

Quality Account

2025-2026

**KEECH
HOSPICE.**♥



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To all the staff at Keech,
past and present,

A huge thank you for all of your
support and kindness over the years.
When we first walked through Keech's
doors over 13 years ago, I never
imagined we'd be here now, (name
redacted) being discharged as she will
be turning 19 in July. We have learned
and grown so much and Keech have
been there every step of the way
with a lended ear and cup of tea.

Special thanks to Play Co-ordinator
who has been there right from
the start and have some amazing
memories to treasure. (Names
redacted) who gave us so much
from just being themselves,
nurturing and kind. We will miss
Keech immensely. A special place
that felt like home. Lots of love x x

Family member - CIPU

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A warm welcome

I would like to begin by expressing my sincere thanks to all our staff and volunteers for their exceptional dedication and commitment throughout the year. It has been a year of which we can be immensely proud. This Quality Account is an important publication, forming a key part of our accountability to the many individuals and stakeholders connected to the work of Keech Hospice.

We are pleased to present this summary of the quality initiatives undertaken during the financial year, alongside a high-level overview of our priorities for 2026-2027.

The quality of our services remains of paramount importance, and we are committed to maintaining high standards while continuously seeking opportunities for improvement.

Over the past year, we have completed or made significant progress on five major strategic projects, each supported by Board approved investment to strengthen the organisation's long-term resilience. These include the implementation of a new IT infrastructure, a new CRM system, a refreshed brand and website, a new income strategy and team, and the development of a new organisational strategy. Alongside this, we have advanced our digital capabilities by replacing outdated and analogue systems with modern digital solutions, including a new Learning Management System (LMS), a new incident reporting system (Ulysses), and a new people strategy focused on enhancing staff processes and experience.

Sustainability continues to be a key priority within both our previous and current strategies. This year, thanks to the generosity of a business partner and our wider community, we successfully installed over 500 solar panels, marking a significant step forward in reducing our environmental impact.

Our new strategy, approved by the Board in March 2026, builds on our existing direction and sets out six strategic goals, supported by six ambition statements that define how the organisation will evolve over the course of the strategy:

- Financially resilient
- A sustainable infrastructure, fit for the future
- A more equal and inclusive organisation
- Recognised as a Centre of Excellence
- A digitally empowered and data-driven culture
- Powered by partnership and collaboration



I confirm that I am accountable for the preparation of this report and its contents. To the best of my knowledge, the information presented in this Quality Account is accurate and provides a fair and balanced reflection of the quality of healthcare services delivered by Keech Hospice.

Funding continues to present challenges. NHS funding has not kept pace with rising costs and, in some cases, has reduced. Voluntary income also remains under pressure in the current economic climate. As a result, we remain focused on ensuring that our resources are used as effectively and efficiently as possible.

We have also played an active role in a national campaign advocating for the development of a more sustainable funding model for the hospice sector.

I am extremely proud of our staff and the outstanding care they provide. In 2025, we were honoured to be recognised as an 'Outstanding Organisation to Work For' in the Best Companies List 2025, based on feedback from our staff. We have also been deeply encouraged by the consistently positive feedback from patients and their families, with 100% of respondents stating they would be extremely likely to recommend our care.

We have continued to strengthen our approach to equity, diversity, and inclusion (EDI), celebrating diversity across our workforce and community, and taking steps to diversify our Board.

We are also proud to have been designated as a University Hospice this year, further strengthening our commitment to education, research, and excellence in care.

In the coming year, our focus will be on embedding the significant changes and improvements delivered through these projects, ensuring they become part of our core operations, while maintaining resilience in an increasingly complex and changing environment.

Liz Searle
Chief Executive Officer

Quality, access and partnership



Our teams continue to strive to deliver the highest standard of palliative and end of life care to babies, children, young people and adults. Central to this work is our commitment to listen carefully to the people we support, understanding how, when and where they wish to receive care, and ensuring our services are equitable and accessible for all.

The launch of the Bedfordshire Palliative Coordination Service (BPCS), developed in partnership with Sue Ryder St John and NHS providers, directly responded to feedback from Bedfordshire residents and health care professionals, that accessing care could be complicated and confusing. By working closely with the Hertfordshire Urgent Care Service and offering the coordination service through NHS 111, option 4, we have ensured that no call goes unanswered. We are now supporting over 2,000 people and recognise that there are many more who may benefit from this service.

In January 2026, we signed a formal partnership agreement with the University of Bedfordshire. This marked an important milestone in a relationship that has been growing over many years and reflects our shared ambition to work closely together in the future. The partnership supports our commitment to delivering research led care and further strengthens our focus on ensuring all communities can access our services.

Our strong relationships with partners and our local communities have played a key role in shaping our strategy for the next five years. We are very grateful to Healthwatch and our ICB colleagues for their support in gathering valuable insights and feedback on how our communities would like hospice services to develop.

Finally, I would like to sincerely thank the Care and Learning Teams for their ongoing commitment to delivering inclusive, compassionate and personalised palliative and end of life care. Your dedication to always asking, 'What matters to you?', and to those important to the people we support, remains at the heart of everything we do.



E Tolliday
Elaine Tolliday
Deputy Chief Executive and
Clinical Director

One pathway Better outcomes

Bedfordshire now has a unified palliative care pathway

Refer earlier,
Reduce admission
Support patients

Call 111 and
Make every conversation count

Your care Your call

Palliative care is about living well, with comfort, choice, and support.

Get advice,
Find support,
Refer yourself.

Call 111 and press option 4
No referral needed. Just call.

Better. Together. For you.
A collaboration between:



Our purpose, vision and values

We provide free specialist end-of-life hospice care for people of all ages. Caring and supporting adults across Bedfordshire and children and their families across Bedfordshire, Hertfordshire, and Milton Keynes with life-limiting conditions. At home, in hospice, or wherever we're needed.

As a teaching hospice, our exceptional people, training, and facilities are helping local communities to live and die well.

Our mission

To lead the way in providing excellent care, supporting children and adults with life-limiting conditions and those affected by death and dying, helping them to live well and make every day count.

KEECH HOSPICE

Our Values

<p>We can be trusted and respected for our professionalism</p> <ul style="list-style-type: none"> I can be trusted with your information and your care. I can be relied upon to use your donation or gift wisely. I have integrity and am accountable for my decisions and actions. I act in a way that is fair and transparent and clear for all to understand. 	<p>We deliver better outcomes by working together</p> <ul style="list-style-type: none"> I value the contribution of my colleagues wherever they work or volunteer. I look for ways to be more inclusive and welcoming of all. I seek opportunities to work with others. I readily share my knowledge and expertise.
<p>We are committed and innovative</p> <ul style="list-style-type: none"> I respect our resources and use them carefully. I approach change with an open mind. I look for ways to increase productivity and improve quality. I am dedicated to what I do because the work of Keech inspires me. 	<p>We take care of each other</p> <ul style="list-style-type: none"> I think about how my actions and words impact those around me. I listen to and value the contribution of others. I act with compassion and kindness at all times. I offer and receive feedback so that we can grow and develop together.

Our vision

To Make the Difference When it Matters the Most.

We believe Hospice Care is:

- About quality of life and making dying, death and bereavement a normal process, and about living with these realities
- innovative & pioneering
- integrated
- led by people's needs
- delivered at its best when staff and volunteers are recognised, developed, supported and well led
- expert in nature
- equitable and inclusive
- influential in the quality of care provided by others
- engaging and connects the whole community, valuing diversity
- provided in partnership with others
- for all ages and all conditions
- environmentally conscious.

How are we funded?

We raise funds through generous donations from our local community and the sale of donated goods in our charity shops. In addition, a funding contribution is made by the NHS and local authorities.

Our purpose

Our purpose is to lead the way in providing specialist care, supporting babies, children, young adults and adults with life-limiting conditions, helping them to live well and make every day count. The support extends to their loved ones and is free to all who need it.

Care and support can be provided in the patient's own home, as an outpatient, in our day services, or in our purpose-built in-patient units.

We will provide a programme of care and support, that has each person at the centre, enabling them to live well with their life-limiting condition.

We will offer a well-coordinated, multi-professional and 'seamless' service, which integrates hospice specialist palliative care services with primary, secondary and tertiary health care services, other voluntary/independent agencies, social services and, in the case of children and young people, education services.

Our approach will be non-judgemental and non-discriminatory, ensuring equal access for all. We consider it equally important to give support to those who care for our patients, whether they are professional carers, members of the family, friends or trained volunteers. We work with our communities to develop resilience at end of life and beyond.

We aim to use our expertise to benefit the community we serve.

This includes promoting conversations about death, dying and loss within communities, so normalising the process and helping people to communicate their wishes. We also provide training to health and social care professionals. We take the lead and work in partnership to spearhead research and innovation within our specialist field.

A Year of impact and improvement



FREEDOM to SPEAK UP
Together, we create a safer, more transparent environment.

Our Freedom to Speak up Guardians



Pam Garraway



Judith Dimmock



Lisa Sarron

speakup@keech.org.uk

How do I speak up?

There are many ways to speak up within Keech Hospice.

You could:

- have a discussion with your line manager
- submit a suggestion email feedback@keech.org.uk
- speak to HR
- contact one of our Freedom to Speak Up Guardians, email speakup@keech.org.uk

What is speaking up?

Freedom to Speak Up Guardians support workers to speak up confidentially when they feel that they are not being listened to or have no other avenue to do so. The Guardian's role is to support workers in speaking up about any concerns they have, they help ensure that concerns are heard and addressed appropriately, fostering a positive culture of openness and transparency.

Who can speak up?

Anyone working for Keech can speak to one of our Freedom to Speak Up Guardians, this includes all staff members, regardless of their role.

What can I speak about?

You can speak up about anything, whether it's related to patient care, workplace safety, or other issues. It could be that something doesn't feel right, for example a way of working or a process which isn't being followed or is unsafe, or behaviours of others which you feel is having an impact on the wellbeing of yourself, the people you work with or our patients.

Your Freedom to Speak Up (FTSU) disclosures are confidential. We value your courage and commitment to improving our workplace. Rest assured, your identity and information will be protected.

Freedom to Speak Up

We have three FTSU Guardians. In addition to this we also have two FTSU Champions to support the Guardians in continuing to raise awareness for speaking up at Keech. The guardians can be accessed via a dedicated email address speakup@keech.org.uk

Inclusive Health Service

The Inclusive Health Service continues to serve the community across Luton, Bedford and Central Bedfordshire.

In April the Inclusive Health Service started the Inclusive Health Series. These are one-hour sessions focusing on areas of inequality and inequity in palliative care that are addressed infrequently. This is a 10-part series of monthly sessions being delivered online facilitated by the Inclusive Health Nurse and guest speakers.

In May the opening of new accommodation supporting people with homelessness and complex needs opened in Luton and meetings and visiting tours were arranged to form links with Keech Hospice Services and Keystage Housing Support team to assist patients with their supportive care needs.

Also, in May the Inclusive Health service facilitated a masterclass with speaker Sarah Dowd, the Inclusive lead at Princess Alice Hospice with the session 'Managing safe uncertainty in palliative and end of life care'. The masterclass proved to be successful and well attended.

In October the Inclusive Health service took part in a wellbeing open event in Luton town centre along with other health and wellbeing agents

across the town to promote health, education and training. Education continues to be a primary focus and in October a teaching to masters social work students at University of Bedfordshire in their final year of study took place. The session was entitled 'Compassionate Palliative Care for Vulnerable Homeless Communities'.

The Inclusive Health Service organised a remembrance service in November to represent all the homeless community who had died over the last two years in the area of Luton. The service was held at Keech Hospice with a large attendance from the charities and support agents who service the homeless community. The service led by our own chaplain allowed people to share memories and light candles in memory of patients who the homeless partnership had cared for. It was very successful and as a result will become an annual event.

In December the Inclusive Health Service further highlighted the complexities and issues that continue to be very concerning across the homeless community in the publication of an article in the Mental Health Practice Journal, titled 'Exploring the challenges of providing palliative care to people experiencing homelessness'.

Infection prevention and control

This year we began piloting monthly cleanliness audits in our Living Well Centre, results have been consistently high, and we will begin to formally report in Quarter Q4 all areas at the Luton site continue to receive 5-star ratings from the monthly audits.

All staff have been asked to self-document their vaccination status for key childhood immunisations and where relevant those required for working in clinical areas. This enables us to recognise when individuals might be vulnerable, should they be exposed to certain infections in the work environment.

The AIPU team were quick to respond to a suspected outbreak of Clostridium difficile, following all relevant precautions to protect patients and themselves. We took advice from the UK Health Security Agency and were able to confirm that all appropriate measures were being taken.

Adult services

In-patient care

During ‘lockdown’, we made the decision to combine the adult in-patient and outpatient teams, into one adult services team.

The vision was to have a flexible, skilled team that could work across both areas, increasing effective and efficient use of all our resources, and help deliver a seamless, responsive transition for our patients as their care needs change.

Activity through the in-patient unit has continued to increase, as has the average length of stay. We have seen an increase in the level of patient symptom complexity and dependency and this has remained consistent; the collaborative working of the multidisciplinary team and engagement with external colleagues to ensure patients and those close to them get the care and support they need, when they need it, has been exceptional as we embrace the change and demonstrate our ability to be proactive, flexible and responsive as situations arise.

