



# Quality Account 2020-2021



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





# 1

## Statements from St Luke's Chief Executive

Statement on quality from the Chief Executive	2
Statement on governance and public benefit	4

# 2

## St Luke's response to the coronavirus pandemic

Pandemic strategy	5
Services, initiatives and quality during the pandemic	5
Working with commissioners and regulators through the crisis	6

# 3

## Review of 2020-21 performance, activity and status

Review of services and activity	7
Care Quality Commission oversight	9
Finance and resource review	10
Continuous improvements – research, audit & service evaluation and initiatives	11

# 4

## Quality and equality at St Luke's

Quality priorities 2020-21 & 2021-22	12
Monitoring and managing the quality of our services	13
Focus on – complaints and concerns 2020-21	14
Equality, diversity & inclusion (EDI)	16

# 5

## Statements from stakeholder organisations and acronyms

NHS Sheffield Clinical Commissioning Group	18
Sheffield Healthier Communities and Adult Social Care Scrutiny Committee Board	18
Sheffield Healthwatch	19
Acronyms	21

# 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 2020-21 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.

In summary, throughout 2020-21, and despite the overwhelming impact of the Coronavirus pandemic, we've continued to develop, grow and innovate our services, how they are delivered and how they are run, in support of our vision – **'Supporting and caring for everyone affected by terminal illness in Sheffield.'**

Clearly the pandemic had just begun its significant impact on the UK at the commencement of the year we're reporting on. This brought challenges for St Luke's from a perspective of safety, maintaining services, contributing to the local and regional Covid response, and our financial stability.

On 23 March 2020 the majority of St Luke's financial income – that provided by our own means through community support – effectively ceased. Across the year we've

been fighting to deliver services whilst fighting for the organisation's future.

I am very glad to report that we're still here, and still caring for Sheffield. Through the commitment of our dedicated teams, the ongoing support from many donors, the pragmatic assistance of NHS Sheffield CCG, and supportive government funding (effectively providing exceptional additional contractual funding to maintain the capacity of UK hospices across the lockdown period) we have been able to deliver enhanced services throughout the pandemic to record numbers of beneficiaries.

Sadly, to address sustainability, we've seen reductions in employee numbers to address cost management imperatives, and our financial reserves have been stretched at times. The pressures of the pandemic have been intense, and I am pleased that St Luke's has not only been able to provide high quality essential services to those who needed them, wherever they needed them, but that we're able to look to the future with a little more optimism than a year ago. But there is much to do.

I am very disappointed that the 2019-20 Quality Account, which was completed despite the fact that all the St Luke's team

was completely immersed in responding to the pandemic, has not to date been uploaded to the Department of Health and Social Care site. This 2020-21 report has been called for with short notice, and whilst St Luke's is once again completing it despite so many other demanding priorities, it is not something produced without a lot of effort. Hopefully this report will be seen more widely. There is little point in accountability if the public does not get to see it.

Despite the challenges of the year, I'm delighted to report that in 2020-21 St Luke's cared for **1,905 patients** – just one fewer than the previous year, which didn't suffer from lockdowns, PPE challenges, social distancing and self-isolation; a remarkable achievement. Our Community Team worked throughout the worst of the problems, making **4,848 person-to-person visits** to patients and families at home and in care homes, often in the most difficult conditions. The Team also made **16,217 contacts** (video and phone calls) with those patients and families to support their care.

St Luke's supported over 800 bereaved relatives with nearly 3,000 sessions of counselling and support, a record number



– and we extended this support to two GP networks to assist them. And through our 'ECHO' tele-mentoring and support system, St Luke's provided and enabled the delivery of 166 sessions attended by 4,679 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 – a truly unique and vital contribution to the city's Covid response.

I am delighted to report that St Luke's has made 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 amazing work, and I thank our partners and supporters for their part in this story.

### Healthcare governance frameworks

We continue 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 meet together regularly in a city-wide end of life care forum, a focal point from which this work can 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 than through the coronavirus pandemic. St Luke's response, working in partnership with others, formed a crucial part of Sheffield's response to the emergency.

### 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 have investigated potential breaches – including those arising from 3rd party suppliers and cyber-attacks – 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. Our 'Equality, Diversity & Inclusion (EDI)' section on page 16 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 our employees and volunteers for their incredible achievements in 2020-21, especially during the pandemic response.

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 2021

# 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, Director of Income Media and Marketing, and the Director of People and Culture. 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.

## 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 St Luke's response to the coronavirus pandemic

## Pandemic strategy

St Luke's commenced detailed planning for our response to the Coronavirus pandemic in January 2020, as the likely scale of the problem became apparent.

Our strategy during the pandemic can be summarised as follows:

- **Stay safe** – for patients and families, employees and volunteers, colleagues and the public; and working for the wellbeing of these groups.
- **Maintain vital services** – wherever possible, to keep core services running and 'step up' to deliver new services necessary during the pandemic.
- **Ensure sustainability** – by managing our financial and other resources through challenging situations to preserve services and the long-term future for the charity.
- **Looking out for our vulnerable colleagues and clients** – making sure that we care for those denied our normal services, as well as vulnerable employees and volunteers.

