration, and to benefit from enhanced wellbeing across their end of life journey and for loved ones through bereavement. We expect the PAFS service to build up from March 2022 and plan to support up to 500 patients through 6-week sessions in the first year.

Compassionate Sheffield

St Luke's is one of three 'funding partners,' with NHS Sheffield CCG and Sheffield City Council (through the Public Health Directorate), for the Compassionate Sheffield programme which is being developed to provide a wider framework for community support to enable better experiences around end of life. Compassionate Sheffield will work with individuals, communities, organisations and services to connect those who want help to those who can help. St Luke's is also acting as host to the Compassionate Sheffield team.

Environmental working group

St Luke's has set up a staff-based environmental working group to take forward our vision and strategy in this vital area. Just as we care for people, we also care for our environment, our neighbours and our impact on society. As our journey to be a better organisation continues, we aspire to reduce the negative impact we have on our environment and to improve and grow the positive impact we have on our neighbourhood and society – seeking outcomes that

can be measured against appropriate benchmarks and charters. Our aim is to demonstrate that we are a responsible citizen and to enhance sustainability for ourselves and those around us. This is a long-term journey with significant resource implications, and that we cannot change overnight – but our commitment is clear and we'll work progressively to achieve our goal of a greener, more energy-efficient and sustainable St Luke's in tune with our environment and community.

The group has identified four 'big ticket' areas for prioritisation, these being – waste management and recycling, eradicating single-use plastics, vehicles and transport, and energy.

Providing more chaplaincy resources for patients and families

St Luke's chaplaincy services provide essential support to patients and families of all beliefs and none, addressing spiritual needs and opportunities for reflection and contemplation at a time of extraordinary stress – before, during and after death. The pandemic has raised demand for these services, and the post-pandemic situation has seen more patients and families seeking support as a result of crisis, anxiety and prolonged concerns about death and dying. St Luke's has therefore created an additional chaplaincy post (0.6 FTE) to increase access to these professional services, funded from our charitable income.

“Just a note to say a big thank you for all your help, advice and understanding given to us as a family. The support that you have given over the past months has been wonderful and I find it hard to fully express our gratitude. Yesterday's memorial service for [patient] was exactly what she would have wished for. With sincere and heartfelt thanks.”

– Relative, March 2022

Introducing a new incident and accident reporting system

In order to streamline paper and computer-based systems, St Luke's has introduced a unified incident and accident reporting system to cover all aspects of its clinical and non-clinical activities. The 'Vantage Sentinel' system is used in a wide variety of settings and organisations, and through bespoke development has been adapted to St Luke's environment, allowing easy reporting and automated tracking of investigation and outcomes for incidents, accidents and near misses, including escalation of serious incidents. A range of reports allows effective analysis and monitoring for operational and governance purposes.

Investing in a new clinical electronic patient record system

In 2005, St Luke's - together with the Department of Palliative Medicine at Sheffield Teaching Hospitals (STH) - developed a new electronic record system for palliative care patients based around the Inflex system. Since then, the system has been developed by St Luke's into a comprehensive record and workflow tool. However, with other record systems becoming more common in Sheffield, and with a need to have access to patient records between healthcare providers (particularly GPs), St Luke's is now undertaking a feasibility exercise with a view to migrating to a new electronic patient record ('EPR') which will facilitate a more efficient exchange of information for the benefit of patient care. St Luke's has committed c.£750k of reserves to this project with a planned implementation date by 2023. We are grateful for the support given by NHS Sheffield CCG towards this programme.

Recruiting a new consultant

St Luke's engages a dedicated team of specialist palliative care consultants to help deliver excellent care as part of our wider clinical team. Our consultants are employed by STH and St Luke's pays for the time they spend with our charity. As patient numbers at St Luke's have grown, so have the demands on our consultants, and the need for additional resources that can be

deployed under our own management has become a critical issue. St Luke's has therefore recruited its first consultant to be employed directly by our charity, helping to increase the support we can offer to patients in the community, and funded through our charitable resources.

“To all St Luke's staff - you all are such an amazing team. I have never worked in a place quite like St Luke's for giving the patients the best possible experience. I have learned so much, and will miss you all and this place. Keep doing what you're doing!”

– Staff member, Feb 2022

3 Review of 2021-22 performance, activity and status

Review of services and activity

St Luke's provides palliative and end of life care for patients who have life limiting illnesses. This is not limited to patients who have cancer but includes neurological conditions like motor neurone disease, human immunodeficiency virus (HIV) and end stage heart, kidney and lung conditions. Care of patients with non-cancer illnesses has risen to over 31% for the 2021-22 year from 30% last year.

Overall, our clinical teams helped 1,758 individual patients (2020-21: 1,905), through 2,552 spells of care (2020-21: 2,864). The small reduction in numbers compared to 2020-21 reflects the impact of the new community triage process, where inappropriate patients are declined prior to any visit taking place, thus ensuring that specialist palliative care is applied only to those who need it. With 51% of referrals to our Community team being labelled as 'urgent,' and with complexity, acuity and dependency of patients continuing to show deterioration compared to previous years, the demand for St Luke's services remains extremely high and at times through the year the pressure on services reaches a level where the ability to accept further cases is in question. The investment by St Luke's Board in more resources for our community services, and the appointment of a new consultant funded by St Luke's charitable income, will both help to manage these pressures better in the future.

St Luke's role as a 'provider of last resort' for many crisis cases continues to support the healthcare system in the city. This has been particularly true through the year, when often other services have seen their staffing levels adversely affected by

Covid with a consequent reduction in their ability to support the most challenging cases. Managing such patients and their complex situations continues to put significant demands – including emotional demands – on our teams.