We had the opportunity to show our range of ability to support all our patients and their families, when a relative had a fall in the grounds caused by a medical event and required emergency care at hospital. Following surgery at Papworth and a brief recovery period, we were able to support her to stay overnight with her husband during his final days, giving her and the family reassurance that we could act quickly if she became unwell and needed further assistance. She was extremely grateful for the care given to her and her husband and has kindly agreed to share their story with our Marcoms Team, to showcase our care, compassion and dedication to make a difference when it mattered the most.

Outpatient Care – Wellbeing Centre

The rotation of adults services team members to this aspect of the service continues and has now been formally established within the off-duty. The team are actively engaging with hospital teams to remind/raise awareness of the services we provide, how these can be accessed and reminding them of the self-referral process should patients wish to think about options, or to arrange an informal visit to see our facility for themselves.

Key Initiatives

To improve comfort and engagement during transfusions, we have introduced activities such as:

- **Arts and crafts** – Providing a creative and therapeutic outlet for patients.
- **Advance care planning** – Offering guidance and support for future healthcare decisions.
- **Memory work** – Encouraging patients to reflect and create meaningful keepsakes.



Collaborative working with the communications team led to the new Wellbeing Centre leaflet, which highlights our holistic offer and has been shared with referrers and patients. This work aims to improve visibility and understanding of how the service can be accessed and what services are available.

Blood transfusions more than doubled in Q3, with 64 episodes of patients receiving blood products compared to 31 in Q2. Routine blood monitoring activity also increased, from 153 procedures in Q2 to 208 in Q3.

During the external annual blood products audit in November 2025, conducted with the Blood Transfusion Lead from Luton and Dunstable Hospital, updates were made to paperwork and documentation to ensure ongoing compliance with current guidelines. An in-house audit process has been established to maintain high standards of practice and will enable reporting of outcomes in quarter four.

Putting you at the centre of everything we do

With a range of specialist therapies and holistic services, our team works closely with you to address your physical, emotional, and psychological needs - all in one supportive space.

Clinical support

Our specialist care team offer a personalised approach to your care.

- A nursing and medical assessment
- Pain and symptom management
- Blood tests, blood transfusion, platelet transfusion
- IV therapy, bisphosphonate treatment/ infusion, Zoladex implant

Physical, emotional and psychological support

We offer various therapeutic services and holistic support.

- Aquatic therapy in our hydrotherapy pool
- Art, music and talking therapies
- One to one and group sessions with our rehabilitation team
- The opportunity to meet others with similar experiences

Planning ahead

We are here to support you to plan for the future and make your own decisions about your care.

- Advance care planning
- Memory box work
- Support from our social work team

Free on-site parking is available, along with access to Valerie's, the on-site restaurant.

KEECH HOSPICE

01582 492339
info@keech.org.uk
keech.org.uk

Registered Charity No. 1035089

There are several ways you can access our support:

- self refer via our website keech.org.uk/refer
- speak to a member of your care team or your health professional
- phone My Care Co-ordination Team on **0808 180 7788**



Palliative Rehabilitation Team

The demand for access to this service remains high and the Rehab Team continue to monitor the waiting list and prioritise patients when urgent support needs are identified. Noticeably the sustained complexity of patients' needs, reinforces the importance for the team to continue to work effectively with internal Keech Services, and external NHS and Social Care colleagues, to provide holistic, well-rounded care to collectively achieve the best service for our patients.

The team have delivered three separate wellbeing programmes this year. This remains a collaborative venture between art therapy, complementary therapy, music therapy, wellbeing nursing team, doctors, rehab team, social work team, and an external team, 'Food First' for the nutrition session.

'Drop-in' gym sessions continue weekly overseen by a physiotherapist or occupational therapist.

There are more referrals coming through for aquatic therapy assessment for patients attending the Living Well Centre. There are 1:1 and group sessions at allocated times, and with a second physio completing her aquatic therapy training, we are now able to offer appointments on a Friday.

Living Well Centre

The Living Well Centre is used five days a week between the multidisciplinary team. The activity has increased including external colleagues, such as Macmillan Welfare and Benefits, Macmillan Psychology, Community Palliative Physiotherapists and more. Our patients can visit for the day and engage with the multi-disciplinary team for full holistic support.

New service leaflets were developed this year and have been circulated to community teams.

Following a successful pilot, a new rehabilitation group has started on a Monday afternoon in partnership with the community specialist palliative care physiotherapist.

We have continued to support the improvements to the building and facilities over the last two years, and the recent review of cleaning has now meant we have achieved five stars in the hospital cleanliness standards.



Our aim is to help you stay at home, live well and be independent for as long as possible.

- We provide:**
- Face to face nursing and medical assessments
 - Individualised goal setting to help you achieve what is important to you
 - Individual specialised symptom control programmes
 - Support with future planning, including completing your Personalised Care and Support Plan
 - Access to complementary therapy
 - Opportunity to meet others in similar situations to you

Tuesday and Wednesday 10am-3pm Health and wellbeing sessions

- Access to a 12-week nurse-led health promotion and wellbeing programme
- On-site access to symptom control clinic
- Opportunity to learn new skills with a variety of arts and crafts tailored to your abilities
- Time with others in similar situations
- Engagement in chair-based exercises
- Relaxation and mindfulness sessions

Thursday 2-4pm Life celebrations and memory making

- Individualised sessions to help you to celebrate your life
- Stories for Life workshop where you can capture your memories on a video recording to share with your loved ones
- Opportunity to make hand models
- Support with making memory boxes and a variety of other memory making resources
- Access to nurse-led advice and support

Bedfordshire Palliative Care Service (BPCS)

The My Care Coordination Team (Keech Hospice) and the Palliative Care Hub (Sue Ryder, St Johns Hospice) have come together to create the Bedfordshire Palliative Coordination Service, launched in December 2025. This service holds a single register on SystmOne for patients in the last year of life across Bedfordshire.

BPCS is now the single point of advice for patients and professionals 24 hours a day. This will result in improved communication across care settings, less confusion for patients and easier for professionals to refer to one service. The new storm (111 option 4) telephone system was formally launched on the 1 December 2025.



Some of the key outcomes for the service are as follows:

- Increased offer of Advance Care Plans (ACP's).
- Reduced number of people with 3 or more hospital readmissions in the last 90 days of life.
- Reduced number of people dying within 24 hours of hospital admission who are known to be palliative.
- Increased use of EPaCCS including recorded ACP and ReSPECT.

Better. Together. For you.
A collaboration between:



Children's services

For parents who choose to engage with the hospice prior to birth, parallel planning for all potential outcomes using the neonatal advance care plan can be extremely valuable. This also enables us to have a plan for symptom management from the moment the baby is born, ensuring that the priorities agreed with the parents can be achieved.

Although we are not currently able to develop perinatal services following on from the scoping project last year, we have made links with the neonatal team at the Luton and Dunstable hospital and will be working with them, and more widely, to review and enhance our neonatal pathway. This should work well with the planned focus on perinatal palliative care in the East of England, led by the National Lead Nurse for Neonatal Palliative Care, which should commence later this year.

The play team continue to provide an assortment of regular activities and many additional events throughout our geographical area. They are also trialling a sibling group for children under six years old to offer support for this age group until they are old enough to join Sparklers. As well as advertising the forthcoming activities, the regular newsletter that goes out to families provides service updates and lets families know about other things that may interest them.

The memory work that the play team provides creates not only experience opportunities for our patients and their families but also keepsakes like hand and foot moulds and prints that can be used for specific items like canvases, tiles and jewellery. This is something that is extended to our adult patients and the team have been to the Living Well Centre to teach the clinical team there how to do the 3D moulds.



Supportive Care and Social Work

One of the art therapists has been offering a Reflecting Practice Group for staff within Supportive Care. She has been interested in doing some research in collaboration with Bedfordshire University offering the group to the wider MDT and looking at what impact it has on staff well-being. This has now received ethics approval, and the art therapist can begin looking at starting the group.

We are continuing to run supervision groups for other teams in the hospice, one for the Rehab and Social Work teams and one for the Children's team. These are well attended and continue to be a great source of support for staff at Keech.

Supportive Care have been heavily involved in the Wellbeing Programme this quarter, providing art therapy, music therapy, complementary therapy and regular support from one of our Emotional Support Practitioners. The mindfulness 'taster' session that our Lead Complementary Therapist provided was especially popular. As a newly qualified mindfulness practitioner, she has been providing a regular mindfulness group for outpatients and has had a lot of interest from the attendees of the Wellbeing Programme.

As the organisation's Safeguarding Lead, the Associate Director for Supportive and Social Work has been reading and researching updated guidance around levels of Safeguarding training. It has been recognised that there should be a Director and Safeguard Leads trained at level five Safeguarding, which is currently being organised. The whole staff training matrix for Safeguarding training levels is being reviewed in line with the RCN 2025 Competencies for health care staff Intercollegiate document and will be updated ready for when the new training management system is up and running.

The Spiritual Care volunteers have continued to support staff, patients and families. The Chaplain has put together a spiritual care training package for Keech staff, which he will facilitate along with the Spiritual Care volunteers.

The Social Work team recruited two members of staff this year, which is hoped to help increase activity data.

Our 'Buddies' patient social group continues to be the most well attended group and is well received now been able to recruit some new volunteers to support the group, which is going well.



The Community Connector organised a No Barriers Here workshop and a tour of the hospice with another local faith school. 15 students and two tutors attended completing, presenting, and discussing the artwork produced and about what mattered to them. They were very engaged during the tour asking lots of questions and taking in the feel of the hospice. There are plans to have this as a regular part of the curriculum for future students of this age.

Compassionate Communities

Dying Matters Week took place from 5 to 11 May 2025. This was a very successful week with varied activities and regular communication messaging throughout the week which included utilising our shop windows with posters to help advertise the event. The theme for the week was 'The Culture of Dying Matters'. The team was also part of a new approach this year with a wider approach across hospices led by the MacMillan Transformation Lead to encourage a more system wide approach.

An innovative approach was taken this year on the back of the main theme to raise awareness of muslim death practices with a workshop facilitated by our Community Connector and our Compassionate Neighbours Coordinator. This was attended by over 30 people which included a mix of staff, volunteers and community representation. This provoked great interest and generated some enquiring questions from the audience in a safe and informal atmosphere. The workshop included a demonstration by our Community Connector of how a body would be washed and shrouded.

We continue to explore new approaches to our Death Cafes. We have launched our Pet Loss Cafe We have worked collaboratively with Luton Libraries. These have had good traction on the library website which indicates that there is an interest in this topic.

We ran a successful face to face event 'A Queer Look at Art through the Ages' during pride month from Sheldon Goodman from the British Museum to raise awareness of art and stories linked around famous and not so well-known members of the LGBTQ communities. Sheldon focussed on classic works in The National Gallery by John Constable, William Hogarth and Edouard Manet. These were framed with other examples from the Italian Renaissance, Dutch Golden Age and Impressionist movements: from subject to themes – giving delegates an in-depth look at art to make them see the unseen and appreciate that 'death is very much a part of life, especially when it comes to art'. This promoted much discussion and interaction. Sheldon said that "it was great to see Keech supporting LGBTQ month at a time when many other organisations were dropping this... so well done to Keech".

Friday prayers continue to be a successful approach to

We collaborated with Pluto Play Productions to deliver a play titled 'Fighting for Life' based on a true story about the parents of Dr Helen Findlay and the struggles to get the care that they deserved. Dr Findlay joined the audience as part of the after-show discussion. It was a powerful event and we were honoured to share this with her.

engagement with the community. Plans to broaden how we extend our engagement in terms of tours, workshops and being visible at mosques and community events.

The Community Connector has continued to provide dedicated care to patients and their families during some of the most challenging periods of their lives. This support has included the distribution of sunnah wellbeing packs, thoughtfully designed to offer comfort and guidance rooted in Islamic principles. The packs have been positively received, with feedback from families describing them as 'very well thought of', demonstrating their relevance and emotional impact.

As part of the BLCF (Bedfordshire, Luton and Community Foundation) 25th anniversary celebrations the Compassionate Community Lead and Community Connector were interviewed in the filming of a piece to contribute to the anniversary documentary. This should be released shortly and will present an excellent platform to raise awareness of Keech, death and dying conversations and why community is important.



Compassionate Neighbours

A community member who spoke little English and could only fluently communicate in Urdu, was extremely lonely and isolated since her diagnosis. She had left work and was very much homebound. I was able to match her with an Urdu speaking compassionate neighbour and the family are very grateful for the emotional and social support she offers once a week.

A range of engagement activities have taken place, including:

- Inspire FM.
- Attended Health Fest and Stock Fest.
- Drop-in community spots in Lewsey Farm.
- GP surgery, shops and pharmacy.
- Training of Social Value Engine.
- Visit to Garden House (buddy hospice).
- Accessing training through TLC, Co-op compassionate communities and Sawubona.
- Wardown Park Health Fest.
- Community member home visits.
- Hatters PCN meeting.
- Sikh community wellbeing hub.
- Meeting with Churches Together Luton.
- Social Justice Neighbourhood coffee mornings.
- Pop-up living room meeting with LBC.
- International older people's day event.

A queer look at Art Through the Ages

Sheldon returns to Keech to share some wonderful paintings with you from the nation's art collection through a deathly lens.

Join public historian Sheldon K Goodman

Friday 20 June 11.15am-12.30pm

The Fountain Suite, Keech Hospice, Great Brington Lane, Luton, LU2 3NT

Book your free place

Compassionate communities

KEECH HOSPICE

Compassionate Neighbours Luton

Become a Compassionate Neighbour

Join the movement to support people who are lonely or isolated

Volunteering your time can make a huge difference to someone's life.