Each of these objectives has presented huge challenges, from the procurement of PPE, to supporting care homes in crisis, and securing

critical income to maintain operations – and everything in between. It has, however, been successful in delivering high quality care across the crisis, supporting our teams, and keeping the organisation viable and sustainable.

## Services, initiatives and quality during the pandemic

Our response to the crisis has been built upon a true team-ethic, with representatives from all areas of the organisation meeting frequently throughout the pandemic to plan our response, and to consider how this will affect those for whom we care, and the quality of the care we provide.

Only two areas of service closed during the pandemic – our services at Clifford House and the day-centre aspect of our Active Intervention Centre. This was to minimise risk to vulnerable patients, visitors and volunteers. In both cases alternative support mechanisms have been introduced to provide continued contact and advice, which has been welcomed.

Throughout the pandemic St Luke's has maintained the capacity of its In Patient

Centre and community-based services. The In Patient Centre has been adapted to provide up to four isolation beds with special access (to respond to the needs of Covid positive patients), and the Community team has maintained visiting to homes and care homes throughout. PPE has been sourced, initially with difficulty, to maintain safety and we're proud that only a small number of our team members have contracted Covid-19, mostly with minor symptoms and quick recovery.

St Luke's has led and supported a number of critical initiatives in the city during the crisis, including:

- **Rolling out mobile working to frontline and support staff across the organisation** – within one month of lockdown, we'd enabled around 90% of our staff to work and deliver services from home or away from areas of significant risk. This involved the purchase and set-up of laptops, mobiles, home working equipment, video-conferencing software, licences, and much more.
- **Extended working hours in the community** during the lockdowns, to provide visits and phone support until 8pm – helping the most vulnerable and those for whom normal healthcare provision was hard to access

- **Introduced more extensive telephone and online support for community-based patients;** across the year this delivered 16,217 individual contacts and consultations, adding hugely to the 4,848 regular and intensive home and care home visits conducted by the Team.
- **ECHO** – Using St Luke’s in-house expertise and resources, providing a range of support cross-system based on the ECHO tele-support system, including a) guidance for GPs and community workers on Advance Care Planning and Symptom Management; b) supporting care home staff through the most difficult periods of the pandemic; c) providing memorial services to care homes who experienced high numbers of deaths through Covid; d) helping to train key workers supporting the homeless in safe use of PPE, and advising on safe practices within centres designated for care of the homeless community – and much more. The ECHO system delivered 166 sessions involving 4,679 attendances by healthcare professionals and key workers, and is now recognised as a crucial system for the coordination of care across multiple disciplines in the city. St Luke’s is one of just four ECHO Superhubs in the UK.
- **ECHO Voices** – Developing St Luke’s local expertise delivery of tele-mentoring and tele-support through ECHO technology, created ‘virtual clinics’ for care homes to attend to support with symptom management and provide the staff in care homes with emotional support. This was

extended to bereavement services from St Luke’s to provide staff in care homes with emotional and bereavement support. St Luke’s was credited with playing a significant part in Sheffield’s relative success in supporting the care home sector across the pandemic, and cited at the memorial event in March 2021.

- **Medicines Management** – City-wide work to develop verbal order notifications on pink cards, develop medicine formulae to manage symptoms of Covid in the community, and support complex medication needs.
- **Bereavement support** – we extended our bereavement service to support two GP networks across the pandemic, to help share the expertise of our teams in counselling and post-death trauma care.

St Luke’s continues to manage a Covid-secure environment across all its services and activities, based on a risk-assessment approach which is continuously updated and monitored.

“I had support from your team caring for my husband at home. Their excellent support made this possible. Even though Covid caused potential problems with face to face visiting, it never compromised the care they gave – ensuring that my husband was, and remained, pain free at a difficult time.”

## Working with commissioners and regulators through the crisis

Throughout the pandemic St Luke’s has worked closely with NHS Sheffield CCG in its response, and in the management of day-to-day issues that have arisen – many of which led to the innovative responses mentioned above. The relationship with the CCG has been positive in helping to focus on how quality of care can be maintained for patients and families despite the difficulties posed by the restrictions in place.

The Care Quality Commission (CQC) has maintained regular contact with St Luke’s throughout the pandemic, under its new Emergency Support Framework put in place for the foreseeable future. The CQC has responded positively to St Luke’s work and strategic focus during this period.



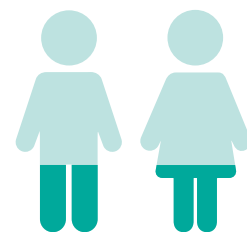
# 3 Review of 2020-21 performance, activity and status

## 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 – and for the first time Covid-19 was added to these causes in 2020-21. Care of patients with non-cancer illnesses has risen to 30% for the 2020-21 year from 29% last year.

