



**QUALITY
ACCOUNT
2025-2026**

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

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Patient Story

Heather Thomas Story

Heather Thomas is not someone who gives in easily.

Diagnosed with cancer of the spine in October 2024 after a routine hospital visit for cracked ribs, the 77-year-old Queensbury grandmother wasn't sure she was "ill enough" for St Luke's Living Well programme.

"I thought, there's nothing wrong with me," she says. "People think cancer means the end. I didn't feel like that." Now she is determined to attend. "I'm moving heaven and high water to be here. I want to get the most out of it."

The Living Well programme, funded

by the Big Lottery, offers vital support to people with life-limiting illnesses. Through expert-led workshops, complementary therapies and peer support, we help patients manage symptoms, build confidence and regain control over their lives.

Heather has found Tai Chi "wonderful – just moving and breathing. That's what I need." Sessions are tailored to her spine condition, helping her rebuild strength gently and safely.

She also values the massage therapy. "It's wonderful. You don't realise how much tension you're carrying."

For Heather, St Luke's is about living, not dying. "It's calming, it's relaxing, you learn things. And people actually listen to you."

PART ONE:

Achievements in quality



1. Introduction

This Quality Account outlines our clinical performance and service improvements over the last year. It demonstrates our commitment to delivering safe, effective, and patient-centred care while highlighting how we have met the needs of both patients and their support networks. Through specific examples of learning and growth, we connect our achievements from the past 12 months to our strategic quality priorities for the coming year.

1.1 Statement of Quality by the Chief Executive Officer

I am very proud and pleased to present the preparation of this report and its contents, and to the best of my knowledge, the information reported in this Quality Account is an accurate and a fair representation of the quality of the healthcare services provided by St Luke's Hospice.

I would like to firstly start by thanking all our staff and volunteers for their outstanding work throughout the year. I am extremely proud of our teams and the incredible work they do, and this report is testament to that. The quality of our services is very important to us, and we know you want to be assured of our attention to the quality of our delivery and our efforts to continuously improve wherever we can. This account is an important publication as it is part of our accountability to the many individuals and groups with a stake in the work of St Luke's Hospice across our London boroughs of Harrow and Brent.

Our work throughout 2025 continued to focus on our three-year strategic priorities of Quality of Care, Serving our Community and Sustainability. Within the Quality of Care pillar of our work, we have continued to work collaboratively with the North West London Integrated Care Board (ICB), supporting the delivery 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 provision of clinical services by the Hospice, and I am proud to confirm that our services now meet the standards set out by the New Model of Care, meaning a more equitable and accessible service delivery for the patients and families we serve.

We have also 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). The Patient and Family Support Services team successfully completed 3 funded pilots, all of which were poster presentations at the national Hospice UK Conference 2025.

In line with system and strategic priorities, we are actively progressing a project to transition the hospice onto EMIS clinical record systems, enabling us to share data and clinical information with other services in a more streamlined and effective way.

Overall, throughout the last year we have seen improvements and traction against our strategy across all areas of the organisation. We were fortunate with an exceptional legacy which has meant that whilst our funding still remains a challenge, we are able to consider investment in necessary projects to drive future sustainability – for example, urgent capital work required for our Kenton Grange building and a Fundraising Database investment for automation and efficiencies.

We are inevitably facing challenges as well as opportunities. Staffing has proved to be a challenge in a number of areas, and there have been some leadership changes as a result of a strengthened focus on the importance of our people and the culture of our organisation. We will be working hard, with the support of our Board, in bringing the staff together with this new direction of travel, and celebrating with our community around the great work that we do. It is very important that we are in the best possible position to move forward our care agenda for our patients and their families.

What has always remained here at St Luke's is the individualised, compassionate and dignified care that our wonderful clinical teams provide, to support every person to live as well as they can for as long as possible. We therefore believe that the priorities and work outlined in this report will help us improve patient safety, clinical effectiveness and overall, the patient and family experience.

Thank you very much for taking the time to read this report. We are committed to ensuring our services and practices continuously strive for excellence and develop according to the needs of local people.

In whatever way anyone chooses to support St Luke's Hospice, please know that I, and everyone here at the hospice, is extremely grateful, and you really do help to make a difference when it matters most.

Joanna Pearce

Interim Chief Executive Officer

1.2 Our Vision, Values and Mission

OUR VISION:	OUR VALUES:	OUR MISSION:
<ul style="list-style-type: none"> ● A world where people experience the best possible last phase of life. 	<ul style="list-style-type: none"> ● 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. 	<ul style="list-style-type: none"> ● 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. Our services include inpatient care, outpatient care, community care, rehabilitative care, and bereavement support. Our core purpose is to provide excellent care and support to people living with, or impacted by, 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, exercise groups, 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 (Pall24) that offers a 24-hour single point of access and advice to patients, carers and healthcare professionals.

1.4 Care Quality Commission (CQC)

St Luke's hospice was last inspected by CQC in April 2022 and is rated as Good. The Care Quality Commission has not taken enforcement action against St Luke's Hospice during 2025/2026. St Luke's Hospice has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

1.5 Data Quality

The organisation will complete the annual DSPT (Data Security and Protection Toolkit) self-assessment in June 2026 and expects to meet the required standards of data processing and the handling of personal information.

1.6 Service activity data

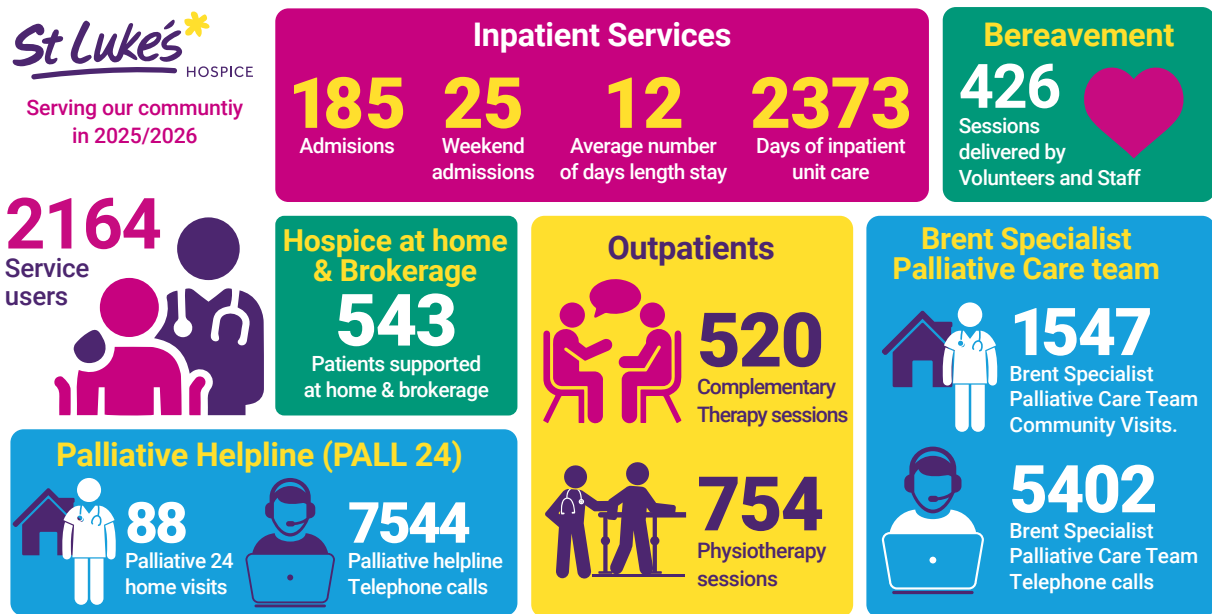
What we achieved in numbers

Clinical Services

The care we provide is uniquely person-centred and focuses on what matters most to the person concerned. Our purpose is to enhance their quality of life and wellbeing, ensuring they can live life to the full and helping them make every day count with their loved ones.

Overall, the reach of St Luke’s Hospice has increased, with more care being provided to the local community, highlighting the hospice’s increasingly important role in supporting and meeting local care needs.

The hospice supported 2164 patients and carers in 2025-26, consistently supporting over 2000 patients and carers in the last three years.



Clinical services	2023-24	2024-25	2025-26
Patients/ carers supported by Hospice	2069	2024	2164

The number of patients/carers supported by the hospice increased by about 4.7% compared with the previous year.

Inpatient Unit

Our focus continues to be admission responsiveness so that patients can access a bed when they need one. Patients and their families are cared for in a safe and secure environment by experienced nurses, healthcare assistants, and allied health professionals. This year we received capital funding of £350000 from Hospice UK to help modernise our facilities in our inpatient unit to make patient rooms feel more homely. This work commenced in March 2026.

Inpatient Unit	2023-24	2024-25	2025-26
Admissions	237	212	185
Days of inpatient unit care	2582	2043	2373
Average Length of stay	10	10	12
Weekend admissions	46	39	30
All Deaths	162	147	129
All discharges	85	61	54

Over the past three years, the Inpatient Unit has supported fewer patients, while delivering care of greater complexity and intensity. Despite a continued reduction in admissions seen this year, total inpatient days increased to 2,373 this year, reflecting longer lengths of stay and higher levels of dependency.

Deaths and discharges have both declined, consistent with reduced throughput and prolonged inpatient episodes. Collectively, this indicates a strategic shift in the role of the Inpatient Unit, from higher volume, shorter admissions to a specialist service focused on patients with complex and extended palliative care needs.

This trend has important implications for capacity, workforce planning, and service integration, reinforcing the need to align inpatient care closely with community provision to ensure sustainability and maximise impact.

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 conversations 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 continues to conduct visits offering 7 day working. The service is provided 8am-8 pm to provide increased coverage and continuity for patients.

Brent Specialist Palliative Care team	2023-24	2024-25	2025-26
Patients supported by BCT	596	610	563
BCT visits	1884	2072	1547
BCT Telephone calls	6037	5826	5402

Overall, the data indicates that while the team continues to support a large and complex caseload, there has been a reduction in total contact volume, this year. The reduction in overall contact numbers may, in part, reflect changes in the delivery model, including the move toward 12 hour shifts and a stronger emphasis on continuity of care and shared caseload working. Within this context, the decrease in visits and telephone calls does not necessarily indicate reduced activity or impact, but rather a shift toward more efficient, relationship based care, which is better aligned with the needs of a complex palliative population.