31%

of our patients have
a non-cancer diagnosis



1,758

patients were helped by our
clinical teams in 2021/22



Photo is for illustrative purposes and followed the correct PPE guidance at the time the photo was taken.

During 2021-22 St Luke's provided the following services, together with some service-user feedback:

Community & Homecare team



In the year our teams made **6,289** visits to patients at home and in care homes across Sheffield, and **11,838** phone and video calls to them in support of their care

St Luke's received **2,393** referral requests to our community service from GPs and other healthcare professionals, a 10% increase on the prior year



33% of visits were to patients who required urgent care from our Intensive Treatment Team

St Luke's continues to provide about **15** specialist food and drink packages to community patients each week, free of charge



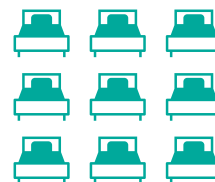
Everyone we met from St Luke's was so kind, knowledgeable and supportive. We can only say positive things about St Luke's. All staff members we came into contact with were professional, so kind and supportive. Never made to feel like a burden. Nothing was ever too much trouble. Thank you so much!"

In Patient Centre (IPC)



24 hour care and support by our team of specialist nursing, medical and health professional staff

Over the last 12 months we cared for **316** patients at our IPC and during the year we operated at a **68%** bed occupancy



On average each patient stayed at the IPC for **16** days with **32%** able to return home after specialist intervention treatment

"My Dad was looked after as if he was in a family house. He was treated with great dignity and care. My Dad knew this before he went in and was elated to know he would spend his last days being looked after by you. THANK YOU!"

Bereavement Support team



570 relatives were supported with bereavement counselling and supported after the death of a loved one

The Bereavement team of staff and volunteers delivered **2,764** sessions with clients in the year



"Thank you from the bottom of my heart for all the help you have given me. You're all so dedicated you should be so proud of what you do. Thank you again."



Photo is for illustrative purposes and followed the correct PPE guidance at the time the photo was taken.

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 was amended during the year at the request of the CQC and we are now registered under the following regulated activity category: the treatment of disease, disorder or injury.

During the year, St Luke's has not been the subject of inspection or visit by the CQC, although there has been regular monitoring through online and telephone meetings, in particular to introduce new inspectors to our services. St Luke's receives regular advice and updates from the CQC.

St Luke's was last inspected by the CQC in October 2016 when inspectors paid an unannounced visit to assess compliance with the legal requirements and regulations under the Health and Social Care Act 2008. The CQC's report, published in January 2017 gave the following results below:

Ratings

Overall rating for this 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/location/1-108415043

Finance and resource review

After a dramatic first year of the pandemic in 2020-21 when St Luke's finances came under initial severe pressure, the financial year 2021-22 has been much more stable, with less of our income under threat from lockdown closures and most of our regular income streams re-establishing themselves as the year progressed.

It is worth recapping as we move back to 'business as usual' that in normal circumstances, St Luke's receives around 30% of its annual income from NHS Sheffield CCG, with the rest – in excess of £7.5m – being raised from predominantly local voluntary means, including our charity retail shops, general fundraising activities, legacies, our hospice lottery, and various other contracts and services.

Normal running costs for 2021-22

£10 Million



In 2021-22, these sources were supplemented by three significant additional elements. Firstly, St Luke's received settlement on its business interruption claim in respect of the original retail lockdown in 2020, following a Supreme Court judgement. Secondly, St Luke's received specific and targeted funding from NHS Sheffield CCG to support system-wide winter pressures across the Omicron period, to ensure that St Luke's could maintain its capacity and offer additional bed space at peak times. Thirdly, St Luke's has received special funding from the UK Government,

via our national charity Hospice UK, specifically to enable the discharge of patients from acute hospital settings during the Omicron wave, either to community or hospice-based settings. We are grateful to both NHS Sheffield CCG and the UK Government for their support during this difficult period, ensuring the stability and sustainability of our caring services when there were particular challenges, especially staffing absence across multiple settings.

Cost pressures are clearly mounting and whilst we appreciate the continued linkage of our NHS funding to general wage inflation within the NHS, this only covers around 20% of the general inflationary pressures we face at this time. At the time of writing UK inflation is projected to exceed 10%, with particular pressures around the retention and recruitment of staff, in energy and fuel markets, and in the cost of food. These costs account for around 75% of St Luke's cost base and as a result we expect our underlying cost base to rise by around £0.5m in the year ahead.

Budgeted financial deficit for 2022-23

£573,500



Whilst we emerge from 2021-22 with an unexpected but helpful surplus which builds our reserves to aid in future sustainability, we are forecasting a budgeted deficit of c.£573.5k in 2022-23 as a result of these inflationary pressures which arise at a time when our

income streams have not yet started to grow, but are still in recovery from the pandemic period. However, we have reserves that can withstand the recovery period and also fund a number of key initiatives that are mentioned in section 3, including the expansion of the Community team and the investment in clinical IT systems through the introduction of a new electronic patient record (and planning for the introduction of e-prescribing).

We are grateful to NHS Sheffield CCG for its continuing help in providing core funding and committing to inflationary uplift, as well as for its funding of specific projects in the year. St Luke's receives no centralised funding for capital programmes (and is unable to apply for many such funding opportunities available to hospitals), and so special funding is extremely helpful.