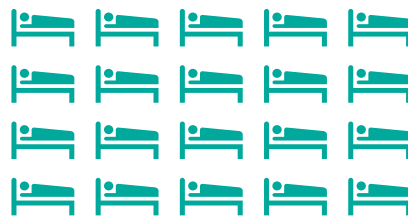
Overall our clinical teams helped 1,905 individual patients (2019-20: 1,906), through 2,864 spells of care (2019-20: 3,056) – demonstrating that St Luke's continued to respond to the demand for our services despite the pandemic. This growth, combined with the increasing complexity of our patient group, reinforces the pressures we are facing every day. To this can be added the exceptional pandemic-response services noted in part 2 – 'Services, initiatives and quality during the pandemic' on page 5 of this report.

On top of the pre-existing demand, the pandemic has accelerated the number of complex patients in our care. These have often exhausted the ability of other healthcare professionals and providers to cope with the severity of their needs and conditions, frequently escalating them to 'crisis' status - requiring St Luke's immediate involvement and attention from the most senior members of our clinical teams. We've seen a fourfold increase in such patients during the year, which puts significant demands – including emotional demands – on our teams.



# 30%

of our patients have  
a non-cancer diagnosis



# 1,905

patients were helped by our  
clinical teams in 2021/21



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



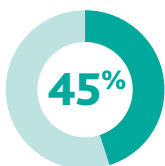
During 2020-21 St Luke's provided the following services, together with some service-user feedback:

### Community & Homecare Team



In the year our teams made **4,848** visits to patients at home and in care homes across Sheffield, and **16,217** phone and video calls to them in support of their care

St Luke's received **2,133** referral requests to our community service from GPs and other healthcare professionals



**45%** of visits were to patients who required urgent care from our Intensive Treatment Team

"I am so grateful for the support given to my friend by the Community Team and given to me. They wanted to die at home, which wasn't the most practical setting but everything was made possible. It was never about what was easier to do, it was about what the patient wanted, everything was person centred. Thank you so much for securing staff with values, with compassion and empathy as well as clinical skills. Thank you for doing what you do."

### 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 **326** patients at our IPC and during the year we operated at a **72%** bed occupancy



On average each patient stayed at the IPC for **17** days with **34%** able to return home after specialist intervention treatment

"The care and compassion was exemplary. This was not just to the patient, but it was afforded to the whole family unit. On the day of his admission to St Luke's, my husband said to me 'Today has been a good day' – that indeed it was."

### Bereavement Support Team



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

The Bereavement Team of staff and volunteers delivered **2,850** sessions with clients in the year



"Keep up the good work please. You bring lots of peace to people that are left behind. Thank you so much."

"The team at St Luke's supported us wonderfully at a difficult period during lockdown. They were always thoughtful in their concern. After my father's death at home they continued to support me with further phone calls up to 2 months after his death offering bereavement support. Thank you to all the wonderful staff."



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 and its current registration is for the following regulated activities:

- Diagnostic and screening services.
- Treatment of disease, disorder or injury.

Following a widespread review of hospice registrations, St Luke's is working with the CQC to update its registration following changes in definitions. We do not anticipate significant changes and we do not expect any impact from changes to our registration if they are required.

The CQC has not taken any action against St Luke's during 2020-21. St Luke's has received regular

monitoring liaison with the CQC under the Emergency Support Framework put in place during the pandemic, and this included a detailed interview in early 2021 covering the CQC's key lines of enquiry, supported by extensive documented evidence submitted by St Luke's. No matters of concern were identified and the CQC expressed their satisfaction with St Luke's contribution.

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](http://www.cqc.org.uk/location/1-108415043)



## Finance and resource review

In March 2020 St Luke's set a budget for the financial year to March 2021 with the expectation of recording a small financial deficit for the year. This was based on NHS contract funding providing c.26% of the total income required to run St Luke's during the year, with the other 74% being generated through donations, legacies, fundraising projects, our chain of charity shops and other activities. It is of note that despite recent above inflation uplifts by NHS Sheffield CCG to address the cumulative impact of a near ten-year monetary funding freeze, St Luke's remains in the bottom quartile in England with regard to NHS contract funding as a percentage of total income – being 10% below the sector average for adult hospices in terms of NHS contract funding as a percentage of charitable activity spend (i.e. that which is spent on patient care).

In March 2020 our financial model was critically undermined following the imposition of lockdown, which 'turned off' nearly 75% of our income overnight. We worked closely with NHS Sheffield CCG and other bodies and took advantage of all available government schemes to manage the situation.

St Luke's furloughed nearly 40% of its staff at the peak of the lockdowns, to save money. We also took the very difficult decision to reduce our staff base to help protect sustainability, with an 8% reduction effected in October 2020, resulting in 19 colleagues leaving through redundancy, which was thankfully voluntary. Such things are painful and add pressures to the team remaining. We thank those who left us for their work, and we thank those who are still employed by St Luke's for their dedication.

We also took the decision to suspend all volunteering from March 2020, still in force at March 2021, with safety of our volunteers a priority. We miss our dedicated volunteers who add so much to the care for our beneficiaries and who help to support our income generating activities. Thankfully we've been able to

keep in touch with our volunteers and offer some support across the pandemic.

