St Luke's HOSPICE

QUALITY ACCOUNT 2024-2025

Registered Charity Number: 298555
Company Number: 02141770
St. Luke's Hospice (Harrow & Brent) Ltd

Patient story

For Bee Koh and her family, last Christmas was a profoundly and challenging time. Bee, who has stage four ovarian cancer, was admitted to Hospice the week before Christmas.

While the journey to the hospice marked a significant transition for Bee and her family, they have found solace and comfort in the compassionate care provided by St Luke's staff.

When Bee's condition progressed and her treatment options became limited, she chose comfort and dignity. "They told us that St Luke's was a great option to help with those wishes," said her daughter Sarah, who, along with Bee's husband Michael, shared their experiences during an interview on Christmas Eve.

Like many families, the Kohs weren't entirely sure what to expect from a hospice. Although they'd heard of St Luke's, they had little firsthand knowledge of the services it provided.

Michael shared that their initial apprehensions quickly gave way to gratitude: "They have exceeded every single expectation. All the staff go above and beyond for us. They're so compassionate and caring."

For Michael, who had been Bee's primary caregiver at home, the hospice has been a lifeline.

"It's a massive peace of mind knowing we can leave her here and she'll be looked after," said Sarah.

The family emphasised how responsive the staff have been, attending to Bee's needs promptly and with great kindness.

"The patient is top priority here," Michael added. "Each time we call them, they attend to my wife immediately. We feel so appreciative of what they have done for us."

This Christmas, the family had hoped Bee could spend a few hours at home. When they shared this wish with the hospice team, staff worked quickly to explore the possibility.

“The physio team came the very next day to assess how well Mom could move,” Sarah recounted.

While the family ultimately decided it would be too difficult for Bee to travel, they were touched by the effort made to honour her wishes.

Instead, they decided to bring Christmas to Bee at the hospice.

The family expressed gratitude for the peaceful and welcoming environment. “It’s very quiet, calm, and relaxing here,” said Michael. “It’s the best place for my wife to be.”

St Luke’s Hospice offers more than just medical care; it provides a deeply personalised experience.

“You’re not a number here. You’re a person,” Michael explained.

The hospice’s flexibility - such as 24-hour visiting hours - has allowed the family to be with Bee whenever they need.

Sarah was especially moved by the hospice’s holistic approach, which includes support for families. “They even offered us a social worker to assist if we needed anything,” she said. “The staff here couldn’t be more caring and compassionate.”

For those who may feel hesitant about hospice care, the Kohs shared a heartfelt message: “We had our doubts initially, but St Luke’s has been a blessing. It’s a great place to find peace, calm, and personalised care,” said Michael.

Sarah added, “If you or a loved one need this kind of support, don’t be afraid. The team here truly makes a difference.”

St Luke’s Hospice relies on community support to provide its services. While many know of its charity shops, fewer may realise the incredible care that happens behind the scenes.

Supporting St Luke’s - whether through donations, volunteering, or spreading the word - helps ensure that families like the Kohs continue to receive the comfort and care they need during life’s most challenging moments.

As Bee and her family spent Christmas Day together at the hospice, they did so with hearts full of gratitude for the team at St Luke’s.

“It’s the best decision we could have made,” said Michael. “This is where my wife finds peace and where we, as a family, feel supported.”

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PART ONE: Achievements in quality

1.1 Statement of quality by the Chief Executive Officer

I am pleased to present St Luke's Hospice annual Quality Account for 2024-25 which I believe demonstrates our commitment to being an organisation that delivers high quality care with a culture of continuous learning and improvement.

During 2024, St Luke's developed a new three-year strategy. Our strategy focuses on adapting our care services to improve provision and accessibility for our community. We have three Strategic Goals: Quality of Care, Serving our Community and Sustainability.

We have continued to work collaboratively with the North West London Integrated Care Board (ICB), supporting the consultation process of the proposed new model of care for community based specialist palliative care for adults in North West London. This has seen us commence a review of the expectations of the new model and the provision of clinical services by the Hospice.

We have achieved a number of significant improvements that have helped deliver quality care for more people. In addition to the progress that has been made with the priorities for improvements, we have seen teams complete a variety of additional Quality Improvement Projects (QIP). Two of these projects were presented as poster presentations at the Palliative Care Congress in Belfast.

We believe all the priorities set out for the coming year will help us improve patient safety, clinical effectiveness and the patient and family experience.

This Quality Account is a brief demonstration of our team's hard work and commitment to delivering outstanding care. We are committed to ensuring our services and practices continuously strive for excellence and develop according to the needs of local people. We are proud to present the Quality Account for 2024/25 and to the best of our knowledge, the information contained within it is accurate and a fair representation of the quality services we provide.

Lindsey Bennister
Chief Executive Officer

1.2 Our vision, values and mission

Our vision:

- A world where people experience the best possible last phase of life.

Our values:

- Caring – Care for all those who deliver and need our services.
- Respect – Demonstrate respect and be open minded, inclusive and approachable.
- Excellence – Create an environment of continually achieving our goals.
- Inclusivity – Strive to reach all sections of our community in all areas of our work.
- Empowerment – Empower our community to live a better life.

Our mission:

- Reach more people.
- Constantly improve what we do.
- Extend our impact through collaboration, innovation and education.
- Be an accountable and sustainable organisation.

1.3 Our services

St Luke's provides specialist palliative care to the people of Brent and Harrow facing life limiting illnesses.

Our range of clinical services include:

- Inpatient care: we have a 12-bedded unit that provides symptom management and end of life care to patients and support to their families and friends 24 hours a day, 7 days a week
- Wellbeing services: we provide a range of outpatient services including physiotherapy, complementary therapy, art and gardening groups
- Community care: we provide a Specialist Palliative Care team in Brent, Hospice at Home services, domiciliary care service and the St Luke's Palliative Helpline (Pall 24) that offers a 24-hour single point of access and advice to patients, carers and healthcare professionals

1.4 Care Quality Commission (CQC)

The organisation was last inspected by CQC in April 2022 and is rated as Good.

1.5 Data quality

The hospice uses the NHS Data Security and Protection Toolkit (DSPT) to provide assurance that we are practicing good data security and that personnel information is handled correctly.

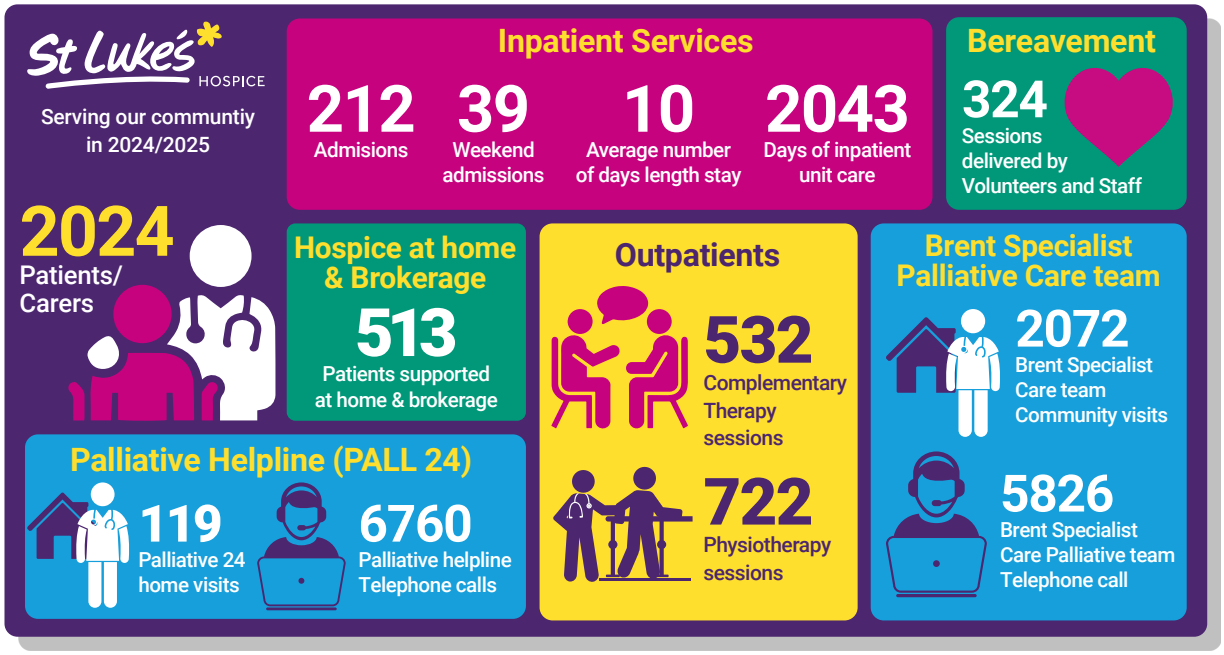
The organisation was compliant with the standards for the DSPT in 2024. The organisation will complete the annual DSPT self-assessment in June 2025 and expects to meet the required standards of data processing and the handling of personal information.

1.6 Service activity data

What we achieved - our year in numbers

Clinical services

The hospice supported 2024 patients and carers in 2024-25, consistently supporting over 2000 patients and carers in the last three years.



Clinical services	2022-23	2023-24	2024-25
Patients/ carers supported by Hospice	2042	2069	2024

Inpatient Unit

Our focus is on admission responsiveness so that patients can access a bed when they need one. This year we reviewed and digitalised our referrals internal processes to increase responsiveness.

Inpatient Unit	2022-23	2023-24	2024-25
Admissions	188	237	212
Days of inpatient unit care	2631	2582	2043
Average length of stay	14	10	10
Weekend admissions	13	46	39
All deaths	145	162	147
All discharges	45	85	61

Of the completed stays of care on the inpatient unit in 2024-25 we saw 29% of patients discharged and 71% of patients dying on the unit compared to 66% dying on the unit and 34% being discharged this year.

