The Hospice of st francis

Reg Charity No. 280825

QUALITY ACCOUNT

2025-26

stfrancis.org.uk

CONTENTS

Our grateful thanks to everyone whose story is part of this Quality Account.

OUR VISION, MISSION & AIMS

A Hospice is a gift the community gives to itself

Our founder Pam Macpherson said:
"The Hospice of St Francis is for absolutely everyone. Terminal illness is no respecter of age, race or sex."

"Everyone has a talent and the Hospice needs all the talents."

From our founding articles of association

OUR VISION

A community where people with life-limiting illnesses live well until the end of their lives and their families receive the support they require.

OUR MISSION

To achieve our vision by providing outstanding care and support to patients and those close to them.
To share expertise through collaboration, innovation and education.
To sufficiently engage the support of our community to enable us to deliver our vision and mission.

OUR AIMS

To transform the quality of life for people living with life-limiting illnesses and provide support for those close to them.
To ensure high quality provision of care through education and research.
To sustain and expand our services through excellent finance.

The Hospice of st francis

CHOICE - TO LIVE & DIE WELL

WHAT WE DO IS LED BY YOU - WE LEARN FROM EACH OTHER

STATEMENT FROM OUR CHAIR AND CEO

Thank you for reading our 2025/26 Quality Account.

It continues to be a challenging time for the wider hospice sector, but the resilience and skill of our staff and volunteers, alongside the loyalty of donors, commissioners and supporters has meant we've been able to fully protect our integrated services.

The story of our care over the past 12 months is one of strength, quality and innovation. An evolving approach to sustainable funding, exploring commercial opportunities such as our Respite for Good offering, now sits behind this vision.

Whilst absorbing new costs (April 2025 employer NI changes increased our annual pay costs by approximately £125k, equivalent to around 2% of our total workforce cost), we've been able to continue offering genuine choice to patients and families, with an outstanding, holistic service.

Newer services such as our Heart Failure and Pulmonary Fibrosis support groups go from strength to strength, providing care when others cannot. More established areas such as Family Support continue to evolve, increasing reach with initiatives like a bereavement café. These are just a few examples of the many ways our Hospice has grown this year, all of which you can read about in this report.

We look forward to working collaboratively with the new Central East ICB, Thames ICB, Health Care partnership, Central London Community Health Care Trust and other hospices as we look at transformation for palliative and end of life care services locally and across the network.

Collectively, the impact is another year of outstanding hospice care and quality improvements, whilst prioritising the short and long term financial future of the Hospice. Our thanks go to outgoing CEO, Kate Phipps-Wiltshire, and the interim leadership from the Hospice's Deputy CEOs.

We are proud to be an organisation founded by the community, for the community, and sustained by the community. Their support through volunteering, fundraising, shopping with us and spreading awareness of our care continues to be crucial. Together, we can protect hospice care for future generations.

Left:
Paul Hill
CEO

Right:
Tim Symington
Chair of the Board of Trustees

QUALITY IMPROVEMENT

2025-26

OUR COMPASSIONATE CARE

During 2025 there was a restructure of the Inpatient Unit (IPU) and Care at Home services, creating an Associate Director of IPU and Care at Home post, successfully filled by Caroline Wheeldon. This has led to a number of developments within the clinical services.

Our main objective has been to bring inpatient and community services closer together, with more collaborative working and joined up practice, improving the patient journey and professional development of our teams.

Over the last year we have introduced a rotational role between IPU and Community Team. Senior IPU nurses rotate every three months into the community, bringing valuable IPU skills and experience to the team while extending their community knowledge and skills. The greater understanding of community services is enhancing discharge processes, nurse-led care and patient experience on IPU. Moving forward, two IPU nurses are going to provide ad hoc support to the Community Team where needed, again improving the collaboration and learning between the 2 areas. The carer team and IPU HCAs continue to cross-work where needed, sharing learning and experience.

2,079
visits by our Community Team

During 26/27 we are reviewing our IPU discharge processes to ensure we are maximising our IPU beds, while Community Team continue to utilise their virtual wards and available MDT to support increasingly complex patients to be cared for at home.

