

QUALITY ACCOUNT 2025-26



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1 INTRODUCTION TO THE ACCOUNT



Steve Smith,
Chief Executive
St Christopher's

“I’m so proud of all we’re achieving and, through the delivery of our new strategy, we’ll be working towards our ambition of bringing outstanding, equitable, palliative and end of life care and support to more people when and where they need it.”

MESSAGE FROM THE CHIEF EXECUTIVE

Thank you for taking the time to read our Quality Account – my first as Chief Executive of St Christopher's. I was proud to join the team in June 2025 and am excited to be leading this innovative and world-renowned organisation.

Our team are committed to maintaining services of a high standard and we're always looking for ways to improve and excel.

The levels of quality and innovation we've achieved this past year is impressive and I hope you enjoy reading this account of our work.

THE YEAR AS A WHOLE

Last year, we provided care and support to 8,374 patients, families and carers. As ever, we supported the majority of people in their own homes completing 28,755 home visits throughout the year.

One of the major projects delivered this year was the refurbishment of our wards and the improvement of our spaces for those people who visit us, their friends, families and carers, and for our volunteers and staff. These spaces are brighter and more homely which makes a huge difference to those who spend time with us.

We've also made our Sydenham site easier to navigate with improved wayfinding and signage and thus more accessibility.

We were delighted during the year to receive a remarkable £418,000 grant from the Sir Jules Thorn Charitable Trust which will allow us to expand our successful integrated heart failure care model across all five boroughs we serve. We'll also be working to create a national toolkit to help services across the UK achieve a similar impact.

LOOKING AHEAD

Our Quality Improvement priorities for 2026-27 include improvements to our data infrastructure, the roll-out of the Heart Failure Project as well as the delivery of our Equity Action Plan which stems from the vital work we've done in tackling inequalities.

I'm so proud of all we're achieving and, through the delivery of our new strategy, we'll be working towards our ambition of bringing outstanding, equitable, palliative and end of life care and support to more people when and where they need it.

Thank you for engaging in this report and I look forward to hearing any feedback.



Neil Goulden,
Chair of the Board
of Trustees

**“St Christopher’s
is creating
space for more
dialogue around
death and dying
and grief.”**

STATEMENT OF ASSURANCE FROM THE BOARD OF TRUSTEES

This account summarises our performance and improvements against the priorities and objectives the organisation set itself for 2025-26 and also sets out the quality priorities and objectives for 2026-27.

On behalf of the Board of Trustees of St Christopher’s, I am pleased to confirm that this report represents an accurate record of the work undertaken to continuously improve the quality of our services during the past year.

As the report demonstrates, much work towards our strategic aims has been achieved. This is the final year of the organisation’s three-year strategy and I am happy to see our new strategy introduced in this report.

We were glad to welcome Steve Smith as Chief Executive in June 2025. Steve joined us from Havens Hospice in Southend where he had worked for a decade, with six years as CEO. Steve is an innovative and ambitious leader who has been a great fit for St Christopher’s.

An important change to our Board of Trustees is the appointment of four new trustees to the Board in this year. Rhoda Iranloye, Simon Hall, Philippa Martinelli and Ann Kenrick all joined on 1 April 2025, each bringing valuable experience to St Christopher’s.

Rhoda brings knowledge and experience of quality improvement and assurance, governance, safeguarding, risk management, and regulatory compliance. She has over 22 years’ experience of working in the NHS across mental health, learning disability, community and acute services.

Simon is an experienced senior leader with over 35 years in the NHS and more than 40 years across public and voluntary sectors. Meanwhile Ann has been a volunteer at St Christopher’s since 2022 providing namaste support and running courses for carers as well as contributing as a co-opted member of the Education, Research and End of Life Policy Committee.

Philippa runs her own financial technology business and was a Non-Executive Director on the St Christopher’s Trading Board from November 2023 until April 2025. She is the Chair of the Finance Audit and Risk Committee and remains a Director on the Trading Board.

During the final year of the strategy, St Christopher’s continued to fulfil the challenges it laid out, with a real focus on addressing health inequalities. There has been also an impressive effort to both fulfil a national and global leadership role and tackle ethical issues, with increased collaboration and discussions with partners, the public and policymakers.

I am looking forward to the next year and am confident the hospice and the team will continue to meet the challenges at a pivotal time for the sector.

I hope you enjoy reading this report. As always, thank you for your interest and we very much welcome your feedback.



WE WELCOME YOUR FEEDBACK

Your views about St Christopher's are very important to us. If you would like to pass on a message to individual staff or any of our teams then please complete the online feedback form at **stchristophers.org.uk/feedback** and we will pass it on to the people named. If you wish to suggest any ways we could improve our service we'd also like to hear those.

All feedback can be anonymous if you wish, although if you would like us to contact you to further discuss your comments then you will need to share your contact details.

If you would prefer to speak to someone over the telephone please call **020 8768 4567**.

2 INTRODUCTION TO THE ORGANISATION

At St Christopher's our expert care is free to everyone. We recognise that every person is unique and pride ourselves on providing the best individually centred care and support, led by the people who need us.

We're changing palliative care for the better, raising standards through research, education and collaborative partnership, across the UK and around the world.



OUR VISION

A world in which all dying people and those close to them have access to equitable care and support when and wherever they need it.



OUR AMBITION

In the next three years, we will make outstanding, equitable, palliative and end of life care and support a reality for more people when and where they need it. We will use our expertise and influence to drive this change locally, nationally, and globally.

OUR VALUES



INNOVATIVE



EMPOWERING



COLLABORATIVE



INCLUSIVE



EXPERT

OUR STRATEGIC GOALS



ELEVATE FOR EXCELLENCE

We will strengthen the organisation to be high-performing and resilient.



CONNECT WITH COMMUNITIES

We will work with our communities to improve end of life experiences for all.



TRANSFORM FOR TOMORROW

We will influence the future of end of life care locally, nationally, and globally.

GOVERNANCE OF THE ORGANISATION

St Christopher's is governed by a Board of Trustees with ultimate responsibility for the effective management, strategic direction and legal compliance of the organisation.

The Board sets the strategy, oversees organisational performance and quality, and ensures compliance with the Hospice's Articles of Association and relevant statutory and regulatory requirements. Day-to-day operational management is delegated to the Executive Team, supported by clear lines of accountability and escalation to enable robust oversight of quality, safety and organisational performance.

The Board is chaired by Neil Goulden, supported by the Vice Chair, Dee Townsend, and is underpinned by a comprehensive committee structure designed to provide detailed scrutiny and assurance.

Trustees chair and sit on the principal Board sub committees and associated governance bodies, supported by co-opted external members where appropriate to strengthen independent challenge and expertise.

Non-executive directors sit on the Trading Board. Lead Trustees have been appointed for Safeguarding, Equality, Diversity and Inclusion, and Freedom to Speak Up, reinforcing Board level ownership of key quality, safety and culture priorities.

GOVERNANCE IMPACT 2025

During 2025, the Board maintained a strong focus on governance as an enabler of safe, effective, compassionate and equitable care, in the context of increasing financial, workforce and system pressures.

Key decisions included approval of the 2026–29 organisational strategy, refreshment of governance structures and escalation arrangements, oversight of significant capital investment to improve the care environment, and strengthened leadership on workforce wellbeing, equity and inclusion. The Board also approved the annual corporate risk register and enhanced assurance arrangements to support organisational resilience.

As part of its commitment to continuous improvement, the Board commissioned an external governance and effectiveness review in January 2026 (to report in May 2026). The Board will continue to build on this work throughout 2026, maintaining a sustained focus on quality, safety, equity and workforce wellbeing to ensure governance continues to support the delivery of safe, person-centred hospice care.

