Quality Account

2025-26

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1: About us

1: About us

Our care

St Luke's, Sheffield's Hospice, proudly provided palliative and end of life care to 1,838 people across Sheffield in the last year, whilst also supporting their families and carers too.

We're here for people aged 18 and over from across Sheffield, at all stages of life from the point of diagnosis with a terminal illness. This includes end stage neurological, heart, kidney and lung conditions, as well as cancer, HIV and dementia. We also work in partnership with other organisations, both within Sheffield and beyond - providing support, education and development in order to share our knowledge with others and support them to aim for better end of life care for all.

Our support begins from the point of diagnosis with a terminal illness.

We support patients and their families at our Ecclesall Road South site with social prescribing activities Monday-Friday and also support patients in their own homes, where they often feel most comfortable. We provide 24 hour palliative care on our In Patient Centre, be that through hands-on patient care or via our 24 hour helpline. We care for people, not just their condition, by providing holistic, individualised care and support to each patient and their family.

Patient and Family Support Service

This service offers specialist palliative care support through specialist Therapy, Nursing and Medical Teams at our Little Common Lane site and offers social prescribing activities that cover practical, wellbeing, social and spiritual support at our Ecclesall Road South site Monday-Friday.

Social Prescribing activities for patients and families are an essential part of our service, that provide non-medical interventions - adding quality of life, support and purpose to those accessing our care.

Community Team

73% of patients are supported in their own home or care home by our Specialist Community Team 7 days a week, 365 days a year. Our Community Team work with, and alongside, district nurses, GPs, allied heath professionals, and other community-based organisations to ensure wrap-around care is being delivered to support patients and their families through their illness, improve quality of life, provide relief from symptoms and support to help avoid hospital admissions.

In Patient Centre (IPC)

Our IPC provides 24hr care, both hands-on and over the telephone, 365 days a year. The care on the ward is provided by a Multidisciplinary Team consisting of doctors, nurses and allied health professionals to manage patients' symptoms and to provide enablement.

Our IPC accommodates 19 patients in 14 single rooms, one of which comprises the Family Suite - a dedicated space which provides a comfortable and supportive environment to allow families to be more involved in the patient's care, should they wish to be. We also have two single-sex three-bedded bays.

"Thank you so much for all the help, support and care provided in the 12 months since diagnosis and throughout final days in the hospice. We could not have got through it without you" –
Relative of Community and IPC patient

St Luke's Strategy 2025-2029

St Luke's remains focused on delivering the ambitions set out in our 2025–2029 Strategy. Our continued commitment to providing a full range of high-quality core services, alongside the growth and development of additional services in key priority areas, is evident throughout this Quality Account.

We recognise that achieving our strategic aims depends on strong collaboration with our staff, volunteers, Board members, and external stakeholders. This collective approach is essential if we are to not only maintain our services, but also to evolve, strengthen, and improve them.

Our strategic themes provide a clear framework and underpin all clinical and operational developments across the organisation.

We have continued to review, evaluate, and refine our strategy through regular discussions involving organisational leaders and staff. This has been further strengthened by the introduction of our Innovation Panel, which provides colleagues with a platform to share ideas and actively contribute to how we deliver and realise our strategic objectives.

Our strategic themes

- **Improving our care**

- **Valuing our people**

- **Sustaining growth**

- **Championing our cause**

- **Reaching further**

- **Embracing new thinking**

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

"Amazing, outstanding job you all do the care, compassion and love they give to their patients and family has no words at all" – Relative of IPC patient

2: Statements

2: Statements

Statement on quality from the Chief Executive

I am pleased to present the Quality Account for 2025/26 for St Luke's Hospice, Sheffield. This report sets out how we have monitored, maintained and improved the quality of care we provide to patients and families during the first full year of delivery against our Strategy for 2025–29.

The year has been shaped by significant challenges facing the hospice sector nationally. Rising costs, increasing demand, workforce pressures and ongoing uncertainty around statutory funding continue to place considerable strain on services. Fundraising has become more challenging at a time when charitable income remains essential to sustaining hospice care.

Despite this, St Luke's has continued to deliver high-quality, compassionate and person-centred palliative and end of life care throughout 2025/26, without reducing frontline services. This has been made possible by the dedication of our staff and volunteers, and the extraordinary generosity and support of our local community.

Our strategy is underpinned by a clear and enduring vision: a world where patients and families facing terminal illness do not feel alone, and where they receive the care and support they need to make the most of precious time and experience a good death. During 2025/26, our quality priorities have focused on enhancing care through developing services and research, expanding reach and accessibility, championing equality, diversity and inclusion, strengthening partnership working, and improving systems and infrastructure. Over the year, we have made tangible progress against these priorities.

Looking ahead, we remain confident in our ability to continue delivering outstanding care despite a challenging financial and operating environment. We remain focused on innovation, sustainability and extending our reach. A key area of focus for 2026/27 is our role as a system partner in developing and utilising robust local population health intelligence to inform the planning, delivery and evaluation of palliative and end of life care across Sheffield.

This will enable a deeper understanding of current and future demand, including where needs are unmet or inequitable. This intelligence will support a more proactive, targeted and equitable approach to care. It will help us to identify and address variation and inequalities in access and outcomes, improve service design and resource allocation, and ensure that our services add maximum value within the wider local health and care system.

As part of our system leadership role, we are working collaboratively with the Integrated Care Board, local authority, NHS providers and voluntary sector partners to align intelligence and insight, supporting place-based commissioning and the development of integrated palliative and end of life care pathways. This includes contributing to shared understanding of future demand, workforce needs and service configuration, and ensuring that hospice provision is fully embedded within wider neighbourhood and community models of care.

We continue to support the transition agenda, recognising this as a critical quality and equity issue. Through partnership working and pathway development, we are supporting improved continuity, coordination and experience for young people and their families as they move between children's and adult's services. This work contributes to stronger system-wide responses for people with lifelong and life-limiting conditions, ensuring that care is responsive, personalised and sustained across organisational boundaries.