122
patients cared for on our Inpatient Unit

Long day working has been successfully implemented on IPU, now with 11.5 hour day and night shifts. Reviews have found this change has improved patient care, allowing the team on duty more time to prioritise and plan out their work, whilst the teams work life balance and role satisfaction have improved.

12 DAYS
the average length of stay on our Inpatient Unit

We continue as teams to look at our processes and procedures to ensure we are delivering the most effective care and treatments to our patients.

A MULTI-DISCIPLINARY TEAM

This year saw a strengthened presence of doctors in the multi-disciplinary Community Team supporting complex patients being cared for at home on our virtual ward.

This supports prevention of inappropriate hospital admissions, and patients being cared for in their preferred place, home.

JO & SAM'S STORY

Our Community Team were able to help Sam's mum, Jo, fulfil her wish to stay at home and be with her family at the end of her life. They were cared for by the Hospice's nurses, doctors, and Rapid Personalised Care Service.

"I had comfort knowing we were going to be really looked after. Mum's wishes were to stay at home and be with us, a family of four. That's all she wanted and the Hospice really did help us do that.

We had lovely Sue [Community Nurse Specialist] looking after us. She was brilliant. She gave us all the information we needed. She was always at the end of the phone.

They were just incredible. We kept saying we can't believe your job, what you do. We're forever grateful.

Being at home, having the carers (and nurses) come to us, Mum was relaxed. We were all together when Mum left us and will be forever grateful to have received this incredible service from the Hospice." - Sam

PARTNERSHIPS...

REGIONAL CHAMPION AT NHS EXCELLENCE AWARDS

The Hospice of St Francis, alongside Central London Community Healthcare NHS Trust (CLCH) and West Hertfordshire Teaching Hospitals NHS Trust, were named regional champion for the 'Working in Partnership' category of the NHS Excellence Awards.

A collaboration between partners enabled patients with end-stage interstitial lung disease (ILD) to die peacefully at home through the provision of heated humidified high flow nasal oxygen (HHFNO).

The cross-organisational 'Heated Humidified Oxygen Therapy' team, combining acute respiratory, palliative care, and community respiratory services, supports patients to use the therapy at home indefinitely, with round-the-clock palliative care cover preventing crisis admissions.

Hospital ILD deaths have fallen year on year (56 in 2023, 46 in 2024, 39 in 2025) despite rising referrals, and the model is attracting national and international interest ahead of planned conference presentations and publication.

FINDING STILLNESS AT ST FRANCIS

"For 23 years I have worked as a firefighter – trained to run toward danger, stay calm under pressure and be the strong one when everything else is falling apart. Five years ago, bladder cancer arrived in my life completely unannounced. The diagnosis came as a shock. For someone used to being the helper, not the helped, that was terrifying. Admitting I wasn't coping felt like failure. But it was also the moment everything began to change.

My oncology team at the hospital gently recommended The Hospice of St Francis, and for the first time, I accepted that I couldn't do this on my own.

Unlike so many clinical settings, the Hospice never made me feel like just another number. The care felt personal, human and genuinely compassionate. People knew my name. They remembered my story. They took the time to ask how I really was, not just how my blood results looked.

Thanks to The Hospice of St Francis – to Helen (Counsellor) for helping me understand my anxiety and trauma, and to Priya (Head of Wellbeing) for teaching me mindfulness and stillness – I have found my own way of navigating life with cancer, trauma and spirituality side by side." - Adam

677

patients and family members supported by our Wellbeing and Family Support teams in our Spring Centre

COLLABORATIVE HEART FAILURE SUPPORT

Our collaborative role with Central London Community Healthcare Trust means Clinical Nurse Specialist support for home-based Heart Failure patients who had previously become disconnected from services. This results in improving symptom control, medication management, and Advance Care Planning (ACP), alongside helping more patients die outside hospital in their preferred place.

This role also successfully initiated a hospice-based Heart Failure support group which delivers structured holistic support, education and future-planning for a population that may otherwise access palliative care late or not at all.