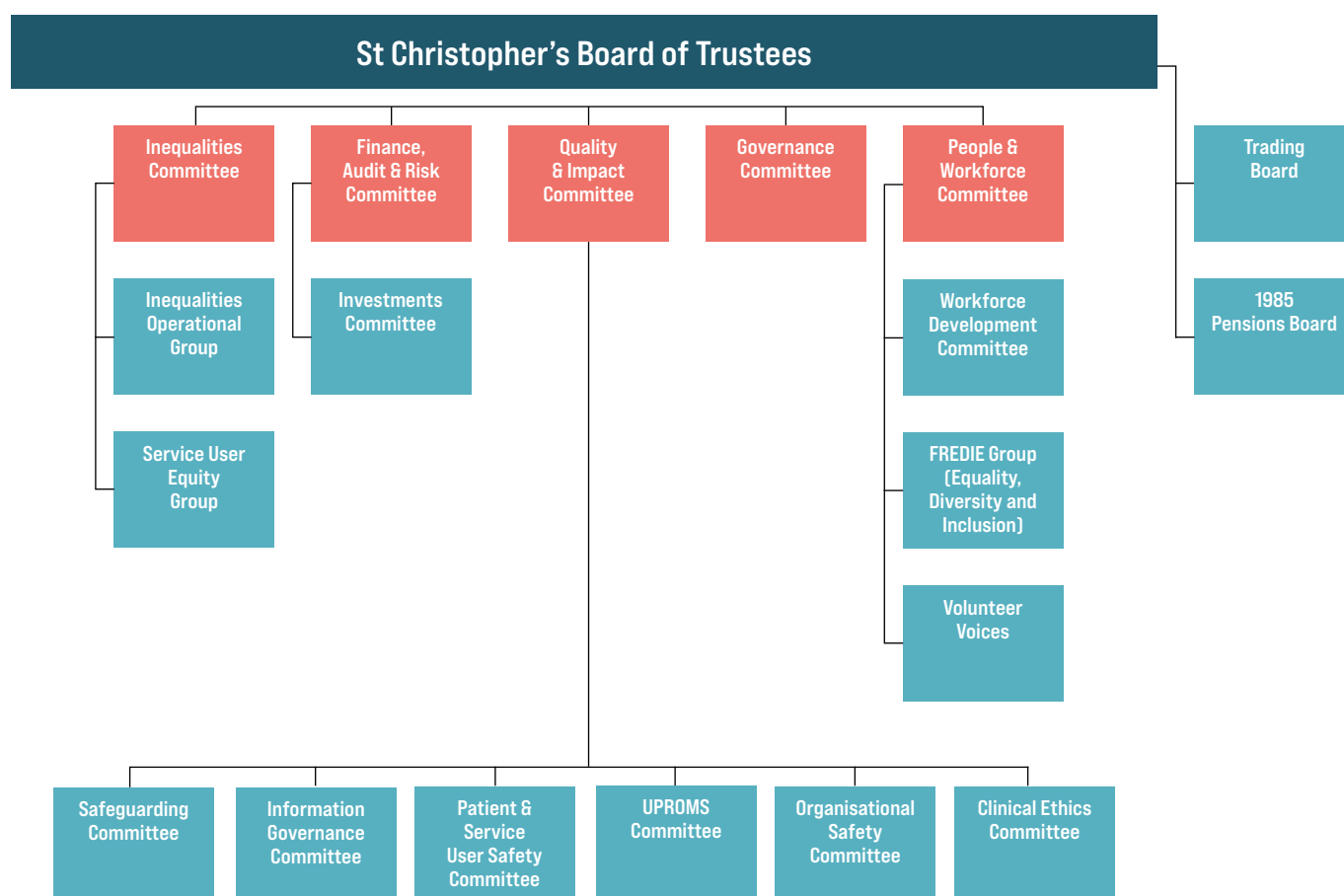


BOARD SUBCOMMITTEE STRUCTURE AND APPROACH

The Board sub committee structure (below) is set up to provide assurance to the Board and opportunities for broad Trustee engagement.

Trustees chair and sit on each of the six Board sub committees (Governance; People and Workforce; Quality and Impact; Finance; Audit and Risk; Education; Research and End of Life Policy and Fundraising) as well as the Board of St Christopher's (Trading) Ltd, the 1985 Pension Scheme Board, the Investments Committee and the Premises Working Group.

In addition to Trustee and executive representation, the Quality and Impact Committee, Premises Working Group both have a co-opted external member sitting on them, and St Christopher's (Trading Ltd) has a non executive director.



3 OUR REVIEW OF 2025-26

OVERVIEW OF ACTIVITY

SUPPORT FOR PATIENTS, FAMILIES AND CARERS

At St Christopher's, we support people in their homes and the community, as well as on-site. We work alongside them to understand what matters most to them so that we can help them live well until they die.

In 2025-26, we supported **8,374** people, including patients, family members, friends and carers.

This includes **4,900** patients. On our wards, **626** people stayed with us, which represents a 6% reduction in the number of people who stayed on the inpatient unit compared to 2024-25. This small reduction was expected due to the ward refurbishment project which led to a temporary reduction in the number of available beds.

The vast majority of people we supported were in their own homes. We completed **28,755** home visits, a rise of 13% on the previous year.

The number of home visits, which continues to grow year-on-year, represents the fully holistic care and support we provide, and the depth and breadth of support we offer across our boroughs.

We conducted **7,639** outpatient appointments at our sites, a reduction of 12% on the previous year. This reduction can be explained by us having less available space for outpatient groups during the recent refurbishments which had an impact across all teams.

Throughout the same period, our home visits have increased by **3,300** meaning more people are seeing members of our expert multidisciplinary team (MDT) in the place they call home.

Across our offer, we've embedded a number of initiatives into our wider work including the expansion of our Hospice Doula which was detailed in last year's report. We've also broadened our community support through virtual wards and hospital at homes initiatives and continued to collaborate with local partners to support a multidisciplinary approach.

DELIVERY OF NEW STRATEGY

Our organisational strategy came to an end at the end of March 2026 and work to devise a new strategy began in 2025.

This new strategy for 2026-2029 was approved by the Board of Trustees in December 2025 and you can review it on page 7.

The delivery of a new strategy is vital as it clarifies what matters most to the organisation, what will be delivered, and what will not, meaning all teams are working towards shared goals rather than competing demands.

The strategy itself links to the existing organisational vision, sets an ambition, and identifies three strategic pillars, each with three strategic objectives, for the period 2026 to 2029.

Designed to be easily digestible, the strategy focuses on key areas of opportunity, development and improvement across the organisation.

These priorities were identified through research conducted with various stakeholders, including staff, volunteers, partners and our wider South London community.

It doesn't attempt to capture every activity delivered or much of what is considered business as usual. It sets out key results, with each owned by relevant members of the Executive Team and aligned to each of the nine strategic objectives.

These key results directly link to action plans and are strategic objectives of the teams and individuals below executive level.

Key results are one-year only and will be reviewed and updated for year two and three of this strategy.

A robust system of reporting against objectives and key results is in development and will provide a golden thread from ward-to-board.

BEREAVEMENT

Our bereavement services continue to receive more referrals, with the complexity of these referrals a striking feature. We have noticed how the additional stressors of daily living compound the impact of the death of a significant person further complicating the grieving process.

Over the last year, the Adult and Child Bereavement team have been focussing on standardising and aligning their practice in a way which respects all related and relevant St Christopher's internal documentation. We've also been working towards the National Bereavement Alliance's (NBA) three component model which is based on public health and National Institute for Health and Care Excellence (NICE) standards.

We're also delivering our service towards the five principles of the NBA's Bereavement Support Service Standards.

These are:

- Person-centred support
- Safety
- Collaboration
- Quality
- Sustainability

We've also continued to innovate in our approach with the introduction of a number of opportunities and activities, including:

- Grief awareness training sessions for nurseries and primary and secondary schools
- Piloting a five-week Growing Around Grief group intervention for primary school-aged children
- Using a specific legacy donation to build a log cabin in the Pavilion Garden at Sydenham as an additional space in which to support bereaved children and young people
- Recruiting prospective volunteers with active listening abilities honed by life experience or training or qualified counsellors so as to better reflect the diversity of our client base
- Addressing our mean average wait times for those who post-assessment wish to engage with a course of bereavement support to ensure that are within relevant timeframes.

We're continuing to inform and influence at a strategically as well as at an operational level through collaboration with relevant internal and external individuals and partner organisations.

This work has been conducted through our provision of consultancy advice and materials and through our engagement with wider initiatives to shape bereavement support in the 21st century.