The passing of the Health and Care Act in 2022 establishes the legal framework for the termination of CCGs and the transfer of responsibilities and obligations to other bodies, such as Integrated Care Boards. These changes present uncertainties to the model for hospice funding but we are reassured by the continued support of NHS Sheffield CCG and hope that the successor bodies are equally committed to the principles of hospice care that have been so supportive to local health systems and economies.

It is vital that hospices are not forgotten in that transition.

“Wouldn't change a thing, you are wonderful! You were there when we needed you. Thank you for the care, kindness and expertise shown to my husband and me and my family”

Continuous improvements through research and clinical audit

Research

St Luke's is a research active organisation and has integrated its research and audit activities into its wider governance framework, through its Research Committee and its Audit and Risk Committee. Our research programme is focussed on initiatives that will benefit people in the city of Sheffield. The programme is led by Dr Sam Kyeremateng (Medical Director) and Dr Paul Taylor (Senior Clinical Lecturer at the School of Health and Related Research at The University of Sheffield, and Consultant in Palliative Medicine).

St Luke's has moved from a position of research engagement and enthusiasm to having an ambitious strategy, a comprehensive governance process, and an active programme of research participation. Our innovative projects, including the development of Project ECHO as a platform for sharing clinical learning and excellence within a community of practice, have attracted local, regional and national interest and continued to be supported from St Luke's charitable income for the benefit of the wider community.

Over the past year, St Luke's has continued to support research locally and nationally, contributing to a multi-centre study of symptom management in cancer patients, a survey of patients regarding acceptability of side-effects of painkillers, and an interview study regarding access to palliative care services by patients of South Asian ethnicity. Two prior studies have recently been published; the first explored the use of technology to support patient care in the community, and the second mapped emergency department use in palliative patients.

Recently, we have also secured funding enabling the Research Lead to support research into delivery of end of life care by home care workers, and have contributed to a successful NIHR bid to develop a palliative care research network across Yorkshire. We have also worked with colleagues across the University departments to develop a palliative and end of life care research group.

As we look to the future, we aim to develop our research ambitions further, establishing St Luke's as a leader of Palliative Care research. Working with the Education Lead, the rolling programme of research education will recommence, equipping staff with skills to understand and interpret clinical research. Through accessing funding, researchers and collaboration, we will drive the St Luke's research agenda city-wide, regionally and nationally. The Research Lead is developing a proposal for an NIHR-funded research project; this is in early stages but has support of University and clinical colleagues. In addition, the Research Lead is supporting a potential doctoral candidate in developing a fellowship application and aids with supervision of an Academic Clinical Fellow.

Moving beyond research activity, we also have plans to develop a centre for research based at St Luke's, which will provide a physical research space, allow University and healthcare professionals to collaborate, and position St Luke's as a leader in palliative care research. As part of this ambition, we aim to host a conference within the next two years, sharing our expertise and encouraging others in their research ambitions

St Luke's risk appetite statement includes a high appetite to undertake investigation into new initiatives that can benefit patient care in Sheffield and which can support the fulfilment of our wider charitable objectives for our beneficiaries.

Clinical audit

Clinical audits take place within St Luke's throughout the year as part of the ongoing monitoring of standards and quality. Priorities for audits are identified from incidents, policy changes, and national guidance and in accordance with our regulators. A number of the audits are carried out using national audit tools developed specifically for hospices which have been peer reviewed and quality assessed.

The audit process is managed by the Clinical Audit Research Group (CARG) which meets bi-monthly to discuss current and upcoming audits. This meeting is chaired jointly by the Director of Care and a medical consultant. Governance for the audit process and learning comes through the Audit & Risk and Healthcare Governance Committees. Examples of local clinical audits that took place during 2021-22 are:

- Prescribing controlled drugs on the In Patient Centre
- Missed doses (pharmacy audit)
- Annual patient record documentation audit
- National Audit of Care at the End of Life (NACEL)

"I wanted to let you know that I have just watched your ECHO session on End of Life Care for patients with dementia and thought it was excellent – it was a really good example of providing information, asking important questions and providing good case examples with very useful practical tips. Thank you!"

– Healthcare Professional, August 2021

4 Quality and equality at St Luke's

Quality priorities 2021-22 & 2022-23

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. The pandemic severely affected our ability to focus attention on this area because of the need to react to so many demands across the year. However, we found new ways of working and learnings from the different circumstances under which we operated, some of which have become embedded into practice.

Our 2021-22 priorities and outcomes - review

• Clinical facilitator and protected time for clinical team learning, development and supervision

To improve clinical supervision and to tackle the imperative to allow clinical staff to learn and develop, we committed to implementing measures during the year and we can report back as follows:

- ◊ We've introduced 5 learning and development days per annum for all clinical staff, commencing October 2021. These days will be used for completion of mandatory e-learning, in-person mandatory training, ad-hoc training, organisation-wide training (e.g. advanced communications), or as part of the individual's personal development plan. Staffing backfill has been provided to enable time release for clinical staff.
- ◊ We've recruited a new Clinical Facilitator to develop the learning programmes and oversee the roll-out of the scheme to all clinical staff, in post since June 2021. This role was initially for four days a week but was quickly increased to full-time due to the requirements of the role. This is now a permanent

position as opposed to the original temporary secondment. The Clinical Facilitator is visible within all clinical teams, focusing on their learning and development needs. This includes facilitating and/or delivering training and education. The Clinical Governance Manager has been working closely with the Clinical Facilitator to identify and discuss learning and development aspects from incidents.

- ◊ We've enabled clinical supervision for staff by bringing in additional psychological support resource to ensure that this is available as needed.
- ◊ These measures have cost St Luke's c.£100k per annum and are now included within our recurrent budgets, funded through our charitable income. The initiatives help to ensure our clinical team has the skills it needs and the support it requires – helping us to continue development and enhance patient care quality.