Early results (high ACP completion and onward referral to hospice services) suggest potential benefit; next steps are to complete patient-reported feedback and evaluate impact on hospital admissions, alongside ongoing promotion to increase reach.

TRANSFORMATION OF PULMONARY FIBROSIS SERVICES

The Hospice Pulmonary Fibrosis team supported transformation work to set up additional support services (Clinics, home support and Pulmonary Fibrosis support group) in South West Herts, with care delivery from Rennie Grove Peace.

Alongside this Dr Chadwick (our Consultant in Palliative Care) set up a Pulmonary Fibrosis Multi-disciplinary Team as a forum to support the more complex patients and to educate professionals.

Over the last two years, the reach of our Pulmonary Fibrosis support group has

DOUBLED

SUPPORTING THE NEXT GENERATION OF DOCTORS

In collaboration with Rennie Grove Peace we hosted fourth-year medical students from Brunel University, teaching them about holistic approach in palliative and end of life care and importance of compassionate communication.

"For me, it's broken down stereotypes. Palliative care doesn't have to be a scary process. At the Hospice, patients feel included in their care and what is happening."

Sakshy, a fourth-year medicine student from Brunel University, has spent a five-day placement shadowing the Hospice's medical team (namely Dr Katy, Dr Gabi and Medical Director Sharon Chadwick).

Having never experienced a hospice or palliative care environment, Sakshy explains what has stood out for her, "One of the things I've learnt is how important it is for patients not to lose control over decisions. Every care plan here is based on the individual. It's a place where staff and patients both feel comfortable to talk about the future care.

When the staff are creating care plans or discharging patients, they take time to think about the support and wellbeing of family members too.

I've also seen how the Hospice uses ReSPECT forms (a document that outlines care preferences for people at risk of deterioration) and can see how this reduces the load on hospitals by ensuring care can continue in the community, if that's best for a patient.

I love the team here - they are such a skilled team, working with patients who need complex care."

WORKING WITH HAREFIELD HOSPITAL

Our Specialty Doctor, Gabi Gascoigne, is providing face to face palliative and end of life support to the Specialist Palliative Care Nurse team at Harefield Hospital 1.5 days a week, plus telephone support outside these hours.

Dr Gabi, photo left.

SOUTH & WEST HERTS PALLIATIVE & END OF LIFE TRANSFORMATION PROGRAMME

Our senior nurses work with other Hospices, CLCH, WHHT, ICB and other system partners on areas of:

- Care Coordination
- Management of a patient in Crisis
- Proactive/Early Intervention
- Workforce Development

ALI'S STORY

"I went to A&E with terrible back and chest pain in January. They didn't know what was wrong and I was going downhill. I went from being a fit person to a disabled person overnight.

They brought me to the Hospice thinking I would come here to die, but in fact the Hospice brought me around. They helped with my pain and I can walk again now. When you can't walk you think that's it for me, but in fact, that wasn't the case.

At the Hospice, they helped me with pain management and I've been having physiotherapy most days. Their belief in you is an important thing because if the physios say you can do it, you just trust them that you can.

They're all such a team here and they work together harmoniously. The staff are just so supportive. If somebody says, 'Have you got a minute?' They'll say, 'Yes, I'll be there. I can help you.'

I feel the Hospice saved my life.

I'm planning to go home this week hopefully. I'm just trying to regain my strength. They want you to be more independent so it's not a huge shock when you get home. They have me in this room to prepare me for coming out – so you can do bits and pieces in the kitchen. Now, I'm looking forward to friends being able to pop in at home and maybe even cooking again."

BROADENING THE REACH OF OUR FAMILY SUPPORT

For just over a year, The Good Grief Café has offered a space for people to talk about grief and loss. The group is co-facilitated by the Hospice and held at All Saints Church in Kings Langley every month.

Open to everyone, the Café doesn't aim to 'fix' grief but instead provides a space where people can share their deepest heartbreaks and develop an ongoing relationship with grief.