Notable outputs of sharing our knowledge and expertise include:

- Relevant continuous professional development opportunities for our bereavement team members whether employed or volunteer
- Provision of psycho-educative support at all of St Christopher's remembrance events
- Recommendation to Middlesex University that 17 course participants be awarded a Level 6/7 Certificate in Working in Childhood Bereavement
- Project participation in the Child Bereavement Network's 'What's Working for Bereaved Young People?' evaluation study
- Tackling the grief taboo with media interviews across 1,300 local radio stations including BBC Radio London, sharing expertise and first-hand insight into bereavement and bereavement support.



7,639
outpatient appointments



28,755
home visits made



8,374
people supported

MENTAL HEALTH & PALLIATIVE CARE EVENT

In November 2025, Medical Director Sara Robbins co-organised the national Mental Health and Palliative Care event, 'Tending the Mind, Body and Soul,' at the Royal Society of Medicine.

At the event, Mandy Bruce, Clinical Team Lead for the Psychospiritual team, also delivered a workshop on art therapy.

Sara also participated in a panel discussion on epistemic injustice, drawing on internal work from colleagues at St Christopher's on inequalities.

The event was well attended and positively received, with a focus on improving future care for people living with serious mental illness whose palliative care needs are often unmet.

ASSISTED DYING

St Christopher's contributed to the parliamentary process and public debate on the Terminally Ill (Adults) End of Life Bill, sharing evidence-based recommendations to strengthen safeguards and protect equitable, high-quality care.

Ahead of the Bill's Third Reading in the House of Commons in June 2025, we issued a briefing pack to all MPs, drawing on hospice expertise, experience and our community research.

Following the Bill's passage to the House of Lords, we engaged with Peers through sector events and briefings, consistently advocating three key amendments:

- Involvement of clinicians with palliative care expertise in early discussions with patients
- Strong integration with existing hospice and palliative care services, including clear guidance, training and protection of funding
- Addressing inequities in access and support - particularly for marginalised groups - by strengthening advocacy and ensuring delivery of cultural competency training.

Alongside these external engagements, we also strengthened internal understanding and preparedness. In March 2026, with Lancaster University and Professor Nancy Preston, we designed and delivered two workshops, the first with staff and volunteers exploring how the hospice might respond should assisted dying legislation be introduced, while the second workshop took place with members of our Lived Experience Advisory Panel. University ethical approval was secured to enable publication of the findings.

Targeted education and case-based ethics discussions - including a teaching session on voluntary stopping of eating and drinking (VSED) and a live Ethics Committee discussion of a complex case - supported more open, informed conversations and increased staff confidence in navigating ethically challenging situations while maintaining patient-centred care.

WORK OF THE COMMUNITY ACTION TEAM

This year the Community Action team have continued to work with local people to tackle inequalities and promote greater health equity. That includes community engagement, learning and training for community organisations like schools and charities and collaborating to provide social and community-based support for those experiencing bereavement, caring or life-shortening illness.

Some highlights have been developing a community engagement programme called Spiritual Learning and Intercultural Exchange (SLICE). We've partnered locally to create opportunities for residents of Southwark, Lewisham and Croydon to share their beliefs, traditions and views on end of life and cultural traditions with each other. The approach has been really warmly received and people have appreciated the opportunity to share more about traditions and exchange perspectives.

We also ran a collaborative project with the Southwark Day Centre for Asylum Seekers and Refugees (SDCAS) exploring loss, memory, grief and identity through reflective art-making.

Projects like these are key because they help us understand how to develop inclusive methods and community priorities.



210+

Learning activities run by
St Christopher's CARE



4,500+

professionals engaged at CARE events



98%

of attendees at our CARE events
said they would recommend
the training to colleagues

INCLUSIONS AND BELONGING TRAINING

In line with our new Equity Action Plan, we're creating an inclusive, supported, and skilled workforce.

Building on our successful Investors in Diversity silver accreditation, we worked collaboratively with key stakeholders including our Fairness, Respect, Equality/Equity, Diversity, Inclusion and Engagement (FREDIE) group and members of our Global Majority group to develop 'Everyone Matters Inclusion and Belonging at St Christopher's' programme.

The programme promoted equitable practices and inclusion across St Christopher's, embedding our values as an organisation, increasing awareness, understanding, and knowledge of equity and inclusion.

We delivered 31 workshops attended by 483 staff.

Overall, 90% of participants agreed that the sessions fully met the objectives. Feedback described the programme as "excellent, engaging, thought-provoking and insightful."

PROFESSIONAL LEARNING

Our Professional Learning team through St Christopher's Centre for Awareness and Response to End of Life (CARE) has continued to support learners locally, nationally and globally to improve palliative and end of life care experiences for people from diverse communities across the world.

More than 4,500 professionals attended CARE events, with more than 210 learning activities provided with the quality of the experience remaining high.

We've also held landmark new conferences exploring issues such as mental capacity and palliative care for people with learning disabilities.

You can read more about the Professional Learning team's work on page 16.

PUBLICATIONS AND CONFERENCES

We've continued to showcase the expertise within St Christopher's on a national and international level with presentations, publications and attendance at conferences.

In April 2025, Senior Research Leader Sarah Combes presented at the British Geriatric Society Spring Conference 2025 on Conversations on Living and Dying: Facilitating Advance Care Planning Conversations.

In May 2025, Mary Hodgson, Community Action Lead, was the keynote speaker at the Centre for Death and Society Annual Conference presenting 'Whose Death Literacy Do You Want Me to Have? Exploring Knowledge Production, Inequalities and Overmedicalisation'.

In November 2025, a group of staff attended the Hospice UK annual conference in Liverpool. We presented posters on a variety of topics at the conference, including:

- Reducing inpatient medicine wastage by utilising patients' own controlled drugs
- Early career nurse development programme: building skills and confidence in end of life care in South East London (partnership with Community Hospice).
- Embedding a culture of data protection
- Building and connecting a global palliative nursing network
- Patient-centred outcome measures and getting the best value for multiple purposes and audiences
- Developing future leaders in hospice and palliative care
- Using patient safety incident response framework (PSIRF) methodology in the inpatient hospice setting

In March 2026, Loren Seaman, Peer Learner Support in the Community Action team, was a plenary speaker at the Palliative Care Congress, presenting Remembering Ourselves: Reflective Arts and Trauma-Informed Practice with Asylum Seekers at the Margins of Hospice Care.

QUALITY OF CARE

EXPERIENCE OF PATIENTS AND SERVICE USERS

At St Christopher’s, we’re committed to continually improving and developing the support and services we offer, ensuring they meet the changing and diverse needs of the communities we serve.

To make sure we’re doing this effectively, we regularly measure and report on the impact we have, both to the health and wellbeing of people receiving our support and their experience of our care.

COMPLIMENTS

In 2025-26, we received 846 compliments from patients, carers or other family members who received support from our services, compared with 986 in 2024-25. (excl. Trading)

Overall, in 2025-26, families and loved ones were satisfied with the care and support received from St Christopher’s, with 93% of people sharing they were extremely likely or likely to recommend us. This is based on recorded responses to the Your Views on Our Care survey, which is sent to bereaved families three months after death.

Also, via recorded Patient Surveys, 94% of IPU patients rated our care and support as excellent/very good and 99% of community patients rated our care and support as excellent/very good.

94%

of IPU patients stated they would rate our care and support as excellent or very good

93%

of people sharing they were extremely likely or likely to recommend us.

COMPLAINTS

In 2025-26, there were 28 formal complaints (excluding Trading) compared to 15 in 2024-25.

25 were clinical and three were non-clinical. Two were fully substantiated, eight were partly substantiated and 14 were not substantiated. One was not fully investigated as we did not have permission from the Next of Kin. At the time of printing, three complaints hadn’t concluded investigation

All complaints are investigated by a manager and areas of learning identified and actions implemented. Learning is then shared across the relevant teams.

For some complaints, an After Action Review (AAR) is convened to give the opportunity for staff who knew the patient to meet, including external colleagues who were involved with the care, to hear from the investigator of the complaint and have the opportunity to identify opportunities for learning, as well as good practice.