Regular meetings take place between the community palliative care team and general practitioners (GPs) and are very important because they improve the quality, safety, and coordination of care for patients with serious or life-limiting illnesses. GPs usually know the patient over a long period, while palliative teams bring specialist expertise in symptom control and end-of-life care. Meetings allow joint decisions that reflect both clinical expertise and the patient’s history, values, and preferences. By reviewing the caseload regularly, the team can recognise patients who are getting worse and act sooner.

Importantly, patient feedback continues to reflect high levels of satisfaction with care provided supporting the effectiveness of the new delivery model.

Place of Death	2023-24	2024-25	2025-26
Home	54%	46%	52%
Nursing / care home	21%	23%	16%
Hospice	13%	12%	13%
Hospital	11%	17%	18%
Other	1%	1%	2%

Overall, the data this year demonstrates a continued emphasis on enabling deaths outside of hospital, while also identifying areas for further system-wide work to support people to die in their preferred place wherever possible.

Brent Specialist Palliative Care team	PPD Met	PPD Unmet	PPD Unknown
Preferred Place of Death (PPD) achievement	76%	6%	18%

76% 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	2023-24	2024-25	2025-26
Patients supported by Hospice at Home & Brokerage	547	513	54

Overall, the data this year demonstrates the ongoing and growing importance of community-based end of life care, with Hospice at Home and Brokerage services providing flexible and responsive support that underpins wider system objectives, including continuity of care and enabling people to die in their preferred place.

PALL24

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	2023-24	2024-25	2025-26
Pall 24 Visits	249	119	88
Pall 24 Telephone calls	7234	6760	7544

The data for this year suggests a growing emphasis on telephone based clinical advice, triage, and support, enabling the service to respond rapidly to patient, carer, and professional needs, particularly out of hours. The reduction in visits reflects more effective remote management, improved continuity across community services, and clearer escalation pathways, ensuring that face to face interventions are targeted to those with the greatest clinical need.

Overall, the data indicates that Pall 24 continues to provide a high impact, responsive service, with a strategic shift toward remote support that supports system sustainability while maintaining timely access to specialist palliative care advice.

As part of the New Model of Care initiated by the Integrated Care Board (ICB) the vision is to have a more accessible community-based specialist care (CSPC) provision which will contribute to a reduction in hospital admissions at end of life and improve integration of care.

The Palliative and End of Life Care (PEoLC) 24/7 advice line is one of a number of service enhancements in the new model of care for CSPC services. The service will complement these other services, offering specialist information and support for patients, and those caring for them, both in and out of hours.

St Luke’s Hospice has received a letter of intent from the Integrated Care Board (ICB) indicating an intention to commission an expanded Pall 24 service covering all North West London boroughs.

This expansion requires:

- a consistently responsive 24-hour service
- Safe and sustainable overnight clinical cover; and
- Operational alignment with Urgent and Emergency Care (UEC) partners.

Social Work

Social Work	2023-24	2024-25	2025-26
Social work sessions	2119	2207	2492

The data this year demonstrates growing demand for specialist social work input as an integral component of holistic palliative care, underscoring the importance in supporting patient wellbeing, family resilience, and effective multidisciplinary working.

Physiotherapy

Physiotherapy	2023-24	2024-25	2025-26
Total number of sessions provided	581	722	754

This year on year growth reflects the increasing functional and rehabilitative needs of patients, alongside longer episodes of care and greater clinical complexity. Physiotherapy continues to play a key role in maintaining mobility, managing symptoms, supporting safe discharge, and enhancing quality of life for patients.

Complementary Therapy

Complementary Therapy	2023-24	2024-25	2025-26
Total number of sessions provided	543	532	520

Complementary Therapy activity has remained relatively stable over the three-year period. Complementary Therapy continues to provide valued holistic support to patients, contributing to symptom management, emotional wellbeing, and overall quality of life. Overall, the service remains an important component of person centred, multidisciplinary palliative care, supporting patients’ physical, emotional, and psychological wellbeing alongside core clinical interventions.

Bereavement Services

Bereavement	2023-24	2024-25	2025-26
Bereavement sessions	320	324	426

Improvements continue to be made this year. Overall, the data demonstrates an expanding and vital contribution of bereavement services to holistic hospice care, reinforcing the need to ensure capacity and resources remain aligned to growing need.



Volunteers

There are 495 Volunteers that support St Luke's Hospice working across the hospice and our retail shops. Our volunteers play an essential role in enriching the care we provide. We are incredibly grateful for the generous commitment, time, and care our volunteers give. Their support makes a meaningful difference every day whether it's to serve customers in one of our shops, welcoming patients and their families in reception, helping in our inpatient unit or marshalling at a charitable event. All our volunteers are a valued member of the team.

Bereavement Support Volunteers

The Patient and Family Support Services have a dedicated group of bereavement support volunteers, and we greatly appreciate the difference they make to those on a bereavement journey.

We recruit, train and supervise volunteers, providing 12 hrs of initial training, 8 hours of ongoing training and regular supervision groups.

Our volunteers play a vital role in supporting patients and their families. They provide compassionate 1:1 support, make initial contact telephone calls, and assist at our regular bereavement events. Many also help prepare and handwrite the personalised messages included in our bereavement anniversary cards.

In addition, our gardening volunteers maintain our beautiful grounds, creating a calm and welcoming environment for everyone who visits. There are many other volunteers who support our charity charitable events and fundraising activities and help our services run smoothly.

1.7 Learning and Development

Internal Training

We have focused on the continuous development of our staff to ensure that they are equipped, confident and competent to provide high-quality palliative and end of life care to our local communities.

- ▶ 81% of registered nurses completed a medicines management study day in 2025 to refresh and develop their knowledge and skills.

Feedback included:

Good combination of theory and practice. Lots of different learning styles which was good.

Good and interactive and a safe place to explore medication management.

We measured learners' confidence and knowledge of medicines management pre and post workshops and evidenced an improvement in both confidence and knowledge.

Pre confidence	Post confidence	Pre knowledge	Post knowledge
3.7	4.3	3.5	4.3

- ▶ 64% of clinical staff attended an enhanced communication skills workshop in the past 12 months. These workshops focused on clinicians engaging in simulated conversations (with local actors) to develop their communication skills. We collaborated with Meadow House Hospice to enable their nursing staff to attend these workshops as part of a wider commitment to continuously seek collaborative educational opportunities.



Attendees rated the workshop positively, scoring it 4.9 out of 5

Feedback included: *Excellent training. Really enjoyed it all. Both the facilitators were very good and created a very safe environment for everyone to share openly and honestly about challenges they may face in communication.*

Such a useful session. Would love to have this session (or similar) yearly. Simulation sessions were excellent and I gained so much and definitely feel more confident.

- ▶ We delivered a programme of bitesize teaching for registered nurses focused on palliative care symptom management to share and develop knowledge.
- ▶ Nursing staff were enabled to access bespoke clinical skills training to support them to become competent and confident to care for a wider range of palliative care patients. This included the provision of altered airway management training delivered by a practice educator from Meadow House Hospice.

We accessed a range of external speakers and trainers through our monthly hospice-wide education forum to enable hospice staff and external palliative care teams to access shared learning and develop their knowledge. During the past 12 months we have had external expert speakers from Keech Hospice, Royal Trinity Hospice, Ealing Specialist Palliative Care Team and the Royal College of Nursing present on topics including homelessness in palliative care, deaf insight awareness and neurodiversity. In addition, the education team have provided updates about the Terminally Ill Adults (End of Life) Bill and shared their original research about advance care planning within care homes.

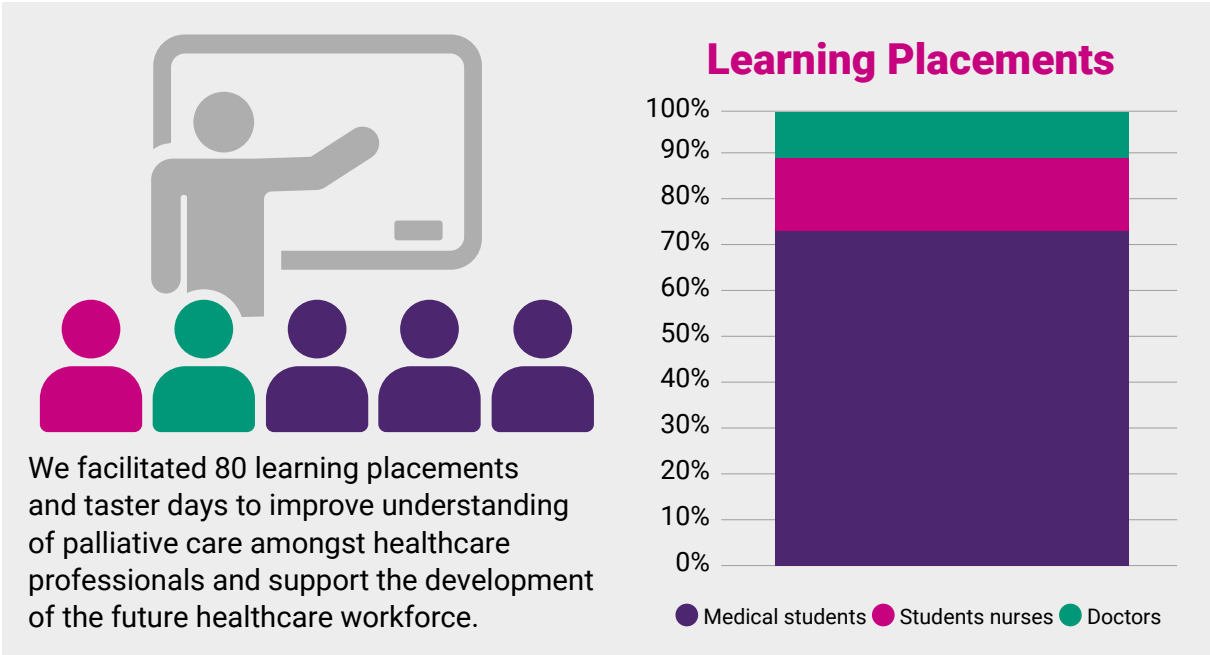
Staff Development

Several staff have successfully completed recognised qualifications including:

- ▶ A clinical nurse specialist completed their non-medical prescribing qualification
- ▶ A clinical nurse specialist undertook their advanced physical assessment training
- ▶ A clinical nurse specialist completed a Hospice UK Leadership course
- ▶ A registered nurse completed the European Certificate in Essential Palliative Care
- ▶ A member of the education team completed their MA in Education
- ▶ A social worker completed the first stage of a Systemic Family Therapy course

The education team have facilitated Band 6 and Band 7 nursing staff to progress through their competency documents to support their own learning and development and to help build and embed a skilled specialist palliative care workforce. This now encompasses supporting a development pathway for band 5 nurses to progress into a community band 6 role.