Brent Specialist Palliative Care Team (BCT)

A team of palliative care Clinical Nurse Specialists supported by the medical team who assess and support patients providing complex symptom management and psychological support by telephone and face to face. BCT collaborates with GPs and other statutory services to support and co-ordinate the delivery of specialised palliative care to patients in the community. The team has increased the number of patient visits offering 7 day working.

Brent Specialist Palliative Care Team	2022-23	2023-24	2024-25
Patients supported by BCT	585	596	610
BCT visits	1554	1884	2072
BCT telephone calls	10334	6037	5826

There has been an overall increase in visits since April 2024 and the caseload has remained stable.

Place of death	2022-23	2023-24	2024-25
Home	54%	54%	46%
Nursing / care home	21%	21%	23%
Hospice	9%	13%	12%
Hospital	16%	11%	17%
Other	0%	1%	1%

Brent Specialist Palliative Care Team	PPD Met	PPD Unmet	PPD Unknown
Preferred Place of Death (PPD) achievement	74%	7%	18%

74% of patients died in the place of their choosing.

Hospice at Home and Brokerage

Hospice At Home (H at H) provides end of life care in the patient's home to support urgent bridging for personal care, respite care, night care, and companionship, emotional and psychological support by trained and experienced healthcare assistants. The Brokerage service arranges packages of care for patients.

Hospice at Home and Brokerage	2022-23	2023-24	2024-25
Patients supported by Hospice at Home & Brokerage	559	547	513

PALL 24

The Palliative Helpline Service provides 24-hour advice and support to patients, carers, healthcare professionals. The service also includes rapid home assessment and crisis visit from 7.30am-9pm.

Pall 24	2022-23	2023-24	2024-25
Pall 24 Visits	376	249	119
Pall 24 Telephone calls	8188	7234	6760

We noted in 2023-24 that the team had been asked to carry out regular or routine visits in addition to crisis interventions. We have worked closely with District Nursing and Clinical Nurse Specialists to ensure these routine visits are carried out by a more appropriate service and not the crisis team.

Social Work

Social Work	2022-23	2023-24	2024-25
Social work sessions	2392	2119	2207

The team has experienced long term sickness within the social work team since July 2024 but have maintained providing social work sessions.

Physiotherapy

Physiotherapy	2022-23	2023-24	2024-25
Total number of sessions provided	731	581	722

Complementary Therapy

Complementary Therapy	2022-23	2023-24	2024-25
Total number of sessions provided	580	543	532

Bereavement Services

Bereavement	2022-23	2023-24	2024-25
Bereavement sessions	304	320	324

Improvements continue to be made this year in recording family members contact details, which means information on bereavement support can be provided to more people.

1.7 Learning and Development

Training delivery to support internal and external clinical staff to deliver high quality patient care:

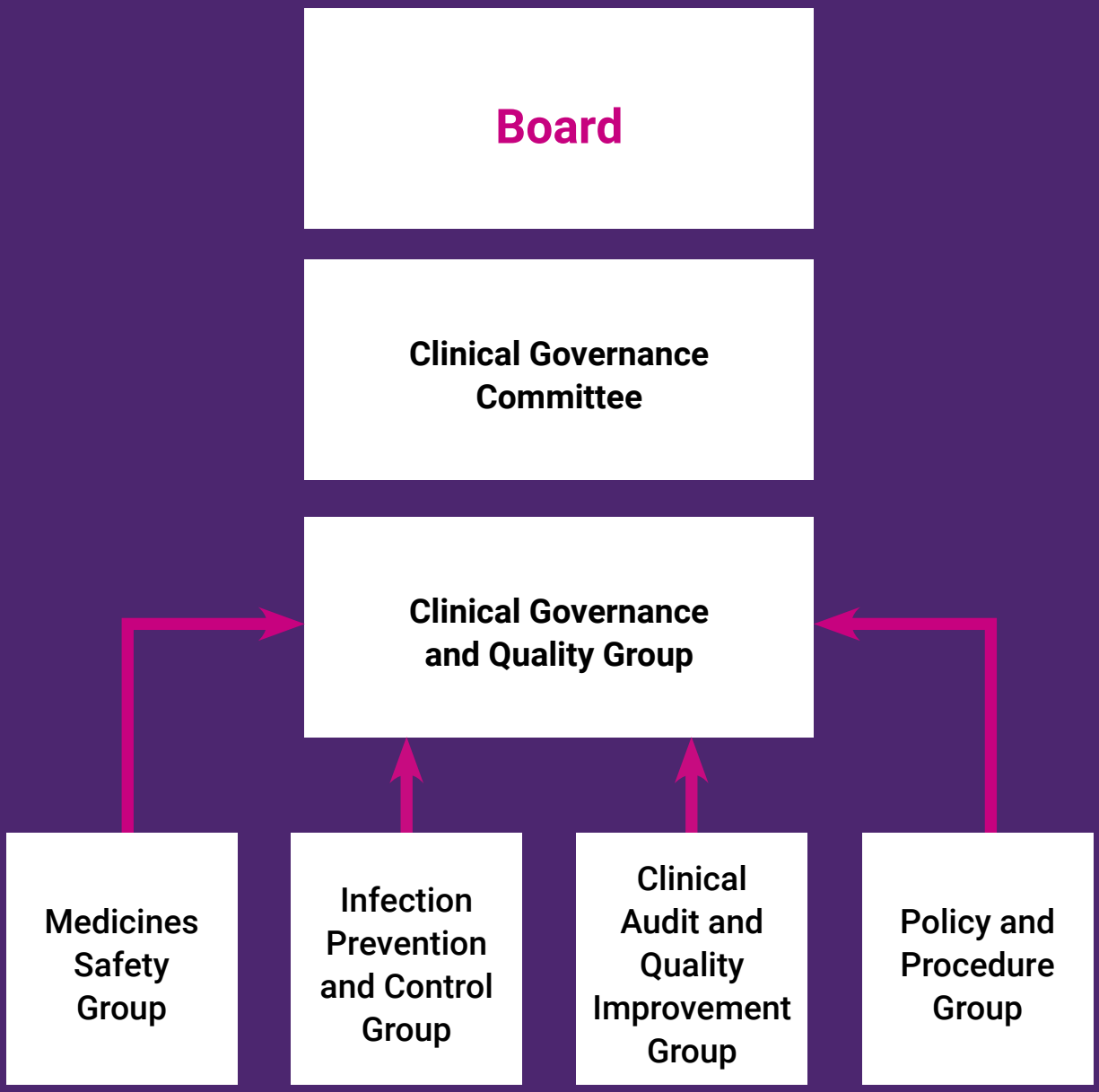
- Reviewed our mandatory and statutory training to ensure that it is fit for purpose by aligning with regulatory requirements and that it equips our workforce with the skills and knowledge they need to meet their job requirements.
- Commenced the delivery of a programme of Medicines Management workshops to refresh and develop nursing staff medicines management knowledge and competency. This programme has been developed and delivered in collaboration with our hospice pharmacist.
- Delivered a programme of training workshops to support the development of the Pall 24 nurses' clinical assessment skills. The training focused on embedding the use of the Socrates pain assessment tool. Feedback from participants on their learning included, "Use assessment tool, be curious and ask questions relating to pain."
- Delivered a programme of clinical workshops for healthcare assistants to refresh and develop their clinical skills, confidence and competence. Topics covered in the clinical workshops included patient observation skills, stoma care, catheter care, wound care, an overview of seizure management and mouth care (in collaboration with a retired dentist).
- Collaborated with the hospice pharmacist to provide bite size training to hospice staff on topics including management of hypoglycaemia and drug conversions.
- Supported the implementation of a new hospice policy on 'Carer Administration of Subcutaneous Medication at Home' with a training programme for clinical staff.
- Expanded the membership of the hospice's clinical education forum to non-clinical colleagues to aid learning and development across services.
- Accessed expert speakers to help educate colleagues on topics including assisted dying and corneal donation. The education team provided an update to colleagues in January 2025 on the Terminally Ill Adults (End of Life) Bill.
- Delivered novel bespoke training to 26 nursing staff from the Intensive Care Unit at London North-West University Healthcare Trust to improve their skills and confidence in end of life care communication skills. This training incorporated simulation-based conversations. 96% of participants rated the training workshops 5 out of 5. Feedback from learners: "The simulations were extremely helpful because … I got to do actual communication rather than just listening to a lecture on how to do it." This innovative work was presented at the Palliative Care Congress 2025 and has been showcased online on the Hospice UK website.
- Designed and delivered an Introduction to Palliative Care course for six external and internal nursing staff to develop knowledge and skills in specialist palliative care.
- The Principles of Palliative care module (accredited by University of West London) was completed by six students through St Luke's Hospice in collaboration with Rennie Grove Peace Hospice. This was the 23rd and final cohort of this academic module: we are exploring more relevant, collaborative education opportunities for multi-disciplinary education provision in the future.

- The medical team collaborated with their peers at Harlington Hospice to deliver a six month palliative care education program to General Practitioner (GP) trainees in hospices in North West London. 100% of participants rated the overall programme beneficial to their learning. Feedback included: “Fantastic collaborative teaching!” This collaborative education program was presented at the Palliative Care Congress 2025.
- Provided palliative syringe driver training to eight nursing home staff to help support the effective care of palliative care patients in the nursing home sector.