• In Patient Centre (IPC) Staff bulletin and 'huddles'

In order to address the problems of communication and organisational isolation on a busy ward, we introduced a fortnightly 'bulletin' for the IPC team which mixed motivational compliments, news, key messages, and important information about safety, improvements, policies and changes – both within the team and in the wider organisation. This is presented in an accessible and concise style – a brief but interesting, informative and essential read.

The bulletin has continued to be produced by the IPC Manager and Junior Sister for the team, and

alongside this the IPC Manager has also introduced weekly morning 'huddles' for the IPC nursing team. The aim of these huddles is to help to improve communication of important information within the team. Minutes are taken from the huddles and then distributed to all of the IPC staff to ensure those who were not present are aware of everything that was discussed.

The in-house quarterly 'Quality Matters' bulletin continues to be produced by St Luke's Clinical Governance Manager. The bulletin has been successfully running for over a year now and is seen as a helpful and informative tool in continuous quality improvement. The bulletin highlights key areas of clinical focus during that quarter e.g. falls prevention, medicines management etc. It also includes shared learning from incidents, complaints and concerns.

Our 2022-23 priorities:

• Implementing electronic incident reporting

As noted in section 3, St Luke's is introducing an organisation-wide electronic incident and accident reporting system, Vantage Sentinel. This system has been tailored to offer a bespoke solution to St Luke's environment.

Clinical incidents have traditionally been recorded on paper forms at St Luke's, and so the move to the new electronic system is an extensive change but offers much more robust monitoring, reporting and analysis, with less delay – offering improved learning and avoidance of recurrence (including learning from near misses).

During quarter 4 of 2021-22 the replacement of paper-based reporting systems commenced, and training on the new system began to be rolled out. The intention is to fully implement the new system in the 2022-23 year and utilise the tools of the system to enhance governance reporting during the year.

Key features of the system are that it is easy and simple to use, accessible and include features that guarantee anonymity and confidentiality. The implementation of this system is combined with promoting an open reporting culture in the organisation, timely feedback, and more involvement from medical and junior staff who have traditionally not accessed the paper-based reporting system.

- **Service Feedback Forum**

St Luke's is establishing a Service Feedback Forum (SFF) to allow patients and relatives of patients to engage in meeting the organisation to provide active feedback on the quality of services, whether encountered in the community, as an outpatient or an in-patient.

The Forum will commence in Autumn 2022, and will meet four times per year, under the governance of the Healthcare Governance Committee. The Forum will be held in person and by video-conferencing, alternating to assist the attendance of remote or vulnerable attendees, or those with disabilities. The membership of the Forum will be wide to enable the most relevant people to be in attendance. The Forum will add an invaluable voice to existing feedback systems (FAMCARE, complaints and concerns, suggestions, and service 'walkabouts').

Monitoring and managing the quality of our services

Serious Incidents

We are pleased that there were no serious incidents (SIs) reportable in 2021-22, following the previous year when four such SIs occurred. The four prior year SIs are closed although we continue to learn lessons from them.

Maintaining a safe environment and managing incidents

Throughout the pandemic period there have been no outbreaks of infectious diseases.

St Luke's has maintained an extremely safe environment throughout the pandemic. We ensured access to personal protective equipment (PPE) in accordance with national guidelines at all times. To ensure the safety of our patients and our staff, the organisation implemented an asymptomatic staff testing programme, and continues to require all staff and patients to comply with hand hygiene, promotes mask-wearing and social distancing by choice in non-clinical spaces, and requires the wearing of appropriate PPE at all times when in the clinical areas. Our understanding of safe techniques and practices has enabled our clinical site at Little Common Lane, and our Community teams, to stay safe and free from significant Covid cross-infection – although the 'opening up' of society and the reduction in testing now means that it is virtually impossible to identify the source of Covid infections.

As part of our commitment to providing safe, high quality care to our patients, it is vital that we have a positive and supportive reporting culture that allows us to share and learn lessons from our mistakes so that we can improve safety for patients, visitors and staff. Whilst we are not an NHS body, we do align with

the National Patient (Safety) Strategy. As examples of our response, we are working with staff to identify and report near misses as well as incidents; we support staff by offering clinical supervision, annual appraisals, and 5 learning days per annum; we offer hybrid working and the option of flexible working if required; and we have also introduced a just culture guide to work alongside our medicines management policy.

The organisation has robust systems in place to report, investigate, identify learning and develop actions to reduce the possibility of the same or similar incidents occurring. Following a patient safety incident or near miss, we investigate the events that led to it and once complete, the investigation is discussed and reviewed at clinical incident meetings. If necessary, a summary of the incident and its causes are sent to employees across the organisation to allow individuals to reflect on their practice. Our Clinical Facilitator supports learning in practice and offers additional training to those involved in incidents whilst identifying training needs.

Whilst there remains a challenge to collate evidence that demonstrates if changes have been made and that they have led to measurable and sustainable risk reduction we have identified three main themes of incidents within St Luke's; they are medicine management incidents, inpatient falls and skin damage. Some actions taken to address this and improve our services include tissue viability nurse (TVN) training, sensory beds to alert staff and both a falls prevention care plan and post-falls protocol.

Patient safety incidents are reviewed by the Clinical Governance Manager within 48 hours of reporting to ensure that the severity of harm and categorisation are recorded accurately; all potential serious incidents/never events are reviewed by a senior panel.