Author: Jo Lenton, Chief Executive and Chief Nurse, May 2026

Statement on governance and public benefit

Overview of governance structures

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

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

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

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

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

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

- Medical Director & Lead for Clinical Programme Development
- Director of Finance & Chief Operating Officer
- Director of People & Wellbeing
- Executive Lead for Care
- Executive Lead for Fundraising
- Executive Lead for IT & Digital

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

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

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

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

Public benefit

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

3. Review of 2025-26 performance, activity and status

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Review of services and activity

Our clinical teams have helped and supported 1,838 individual patients (2024/2025 figure 1,752). Each patient is often seen by multiple teams and support services, reflecting the holistic nature of palliative care and the complexity of need. This amounted to 3,460 episodes of care, (2024/2025 figure 2,474). These figures reflect the support, care and compassion that the teams give to our patients and their families. The demand for our service remains consistently high. St Luke's care is not limited to patients who have cancer - over the past year, 35% of patients we have supported have a non cancer diagnosis. Over the last year, we have accepted 1,961 referrals into our services.

During 2025/26, we introduced a new Children and Young Adults' Bereavement Service, extending specialist support to families experiencing loss at a young age. We have expanded our social prescribing offer and outreach activity, enabling us to reach more people across Sheffield and improve access to timely palliative and end of life care.

We have continued to strengthen partnerships with NHS organisations, primary and community services, the voluntary sector, universities and civic partners. This has included continued planning and implementation of the Compassionate Sheffield model, supporting more compassionate, community based responses to end of life care.

The year also saw the opening of the Wilkes Institute, which marked an important milestone, strengthening St Luke's role as a centre of excellence for palliative and end of life care. The Institute is supporting workforce development, generating evidence to inform best practice, and strengthening the translation of learning into service improvement.

Since the implementation of SystmOne in September 2024, interoperability with NHS partners has improved, enabling shared pathways, better coordinated care and enhanced continuity for patients and families.

Within our In Patient Centre, the success of the Family Suite has had a significant positive impact on patient and family experience. In addition, government capital grant funding has enabled us to enhance our environment for patients and families, while supporting our commitment to responsible, future focused care.

"I became a wife, not a carer and spent precious moments with my husband. The staff went well beyond the attention and care to allow us to really enjoy our last few weeks together. Thank you." - Wife of IPC patient

We prepared to open our first community hub in a retail setting, extending our reach beyond the hospice building and enabling us to engage with new communities and provide support closer to where people live.

We are also strengthening our capability to analyse local data relating to service users, patterns of need, care pathways and outcomes, supporting a more proactive, targeted and equitable approach to care. As part of our system leadership role, we are working collaboratively with the Integrated Care Board, local authority, NHS providers and voluntary sector partners to align intelligence and insight, supporting place based commissioning and integrated palliative and end of life care pathways.

St Luke's are supporting in the national development of the Modern Service Framework for Palliative and End of Life Care and ensuring we align with the delivery of the NHS 10 year plan.

Finally, we continue to support the transition agenda, improving continuity, coordination and experience for young people and their families as they move between children's and adult services.

During 2025-26 St Luke's provided the following services:

Community Team

In the past year, the team has made 6,630 visits to patients at home and in care homes across Sheffield and 12,163 telephone calls to them in support of their care.

St Luke's accepted 1,619 referrals into our community service from GPs and other healthcare professionals. Patients are under our care on average for 51 days.

In the last year, we have also provided 235 specialist food packages, which include hot and cold meals options as well as laundry packs all free of charge.

We also provided 6,369 specialist medical, nursing and allied health professional outpatient clinic sessions.

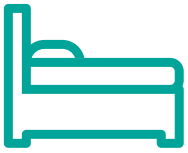
"Excellent care provided by St Luke's while my mum was at home. Keeping on top of pain relief and any problems when they arose" - Daughter of community patient

Project ECHO

St Luke's is a UK Superhub for the Project ECHO system, which facilitates telementoring and collaborative learning for communities of care, covering a wide portfolio of disciplines. In the last year, St Luke's delivered 208 ECHO sessions with a collective attendance of 4,108

In Patient Centre (IPC)

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



Over the past 12 months, we have cared for 290 patients on our In Patient Centre and provided 5,240 nights of care, 342 more than in 2024/25. While the number of patients admitted has increased slightly, the rising complexity of patients' needs has resulted in longer stays in the hospice.

On average, each patient stayed on the IPC for 18 days with 29% able to return home after specialist intervention treatment.

"My family and I could not have wished for better care than that received by Mother during her time at St Luke's. We would not hesitate to recommend St Luke's to anyone requiring palliative care and will be forever grateful to all the staff" - Daughter of IPC patient

Patient and Family Support service (PAFS)

This year has once again seen an increase in access to our Social Prescribing activities, with 8,829 attendances compared with 7,337 in 2024–25. Across the year, our staff and volunteers delivered 1,471 individual sessions. In addition, our Patient and Family Support service provided outpatient, clinic and day-patient support at Little Common Lane, contributing to more than 9,340 attendances across the service overall.

We offer a wide variety of activities under the core pillars of Social Prescribing such as Art club, Chair exercise, Bird watching and Cookery. From feedback from clients we have introduced a Men's talking shop, a Walk and Talk group and a Ukulele Group.

Our social prescribing activities are supported by 3 staff members and over 50 volunteers, as well as the support that they give to serve in our Coach House Café and Stable Store pop up shop at our Ecclesall Road South Site.

411 bereaved relatives were supported with 1,879 sessions of bereavement counselling. Over 100 patients were supported to access counselling and 87 relatives were supported to access counselling with 306 sessions.

This year, a grant from the Sarah Nulty Power of Music Foundation enabled us to run music workshops where clients could compose an original song about what St Luke's support means to them. Written and performed by patients, carers and family members, they called it "A Beautiful Place (Never Feel Alone)" and it is a song of joy, hope and optimism.

Scan the QR to listen or visit:
stlukeshospice.org.uk/our-services/social-prescribing/

"You accompanied me, through our times together, to be a part of this peaceful and creative world again. Your guidance and support have helped me to focus on relaxation" – Patient of OT Creative Therapies

Care Quality Commission (CQC) oversight

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

Further to us receiving our 'Outstanding' rating in 2024, St Luke's have not been subject to any further formal data requests or visits from the CQC. We continue to submit statutory notifications to the CQC as required for instances such as safeguarding concerns and incidents resulting in moderate harm or above.