Sign up today

Scan the QR code or visit keech.org.uk

KEECH HOSPICE

Learning team

This year we recruited a **Digital Educator** to advance our digital education offer.

We partnered with **Autism Bedfordshire** to deliver in-person Oliver McGowan Tier 1 and Tier 2 training, co-facilitated by trainers and experts by experience.

Working with local hospitals, we supported the rollout of **ReSPECT training** across community teams in Bedfordshire, Luton and Milton Keynes. Weekly awareness sessions reached **204 staff**, alongside a further session delivered to over **250 GPs** across BLMK. Engagement is strong and we are now progressing to the next phase focussed on completing ReSPECT documentation in community settings. We continue to attend stakeholder working groups to ensure a coordinated approach

The **ICS Informed Workforce Educator Meeting** convened with representation from providers across the system, with new sub-groups established that are expected to have a significant impact on the educational offer.

To support **career pathway development**, the Practice Educator discussed the aims and objectives of the core capabilities framework with senior clinical leaders. Feedback was positive, and pathways are planned to be in place for 2026 appraisal cycles.

A new **communication course for non-clinical staff** was co-produced with staff across the charity to support unregistered colleagues. The full-day course is tailored to tender and challenging conversations commonly encountered in areas such as Retail, Fundraising and Communications.

Thirty-four Retail Managers attended Preventing Shop Theft and Dealing with Customer Abuse training as part of a wider retail education programme. This addressed team-specific challenges and sits alongside ongoing values work, EPOS training and collaboration with the OD Manager.

A Practice Educator, Lecturer Practitioner and clinical staff from Bedfordshire sites completed **Sage and Thyme Train the Trainer** training. This

will be rolled out across Luton & Dunstable and Bedford Hospitals, supported by Keech staff. Dates have been confirmed for the coming months.

Our education programme for social care workers was **shortlisted at the National Palliative and End of Life Care Awards** for Partnership Working Across Health and Social Care, recognising collaboration with local authorities and hospice partners to deliver palliative and end-of-life care education.

We introduced a new **Effective Teaching Skills** Course, completing our first three-day programme with staff from Supportive Care, AHPs and nursing. Participants gained the skills and confidence to teach students, colleagues, patients, the public and other professionals.

Our first **Tier 2 Fundamentals of Personalised Care (ACP, ReSPECT and DNACPR)** course was launched, supporting health and social care professionals to develop confidence in complex communication, shared decision-making and advance care planning across hospice, acute, community and care-home settings.

A new **Learning Management System (LMS)** has been launched, hosting learning for staff, volunteers and external learners, including eLearning, competencies and enhanced reporting functionality.

The team supported delivery of an **All-Age Advance Care Planning Day**, covering perinatal care through to adult services, showcasing our hospice's whole-life approach and continuity into bereavement.

We hosted **first-year social work students** from the University of Bedfordshire, supporting their understanding of palliative and end-of-life care and embedding this within future workforce development.

Simulation and conference-based end-of-life care learning, developed with the **University of Hertfordshire**, has now been implemented at the **University of Bedfordshire**, with plans to further embed this within the curriculum.

KEECH HOSPICE Learning

Apprenticeships

Our apprenticeship offer expanded to include an **ICT Apprentice, three Level 7 Strategic Leaders**, and a **Marketing Manager Apprenticeship**

Masterclasses

May: Sarah Dowd – ‘Sitting with You in Uncertainty’

July: Dr Diana Teggi – ‘Sociological perspectives on end-of-life care in English care homes’

October: Dr Vanessa Taylor – National innovation in palliative and end-of-life care education supporting workforce recruitment and retention.

Research

Funding was secured for ‘**Caring on the Edge**’, exploring outreach palliative nursing with people experiencing homelessness across Luton, Bedford and Central Bedfordshire using narrative and photography.

In partnership with the University of Bedfordshire, ‘The Wounded Healer’ project will explore art-therapy-based reflective practice groups to support hospice staff wellbeing and share learning through publication.

Our supportive care team is developing a project on the **evolution of music and massage therapy for dystonic children**, combining therapeutic approaches to create a sensory intervention. A scoping review is currently underway.

KEECH HOSPICE Learning

Learning Prospectus
April 2026 to March 2027

Effective Teaching Skills

Does your role include teaching patients, colleagues, volunteers or the public? If so, this practical course is designed to increase your confidence by enhancing your knowledge of teaching theory. To learn from each other how to facilitate learning in different settings to different people. It will provide you with resources to help plan and practice teaching sessions. Explore how to enhance the engagement of learners so they and you feel more comfortable and confident when facilitating learning.

Day 1 Learning theories

- How do adults learn?
- What implications does this have for teaching adults?
- What educational tools can we use to effectively engage adult learners?

Day 2 From theory to practice

- Group working
- Preparing, Planning, Facilitating training face to face and virtually
- Practical solutions to managing classrooms
- Equitable education for all and EDI
- Utilising digital solutions including AI
- Preparing for day 3

Day 3 Presentation

- For each learner to facilitate a 10-minute presentation about a topic of their choice to include a learning theory and the related theorist.
- There will then be a 5-minute Q&A after the presentation.
- The presentation is formative. Verbal and written feedback will be provided to each presenter by their peers and lecturers in a constructive and supportive manner to aid and consolidate their learning.

Delivered in person

Venue: Fountain Suite, Keech Hospice, Great Brammingham Road, Luton LU3 5NT.

Dates: Monday 13, Tuesday 14 and Thursday 30 July
Monday 19 and Tuesday 20 October and Monday 9 November

Times: 9am-5pm

Book now

There is an expectation that candidates will be involved in teaching after the course, at a minimum of two sessions per year.

Inclusive learning for all: health and social care professionals, students, and the wider community, with courses available at every level

Learn with us

education@stfrancis.org.uk

Learn with us

Strategic priorities

Governance and Quality

Internal

Quality and Compliance Team (Q&C)
Clinical Effectiveness Group (CEG)
Clinical Safety and Assurance Group (CSAG)

External

Care Quality Commission (CQC)

2026-2027

Action	Action approach	Monitoring approach	Year-End Achievements
<p>Work with care teams to increase the feedback response rate through I Want Great Care, supported by wider organisational promotion and the Marketing & Communications team.</p> <p>Planning and implementation of the Reasonable Adjustments digital flag (RADF) at Keech. To include further workstream on a 'What Matters to Me' (or similar) template on SystemOne.</p> <p>Continue to increase the number of patients who have had a conversation about Advance Care Planning</p>	<p>Through monthly reporting.</p> <p>Contractual requirement</p> <p>Through previous data analysis and patient focus groups</p>	<p>CSAG Group monthly reporting.</p> <p>Through CEG</p> <p>Quarterly via the Quality Report Discuss at clinical governance groups KPI to trustee board Monthly system wide governance meetings</p>	<p>Discussion and activity planning through Clinical Safety & Assurance group, with wider organisational support and the Marketing & Communications team to promote I Want Great Care.</p> <p>All patients who require reasonable adjustments to be able to access our services will have a flag on their patient record with further information.</p> <p>Continued training and awareness for professionals.</p> <p>Community engagement team continue with public sessions and "no barriers here" work</p> <p>Data review as a Bedfordshire system with targeted comms</p>

2025-2026 Updates

Action	How action was identified	Monitoring approach	Year-End Achievements
<p>Undertake annual audits in Nutrition and Hydration and DNACPR conversations across care settings.</p> <p>To plan education and roll-out of Summary Care Record access, initially to aid medicines reconciliation.</p> <p>The offer of a future planning conversation will become embedded in practice.</p> <p>Launch and implementation hospice-wide of Ulysses, our new digital incident reporting solution.</p>	<p>Recommendation from a CQC inspection. New audit tools to be developed by Q&C team. Clinical auditors identified. Audits completed across Care.</p> <p>Recommendation from a CQC inspection. All staff that require access to SCR undertake the necessary training and are given access on SystemOne via their smartcard.</p> <p>Audit to review % of those offered an ACP (Advance Care Plan) conversation indicated a gap in service and a training need. Review of current practice. Task and finish group to agree SystemOne recording, and training. Access to No Barriers Here</p> <p>Training delivered to all staff. All staff know how to report incidents and accidents.</p>	<p>Through Clinical Safety and Assurance Group.</p> <p>Monitored through CEG Access and training monitored through Q&C and Learning team.</p> <p>Through CEG % ACP recorded KPI</p> <p>Will be monitored through OPAC and CEG. Q&C will monitor incident reporting levels.</p>	<p>Both audits were added to the annual Audit calendar and completed during the year. Total compliance for the DNACPR audit across Care was 91% with no major non-conformities. Total compliance for the Nutrition and Hydration audit in adult services was 100% and in Children's Services 98.5%. These audits will continue to be undertaken annually.</p> <p>Identified staff across the Care teams undertook SCR training via an e-Learning package and SCR access was added to their role on SystemOne allowing access as required. Consent is obtained from individual patients by the addition of a template on SystemOne and access is reviewed weekly by the Associate Director Integrated Governance & Improvement.</p> <p>A large review of process of recording an ACP, staff confidence and training needs was undertaken. This then launched training, what matters to me discussion at staff away days, new recording process and awareness across all clinical services. %ACP completed is showing a positive trend upwards and monitored through KPIs presented to trustees</p> <p>Throughout the year, we have been preparing for our 'Go Live' on the new incident management platform, Ulysses. After completing all backend configuration, user acceptance testing, and staff training, we are pleased to confirm that we proceeded with the planned 'Go Live' date of 1 April 2026.</p>

Centred on assurance

Statements of assurance from the Board

Our Board of Trustees are a group of volunteers who take overall responsibility for the hospice and act collectively to govern it.

Our Chief Executive and Senior Leadership team run our charity on a day-to-day basis. However, our Trustees are ultimately responsible for our hospices' governance, its assets and activities – safeguarding our charity and making sure the needs of our patients come first.

Our Trustees are appointed because of the individual skills and experience they bring to Keech Hospice, helping us continue to achieve our vision – making the difference when it matters most.



During 2025-2026 Keech Hospice provided the following specialist palliative care services which are part funded through our standard NHS Contract:

Adult Service

Our services for adults with a life-limiting condition are provided to those who live in Luton and Bedfordshire

- In-patient unit (eight beds) – Luton Site.
- Wellbeing Centre for Outpatient Services and Rehabilitation Services – Luton Site.
- Living Well Centre for outpatient and day services – Bedford Site.
- Inclusive Health Service – to support the homeless community in Luton, Bedford and Central Bedfordshire.
- My Care Co-ordination Services (later merged with Bedfordshire Palliative Co-ordination Services).

Bedfordshire Palliative Co-ordination Service

In 2025-2026 we launched 111 Option 4, the new Bedfordshire Palliative Coordination Service, developed in partnership by Keech Hospice, Sue Ryder St John's Hospice, and the NHS.

The service provides a single point of contact, available 24 hours a day, seven days a week, for adults in Bedfordshire with a palliative diagnosis, as well as for their families, carers, and healthcare professionals.

The service offers advice and support without the need for referral, coordination of care packages, signposting to appropriate services, support for people in their own homes, and improved opportunities for patients to plan for their future care needs. As part of this development, the My Care Coordination Team, working with the Palliative Care Hub at St John's, is now known collectively as the Bedfordshire Palliative Coordination Service. This new model aims to streamline access, enhance responsiveness, and improve the overall experience of palliative care within Bedfordshire.

Children's Service

Our Children's Service provides specialist palliative care for babies, children and young people who have a life-limiting condition and live within Bedfordshire, Hertfordshire and Milton Keynes. The service is available to them up to their 19th birthday.

- In-patient unit (four beds).
- Play Team.
- Children's Symptom Management Service.
- 24-hour advice line.

In addition, we have also provided the following shared services for adults and children, funded through charitable funding:

- Medical Team.
- Supportive Care Team, providing: art therapy; chaplaincy/spiritual care; complementary therapy; emotional support/counselling; hydrotherapy; music therapy; social work.



Care Quality Commission

During 2025-2026 we completed work on actions identified during our last inspection in November 2023 and closed off the action plan through our Clinical Effectiveness Group.

Ratings

Overall rating for this location **Good**

Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Outstanding
Are services well-led?	Good



Please see our ratings below, the full CQC inspection report from November 2023 can be viewed [here](#) or scan the QR code.