More recently, we launched a Bereavement Café at the Hospice.

"The café is not solely for those whose loved ones were cared for by the Hospice. Anyone living with grief following a bereavement, no matter how long ago this was, is very welcome." - Alison Parsons, Bereavement Coordinator at the Hospice.

The Bereavement Café aims to provide comfort, connection and validation to people with a shared experience of bereavement.

NIKKI'S STORY

"After I finished my treatment, I came to the Hospice to start the Hope Course. I think it was one of the best things I ever did. It made me feel not so alone.

I had a lot of guilt about being ill when my family had needed support. I'd been told that only fifteen percent of people [in my situation] live three years.

I started meeting Amber [Psychological Support Lead] and after one session I was able to look at things a little bit differently. I saw her for six months and she taught me how to enjoy each day of my life. She also showed me that I hadn't let my family down.

I wanted to go back to work, but I was finding that I was still getting really tired. Jerri [Occupational Therapist] taught me how to balance a life that was right for me. She also helped me to have the confidence to put myself back out there. She taught me how not to get too tired when I started my new job. I saw that people could see me as a real person again, not as a cancer victim.

I'm so grateful to the Hospice because I don't know if I would've been able to process what happened to me without them. I can't deny that the cancer can come back at any time, but I don't think I'm scared about it anymore."

RESPITE CARE

In February, the Hospice launched 'Respite for Good' – a new paid-for service offering short-term residential care for people who rely on family carers for help with everyday tasks, or are recovering from routine surgery.

This onsite personal care service is designed to give family carers the break they deserve while ensuring their loved ones receive exceptional care in a safe and supportive environment.

RESPITE FOR GOOD at The Hospice of St Francis

Four onsite rooms will be available for booking periods of up to two weeks. These modern rooms combine comfort and safety with an adjustable bed, en-suite bathroom, call system, wi-fi/smart TV and nutritious home-cooked meals to create a relaxing environment. Further thoughtful touches like wellbeing activities, views over the beautiful gardens and natural light ensure a sense of peace and calm.

Respite for Good reflects a growing need for flexible care options. By offering respite care in four dedicated rooms, The Hospice of St Francis can generate additional income to help fund its core mission – sustaining and strengthening free hospice care for around 2,000 local patients and families each year. This innovative approach will help secure the future of compassionate care in our community.

"Everything about The Hospice of St Francis and Respite for Good has been splendid, particularly the aftercare I've been getting. The physio was wonderful, I've had hand and foot massages, and after nine days, I'm ready to go home feeling that much better.

Previously, I had a hip operation and went to a care home. They weren't able to offer physio and I had to try to follow the exercises that were given to me by the hospital on paper.

The exercises weren't always easy to do. It's so much better to have a physio who's so caring and helpful and able to give me exercises that she could see suited me. They helped me so much that I now feel confident to go home." - Ian, guest

EDUCATING FOR EXCELLENCE

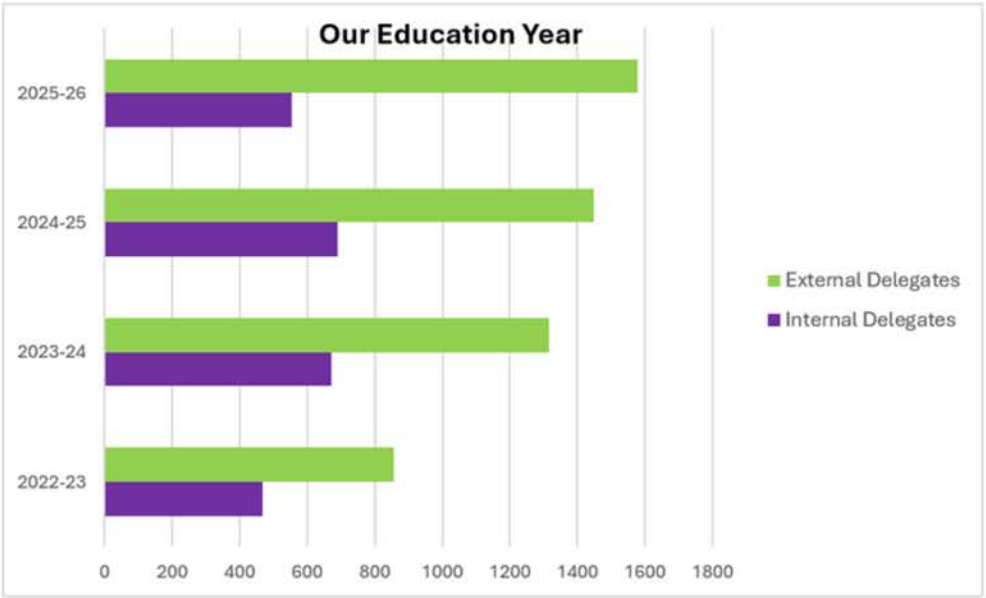
With an excellent reputation for quality training and impeccable customer service, The Hospice of St Francis Education team are proud to continue with their mission to provide high quality education and learning experiences for a wide range of health and social care staff, particularly in relation to all things end of life and palliative care.