Clinicians have been supported to attend a range of external conferences and educational opportunities over the past year including palliative care conferences and masterclasses, a conference about motor neurone disease and advanced communication training courses. By attending external educational opportunities, clinicians are able to access the latest research, clinical guidance and innovative treatments and share this knowledge with colleagues. It also ensures that St Luke’s staff have the opportunity to engage in networking opportunities and innovation.



Partnership Working

St Luke's Hospice agreed a memorandum of understanding with Harlington Hospice to develop collaborative education and training opportunities to benefit the workforces across both hospices and foster positive working relationships. This builds upon the existing educational relationship that has developed between the medical teams across both hospices. In April 2026 workshops will commence focused on recognising and managing deterioration in palliative care. The workshops will use clinical simulation scenarios to support learning and development.

We have strengthened our working relationship with London North West University Healthcare NHS Trust. This has resulted in our healthcare support workers being able to access the care certificate, a nationally recognised qualification.

We have continued to lead on coordinating a community of practice for local educators in palliative care to provide a forum for networking, discussion, the sharing of knowledge and resources and problem solving.

External Training

The medical team continue their collaboration with peers at Harlington Hospice in delivering a palliative care education program to General Practitioner (GP) trainees in hospices in Northwest London.

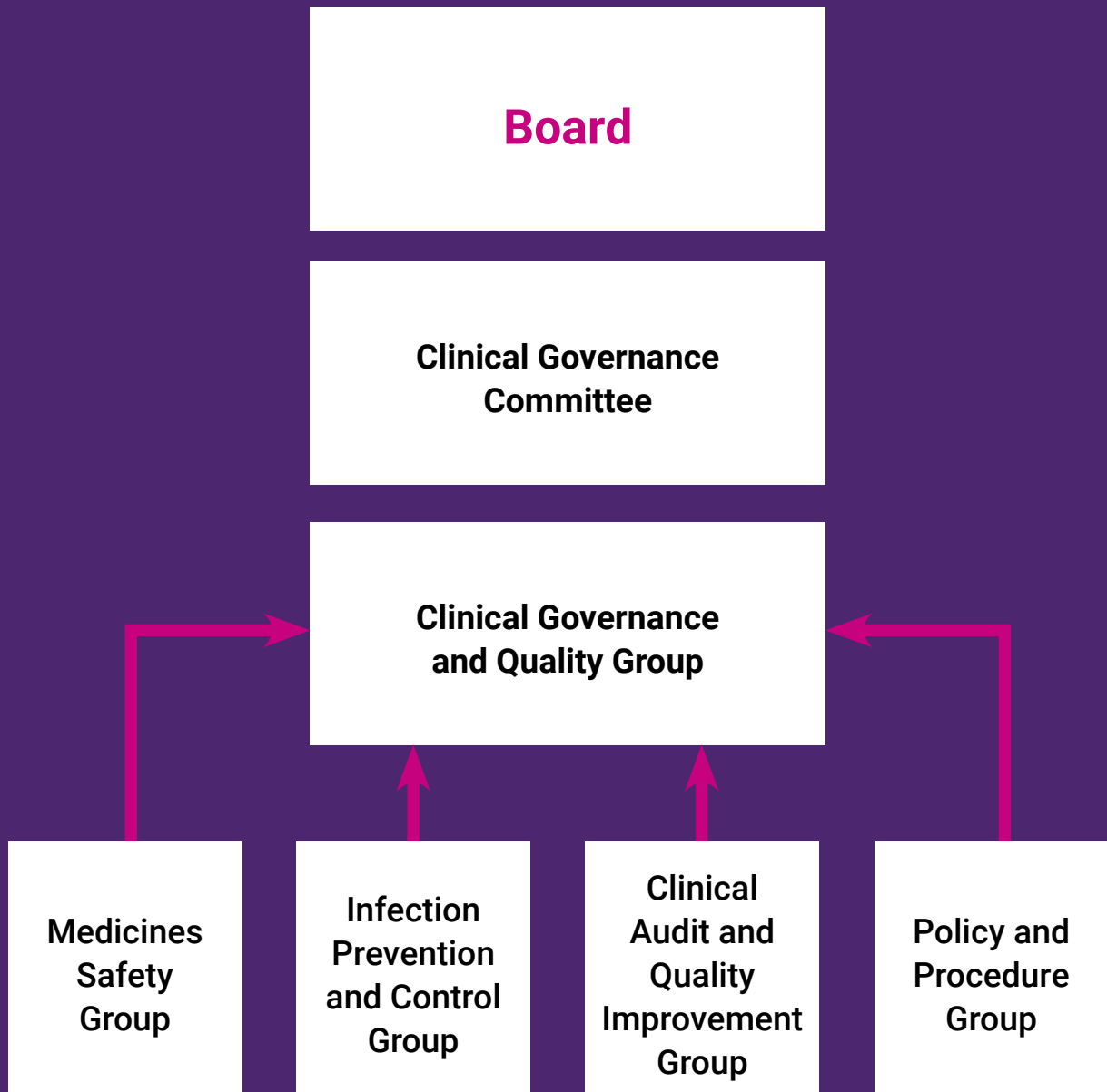
Head of Patient and Family Support, provided bereavement and loss training to newly qualified social workers and apprentices in Adult Social Care in both Harrow and Hertfordshire. This training develops knowledge, skills, and confidence as social workers support those experiencing any kind of loss.

We provided teaching sessions, in collaboration with a physiotherapist at Anatomie, to teams at Northwick Park Hospital and the Royal National Orthopaedic Hospital on palliative rehabilitation.

We delivered syringe driver training to nursing staff at Brook House Care Home to support the effective care of palliative care patients in the community.

The Brent Community Specialist Palliative Care Team and hospice education team have developed a program of palliative care training to support North Brent care homes in caring for their residents. We have engaged with care home managers to identify the training priorities that will most effectively meet the needs of their workforces, ensuring that the training is both relevant and responsive. The education has also been designed to ensure that it is culturally competent and reflects the diversity of both residents and staff within North Brent care homes.

1.8 Governance Structures



To ensure Board -level assurance, we have further strengthened our clinical governance structures and streamlined our groups to enhance the efficiency and efficacy of our decision-making processes. (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 2026-27

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 continuous improvement.

Priority One - Patient Safety Implementing the International Dysphagia Diet Standardisation Initiative (IDDSI). A Multidisciplinary Approach to Standardising Texture-Modified Diets. One language, one standard.	
Why?	What success looks like
<p>Implementing the International Dysphagia Diet Standardisation Initiative (IDDSI) is a significant undertaking for the hospice. While the safety aspect is about reducing choking risks and aspiration, at its heart this goes beyond clinical safety—it is about the fundamental human experience of eating and drinking.</p> <p>The IDDSI framework encourages a logistical shift with better food shaping and presentation within the specific levels. We recognise that for individuals with dysphagia, food is not just a medical intervention; it is a vital source of pleasure and social connection.</p>	<ul style="list-style-type: none"> ● Delivery of tailored workshops for kitchen staff (focused on preparation/testing) and clinical staff (focused on assessment/safety). Those that attend report increased knowledge and confidence ● IDDSI compliant meaningful resource materials and policy available to staff ● Dignity in presentation- Audit of whether texture-modified food looks like “real food” rather than a clinical substance and improved patient satisfaction levels ● Audits confirm that what is on the plate matches the IDDSI descriptors 100% of the time ● Diet orders are clear and consistent.

Priority Two - Clinical Effectiveness

PALL 24 Clinical Triage

Why?	What success looks like
<p>We want to ensure that the calls to our service are handled effectively with an evidence-based framework</p>	<ul style="list-style-type: none">● Triage framework developed, documented and formally agreed across the service● Framework informed by practice across other similar services● Staff able to use the triage process confidently and consistently● Process is auditable and reviewable

Priority Three - Patient Experience

Raising awareness and knowledge around corneal donation in IPU patients

Why?	What success looks like
<p>There are over 4,000 people in the UK who are blind or have impaired sight, that could have their vision improved with corneal transplantation. There is a shortage of corneas for transplantation and sight improving surgery.</p> <p>There is a lack of awareness and knowledge that hospice patients could potentially be donors. A recent study in 2023 by Long-Sutehall et al. showed 56% of their hospice patients were eligible for eye donation.</p> <p>This Priority for Improvement, in collaboration with NHSBT (NHS Blood and Transplant), seeks to improve awareness and knowledge of key clinical staff around corneal donation in order to have the confidence to discuss with patients as part of advance care planning, with the aim that some patients would then go on to donate.</p>	<ul style="list-style-type: none">● Clinical staff, particularly on IPU, to have the awareness, knowledge and confidence to have conversations regarding corneal donation● Systematic identification of eligible patients for corneal donation through implementation of the eligibility eye donation assessment checklist (EDEAC) screening tool● Discussion regarding corneal donation embedded into holistic assessment of the patient, as part of advance care planning● Implementation of a hospice process for staff to understand the procedures for patients who have agreed to donate corneas● Increased number of eligible IPU patients agreeing to donate corneas.