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

Ratings

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

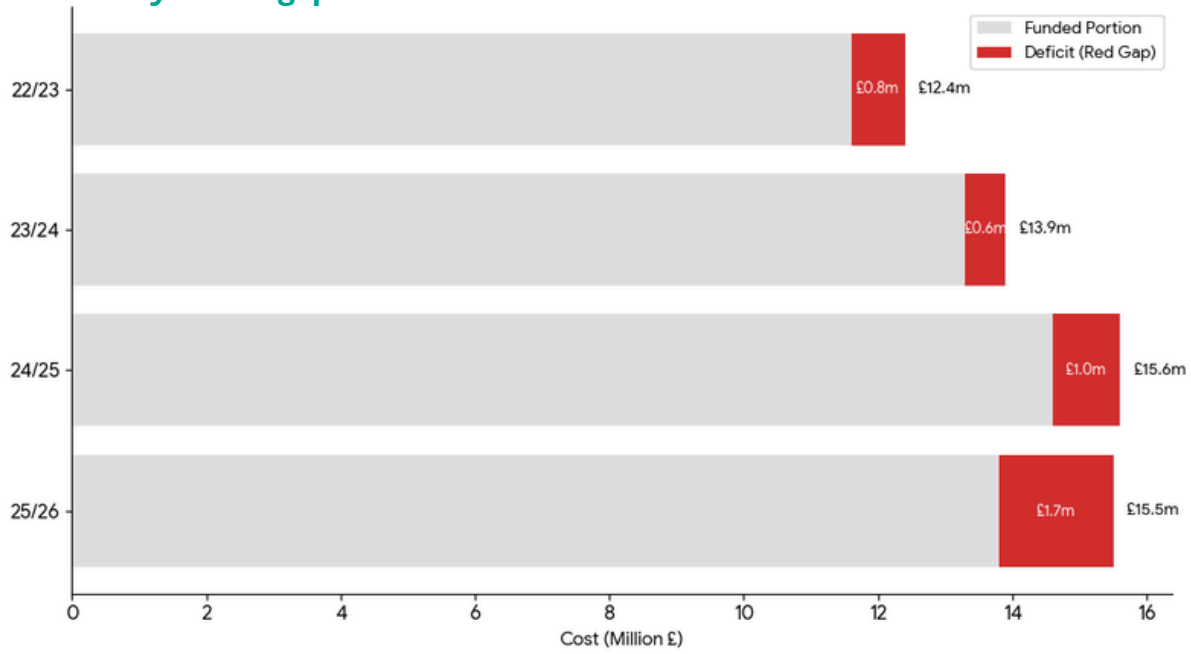
The full report can be viewed at: www.cqc.org.uk/provider/1-101634123

Financial and resource review

The Hospice sector is facing a generational funding crisis. The sector umbrella body Hospice UK state in the introduction to the 2026 'Fair Funding for Hospices' campaign that "Hospices in England are on the brink. Surging costs have led to many services being cut back – just as demand is rising, fast, because of our ageing population. As it stands, 2 in 5 hospices in England are planning to make cuts. The situation is not sustainable – and time is running out."

For 2025-26, our running costs were around £15.5 million (£15.6 million in 24/25), but our deficit is predicted to have increased by 70% to around £1.7 million. This means more than £1 in every £10 we needed wasn't there.

Four-year red gap financial overview



St Luke's are not immune to the financial challenges facing hospices. Most of our costs are staff costs and these have been subject to considerable pay inflation and employers national insurance increases in recent years. Our non-staff costs have also seen major increases in recent times whether it be food costs, gas, electric, medical supplies – all our essential costs have increased at a far greater rate than our funding has increased.

Historically St Luke's core NHS funding has been at a level that is well below the national average and below typical funding levels for our peer group of large adult hospices. On a regional level, hospice funding has been even more uneven with St Luke's ICB contract funding many millions of pounds lower than that of other adult hospices in South Yorkshire relative to activity. The public of Sheffield have stepped up time and time again to support St Luke's and enable us to continue to provide both the quality and scale of our vital services. Three quarters of our income requirements are 'self-generated' through a combination of gifts in wills, fundraising, donations, our lottery and chain of charity shops. However, even this amazing generosity has not been enough to enable St Luke's to make ends meet in recent years.

For the fourth year running we are reporting a significant financial deficit in 2025-26. As a financially responsible charity, we hold reserves of cash and investments to help us absorb fiscal challenges. However, the public do not donate millions of pounds each year to just be put in the bank, they rightly expect their hard earned money to be spent on excellent patient care. Our financial reserves have therefore been kept relatively low in order to maximise the impact of donations and to meet the large and rising demand for our palliative care services. However, following four years of losses, our reserves are now running too low. It is imperative that we return to annual and sustainable financial surplus in the very near future.

Our Board of Trustees have recently approved a break even budget for the 2026-27 financial year. This is a pivotal moment for St Luke's and we must ensure that this budget is achieved. It will not be easy and will require continued growth in our fundraising and retail income, and a reduction in our cost base. We plan to reduce our costs without impacting on our charitable activity, without reducing the number of people we support, and without compromising on the quality of our care. Around £1m of annual costs have been removed. This has been done through a combination of eliminating inefficiencies, renegotiating contracts, not renewing fixed term contracts, and the completion of a number of strategic initiatives. We are now running a very lean operation.

It is pleasing that following many months of negotiation, we agreed a new 5 year contract with South Yorkshire ICB that includes small annual uplifts in our funding. While this does not solve our financial problems, it has helped contribute to our being able to budget for break even in the coming year. We are grateful for the certainty of this contract that allows us to plan more than one year ahead, but it should be recognised that St Luke's funding remains well below that of other local adult hospices relative to activity and impact.

Continuous improvements through research and clinical audit

Research & The Wilkes Institute

Since 1990, St Luke's commitment to research and education has formed a core part of our charitable objectives. Since 2017 St Luke's has sought to reinvigorate our commitment to research and education as a Research Leading Hospice by appointing a Senior Clinical Lecturer in Palliative Medicine and a Research & Innovation Manager/Senior Nurse Research Leader developing a research strategy, supporting studies, developing in-house research, and training staff and professionals to advance palliative care.