Infection prevention and control continues to be an absolute priority, and St Luke's is recruiting additional infection control resources into its nursing team to maintain and develop high standards.

2021-22 staff-led quality initiative: CQC

Champions - We have recently introduced CQC Champion roles within the organisation. The Champions represent different areas of St Luke's and help to bring forward ideas for change and ensure that services are constantly improving and working towards standard and quality markers, benefiting both the service and our service users.

The Champions meet monthly and have the responsibility of identifying gaps and inefficiencies in the way the patient-facing services operate, in order to help us meet expectations from CQC lines of enquiry. The Champions value providing high quality care and ensuring that care never falls below this standard. They also lead the change identified, to ensure that improvements are carried through.

Surveys and quality monitoring – gathering feedback and using it

St Luke's monitors the quality of its services as seen by service users principally through the use of the **FAMCARE** tool, although service users can also raise compliments, complaints and concerns through many other means such as letters, emails to our web advertised communication account, on social media or through conversation with team members. All such means are treated equally.

Getting feedback from terminally ill patients is difficult; many are too affected by their illness to make this a priority, quite understandably, and others find it hard to communicate because of their condition, or just don't wish to be critical. For patients who would like to make comments, we encourage the completion of our Quality Questionnaire. More commonly, we use a survey methodology which uses the reflections of the family to give us feedback. 'FAMCARE' is a national palliative care bereavement survey that we send out to patients' next of kin. It asks them questions about how we cared for their loved one, and we use the information – which can be anonymous if people wish – to feedback good news to staff, identify complaints and concerns, make service improvements where required, and shape future ideas for services.

During the year we've adapted the FAMCARE process to ensure that any patient wishing to use it as a tool to make a formal complaint can do so.

In addition, frequent '**walkabouts**' are undertaken by members of our governing body together with staff, to identify aspects of care through observation and discussion with patients and families. This is called the KLOE Test ('key lines of enquiry') and mirrors areas identified by the Care Quality Commission in their regulatory guidance. Whilst undertaking KLOE tests has been more difficult during the pandemic, they have been undertaken from time-to-time.

As noted in section 8, we're also forming a **Service Feedback Forum** in 2022 to provide an interactive mechanism to hear from service users and to help us identify ways to provide better care.

The results from Quality Questionnaires, FAMCARE and KLOE walkabouts, together with other complaints, concerns and compliments are reported to St Luke's Healthcare Governance Committee for governance oversight – in conjunction with ongoing review of quantitative measures of performance regarding accidents, incidents, errors, and complaints (amongst a wide suite of matters reported each quarter).

Compliments are always welcome. It is really encouraging and motivating to hear that we are doing the right thing, especially during a challenging day – and in particular across the pandemic. We now have a compliments log that keeps a record of all compliments received by St Luke's from all sources. We receive compliments in a variety of ways such as through FAMCARE responses, cards, emails, via website and social media, and the quality questionnaire. The quotes throughout this report are derived from the FAMCARE survey and other direct feedback received by St Luke's, including through our open website contact and social media streams.

You'll find more information regarding complaints in section 10.

Key quality indicators

We have a range of quality indicators agreed with NHS Sheffield CCG that define service quality.

Periodic performance meetings with the CCG provide an external assurance that our quality performance is satisfactory. National benchmarking systems continue to change and so St Luke's is reassessing the key indicators needed for most effective monitoring over the next year.

Because of the pandemic, St Luke's regular formal meetings with NHS Sheffield CCG have not been taking place at the request of the CCG, and so we hope that normal business will recommence later in 2022. Informal updates regarding quality and performance have, however, been shared.

Safeguarding

St Luke's takes a serious approach to safeguarding to ensure all service users are protected from harm. We have a safeguarding policy and procedure which is regularly reviewed and updated to follow legislation and local protocols, and key staff and the governance body are given appropriate training and support. St Luke's Director of Care is organisational safeguarding lead and takes part in quarterly safeguarding meetings. There is an active safeguarding log which is monitored by the Social Work team and any safeguarding concerns are discussed with the Director of Care and reported externally as appropriate. Other elements of the safeguarding work includes the development of an audit tool to look at how we manage mental capacity and the documentation around it.

“Every person at St Luke's has gone above and beyond in caring for my mother. All staff are pleasant and knowledgeable. Really pleased with the care she is receiving. All staff are really lovely. Thank you to everyone.”

“Thank you seems such a small word to say for all the care, kindness and friendship you all showed to us. Time at St Luke’s allowed me to be just myself instead of being a carer and chasing things up all the time. Special moments - sitting at the table in front of the window, eating together, watching the squirrels. My loved one did find some contentment, some sort of peace. All I could do was cover them with love. They knew my hand in theirs was full of love and love went straight to their heart. It was beautiful right to the end.”

Focus on – complaints and feedback 2021-22

As explained in section 9, feedback is encouraged and gathered from patients and their loved ones in numerous ways at St Luke’s. Service users’ views on our care over the past twelve months have been collected through the Quality Questionnaire, the KLOE Test, FAMCARE bereavement survey, in person and by written correspondence by letter, social media and email. Both the Quality Questionnaire and the KLOE Test are aimed at gathering views from patients as well as their loved ones and visitors, and provide us with a real-time opportunity to put anything right that needs addressing and ensuring our patients and their loved ones are satisfied with the care we give. The Quality Questionnaire was initiated in February 2021 but was initially put on hold due to the Covid-19 pandemic.

During the 2021-22 year, we sent out 975 FAMCARE surveys for the In Patient Centre and Community Service in total and received 302 responses (31% return rate). This response rate has improved in comparison to the previous year when the response

rate was only 23%. Changes made to the form and the methods to enable feedback have helped to improve the response rate.