A big focus of our education this past year has been in delivering ReSPECT* training for the public, for healthcare professionals within our ICB and for those attending our general programme sessions.

2,134
delegates attended our Education courses and training last year

We continue to offer our general palliative and end of life care programme and our AHP programme, as well as many bespoke sessions for the likes of Grannies for Nannies, EEAST (ambulance service) and various church groups.

Over the past year we are particularly excited to have supported mental health students, working with Central and North West London NHS Trust (CNWL), to gain insights into their role within palliative care, and to support year 3 physiotherapy and occupational therapy students at The University of Bedfordshire.



"The course has increased my confidence and my ability to provide safe, holistic palliative care. It has made me more determined to work for and champion a holistic approach within our team."

"The course helped me to reflect on my own practice and improve my holistic approach towards my patients at a critical time of their life."

YOUR HOSPICE TEAM

ASSURANCE & PERFORMANCE INDICATORS

	2025/26	2024/25
Complaints or concerns		
Complaints	0	0
Concerns	3	1
Serious incidents		
No. of serious incidents	2 (2x Grade 3 Pressure Ulcers acquired at HoSF)	3 (3x Grade 3 Pressure Ulcers acquired at HoSF)
Safety incidents		
Safety Events	5	12
Incidents breakdown		
Medication	25	34
Falls	20 (by 18 patients)	12 (by 11 patients)
Other	14	16
Skin and pressure care		
All Grade 2 pressure ulcers in year	20 (on 16 patients)	46 (on 39 patients)
Pressure ulcers on admission	12	19
Pressure ulcers acquired when at HoSF	8	27
All Grade 3 and/or 4 pressure ulcers in year	11 (on 9 patients)	31 (on 26 patients)
Pressure ulcers on admission	8 (on 7 patients)	23
Pressure ulcers acquired when at HoSF	3 (on 2 patients)	3
Vulnerable skin (previously Deep Tissue Injury – changed January 2025)	7 (on 7 patients)	8

Complaints and Concerns
All concerns related to the fundraising team. Three individuals had not been acknowledged for their donations due to an error that occurred during the transition to a new donor information system. Each individual has since received a thank-you message along with an apology for the oversight.

Incident types

- Safety Event: A situation where staff identified a potential risk and intervened to prevent a significant event or serious incident. These were previously referred to as 'near misses.'
- Significant Event: An incident that requires corrective action but did not compromise patient safety. Examples include equipment malfunction, medication errors (e.g. missed or mistimed doses), or minor injuries sustained during care.
- Serious Incident: An act or omission that results in one or more of the following: Serious harm, abuse, an injury requiring treatment to prevent death, or an unexpected or avoidable death.

Pressure Ulcers

- Grade 2 Pressure Ulcer: Partial thickness loss of skin involving the epidermis and dermis.
- Grade 3 Pressure Ulcer: Full-thickness skin loss extending into subcutaneous tissue.
- Grade 4 Pressure Ulcer: The most severe form, with extensive tissue damage and possible exposure of tendon or bone.