Our clinical complaints for community patients equate to less than 0.06% of the total number of home visits that take place over the year. It is important for us as an organisation as we investigate concerns raised by people that use our services that we identify learning and areas of improvement, including identifying good practice.

Learning improvements over the past year are detailed in the series of subheadings which follow:

REFERRAL AND TRIAGE

Referral processes have been reviewed through a referral working group, with learning from AAR’s embedded into the development of referral Standard Operating Procedures. Clearer guidance has been introduced on when consultant review is required, including complex chronic pain cases with substance misuse, and clarification provided on cases appropriate for consultancy only input.

MEDICATION SAFETY

We have reinforced and clarified some processes around prescription and medication lists. We have been discouraging ‘as directed’ prescribing and clarified the responsibilities around prescribers. Standards for medication list documentation have been reinforced, and pharmacy checks strengthened. Where appropriate, we’ve issued duty of candour letters and shared learning shared through newsletters and regular learning forums.

COMMUNICATION WITH FAMILIES

We’ve updated admission documentation to clarify next of kin and consultant contact is now offered to families where appropriate. Communication and sensory assessments have been reinforced.

SAFEGUARDING

Over the past year, we've added new categories and a rating tool in regards to safeguarding on a patient's electronic record. By embedding these into practice, we've clarified procedures around safeguarding triggers. We've also strengthened our escalation pathway by ensuring earlier discussion within the Multidisciplinary Team (MDT) where there are concerns.

We've reinforced our 'Think Family' practice which emphasises the importance of considering the needs and strengths of the entire family unit when providing support. This has been particularly strengthened in regards to the identification of young carers.

DOCUMENTATION

Documentation standards relating to home environment and risk have been improved. Staff have received reminders to upload relevant emails to patient records while MDT note-taking responsibilities have also been clarified and end of life documentation requirements reinforced.

END OF LIFE CARE

Training has been delivered on the priorities of care at end of life. Post death support processes have been reviewed, liaison strengthened between hospice teams and Marie Curie nurses, and anxiety and symptom support themes embedded into training.

MULTIDISCIPLINARY TEAM (MDT) WORKING AND ROLE CLARITY

We've strengthened documentation around MDT decision making and introduced proactive discharge planning for complex cases. We've also further embedded the integrated psychosocial and social work approaches.

STAFFING AND TRAINING

Targeted staff training has been delivered covering medication systems, verbal orders, safeguarding thresholds, and end of life care in dementia. Agency staff training and compliance have also been reviewed.

CULTURAL AND SPIRITUAL SUPPORT

A review of spiritual and cultural care provision has been undertaken, alongside a review of medication guidance for people with dementia at the end of life.

EFFECTIVENESS

SUPPORTING OTHERS TO DELIVER HIGH-QUALITY PALLIATIVE AND END OF LIFE CARE THROUGH RESEARCH

Over the course of 2025-26 there has been a further increase in research activity at St Christopher's, alongside growing national influence. This section outlines current research activity and progress towards our vision as a national and global leader in improving care outcomes for all who are living with dying.

As of 24 March 2026, St Christopher's is supporting or progressing 32 active or potential studies, reflecting sustained year-on-year growth. Of these, 12 studies are live, with others at governance, documentation or reporting stages. Study topics include integrated palliative and heart failure care, service models for people with a learning disability, and the use of AI based simulations in palliative care education. Four current or forthcoming studies are multi-site NIHR-funded portfolio studies.

This year has also seen strengthened capability to design and lead our own research, demonstrated through a St Christopher's co-led study with Lancaster University. This study focuses on preparing hospices for a potential change in assisted dying legislation and represents an important milestone in building internal research expertise and confidence. Staff, volunteers, patients and carers remain central to research delivery with increased involvement. We're also improving the visibility of our research outputs.

Strategic partnerships continue to enhance research delivery and organisational learning. Key developments for 2025-26 include shared learning and development of joint research activity in partnership with the Royal Marsden Hospital. We have also collaborated with the University of Surrey on the NIHR-funded STRENGTH study, and bolstered relationships with the National Institute of Health Research (NIHR) and the Research Delivery Network to support study delivery and sustain research staffing into 2026-27. Our academic partnership with the Cicely Saunders Institute and Kings' College London is ongoing which supports staff research development. These partnerships strengthen access to evidence, workforce capability and alignment with national research standards.

Throughout 2025-26, prioritisation has centred on developing a research culture that supports safe, high quality care. Key achievements include embedding new and expanded roles; establishing Research Connections to support staff development; growing a community of research volunteers; and supporting clinicians into NIHR development pathways including the Associate Principle Investigator scheme, and the Researcher Development Programme for Social Care Nurses. Collectively, these

developments support a more confident, research curious workforce, and are helping to embed research as part of everyday care.

The second year of the NIHR Senior Research Leader programme has strengthened both internal infrastructure and national influence. Contributions have included co-chairing the Research Active Hospice Group, collaborating with the NIHR Palliative & End of Life Care Incubator to secure a successful bid to host a national hospice research event; development of a national Hospice Research Readiness Survey, and leadership of national teaching and regional capacity building initiative.

Priorities for 2026–27 will focus on consolidating progress through three objectives:

- Developing a sustainable and balanced approach to research activity
- Strengthening research governance and compliance
- Building effective partnerships with NHS trusts, hospices and universities.

SUPPORTING OTHERS TO DELIVER HIGH-QUALITY PALLIATIVE AND END OF LIFE CARE THROUGH PROFESSIONAL LEARNING

St Christopher's Professional Learning has continued to support learners locally, nationally and globally to improve palliative and end of life care experiences for people from diverse communities across the world as well as developing our own workforce.

Through the delivery of a wide variety of opportunities, we've been able to reach more people.

We reached people in 85 different countries with the quality of the experience remaining high – 97% of respondents rated it four or five stars (out of five) and 97% also said the training was very likely to impact their practice. 98% of people would recommend the training they received to colleagues.

In a drive to ensure our learning offers are equitable and accessed by a diverse range of learners, we started collecting Equality, Diversity and Inclusion data in Q2, with the most recent quarter receiving ethnicity data from 40% of learners.

To further improve accessibility, our programmes are continuously offered through a variety of means; on-demand, virtually, hybrid and in-person.

Completion of our on-demand learning offer, across an increasing variety of topics, has grown 54% year on year. 67% of learning events were offered virtually or hybrid – an increase from 50% last year. Throughout the year, virtual attendance on conferences rose compared to

in-person attendance, with evaluations praising the management of the virtual attendees.

One of the key offers of Principles and Practice in Palliative Care (offered at three levels) has been well received this year and developed into an online offering reaching more people and developing knowledge and practice. This has been backed up by a fully virtual version of our Teach with CARE programme which supports people to improve their teaching and education skills.

Communication Skills simulations that were developed last year with stakeholders have been further enhanced with the use of virtual humans and partnership with Northumbria University. In-person and virtual teaching forums has enabled these experiences to be delivered to a wider network of staff. For example, this could be effective for retail staff in a hospice charity shop who are working for an organisation which supports people at the end of life or bereaved people. The programme has also been adapted and delivered as bespoke training to NHS partners.

Changemakers is an innovative project which supports individuals across the global south to create services and sustainable change that is scalable. Mentoring and funding was delivered in partnership with the Institute of Palliative Medicine, (IPM) India and supported projects in India, Bangladesh, Ghana and Kenya. Alongside this, another successful international initiative is the Fellowship programme. This programme aims to address the shortage of leaders in palliative care across the world by providing high quality, accessible, and affordable training, specifically designed for participants from low- and middle-income countries. This saw us offering 300 places (over 500 applicants) to doctors, nurses and other healthcare professionals from 58 different countries.

PATIENT OUTCOMES

St Christopher's is committed to measuring and reporting on the impact we have on the health and wellbeing of people in our care, in addition to their experience.

We continue to invest in learning about and using patient and other user reported outcome measures and work closely with the academic team at Hull and York Medical School and Hull University.