Our 2025-2026 impact in numbers

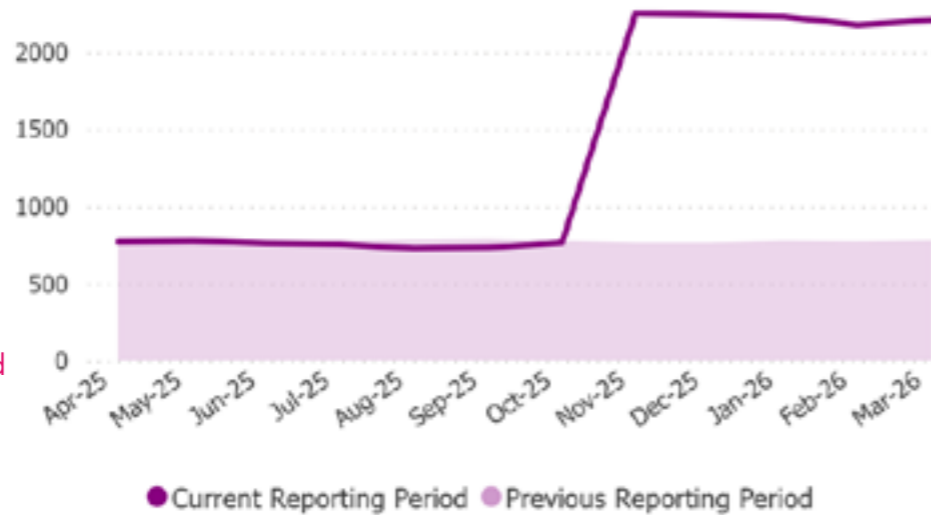
Last 12 months' totals

3466

Adult Service patients

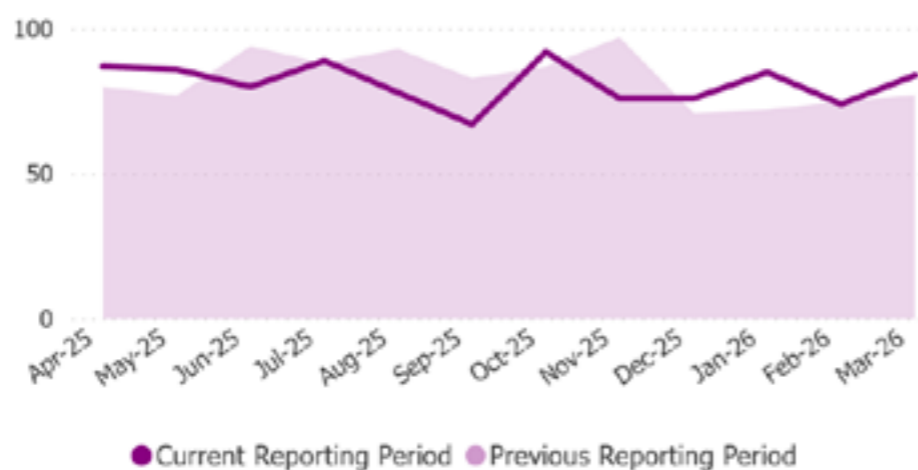
In 2025 the My Care Coordination Team (Keech Hospice) and the Palliative Care Hub (Sue Ryder, St Johns Hospice), as well as NHS colleagues from Community and Acute services came together to create the Bedfordshire Palliative Coordination Service (BPCS). This launched in December 2025 creating a single register for adult patients in the last year of life across Bedfordshire.

Please note the spike in patients in November 2025 is due to the BPCS going live.



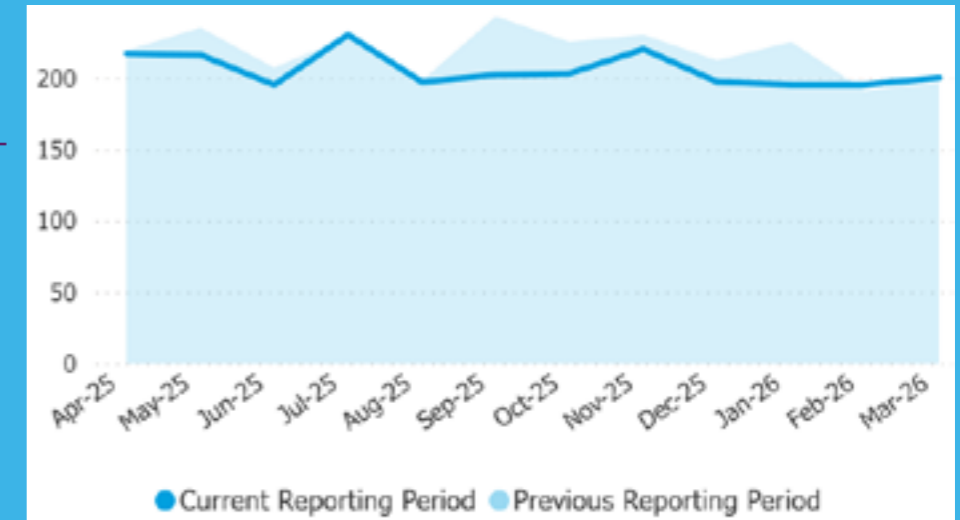
208

Adult Service friends and family



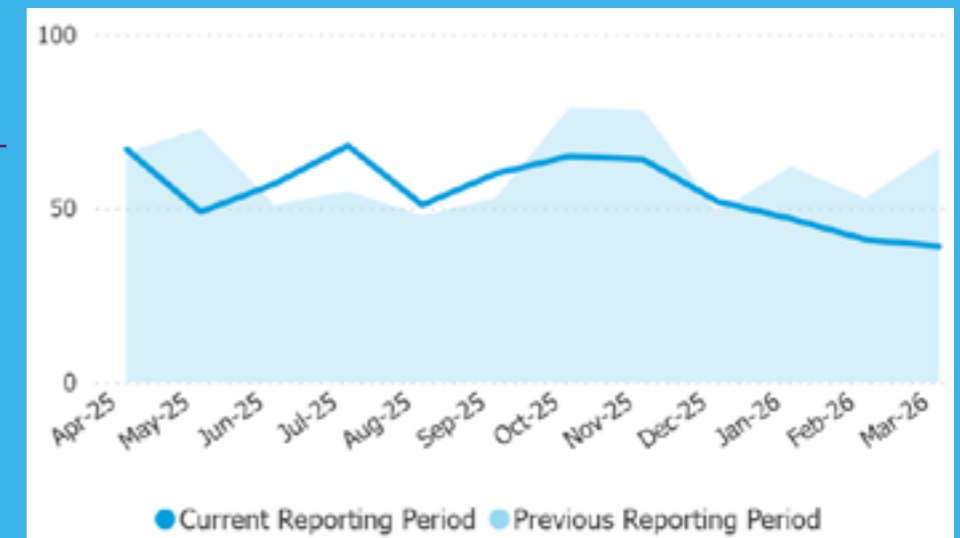
386

Children's Service patients



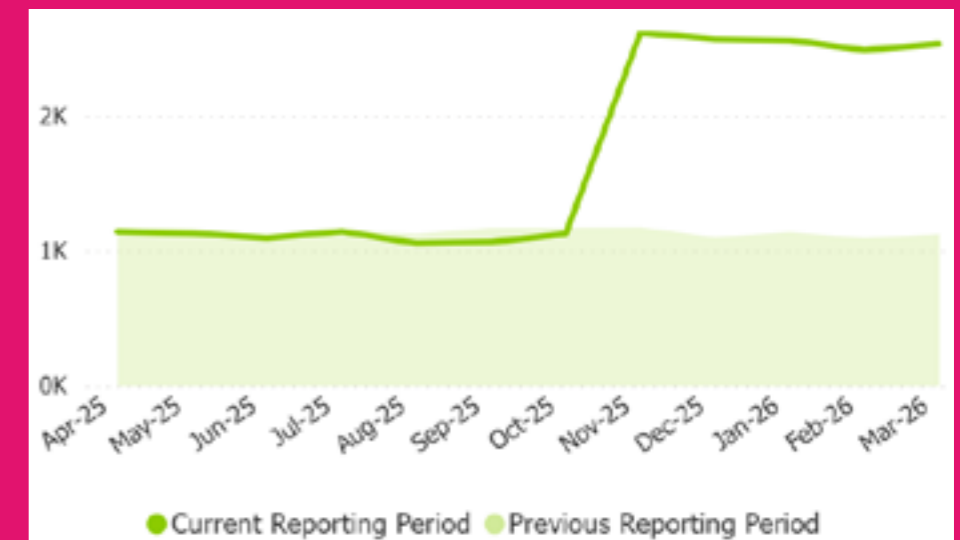
162

Children's Service family and friends



4218

All Services total beneficiaries



Adult Service

Last 12 months' summary

Referrals
531

External professional referrals

105

Self-referrals

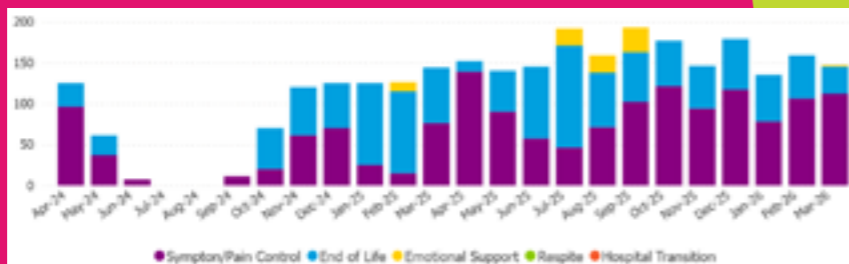
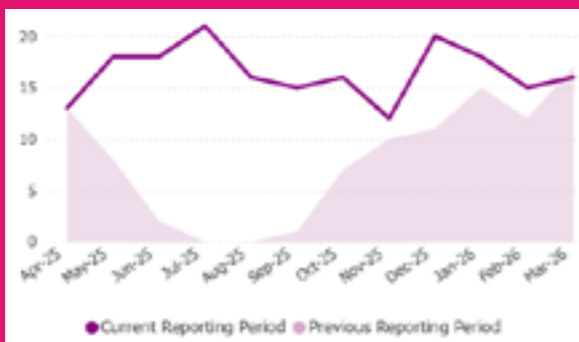
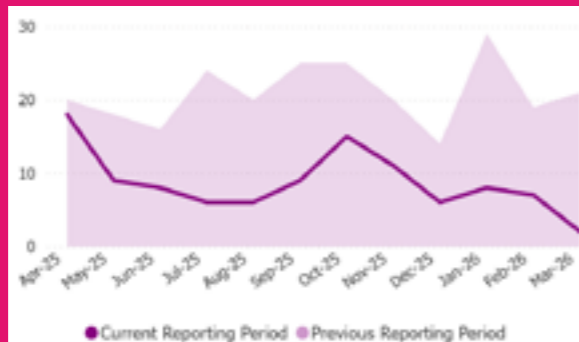
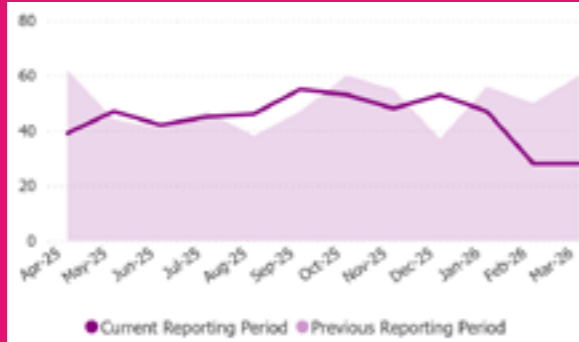
Adult In-patient unit

132

Users

1133 Symptom/pain
717 End-of-life
74 Emotional support
0 Hospital transition

Adult In-patient unit (AIPU) bednights by admission reason

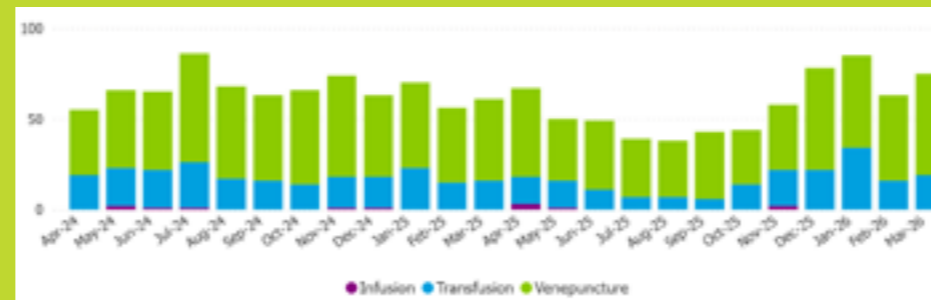
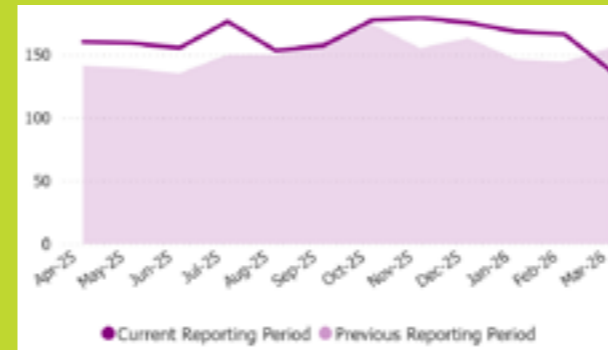


Outpatient Services

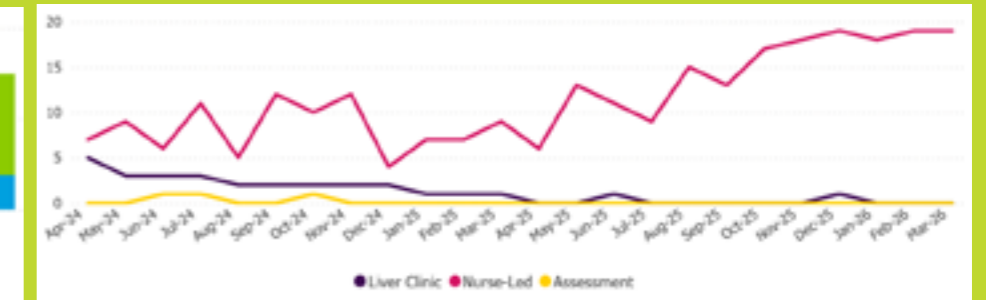
Wellbeing Centre (WBC)