In addition, we received 52 visitor and 27 patient Quality Questionnaires; completed three KLOE Test visits and received 6 Tell Us What You Think responses (including 1 online feedback response). We also received many hundreds of unsolicited compliments, which are not included in this summary but extracts from which are spread throughout this report.

In total, from all sources, we received 10 direct complaints (against 9 in the previous year), and 31 actionable points of feedback, most of which were derived from FAMCARE surveys. Whilst most FAMCARE feedback is anonymous, some include contact details and we respond to these unless the respondent requests otherwise. All complaints were upheld.

Identifying valuable feedback from Tell Us What You Think comment cards and the online form is a new addition to our process and is very helpful to us. We believe doing this helps us better identify any trends and themes emerging which allow us to make changes/improvements in a timely manner. The feedback form is completely anonymous and we do not seek to identify the person completing the form.

For all methods of feedback detailed above, we identify the main cause for feedback – for example poor communication, clinical care, food or the cleanliness of the environment – and liaise with appropriate managers and departmental leads to address the matters raised. Actions are logged and a repository of evidence is kept in order to track improvements, for assurance purposes. All complaints are responded to formally.

In context of 10 formal complaints and 31 actionable points of feedback raised in the year, St Luke’s provided 4,934 bed nights of care in the year, made 6,289 home visits, delivered 2,794 bereavement sessions, and in total supported 1,758 patients. None of the complaints represented a Serious Incident. We believe this to be a low level under any measure.



Photo is for illustrative purposes and followed the correct PPE guidance at the time the photo was taken.

The following table shows the areas where the 31 actionable points of feedback and 10 clinical complaints arose, the source of the feedback, and an indication of the outcomes.

Service	Subject	Source(s)	Total	Outcome
A. Actionable points of feedback (not complaints) (31)				
In Patient Centre	Various	FAMCARE & Tell Us What You Think	11	Discussed with senior team and changes made if required.
Community team	Various	FAMCARE	20	Discussed with senior team and changes made if required.
B. Complaints (10)				
In Patient Centre	Clinical care and standards	Verbal & FAMCARE	6	Investigations led to a range of outcomes; in some cases the complaints were not upheld, in others individual or group learning was taken. This included providing advanced communication skills to all team members. Items closed.
In Patient Centre and visitor services	Lack of joined- up communications	Verbal & website email	2	Specific training actions taken - items closed.
Community team	Clinical care and standards	Verbal	1	Principally about clarity of information received in transitioning into specialist palliative care service – item closed.
Community team	Communication issues	FAMCARE	1	Possible confusion with other external service provider, but learnings shared with team – item closed.

All of these complaints are now closed and learning points have been identified and disseminated to staff. Patient feedback provides us with excellent learning opportunities to improve care and patient experience. Learning from feedback is not only essential for the individual but also the whole organisation, and anything that needs to be changed or improved will receive an action plan. Many of the complaints investigated during 2021-22 were not founded on clinical errors but stem from misunderstandings or poor communication with patients and their relatives. Addressing this type of complaint can result in the healthcare professionals involved gaining insight into

how they communicate with patients and relatives and developing new skills in this part of professional practice. As an organisation, we recognise that one of the recurring themes from the complaints identified that some clinical and administrative employees lack advanced communication skills, often failing to establish empathetic relationships. As a result of this, we have arranged for all clinical staff and some of the administrative team, to attend a two part advanced communication skills training which cover the topics of 'delivering bad news' and 'dealing with difficult conversations.'

Equality, Diversity and Inclusion (EDI) and Equity – vision and initiatives

St Luke's is committed to continuous improvement in all aspects of its services and culture to promote equality, diversity & inclusion.

With regards to service users, there is often a perception that hospice care is predominantly focused on a narrow section of society. This is perhaps a result of the Christian roots of many hospices, and their location in leafy suburbs.