Vulnerable skin (previously known as Deep Tissue Injury):

- A pressure ulcer has not yet developed, but due to the skins profile (e.g. blanchable redness that persists, dryness, moist, paper thin) it is susceptible to become a pressure ulcer.
- The two incidents of serious harm were all Grade 3 or above pressure ulcers developed whilst at the Hospice. Every effort was addressed to avoid these incidents from occurring, but due to the nature of our work and clientele at the Hospice, these were unavoidable. All serious incidents were reported to the CQC and the patient and/or family were informed.
- Our primary focus is on prevention, alongside promoting healing where necessary. We carry out tissue viability assessments and develop personalised care plans tailored to each patient's needs.

The Hospice actively reports all incidents with the potential to cause harm. In 2025/26, there were:

- Two incidents of serious harm
- No unexpected or avoidable deaths
- No cases of abuse or injuries requiring life-saving treatment

SAFEGUARDING

Quality Improvements in 2026/27:

Focusing on the learning from analysing our safeguarding activity in 2025-26 we have now established a focus for 2026-27:

- Review of Trustee Assurance process to ensure we continue to benchmark against key regulatory guidance ensuring best practice
- Ensure all changes to the Deprivation of Liberty Safeguard process announced in June 2026 are embedded into practice https://www.cqc.org.uk/news/cqc-statement-supreme-courts-judgment-deprivation-liberty
- Refresh promotion of the Freedom to Speak Up process with staff and volunteer teams. Recruit additional staff ambassadors and review implications of the national arrangements for FTSU being moved directly to individual healthcare organisations and NHS England
- Complete work on establishing multi-professional safeguarding reflection groups
- Complete work on establishing Ethics working group and policy
- To complete annual audit using external self-assessment audit tools as set out by Hertfordshire Adults and Children's Safeguarding Boards, ensuring we are compliant as a partner agency

In 2025-26, we maintained a strong safeguarding framework, underpinned by clear Executive and Trustee oversight, established reporting arrangements, and continued regulatory compliance. The Hospice retained its CQC Outstanding rating and remained compliant with Charity Commission safeguarding expectations. Safeguarding continues to be embedded through team meetings, monthly reporting to the Clinical Reference Group, and quarterly reporting to the People & Governance Committee, supported by the annual Safeguarding Assurance Programme. Together, these arrangements ensure that safeguarding remains visible at every level of the organisation and is supported by clear governance structures, leadership accountability, and routine scrutiny.

Safeguarding systems remained active and responsive throughout the year. There was a reduction in the number of mental health-related concerns, which, the safeguarding leads report, is likely to reflect earlier intervention from the social work and wellbeing services, now fully integrated across both inpatient and community services.

Training data shows generally strong compliance and an overall positive direction of travel between 2024-25 and 2025-26. Bringing mandatory training back in-house will support strong engagement, improved assurance, and greater consistency in safeguarding capability across staff and volunteer groups.

	25/26	24/25	23/24	22/23
Safeguarding concerns raised: Adults	34	65	50	59
Safeguarding concerns raised: Children	8	13	7	12
Deprivation of Liberty Safeguards Assessments	5	3	3	3

Safeguarding is everyone's responsibility.
Our staff and volunteers share a collective duty to safeguard and achieved 100% in safeguarding training compliance. We continue to comply with the Safeguarding Governance requirements set by the Charity Commission.

1 CHOICE

We will continue developing and evaluating models of specialist care and our approach to patient safety by:

- Evaluating the delivery of our Virtual Ward to ensure ongoing benefits to patients and carers with complex specialist palliative and end of life needs within a community setting.
- Ongoing evaluation of the Palliative Care Referral Centre and Self-Referrals to maximise inclusive access to all patient and family services.
- Ongoing review of services and processes in light of changing patient needs and reduced IPU beds, including virtual beds within the community team, developing collaboration between IPU and Community teams and review of discharge process and culture to ensure appropriate use of available beds.
- Ensuring we continue to meet the targets of the Priority referral indicators 1-4.
- Shared palliative heart failure post with CLCH. Heart failure team recently engaged with a bespoke education session delivered by the Hospice to help increase confidence and knowledge around having conversations about future wishes and appropriate treatments.
- A new palliative care ILD MDT has been established by HOSF PF team (chaired by Dr Chadwick) and provides space for local clinicians to consider how to best support individuals living with pulmonary fibrosis.
- With our PF caseload growing, the PF MDT are continuing to support Rennie Grove Peace in their newly established PF group (Feb 2026) so there are now two groups within Hertfordshire. Additionally, we have started monthly ILD MDT clinics with all relevant community and palliative services, to discuss shared care and complex cases.
- The Hospice safeguarding training is now being delivered in-house by our safeguarding leads with the Education team. This ensures that all our staff and volunteers have training that is Hospice-focused and gives them the confidence and skills they need to protect individuals under our care.
- Complete the development of the new pharmacy space and embed processes within it to remain compliant with CQC medicines optimisation requirements.
- Maintain our high levels of Infection Control compliance through ongoing collaboration with our external audit provider, including regular audits and timely action on findings. We will use audit insights, staff training, and targeted improvements to address risks, reinforce best practice, and ensure the consistent delivery of safe, high-quality care.
- Throughout 2025, the Education team was integral in rolling out all levels of ReSPECT training (to record end of life care wishes) to colleagues in the Hospice, local ICB and across the locality. It also spearheaded the work to produce a Hertfordshire competency pathway for non- medical ReSPECT writers.
- Workshops about assisted dying offered to allow staff and volunteers to consider the facts of the Bill and have a safe space to consider the implications for individuals within and beyond the Hospice.
- Implementing our PSIRF policy and plan with an updated Vantage module on incident reporting to better support and learn from incidents and serious incidents using the recommended models.

2 TO LIVE AND DIE WELL

We will optimise the potential and reach of our Wellbeing and Supportive Services by:

- Evaluating our Patient Psychological Services Pathway, which has been developed using a volunteer counsellor model to build in capacity and uses CORE 10 to measure effectiveness.
- Work with the Education team to provide Level 2 Psychological skills training to staff to support the Psychological services.
- Expand the reach and impact of our new bereavement group by opening participation to the wider local community, increasing awareness through local networks, and ensuring all groups remain a welcoming, supportive space for anyone experiencing loss. Strengthening pathways that ensure anyone experiencing loss can easily find and join the support they need.

3 WHAT WE DO IS LED BY YOU

Improving beneficiary experience and engagement in service development by gaining valuable feedback by:

- Relaunching our audit group, making audit data and results widely available across the organisation to share learning and changes in practice across all areas.
- Developing a beneficiary user group to put patients, family and carers at the future of our services.
- Continuous monitoring of all patient, family and carer feedback and surveys, and reporting back to relevant departments any constructive criticism, and applying changes as needed.

4 WE LEARN FROM EACH OTHER

To engage with our community and partners in care delivery to ensure we understand the diverse needs within the community and provide education that reaches and supports inclusivity.

- We continue to work collaboratively with our palliative care colleagues to provide relevant education for all levels of staff through our general palliative and our AHP programme.
- We are working with One Stop Training to ensure all our staff complete the Tier 1 and 2 of Oliver McGowan Training to consider the needs and reasonable adjustments of autistic people and those with a learning disability. This, along with the learning disability MDT, will help us ensure we get it right for those with a learning disability to access our service.
- We will review our Equality and Diversity work as a priority in our Integrated Governance Road map.
- Children's palliative care team continue to access our palliative care programme to equip them with the skills and knowledge they need for supporting these young people transitioning to adult palliative care.
- We are reviewing our IPU discharge processes to ensure patients are cared for in the right place at the right time and maximizing our IPU beds.
- We are looking to compose a new Hospice Strategy, including our Clinical strategy aligning to the 10 year plan and to community care by strengthening our collaborative work with the new Central East ICB, Herts Care Partnership, CLCH, other hospices and neighbourhood health representatives.