456

Users



Number of treatments provided



Specialist clinic patients

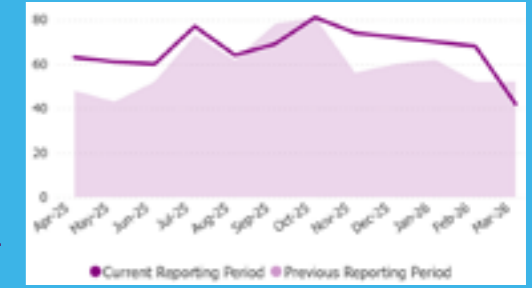
Rehab Service

233

Users

812

Group sessions



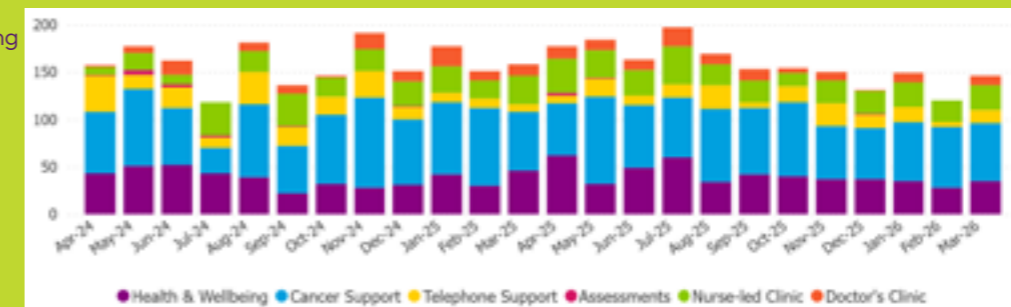
Living Well Centre

491 Health and wellbeing
798 Cancer support
172 Telephone support
319 Nurse led clinic
113 Doctor's clinic

Attendance

173 Complementary therapy
4 Living well
20 Memory making
13 Yoga

Supportive Care attendance



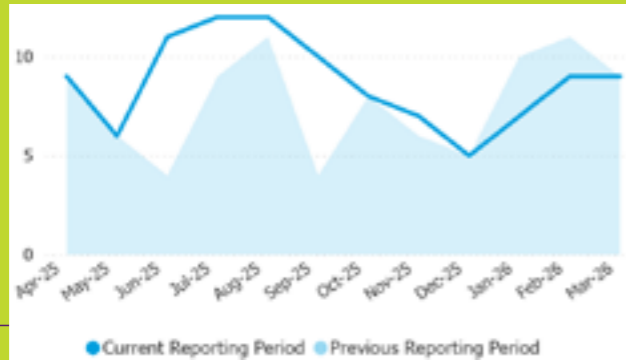
Children's Service

Last 12 months' summary

Referrals

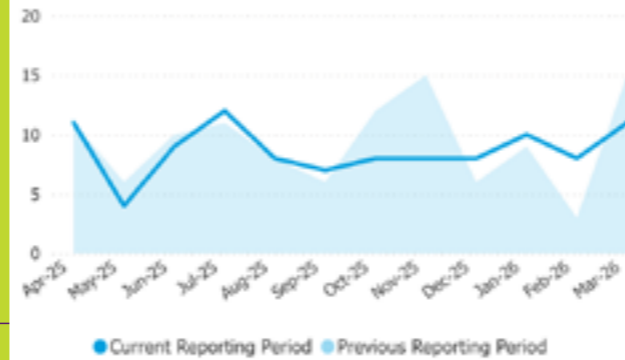
105

New referrals



104

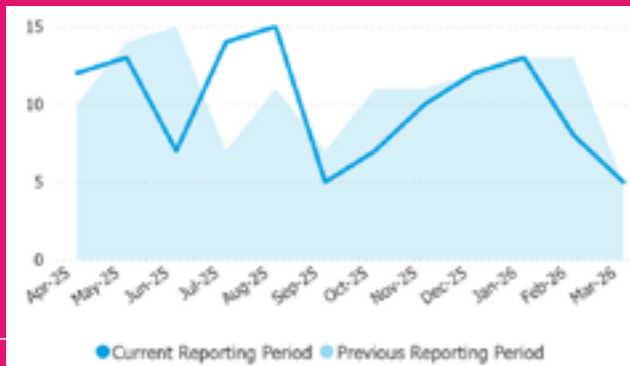
Deaths and discharges



Children's In-patient unit

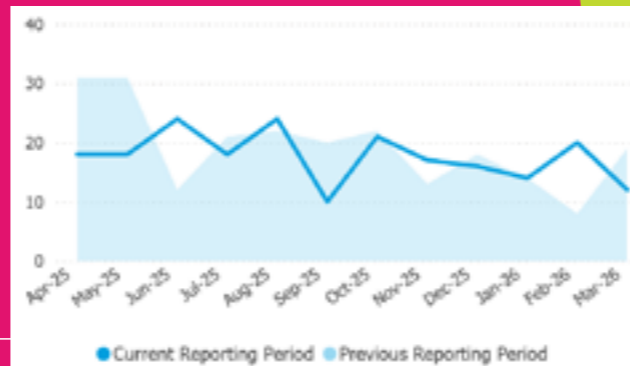
108

Users



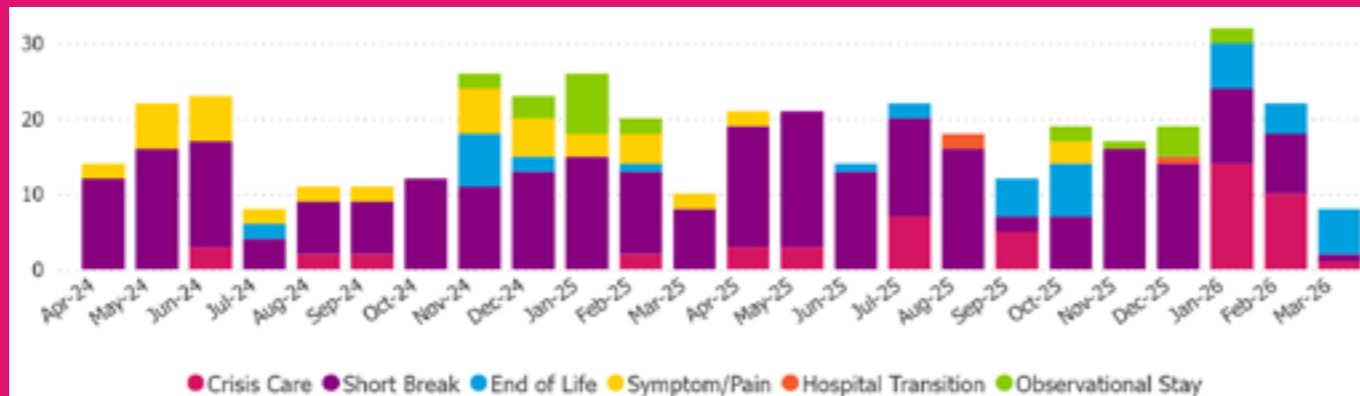
212

CIPU day care admissions



- 43** Crisis care
- 134** Short break
- 31** End-of-life
- 5** Symptom/pain
- 3** Hospital transition
- 9** Observational stay

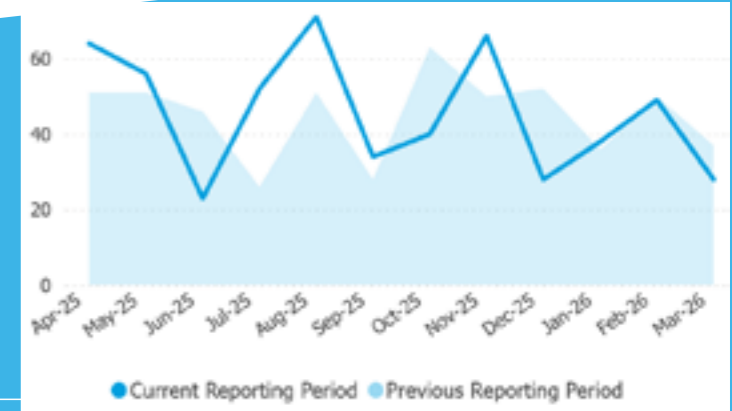
CIPU bednights by admission reason



Outpatient Services

178

Play Services users



597 Play activity
22 Specialised play

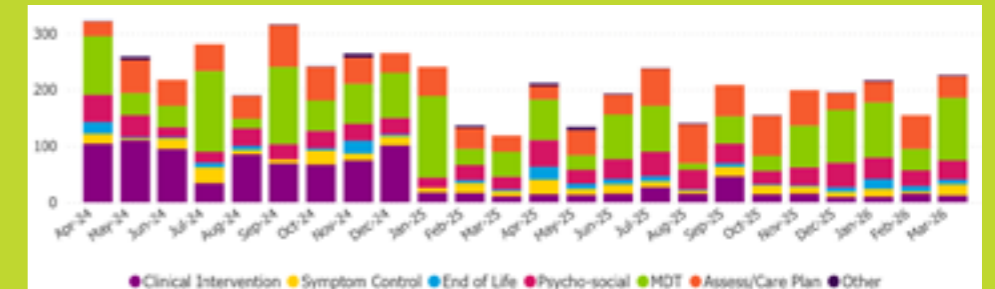
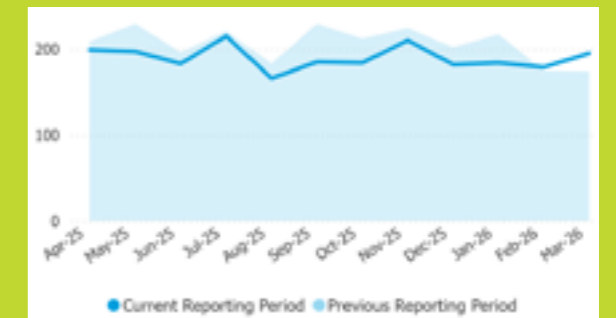
13 Sibling support
119 Other

Play Services 1-1 sessions

Community Services

382

Families supported in the community



214 Clinical intervention
156 Symptom Control
105 End-of-life

421 Psycho-social
761 MDT
591 Assess/Care plan

23 Other

Reasons for Community Nurse and Palliative Care Support Worker visit

Supportive Care Service

Last 12 months' summary

We've seen a consistent number of patients and sessions over the last year. All services within Supportive Care are continuing to work through their waiting lists. Two trainee counsellors started in early 2026 and we are seeing a welcome drop in the wait time to access counselling services.

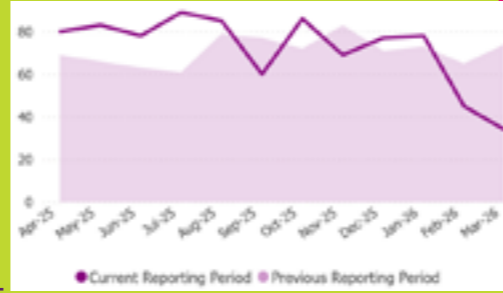
One of our Art Therapists has started a Reflective Practise Art Group for the team. This is an opportunity for the team to come together once a month and reflect on their practise and the impact it has had on them, often using the art materials to begin this process. It has so far been a popular form of support for the team.