During the year we are particularly grateful to HM Government for its agreement to offer support contracts to hospices in England, helping to protect the services that would otherwise have been at risk through the loss of voluntary fundraised income. We're also grateful to Hospice UK, a charity which advocates support for hospice and palliative care, for its work to secure this funding. St Luke's delivered on its contractual commitments under this arrangement and received much needed funding, which together with some incredibly generous local benefactors, the public in Sheffield, and certain trusts and grant-making bodies, has helped us to buffer our income and avoid the losses expected for the year.

We expect the 'recovery mode' from Covid to continue until at least 2023, but at the present time owing to the outcome of the 2020-21 financial year and our ongoing cost savings, we feel more confident of sustainability although we do expect financial deficits in that period, supported by our reserves.

We are grateful to NHS Sheffield CCG for its commitment to honour the third year of our corrective funding uplift in 2021-22, which helps to give us a more manageable baseline. We're also appreciative of the CCG's specific Covid-related funding through 2020-21 which has helped us to cover the costs of PPE, and allowed us to deliver specific services such as ECHO Voices, until 31 March 2021.

We're aware that the UK Government's white paper covering health and social care systems intends to terminate CCGs on 31 March 2022 and proposes transfer of responsibilities and obligations to other bodies, such as Integrated Care Systems. These changes present uncertainties to the model for hospice funding at a very delicate time.

We thank the team at NHS Sheffield CCG for their support and understanding across many years, wish them well for their future careers, 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.**

### Normal running costs for 2020-21

## £10 Million



### Budgeted financial deficit for 2021-22

## £1 Million



**"Please stay doing the things you are. St Luke's is the 'backbone' of palliative care in Sheffield and hopefully will be around for many years to come for the people of Sheffield."**



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

## Continuous improvements – research, audit, service evaluation and initiatives

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.

St Luke's 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 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.

Across the last year significant resource has been allocated to the **ECHO** programme (see Part 2 – 'Services, initiatives and quality during the pandemic' on page 5) which has widespread application across Sheffield and beyond, helping those requiring palliative and end of life care as well as being applicable to many healthcare disciplines beyond these areas. St Luke's is engaged at CCG, ICS and regional healthcare levels, with providers and other organisations, in taking the benefits of this system forward. St Luke's use of ECHO has been showcased nationally, and recently was the subject of an All-party Parliamentary session with the House of Lords, at which Dr Sam Kyeremateng (St Luke's Medical Director) presented. St Luke's was commended by Their Lordships for its innovative work in this field.

St Luke's is also a project partner in the development of the '**Compassionate Sheffield**' project under the endorsement of the Health and Wellbeing Board.

St Luke's is co-funding the initial programme to develop the approach, and is also a key player in the Health Needs Analysis focusing on End of Life in Sheffield, providing senior oversight and involvement in shaping and developing the project to establish the true needs service users in our city.

Whilst St Luke's undertakes a rolling programme of clinical audits, completed by doctors and nurses and reviewed by the Research and Audit Group and Committees, service evaluation work during 2020-21 has been mostly focused on the impact and benefits arising from pandemic-related initiatives, many of which have already been discussed in this report. These evaluations help St Luke's and funding bodies to determine if pilots and programmes are meeting their initial objectives, whether they should be continued, and if so how they might be funded.

An example initiative was **St Luke's extension of community service hours** (see Part 2 – 'Services, initiatives and quality during the pandemic' on page 5) which allowed our teams to provide additional care and support to patients at home, many of whom had lost access to traditional services as a result of the pandemic. Our work on this programme resulted in St Luke's receiving one of one hundred £100,000 grants from Barclays Bank plc (their pandemic 100x100 programme) to allow the programme to continue for the full year to 31 March 2021. We're proud that this work resulted in funding coming to Sheffield, which directly supported patient care across the city during the pandemic.



# 4 Quality and equality at St Luke's

## Quality priorities 2020-21 & 2021-22

### Our 2020-21 priority – Developing and implementing clinical supervision

**Proposed improvement:** Clinical supervision has long been utilised in healthcare settings to provide a safe and confidential environment to support staff in their personal and professional development and to reflect on their practices. However, due to shift patterns and the challenges of releasing nurses in busy inpatient settings, facilitating supervision meetings has proven notoriously difficult. We recognise the emotional challenges faced by our nursing staff of working in a palliative care setting, and to better support both our qualified and unqualified In Patient Centre nursing staff we introduced a new clinical supervision programme. Held in addition to a range of other staff support mechanisms, the programme provides a more formal process to support our nursing team.

Held within working hours, the meetings offer our nurses an opportunity to reflect on their work on the In Patient Centre and the ways it challenges them emotionally, as well as a space to discuss development opportunities.

Outcome: We committed to completing the implementation of this scheme in the 2020-21 year as part of the 2019-20 quality account objectives. However, the impact of the pandemic in throughout the year significantly affected our ability to deliver the scheme as originally intended. This was both as a result of the absence of key staff through shielding, but also as a result of key psychological team resources being reallocated to support citywide Covid initiatives.