We draw on a number of different measures to reflect different elements of someone's health status:

- Integrated Palliative care Outcome Scale (IPOS) is used nationally and internationally in different formats. There are versions for patients, carers and staff to assess the impact of interventions on symptom burden. At St Christopher's, the IPOS measure is embedded

within a form called 'How are you?' which enable us to address a person's priorities and goals as well as their symptom burden by also asking them 'What is important to you right now?' and 'What would you like to achieve in the next short while?' This tool then acts as the driver for holistic assessment and review whilst also acting as a measurement of outcome.

- Phase of illness is a measure which describes the urgency of care needs for a person receiving palliative care. It considers the care needs of both patient and family.
- Australia-modified Karnofsky Performance Scale is a measure of a patient's functional status or ability to perform their activities of daily living.
- Barthel Index is a measure of a person's ability to perform 10 common activities of daily living related to use of toilet, mobility and eating.
- Clinical Frailty Scale summarises the overall level of fitness or frailty in an older adult.
- Generalised Anxiety Disorder (GAD) assessment is used as a screening tool and severity measure for anxiety.
- Patient Health Questionnaire is a measure to assist clinicians in identifying depression.

All team members receive mandatory education on outcome measures in order to help drive good care and support, as well as provide meaningful outcomes data for us to be able to analyse.

Key progress has been made in embedding IPOS Dem – a dementia-specific version of IPOS.

With regards to accessing our assessment tools in different languages we now have our 'How are you?' form translated into Spanish, Portuguese, Polish, French, Greek, German and Chinese.

PATIENT SAFETY

Patient safety remains a central priority, supported by ongoing work aligned with the Patient Safety Incident Response Framework (PSIRF). The PSIRF plan has been reviewed and updated by the patient safety review team to ensure it reflects current best practice and organisational needs.

In addition, PSIRF documentation has been reviewed and strengthened following some After Action Reviews (AARs). This has led to the development of learning and process documentation, alongside the inclusion of a statement on the organisation's website outlining St Christopher's approach to patient safety.

Improvements have also been made to internal systems to support effective incident reporting and learning. The incident reporting module on Vantage, our reporting system, has been reviewed and enhanced to align with PSIRF terminology, with the addition of guidance prompts to encourage more consistent and reflective use of the framework.

Alongside these system changes, significant efforts have been made to embed PSIRF methodology across clinical teams. Teaching sessions have been delivered through our weekly Wednesday Learning Forum, with further tailored sessions provided to individual teams.

Quality Days in 2025 also included focused sessions on PSIRF tools and terminology to support staff understanding and application.

Patient feedback continues to play an important role in driving safety and quality improvements. A new electronic patient survey has been developed and will be conducted quarterly, providing service users with opportunities to share feedback across a range of service areas, including suggestions for improvement. Themes identified from patient surveys and interviews with patients will be reviewed alongside insights gathered from both informal and formal complaints and compliments, ensuring a comprehensive understanding of patient experience.

The organisation maintains robust oversight of patient safety incidents through a weekly Patient Safety Incident Group. This group reviews incidents across all sites and within community settings, ensuring that care delivery is informed by learning and remains safe. The group also identifies recurring themes, with the highest number of incidents consistently occurring in three key areas: pressure ulcers, falls, and medication errors.

These areas are benchmarked through Hospice UK and have been identified as priority focus areas for improvement.

Finally, clinical staff are actively supported to engage with and learn from patient safety events. Opportunities for shared learning and reflection are provided through key forums and committees that support PSIRF, including the Safeguarding Committee, monthly Mortality Review meetings, and After Action Reviews.

These structures ensure that learning is embedded across the organisation and contributes to continuous improvement in patient safety.

QUALITY ASSURANCE AUDIT MODULE

Included in our internal reporting database, Vantage, is a module auditing quality assurance.

All routine audits are now logged centrally, and reports can be produced showing compliance, results and any actions and learning which result from an audit.

Quality assurance audits are completed in the following areas: infection prevention control; medicines management; information governance; inpatient unit (IPU); and cross organisation including the response to an emergency bleep.

LOCAL CLINICAL AUDITS

In addition to mandatory quality assurance audits, there were a number of additional audits completed in 2025-26. The results, learning and any actions from all audits are presented and discussed at the relevant governance committee and some are presented at our weekly online teaching forum for all staff.

Examples of audits over the past year include:

- Auditing the response of clinical staff in the community to possible Metastatic Spinal Cord Compression (MSCC)
- Audit of Community Prescriptions
- Re-audit of glucose monitoring and management on the inpatient unit
- Nutrition Screening Tool Audit: audit of all patients (unless they are admitted in the dying phase) to have a nutritional screen completed within 24 hours as per the Nutrition Policy
- Bed Rail Audit: audit of whether the bed rails assessment is being completed as per policy and the plan is being followed.

ANNUAL INFECTION CONTROL

Our Annual Infection Prevention and Control (IPC) Audit Programme for 2025-26 was fully compliant.

Our cleaning team work to the NHS cleaning standards and have a five-star rating and are at 95% compliance. We undertake monthly internal auditing of hand hygiene, catheter care, aseptic technique and mattress cleanliness.

We also undertake monthly auditing of cleanliness using the NHS Cleaning Standard.

The audit undertaken yearly by an external IPC auditor noted that the “newly renovated wards and other areas were safe, clean and fit for purpose from an infection prevention and control perspective.” The renovation has notably enhanced the hospice’s ability to provide high-quality person-centred care in a safe environment .

REGULATORY COMPLIANCE

CQC & COMMISSIONERS

St Christopher’s works openly and constructively with the Care Quality Commission (CQC), viewing regulation as an integral part of continuous quality improvement. During 2025–26, the organisation strengthened its approach to regulatory assurance by developing a dedicated CQC evidence and assurance module in partnership with Vantage. The module is aligned to the CQC Single Assessment Framework and all 34 Quality Statements, enabling systematic assessment of performance across the five key questions: Safe, Effective, Caring, Responsive and Well led.

The module brings together qualitative and quantitative evidence and supports professional judgement to assess the strength and impact of evidence in a consistent way. Progress is reviewed through executive oversight and the Quality and Impact Committee, with escalation to the Board as required, enabling early identification of risks and improvement opportunities. Mock CQC interviews and thematic reviews have been used to test organisational readiness and staff understanding. By embedding the CQC framework into routine governance and quality monitoring, St Christopher’s ensures regulatory expectations are fully integrated into day-to-day leadership and assurance, supporting the delivery of safe, compassionate and person-centred hospice care.

Our last full inspection took place in December 2019. The report was published in March 2020. The ratings are on the next page:

Overall rating for this location	Outstanding
Are services safe?	Good
Are services effective?	Outstanding
Are services caring?	Good
Are services responsive?	Outstanding
Are services well-led?	Outstanding

WORKING WITH COMMISSIONERS

St Christopher's have actively worked with Commissioners to develop and drive services for the people living in our five boroughs in the period of 2025-26.

These services include agreed ongoing commitment to support our Hospital@Home (formerly virtual wards) services in three boroughs. In addition some short-term funding was secured to deliver Hospital@Home in Lewisham as well as enhanced work in care homes. This included short-term projects such as Hospice@Home, enhancing care in care homes in Lewisham and also working to support people staying at the hospice to attract Continuing Health Care (CHC) funding.

Our commissioners remain very supportive of our efforts recognising the challenges across the wider health economy.

Work to ensure we have services that are embedded within the integrated neighbourhood teams across our boroughs is ongoing and is a positive step to ensuring that specialist palliative care is available to those who need it.

INFORMATION GOVERNANCE & DATA SECURITY

As a hospice, we're required to meet the standards set out in the NHS England Data Security and Protection Toolkit. We successfully completed the 2024-25 submission and remain on track to complete the 2025-26 return by the deadline of 30 June 2026.

Our Information Governance Committee (IGC) remains committed to reviewing operational practices, incidents, and activities in line with national Data Security Standards. This ensures that we continue to meet and maintain compliance with national requirements.

We continue to implement a comprehensive audit schedule across all hospice sites to monitor information governance. These audits not only demonstrate our compliance but also highlight areas for improvement. Any non-compliant areas are automatically re-audited within three months. In 2025 and into 2026, we remained fully compliant with our confidentiality audits, with only a small number of areas requiring re-audit – all of which passed upon reassessment.