Adult Service

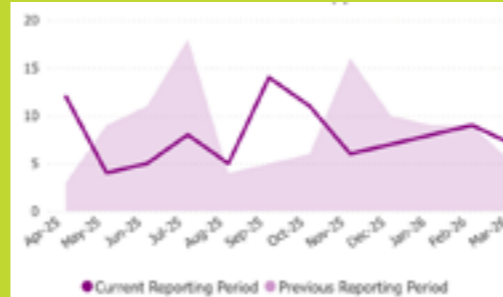
288

Social Work users



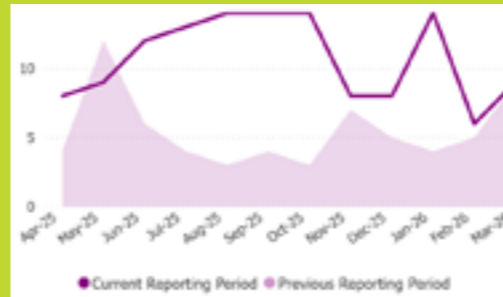
44

Art Therapy users



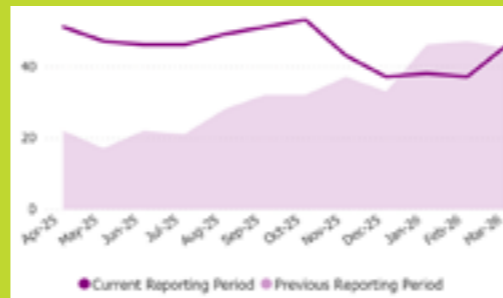
50

Music Therapy users



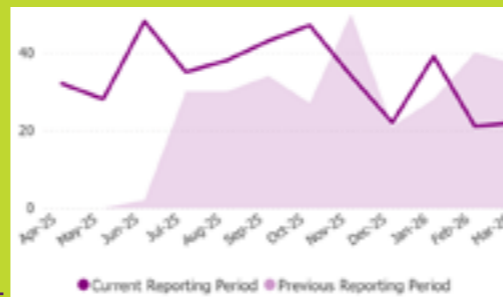
182

Complementary Therapy users



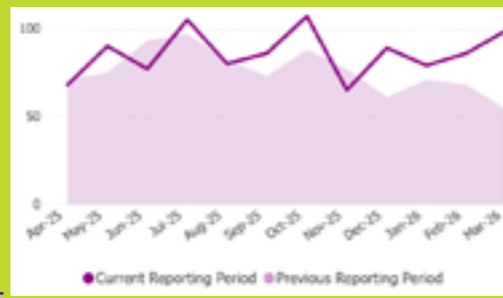
409

Hydrotherapy pool sessions



1031

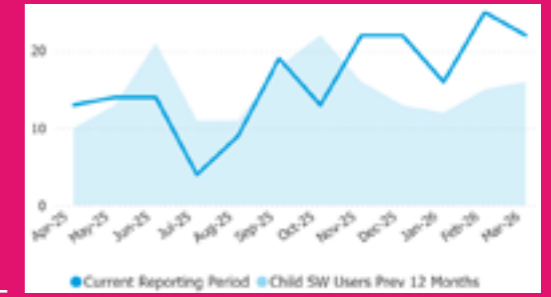
One-to-one Bereavement sessions



Children's Service

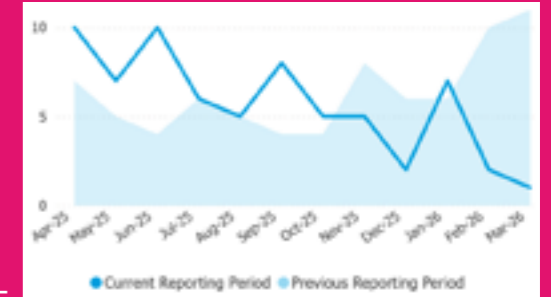
97

Social Work users



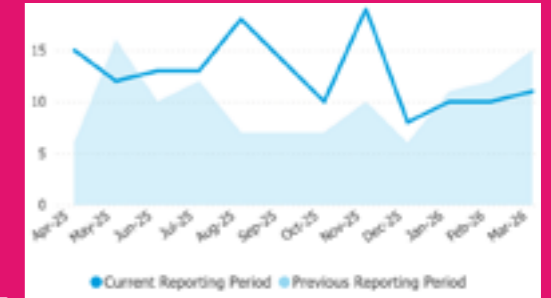
31

Art Therapy users



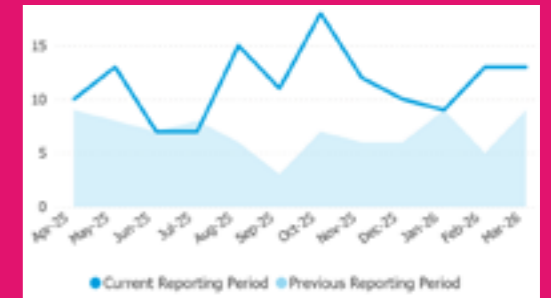
53

Music Therapy users



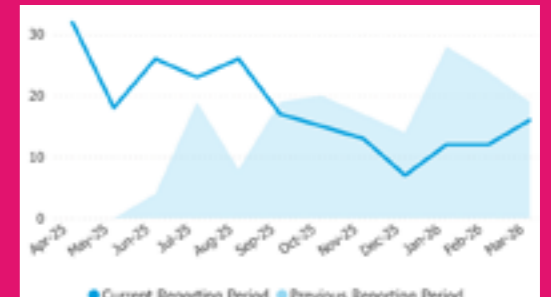
39

Complementary Therapy users



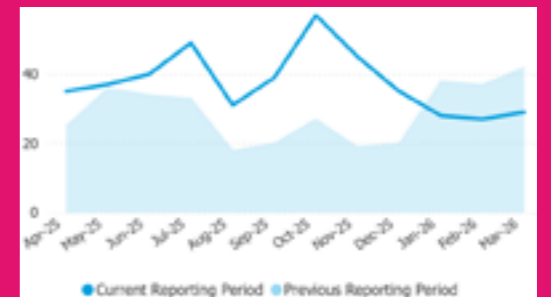
217

Hydrotherapy pool sessions



452

One-to-one Bereavement sessions



Required statements

Research

The number of patients receiving NHS services provided or sub-contracted by Keech Hospice in 2025-2026 that were recruited during that period to participate in research approved by a research ethics committee was NONE.

Clinical coding error rate

Keech Hospice was not subject to the Payment by Results clinical coding Audit during 2025/26 undertaken by the audit commission.

Data quality

Keech Hospice did not submit records during 2025-2026 to the Secondary Users Services for inclusion in the Hospital Episodes Statistics which are included in the latest published date because it is not eligible to participate in this scheme. We do however have our own system for monitoring the quality of data.

We continue to use SystmOne, electronic patient record system, which is also used by many healthcare professionals in the community meaning that we can share information from and with other services (with given consent from the patient). SystmOne is also linked with the NHS spine which makes for an easier registration process when a patient is referred into the service, it also means that our doctors can access test results online.

Data Security and Protection Toolkit (DSPT)

As a condition of our NHS commissioning contracts, we are required to demonstrate we uphold high standards of data security and protection by completing an NHS assessment called the Data Security and Protection Toolkit (DSPT) once per year. Keech Hospice submitted a completed DSPT assessment in March 2026 with 100% compliance against all mandatory criteria.

Participation in clinical audit

- During 2025-2026 no national clinical audits or confidential enquiries covered NHS services that Keech Hospice provides.
- During 2025-2026 Keech Hospice participated in no national clinical audits and no confidential enquiries of the national clinical audits and national confidential enquiries as it was not eligible to participate in. However, we ensured that key audits were completed using nationally recognised excellence audit tools for hospices developed by Hospice UK.
- The national clinical audits and national confidential enquiries that Keech Hospice participated in during 2025-2026 are as follows: N/A
- The national clinical audits and national confidential enquiries that Keech Hospice participated in and for which data collection was completed during 2025-2026 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry: N/A
- The reports of 0 national clinical audits were reviewed by the provider in 2025-2026. This is because there were no national clinical audits relevant to the work of Keech Hospice.
- Keech Hospice was not eligible in 2025-2026 to participate in any national clinical audits or national confidential enquiries and therefore there is no information to submit.
- The local clinical audits that were reviewed in 2025-2026 are listed within this document.



Audits

National Standards of Healthcare Cleanliness

Overview

The Infection Control Audit is a monthly audit deriving from the National Standards of Healthcare Cleanliness. The audited areas include AIPU, CIPU and WBC with the areas measured against a variety of factors varying from the overall cleanliness to subcategories of the rooms and given a star rating out of five. The overall compliance score from these monthly audits is displayed on the feedback boards in the clinical areas of the hospice. Actions arising from these audits are shared with the relevant teams on the publications of the audit results.



	Month	Cleaning % score	Nursing % score	Maintenance % score	Overall compliance score	Overall star rating
AIPU	2025-26 overall compliance	99%	99%	99%	99%	5
	Q4 25/26 compliance	99%	99%	100%	99%	5
	Q3 25/26 compliance	100%	99%	100%	100%	5
	Q2 25/26 compliance	99%	100%	100%	99%	5
	Q1 25/26 compliance	99%	100%	98%	99%	5
CIPU	2025-26 overall compliance	97%	98%	97%	97%	5
	Q4 25/26 compliance	98%	97%	95%	94%	4
	Q3 25/26 compliance	97%	100%	97%	98%	5
	Q2 25/26 compliance	99%	100%	100%	99%	5
	Q1 25/26 compliance	97%	97%	99%	97%	5
WBC	2025-26 overall compliance	99%	99%	100%	99%	5
	Q4 25/26 compliance	97%	100%	100%	97%	5
	Q3 25/26 compliance	100%	97%	100%	100%	5
	Q2 25/26 Compliance	99%	100%	100%	99%	5
	Q1 25/26 Compliance	99%	100%	100%	99%	5

5 Stars: 95 – 100%
 4 Stars: 92 – 94%
 3 Stars: 88 – 91%
 2 Stars: 85 – 90%
 1 Star: <85%)

Medical Gases

The aim of this external audit is to measure the quality of the medical gas cylinder management against the criteria of the Medical Gas Cylinder audit tool. Actions from this audit are circulated to the relevant team(s) and monitored monthly by the Q&C Team.

Audits

DNACPR

Overview	Score (%)	Areas of recommendation of improvement
<p>The aim of the DNACPR audit is to assess the quality of the documentation around DNACPR at Keech Hospice. This audit has been created using the following document: NHS Northeast and Yorkshire Palliative and End of Life Care Strategic Clinical Network DNACPR Audit Tool.</p> <p>Below are the audit results for 2024-2025, due to the audit for 2025-2026 being on-going during the completion of the Quality Account.</p>	<p>The audit received a compliance score of</p> <h1>91</h1> <p>The Wellbeing Centre team achieved</p> <h1>100</h1> <p>compliance, demonstrating excellent adherence to standards.</p>	<p>Next-of-Kin and Communication You must document the full name of the next of kin involved in DNACPR discussions. This ensures clarity, supports safe decision-making, and provides an accurate record of who was consulted, helping avoid misunderstandings and safeguarding both patients and staff.</p> <p>Comparison with sources You must record full details of your Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) discussion with the patient and their family on the form and in SystemOne. This ensures clarity, supports safe decision-making and provides an accurate record for all clinicians involved.</p> <p>Communication and Letters on SystemOne This template records formal communication with patients or third parties, such as referral letters, discharge summaries, patient letters, family correspondence, third-party letters, emails (including Round Robins), and clinical letters from other providers.</p> <p>Record Attachments on SystemOne This template records supporting documents or evidence that relate to the patient’s record but are not direct communications, such as consent forms, completed questionnaires, clinical reports or care plans, referral paperwork.</p>

Hand Hygiene

The Hand Hygiene tool was created to align with our annual Infection Control Audit to evidence that we complete regular hand hygiene audits in our care areas. The tool has been adapted from the World Health Organisations ‘5 moments for hand hygiene’ audit tool and requires the auditor to observe 4 hand hygiene sets. This is completed by the clinical teams every quarter, with results reviewed by the Clinical Governance and Patient Safety Nurse.

Controlled Drugs

AIPU and CIPU
The aim of this annual audit is to review the safe storage and security, procurement, stock, documentation, prescribing, administration, and destruction of Controlled Drugs on the adult and children’s in-patient units at Keech Hospice using the Hospice UK CD audit tool. Currently underway for 2025-2026.

Safety Thermometers

The Safety Thermometer audit is a clinical audit tool used to measure and monitor patient safety by providing a snapshot of the proportion of patients who are free from specific types of harm at a particular point in time. The data collected through this audit tool helps us identify areas of learning and enhance overall patient care. These audit tools are reviewed monthly by our Clinical Safety and Assurance Group, with any identified learning shared with the relevant teams.

Audits

Notes

	Overview	Score (%)	Areas of recommendation of improvement
Children's Service and Supportive Care	This is an annual audit to check patients' SystmOne notes against a set of standard criteria, agreed by the auditor and the Associate Lead. This audit combined both Children's Services, where 30 records were audited, and the Supportive Care Service, where 10 records were audited.	<p>99</p> <p>Of the 40 criteria in total, 11 were non-applicable, 31 of the 33 compliant criteria scored 100%.</p>	<p>(12.11 First language) – A reminder to staff that this detail can be added into SystmOne by any clinician. If the patient's language is unknown, this option is available to select; to be added to the audit bulletin.</p> <p>(12.12 Next-of-kin contact details, inc. phone number) – Staff should be reminded of the importance of accurately recording next-of-kin (NOK) details and parental responsibility within SystmOne. Even when the nominated person's details are entered, the NOK column must still be selected. This reminder will be included in the audit bulletin. There is an ongoing issue with the 'Consent to Share' functionality in SystmOne. Currently, associated groups and relationships cannot be viewed until consent has been recorded. As an interim measure, the administrative team has been manually entering family details upon referral acceptance. However, these entries are later duplicated once consent is activated. This process is now under review by both the administrative and governance teams to identify a more efficient and accurate solution.</p> <p>(12.38 All entries signed, printed and designated) – Reminder to staff to complete all sections of the discharge letter prior to uploading the document to SystmOne, as once it is up, it cannot be amended; to be added to the audit bulletin.</p> <p>(12.29 Consent for sharing information) – To make staff aware of the importance of scanning the completed document to the 'record attachments' in the patient's S1 record.</p>
BPCS	This is a monthly audit check of patients' SystmOne notes against a set of standard criteria, agreed by the auditor and the PCNS. All results are shared with the team for immediate response and are reviewed by the Clinical Safety and Assurance Group (CSAG), who consider the wider learning and make any further recommendations.	<p>97.8 January 2026</p> <p>75 February 2026</p> <p>75 March 2026</p>	<ol style="list-style-type: none"> Welcome calls are a mandatory requirement and must be booked for all newly registered patients or their family/carer. If it is not suitable to do so this needs to be recorded on the triage template with the reason. The recall appointment would still need to be booked depending on the patient's caseload. There are new options on the triage template for recording ACP details. This is a mandatory requirement to be completed for all patients registered. Ensure religion is captured where possible on the welcome call.

Medicines Reconciliation

This is a quarterly audit for the children's and adult's in-patient units to assess the quality of documentation for Medicines Reconciliation, following CQC guidance and NICE NG5 on medicines optimisation. NICE recommends sharing accurate medicines information during transitions between care settings to minimise the risk of medication errors. All results are shared with the team for immediate response and are reviewed by the Clinical Safety and Assurance Group (CSAG) who consider the wider learning and make any further recommendations.