Corporate Volunteers

WHAT OUR NHS COMMISSIONERS SAY

STATEMENT FROM NHS CENTRAL EAST INTEGRATED CARE BOARD

NHS Central East Integrated Care Board

The The Hospice of St Francis is a key partner in delivering palliative and end of life care, working collaboratively with adult community services through sub-contractual arrangements with Central London Community Health NHS Trust. The ICB has also worked closely with the hospice in delivering the Rapid Personalised Care Service (RPCS) alongside Rennie Grove Peace Hospice.

Throughout the year, the ICB has maintained close engagement with The Hospice of St Francis to gain assurance on the quality of care provided, ensuring services are safe, effective and deliver a positive patient experience.

Central East ICB recognises the hospice's strong partnership approach and contribution to high-quality care delivery. We look forward to continuing to work collaboratively with the hospice and other system partners to deliver a coordinated, system-wide approach.

Central East ICB acknowledges and commends the staff at The Hospice of St Francis for their continued support to the NHS and their delivery of safe, effective, high-quality care for the populations we serve. We look forward to working in partnership with the hospice over the coming year.

Rowan Procter
Deputy Director Quality Assurance
NHS Central East Integrated Care Board

Hospice Reception Team

WHAT OUR NHS COMMISSIONERS SAY

STATEMENT FROM NHS THAMES VALLEY INTEGRATED CARE BOARD

NHS Thames Valley

The Thames Valley Integrated Care Board (ICB) is pleased to confirm the continued commissioning of specialist palliative care services from Hospice of St Francis for 2026/27.

The ICB recognises the ongoing pressures across the system and extends its sincere appreciation to Hospice of St Francis for their continued engagement and active contribution to service development across Buckinghamshire. This collaborative approach remains central to delivering the ICB's ambitions for Palliative and End of Life Care, with a shared commitment to improving access and enhancing the experience of care for individuals and their families.

Thames Valley ICB values its strong and enduring partnership with Hospice of St Francis and looks forward to working together throughout 2026/27 to ensure that people of all ages across our system are supported to live well and die well, with dignity, compassion and choice.

WHAT OUR NHS COMMISSIONERS SAY

STATEMENT FROM NHS CENTRAL LONDON COMMUNITY HEALTHCARE NHS TRUST (CLCH)

Over the past year, palliative and end-of-life care services across South and West Hertfordshire have experienced increasing pressures as demand has grown and the needs of patients have become more complex. During this time, The Hospice of St Francis has continued to be a trusted and important partner, working collaboratively with CLCH, local hospices, and wider system colleagues to support service development and day-to-day palliative care delivery.

Stronger partnership working between providers has helped create a more joined-up approach to improving quality, safety, and patient experience. The Hospice of St Francis has made a valuable contribution to this progress through its commitment to collaboration and its focus on delivering high-quality, person and family-centred end of life care.

John Harle (Divisional Director of Nursing and Therapies (Herts), Central London Community Healthcare NHS Trust)

LEADERSHIP & GOVERNANCE

TRUSTEES

Tim Symington
Chair of Trustees

Debashis Dasgupta
Deputy Chair of Trustees

Jenny Jenkins
Trustee

Shailen Rao
Trustee

Philip Burroughs
Trustee

Avni Shah
Trustee

Eddie Powell
Trustee

Darren Purkis
Treasurer

Charlotte Thrower
Trustee

Sandra Turner
Trustee

Jean Juniper
Trustee

EXECUTIVE TEAM

Paul Hill - CEO
Polly Traxler - Director of Governance, Education & Supportive Care (Deputy CEO)
Dr Sharon Chadwick - Medical Director
Joe Burrows - Director of Media & Communications
Fay Richardson - Director of Care and Contracting
Kate Brooks - Director of People
Lisa Ellis - Director of Finance & Performance
Erman Housein - Director of Fundraising
Sam Lees - Director of Sustainable Trading

The Hospice of st francis

Reg. Charity No. 280825

STFRANCIS.ORG.UK

01442 869550