Building on our established culture and strategy, the next phase of this work has been to consolidate and expand our research and training ambitions through 'The Wilkes Institute', with the focus of improving the experience of patient and families affected by terminal illness in Sheffield and beyond; focusing on three key areas:

- Research and innovation at a local, national and international level
- Internal training of our existing workforce
- External workforce development as a dedicated provider of training

This strategic ambition has seen us bring together a 3 phase Wilkes Institute Operational plan which now incorporates our established Research Strategy and Project ECHO programme under the banner of the Wilkes Institute. In 2025/26 Phase 1 and 2, we have progressed our research agenda as a research leading hospice and developed our Student, Professional & Volunteer Learner Register which has highlighted over 300 learners visiting St Luke's in addition to 6,764 attendees at our Project ECHO education sessions in collaboration with the NHS, Higher and Further Education institutions and Schools.

Research at St Luke's has grown over the past year, through supporting studies at all scales, from small surveys and staff interview studies to larger multi-centre interventional studies and others which have generated training resources. Research takes place within our wider governance framework, alongside audit, service evaluation and quality improvement. Our research activity is overseen by the Clinical Research & Development Committee (CRDC) and Clinical Audit and Research Group (CARG), ensuring that it is consistent with the objectives of the charity and follows the UK Health Research Authority (HRA) Policy.

Our key achievements of the Wilkes Institute for 2025/26 have been:

- Involvement in 6 research studies - SUPPORTED (completed); DAMPEN-D II, CSNAT, IMPROVE, Reaching Further, OPTICAL (ongoing).
- Collaborated on 6 peer reviewed articles
- 5 conference posters/presentations
- Developed our journal club 'papers-to-patients' and opened this to the wider Hospice network in Yorkshire
- Presented at the Association of Palliative Medicine of Great Britain and Ireland annual conference
- Supported staff Masters' dissertation research including qualitative work around the non-clinical benefits of hospice care

Phase 3 in 2026 will include the launch of our Learning Hub, engagement with the NIHR, NHS and social care to address palliative care and end of life care (PC & EOLC), workforce research and training needs in Sheffield and beyond as identified within the emerging NHS PC&EOLC Modern Service Framework and 10 year plan.

Clinical Audit

At St Luke's, we are committed to supporting all clinical teams to continually question and evaluate the care we provide, ensuring we consistently meet the highest standards for our patients and their families. To support this, our clinical teams undertake clinical audit against local and national standards and continuously update services using quality improvement and service evaluation methodologies. At St Luke's, these activities are collectively known as Clinical Quality Projects. These projects provide assurance that services are performing well and can continue as they are, or, where appropriate, identify areas requiring improvement or change.

Clinical Quality Projects are identified in response to local or national incidents, policy changes, regulatory guidance, or through a clinician's own interest. Oversight of this work is provided by the Clinical Audit and Research Group (CARG), which is chaired by the Research Lead and attended by the Medical Director, Executive Lead for Care, Pharmacy Lead, Nurse Consultant, Head of Clinical Governance, Head of Nursing, Head of AHPs, and St Luke's Audit Lead (Deputy Medical Director). This ensures robust governance, multidisciplinary input, and organisational oversight.

In 2025–26, we reviewed the procedure surrounding Clinical Quality Projects to ensure it continues to meet organisational needs and aligns with St Luke's strategic aims and themes. This included shifting reporting of project findings, learning and actions to meetings attended by a greater proportion of patient-facing teams, while maintaining overall governance oversight through the Audit & Risk and Healthcare Governance Committees.

Clinical Quality Projects and associated learning have included:

- **ReSPECT plans**
  A review of ReSPECT plan use at St Luke's to ensure alignment with national standards and to identify areas for development within local ReSPECT training.

- **End of life care**
  Hospice end of life care was reviewed against the hospital standards within the National Audit of Care at End of Life. This confirmed that our new clinical record system effectively supports the documentation of care provided to patients and their families during the last days of life.

- **Community prescribing**
  The Community Prescribing Audit reviewed communication with primary care when medications are prescribed by our community teams. This provided assurance that clinicians are sharing appropriate and sufficient information to support safe prescribing for patients.

- **Transdermal opioid patch use**
  An audit of transdermal opioid patch use within the In Patient Centre identified that the new clinical record system did not support daily documentation of patch location in the same way as the previous paper record. This learning has enabled changes to current documentation practices and informed the build of the inpatient electronic prescribing and medicines administration system, better supporting staff in delivering high-quality care.

4. Special focus 2025-26

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Special focus - Strategy 2025-2029: Improving Our Care

We have seen the first year of our strategy roll out completed and the clinical teams have had some real achievements and successes across our services. We have strengthened our out of hours offer to our patients and their families at home, and continue to build on, and widen our support to hard to reach and under served communities. We have also improved the access into both the hospice and to our social prescribing activities through our new transport partnership with SCCCC's.

Children's Bereavement

The existing Counselling Service bereavement offer has been successfully extended to include children and young people aged 5–16 who have experienced the loss of a loved one under the care of St Luke's. As part of this development, a Children's Bereavement Group for those aged 5-7 and 8–11 was successfully piloted in April 2025. Feedback from children and families participating in the pilot was extremely positive and has informed further service development. As a result, we now include a pre-group workshop for parents and guardians, designed to enhance understanding of childhood bereavement and support them in helping their children. The group welcomed their third cohort at the end of the year.

The group has generated significant interest through mainstream and social media, reflecting the clear need for this support. In light of the success of the pilot and the positive response received, the Children's Bereavement Group will now form a core component of our ongoing care offer.

We also held a creative art workshop, as part of Children's Grief Awareness Week, where we invited children who were facing loss and those who have lost a loved one to come together, share their story and connect. This service has supported 26 children in the past 6 months, from the ages of 5-16. The groups run for 6 weeks and run during term time. The team have also supported several children with 1:1 therapy sessions in addition to our group offer.

Electronic Prescription Service (EPS) in the community and our outpatient clinics

Following the introduction of Electronic Prescribing Services (EPS) within the St Luke's Community team (1/12/2025), a total of 755 medications have been prescribed electronically and sent to community Pharmacies in Sheffield. This has significantly reduced the time taken for our patients to access medication, as it is no longer a requirement for our staff to deliver prescriptions by hand, or for paper prescriptions to be collected from the hospice.

Responsibility for ongoing assurance and development of the auditing standards has been discussed at Medicines Management Group and a project proposal submitted to the Clinical Audit and Research Group for final approval.