Audits

Falls Records

Overview

Patient Falls is a contemporaneous audit of clinical management of patient falls. This is completed for every reported fall.

	Last 12 months		Previous 12 months
	Number	%	%
Moving & Handling assessment completed on admission (per patient)	17/17	100	100
Moving & Handling assessment reviewed during admission (per patient)	17/17	100	100
Falls Assessment completed on admission (per patient)	18/18	100	100
Use of Bed Rails template completed on admission (per patient)	16/17	94	90
Use of Bed Rails template updated and reviewed (per patient)	11/16	69	90
Post Fall Assessment completed (per fall)	15/18	83	100
Post Fall Observation chart completed (per fall)	17/18	94	100
Evidence of patient seen by hospice doctor following fall (per fall)	16/16	100	89
Evidence that relative was informed (per fall)	16/16	100	63

Pressure Ulcer Records

Overview

Pressure Ulcers is a contemporaneous audit of clinical management of pressure ulcers. All patients with POA (pressure ulcer on arrival) or new pressure care injuries are audited to provide assurance that we are providing appropriate care to patients identified as being at risk of developing pressure ulcers and to provide learning for improvement in practice if required.

	Last 12 months		Previous 12 months
	Number	%	%
Patients had a 'ASSKING' Bundle on Admission	76/80	95	96
Patients had received a Waterlow Assessment on Admission	77/79	97	99
Pressure Area Care Plan in place with evidence of it being followed and reviewed	78/80	98	100
Wound Care Plan in place with evidence of it being followed and reviewed	57/75	76	88
MUST (Malnutrition Universal Screening Tool) Completed on admission.	71/79	90	98
Evidence of a review of the MUST (Malnutrition Universal Screening Tool)	51/59	86	84
Photograph taken (per PU or skin damage)	103/107	96	95

FP10

This is a weekly audit conducted by the Medicines Link nurses in CIPU and AIPU of FP10 PCD stationery (standard NHS prescription forms used to prescribe controlled drugs) used or spoiled during the week. Results of each audit are documented centrally on a monitoring spreadsheet overseen by the Accountable Officer. Any issues or concerns are investigated immediately.

Clinical Information Sharing (NG138)

The aim of the audit is to establish whether adult patients at Keech Hospice are being given enough information in relation to their care by the healthcare professionals they have contact with, in accordance with section 1.4 of NICE Guideline 138 ("Patient experience in adult NHS services" - hereafter referred to as NG138). The audit also examines whether enough relevant information about the patient and their families is being shared amongst the professionals involved in their care to improve the patient experience, in accordance with NG138.

Currently underway for 2025-2026

Audits

Hydration and Nutrition

Overview	AIPU	CIPU
<p>The aim of the Hydration and Nutrition audit is to assess the quality of the documentation and assess observations around Nutrition and Hydration at Keech Hospice. This audit has been created using the following documents: Keech Hospice Care Nutrition and Hydration Framework and CQC's Regulation 14 for service providers and managers on meeting nutritional and hydration needs. The audit results are for 2024-2025, due to the audit for 2025-2026 being on-going during the completion of the Quality Account.</p>	<p>The audit received a total compliance score of</p> <p>100%</p> <p>compliance with 25 out of 25 questions receiving 100% compliance.</p> <p>Since the completion of the audit, we have met with the auditors to discuss their results and review how we can make the audit criteria more applicable to their specific area.</p>	<p>The audit received a total compliance score of</p> <p>98.5%</p> <p>23 out of the 25 questions received 100% compliance.</p> <p>Recommendations of learning include:</p> <p>A reminder to be given to staff on the importance of completing the relevant SystemOne templates when undertaking personal care</p> <p>To discuss with the auditor and clinical team the importance of communication with the Catering department to ensure patient requirements are met. Since the completion of the audit, discussions have taken place with the Catering department who are going to undertake training to provide a blended diet on request.</p>



Safeguarding Records

Safeguarding is a contemporaneous audit of Safeguarding Discussion Forms and Safeguarding Alerts reporting and management and is completed for every reported concern. At Keech Hospice, there are two ways to raise a concern, there is a Safeguarding Discussion form which looks at concerns, situations for advice or information sharing or a Safeguarding Alert Form for direct safeguarding concerns. Both of which are emailed through to the safeguarding team and an MDT (Multi-Disciplinary Team) meeting is arranged as required to discuss risks and plan outcomes. Not all safeguarding discussion forms will need a full MDT.

General Medicines

AIPU, CIPU and WBC

The aim of this annual audit is to review the safe storage and security, procurement, stock, documentation, prescribing, administration, and destruction of non-controlled drugs in the clinical areas at Keech Hospice Care using the Hospice UK audit tool. Currently underway for 2025-2026.

On-call

This is a contemporaneous audit of clinical on-call telephone calls or visits completed by the Children's team. This audit is monitored by the Quality and Compliance Co-ordinator and the Associate Director of Patient Services (Children's). Results from this audit are shared on an annual basis to the Clinical Safety and Assurance Group.

Care safety activity

Summary

We have begun to establish a new focus on care safety activity over the past year and have moved away from the historic bi-annual care safety weeks choosing instead to incorporate care safety into daily activity.

The now well-established Clinical Safety and Assurance Group (CSAG) meets monthly and is accountable to the Clinical Effectiveness Group (CEG).

The purpose of the group is to provide assurance to CEG that the care services we provide are safe and effective, ensuring that learning is shared with teams and individuals appropriately and any resulting improvements and actions become embedded into regular practice.

Activities

- Oversight of all incidents and accidents at CSAG.
- PSIRF – completion of AAR after every incident and hot and cold debriefs as required.
- Monthly Hot Topics bulletin across care detailing learning from incidents.
- Audit bulletins following everycare audit.
- Robust clinical audit calendar – with monthly oversight via CSAG.
- Thematic review, identifying and monitoring of trends that arise from incidents and complaints. This year’s focus has been on patient and process medication incidents, full report to follow later in the year.
- Monthly oversight of clinical policies.
- Review and update of clinical risk assessments across care.
- Monthly safety thermometers in all clinical areas with oversight at CSAG.
- Oversight of the quarterly CAS alert report and any actions.
- Actions from relevant national patient safety alerts are delivered by small working groups and overseen by CSAG.
- Planning to introduce the NHS '15 steps' challenge into care areas.
- Quarterly Quality Report and Accountable Officer reporting.
- Assurance provided to the Management of Medicines (MOM) group from CSAG.
- Review and refresh of clinical audit eLearning package.

Quality and Compliance Hot Topics
Communications and Letters and Record Attachments on 11.

Number one
Communications and Letters
These are documents that represent correspondence or formal communication with patients or third parties. Examples include:
• Referral letters.
• Discharge summaries.
• Patient letters (appointment confirmations, advice letters).
• Letters to family members.
• Third party correspondences.
• Email correspondences (including Bound Roles).
• Clinical letters from other healthcare providers.

Why save documents here?
They are part of the patient's communication history and often need to be easily accessible for continuity of care and medical/legal purposes.

Number two
Record Attachments
These are supporting documents or evidence that relate to the patient's record but are not direct communications. Examples include:
• Consent forms (signed by patient).
• Scanned ID or proof of address.
• Completed questionnaires.
• Clinical reports and care plans.
• Referral paperwork.
• Supporting documentation for audits or safeguarding.

Why save documents here?
They are stored as part of the patient's record for reference but do not represent correspondence.

Number three
Scanning Documents
Any item uploaded via Scanning Documents is automatically stored in Communications and Letters.

Please note that this cannot be changed.

Items in Communications and Letters do not display a specific name; only the letter type is shown. Therefore, it is essential to select the correct letter type when uploading.

Number four
Record Attachments Uploads
For items uploaded to Record Attachments, the displayed name is taken from the file name.

To ensure accuracy:
1. Rename the file appropriately in Windows before uploading.
2. Select the correct type for the uploaded file.

PSIRF and Patient Safety

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety. The PSIRF is a contractual requirement under the NHS standard contract and as such is mandatory for services provided under that contract. (NHSE, 2022)

Our Patient Safety Incident Response Plan (PSIRP) sets out the local response at Keech Hospice to specific types of patient safety incidents that occur within our organisation, namely:

- Any incident resulting in actual level 3 moderate harm or above.
- A safeguarding allegation made against Keech Hospice.
- NEW pressure ulcer category 3 and 4.
- NEW pressure ulcer category 2.
- Medication incidents level 0-2.
- Patient falls and other patient accidents/incidents level 0-2.
- Identification of arising trends or themes in any type of incident.

Individual incidents are monitored and discussed monthly at our Clinical Safety and Assurance Group (CSAG) who provide assurance to the Clinical Effectiveness Group (CEG).

MHRA Alerts

There was one MHRA National Patient Safety Alert that was relevant to the hospice over this 12-month period.

NatPSA/2025/008/NHSPS 'Risk associated with adult breathing circuits lacking a patent exhalation route' was circulated in December 2025. The alert was for action by all organisations that care for patients on invasive and non-invasive breathing circuits.

The safe set up or adaptation of a breathing circuit is a complex process. Critically, for effective respiratory support, a breathing circuit requires the patient to be able to breathe in and, via an exhalation route, to breathe out.

The National Patient Safety team was aware of patients who have come to harm or been exposed to potential harm because the breathing circuit to which they were connected was incorrectly assembled.

A review of the national patient safety databases over a 3-year period identified 102 safety incidents describing the absence of an exhalation route because of incorrect assembly or selection of equipment.

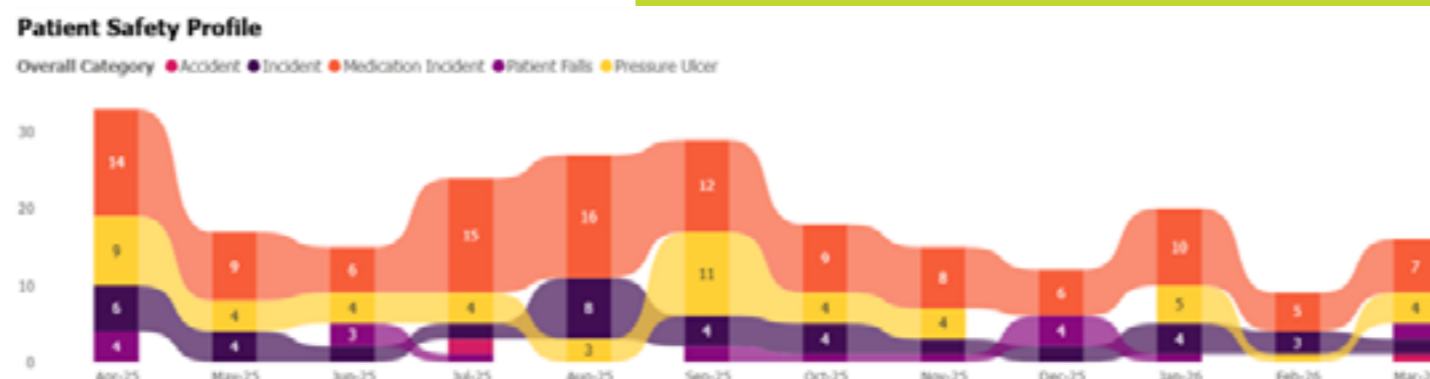
In addition, numerous accounts of exhalation routes on NIV masks being occluded with tape were also identified.

Organisations were asked to identify a clinical lead and form a working group to develop local guidance and visual aids for the assembly, connection and reconnection of breathing circuits.

This work was undertaken at Keech by the senior nursing team in children's services as they see most patients requiring ventilatory support. The templates are available on the clinical tree on S1 and can easily be used by our adult service teams if required.

Duty of Candour

Duty of Candour is a legal duty to be open and honest with patients and their families when mistakes in care have led to significant harm. It applies to all health and social care organisations registered with the Care Quality Commission. At Keech Hospice we promote a culture of openness and honesty throughout the whole organisation. We have a culture of safety and commitment to transparency in all we do.



We're listening

Complaints

8 Complaints received over the last 12 months

Of a total of eight complaints, eight were upheld.

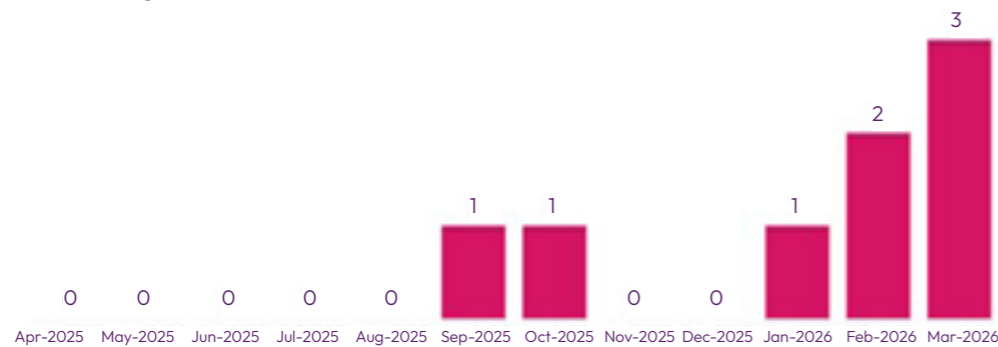
Upon receiving a complaint, our aim is to ensure full resolution within 25 working days, or within an alternative timescale agreed with the complainant. Of the eight care-related complaints submitted in 2025-2026, seven were acknowledged within three working days, with one resolved immediately during the initial communication.