2.2 Priorities for Improvement achievements 2025-26

Priority One - Patient Safety Improving safer prescribing of medication on the Inpatient Unit (IPU)		
Why?	What success looks like	Achievements
<p>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.</p> <p>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.</p>	<ul style="list-style-type: none"> ● 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 	<ul style="list-style-type: none"> ● A recent audit of the weekend memory aid showed it successfully reduced prescribing errors over the weekends. However, errors increased during the week, primarily due to new doctors being unfamiliar with paper-based drug charts. <p>To address this, the following steps were undertaken:</p> <ul style="list-style-type: none"> ● Immediate Support: A targeted tutorial and prescribing support tool 'Prescribing Tips' has been written to support safe prescribing on paper charts at induction. ● A final version of the modified IPU drug chart is currently awaiting approval from the Medicines Safety Group (expected May 2026). ● Once implemented in the Inpatient Unit, the team will monitor prescribing errors, omissions, and doctor feedback to determine if the new chart reduces ambiguity and improves consistency.

Priority Two - Clinical Effectiveness

Implementation of a Living Well Programme in the Woodgrange Centre

Why?	What success looks like	Achievements
<p>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.</p> <p>Visiting the hospice earlier may dispel myths and fears for those that will need to access our support in the near future.</p> <p>The Living Well Programme at the Hospices Woodgrange Centre will empower people:</p> <ul style="list-style-type: none"> ● 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 	<ul style="list-style-type: none"> ● 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 	<ul style="list-style-type: none"> ● Booklet, including Living Well programmes agreed by clinical governance group, reviewed by patients, printed and distributed. ● Information shared with the hospice community and home care teams. ● Referrals received via the patient electronic record system and NHS ● As planned/expected most referrals have been internal, whilst we pilot the programme. ● Therapy Lead has promoted Making Sense of Living Well sessions with two hospital Multidisciplinary teams and we subsequently have received referrals from the teams. ● 4 programmes (16 sessions) delivered. Total of 45 people attended. ● Consultation included in each first session and bespoke sessions created to include identified topics. ● Rota prepared to ensure all Patient Family and Support team have experience in leading the sessions. ● We realised the programme content connects with the senses e.g. nutrition, aromatherapy, sound relaxation, walk and talk and we acknowledge this in the name of the programme – Making Sense of Living Well ● Excellent feedback received – people feel heard and valued and enjoy being in the company of others. "it was about living with illness, not waiting to die from it." A 'key question' asked at each session e.g., what does living well mean to you? ● Everyone attending reports feeling valued and listened to.

Priority Three - Patient Experience

Development of a User Involvement Strategy Year 2

Why?	What success looks like	Achievements
<p>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.</p>	<ul style="list-style-type: none"> ● 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 	<ul style="list-style-type: none"> ● We offer a variety of ways for patients and their families to provide feedback. ● Active Monitoring: Continuous promotion of surveys across all clinical services to track key patient characteristics. ● Expanded Engagement: Established partnerships with diverse community groups ● Comprehensive Reporting: Consolidation of survey results and other feedback into a single, detailed Patient Quality Report. ● Digital Modernisation: Successful transition to a digital survey platform to improve data collection efficiency.

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 2025-26

The following are statements all providers are required to include

in their Quality Account. Because we are an independent charity providing palliative care, not all of these statements are directly applicable to St Luke's Hospice.

Review of Services

During 2025/2026, we provided palliative and end-of-life care across key services:

- Inpatient Services
- Hospice at Home
- Adult community Specialist Palliative Care Team
- 24/7 Specialist telephone line (Pall 24)
- Outpatient Services
- Bereavement and psychological support

We also provide education, training and support to external healthcare professionals, including care home staff.

In 2025/2026, NHS funding accounted for around half of St Luke's Hospice's total income. The remaining expenditure on charitable activities was funded through community support, including legacies and fundraising, as well as income from retail activities and investments.

Audit

St Luke's Hospice is not required to participate in national audit. Local audit is agreed and overseen through local clinical governance arrangements with executive and Trustee oversight.

Research

St Luke's Hospice is not currently participating in any research programmes. However, the organisation has a robust plan to become research ready which is overseen through local clinical governance arrangements.

CQUIN

In 2025/2026 St Luke's Hospice did not have set commissioning for Quality and Innovation and Quality (CQUIN) goals. However, we have ensured we are fully compliant with the New Model of Care set by the Integrated Care Board.

CQC registration

St Luke's Hospice is CQC registered and is currently rated as Good overall with the last CQC inspection being the 20th of April 2022. Significant improvements have been made since this inspection, and all recommendations are met or have comprehensive quality improvement plans against them.

Data

St Luke's Hospice complies with GDPR and has an Information Governance policy which is overseen by Clinical Governance Committee.

We continually strive to improve data quality through:

- Recording and monitoring data in accordance with information governance and integrated care board requirements
- Providing training and support for staff using our clinical record systems
- Promoting a culture of accurate data capture and understanding its use across the organisation

Statement of Assurance

This statement declares that the board has reviewed the Quality Account, confirming it is an accurate and honest reflection of the healthcare provided and acknowledges where the hospice must improve.

Sarah Gigg, Clinical Trustee, Chair of the Clinical Governance Committee



Family Story

Wendy Wood Story

"It was like they knew her personally and they all just wanted to do whatever they could to help."

That's how Wendy Wood describes the care her mum, Kathy, received at St Luke's Hospice in Kenton.

Wendy had known Kathy for more than 25 years. They met while Wendy was working at Morrisons in Hatch End, when Kathy noticed her sitting quietly during a break and came over to talk. Over time that conversation turned into a close friendship, and eventually something deeper. Wendy always called her "little mummy," and from then on Kathy was simply Mum.

Kathy, from Pinner, spent the final month of her life there after being diagnosed with end-stage pancreatic cancer. The pain could be severe, and morphine didn't always help. Some nights were especially difficult.

"One night when her pain was really bad, one of the nurses sat with her nearly all night just trying to comfort her."

Staff monitored her closely – checking pain relief, blood pressure and blood sugars. Wendy remembers a "constant stream of medical care," delivered gently and with dignity.

When Kathy needed turning, they were careful. When her pain spiked, they responded. Wendy says she "never had to wait for anything."

Wendy stayed often. She remembers sitting on the bed one morning and having breakfast together – small, precious moments made possible because her mum was safe and cared for.

"They made life so much easier for both of us," Wendy says. "I've never known anywhere like this before. "After Kathy died, Wendy returned for bereavement support.

"I can talk properly here," she says. "We talk about a lot of things, and sometimes we even have a bit of a laugh."

PART THREE:

Overview of the quality of care in 2025/26

3.1 Patient Safety

St Luke's Hospice is committed to ensuring that safety and quality remains central to the planning and delivery of our services.

The hospice is using the Vantage online system to centralise its safety, governance, and equipment management. Vantage is the mandatory tool for all staff and it automatically notifies leadership of incidents and complaints, which are then reviewed monthly by a clinical governance group and quarterly by the Clinical Governance Committee.

CQC Compliance: The hospice tracks its performance against the CQC's Single Assessment Framework (Safe, Well-Led, Caring, Effective, and Responsive). We use an integrated specific CQC module to manage this data. While maintaining high standards across the board, the hospice has prioritised improvements in the "Well-Led" domain for the 2026-27 to foster better openness and accountability.

Equipment Asset Management: We have been working on a new module on Vantage which tracks all equipment from purchase to disposal, using automated alerts to handle maintenance and ensure patient safety.

3.1.1 PSIRF (Patient Safety Incident Response Framework)

We have fostered a just and learning culture where staff feel empowered to report incidents comprehensively. By aligning our response to PSIRF, we ensure investigations are focused on systems-based learning rather than blame. This year we have further extended the use of PSIRF methodologies for complex complaints and incidents. We introduced new event response tools in line with national guidance, and this approach has provided an excellent learning platform.

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

3.1.2 Incidents summary

Our commitment to a 'safety-first' culture is reflected in our incident management efficiency. By prioritising prompt reporting and proportionate investigation aligned to PSIRF, we concluded the reporting year with only three open clinical incidents. This demonstrates our ability to not only identify risks but to resolve them and embed learning swiftly across the organisation.

327 clinical incidents and patient related non-clinical incidents were reported during 2025-26, the majority of these were reported as no harm and low harm compared to 394 incidents reported during 2024-25. See chart 2.

To note in the moderate harm category in Chart 2 the majority of these were related to incidents involving patients who were admitted into our care with existing pressure ulcers.

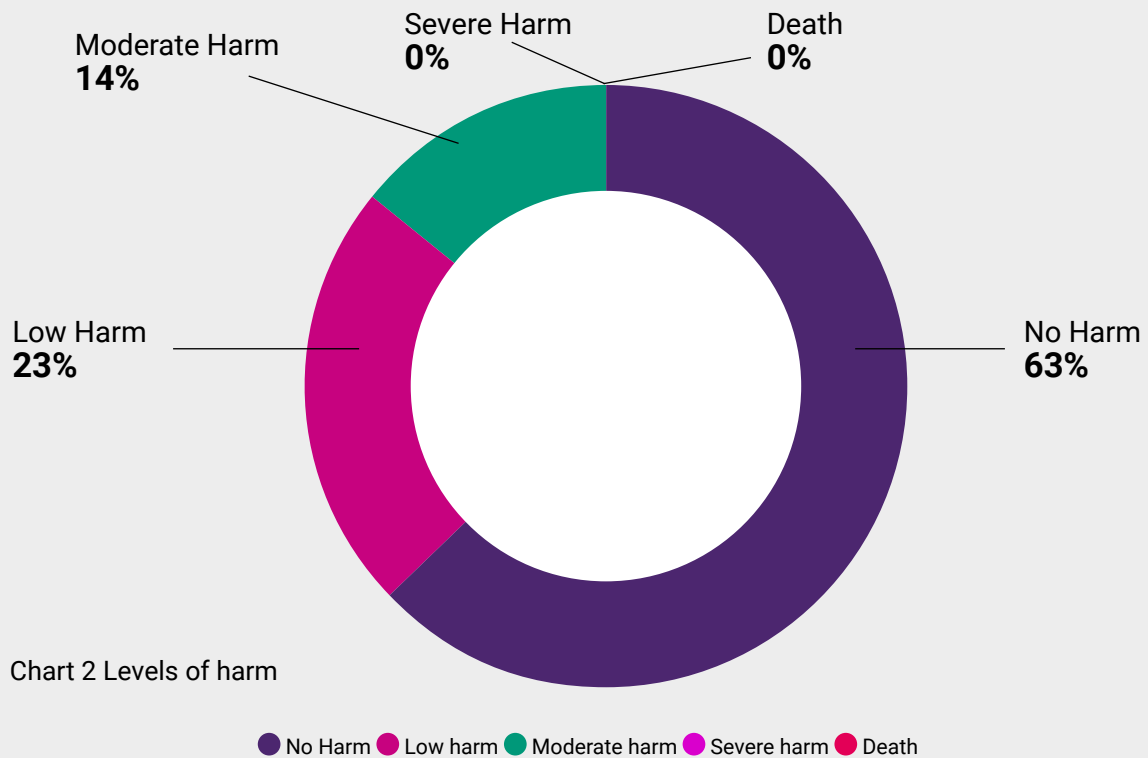
Table 1 Total number of patient incidents reported 2025-26