Our Information Governance Awareness Audit (figure one), was completed in 2025 alongside a second follow-up audit. The results demonstrated a significant improvement across all key areas. Staff showed increased awareness and understanding of data security responsibilities, with stronger performance across all assessed questions.

Overall, there has been a marked improvement in both knowledge and confidence in handling sensitive information.

We continue to run a phishing simulation programme to strengthen cybersecurity awareness across the organisation. During 2025-26, this has evolved into a full audit schedule of phishing simulations, enabling us to monitor trends, identify risks, and provide targeted training to staff.

Figure One



Information Governance Awareness Audit results (2024-25 vs 2025-26)

A key development this year has been sustaining staff engagement through creative and informative campaigns around data security. Notably, we introduced an interactive data security 'escape room', which proved highly effective in improving staff understanding of both key and recurring data security risks.

Feedback from staff highlighted this as a more engaging and practical way to learn, resulting in improved awareness and retention of information governance principles across St Christopher's.

During 2025-26, we also began implementing a paper-lite approach across the organisation, recognising that securely storing information within digital systems significantly reduces information governance risks associated with paper records.

The initial phase focused on quality assurance audits within the inpatient wards, transitioning these processes into digital formats. In addition, new mobile devices were introduced to enable clinical staff to capture images on the wards, which are uploaded directly into the electronic patient record system. This initiative was widely adopted by staff and received very positive feedback. As a result, we are now progressing towards a broader digital strategy for the inpatient unit, building on these early successes.

We've also established an Artificial Intelligence (AI) Working Group to explore how emerging technologies can be safely and effectively adopted within the organisation. The group is focused on identifying opportunities to improve efficiency while ensuring compliance with data protection and information governance requirements. We're currently developing policies and guidance to support the responsible use of AI and are working with an external AI consultant to assess organisational needs and identify appropriate use cases. These cases will be compiled to help support a funding application aimed at advancing and integrating AI tools within our clinical setting.

While we had previously aimed to achieve Cyber Essentials Plus certification, this has been deferred due to the organisation's strategic transition towards a more digital infrastructure. This includes the migration of servers to cloud-based systems and the implementation of SharePoint across all services. Once this programme is complete, we will seek to re-certify Cyber Essentials within the new infrastructure and work towards Cyber Essentials Plus in the future.





QUALITY IMPROVEMENT INITIATIVES AND THEIR ACHIEVEMENTS

IMPROVING OUR SPACES FOR PATIENTS, VISITORS, STAFF & VOLUNTEERS

Why was this a priority?

In accordance with our strategic aims, we wanted to improve accessibility across our Sydenham site. Often, people visiting the hospice can be apprehensive or overwhelmed and need to find their way around the building quickly and easily.

We also want people to feel welcome and at ease when they come to St Christopher's and the choices were aimed at creating an environment which supports that.

How did we achieve this?

The work included introducing icons on our signage, so it is clearer, dementia-friendly and helpful for people whose first language isn't English. By introducing different colours to each floor we've helped people to find their way more easily.

Overall, the introduction of different colours, natural elements and appropriate artwork to spaces at both hospice sites has improved people's experience of our facilities.

How will we continue to monitor and report progress?

We'll continue to review people's experience of our site through our usual feedback channels, review of any incidents, or complaints and via our recently launched Lived Experience and Advisory Panel (LEAP).

WARD REFURBISHMENT

Why was this a priority?

We have 32 beds on our wards which provide inpatient care. These hadn't been refurbished for well over a decade and they were due improvement for several reasons:

- Aside from general wear and tear, the wards appeared too clinical. We wanted them to feel more welcoming and homely
- Our facilities needed refreshing to meet the individual needs of our patients and the changing patient demographic. This included heavier patients and those with dementia who would benefit from extra personalisation
- There were some fundamental infrastructure issues which needed addressing such as en-suite drainage and air conditioning
- We had limited facilities for manual handling to enable us to move people safely and comfortably, whilst also protecting our staff. There was a need for in-built gantry hoists throughout
- One of our three wards had particularly small bedrooms with limited en-suite facilities. We planned to change the configuration of our floors to address this
- Our workspaces for staff (nurses' office and break-out rooms) needed updating and were not conducive for collaborative working
- A need to strengthen security and door access.

How did we achieve this?

Work on the wards began in spring 2025 and our refurbished inpatient unit was reopened at the end of January 2026.

We carried out initial scoping with experienced charity CRASH, who support homelessness charities and hospices with vital construction projects. They also connected us with CRASH's patrons to help us minimise costs.

We established an expert project team, including recruitment of an experienced and dedicated project manager and our main contractor Innova who are specialists in hoists and care environments. We also consulted with relevant specialists in areas including construction and lighting engineers.

Our core priority as an organisation was to continue delivering high quality end of life care. The majority of those we support are in their own homes, but some people need or want short stays with us on the inpatient unit. To ensure continuity of this care, two of three of our wards remained open during refurbishment.

We were also careful to minimise noise where practical and to minimise the impact of disruption on patients and their families. The comfort of those staying with us and visiting, as well as staff and volunteers, remained a priority throughout this process.



We are pleased that the programme has achieved its original objectives, and that we continued to deliver high quality inpatient care throughout, with minimal disruption.

How will we continue to monitor and report progress?

Feedback to date on the three new wards has been good, from both the people staying in the bedrooms, those close to them, and our staff.

We will continue to monitor feedback from key stakeholders, and will respond to and learning from any incidents or quality improvement plans as part day-to-day operations.

IMPROVING ACCESS TO ANTICIPATORY MEDICINES FOR COMMUNITY PATIENTS

Why was this a priority?

Most people in our care wish to die in the place they call home. To support this, timely symptom control for our community palliative care patients is needed. They require access to anticipatory medicines in good time. Following an assessment of need, injectable medicines need to be prescribed by a clinician, dispensed from a suitable pharmacy/site, and then either collected by a patient's carer or delivered to the door and lastly, administered by a healthcare professional.

It is already known that this process can be complex and lengthy in duration, both in and out of hours, and can be burdensome for patients and families. It also carries significant cost and time investment for healthcare professionals. Previous quality improvement work has

explored what current prescribing practice of anticipatory medicines is and made recommendations that not all patients require an anti-emetic prescribed at end of life unless there is a clinical need (Lee et al, 2023).

How did we achieve this?

This has remained a challenge over the last year, despite collaborative working with pharmacists, Integrated Care Boards (ICBs) and out-of-hours services. Work will be ongoing over 2026-27.

Over the past year we used a three-phase approach to improve access.

Phase one involved understanding how many prescriptions were being written by our clinicians and supplied. We found that we issue prescriptions and medications to 55 – 100 patients per month.

50% of these requests are within hours, and 20% of requests are for the replenishment of stocks which should be issued by other providers.

Our out-of-hour audit in May 2025 established that one-third of the requests were made overnight and one-quarter at the weekend. These findings were presented at the South East London Out of Hours Medicines meeting in March 2026.

Phase two looked at what barriers and solutions exist in the supply of anticipatory medicines from GPs in-hours and out-of-hours services. We were able to establish that SELDOC (an out-of-hours GP co-operative) and Bromley GP Alliance processes were not being utilised as effectively as

they could be and there has been a relaunch and reminder to staff to use these processes out of hours.

Phase three explored which service models are working in delivering timely access to medicines for patients in the community setting and which models need to be developed/improved to streamline access.

We're actively contributing to a work stream and collaborating with South East London Integrated Care Board (SELICB) colleagues to find solutions for better access to out-of-hours medicines, for example monitoring the use of commissioned pharmacies and a review of opening hours.

How will we continue to monitor and report progress?

We will continue to monitor through audits in 2026-27 as this remains a long-term project.

We've conducted a joint audit with a neighbouring hospice which does not issue medicines from its stocks.

We reviewed 50 patients from each organisation and found that St Christopher's requests medication from primary care within a median of 11.5 days before death compared with 'other hospice' being 22 days.

As a result, we're asking staff to request just in case medications earlier than previously, for example when considering a 'fast track' to provide care at home.

RECRUITMENT OF COMMUNITY FEEDBACK VOLUNTEERS

Why was this a priority?