Supported staff development:

- Continued to implement the revised competency framework priority for improvement project for our nursing staff to evidence and support the development of a specialist palliative care workforce. This year we have focused on facilitating our band seven and band six nurses to progress through their competency frameworks.
- Supported five doctors in their GP development programme by providing them with a placement in palliative care.
- Two Clinical Nurse Specialists (CNS) have undertaken their advanced physical assessment training to then progress to enrolling onto a non-medical prescribing course (a priority for improvement program).
- Provided ongoing support to a new band six development CNS in the Brent Community Team and successfully supported a band five nurse and band two healthcare assistant through their probationary periods.
- Facilitated 48 learning placements and taster days for student nurses, medical students/ trainees, paramedics, clinical nurse specialists and allied health professionals to support the development of the future healthcare workforce and improve awareness and understanding of palliative care amongst healthcare professionals.
- Provided ongoing pastoral support to nurses across the clinical teams and have facilitated incident debriefs to aid reflection, learning and development. Facilitated monthly clinical supervision to support the clinical workforce.
- Continued to lead on promoting and organising a community of practice for local educators in palliative care.

1.8 Governance Structures



This year we have focused on embedding our new governance structures across clinical services to provide robust assurance to the Board of Trustees. A review of all the committee and groups terms of reference have been completed after 1 year of the implementation of the new governance structure (see Annex 1 for a summary of the role of each group).

PART TWO:
Priorities for improvement and statements of assurance from the board

2.1 Priorities for improvement 2025-26

At St Luke's Hospice, we continually review our services and seek to improve and develop them to suit patients' needs. The Hospice will monitor our achievements in respect of the following priorities by reporting progress through our Clinical Governance Group, Clinical Governance Committee and, ultimately, through the Board of Trustees. Our quality improvement priorities for the coming year were developed in line with our hospice strategy focusing on quality and improving access.

Priority One - Patient Safety Improving safer prescribing of medication on the Inpatient Unit (IPU)	
Why?	**What success looks like**
Safer prescribing of medications at the weekend has been identified as an area of improvement. The objective of the priority for improvement will be to study the factors involved with prescribing at the weekends leading to actions aimed at improving prescribing accuracy. The current format of the IPU drug chart is often cited as a contributory factor in prescribing incidents so the objective of updating the format is to reduce the number of prescribing errors and omissions.	• Reduction in prescribing errors or omissions especially at weekends • More consistency and less ambiguity in prescribing on IPU drug charts • Clearer prescriptions that enable IPU nurses to administer medication correctly

Priority Two - Clinical Effectiveness
Implementation of a Living Well Programme in the Woodgrange Centre

Why?	What success looks like
Reaching more people earlier in their patient journey, following diagnosis of a life limiting illness, is part of national, local and St Luke's Hospice strategic plans. The point of diagnosis can be challenging and uncertain. Visiting the hospice earlier may dispel myths and fears for those that will need to access our support in the near future. The Living Well Programme at the Hospices Woodgrange Centre will empower people: ● providing the knowledge, support and confidence they need to live well ● supporting them to develop or reconnect with coping mechanisms ● learning from and socialising with others in a similar situation	● Development of effective marketing materials ● Clear referral pathways and collaboration with referrers ● An agreed plan/structure for the delivery of programmes ● Living Well events are well attended ● Those who attend report and demonstrate positive outcomes

Priority Three - Patient Experience
Development of a User Involvement Strategy year 2

Why?	What success looks like
Following on from the implementation of user surveys last year it is our intention to provide as many ways as possible for patients, their families, carers and friends to tell us how we are doing, ensure there is equity in the different ways we seek feedback, and the feedback received is inclusive and representative of our local population. We will seek to understand the feedback received and use this to make changes so healthcare provision is shaped around patients and families' priorities and needs.	● A completed review of viable options to extend reach of user involvement surveys/other feedback mechanisms ● Key characteristics are routinely monitored in user feedback ● Established links with minority groups ● A strong range of evidence/assurance is collated through a range of feedback mechanisms with evidence of learning and improvement

2.2 Priorities for improvement achievements 2024-25

Priority One - Patient Safety Developing a safety culture		
Why?	**What success looks like**	**Achievements**
With the new CQC single assessment framework being rolled out for all care providers, it is important to know what the new quality statements mean to the hospice and to prepare the organisation for the forthcoming assessment process. Within this, we recognise that there is an opportunity to do further work in this area to include strengthening some of the mechanisms and processes in place to be able to embed a positive safety culture at the hospice.	• Strong staff awareness of the new CQC methodology and their role in an inspection/contribution to gathering evidence. • Successful onboarding of the CQC Vantage module which enables a real time view of self-assessment and the Vantage incidents module. • Increase in incident reporting with no harm low harm incidents. • A range of Quality Improvement projects completed.	• We have completed CQC mock inspections across clinical services. We produced a CQC handbook for all staff • We onboarded a CQC module on our Vantage system to enable us to collate and view evidence to support CQC compliance in realtime • Most incidents are in the no harm and low harm categories. We have followed our PSIRF (Patient Safety Incident Response Framework) response plan • We have shared knowledge and guided staff in Quality Improvement methodology through our Audit and Quality Improvement meetings. We have completed 7 Quality Improvement Projects throughout the year with 3 projects ongoing.

Priority Two - Clinical Effectiveness Implementation of non-medical prescribing (NMP) in the Brent Community Specialist Team		
Why?	**What success looks like**	**Achievements**
The development of NMP within services enables suitably trained healthcare professionals to enhance their roles and effectively use their skills and competencies to improve patient care in a range of settings, including management of long-term conditions and palliative care. Clinical Nurse Specialists (CNS) have the appropriate pre-requisites to be trained in this skill and this will empower them to improve patient care and prescribing, where appropriate, for community patients	• Brent manager to have completed a physical assessment module and a non-medical prescribing module and to become a role model for other CNS's within the team. • 50% of existing Brent CNS's facilitated to have become non-medical prescribers. • Patients and clinicians having timely access to medications at end of life. • CNS's to have increased job satisfaction and supporting the upskilling and professional development of the CNS team. • Non-medical prescribing would become an essential skill for all CNS's recruited (or a requirement to complete).	• The Brent team manager has completed the Advanced physical assessment course. Due to review of workings of the team, team lead will not be preceding with V300 at present. Two Clinical Nurse Specialists (CNS) have undertaken their advanced physical assessment training to then progress to enrolling onto a non-medical prescribing course • 50% of non-medical prescribers will not be achieved until end of Q4 2025/26. However non-medical prescribing is commencing in April 2025 • A staff survey will be completed at the end of Q4 2025/26 • The job description has been updated to reflect non-medical prescribing as an essential requirement

Priority Three - Clinical Effectiveness Implementation of a new clinical database, EMIS		
Why?	**What success looks like**	**Achievements**
The current clinical database, iCare, no longer has the functionality to support the requirements of the organisation. iCare does not have the interoperability requirements to access shared patient records; cannot meet the data requirements of the Community Services Data Set (CSDS); limited functionality to support the implementation of electronic care plans on the inpatient unit	• Building of the database to meet both the clinical and data reporting requirements of the organisation. • Production of user manuals and training resources. Delivery of training to all clinical staff. • Migration of data to the new database. • Deployment of the new database.	• Progress has been slower than expected when the project plan was considered at the start the priority for improvement. The building of the database has been partially achieved. Delays to the project process have been related to delays in the appointment of an EMIS project manager and availability of EMIS trainers in Q4. We anticipate a Go Live date in Q2 of 2025/26 for Phase 1 of the project development. Phase 2 development will continue through Q3 and Q4 of 2025

Priority Four - Clinical Effectiveness Competency Framework development and implementation: community services and inpatient unit nursing staff.		
Why?	**What success looks like**	**Achievements**
To ensure staff are achieving the requirements of their post in relation to knowledge, skills and experience. To ensure the consistent delivery of high-quality palliative and end of life care.	• All existing Brent Clinical Nurse Specialists (CNSs) to have completed the CNS competency framework by documenting and providing evidence of meeting the specified outcomes within the framework. • To have implemented competency frameworks for all bands of nursing staff (Band 2 – Band 8A). • To rollout a training programme to support the effective implementation of the competency framework document. • Monitor completion of competencies against timeframes specified on an individual basis to support inclusiveness.	• Progress is being made in the completion of competency frameworks for existing 'in-post' CNSs. Staff sickness, service pressures and variability in the level of engagement from individuals has slowed down progress. • Roll out of the competency framework to band 5 nurses was postponed pending the recruitment of an IPU manager. Currently the post remains vacant • Training programme has been rolled out. • Ongoing monitoring of competencies met.

Priority Five - Patient Experience Development of a user involvement strategy		
Why?	**What success looks like**	**Achievements**
To ensure we have a robust User Involvement Strategy that supports patients involvement at all levels giving the hospice an opportunity and the tools to make collaboration between staff and patients part and parcel of what the hospice does to make a real difference to people's care and treatment. It demonstrates our commitment to actively involving patients, their families and carers in shaping, delivering and evaluating care.	• A consolidated and defined organisational approach to user involvement, co-production and community engagement. • Strong staff awareness and understanding of User Involvement and their role. • A range of feedback surveys and mechanisms available to all services. • A strong range of evidence/assurance is collated helping shape User Involvement for Year 2.	• We developed a User Involvement Strategy and held an internal workshop to develop staff knowledge and coproduce surveys. We consulted with users of services to help us do this. • Surveys were implemented for all clinical services. • We have engaged with volunteers to support the hospice in data collection • We completed analysis of our surveys responses from Q3 and these are reflected in our Patient Quality report and reported to our Clinical Governance Committee.

2.3 Statement of Assurance from the Board

On behalf of the Board of Trustees I am proud to be able to present this year's Quality Account and the review of the quality of services provided by St Luke's in 2024-25.