	2023-24	2024-25	2025-26
Total number of incidents	269	394	327

Table 2 Categories of incidents reported

	2024-25	2025-26
Communication	20	4
Clinical Admin Error	15	12
Clinical Complication	6	4
Data Incident IG	13	6
Equipment	4	3
Infection Control	4	1
Medication Incident	164	167
Other	29	6
Pressure Ulcer - New	24	19
Pressure Ulcer - On admission	94	83
Safeguarding	3	2
Slip, Trip or Fall	18	12
Security (Including Theft)	0	1
Accident	0	1
Abuse toward a member of staff/volunteer	0	1
Moving and Handling	0	2
Medical / Nursing Notes not available	0	2
Illness	0	1

Overall harm for all Patient Safety Incidents (Apr 25 - Mar 26)



3.1.3 Hospice UK benchmarking

Hospice UK benchmarking changed in 2024/5 in that it compares performance data at a category level for pressure ulcers, medication incidents only resulting in severe harm or death and falls resulting in severe harm, death. This increases the value of benchmarking for some metrics (Pressure Ulcers) and reduced it in others (Medication incidents and falls). Since these changes, the hospice has focused less on clinical benchmarking with other hospices in line with continuing to embrace quality improvement methodologies as a priority.

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

3.1.4 Falls

IPU only	2023-24	2024-25	2025-26
Number of patient related slips, trips and falls	17	17	10

We have seen a significant reduction in falls trends with 0 incidents of severe harm or death from falls on the Inpatient unit in 2025-26. Hospice UK Benchmarking data is limited for the hospice as only no harm or low harm falls incidents have been reported. 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. Following a recent audit, we updated the falls policy to include a multifactorial risk assessment tool. This tool aims drives a personalised, multidisciplinary approach to identifying and managing risks.

3.1.5 Patient related Medication incidents

Patient related Medication incidents

IPU only	2023-24	2024-25	2025-26
Number of patient related medicine incidents	83	102	107

This year, we reported 107 patient related medication incidents on IPU. Of the 107 patient-related medication incidents, 8% were in the level 0 category (error prevented by staff surveillance) 90% were level 1 category (error occurred but there was no harm), 2% were in the level 2 category (error occurred: increased monitoring was required but there was no change in clinical status of the patient).

Due to the limitations of the Hospice UK benchmarking exercise, we cannot meaningfully compare ourselves against other hospices as most incidents at other hospices and at St Luke’s hospice are no or low harm which are not reported to Hospice UK.

Our top three subcategories of patient related medication incidents include:

- 44 prescribing errors
- 32 dose omissions
- 13 general medication administration errors

Our priority for improvement on safer prescribing this year focused on education and support for doctors who are working independently as well as improving the format of the drug chart. New junior doctors rotating into the hospice had not used paper-based drug charts in their careers which was learning for the hospice in terms of making the system more intuitive for a modern workforce. Periods of high acuity were found to have contributed to omitted doses and administration errors. Rather than focusing on the numbers we have been focusing on personal reflections, clinical supervision and education resources to support a learning culture approach.

3.1.6 Controlled drugs discrepancies

Separate to patient related medication incidents we also report on controlled drugs discrepancies. This year we reported 60. During September we observed an increased amount of controlled drugs losses and variable practice observed in controlled drugs liquid measurements and conducted a review of these. We found no divergence of practice and continue to demonstrate quality improvements in this area.

VISUAL CHECKS

We conducted a 12 week review of controlled drugs liquid measurement practice and identified drug formulation challenges and were able to specify that oxycodone 1mg/ml is a viscous formulation which naturally leads to measurable residual losses during frequent manipulations and dosing. By identifying variable practice as a systemic issue rather than individual negligence, the review recommended the move to visual checks for this drug as a proactive, best-practice implementation designed to support staff and standardise safety.

3.1.7 Medicines Governance

Expert Oversight: The hospice has a pharmacist on-site twice a week to provide the necessary clinical checks that go beyond basic administration.

Regulatory Compliance: Our Registered Manager acting as the Controlled Drugs Accountable Officer (CDAO) ensures clear accountability, while quarterly reports to NHS England and active the Local Intelligence Network (LIN) participation demonstrate transparency.

Continuous Improvement: Our Medicines Safety Group turns incident data into actual system changes, an example of learning as detailed below.

'STOP AND THINK MOMENT'
 We integrated a 'stop and think moment' into our hypoglycaemia algorithm for patients at the end of life. This principle requires the clinical team to pause before administering intravenous glucose, providing a vital opportunity to re-evaluate decision-making and ensure care remains aligned with the patient's comfort and clinical goals

3.1.8 New Pressure Ulcers

Newly acquired Pressure ulcers	2023-24	2024-25	2025-26
Number of pressure ulcers	28	24	19

This year we reported 19 new pressure ulcers, which is lower than previous years. 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.

We have noticed a reduction in severity of new category 3 and above pressure ulcers from last year. Identifying skin changes early through those prompt assessments is often the most critical step especially in a hospice setting where skin can become fragile so quickly.

Learning and improvement

We conduct detailed after-action reviews in every category 3 and above new pressure ulcer, 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.

Some learning included vigilance in assessing skin top to toe especially behind the ears which can be missed spots. Additionally, we will review the turning chart and expectations for documentation as per wider project of nursing assessments documentation e.g., a more comprehensive 'rounding' document as part of EMIS (patient electronic record) implementation.

For pressure ulcers present on admission, staff are more vigilant in using the safeguarding decision tool.



3.1.9 Safeguarding

There were two safeguarding incidents reported to the local authority in 2025-26.

3.1.10 Infection Prevention and Control

In 2025-26 there were no cases of patients with a diagnosis of Clostridium Difficile or a blood stream MRSA (Methicillin-resistant Staphylococcus aureus). No vomiting and diarrhoea outbreaks took place at the Hospice over this period. To enhance our infection prevention and control standards, we have secured additional resource through Infection Prevention Solutions (IPS). This external expertise allows for a more robust assurance process and reinforces our commitment to patient safety.

3.1.11 Duty of Candour

Our Duty of Candour policy provides guidance to clinical employees about the principles of being open and Duty of Candour and sets out the processes to be followed to support openness with patients and their families following a serious safety incident. While no statutory Duty of Candour incidents were reported in 2025-26, we remain dedicated to a transparent, 'no-blame' environment that upholds patient and carer confidence through every stage of service delivery.

3.1.12 Speaking Up

We recognise the need to further strengthen our Freedom to Speak Up (FTSU) provisions. Moving forward, we are committed to enhancing these channels to ensure every staff member feels empowered to raise concerns early, further upholding patient and carer confidence through a truly transparent and responsive environment. We have continued to promote the role of our Trustee, Neel Radia, Trustee, as the organisation's Freedom to Speak Up Guardian.

3.1.13 Electronic patient records system

The transition from the iCARE electronic patient record system to EMIS (a widely used electronic patient system) is now expected to complete in 2026-27 due to significant operational pressures and constraints. The strategic goal remains to improve data interoperability with local partners, despite the acknowledged disappointment regarding the timeline shift. The extended timeline provides an opportunity to conduct more thorough workflow mapping with teams and staff training to ensure the system meets clinical needs upon launch.

3.2 Service user experience

This is the second year of our User Involvement Strategy, during which we have focused on digitising our approach to surveys, as detailed in Section 2: Priorities for Improvement 2025–26. All feedback is shared with the relevant team leads, and detailed reports are submitted to the Clinical Governance Group and the Clinical Governance Committee as part of a detailed Patient Quality Report. We continue to use a range of feedback mechanisms to include patient stories, complements and complaints and concerns, a range of precious moments are woven through this Quality Account.

From the moment we entered, we were greeted with great hospitality, understanding and tenderness. In one of the most hardest possible time for our families' lives, they ensured not only the patients comfort and needs, but our own too. All the staff here, every single one, is so beautifully pure and genuine and create such a caring and calming atmosphere and light up everyones mood. They don't just care for our loved one medically, they care for her as a person with dignity and consideration and compassion. They were always checking in, explaining things clearly with patience, and making sure comfort was a priority. A cute designed "handbag" was given also to cover machinery - the syringe driver, to make the experience more comfortable. This hospice is a true blessing and was exactly what we needed and we will never forget the kindness shown to us.

**Survey Response January 2026
Inpatient Unit**

How I was in 2018, it has given me a second life. I always look forward to coming here to activities. All the staff encourage me and make me feel happy. I pass the positivity i get from staff and volunteers onto other patients and carers.

It has changed my life. A second life always look forward to coming here.