The majority of people receiving our care and support are in the community and we have no mechanism to hear face-to-face feedback from these individuals.

Although they receive regular visits from members of our community nursing team, as well as other members of the multi-disciplinary team, and are invited to feedback online, by post and by telephone, a gap still remains.

How did we achieve this?

We recruited and trained a team of five community feedback volunteers in May 2025.

These volunteers received training in interview techniques and were tasked with visiting people receiving care and support from the community team in their homes.

We ran a two-week pilot in which 13 interviews were undertaken, supported by technology provided following a partnership with the University of Leicester. The technology enabled transcription and thematic analysis of the feedback which will inform service development and improvements moving forward.

How will we continue to monitor and report progress?

We are reviewing interview questioning techniques and the questions themselves, using the experience of our Community Action Lead.

Community feedback volunteers will continue to conduct interviews in people's homes every three months, in line with our electronic patient questionnaire. Themes are reviewed alongside other patient feedback.

IMPROVING OUR SUPPORT FOR PATIENTS LIVING WITH DEMENTIA

Why was this a priority?

We care for an increasing number of people living with dementia at St Christopher's – 20% of our patient cohort have a primary diagnosis of dementia.

Some people living with dementia can experience distressing symptoms and behaviours requiring specialist support and interventions tailored to them. We have an adapted specialist IPOS assessment tool – IPOS Dem – which reviews the main symptoms associated with dementia in a palliative care setting.

The use of IPOS Dem has now been embedded within our clinical practice and increasing staff numbers are supporting people living with dementia with the appropriate training.

We've held workshops for all community staff to support them with managing frailty associated with dementia diagnosis by taking a holistic comprehensive geriatric approach.

How did we achieve this?

We've achieved this by implementing a number of initiatives and workshops within our community service including:

- Further education in how to use the tool
- Introducing an internal alert system
- Wider teaching for staff to enhance awareness of the tool.

How will we continue to monitor and report progress?

We're planning to conduct another clinical review of the use of the system with patients who have a primary diagnosis of dementia.



4 OUR PLANS FOR 2026-27

QUALITY IMPROVEMENT PRIORITIES

EQUITY ACTION PLAN

Why is this a priority?

As the hospice provider for five boroughs, it's key that the services and care we provide at St Christopher's are delivered equally and equitably, fully meeting everyone's needs. This has been a key strategic ambition for a number of years.

We must also ensure that our staff and workforce experience is as good as possible, which means being aware of and responding to inequity in the workforce experience.

Currently the boroughs we work in at St Christopher's include populations who are facing increasing health inequity and socioeconomic disadvantage. Social determinants have more influence over your dying and bereavement experience than they should. People have variable experience in healthcare related to social characteristics. It is not just those experiencing healthcare and dying themselves who are impacted by discrimination and bias, but also members of staff too.

This is an area we want to urgently address by developing pilot projects and developing models of care and support which speak to these issues and offer targeted support. This should ensure that no matter what an individual's situation, we can offer support or opportunity which works for them.

Our aim is to create a programme of work that helps us learn and understand how to recognise the socioeconomic factors of people's lives and proactively seek to address how they impact dying and loss in order to improve experience.

How we will achieve our objectives?

We have created an organisational 'Equity Action Plan' which outlines key objectives, results we expect, and responsibilities. This plan provides an account of the focused work we will do on health and workforce equity in the next 12 months.

The work is divided into three central pillars of focus – one to improve the experience of our staff and workforce, one to improve the experience of those people who use our services, and one to collaborate and liaise with our local community to improve their knowledge and experience, and to ensure that their feedback and ideas are adopted and actioned by our care delivery teams. We see these pillars as aligned in supporting improvements across our work and they will also influence others.

We have also organised ourselves into groups which are jointly responsible for the work. Each pillar is led by a team or a working group. This will enable us to develop and share learning and work together to ensure delivery and impact.

Our key aims are

1. Creating an inclusive, supported and skilled workforce
2. Delivering inclusive, equitable access and person-centred care
3. Collaborating with our community to improve end of life experience for everyone.

This will ensure that:

- A workforce that reflects the community, feels safe to speak up, and has the skills/confidence to deliver equitable care.
- Service users better reflect our community and receive equitable care that proactively responds to their background, condition, or circumstances to create a good end of life experience.
- Communities are more knowledgeable and confident about end of life and have inputted into service design improving their trust in the ability of the hospice to meet their needs.

How will we monitor and report progress?

The groups will monitor and report on progress to a sub board Committee.

Trustees will review and monitor our key performance indicators.

We will also report to our new Lived Experience Advisory Panel (which is one of the expected outcomes of this work). The Lived Experience Advisory Panel will review our work and give us feedback.

THE SIR JULES THORN PROJECT: IMPROVING PALLIATIVE CARE FOR PEOPLE LIVING & DYING WITH HEART FAILURE

Why is this a priority?

British health services are facing a “ticking time bomb” as heart failure diagnoses in England are expected to almost double to over two million by 2040. This has the potential to overwhelm our already stretched NHS and hospitals, according to the CEO of the British Society for Heart Failure.

This is an opportunity to act now to address a growing need at a local and national level.

We’re uniquely placed to provide a potential solution by:

1. Further developing an adaptive model of integrated heart failure care
2. Improving effectiveness and efficiency of support for patients living with heart failure
3. Reducing hospital admissions and protecting the health economy
4. Reducing inequities of care provision for different types of heart failure.

We’ve already demonstrated the benefit of an integrated heart failure and palliative care service in Bromley and Croydon. We’re now extending this service to all five boroughs to ensure equity of care to all the people we support.

This project aims to improve and develop on our experience by adopting a method of co-design with patients, their relatives and staff to embed an integrated palliative care and heart failure service across the five boroughs.

How we will achieve our objectives?

The project is funded for two years by the Sir Jules Thorn Charitable Trust, providing additional staffing and resources to extend our integrated heart failure and palliative care model across all five boroughs we serve.

Delivery will be supported by active engagement from St Christopher’s clinical teams and external heart failure colleagues (consultants and specialist nurses) across the local system.

A multidisciplinary steering group representing each borough and relevant hospital and community settings will provide oversight, coordination and shared learning.

At the outset, we will agree clear objectives and measurable outcomes for the two-year period, and we will review progress routinely to ensure the work remains focused on improving experiences and outcomes for people living with advanced heart failure and those close to them.

The service will be underpinned by joint weekly MDT meetings between hospice and heart failure consultants and nurses to discuss patient cases, coordinate care and optimise treatment.

In parallel, we’ll strengthen education and support for the wider clinical workforce, helping to build confidence and capability in managing palliative care needs alongside heart failure management.

We’ll also contribute to the development of a national network of practitioners working at the interface of heart failure and palliative care, share learning from implementation, and develop additional offers such as carer support groups and an infusion service delivered within the hospice to increase choice and improve experience of care.

How will we monitor and report progress?

We’ll monitor and report progress through a combination of formal funder reporting, programme governance and routine service evaluation. We’ll provide interim reports to the Sir Jules Thorn Charitable Trust every six months, alongside an annual report at the end of year one and year two.

A quarterly steering group will review delivery against agreed milestones and key performance indicators, bringing together commissioners, heart failure consultants and specialist nurses from across the relevant NHS organisations and St Christopher’s clinical leadership, with additional partners (for example rapid response/virtual ward leads and pharmacy input) involved where helpful.

Internally, a project working group will meet monthly to oversee delivery, ensure data is collected and analysed appropriately, and maintain delivery against the timetable.

Evaluation will use routinely collected data to understand who is accessing the service and the impact on patient and carer outcomes, experience and use of wider health services. This will include: referral routes and pathways; patient demographics; baseline and change in patient-reported outcomes (including IPOS, Patient Health Questionnaire (PHQ) and Generalized Anxiety Disorder questionnaire (GAD) where used); achievement of preferred place of care and death; and the prevalence and impact of key interventions.

We’ll also capture carer needs and support using the Carer Support Needs Assessment Tool (CSNAT) tool, review the contribution of multidisciplinary meetings to integrated working and clinical decision-making, and monitor the development and use of new service components such as the infusion service and carer support groups.