Our established clinical governance structures ensure that trustees are confident in their role of being 'a critical friend' to St Luke's and are comfortable in engaging in robust and challenging conversations with clinical teams. The Clinical Governance Committee has endorsed the Priorities for Improvement for 2025-26 and will monitor their impact throughout the coming year.

Sarah Livingston
Chair, Clinical Governance Committee

Patient story

Years ago, Adil dropped off some bags at a St Luke's charity shop. It felt like a small act of kindness, supporting a local charity hospice he knew helped people in their final days. But he never imagined his own father, Karim, would one day need that care himself.

Karim, who came to the UK from Uganda as a boy, built his life with independence and drive. He ran restaurants, raised three sons, and lived on his own terms. But cancer in his spine changed everything.

Following his diagnosis, Karim had multiple surgeries, but the pain kept coming back. He was in hospital many times and it was suggested that St Luke's Hospice might be a better environment to care for him. But the very word 'hospice' scared Karim.

"I said, 'Hospice? I'm not going to any hospice - I'm not ready to die,'" he recalled. "But this lady, Kelly, she called me and explained everything. In one minute, I said yes. And thank God I did."

Karim arrived feeling fearful but quickly discovered it was a place of calm, dignity, and care. "They've fixed me up. I'm extremely happy. Over here, it's not care - it's teaching. They show you how to live."

For Adil, the difference has been huge. "The communication is 10 out of 10. If anything happens, they call straight away. And I can visit any time - even at 10 at night. It means everything."

Looking back, Adil said: "I donated before without knowing what St Luke's really was. Now I've seen it for myself. And I'm so, so grateful. "Your support keeps this care going. Please donate, shop, or fundraise—because one day, someone you love might need St Luke's too.

PART THREE:
Overview of the quality of care in 2024/25

3.1 Patient Safety

This year we continued our commitment to providing a safe environment for our patients and their families. Our focus on patient safety encompasses every aspect of clinical care, from staff training to adherence to policies and procedures and evidence based care to quality improvement initiatives. St Lukes hospice promotes a no blame, open reporting culture.

This year the quality team has focused on developing quality management processes and our compliance monitoring database, Vantage. We continue to embrace digital solutions to help us improve our quality data collection and reporting to make it more efficient and purposeful for all staff.

Our focus this year has also been in building a positive safety culture and embedding PSIRF (Patient Safety Incident Response Framework) into our incident reporting. We have continued to develop the incidents module on Vantage encouraging our staff to report incidents promptly and easily. Our learning approach to incidents has grown this year as we have worked towards fully embedding PSIRF.

This year we introduced a real-time Vantage dashboard to service management teams, visually displaying key quality data. The dashboards have particularly helped with accountability and reduced administration time following up on incidents and complaints.

Development work has begun on feeding quality information into a CQC Quality Statements module to help us to always be prepared for any CQC inspection.

We implemented the policies and procedures module on Vantage, with benefits including, improved efficiency in version control and automated scheduling/archiving of policy and procedure reviews.

PSIRF

This year we continued to embed the Patient Safety Incident Response Framework and focused on the engagement and the involvement of patients, families and staff following a patient safety incident where possible. The framework has supported us to effectively identify themes requiring action, without disproportionate resources directed to investigations which have little impact upon patient safety.

We conducted thematic reviews of key incident categories: new pressure ulcers, medication incidents and patient falls using a systems approach. We have been prompt in conducting after action reviews for incidents identified in our Patient Safety Incident Response Plan and sharing the learning responses with teams.

We have also changed the language we use with staff instead of saying 'we are going to interview you' it was more of 'having a conversation' which has helped influence open and honest answers.

We have continued to support staff in completing the level one PSIRF training.

We have not yet progressed having patient safety partners at the hospice.

Incidents summary

This year, we have continued to develop the incidents module on Vantage, our incident reporting system, encouraging our staff to report incidents promptly and comprehensively enabling us to take prompt actions as necessary maintaining a safe and supportive environment. This can be demonstrated by having only 7 clinical incidents open at the end of the reporting year.

Key highlights in incident reporting

394 clinical incidents and patient related non-clinical incidents were reported during 2024-25, the majority of these were reported as no harm and low harm compared to 269 incidents reported during 2023-24. See chart 2. This demonstrates a move towards a positive safety culture at St Luke's and demonstrates our ability to manage and mitigate risks efficiently.

To note in the moderate harm category 13% of these were related to incidents involving external organisations, 64% were patients who were admitted into our care with existing pressure ulcers.

Overall summary and number of patient incidents

Table 1 Total number of patient incidents reported 2024-25

	2022-23	2023-24	2024-25
Total number of incidents	167	269	394

The Clinical Governance Group reviews the themes, trends and improvements relating to incidents every quarter with monthly safety infographic reports with key learnings identified. Patient safety incidents and data are reviewed by the hospice's Clinical Governance Committee to provide oversight and quality assurance.

Categories of Patient Safety Incidents Apr 24 - Mar 25

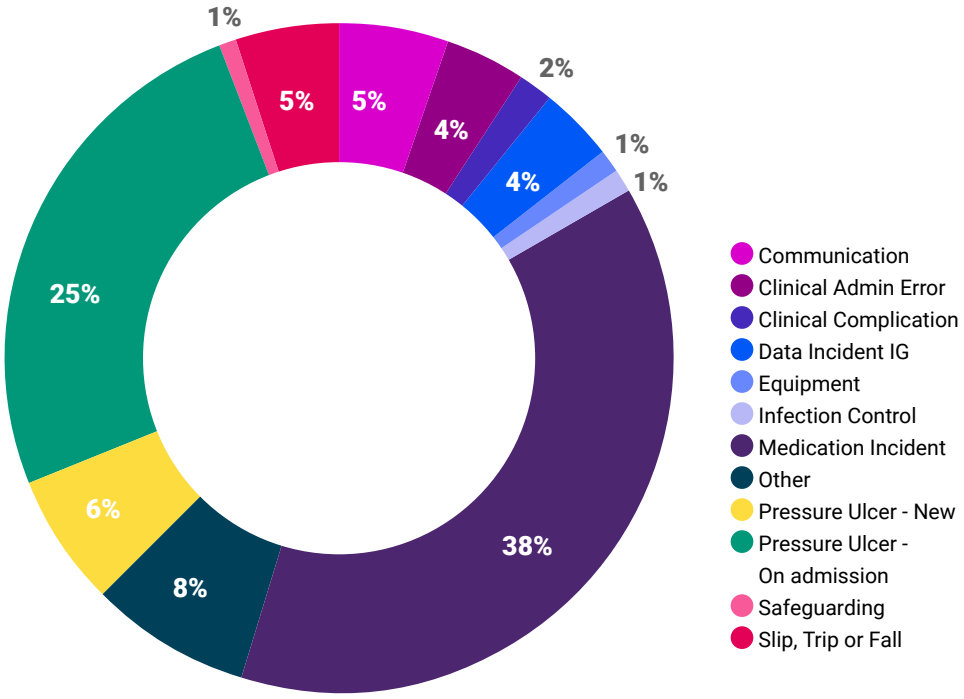


Chart 1 Categories of incidents reported

Overall harm for all Patient Safety Incidents (Apr 24 - Mar 25)

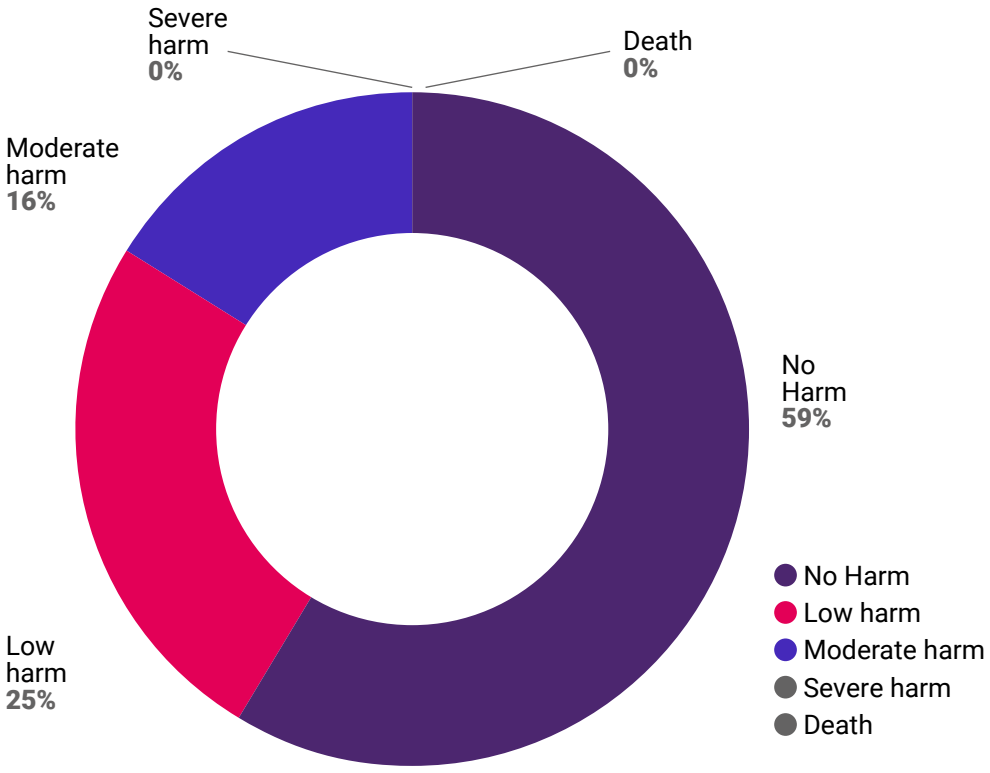


Chart 2 Levels of harm

This year we have focused less on National clinical benchmarking with other hospices (this covers Inpatient Unit incidents only) as this year Hospice UK relaunched their Patient Safety data collection process, which sees us transition from a reliance on benchmarking to embracing quality improvement methodologies.