All seven acknowledged complaints were subsequently resolved within the 25 working-day target.

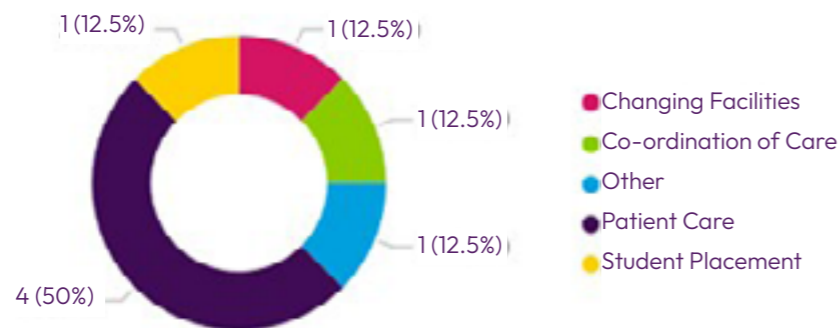
The subjects of these complaints included:

- Coordination of care provided to patients.
- Changing facilities within the hydrotherapy pool.
- Patient care.
- The experience of a student during their placement.
- Hydrotherapy pool scheduling and timings.

Care Complaints



Category of Complaint



I Want Great Care (iWGC)

I Want Great Care is an established and trusted platform for healthcare reviews, providing patients with a straightforward way to share meaningful feedback about the care they receive. The service operates independently, offering a secure and reliable method for patients, staff, and healthcare providers to contribute to and learn from patient experience data.

The platform enables the collection of detailed, outcome-focused feedback directly from patients regarding an organisation, its service locations, and its clinical teams.

Since going live in April 2025, we have received a total of 14 responses, with an **average rating of 4.93 out of 5 stars.**

Comments included:

From the moment we arrived the team at the keech showed **exceptional kindness** and support not only for our sister but for our entire family throughout every step of her stage - AIPU

I found the service to my satisfaction **everyone was so friendly** and nothing was too much trouble for anyone - AIPU

Always felt cared for. Needs met. Caring staff. Lovely environment - Rehab Team

Amazing care, feel safe and my wellbeing has massively improved - Rehab Team

The staff are amazing. Always a listening ear. Great support - LWC

My daughter received art therapy and the Art Therapist has been **absolutely fantastic.** It has been really important for my daughter to have a safe space that is just for her and she has really benefited from her sessions. Art Therapist is very kind and patient and is making a difference - Art Therapy

14

Reviews this period (1 April 2025 - 31 March 2026)

5

Star score

100%

Positive experience

0%

Negative experience

We're proud



Compliments

During my nursing placement at Keech Hospice, I had the privilege of working alongside a truly exceptional team whose compassion, dedication, and commitment to children and their families left a lasting impression on me both professionally and personally. Having completed 14 placements during my training, I can honestly say that the culture, support, and level of care I witnessed at Keech Hospice was unlike anything I have experienced before. The team demonstrated not only outstanding clinical practice, but also an extraordinary level of kindness, emotional intelligence, and genuine passion for the work they do.

Student Nurse - Children's Services

Thank you all for everything you did to support and care for our beloved mam/wife.

Your kindness and care really helped us all in such a difficult time and we will always remember that. Best wishes to you all.

Family member - Adult In-Patient Unit

I've just made a donation to Keech online. There wasn't a way of adding words as to why and I really wanted to thank you for all the support I have received this year through talking therapy with (Emotional Support Practitioner) after my husband passed so quickly from pancreatic cancer. She has really helped me along my journey this year with compassion, insight and understanding, tissues and even a laugh at times. It's hard to believe it will be a year this Christmas. Coming to Keech has provided much needed touch points and refuge along the way.

Thank you so much and also for what you do for others.

Family member - Supportive Care

I would just like to say, on behalf of the Wellbeing Team how supportive and helpful your team have been in assisting us with patient care and additional administrative tasks to ensure we maintain effective communication with our patients and their external organisations.

It has honestly been fantastic in supporting continuity of care, particularly as many of our patients have overlapping care needs.

Please extend our thanks to the whole team. It is very much appreciated by us all.

Staff member - Bedfordshire Palliative Coordination Service

(Patient) has just called to say how much you have helped her today. Because of your support, she has already been visited by the OT and her GP and her hospital bed is being delivered today. This means she will finally be able to sleep in a bed rather than in her chair.

She is beyond grateful to you and would like her compliment recorded. She says you were calm, gentle, and an amazing human being.

Patient - Living Well Centre

He wanted me to pass on this message to everyone at Keech.

'He has no words that will ever describe the gratitude they have towards Keech, allowing the family to stay with (patient) at Keech up until his funeral is their usual practice in Sri Lanka. They never thought this would be feasible in the UK. He said they will be forever grateful for allowing them to do this. He wanted me to thank everyone at Keech for everything we did.' He was very choked saying this to us and found it difficult to find the words to say how much they appreciated everything we did.

Family member - Children's Services

I would like to extend a heartfelt thank you for the fantastic support you provided to a patient who came into Wellbeing last week. The patient called (redacted) to express how grateful he was for the care and support he received avoiding an A+E admission. Thanks to your collective efforts, he was able to access further support from his GP the next day.

It was truly a team effort across Rehab, Wellbeing, and AIPU and it made a real difference. Thank you all for your dedication, compassion, and teamwork.

If I have missed anyone, please feel free to forward this onto them.

External Professional - Adult Services

On the 3rd April 2024, my lovely mum was brought into Keech, which was a very sad time for myself and having been her main carer, felt so guilty at the time. From the moment I came with her into Keech it felt so comforting and although I was extremely upset, you were there to ease my worries and look after us as a family. I really haven't got over the loss of my mum and it has been a hard journey since. Your kindness and thoughtfulness were second to none. The respect that you showed my mum continued until she passed on the 6 April. You were like angels and I wanted to thank you all from the bottom of my heart for absolutely everything that you all did. You were amazing and you are worth your weight in gold. I will be calling in to make a donation in my mother's memory, which is something I have been wanting to do for a long time. Thank you all so very much. With love.

Family member/friend - Adult In-Patient Unit

Wife of (patient) who passed away last week, Came into WBC today with a gift of chocolates and a note to thank everyone for their hard work, love and support.

Family member - Wellbeing Centre

I wanted to share some really special feedback I had from (patient)'s mum, I wasn't sure who to share with so do forward on as appropriate, mum gave consent.

(patient) has started music therapy and she'd had one session before I saw mum on Friday. (patient) has had a really difficult time from a young age and suffered repeated traumatic experiences, she does not like to leave her mum's side.

Mum said that (patient) immediately connected with (Staff member), that her approach immediately made (patient) feel comfortable, that mum was allowed to sit outside the room during the session.

mum said that after her session it was 'like (patient)'s best day ever'.

Family member - Supportive Care

I just wanted to say a huge thank you for all your hard work, particularly over the last two weeks. It has been really lovely to see how you have all pulled together to enable the stay for (family redacted). I do appreciate that it was not always easy but thank you for everything that you did and for all your flexibility.

(mum) speaks so highly of her stay on the unit and how much she has appreciated the well deserved break.

Its a privilege to work with you all and I am looking forward to us being able to support more families in the future.

Staff member - Children's Services

To all the staff at Keech Hospice, Now is time for you to enjoy the festive season and have fun for yourselves! Stay cool and carry on!

Thank you to all of you, thank you! You have been an amazing support. With you, I felt having my social life back. During the groups' time, I manage to push away all worries and problems, and just to have a lovely time. I am sure you all have realised that I love the games. Thank you for the life changing support.

Family member/friend - Living Well Centre

Integrated Care Board Statement



NHS Central East Integrated Care Board response to the Quality Account of Keech Hospice for 2025-2026

Central East Integrated Care Board (CE ICB) welcomes the opportunity to review the Keech Hospice Quality Account for 2025/26. The ICB considers that this Quality Account provides a clear, comprehensive, and balanced overview of the quality of services delivered by the hospice.

The Quality Account demonstrates Keech Hospice's ongoing commitment to high-quality, compassionate care and sustainable service delivery, with a strong emphasis on partnership working.

On behalf of the ICB we recognise and commend the team at Keech Hospice for their support in developing the Bedfordshire Palliative Coordination service (BPCS) delivered with partnership with St. John's Hospice (Sue Ryder) and wider NHS providers. The service directly responds to feedback from residents and healthcare professionals to improve access to care at a complex time. Collaborative working by the team with the Hertfordshire Urgent Care service, and by making the coordination service available by NHS 111; has ensured that no call goes unanswered. We recognise the positive impact this is making to all that the service encounters. We acknowledge that more individuals may benefit from this continued growth and reach and look forward to our continued partnership working with the Hospice within this development.

Over the reporting year, the ICB has maintained regular oversight and engagement with Keech Hospice, enabling assurance on the quality and safety of care delivered. This has been supported by established governance processes, triangulation of performance and patient experience data, and oversight of incident reporting and improvement actions.

The ICB acknowledges the provider's progress and achievements during 2025-26, including:

- The development of audit tools across key areas (Nutrition and Hydration, and DNACPR conversations) which demonstrated high compliancy across audit areas.
- The roll out of Summary Care Record (SCR) access to support medicines reconciliation; with staff completing training gaining System One smart card access and compliancy monitored through governance processes and weekly access reviews.
- Strengthened Advance Care Planning (ACP) conversations with identified improvement areas - supported by new training. This demonstrated improved recording processes and organisational wide awareness in leading to increased uptakes and positive reporting trends.
- Implementation of Ulysses (digital incident reporting system) Hospice wide - supported by staff training enabling a successful implementation and improved incident reporting oversight.

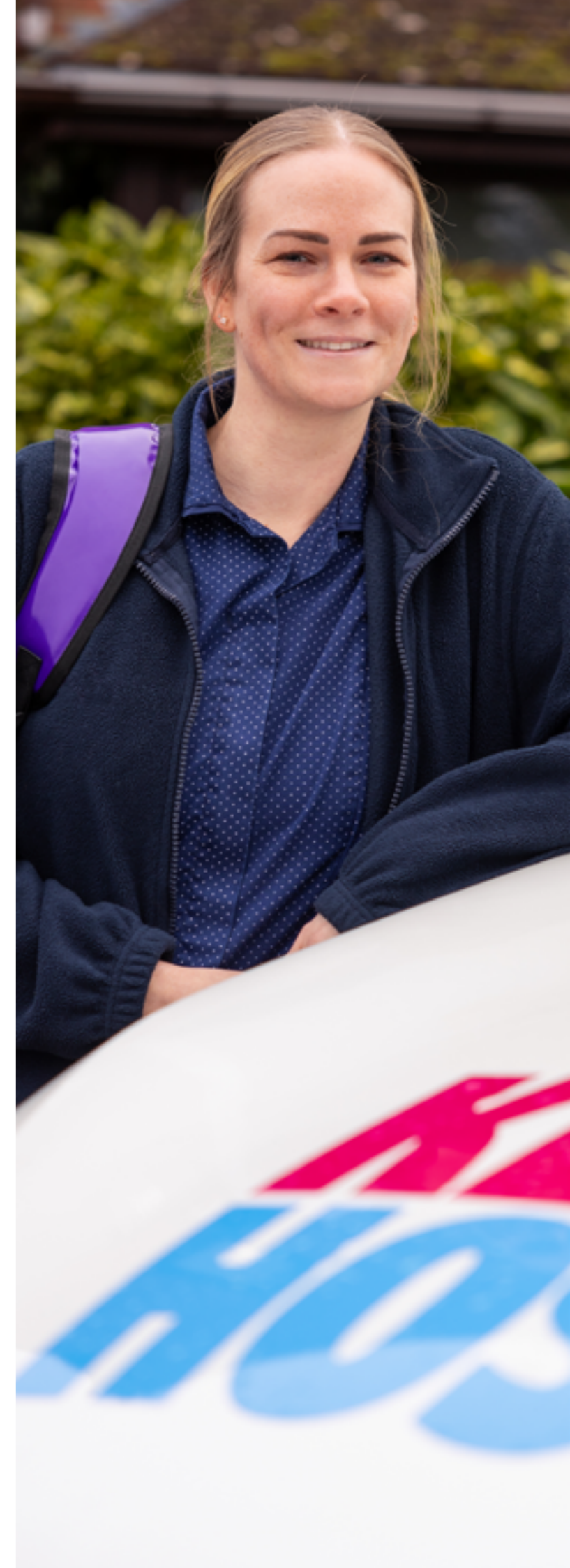
The proposed quality priorities for 2026/27 represent a balanced and appropriate approach to improving safety, outcomes, and experience for patients, while contributing to wider system ambitions.

These focus on:

- Improving patient feedback rates through the promotion of I Want Great Care platform. This will enable the collation of outcome focused feedback directly from patients regarding the organisation, its service locations and clinical teams.
- Implementation of the Reasonable Adjustments Digital Flag to further improve access for patients
- To continue to increase Advance Care Planning conversations by continued training and awareness for professionals, further community engagement, and a data review as a Bedfordshire System.

Central East ICB wishes to acknowledge and commend the staff at Keech Hospice who continue their ongoing commitment to support the NHS and deliver high quality, safe and effective care to populations served in our system. We look forward to continuing to work in partnership with Keech Hospice over the forthcoming year and hope that the hospice finds these comments helpful.

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



KEECH HOSPICE



01582 492339



If you have any questions or would like to find out more about getting involved, email us at:
info@keech.org.uk



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