**Survey Response February 2026
Patient Family Support Service**

**We surveyed
210 patients and
relatives**

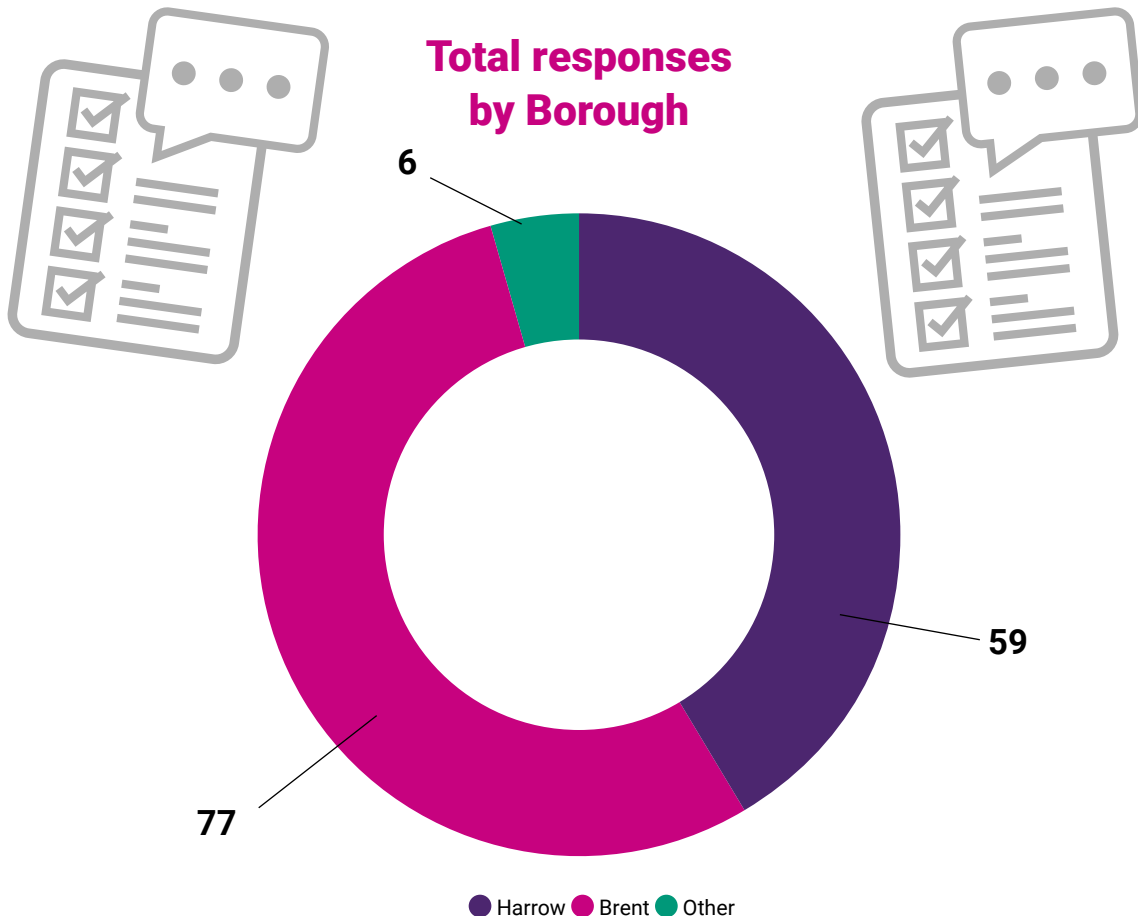
**We received
119 patient
responses**

**We received
21 bereaved
carer responses**

**We received a 57% response rate
(Surveys completed vs. Surveys sent)**

**Our survey coverage was 10%
(Patients and carers surveyed vs. Total patients 2164)**

**Our survey responses show that over 95% of patients
and carers had a positive experience.**



Do you think our service treats you with? (n=119)

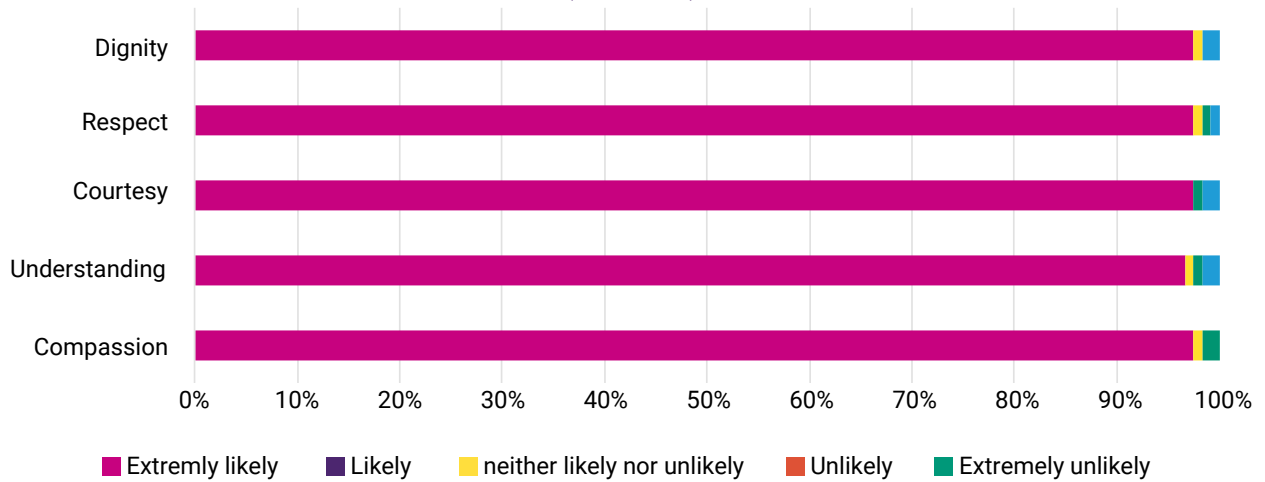


Figure 1. Two services did not respond to Understanding, Courtesy and Dignity and one did not respond to Respect

Are you involved as much as you want to be in decisions about your care? (n=115)

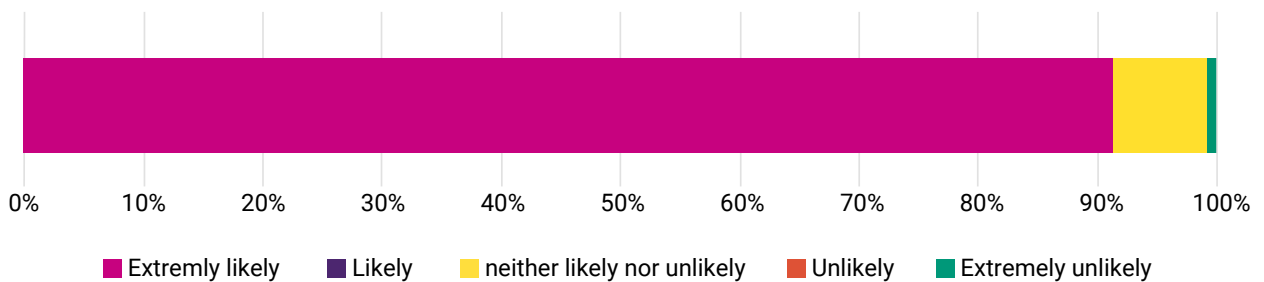


Figure 2. 4 Service users did not respond

How likely are you to recommend our Hospice to friends and family if they needed similar care or treatment? (n=110)

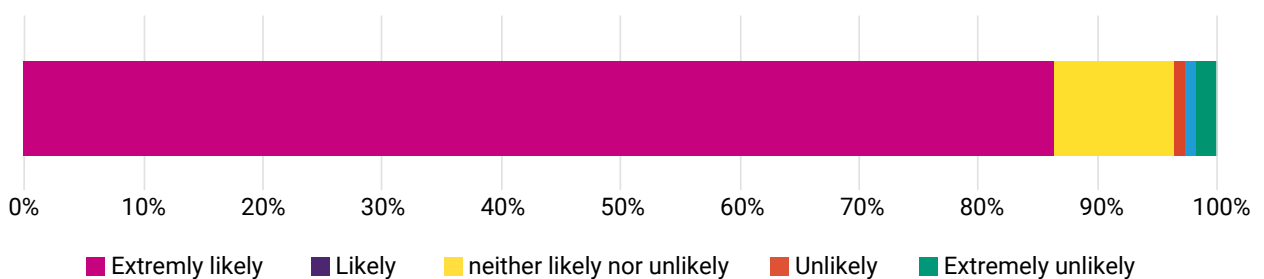
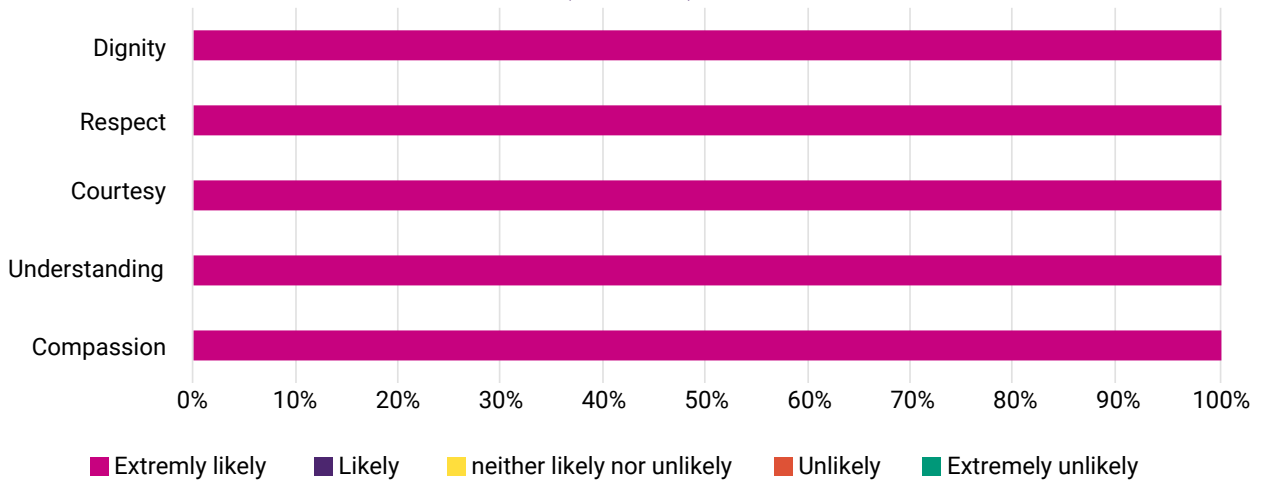
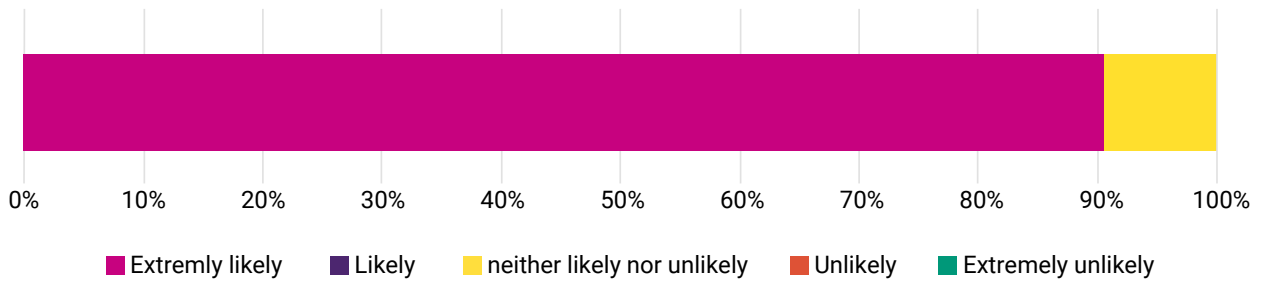