Patient safety is a key domain of quality in hospice care.

Falls:

IPU only	2022-23	2023-24	2024-25
Number of patient related slips, trips and falls	20	17	17

We have seen stable trends in the number of falls on the Inpatient unit in 2024-25. Mobility and the risk of falling are assessed for every inpatient, supporting them to make an informed decision about using mobility aids, adjustments to beds/chairs and/or requesting help from staff when needed. If required patients are referred to a physiotherapist. Where informed decision-making is compromised, we take additional actions to reduce the risk of falls including the introduction of falls sensor mats. We completed a PSIRF review on our falls which highlighted that we needed to improve on conducting our post falls risk assessments and improving completion of bedrails risk assessments.

Medication incidents:

This year, we reported 102 individual patient related medication incidents on IPU, there were no incidents that were reported to Hospice UK. We have seen an increase in the number of medication incidents reported compared to the previous 12-month period as we have increased safety interventions, training and awareness for staff which has resulted in more near-miss incidents being reported. Of the 102 patient-related medication incidents, 95% were in the level 0 category (error prevented by staff surveillance) or level 1 category (no patient harm).

IPU only	2022-23	2023-24	2024-25
Number of patent related medicine incidents	33	83	102

We receive support for medication safety from a pharmacist 2 days a week. Our Registered Manager is also the Accountable Officer for Controlled Drugs; a further quarterly audit is completed by them and reported to NHS England. We maintain robust links with the Local Intelligence Network. All incidents are discussed by senior clinicians at our medicine's safety group. Trends or themes are identified and changes to systems and staff training, or other steps to reduce or mitigate the incidents, are agreed.

Learning and improvement:

This year we have seen much more stable trends in medication incidents in the last two quarters. We have seen less variation in medical prescribing. We have implemented the following improvements:

- Medicines safety workshops to enable staff to achieve their competencies
- Review of all our medicines management policies and procedures to reflect changes in processes
- Junior doctor induction - prescribing practice requirements to new doctor induction programme
- Critical medicines list aimed at reducing dose omissions
- Education sessions on the diabetic patient and use of insulin following a Duty of candour incident
- Robust processes for checking liquid controlled drugs balances
- Handover and communication introduction of checking drug charts for errors and omissions at each shift change

New pressure ulcers

Pressure ulcers are damaged areas of skin and/or tissue under the skin. They are most common over bony parts of the body such as heels, sacrum, elbows and hips, where the person's body rests against a chair or bed. Pressure ulcers are categorised using the European Pressure Ulcer Advisory Panel Pressure Ulcers Classification System (EPUAP). There are different categories of pressure ulcers within this, category 1 to category 4, suspected deep tissue injury and unstageable. The category is based on the severity of tissue damage ranging from intact skin that may be discoloured or painful to open ulcers or wounds that affect the tissue under the skin.

Newly acquired pressure ulcers	2022-23	2023-24	2024-25
Number of pressure ulcers	33	28	24

This year we reported 24 new pressure ulcers, which is lower than the previous year. We report on newly acquired pressure ulcers and those found to be present on admission, which are not attributed to the hospice. Our priority is prevention where possible and secondly promotion of healing to reduce the severity and impact of the ulcer for the patient. Our nurses agree individual plans of care in agreement with the patient to ensure all steps are taken to promote healing and prevent deterioration. The Hospice uses Oska Series 5 pressure-relieving mattresses, which have tilting properties, which provide some relief to those patients who find it difficult to tolerate repositioning.

Learning and improvement:

We conduct detailed after-action reviews in every category 3 and above new pressure ulcers, to consider whether any aspects of the care or treatment that we provided to the patient could have contributed to the development of the pressure ulcer. This year we have reviewed our pressure ulcer management policy and associated resources. This includes a co-produced patient information leaflet.

Safeguarding

There were three safeguarding incidents reported to the local authority in 2024-25.

Infection prevention and control

2024-25 saw one Covid-19 outbreak amongst staff working on the Inpatient Unit, there was no evidence of transmission of the virus to patients in our care. No patients have contracted Clostridium difficile whilst on the Inpatient Unit.

Duty of Candour

The duty of candour underpins a strong safety culture. Being open and transparent when something has gone wrong is essential for demonstrating that we are an open, transparent and learning organisation, and upholding patient and carers confidence in care and service delivery. In the case of any serious clinical incidents reported, they will be subject to the statutory duty of candour. There was one statutory duty of candour incident reported in 2024-25.

Speaking up

Freedom to Speak Up Guardians provide an additional route to support workers to speak up when they feel unable to in other ways. We have continued to promote and embed the role of our Trustee, Neel Radia, Trustee, as the organisation's first Freedom to Speak Up Guardian.

3.2 Patient and carer experience

IPU 'Even though I am at the end of my life, the physiotherapist still showed a lot of interest in me and took the time in assessing me and set some small goals as mobility even at the end is still very important to me to keep as independent as possible.'

PALL 24 'Difficult to put into words just how much we appreciate the wonderful care we received. Everyone we dealt with was excellent, particularly xxxx. We could not have looked after him at home without your staff and district nurses who were also wonderful. We felt so supported. Also I must mention the carers as well who were so kind to xxxx and us. I struggle to see how you could have done any better.'

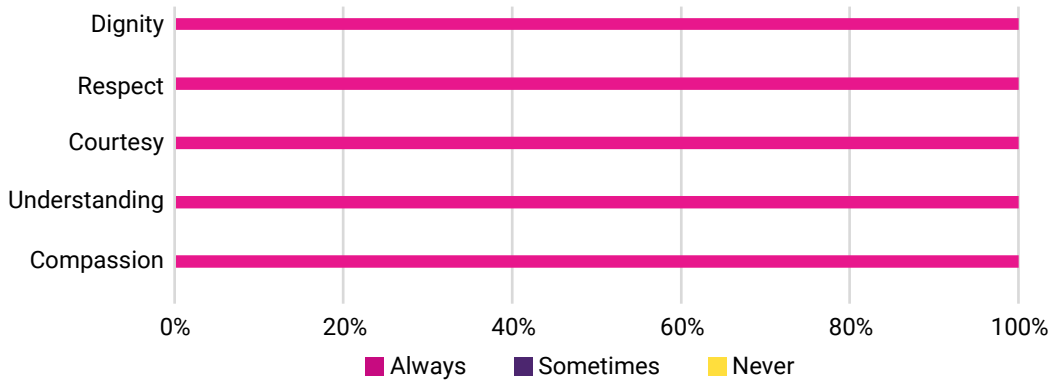
We are in the first year of implementing patient and carer surveys for all of our clinical services as part of a priority for improvement. Our surveys went live in November 2024. These surveys were coproduced with staff and users with lived experience. Patient and carer feedback is so important. All feedback is shared with the respective team leads and detailed reports are provided to the Clinical Governance Group and Clinical Governance Committee.

We surveyed **251** patients and relatives

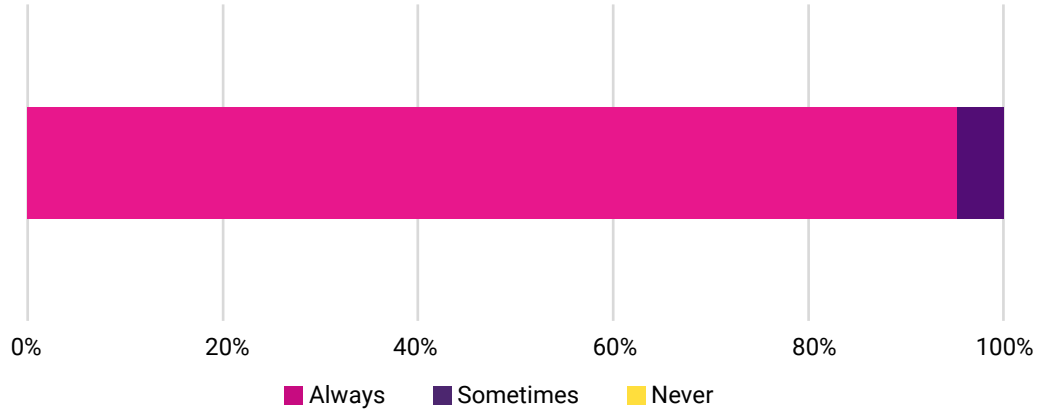
We received **29** patient responses

We received **16** bereaved carer responses

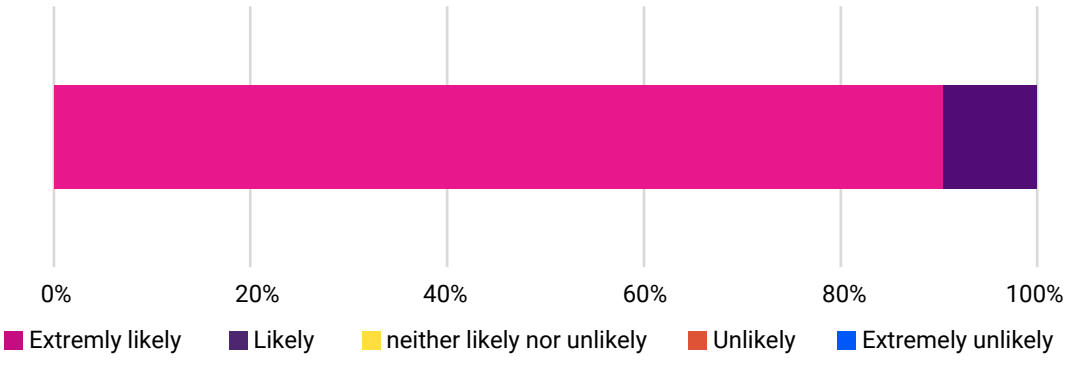
Do you think our service treats you with?: Compassion, Understanding, Courtesy, Respect, Dignity: Patient data (BCT, IPU,H@H & PFSS) n= 29