24-hour helpline

Our 24-hour helpline service was introduced in December 2025 as an initial three-month pilot and is available 24 hours a day, 7 days a week for patients and families under the care of the St Luke's Hospice Community Team. We identified a need for out of hours support for individuals approaching the end of their life. The gap in the current provision can leave patients and their families without timely access to guidance or reassurance during periods of acute need, particularly outside standard working hours.

The helpline provides:

- Clinical advice and support from our team (typically a Registered Nurse)
- Guidance on symptom management, including pain, nausea, and restlessness
- Reassurance for carers, especially around medicines or care concerns
- Emotional support during times of stress or uncertainty
- Signposting to other St Luke's services, such as Wellbeing, Bereavement Support, or Physiotherapy

The overnight component of the service continues to see a steady increase in call volume. Since implementation, we have received over 120 calls, with patients themselves being the most frequent callers. Work is ongoing to understand the impact the helpline has on prevention of unnecessary hospital admissions.

Common reasons for contact include:

- Management of symptoms including pain, nausea and shortness of breath
- Prescription or medication issues
- Informing the team that a loved one has died
- Support and reassurance

"The helpline is a lifesaver, it really is" – Helpline patient

Transport partnership

We went live with our Transport partnership in conjunction with SCCCC's in September 2025. This service operates with 2 drivers Monday to Friday, 9am to 5pm, and brings patients in from home to either our hospice site at Little Common Lane, or our Ecclesall Road South site to our Social Prescribing Activities.

Since initiation in September 2025-March 2026, the service has supported 466 journeys for our patients and clients. This includes attending appointments at Little Common Lane, attending our Ecclesall Road South site including the Christmas party, ward discharges and supporting hospital appointments for our inpatients.

We will also be looking to provide transport to a number of one off events and days out for our patients to local parks and museums in the coming year.

This service has improved access to our services for our patients, who may otherwise not be able to attend our sites, as well as continuity of service.

"Delighted by the care and support received from the transport driver, he went above and beyond to get me settled in at home" – Transport user

5. Quality at St Luke's

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Quality priorities 2025-26 & 2026-2027

St Luke's remains committed to constantly reviewing and improving the quality and accessibility of our services and this remains a key focus of the work of our teams. Quality underpins our strategic objectives and is continually measured through a framework that spans the organisation's clinical and operational teams.

Our 2025-26 priorities and outcomes - review

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

Our teams within St Luke's have collaborated across clinical and non-clinical areas to deliver on our strategy with a focus on improving quality of care for our patients. The theme of 'improving our care' is woven within our clinical quality projects to include achievements that are discussed in the Special Focus section of this report to include the introduction of a 24hour helpline, Children's Bereavement Service and improving access to services through our transportation partnership with SCCCC's.

Continue and build on our partnership working and collaboration

Over the past 12 months, we have built over 19 different partnerships across Sheffield and the region. Some examples of the positive impacts so far are our:

- Transport partnership with SCCCC's to bring patients to and from our Ecclesall Road South site and our non-stretcher patients to and from the hospice.
- Delivery of a bereavement group at Darnall Wellbeing.
- Delivery of a fatigue group in conjunction with Weston Park Cancer Charity.
- Exel Pharmacy partnership offering members of the public routine blood pressure checks with a view to onward referrals to their GPs to prevent heart attacks and strokes.

We continue to continually build on these partnerships and work collaboratively across the city to allow us to continually improve our care and reach further across Sheffield to support more patients and families needing our service.

Equity in experience

Throughout the year, we expanded our engagement activities to gather feedback from a broader range and greater number of patients and families using our services. Alongside this, we collected information relating to respondents' protected characteristics. This data will now be incorporated into our patient experience dashboards, where it will be monitored for emerging themes and trends and used to provide assurance around equity of experience.

Continue to enhance our outreach model and social prescribing

In line with our strategic themes for year one of our Strategy, we committed to growing our outreach and social prescribing model, with the aim of reducing health inequalities and improving equity of access to our services. We have been offering outreach across 4 areas of the city which includes:

- Jordanthorpe and Batemoor
- Stocksbridge
- Darnall
- Burngreave

The sessions offer drop-in information and signposting, craft sessions and bereavement support. We are looking to expand into a further two areas of the 14 Primary Care Networks in Sheffield in the next year. This will be targeted towards areas where data shows us there are significant health inequalities and equity of access to our service.

Our 2026-27 priorities:

Implement a revised falls prevention and management pathway on the In Patient Centre

Falls continue to be one of our key patient safety priorities. With new NICE guidance on falls published in 2025, St Luke's has undertaken a full review of our current pathway and approach to falls management. Building on this work, we will design and implement a new comprehensive falls assessment tool in collaboration with staff through our Falls Forum, ensuring it becomes fully embedded in everyday practice.

Introduction of Electronic Prescribing Medicines Administration (EPMA) on the In Patient Centre

Following the introduction of SystmOne as our electronic patient record in September 2024, and the rollout of electronic prescribing (EPS) in the community in 2025, we will now implement electronic prescribing on our In Patient Centre. This transition will move us away from paper drug charts, which carry inherent risks related to prescribing and administration errors, and towards a digital system that offers enhanced safety, improved accuracy, and stronger governance oversight.

Transition to Purpose T as our Skin Assessment Tool

Patients at the end of life are particularly vulnerable to skin damage, making continual assessment and proactive management essential. St Luke's currently uses the Waterlow assessment tool, and moving to the Purpose T tool will strengthen our approach to pressure ulcer prevention. Purpose T is a more contemporary, evidence-based framework that identifies the specific risk factors for pressure ulcer development and supports clearer, more accurate clinical decision-making. Its use across the city will also improve joined-up working with community and hospital teams. By adopting Purpose T, St Luke's will enhance the consistency, relevance, and quality of our pressure ulcer prevention practice.

Monitoring and managing the quality of our services

We measure and monitor the quality of our services through a range of mechanisms, including incident and near-miss reporting, patient experience monitoring, and governance processes that oversee compliance with CQC regulatory standards and other key indicators of quality. The committee structure and supporting groups that provide oversight for patient care remain unchanged.