During the pandemic a range of alternative supportive measures have been put in place for clinical staff, including referrals to third party organisations, online resources, active telephone and on-site support, and opportunities for group reflection. We've also introduced resilience training for all staff at St Luke's to help everyone affected during a traumatic and immensely pressurised year; staff wellbeing and support has been at the heart of all we've done.

Please see the following section on 2021-22 priorities for further information on taking this forward.

### Our 2021-22 priorities:

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

As noted under the section covering our 2020-21 priority, giving busy clinical staff the time to learn and reflect through supervision is very difficult. So to move our clinical supervision objective forward, and to tackle the imperative to allow clinical staff to learn and develop, we are implementing the following measures (note these measure include medical staff who have their own programmes in place):

- ◊ We're giving 5 days protected learning and clinical supervision time each year to every frontline clinical team member (for full time staff) – this is backed by the recruitment of new cover staff to enable release from daily duties.
- ◊ We've recruited a new Clinical Facilitator to develop the learning programmes and oversee the roll-out of the scheme to all clinical staff.

- ◊ We're focusing on 3 times-a-year clinical supervision within this protected time, and bringing in additional psychological support resource to ensure that this is available as needed.

We believe that these measures, costing St Luke's c.£100k per annum funded through our 2020-21 savings programme, will help us to deliver the twin objectives of ensuring 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

The pandemic has reinforced the problem that busy clinical staff have in a 'ward-based' environment – there is so much work to do, and so little time to link with colleagues and the organisation. This can lead to staff feeling isolated, uninformed, and even disconnected from the team.

On her own initiative, a Junior Sister with rotational leadership of the IPC team developed a fortnightly 'bulletin' for the 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 was presented in an accessible and concise style – a brief but interesting, informative and essential read.

We're going to keep this bulletin going and support the Sisters to create and improve it. It already seems to have helped with motivation and connection, and we will continue to monitor how we can use it to improve motivation, mood and therefore patient experience.

This new initiative will build on the quarterly 'Quality Matters' bulletin which started in March 2021 and which shares learning from serious incidents, complaints and concerns, highlights key areas of clinical focus eg falls, dementia etc, has a focus on research, and includes information on upcoming training. This in-house bulletin has been developed by St Luke's Clinical Risk and Quality team and is already seen as a helpful tool in continuous quality improvement.

## Monitoring and managing the quality of our services

### Managing incidents and Serious Incidents

St Luke's clinical teams take a collective approach to dealing with incidents, investigating issues and how each team has played its part – and determining how these can be mitigated or prevented in future.

Across 2019-20 and 2020-21, St Luke's reported four serious incidents ('SIs') to NHS Sheffield CCG and through the statutory reporting framework. Whilst these incidents met the requirements to be reported as SIs, none resulted in fatality or serious harm, and none has resulted in a complaint or litigation – all having been 'reported' by the teams involved when they had been identified. At 31 March 2021 all four of these SIs had been fully investigated by St Luke's in accordance with best practice and the root cause analysis, results, conclusions and actions have been reported to NHS Sheffield CCG. These SIs are now formally closed.

The ongoing action plans are being implemented by teams.

### Maintaining a safe environment

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

In 2019 a series of incidences of Clostridium Difficile at St Luke's In Patient Centre precipitated a significant response by St Luke's teams to ensure there was no outbreak and that the incidences were managed effectively. As a result, St Luke's acquired new equipment to manage any further such incidents, and infection management and housekeeping teams became 'upskilled' in the management of such cases.

These learnings and equipment have proved to be vital in the pandemic. Our capability to 'fog,' and our understanding of safe techniques and practices, have enabled our clinical site at Little Common Lane, and our community teams, to stay safe and free of Covid cross-infection.

### Surveys and quality monitoring

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 open advertised communication account, 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.

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 ('key lines of enquiry') Test 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.

The results from Quality Questionnaires, FAMCARE and KLOE 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, complaints and compliments (amongst a wide suite of matters reported each quarter).

**Part 4 – 'Focus on – complaints and concerns 2020-21' on page 14 of this report, focuses on complaints and concerns from FAMCARE and other sources in 2020-21, an area requested in the feedback from Healthwatch to last year's report.**

*"Every family in our situation needs St Luke's palliative care team. I cannot bear to think of any family going through it without St Luke's. Their practical, emotional and medical help reassured us all that we would not have to be separated again from Mum and she would not pass away without us by her side. In 2020 that is such a blessing."*



“St Luke’s Hospice could not have given better care to my husband or his family. Down to the tiniest detail, the team gave their all, not just in professionalism but in their caring and friendly attitude. Nothing was too much trouble. I am in debt to you all.”

The quotes throughout this report are derived from the FAMCARE survey.

### Key quality indicators

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

Quarterly performance meetings with the CCG provide an external assurance that our quality performance is satisfactory. We continue to collect and analyse data, using the now-retired Patient Safety Thermometer metrics, as part of day-to-day quality monitoring activity, and have completed the fourth year of Hospice UK’s national benchmarking in relation to patient safety and quality, which measures data relating to incidents that occur involving patient falls, pressure ulcers and drug incidents.