Are you involved as much as you want to be in decisions about your care? Patient data (BCT, IPU,H@H & PFSS) n=29



How likely are you to recommend our Hospice to friends and family if they needed similar care or treatment? Patient data (BCT, IPU,H@H & PFSS) n = 29



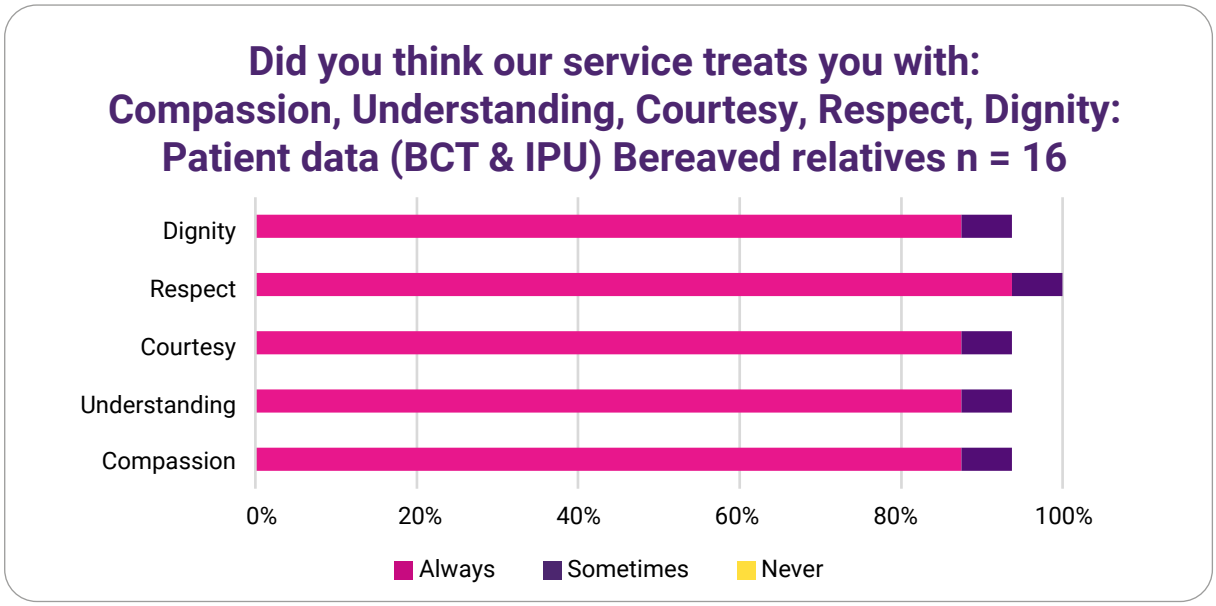
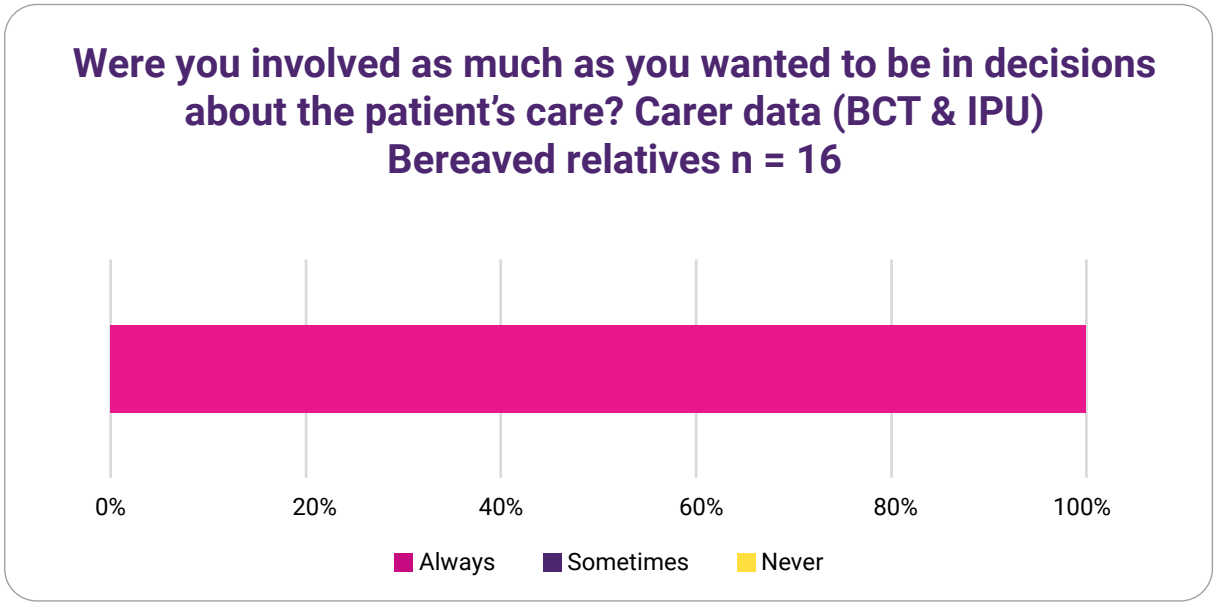


Figure 1 – one respondent did not answer all the questions**



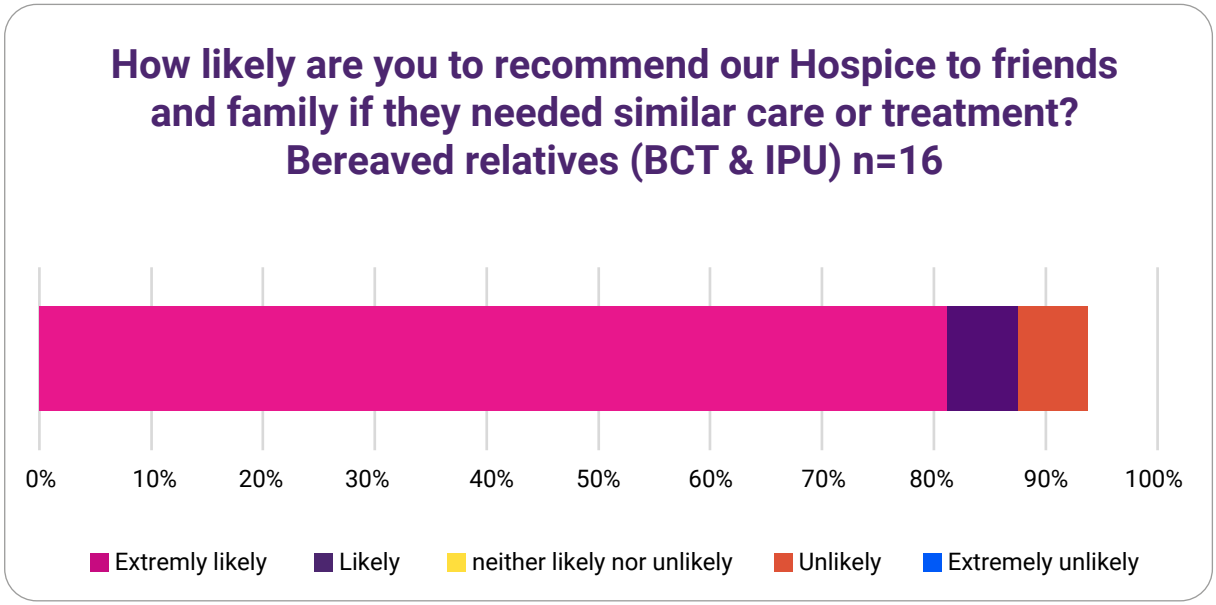


Figure 2 – one respondent did not answer this question**

3.3 Complaints, concerns and compliments

Complaints

We take all complaints received seriously, investigate them, work to engage with the complainant and focus on learning and improvement from the issues raised. We have an open and transparent approach working within the principles of PSIRF, encouraging reflection to look at all aspects of the complaint, and review areas for learning and improvement. This year we experienced a lower level of complaints compared to previous years.

IPU only	2022-23	2023-24	2024-25
Total number of complaints about clinical services	19	10	6
Investigations completed; complaint upheld / partially upheld	13	8	5
Investigations completed; complaint not upheld	6	1	1

Concerns

Concerns that were raised have provided us with the opportunity to demonstrate that we are a listening and responsive organisation focused on improving.

Examples of actions and learnings following complaints/concerns during 2024-2025 include:

- Provision of training for community staff on fast-track referral processes
- Staff reflections around framing of information differently to try and avoid undue distress to patients and their family
- We have been able to engage with a complainant following resolution of a complaint to support us with some user involvement work
- A review of medicines policies
- Implementation of medicines safety workshops to support staff in achieving their competencies
- Development of a bespoke training program for all clinical staff focusing on compassion as we recognise that compassion and empathy are two related terms that have different meanings.
- Improving communication during clinical handovers on the inpatient unit.

Compliments

We introduced a more formal system of recording compliments received onto the Vantage system. We have recorded 60 compliments this year. This is supported by our volunteers who help us to document these. Here are some examples of the compliments our staff and services received:

'Dear Staff & Volunteers @ St Luke's Hospice

This was a beautiful respite for my brother whom we lost today. Your care, compassion and kindness was outstanding. You are doing God's work and I am bowled over by your selflessness.