We continue to manage patient safety incidents in line with our PSIRF policy and plan, which emphasises a systems-based analysis of incidents rather than attributing fault to individuals or isolated factors when something goes wrong. Our PSIRF priorities remain inpatient falls, medication incidents, and skin damage.

To strengthen our work in these areas, we have established three new staff forums aligned to our safety priorities. These groups have helped engage staff more effectively and support the focused improvement work taking place within each priority area.

Patient safety incident investigations and after actions reviews

There have been no patient safety incidents throughout the year that have resulted in moderate or severe harm that have required a Patient Safety Incident Investigations (PSII).

All patient safety incidents undergo initial review at our weekly clinical incident review meeting. Where the contributing factors are not clearly understood and there is opportunity for learning identified, an After Action Review (AAR) will take place. An AAR takes the experiences of those involved in the incident as a starting point to develop systems-based safety actions to prevent such incidents happening again in the future.

There were three After Action Reviews (AARs) carried out in 2025/26. One AAR related to a patient transferred to the care of a funeral directors without all the necessary documentation, a second related to a patient who experienced toxicity from correctly prescribed opioid medication in the community and a third concerning a patient experiencing delirium and agitation on the IPC. The safety actions resulting from these AARs included,

- De-escalation training for inpatient clinical staff
- Revised process and documentation for medical and nursing teams when completing referrals to the Medical Examiner service
- Review of the referral form and pathway from community to the In Patient Centre to support appropriate admission and transfer of patients.

When we identify emerging themes or trends in incidents, regardless of the level of harm, we look for opportunities to explore them through a thematic review. This helps us understand whether there are any underlying systemic causes. One such review undertaken this year focused on a rise in medication-related incidents, specifically medicines not administered on time or unintentionally omitted due to missed doses. The review supports the conclusion that implementing electronic prescribing within the In Patient Centre would help reduce several of the errors associated with paper-based medication charts.

Infection Control

Over the last 12 months, St Luke's has continued to apply a robust and proactive approach to infection prevention and control. Healthcare-acquired infection rates have remained low, supported by heightened surveillance and strong adherence to established protocols.

Looking ahead, our focus for the coming year will be to ensure full compliance with internal audit and benchmarking, alongside alignment with the National Infection Prevention Manual. This will further strengthen our governance and standardisation of infection prevention and control practices across the organisation.

Our internal review process continues to review all incidents and near misses, with enhanced scrutiny provided through our quarterly Infection Control Meeting. This meeting is attended by Heads of Service and Departmental Leads, ensuring multidisciplinary oversight and shared accountability for performance against our key indicators and quality schedule.

Specialised education sessions are delivered to both clinical and non-clinical staff to maintain the highest standards of infection prevention and control. Infection Control Link Workers representing housekeeping, inpatient, and community nursing teams, provide targeted support to their respective areas. They attend webinars and training events and disseminate best practice to the wider hospice workforce.

Maintaining high levels of education and promoting consistent best practice remain fundamental to the infection control programme for the year ahead. All clinical staff undertake hand hygiene training, including the use of a light box to reinforce compliance and technique. This forms part of their mandatory one-hour training session, which covers all key principles of infection prevention and control. Non-clinical teams also receive tailored education relevant to their roles, such as decontamination training for housekeeping staff and supporting patients with their nutrition and hydration training for hospitality teams.

Surveys and quality monitoring – gathering feedback and using it

St Luke's monitors the quality of its services through the experiences and feedback of those who use them, using a wide range of approaches. These include the FAMCARE survey, which is sent to a patient's loved ones six weeks after death; 'Tell Us What You Think' comment cards; 15 Steps Challenge walkabouts involving patients, families, external organisations and community representatives; our Feedback Group; and the annual PLACE assessment. Additional feedback is gathered through our volunteers who support patients to complete questionnaires, enhance patient and family engagement co-ordinated by our Patient Experience Lead, and our Quality Questionnaire for patients and loved ones at various stages of their care. We also actively promote the use of the CQC's direct service feedback system.

Service users are able to share compliments, complaints and concerns through a variety of other routes, including our website, by letter, email, text message, social media, or by speaking directly with a member of staff. All feedback received is collated and reviewed, and where appropriate, learning and improvement actions are identified and shared with the service user whenever possible. The St Luke's Healthcare Governance Committee has oversight of all clinical governance activity, including feedback collection and actions arising from it, and monitors emerging themes and trends to support continuous improvement.

Safeguarding

Here at St Luke's we take a serious approach to safeguarding to ensure that all our service users are protected from harm. We have safeguarding policies, procedures and training which are regularly reviewed and updated to follow legislation and local protocols. Key staff, along with the governance team, are given appropriate training and support in order to fulfil their roles. This year the clinical teams have received training from IDAS on the Domestic Abuse, Stalking and Honour-based violence (DASH) Risk Assessment for adults, with a future session to be scheduled for the DASH Risk Assessment for children. The Executive Lead for Care is our organisational Safeguarding Lead and chairs quarterly safeguarding meetings with the clinical leads as well as weekly safeguarding meetings with our Social Work Team.

We hold an active safeguarding log that is continually monitored by the Safeguarding Lead, Head of Clinical Governance, clinical leads and the Social Work Team. All safeguarding incidents and concerns are logged locally on our Vantage accident, incident and near miss management system and all learnings from safeguarding are shared at our Clinical Effectiveness meetings. Any safeguarding concerns are discussed with the Executive Lead for Care and reported externally.

During 2025/26, we continued to strengthen our approach to the Mental Capacity Act by refreshing our in-house training as part of the Statutory and Mandatory Training programme. We have also developed our clinical dashboards to provide improved oversight of patients who may lack capacity, helping teams to identify where assessment, documentation, best interests decisions, and ongoing review are required.

An audit undertaken in Quarter 1 of 2025 found that MCA documentation was generally present within the records reviewed, including evidence of best interests decision-making where required. The audit also identified a general awareness of MCA principles among staff, who were able to demonstrate an understanding of when capacity assessments are needed.

Areas for continued improvement include further strengthening the consistency and quality of MCA documentation, embedding learning from audit findings, and increasing routine assurance through spot checks and re-audit. During 2026-27, we plan to explore a train-the-trainer MCA model for the Social Work and Learning and Development teams, supporting sustainable expertise and continued compliance with legal and professional standards.