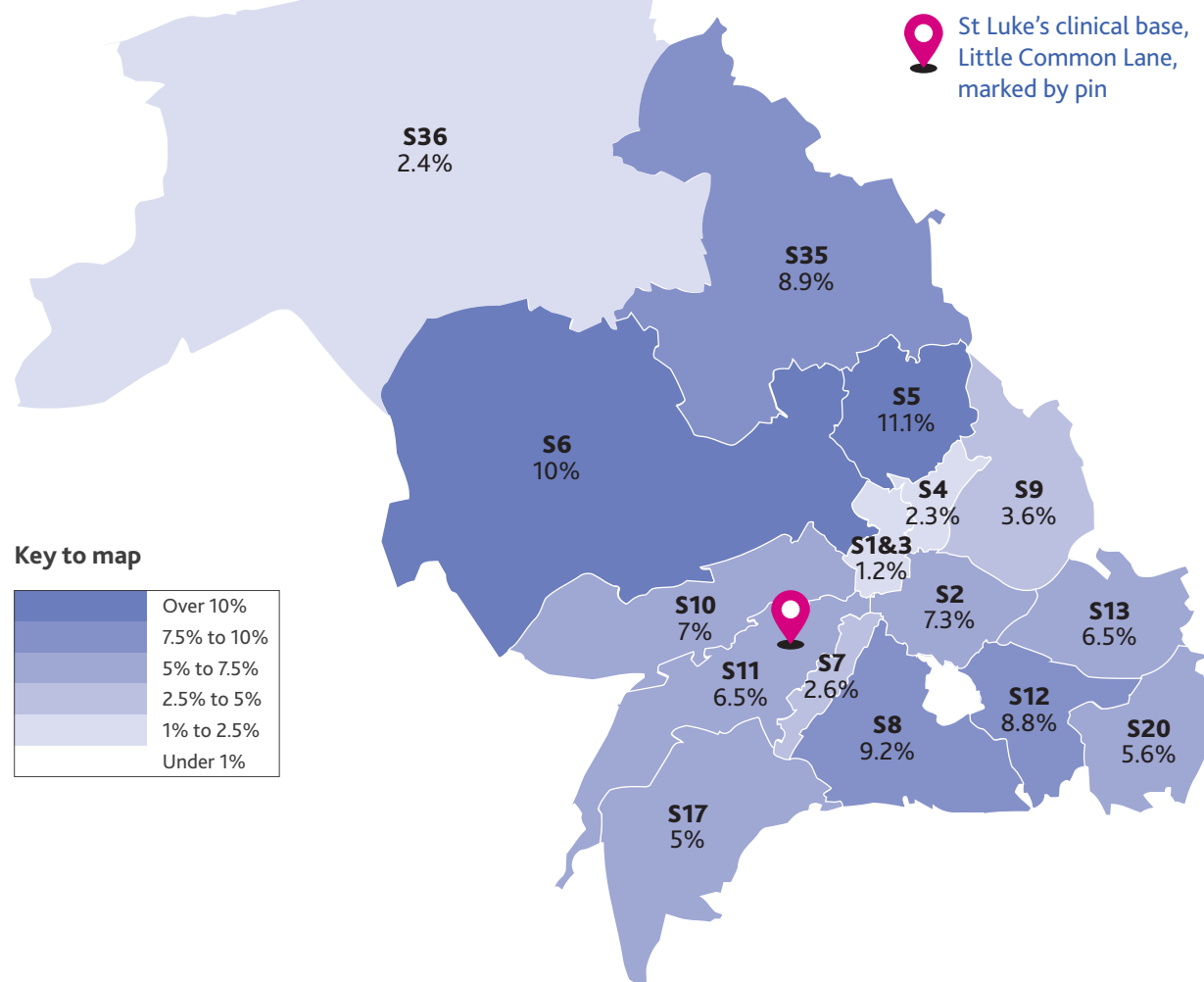
Of course, no organisation should be stereotyped by its history, particularly where it has for many years taken steps to diversify and remove barriers to access. And the fact is that many hospices are located in green spaces so that their dying patients and families can receive the environmental benefits associated from those settings. The fact that not all dying patients can enjoy the same surroundings remains something for levelling up, not levelling down.

St Luke's has set up two working groups to move forward on our EDI journey; an EDI Governance Group including trustees representation, and an EDI Working Group of staff focused on the enablement of day-to-day practices and policies to promote principles and create an open and diverse organisation, welcoming to all, whether service-users, staff, volunteers or visitors. The two groups interact and meet several times a year.

It is helpful to reflect on where St Luke's patients come from; the 'heat map' on this page shows a geographic chart of Sheffield indicating the percentage of St Luke's patients in 2021-22 coming from each postcode area comprising the 'city of Sheffield'.

The map shows that St Luke's patients come from all areas of our city, with an even balance between north and south, east and west. This is contrary to some perceptions that St Luke's only serves the south, and principally south-west, of the city.

Heat map of St Luke's Patients by postcode 2021-22



Using a different postcode analysis we can state that in 2021-22 **over one third of St Luke's patients came from areas of the city that are recorded as Level 1 and 2 of the ten-point index of multiple deprivation**, the lowest two areas in that analysis. This indicates that St Luke's services are significantly accessed by those in the lowest socio-economic categories.

Whilst St Luke's continues to remove barriers to access and encourage diversity as both a service provider and employer, we're also taking steps to move towards the concept of Equity – helping those with disadvantages to overcome them in their interactions with us. Particular initiatives aimed at helping us be more equitable, as well as addressing EDI issues, include:

- The provision of translation and accessibility services on our website and other forms of information
- Employing an 'EDI Recruitment Officer' whose role is to enable applications to St Luke's from those who would traditionally find barriers – for example through lack of reading and writing skills, poverty, disabilities etc.
- Expanding the work of our Community Outreach Team.
- Implemented an Accessible Information Standard (AIS) policy and are looking at SMART action plans to address the gaps identified in our organisation.

In the words of Naureen Khan, St Luke's Engagement and Quality Officer:

"Through the pandemic, we created new avenues of contacting communities and service users.

We delivered group sessions on Zoom in a community language in order to stay in touch and provide valuable information, and to beat isolation and loneliness.

Our bilingual volunteers supported each service user, especially to signpost and support the terminally ill and vulnerable, and we also delivered seminars with local churches and mosques to support the bereaved.

We have recruited 4 bilingual volunteers to support the bereavement, chaplaincy and community engagement teams, assisting with language barriers and signposting.

We have successfully delivered sessions for service users with dementia and helped them to overcome their cultural barriers by providing activities in a community language which enabled them to create scrapbooks in Urdu, and messages for their family members to remember.



We have been actively out in the community and reached out to several communities in the deprived areas of Sheffield and participated with their AGMs, International Women's Day and open days. We will further reach out to these communities and make our services approachable and accessible – building on the work we have done with SCCCC, Voluntary Action Sheffield, Shipshape, Darnall Wellbeing, 13riverstrust and local mosques and churches."

The working groups, these initiatives and ongoing training and development in equality, diversity and cultural differences are all part of a continuous process to embed EDI and Equity into our organisational values and behaviours.