The national benchmarking systems are changing and so it is likely that St Luke’s will need to reassess the key indicators needed for most effective monitoring over the next year. Because of the pandemic, St Luke’s regular contract review meetings with NHS Sheffield CCG were put on hold at the request of the CCG, and so we hope that normal business will recommence later in 2021. Informal updates regarding quality and performance have, however, been shared.

### Safeguarding, mental capacity and deprivation of liberty

St Luke’s has processes in place to detect, assess and report matters of safeguarding, supported by training for all staff in identifying such situations. Clinical staff are fully aware of requirements under the Mental Capacity Act and Deprivation of Liberty standards, maintaining formal records in all cases, which are reported through appropriate governance bodies.

## Focus on – complaints and concerns 2020-21

As explained on page 13, under ‘Monitoring and managing the quality of our services’, 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, the 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.

During the 2020-21 year, we sent out 1,100 FAMCARE surveys for the In Patient Centre and Community Service in total (around 50% of all patients) and received 253 responses (a 23% return rate). In addition, we received 11 visitor and 12 patient Quality Questionnaires; completed two patient and one visitor KLOE Tests; and received nine written complaints. We also received many hundreds of unsolicited compliments, which are not included in this summary but extracts from which are spread through this report.

In total, from all sources, we received nine direct complaints (against 22 in the previous year), and 43 concerns, most of which were derived from FAMCARE surveys. Whilst most FAMCARE concerns are anonymous, some include contact details and we respond to these unless the respondent requests otherwise.

Identifying such concerns from FAMCARE is a new addition to our concerns log and very helpful to us. We believe doing this helps us better identify any

trends and themes emerging across the clinical governance framework and gives us a better opportunity to consider the feedback. It is noteworthy that while we log which service the concerns are written about, upon investigation we found the issue lay quite often with external health partners and their systems and processes.

Having normally waited three months after death before sending the FAMCARE survey to relatives (to give them time to deal with all the immediate issues that follow a death), we recently reduced this delay to two months so that families’ experiences were clearer in their mind. We’ve seen an increase in return rates without this giving rise to concerns.

For all methods of feedback detailed above, we identify the main cause for complaint or concern – anything including communication, clinical care, food or the cleanliness of the environment for example – 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, and we respond to concerns where the person raising them gives their details and doesn’t indicate otherwise.

Should a complaint indicate a Serious Incident, it would be reported and dealt with accordingly; there are no such complaints in 2020-21.

**In context, St Luke’s provided 5,236 bed nights of care in the year, made 4,848 home visits, delivered 2,850 bereavement sessions, and in total support 1,905 patients. From this we received nine complaints and 43 concerns in the year, none of them representing a Serious Incident. We believe this to be a low level under any measure.**

The following table analyses the subject of the 43 concerns and nine complaints into groupings:

Service	Subject	Source(s)	Total
<b>1. Concerns (43)</b>			
In Patient Centre	Accessibility	FAMCARE	1
In Patient Centre	Clinical care	FAMCARE & verbal	8
In Patient Centre	Communication issue	FAMCARE & verbal	4
In Patient Centre	Delay in referral / appointment / treatment*	FAMCARE	1
In Patient Centre	Facilities	FAMCARE	1
Community	Clinical care	Email, FAMCARE & verbal	11
Community	Communication issue	Verbal & FAMCARE	8
Community	Delay in referral / appointment / treatment	FAMCARE	1
Community	Staffing**	FAMCARE	2
IPC & Community	Clinical care	FAMCARE	1
Communication (general)	Communication issue	Hospice info email & FAMCARE	3
Operational (general)	Delay in referral / appointment / treatment	FAMCARE	1
Operational (general)	External agency	FAMCARE	1
<b>2. Complaints (9)</b>			
In Patient Centre	Clinical care (outcome: partially upheld)	Email	1
In Patient Centre	Drug: administration wrong drug (outcome: partially upheld)	Verbal	1
Community	Clinical care (outcomes: 1 partially upheld; 2 not upheld)	Hospice info email & direct email	3
Community	Communication issue (outcomes: 1 withdrawn; 1 not upheld)	Email & letter	2
Community	Drug: prescribing (outcome: not upheld)	Hospice info email	1
IPC & Community	Clinical care (outcome: partially upheld)	Letter	1

Notes:

\* As an example, it was found on investigation that a referral was never made to the In Patient Centre therefore the feedback from the FAMCARE return was more of an issue with the nursing home involved than St Luke's.

\*\* As an example, these returns expected to see the same nurse each time which is not always possible and is another example of how expectations need to be managed in a different way which we are working on.