Focus on – complaints and feedback

Focus on complaints and feedback

We received 11 complaints during the 2025–26 financial year, an increase from 3 in 2024–25. One complaint was closed prior to investigation as the necessary consent was not provided to St Luke's. Of the remaining 10 complaints, one was fully upheld and three were partially upheld. One complaint was recently received and remains under investigation. Three of the 10 complaints were received via the Sheffield Teaching Hospitals PALS team, where we were asked to respond to specific issues raised as part of wider patient or family concerns.

Focusing on the opportunities to learn from these complaints, we identified several improvement actions, including:

- Work around information requested on our referral forms, screening of these and prioritisation of admission. Including, how we communicate with families whilst awaiting an inpatient bed.
- Education for clinical and non-clinical teams around documentation and the use of appropriate language within patient records.
- Review of our complaints procedure and update website information and accessibility for patients and families.
- New processes for our Spiritual Care Team when linking with families and funeral directors to carry out services led by our Chaplain.

Feedback

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

During the 2025-26 year, we sent out 611 FAMCARE surveys for the In Patient Centre and Community Service in total and received 150 responses (25% return rate). This response rate has decreased in comparison to the previous year's, however during this financial year, we have specifically focused on increasing the collection of feedback from our patients across different stages of their care and in real time. We believe that being more responsive in this way with the patients at the point of their care, has led to a reduction in feedback at a later stage.

Since November 2025, we started collecting EDI data alongside our questionnaires, and this is discussed in our priorities section. Our "Quality Questionnaire" is a tailored set of questions that cover a variety of topics which seek to assess care in line with the CQC's 'Quality Statements' criteria.

The inpatient Quality Questionnaire is conducted on a one-to-one basis by an In Patient Volunteer with patients and is also distributed by St Luke's reception to family and friends. During 2025-26, we received 135 responses in total, this is a small increase from 131 in the previous year.

Quarter 1 2025 saw the introduction of two new questionnaires - our discharge Quality Questionnaire that is sent out to patients discharged to their own home from the In Patient Centre and our Community Questionnaire which is sent to our patients after their second home visit. Gathering feedback in this way has allowed us to review the care we provide in real time and gives us opportunity to make responsive and tailored changes where needed.

15-Step challenges continue to be held quarterly and are focused on our strategic themes and aims, such as improving the care for patients and their loved ones living with Autism, Dementia, patients transitioning from children's palliative care services to adult, and patients whose first language isn't English. The 15-step challenge format allows us to gather ideas from experts through the eyes of patients and their families to help build how we can improve the hospice environment and its care. Examples of ways we have improved the hospice this year are: new toilet signs and contrasting colour toilet seats in all patient and visitor toilets to help with Dementia and cognitive needs; and created "go to" kits for patients with Dementia and Autism.

St Luke's Feedback Group is held 3 times a year, and while we have seen an increase in attendees, more importantly we have increased the quality of engagement and what we present to our service users. This insight is an invaluable source of information and helps us use the opinions of those who experience our services to contribute to ongoing quality and development. Through the Feedback Group, we have improved our new social prescribing service by collecting ideas of the groups service users would like to access, improving the patient information leaflet content, and finding out what our service users would like to see on our new website.

In December 2025, we hosted St Luke's second PLACE (Patient Led Assessment of the Care Environment) Assessment, where four key areas were assessed. Local people (patient assessors) visited the hospice to assess how the environment supports clinical care, including privacy and dignity, food, cleanliness, general building maintenance, and how well the environment supports those with Dementia or a disability. This highlighted the work of non-clinical staff, with high scores for cleanliness, condition and appearance of buildings, food and dignity for patients and their loved ones. Results published in February 2026 showed improvement across all areas compared to the year before, with the Dementia friendly rating increasing from 79% in 2024 to 89% in 2025.

Compliments

In 2025-26 we recorded 495 formal compliments about clinical services, compared to 412 the previous year. These are received through our feedback questionnaires, website, emails, text messages, verbally and thank you cards from patients and their families. Compliments are shared and communicated with teams throughout the year, and a selection are shared in the monthly Patient Experience Bulletin. A number of compliments are shared throughout this report as examples of the comments made by service-users and family members. St Luke's receives compliments in respect of other aspects of its operations, and these are not included in the numbers above.

"Amazing care for our family, visitors and most important my sister's end of life. Nothing was too much trouble especially hospitality who did an amazing job, not just with food and drink but a chat. The doctors and nurses were fantastic and kept my sister and the family updated daily and always spoke to my sister. Reception staff were also amazing again with a chat and explaining facilities available. It was such a dreadful time for us all but it was made easier by support and care St Luke's. Thank you". – Sister of Patient on the In Patient Centre

"I feel a sense of relief to be supported by them and am very grateful. My Nurse allowed family discussion and input and listened to everyone.Things are falling into place initiated by St Luke's and picked up by other clinicians. Thank you very much for your support". – Community Patient

"My first impression is that it's the scaffolding to hold and support us both that for me it is the difference between coping and not coping. It is allowing us both to be as much ourselves as we can within a hideous situation so that we can make the most of each other, family, friends and the time we have". – Wife of Patient on the In Patient Centre

6. Statements from stakeholder organisations

NHS South Yorkshire ICB

Statement from NHS South Yorkshire Integrated Care Board (Sheffield)

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

During 2025-26 key priorities included the roll out and implementation of St Lukes 4 year strategy. Equity in experience. Social Prescribing and continuous partnership with collaborative working. St Lukes has demonstrated excellent progress in completion of these.

Moving forward to 2026-27 key priorities will focus around Implementation of a revised falls prevention and management pathway for the In Patient Centre. Introduction of Electronic Prescribing Medicines Administration (EPMA) on the In Patient Centre and transition to Purpose T as their Skin Assessment Tool.

Quality of service continues to be central St Lukes' approach. There is evidence of a pro-active approach to managing all aspects of service quality, supporting the CQC most recent 2025 rating of "Outstanding".

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

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

Submitted by Charlotte Ferguson – Quality Manager on behalf of:

Alun Windle – Deputy Chief Nurse South Yorkshire ICB

Rachael Hague - Contracts Manager.

"From the moment we arrived you made us feel supported and genuinely cared for. Your kindness and compassion meant the word to us during such a difficult time. You helped [patient] feel comfortable, respected and at peace, and I'll never forget that. I'll always be grateful that we made it to St Luke's and for your support during [patient's] last days. Thank you for being there when we needed it most".