In everlasting gratitude'

"I would like to thank every member of staff for the care and love that they gave me. I would never have survived only for the love and care I got. Everyone treated me with respect and anytime I asked for help or rang the call bell they assisted and done what I wanted or got what I needed. When I came in on a Saturday morning I didn't think I would see Monday I was that ill. My stay has been 8 weeks. I would never forget what everyone has done. God bless and thank you to all. My family are so grateful to St Luke's Hospice and what they done for their mum/wife.'

Inpatient Unit Team Compliment

"It sure has been a very rewarding and humbling period for me. The training you all offered really helped me immensely, not to mention the constant support throughout. It was great for the team and the hospice to receive the well-deserved accolades from the award"

"Thank you for all your help and support you gave me with the Bereavement Support making me much more confident now."

"It is a privilege to be part of this wonderful team, making a difference."

"Thank you to you and Patricia for all you do to train and support us. It is a pleasure to be part of the team."

"Thank you for all your help and support this year"

"A very organised service"

Patient and Family Support Service compliments

'Me and my sister cared for our mum for a year. We found the care from St Luke's team and Palliative care very helpful, caring and kept to a high level of service. Always kind, considerate and understanding, especially as it's a very daunting scary time for a family member to be seeing and living he last few months of a loved one. Thank you so much for the high level of commitment offering all the support one needs. I cannot fault anything. My mum was very grateful.

'It was the first time we used the service! The nurse was marvellous, clear, concise and considered solutions as to correct doses of Morphine, he even called back later in the evening to check on my mum's condition and emailed my doctor with further recommendations. Thank you so much!'

Homecare Team Compliment

'I wanted to take this opportunity to thank your team but especially Andy for looking after my late father,with the upmost integrity, respect and patience during the most difficult of times.

The nurse has been the beacon of light not only to my father but to myself and family. With his vast knowledge and patience he was able to reassure us every step of the way and enabled us to make informed decisions of a world we had not been touched by prior.

He made us feel comfortable reaching out and always felt our concerns were welcomed and acknowledged even after hours. We were able to abide my father's wishes to remain at home with the nurses help in organising all the medical equipment and medication at home, which we are eternally grateful for.

My late father was not the one to let anyone through his home let alone care for him, but the nurse proved otherwise and my father referred to the nurse as a truly honourable gentleman and looked forward to his visits and advice.

Without the nurse I don't know how we would have coped. He not only looked after my father physically & emotionally but allowed time for myself and boys to be emotionally supported too.

A true credit to the nursing profession and wanted to applaud Andy for his great work

Brent Community Team compliment

Patient story

For Vipul Shah, life took an unexpected turn when he was diagnosed with heart failure.

Breathing became difficult, walking a struggle, and life seemed uncertain.

But a year into receiving care at St Luke's Hospice in Brent and Harrow, Vipul's perspective has shifted profoundly.

"Before I thought people just come here, basically, very plainly, to die," Vipul admits candidly. "But it's not that, you are being looked after here very, very well."

Vipul has lived in Stanmore and Edgware for 40 years, knowing of St Luke's from the community. However, experiencing the hospice firsthand exceeded every expectation.

"The staff are very, very, very friendly. They give you a warm welcome with a smiling face," he said.

"Now that I've been here a year, most of them know me and we have a chat. It's nice to be welcome like this and it makes you feel well already."

Vipul has used St Luke's Inpatient Unit (IPU) several times, receiving vital care during critical periods. Being admitted as an inpatient provided the expert medical attention he needed, helping to stabilise his condition and extend his life.

Reflecting on his experience, Vipul shares, "I feel very safe and happy to be here rather than in the hospital. The last time I was in the hospital, I had sepsis, and it frightened me. But here, I feel cared for and supported."

His inpatient care at St Luke's includes regular procedures like fluid drainage to manage his condition, which has extended his life well beyond what doctors initially expected.

“Months ago, they told us he had only a few weeks to live,” shares his daughter, Sushree-Diya Om. “So, like my dad said, we thought hospice is end of life, but it’s given us extra time.”

Vipul’s wife, Naina, echoes these sentiments: “From the beginning when the palliative nurse got involved to having the treatment from the doctors, it’s been impeccable. We are so indebted to St. Luke’s, and I feel my husband is here today because of them.”

The family speaks fondly of the Consultant and Doctors, whose compassionate and skilled approach has built trust and comfort. “It’s not just their medical expertise,” Sushree-Diya explains. “They care for all of us, asking how Mum’s doing and making sure we’re supported too.”

Beyond medical care, small touches make a world of difference. The family cherishes the peaceful garden, beautifully maintained year-round. “It’s such a serene place,” says Naina. “We always leave with a smile.” Vipul also praises the food, calling it a highlight of his visits.

A particularly moving memory comes from a time of personal prayer. “During a week of special prayers, staff offered us a quiet room to practice our faith,” Sushree-Diya recalls. “Their respect for all religions meant so much to us.”

Stories like Vipul’s show how St Luke’s Hospice transforms lives, replacing fear with comfort and hopelessness with dignity. “If someone’s scared about coming here, I’d tell them there’s nothing to fear,” Vipul says firmly. “You’ll be welcomed warmly and treated with such care. It’s not just about the end of life - it’s about living well, with compassion and respect.”

St Luke’s Hospice relies on community support to provide this level of care. Donations fund essential items like reclining chairs, which Vipul says have made a significant difference in his comfort. “Lying in bed all the time can make you sore. The chair helps so much.”

For Vipul and his family, St Luke’s Hospice is far more than a place of care - it’s a haven of love, compassion, and hope. And for the wider community, it’s a vital service worth supporting.

3.4 Audit and research

Participation in clinical research

The hospice was not involved in clinical research between April 2024 and March 2025.

Participation in National Clinical Audits

The reports of 0 national clinical audits were reviewed by the provider in April 2024-March 2025*. The hospice was not eligible to participate in any national clinical audits.

Participation in Clinical Audits

An annual cycle of clinical audits is carried out particularly evidencing care standards on the Inpatient Unit. The hospice responds to findings from the audits to ensure the highest possible practices by celebrating evidence of excellent, alongside implementing change and driving actions that address concerns raised by the audit results. Last year we developed a more comprehensive clinical audit and quality improvement programme.

The report of nine local clinical audits were reviewed by the provider in April 2024 – March 2025 and St Luke's Hospice intends to take the following actions to improve the quality of healthcare provided as detailed in the table below.*

(*mandatory statements for inclusion)

Key Audits completed 2024-25

	Audit Title	Learning and improvement
1.	Documentation Audits - Clinical services conducted 3 x per year	More in-depth pain assessments required in IPU and community services. We developed a pain assessment QIP (Quality Improvement Project) to support the implementation of SOCRATES across all clinical services.
2.	Hand hygiene IPU completed monthly Hand hygiene completed quarterly in rest of clinical services	Implementation of hand hygiene audits across our community services, audit results available to staff in real time. Hand hygiene audits have mostly achieved 100% monthly with one instance of scoring of 50% in IPU. Weekly IPU walkabouts with senior nursing staff monitor hand hygiene practices and during CQC mock inspections to drive improvements.
3.	Falls prevention audit-PSIRF review	Audit highlighted the importance of conducting a post falls risk assessment and compliance with bed rails risk assessment. Physiotherapy input was excellent.
4.	Pressure ulcer themes-PSIRF review	Good compliance
5.	Management of equipment	Audit highlighted the need for regular checks of equipment against asset register to highlight when equipment has gone missing
6.	Pain assessment	Audit highlighted that improvement is required in documented pain assessments more in depth on IPU. A pain assessment QIP has been developed to support this.
7.	Syringe driver checks	The audit was compliant.
8.	Physiotherapy outcome measures	Physiotherapy team to consider using more rehabilitation-based outcome measures specific to palliative care.
9.	Allergies	Significant improvements seen in cycle 3 of audit with almost 97% compliance across clinical services
10.	General Infection Control Audit	The audit considered governance, clinical practice, hand hygiene, the environment and equipment and a number of management procedures such as waste. There was good compliance

Hospice UK self-assessments completed 2024-25:

	Audit Title
1.	Hospice UK - Self-assessment, controlled drugs accountable officer
2.	Hospice UK -Controlled Drugs Management Tool
3.	Hospice UK -General Medicines Audit
4.	Hospice UK - Medical Gases

All actions have been completed.

CQC internal mock inspections

CQC internal mock inspections

We have also completed internal CQC mock inspections across all of our clinical services, overall, we self-assessed and received a good rating. Actions are being monitored by our Clinical Governance Group.

Audit and Quality Improvement Group

Members of the Multi-Disciplinary Team are encouraged to consider aspects of service improvement in the form of Quality Improvement Projects (QIPs). This year we have focused on building Quality Improvement capability in the hospice which can be evidenced in the quality of projects taken forward and eagerness of staff to submit poster presentations to the Palliative Care Congress in March 2025.

Quality Improvement Projects (QIP) storyboard highlights

Completed projects:

1. *Improving and Standardising the Management of Acceptable Losses of Liquid Controlled Drugs*
   We continued this project from 2023-24. This QIP explored the most efficient method of measuring CD liquids given the number of manipulations made and the number of CD discrepancies being reported. We researched several publications on measures taken in different organisations and we implemented solutions to ensure consistency with measuring reducing the number of unaccountable losses during this year.

2. *Improving the Recording of Ethnicity and Religion on the Clinical Patient Information System*
   We continued this project from 2023-24. This QIP explored mechanisms to improve the recording of ethnicity. We decided to establish whether we have all the relevant ethnicities in the system, ask patients to complete an equality monitoring form and ask clinicians to gather relevant information on their 1st assessment. At the end of the year we achieved 99% compliance with the monitoring of ethnicity and 99.5% compliance with monitoring religion.