### Actions resulting from service-user feedback – examples

Some examples of what we have done as a result of such feedback are:

- Ensuring the hospice Wi-Fi code is more clearly displayed in patients' rooms
- Arranged special meals for patients who were too shy to ask for them
- Sourced compliant clear-panelled face masks suitable for use in clinical environments to help overcome the PPE barriers being faced for people with communication difficulties or other requirements
- Reviewed nurse call bell response times against administration of 'as required' medications to ascertain if there was a delay
- Ensured patients and visitors are aware of the patient folder during their first 48 hours on the IPC and invited to ask questions if further information is required
- Group clinical reflection sessions addressing facets of complaints to discuss as a multi-disciplinary clinical team and identify learning and improvements as a team
- Ensured the Community team reiterated the availability of the dedicated phone line to families to make them feel more supported
- Sending out bereavement packs more quickly so that families know our services are available to support them more quickly after their loved one passes away
- Addressed communication barriers in light of restricted visiting on the IPC and ensured increased phone call updates to families and loved ones in a timely manner
- Clinical and Communications teams working together to create a leaflet for families and external health partners to better describe what our Community service does in order to manage expectations

- Concerns taken to IPC Sisters' meeting and discussed for wider learning
- Liaison with Fundraising team to consider a campaign for new visitors' chairs
- Online learning from the IPC Consultant to the nursing team regarding escalation of deteriorating patients and how to recognise this
- Work undertaken with the Medical Director and Lead for Community Services to ensure ICE is checked as comprehensively as possible to pick up anything which may need action even if the investigations were not initiated at St Luke's to ensure nobody gets missed
- Working on our inpatient menus to make them more accessible for patients with communication needs and to promote independence by helping patients better understand the consistency etc. of the food and how it could be amended for them as required
- Exploring the possibility of how the Donation Line may be able to support on enquiries for donated equipment as well as shop donations.

## Equality, diversity & inclusion (EDI)

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

With regard 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 that many hospices are located in green spaces is so that their dying patients and families can receive the environmental benefits associated from

the setting. The fact that not all dying patients can enjoy the same surroundings is something for levelling up, not levelling down.

In late 2020 Hospice UK, the national charity, asked UK hospices to provide evidence of how their services responded to the equality, diversity and inclusion challenge, and what initiatives evidenced this. Their report, '[Equality in hospice and end of life care: challenges and change](#)' was published on 1 June 2021 and can be found at their website.

### St Luke's features in two sections, with extracts as follows:

#### • Cultural liaison

'In South Yorkshire, St Luke's Hospice employs an Engagement & Quality Officer, from the South Asian Muslim community of Sheffield. This is a unique role in the city, and one in which community engagement is nurturing change in the delivery of services. Reflecting on this role, the post-holder highlights how important it is to recognise that people from ethnic minority communities need reassurance in order to accept help from mainstream services and health professionals.

The Engagement & Quality Officer provides active engagement with the South Asian population of Sheffield including the 'Gupshup (chit-chat) Club' which is hosted by St Luke's; this is immensely popular and provides cultural and holistic support and information to engage the community with palliative care.

The Engagement & Quality Officer also supports the hospice's Muslim communities at the Inpatient Centre and in the community with regards to specialised spiritual and cultural requirements for end of life including facilitating communication with clinical teams, access to bereavement services and support for families and mosques. This has continued throughout the pandemic and provided a vital means of connection and communication as an integral part of the hospice's service offering.



St Luke's Hospice reports that this initiative is succeeding in supporting people who may previously not have accessed palliative care to do so, particularly amongst the Muslim community of Sheffield; the hospice has seen a doubling of patient numbers over recent years, now representing 7% of its patient cohort (the Asian community in Sheffield represents 8% of the population).

The Engagement & Quality Officer also works with GP practices in areas of high ethnic population, supporting their connection with their communities and helping to break barriers in accessing services.'

- **People living in poverty, deprivation, and with lower socioeconomic status; how are services responding to meet palliative care need?**

**'Outreach and partnership working:** Over half of service users at St Luke's Hospice in Sheffield's are from deciles 1 - 4 of the Index of Multiple Deprivation, with 1 representing the most deprived; nearly a quarter (23%) are from decile 1. They have conducted outreach across the more deprived areas of the city to heighten awareness of their services. The hospice has also forged links with Manor & Castle Development Trust, a local charitable organisation working with highly deprived communities in the city.

They are working to address issues related to sex workers, women in hostels, and asylum seekers and the traveller community across the city. In addition, special emphasis has been placed on supporting the homeless community in Sheffield with dedicated members of the specialist palliative care community nursing team actively involved with individual cases, and during the pandemic the hospice was also engaged with the citywide response to provide housing to homeless people including advice on the safe use of PPE and the safety of the accommodation provided.'

The Hospice UK report is a helpful contribution to awareness and a resource of good practice. It is pleasing that St Luke's is featured, but the highlighted areas are only two particular features of our response

to the EDI agenda, which has advanced further across the pandemic. We are committed to further improvements in coming years.

"The nurses that visited were always extremely knowledgeable, capable and showed lots of compassion and understanding. My husband was always listened to, felt valued and knew that his concerns, pain etc. would be addressed as quickly as possible. The nurses gave all of themselves when they visited, you never felt like they were in a rush. Thank you so very much for your excellent care."

"The staff were very friendly, compassionate and caring. I can't thank you all enough. You helped me through the good and the bad times and had my partner's wellbeing at heart. Thank you so much."