Where possible, we’ll also explore system impact, including patterns of hospital admission and A&E attendance and other contacts across the local health and care system.

DEVELOPING A HOSPICE DATA INSIGHTS PLATFORM (HDIP)

Why is this a priority?

St Christopher's currently holds data across multiple systems that do not connect, limiting our ability to generate timely, reliable insights about our services.

This creates several challenges:

- Data from key systems, including SystmOne, is not easily accessible or structured for analysis
- There is no single, trusted source of data for understanding inequalities in access, experience, or outcomes
- Data quality issues are difficult to identify and address systematically
- Existing data processes are not scalable and rely heavily on individual knowledge, creating organisational risk

As a result, we are currently limited in our ability to:

- Generate consistent, organisation-wide metrics
- Understand who is accessing our services and who is not
- Identify and act on potential inequalities in access and care
- Use data to inform decision-making and service improvement.

Developing the Hospice Data Insights Platform (HDIP) addresses these challenges by creating the infrastructure needed to bring together clinical and population data, generate meaningful metrics, and support a more systematic approach to understanding and improving equitable access to hospice care.

How we will achieve our objectives?

To address these challenges, we're developing the Hospice Data Insights Platform (HDIP) through an initial pilot phase.

This pilot is focused on building a scalable and accessible data infrastructure that brings together data from multiple systems, including SystmOne and external population datasets.

Key elements of this approach include:

- Developing a centralised data warehouse that acts as a single source of truth for organisational data
- Integrating clinical and population data to enable analysis of equity in access to hospice services
- Generating a set of core inequalities metrics and insights to demonstrate how the platform can support service improvement and decision-making

- Producing outputs (e.g. reports and dashboards) to improve understanding of who is accessing services and where potential gaps may exist
- Identifying and documenting data quality issues to support ongoing improvement in data recording and completeness.

To support delivery of this work, we have partnered with a specialist data consultancy to design and build the underlying infrastructure. This ensures the platform is robust, secure, and capable of scaling as the hospice's data and analytical needs develop.

This pilot phase will establish the foundations for a more systematic, organisation-wide approach to using data to understand and improve equitable access, experience, and outcomes.

We then plan to develop a second phase of work to:

- Strengthen data governance and data management processes
- Improve data quality and standardisation across systems
- Further develop the data warehouse into a sustainable organisational platform
- Support the development of a wider organisational data and insight strategy.

How will we monitor and report progress?

We will monitor and report progress through regular updates to senior stakeholders and project sponsors, providing oversight and ensuring the work remains aligned with organisational priorities. Delivery will be tracked against agreed milestones, including an early 'insights snapshot' and the subsequent development of core inequalities metrics. As findings emerge, we will share them to support learning and inform service discussions, alongside internal presentations and engagement sessions to build organisational understanding of the platform and its outputs. We will also work with partners to share learning externally, including submission of an abstract to the Hospice UK conference.

Over time, we will also assess progress by the extent to which the hospice can generate consistent organisation-wide metrics, identify and understand inequalities in access and care, improve data quality and completeness, and support timely, data-informed decision-making.

CORNEAL DONATIONS

Why is this a priority?

There is a national shortage of eyes for donation. Over two million people in the UK are living with sight loss caused by corneal problems that can be treated if eye tissue is available. By 2050 this number is expected to double to nearly four million in the UK.

Evidence shows that patients in the hospice and palliative care setting want the option of eye donation. By not asking we're denying them that choice.

How we will achieve our objectives?

We will be taking part in a research project titled 'Eye Donation from Palliative and Hospice care contexts: investigating Potential, Practice, Preference and Perceptions [EDiPPPP]'.

The study aims to investigate the potential for eye donation in specialist palliative care services and hospice care settings as a means of increasing the supply of tissue for use in sight-saving operations and corneal transplantation.

We will initially be providing education for clinical teams working on the inpatient unit.

How will we monitor and report progress?

We will report on number of eye donations carried out monthly.





5 STAKEHOLDER ORGANISATION STATEMENTS

NHS SOUTH EAST LONDON INTEGRATED CARE BOARD

NHS South East London Integrated Care Board (ICB) welcomes the opportunity to comment on St Christopher's Hospice Quality Account for 2025/26. The ICB recognises the considerable progress made against the priorities set out in last year's Quality Account and commend the hospice for the range of improvements delivered during the year.

In particular, the ICB notes the continued focus on supporting more people to receive care in the place they call home, evidenced by the significant increase in home visits and the continued development of community-based models of care, including Hospital@Home and wider multidisciplinary support. This reflects a strong commitment to person-centred care and to meeting people's needs in ways that are both compassionate and responsive.

The ICB also recognises the successful delivery of major estate improvements, including the refurbishment of the inpatient ward environment and wider improvements to the hospice site. These changes have enhanced accessibility, dignity and the overall experience for patients, families, carers, staff and volunteers. The attention given to creating more welcoming, dementia-friendly and accessible spaces is particularly positive.

The ICB welcomes the hospice's continued commitment to patient safety and quality improvement, including the further embedding of the Patient Safety Incident Response Framework (PSIRF), strengthened incident learning processes and ongoing work to improve medication safety, safeguarding, documentation and multidisciplinary working. These developments demonstrate a mature approach to learning and continuous improvement.

The ICB congratulates St Christopher's Hospice on the progress made in relation to equity and inclusion, including the development of the Equity Action Plan, the delivery of inclusion and belonging training for staff, and the hospice's wider community engagement work to better understand and respond to the needs of diverse local populations. This is an important area of focus and one which aligns strongly with system priorities to reduce health inequalities and improve equitable access to palliative and end of life care.

In addition, the ICB welcomes St Christopher's continued leadership in education, research and service innovation, including its professional learning offer, growing research activity, and the extension of its integrated heart failure and palliative care model. The hospice continues to play an important role both locally and more widely in shaping high-quality palliative and end of life care.

Overall, the ICB considers that this Quality Account demonstrates meaningful progress against the priorities identified for 2025/26 and reflects a strong organisational commitment to quality, collaboration and continuous improvement.

SEL ICB looks forward to continuing to work closely with the Hospice to support delivery of these key priorities and to ensure that improvements are sustained and translated into tangible benefits for patients and communities across South East London.

HEALTHWATCH BROMLEY

Thank you for asking Healthwatch Bromley to respond to St Christopher's Quality Account report. We would like to commend the staff, volunteers, fundraisers, and the Board of Trustees for their continued work supporting people in the London Borough of Bromley (LBB) and South East London (SEL).

The evidenced use of patient experience, to inform and improve services, is very welcome - especially the addition of trained volunteers who visit patients and families to hear their story.

The further development of the training and research programmes undertaken by the hospice are of great benefit to people in SEL and beyond. We look forward to seeing the outcomes of the many research projects you are involved with and how the insights from this year's simulations and training will improve outcomes in 2026-2027.

The report provides an excellent overview of the patient safety and quality improvement process and how learning is embedded within day-to-day service provision. We note the focus on identifying and supporting young carers and look forward to seeing the positive outcomes this will deliver in 2026-2027.

Improving access to anticipatory medicines for community patients, whilst challenging will greatly help patients and their families. The joint audit with another hospice that identified, "St Christophers were requesting medication a median of 11.5 days before death compared to the other hospice being 22 days" and the work with the Bromley GP Alliance and South East London Doctors Cooperative (SELDOC), provide a good foundation for further progress this year.

The development of a hospice data insights platform will aid the quality improvement and patient safety focus the organisation adopts and deliver faster changes to the services you provide.

The refurbished and improved inpatient wards have clearly delivered benefits for both patients and staff.

Expanding the integrated heart failure and palliative care service beyond LBB is an endorsement of its success and one of the many examples of strong partnership working within this report.

We note recent NHS England/Department of Health and Social Care (DHSC) guidance requires Integrated Care Systems (ICS) to undertake a full assessment of hospice service requirements for their population, identify gaps and ensure services are commissioned on a sustainable basis. We look forward to seeing the results of this and the benefits and recognition it should deliver to the hospice community.

END OF LIFE CARE THAT'S ALL ABOUT YOU



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