Figure 3. Nine service users did not respond

Do you think our service treats you with? (n=119)



Are you involved as much as you want to be in decisions about your care? Bereaved Relatives (n=115)



How likely are you to recommend our Hospice to friends and family if they needed similar care or treatment? Bereaved Relatives (n=21)

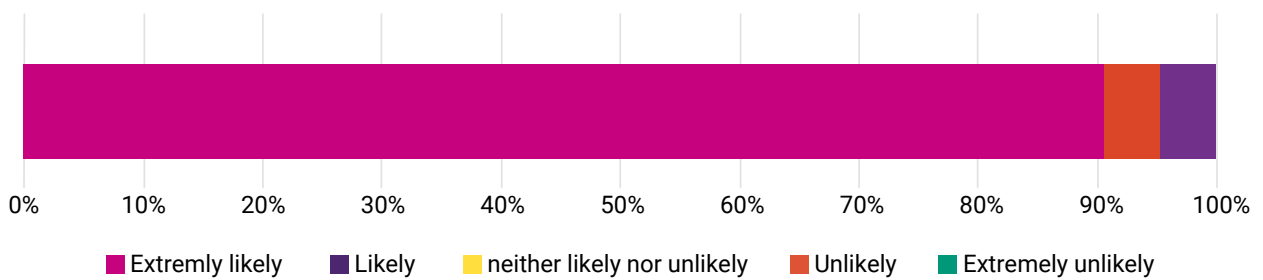


Figure 4. 1 Service user did not answer

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 significantly lower level of complaints compared to previous years. 1 complaint was referred to the parliamentary healthcare ombudsman.

IPU only	2023-24	2024-25	2025-26
Total number of complaints about clinical services	10	6	3
Investigations completed; complaint upheld / partially upheld	8	5	2
Investigations completed; complaint not upheld	1	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 2025-2026 include:

- Mental Capacity Act (MCA) training for staff- when a full MCA is not possible e.g.in a situation of imminent death: 100% clinical staff document evidence of: Act in the persons best interests, consideration pre-existing wishes, recording of efforts
- Amendment of bereavement response follow up for families
- Training of medical staff in the SR1 process (this is a fast track benefit claim process for people nearing the end of life)
- Continuing healthcare fast track training for staff

Homecare Team Compliment

I/We truly appreciate the dedication of the health service team and the vital role their 24 hour services play in ensuring continuing care and support. Especially for my mum after dad passed.

Thank you!

January 2026

Brent Community Team compliment

Words will never be able to convey our gratitude to you for the care and support you have myself and my family during a difficult chapter in my dad's life.

We are so grateful to have had the support from all at St Luke's but a very, very special thank you to you.

March 2026



Patient Story

Narinder Mann Story

Narinder Mann, a wife and mother from North Harrow, was worn out after three years fighting stage 4 ovarian cancer.

Endless treatments, surgery, and setbacks left her exhausted, afraid, and lonely.

"I'd just finished another six rounds of chemo and was completely drained," she says. "I was really feeling down."

Then she was referred to us - and something changed.

"I'd seen your charity shops, but I didn't realise there was a place like this - so calm, so friendly," Narinder says. "I don't feel like I'm a hospital number here. I feel like I'm Narinder. And they see me as a person, not a statistic."

She joined our Living Well programme, finding tai chi, massage, and a community that understands what she's going through.

"Here, you don't feel like you're moaning. You say, 'It's really hard to get out of bed,' and everyone goes, 'Yeah, we know.'"

Her husband also found comfort. "Sometimes it's hard to explain things to your partner—but hearing it from someone else, it just clicks."

Thanks to the support she received, Narinder feels hope again. "It's just been a godsend. They've helped me find myself."

3.4 Audit and Research

Participation in clinical research

The hospice was not involved in clinical research between April 2025 and March 2026.

Participation in National Clinical Audits

The reports of 0 national clinical audits were reviewed by the provider in April 2025-March 2026*. The hospice was not eligible to participate in any national clinical audits.

Participation in Clinical Audits

To ensure that we are continually meeting standards and providing a consistently high quality of service, the hospice has an audit and monitoring programme in place. This enables us to monitor our services in a systematic way, identifying areas for audit and evaluation in the coming year.

The hospice responds to findings from the audits to ensure the highest possible practices alongside implementing change and driving actions that address concerns raised by the audit results. Regular Audit and Quality Improvement group meetings provide a forum to monitor quality of care and to discuss ideas for improvement. We have modernised our approach to our infection control audits using a digitalised system to record our audits and improve our assurance. Our infection control audits showed a good standard of compliance, remedial action is addressed at the time where possible, action plans are created and followed up in our infection control group.

The report of 14 local clinical audits were reviewed by the provider in April 2025 – March 2026 and St Luke's Hospice intends to take the following actions to improve the quality of healthcare provided as detailed in the table below*.

Key Audits completed 2025-26

	Audit Title	Learning and improvement
1.	Clinical Documentation Audits- Clinical services conducted 2 x per year	We successfully implemented SOCRATES (pain assessment tool) across all clinical services. We identified that we need to do further work in ensuring that Mental Capacity assessments (MCA) are recorded and this has been included in our audit plan for 2026-27. MCA Training has been provided for staff awareness. All audits showed good compliance overall.
2.	Infection control efficacy checklist- AT045	The efficacy checklist is designed to assess the process of cleaning and infection control related to cleaning. The score was 85%, noting that non -compliance related to the fabric and estate of the building. These gaps are being addressed through the Inpatient unit refurbishment.
3.	Infection control technical checklist audit (Cleanliness audits-ATS021)	This audit monitors compliance on cleaning against the National Standards of Healthcare Cleanliness. We completed this prior to the refurbishment recognising that some of the cleaning issues experienced relate to the fabric and estate of the inpatient unit. Our overall score was 77%. The cleanliness charter has been signed by the senior team and is displayed in the Inpatient Unit.
4.	Infection control general infection audit (AT070)	This year our audit improved significantly to 89%. Learning included documenting mattress inspections.
5.	Slide sheets for patient moving and handling	This year we implemented new slide sheets to safely turn, transfer, swivel and reposition patients. Compliance was 100%.
6.	Hand washing IPU completed monthly Hand hygiene completed quarterly in community and outpatient services ATS001	During this year we digitalised our hand hygiene audits to make monitoring and assurance easier for us. These are completed by link practitioners in each of our clinical services to role model good practice. Overall compliance was 94% since we digitised our approach in the last quarter of the year.
7.	Falls prevention audit	This year we reviewed our falls policy to include a multifactorial risk assessment as a recommendation from audit findings.

Key Audits completed 2025-26

Audit Title		Learning and improvement
8.	Pain assessment in the Inpatient Unit	Following the completion of a quality improvement project on pain assessment we were able to demonstrate a compliance score of 100% through audit for pain assessments.
9.	Treatment escalation plan (TEP) and universal care plan (UCP) audit	We added a UCP link to the discharge summary which acts as a prompt to remind doctors to update UCP on discharge. We also updated the template on the electronic patient record to allow for TEP narratives allowing consistency across the team.
10.	Controlled drugs audits	The quarterly controlled drug audit and annual CDAO audits are undertaken to ensure the safe and lawful management of controlled drugs. As part of the audit process, drug registers are reviewed, stock levels verified, and staff practices observed to ensure full compliance. Any discrepancies or areas for improvement are addressed through immediate action, including staff training, process refinement, or policy revision. These audits reinforce a culture of safety, accountability, and clinical excellence in the use of medicines that support essential comfort and symptom control for our patients. These are reported to the Medicines Safety Group. The score was 100%.
11.	Allergies	<p>There has been a significant general improvement in compliance compared to previous audit cycles. Compliance in the inpatient unit declined during the fourth quarter, though this coincided with a much larger sample size than previous audits and a change in audit criteria.</p> <p>Learning includes uniformity in expectations around allergy documentation across all teams in. filling in smart forms, tags and exploration of barriers amongst staff regarding significance of electronic record etc. vs documentation in notes/drug chart.</p>
12.	FP10 (a standards NHS prescription form) recording	<p>There was no patient safety or incorrect FP10s issued in this audit. Most common missing information from FP10s were prescriber details such as full name and GMC number for controlled drugs.</p> <p>Learning includes:</p> <p>Development and distribution of an FP10 prescribing guide highlighting common errors and best practice, provided to all new starters and ensuring that all FP10s are scanned onto the electronic patient record for analysis.</p>

Key Audits completed 2025-26

Audit Title		Learning and improvement
13.	Weekend prescribing	Increase in weekday prescribing errors and reduction in weekend prescribing errors were noted in this audit. This formed part of a priority for improvement on Safer Prescribing for 2025-26 detailed in Section 2.
14.	Do Not Attempt Cardiopulmonary Resuscitation) DNACPR countersignature	The audit highlighted the need to improve documentation on DNACPR consultant countersignatures on DNACPR forms. This audit will be repeated during 2026-27.