"Our experience as a family was amazing how all the staff and doctors treated my mum and us. We could not have asked for better care for her. From day 1 right up to when mum passed away nothing was too much trouble for them even down to the Housekeepers who had a laugh with her. So we as a family thank you so much for making mums time in St Luke's comfortable."



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

# 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 2020-21. 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 2020-21 St Luke's Hospice has achieved a number of key Constitutional standards and key quality performance measures. St Luke's Hospice has maintained activity levels during the Covid-19 pandemic by 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 2020-21. 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 whilst services recover from the impact of Covid-19 and then 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 recover from the pandemic, considering appropriate targets whilst at the same time incentivise the delivery of high quality, innovative services.

Submitted by Beverly Ryton on behalf of:

*Zak McMurray, Medical Director*

And

*Suzanne McAllister, Senior Contracts Manager*

## Sheffield Healthier Communities and Adult Social Care Scrutiny Committee Board

Thank you for sharing the 2020-21 Quality Account with us. On behalf of the Healthier Communities and Adult Social Care Scrutiny Committee, we'd like to begin by thanking all of the staff at St Luke's for their hard work this year. We commend St Luke's successful pandemic strategy for keeping services running through such a challenging time; and for the key role St Luke's has played in the city's pandemic response - providing support for the wider health and care system through initiatives such as ECHO. And this against a backdrop of financial challenge – with Covid drastically reducing fundraising opportunities.

### Quality Priorities

We note that Covid has affected St Luke's ability to deliver the 2020-21 priority around clinical supervision, and are pleased that it is included in the 2021-22 priorities, alongside clear measures for implementation. We look forward to seeing progress on delivery of the quality priorities over the coming year, and the impact this has on outcomes for service users.

We're pleased to note the success St Luke's has had around equality and diversity, particularly engagement with Muslim communities to increase awareness and use of St Luke's services, and outreach in deprived areas of the city. Tackling health inequalities is a key priority for the Scrutiny Committee, so we look forward to hearing more about this work in the future.

*Cllr Steve Ayris, Chair of the Healthier Communities and Adult Social Care Scrutiny Committee.*



## Sheffield Healthwatch

Thank you for sharing this year's Quality Account with us. As always, St Luke's has produced an extremely public-friendly report which will help a wider audience to get an insight into their work. We especially like that patient and family feedback has been interspersed throughout the document – demonstrating that this feedback is integral to the service.

The report shows how St Luke's has increased their activities throughout the pandemic, adapting quickly to fill identified gaps in support. We were particularly interested to read about the extension of community service hours, the extended bereavement counselling and support to GP networks, and use of the ECHO system and ECHO Voices. Because of this additional workload, and the recognised difficulties that the pandemic has had on staff, it is good to see a strong commitment to staff wellbeing and learning in the 2021-22 priorities. We hope this will bring benefits to patients and families as well as staff. The targets are clear and measurable.

It is good to see that St Luke's supports patients and families to share feedback in a variety of ways, hopefully allowing people to share their views in a way that is comfortable for them. The Key Lines of Enquiry (KLOE) test sounds especially useful to see how patients and families are experiencing the service in real time. The statistics provided are also very useful - a 23% response rate to the FAMCARE surveys demonstrates that engagement methods are working, though of course there is always room for improvement. The reduction in time before the FAMCARE survey is sent out is a good example of innovation to ensure greater levels of feedback.

We are glad to see more details on complaints and concerns this year – thank you for including this in the report as it demonstrates transparency and a willingness to learn from feedback. This detail is presented in a very clear way, and providing examples of the actions that have been taken shows the public that feedback is not a 'tick box' activity but instead helps to drive service improvement.

The Equality, Diversity and Inclusion (EDI) section is also helpful to see. It's good that the Hospice UK report picked up some examples of good practice by St Luke's and the statistics provided seem to suggest that these efforts are working – keep going with this work.

## Acronyms

<b>CCG</b>	Clinical Commissioning Group
<b>CQC</b>	Care Quality Commission
<b>ECHO</b>	Extension of Community Healthcare Outcomes
<b>EDI</b>	Equality, Diversity and Inclusion
<b>GDPR</b>	General Data Protection Regulations
<b>IG</b>	Information Governance
<b>IPC</b>	In Patient Centre
<b>KLOE</b>	Key Lines of Enquiry
<b>PPE</b>	Personal Protective Equipment
<b>STH</b>	Sheffield Teaching Hospitals Foundation Trust



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



St Luke's Hospice  
Little Common Lane  
Sheffield S11 9NE

[www.stlukeshospice.org.uk](http://www.stlukeshospice.org.uk)

Telephone: 0114 236 9911  
Email: [info@hospicesheffield.co.uk](mailto:info@hospicesheffield.co.uk)



St Luke's Hospice Limited

President – Lady Neill  
Registered Charity no. 254402  
A company limited by guarantee.  
Registered in England and Wales. Company no. 922448  
VAT registration no. 845 3639 06  
The stated address is the registered office of the company.