3. *Food for thought - patient led decisions around food and nutrition*
   This QIP aimed to ensure IPU patients meet their own preferences around food, nutrition and well-being. We wanted to ensure a baseline understanding of patient wishes was documented by making a patient centred assessment initially, assessing choices available to patients, and considering how these could be improved. We reviewed nutritional assessment tools available and co-produced a patient led nutritional risk assessment tool.

4. *Practical switch to Esomeprazole infusion from Omeprazole infusion*
   In this QIP we reviewed our current practices for subcutaneous PPIs (proton pump inhibitors) noting that both are prescribed. We examined our stock levels and found that we frequently run out of stock because we carry both PPIs but do not maintain sufficient quantities of one. Each vial of Omeprazole costs 0.61p more than Esomeprazole, making this switch a cost-saving measure. However, the primary reason for this switch is the practical advantages of using Esomeprazole. We communicated the change to all consultants and doctors.

5. *QIP Digitalisation of referrals*
   In this QIP we changed to an electronic based program to view referrals for IPU aiming to prevent missed referrals by streamlining the service and increase sustainability significantly reducing missed referrals.

6. *ICU (intensive care) communications - delivery of external training*
   Our hospice was commissioned by an NHS trust to support their ICU (intensive care unit) staff improve their end of life care (EoLC) communication. Simulated EoLC communication skills workshops have positively impacted the confidence of doctors working in acute care settings but there is limited comparable education for ICU nurses. This project aimed to address this gap. 26 nursing staff attended the workshops. Participants' confidence increased in discussing the following:
   • dying with a patient
   • EoLC with family/ friends of a seriously ill patient
   • withdrawing ICU treatments with patients/ families/ friends

   This workshop improved the confidence of participants in having EoLC discourse,

enabling them to practice difficult conversations in a safe environment. This project demonstrates the positive role that hospices can play in providing specialist training to ICU staff in EoLC.

This project was presented as a poster presentation at the Palliative Care Congress in Belfast in March.

7. *Introduction of a structured palliative care education programme for General Practitioner (GP) trainees placed in hospices in North West London.*
This QIP was a collaborative education project with Harlington Hospice. The majority of hospices in the UK host GP trainees. A gap in collaborative educational work within the hospice sector was identified. Educational needs of GP trainees were recognised by two separate hospices in NW London. A collaborative education programme was launched in February 2024, with sessions hosted in a hybrid manner. The programme has been expanded to invite all GP trainees in hospices across NW London to attend. We hope to further develop this initiative, increasing the reach of the programme and gaining more data.

Projects in progress:

1. *Improvement of quality of data relating to Next of Kin (NOK) on the Patient Information System.*
We continued this project from 2023-24. We aimed to increase the NOK contact data in the Patient Information System for patients NOK. This will enable us to invite all family members and friends to our events. More data will increase how we are able to contact NOK. This will enable us to reach more people. We have seen that although improvements have been made in gathering this information earlier, for example at first assessment, improvements are still required.

2. *Pain assessment-an evaluation of pain assessment methods*
This QIP aimed to agree a uniform pain assessment approach/ tool across all hospice services and to improve initial pain assessment and re-assessment of pain documentation. We explored best practice (literature review) in the use of pain assessments in different organisations. We gathered feedback from staff on he preferred choice of tool which was SOCRATES and provided training.

3. *Carer administration of sub cutaneous (SC) medication*
For patients wishing to die at home, administering SC medication in a timely fashion is imperative to good symptom control. There have been a number of cases where carers have wanted to administer SC medication. We undertook a literature review of similar programmes where carer's and loved ones administer subcutaneous injections. We developed a policy and training. We found that he choice of candidate was important when considering carers who can administer medication and not to make assumptions about competency and using a standard framework, even when carers are healthcare professionals themselves. We need to review cases where the policy has been implemented to assess efficacy.

   This project was presented as a poster presentation at the Palliative Care Congress in Belfast in March.

3.5 Statements from Scrutiny

NHS
North West London

Jennifer Roye
Chief Nursing Officer
15 Marylebone Road
London NW1 5JD

Email: nhsnwl.headsofquality@nhs.net

12.05.2025

Sent by email

Lindsey Bennister
Chief Executive
St Luke's Hospice
Kenton Grange
385 Kenton Road
Harrow,
Middlesex, HA3 OYG

Re: St Luke's Hospice Quality account 2024/25

Dear Lindsey,

The NHS North West London Integrated Care Board (NWL ICB) has welcomed the opportunity to respond to the St Luke's Hospice Quality Account for 2024/25 which was received on 2nd May 2025.

The ICB has reviewed the following quality priorities identified by the hospice for 2024/25:

Priority 1. Developing a safety culture

NWL ICB acknowledges the efforts of the hospice to develop a safety culture by completing mock inspections in line with the CQC's new single assessment framework across all clinical services. Additionally, the new CQC module on their Vantage system will enable evidence to be collated in real time to support future assessments. It is noted that there is a good culture in reporting of incidents and evidence of ongoing quality improvement projects

Priority 2: Implementation of non-medical prescribing (NMP) in the Brent Community Specialist Team

The hospice has made good progress in some aspects of training for key members of staff and it is understood that the 50% target for NMP training has not been achieved for the Clinical Nurse Specialists(CNS). It is recognised that there will be opportunities for more staff to access this training in the coming year.

Priority 3: Implementation of a new clinical database, EMIS

The ICB acknowledges the progress that the service has made in this important quality priority and recognises that circumstances which has resulted in the delay in building the clinical database. We look forward to seeing the completion of this important quality priority over the coming year.

Priority 4- Competency Framework development and implementation: community services and inpatient unit nursing staff.

It is noted that good progress has been made on this quality priority amidst service and workforce pressures. We look forward to seeing the completion of the competency framework for all the nursing staff which will support the hospice in the consistent delivery of high-quality palliative and end of life care.

Priority 5- Development of a user involvement strategy

The ICB is pleased that the work has been completed for the first year of this quality priority which will support the hospice in shaping their services around the needs of patients and their families.

On behalf of NWL ICB, we can confirm that to the best of our knowledge, the information contained in the report is accurate. The ICB supports the quality priorities for 2025/26 and looks forward to working closely with the hospice on improvement initiatives to build on the provision of safe and effective services for our patients.

I would like to take this opportunity to thank the hospice for its continued focus on quality in 2024/25.

Yours Sincerely

Jennifer Roye

Chief Nursing Officer
NWL ICB

Patient story

Matthew Pepprell

Matthew Pepprell spent his final weeks at St Luke's Hospice, where he found comfort, dignity and care. Diagnosed with terminal cancer, the 40-year-old from Wembley Park had endured difficult times in hospital before arriving at the hospice, where he experienced a level of support that allowed him to focus on his passions, including photography.

Despite the pain and the knowledge that his time was limited, Matthew remained thoughtful and generous. Before he passed away, he arranged for a heartfelt letter and a special gift to be delivered to the staff who had cared for him so devotedly. His words, written in his distinctive hand, arrived at St Luke's after his passing - a final message from beyond the grave.

Matthew's letter:

"To all the team at St Luke's that cared & tended for me in my final days.

"A gift from beyond, for you to enjoy, a person's passion of mine in happier times – quality chocolates for you to enjoy. I hope the flavour you pick is savoured & you can recall my time we spent together.

I hope mum & dad secured a box large enough for at least one each. Alternatively, please raffle them off for charity & raise some funds to support the good work you deliver.

"With my love to you all, Matt xx"

His words resonated deeply with the staff, who had come to know him as a kind-hearted and perceptive individual who faced his final days with grace.

Matthew had initially known little about hospices, assuming they were simply places where people went to die. His experience at St Luke's changed his perspective entirely.

He spoke of the kindness he encountered, the immediate attention to his pain, and the peaceful atmosphere that allowed him to focus on what truly mattered.

ANNEXES

Annex 1: Governance structures

Clinical Governance Committee

To provide assurance to the Board that the appropriate clinical and quality governance systems are in place that encourage and foster a greater awareness of clinical governance and clinical safety throughout the organisation. To ensure the organisation's commitment to both reduce and prevent harm.

To provide strategic leadership and direction on all matters relating to quality and governance in relation to the delivery of high quality patient services.

Clinical Governance and Quality Group

The purpose of the Clinical Governance and Quality Group is to monitor, review and provide assurance to the Clinical Governance Committee that clinical services are being delivered in a high quality and safe manner, and to promote a culture of continuous improvement and innovation by focusing on the three quality domains: Patient Safety, Patient Experience, and Clinical Effectiveness.

Medicines Safety Group

The group is responsible for ensuring safe and efficient management of medicines in the Hospice. To provide assurance that medicines are used safely in the Hospice.

Infection Prevention and Control Group

To provide strategic leadership, direction and oversight on infection prevention and control activities across the Hospice to ensure that the risks posed by the transmission of avoidable infection are minimised and appropriately managed.

Clinical Audit and Quality Improvement Group

To promote a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience. Collaborate and identify clinical audit and quality improvement opportunities promoting and monitoring activities. Embed processes in a range of Quality Improvement (QI) methodologies, guiding and supporting staff conducting clinical audits and quality improvement projects. Delivering the annual plan of audit and quality improvement.

Policy and Procedure Group

To facilitate processes to ensure that policies and procedures provide a framework for safe, effective and acceptable practice and which comply with regulatory and mandatory requirements. Ensure governance arrangements for policy and procedure production/review, consultation, approval and ratification.

St. Luke's Hospice (Harrow & Brent) Ltd

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