Sheffield City Council Health Scrutiny Sub-Committee

Statement to St Luke's Hospice re. Quality Report 2025/26

On behalf of Sheffield Health Scrutiny Sub-Committee, the Chair and Deputy provide this statement:

We thank you for sharing your draft Quality Report. The report and this statement will be included in the agenda of the Health Scrutiny Sub-Committee on 9th July 2026.

We have enjoyed reading this account of the year's activity at St Luke's, in which the continued commitment of staff to providing holistic, imaginative, and compassionate care to patients and their loved ones is overwhelmingly apparent. Congratulations are due in particular for the launching of the Children's and Young People's Bereavement Service, and the opening of the new Wilkes Institute, strengthening St Luke's role as a centre of excellence for palliative and end of life care. It is also encouraging to see specific actions set out in response to complaints received. 11 complaints versus 495 compliments is a ratio to be proud of!

We recognise that maintaining funding and fundraising to a level that can bring the annual deficit down and replenish reserves is very hard, especially when facing unexpected new pressures such as the rise in employer's National Insurance. It is alarming to read in this report that St Luke's has suffered from below-par contract funding from the South Yorkshire Integrated Care Board compared with the other regional adult hospices. We are very keen to discuss this with SY ICB to learn more, and to interrogate the ICB's rationale for persisting with a planned imbalance even while offering St Luke's a degree of annual uplift.

As in previous years, we cannot commend St Luke's staff highly enough for their emphasis on social prescribing elements of care that open the door to patients thriving in as many ways as long as possible during the last stages of their lives, and spending the maximum high-quality time together with those who matter most to them. It is especially heartening to read that the range of activities has been expanded as a direct result of client feedback. The value of this approach cannot easily be measured, since it means something unique to each person who experiences care through St Luke's. We recognise that it can require bravery and doggedness to sustain this commitment to 'soft' pathways and outcomes in a world where purely clinical performance metrics are often given higher status in financial planning, decision making, and accountability.

Modernising the in-patient offer with the introduction of the Family Suite in 2024 has clearly become key to delivery of compassionate care at St Luke's, helping people manage the demands and emotional needs of family life while a family member is nearing death. It is good to read that dedicated government capital funding has also enabled upgrades to other aspects of both in-patient and home-based delivery.

We are excited about the establishment of your Community Hub in Darnall, offering residents the chance to drop in and speak with knowledgeable staff and volunteers, and get guidance at every stage of a terminal illness. We notice that you refer to this as 'our first' hub; are more planned? We are looking forward to visiting the Hub to learn more about how St Luke's is reaching ever deeper into communities to meet people where they feel most at ease.

Sheffield City Council Health Scrutiny Sub-Committee statement continued

It is good to see that falls and skin vulnerability are new priorities for 2026/7. Outside the terminal illness itself, falls and ulcers can contribute to an acceleration in the decline of the patient and often need ambulance support if in the home. This again shows a real commitment to holistic care – not just managing the person's death, but ensuring that avoidable complications do not mar the final period of their life.

We are also pleased to see that a key focus for 2026/7 is your role 'as a system partner in developing and utilising robust local population health intelligence…' to ensure that your services 'add maximum value within the wider local health and care system'. Examining this 'system partner' role in terms of developing and utilising local population health intelligence can be seen as a potential gamechanger. We are eager to see what this will lead to, and hope that other key organisations will commit resources to this project as well. It is vital to the success of the government's 10-Year Health Plan – in particular the 'left-shift' from acute hospital settings to community and home-based care, and the implementation of 'neighbourhood health' – that organisations behave pro-actively and cooperatively. We feel confident that St Luke's will play a leading role in this respect.

Cllr Ruth Milsom, Chair of Sheffield Health Scrutiny Sub-Committee

Healthwatch Sheffield

Healthwatch Sheffield response St Luke's Quality Account 2025-26

Thank you for sharing this year's quality account with us. As in previous years, the report is well-presented and very accessible for members of the public wanting to understand more about the work St Luke's does.

The account shows good progress on last year's objectives, and we are supportive of the areas of focus for next year which are likely to be particularly impactful for older patients.

Other areas of focus outlined in the Strategy section and elsewhere are very welcome, and shows an organisation constantly improving its services and support offer – including the children's bereavement groups, the 24 hour helpline, and outreach to areas of the city facing higher health inequalities.

It is clear that patient and family feedback is well embedded in the work that St Luke's does and the priorities it sets, with clear learning from complaints and thoughtful reflections on feedback overall. It is important that people have a range of ways to share feedback with the organisation at different points in their experience.

Overall the report paints a picture of an organisation achieving improvements in care in a holistic way, set against a challenging financial backdrop.

Acronyms

AAR	After Action Review
AHPs	Allied Health Professionals
CARG	Clinical Audit Research Group
CRDC	Clinical Research & Development Committee
CQC	Care Quality Commission
CSNAT- 1	Enabling equity for minority ethnic unpaid and family carers: Cultural acceptability of the Carer Support Needs Assessment Tool Intervention and Methods for Evaluation
DAMPEN-D II	Improving the Detection, Assessment, Management, and Prevention of Delirium in Palliative Care Units: a Cluster Randomised-Controlled Trial, Economic Analysis and Process Evaluation
ECHO	Extension of Community Healthcare Outcomes
EDI	Equality, Diversity and Inclusion
EPS	Electronic Prescription Service
HRA	Health Research Authority
ICB	Integrated Care Board
IMPROVE	Intervention to optiMise Palliative caRe for peOple with liVed Experience of homelessness (IMPROVE): a realist evaluation
IPC	In Patient Centre
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health & Social Care Research
OPTICAL	Optimising Paediatric Transition to Intensive Care for AduLts
PAFS	Patient and Family Support (service)
PALS	Patient Advice and Liasion Service
PC & EOLC	Palliative Care & End of Life Care
PLACE	Patient Led Assessment of the Caring Environment
PSII	Patient Safety Incident Investigation
PSIRF	Patient Safety Incident Response Framework
SCCCC's	Sheffield Churches Council for Community Care
SUPPORTED	Supporting, enabling and sustaining home care workers to deliver end of life care: a multiple-methods community-based case study

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