Hospice UK self-assessments completed 2025-26

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

All actions have been completed.

Audit and Quality Improvement Group

Members of the Multi Disciplinary Team are encouraged to contribute to service improvement through Quality Improvement Projects (QIPs), with ongoing support provided throughout the year on methodology and presentation of findings. This year's focus has been on embedding 2024-25 projects into business as usual, demonstrating sustained improvement rather than one off activity. A Quality Improvement Celebration Event showcased 18 projects with strong cross service attendance, reflecting a positive culture of collaboration and learning. The Audit & Quality Improvement Group meets six times a year, acting as a strategic driver for improvement by promoting ideas, facilitating peer feedback through project pitching, and building staff confidence in initiating and leading QIPs.

Quality Improvement Projects (QIP) storyboard highlights

Completed projects:

The Patient and Family Support Services team successfully completed 3 funded pilots, all of which were poster presentations at the National Hospice UK Conference 2025 in Liverpool.

I'm Not Just a Patient – working in partnership with people living with a life limiting illness to complete a self-assessment incorporating a balanced, conversational narrative that includes coping mechanisms, what is important to the person, their interests and approach to advance planning. (95 self-assessments were completed).

The Power of Partnership – educating and empowering patients and their unpaid carers to develop their knowledge, confidence and skills to adapt health beliefs and modify behaviour to manage specific aspects/symptoms of illness. Topics for sessions were identified during consultation with patients and unpaid carers e.g. managing fatigue, nutrition, breathlessness.

Making Sense of Living Well – created and delivered bespoke sessions to support people with life limiting illnesses to connect, cope and live as well as possible. Each session was based around a key question e.g. what does living well mean to you? (20 sessions took place).

Inpatient Unit and Community

Cost Effective prescribing for Respiratory Secretions - A Quality Improvement Project was undertaken to promote safe, clinically appropriate, and cost-effective prescribing, encouraging hyoscine butylbromide (Buscopan) as first-line treatment, with alternatives used where clinically indicated. Standardising first-line prescribing improved consistency in prescribing across the inpatient unit. In most patients, Buscopan provides effective control of respiratory secretions and is significantly cheaper. We will continue to promote Buscopan as first-line treatment while maintaining flexibility to use glycopyrronium where clinically appropriate

Weekend prescribing- Multiple clinicians from varying backgrounds work on the 1st on call doctor rota for St Luke's Inpatient Unit, amongst their responsibilities is ensuring safe prescribing on the Drug Chart, as inaccuracies can cause drug errors with nursing staff, posing a safety risk to the patient. This Quality Improvement Project aimed to evaluate the accuracy of weekend prescribing on the inpatient unit. Increase in weekday prescribing errors and reduction in weekend prescribing errors. The increase in errors were likely due to new doctors (four new doctors) and their unfamiliarity of use of paper drug charts. Teaching was organised as well as a session on how to use paper drug charts, which is being incorporated into induction.

Brent Community Team

Implementation of a new booking system to support collaborative working within Brent Community Team for the new model of care- In October 2025, the Brent Community Team was commissioned to deliver an extended service from 8am to 8pm, requiring staff to work longer days with fewer shifts. To support safe, efficient working under this new model of care, the team adopted a shared caseload approach. As the existing clinical system did not support this way of working, an alternative booking solution was developed using Microsoft 365. A shared calendar was implemented via the Bookings application, enabling collaborative scheduling and improved patient safety. This system also supports staff in preparing for the future booking functionality within EMIS. The next phase will involve extending this approach to the homecare service.

All services

Recording of allergies- Previous audits during 2024-25 highlighted the importance of ongoing monitoring of the recording of allergy status. Changes were implemented across administrative and clinical teams at various stages of referral, triage and admission processes were successful in improving compliance with target aim. However, it was recognised that there is ongoing work to achieve 100% compliance across the organisation and that repeated audits to ensure sustained change have been implemented.

Pain assessment-an evaluation of pain assessment methods-This Quality Improvement Project 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 the preferred choice of tool which was SOCRATES and provided training. Reaudits have demonstrated good compliance.

The SOCRATES pain assessment is a structured, eight-point mnemonic tool used by healthcare professionals to evaluate a patient's pain, aiding in diagnosis and management. It covers Site, Onset, Character, Radiation, Associations, Time course, Exacerbating/relieving factors, and Severity, often using a 0–10 scale.

Projects in progress

Enhancing telecommunication and clinical assessment skills in the PALL24 service-

This QIP aims to improve the accuracy, confidence, and consistency of telephone-based assessments by the PALL 24 team, ensuring timely and appropriate care for palliative patients and their families. We conducted a staff survey to assess staff confidence in their role. We are currently reviewing options for training.

Collaborative working

Collaboration with stakeholders, including patients and families, promotes and enables sharing knowledge, resources, best practice, and space. We have consulted with people in our local community, including patients and families, to ensure they influence the development, design, and delivery of our services. We exchange ideas and training and share expertise within our professional networks, as we promote and enhance agency and professional visibility, including Adult Social Care, local nursing homes, Citizen Advice Bureau and Harrow and Brent Carers.

Networking with community services and charities increases referrals and opportunities for local people to have a greater understanding of palliative care and end of life services.

We plan to hold three Community Networking events in 2026.

From the Trusts/Foundations side the hospice works with several minority organisations which have Charitable Trusts/Foundations set up (often linked to community and faith groups).



Making every moment matter

Making every moment matter means supporting people in every part of their lives. Not just their care, but the practical challenges that come with it.

When someone is living with a serious illness, it can affect their ability to work, their income, and their confidence in managing everyday life. It can also mean trying to make sense of complicated systems at a time when everything already feels uncertain.

That's why St Luke's works with trusted partners to make sure patients, families and carers can access the right advice, at the right time.

Samantha Ruck is a Welfare Benefits Advisor from Citizens Advice in Harrow. She visits St Luke's Hospice each month as part of a programme funded by Macmillan Cancer Support, offering specialist advice to people living with cancer in Brent, Ealing and Harrow. Her role is to help people understand what support they may be entitled to, and to guide them through the process which can be a long and stressful time in their lives.

"When people go on their cancer journey, they're often looking at nine to 12 months out of work or even longer," she explains. "They might get some work sick pay for part of that time, but then it's further financial support once that comes to an end.

"People just aren't aware of the benefits they might be entitled to - means or non-means tested benefits, disability benefits and travel concessions that are out there because it's a very confusing system," she says.

Samantha is a familiar face at St Luke's, working with patients through both the Macmillan-funded service and the Living Well programme, helping people understand what support is available and where to turn for help.

She enjoys the work: "It's very fulfilling – helping people and being able to give them that extra support. We have good outcomes for patients who are very thankful" she says.

By working with partners, St Luke's provides practical support alongside clinical care, helping ease pressure at a difficult time and giving people more certainty when they need it most.

11 June 2026

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NHS West and North London Integrated Care Board Statement St Luke's Hospice

The NHS West and North London Integrated Care Board (WNL ICB) welcomes the opportunity to respond to the St Luke's Hospice Quality Account for 2025/26 which we received on 3rd June 2026.

The ICB recognises the hospice's continued commitment to delivering high-quality, compassionate and patient-centred palliative and end of life care, and its important contribution to system priorities across North West London.

The ICB has reviewed progress against the quality priorities for 2025/26 and notes the following:

Priority 1 – Patient Safety: Improving safer prescribing on the Inpatient Unit

The ICB recognises the progress made, particularly in strengthening prescribing safety through the development of support tools and the review and redesign of the inpatient drug chart. Improvements in weekend prescribing are noted, alongside continued work to embed consistent prescribing practices across the full week.

Priority 2 – Clinical Effectiveness: Implementation of a Living Well Programme

The ICB recognises the progress made, particularly in the successful implementation of the Living Well Programme. Multiple programmes have been delivered, with positive patient feedback and engagement, supporting earlier intervention and improved access to hospice services.

Priority 3 – Patient Experience: User Involvement Strategy (Year 2)

The ICB recognises the progress made, particularly in strengthening user involvement through expanded feedback mechanisms and improved representation of local populations. The move to a digital survey platform and consolidation of feedback into a single patient quality report represent important developments in supporting learning and continuous improvement.

The ICB also notes the broader progress described within the Quality Account, including:

- Continued development of a strong patient safety culture, supported by the embedding of PSIRF and a focus on learning and improvement
- Ongoing work to transition to EMIS to support improved data sharing and interoperability across the system
- An increase in service reach, with over 2,000 patients and carers supported during the year, reflecting the hospice's growing contribution to meeting local need



- Strengthening of community-based models of care, including the development of the Pall24 service aligned with the North West London model of care

The ICB particularly values the hospice's collaborative approach to working across the system, supporting integrated care and improved outcomes for patients and their families.

The ICB supports the priorities identified for 2026/27, including:

- Implementation of the International Dysphagia Diet Standardisation Initiative (IDDSI)
- Development of a Pall24 clinical triage framework
- Work to improve awareness and processes related to corneal donation in end of life care

These priorities reflect a continued focus on patient safety, clinical effectiveness and patient experience, aligned to both local and national expectations.

On behalf of WNL ICB, we can confirm that, to the best of our knowledge, the information contained within the Quality Account is an accurate reflection of the services provided.

The ICB looks forward to continuing to work in partnership with St Luke's Hospice to support ongoing quality improvement and the delivery of safe, effective and compassionate care for patients and their families.

The ICB would like to thank the hospice for its continued commitment to quality improvement and for its valued contribution to the West and North London health and care system.



Jennifer Roye
Chief Nurse Officer
NHS West and North London



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.





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