"Wonderful, everyone helped us all through a difficult time, all staff were respectful and caring. They helped my wife through to the end of her life and myself and my son will always be grateful. I didn't think that people could be so kind and considerate. Please don't stop what you are doing, and giving consolation to others."

"I would like to say thank you for treating my dad with such care and dignity. All your staff are amazing people. The care is outstanding. You looked after and supported my dad so well in his last months/days. He felt safe and reassured. You also all treated our family so well and supported us. Please know all the staff provided so much peace to a dying man and his family. I will never forget how amazing St Luke's is!"

"Sheffield has many things to feel good about. St Luke's is right there at the top of the list. Thank you for the care you give and for bringing light into our darkest moments."

5 Statements from stakeholder organisations

NHS Sheffield Clinical Commissioning Group

NHS Sheffield Clinical Commissioning Group (CCG) 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 CCG view is that the report is materially accurate and gives a fair representation of the provider's performance.

St Luke's Hospice provides specialist care to patients reaching end of life and it is right that this service should aspire to make year-on-year improvements in the standards of care they can achieve. The account fairly articulates where this has been achieved and also where this has been more challenging.

The CCG supports the provider's identified Quality improvement Priorities for 2021-22. In addition, and as articulated in the account the CCG welcomes additional actions being taken by the provider to increase the number of individuals in difficult to reach groups accessing the service and expand timely feedback from patients, families and visitors about the service they experience.

During 2021-22 St Luke's Hospice has achieved a number of key Constitutional standards and key quality performance measures. St Luke's Hospice has continued flexing service provision and reviewing ways of working, ensuring the needs of patients continue to be met in a timely, safe and compassionate manner.

The CCG's overarching view is that St Luke's Hospice continues to provide, overall, high-quality care for patients, with dedicated, well-trained, specialist staff and good facilities. This quality report evidences that St Luke's Hospice has achieved positive results in several key objectives for 2021-22. Where possible issues relating to clinical quality have been identified in year, the provider has been open and transparent.

Our aim is still to pro-actively address issues relating to clinical quality so that standards of care are upheld and continue to evolve, to ensure they meet the changing needs of our local population and in particular look to reduce inequalities. The CCG will continue to work with the provider to support the delivery of high quality, innovative services.

Submitted by Laura Morris on behalf of:

Alun Windle, Chief Nurse

And

Suzanne McAllister, Senior Contracts Manager

Sheffield City Council's Health Scrutiny Sub-Committee

On behalf of Sheffield City Council's Health Scrutiny Sub-Committee, I acknowledge receipt of the 2021/22 Quality Accounts. We look forward to engaging with St Luke's in our scrutiny work over the coming year.

Cllr Ruth Milsom, Chair, Health Scrutiny Sub-Committee

Sheffield Healthwatch

Thank you for sharing this year's Quality Account with us. We would like to congratulate St Luke's for reaching its 50th year of caring for terminally-ill people and their families, which came during an especially difficult time for all services.

Readability

The Quality Account is very readable, with plain English used throughout. Work areas and new initiatives are explained in a way that is accessible to those who don't work in the organisation, and helpful context is given for topics like finance. Colour coding, clear headings, and infographics help to make the report more reader-friendly.

Progress against priorities 2021-22

It is good to see the progress that has been made against last year's targets, and especially to see committed funding that will allow for the continuation of staff learning and development.

Priorities for 2022-23

We support the priority areas for the coming year – the rollout of electronic incident reporting should enable a more strategic response to issues arising and we look forward to hearing how this has impacted on the organisation's ability to learn from incidents.

We are especially supportive of the development of a new Service Feedback Forum. We hope that this will be set up in a way that makes patients and relatives equal partners in the feedback and improvement process, and is able to be a welcoming environment for a wide range of service users. The organisation should ensure it develops a robust system for acting/reporting back on actions that have arisen due to this new feedback system.

Opportunities for feedback and involvement:

We are pleased to learn about the development of a compliments log, which we hope will be good for staff morale in a time when many services are seeing morale drop. It would be good to see some measure of staff feedback in the report, and how they feel the organisation is performing.

Interspersing feedback from patients and colleagues throughout the report is helpful for readers to understand more about the support St Luke's offers, and shows that the organisation is gathering rich feedback from people who have used its services, not just quantitative data.

It is good to see low numbers of complaints and concerns (though we hope patients and relatives do feel they can raise issues comfortably should they need to), and that St Luke's has acted on concerns where they have arisen.

The update on work to make St Luke's services accessible to a more diverse range of individuals and families is positive, and we hope that this will develop further over the coming year.

Acronyms

AIS	Accessible Information Standard
CARG	Clinical Audit Research Group
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
ECHO	Extension of Community Healthcare Outcomes
EDI	Equality, Diversity and Inclusion
EPR	Electronic Patient Record
GDPR	General Data Protection Regulations
HEE	Health Education England
ICB/ICS	Integrated Care Board / System
IG	Information Governance
IPC	In Patient Centre
KLOE	Key Lines of Enquiry
NACEL	National Audit of Care at End of Life
PAFS	Patient and Family Support (service)
PPE	Personal Protective Equipment
SCCCC	Sheffield Churches Council for Community Care
SFF	Service Feedback Forum
SIs	Serious Incidents
STH	Sheffield Teaching Hospitals Foundation Trust
SYB	South Yorkshire and Bassetlaw
TVN	Tissue Viability Nurse



Photo is for illustrative purposes and followed the correct PPE guidance at the time the photo was taken.



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St Luke's Hospice Limited

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VAT registration no. 845 3639 06
The stated address is the registered office of the company.