



St Peter's
Hospice

Quality Account

2023/24



/stpetershospice

Registered Charity No: 269177

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“We have been bowled over by the truly amazing staff and overall ambiance and environment at St Peter’s Hospice.

It was such a relief to know that Mum was in such safe hands, being cared for in such a sensitive, person-centred, affirming way.

We are so truly grateful for the support you have given us.”

Introduction from the Chief Executive and Chair of Trustees

We are delighted to present our Quality Accounts and this report is for our patients, their friends and family, our supporters, the public and health partners across the Integrated Care System.

At St Peter's Hospice, we are committed to providing high quality care and support for families and their loved ones and this report details how we have achieved this in 2023/24. It outlines the progress we have made against the objectives we set and ambitions for next year. Progress has been made all our services, and we are particularly delighted to highlight developments in areas including expanding our inpatient unit provision, research, and addressing inequalities.

Last year, we continued to prioritise investment in strengthening our workforce and improving our data and digital infrastructure to modernise our approach, reduce risk and improve efficiencies. Our priorities for next year build on this, with a focus on improving understanding of the complexity of our caseload, reviewing our approach to patient feedback and redeveloping a model of clinical supervision.

This report aims to give a clear information about the quality of our clinical services to enable our patients to feel safe and well cared for. The report has been prepared by our Director of Patient Care and Head of Clinical Governance and Quality, together with the hospice clinical teams and support services. To the best of our knowledge, this report is an accurate reflection of the quality of care provided by St Peter's Hospice.

We would like to like to thank all our dedicated staff and volunteers who have worked so hard to sustain our high-quality care this last year.



Susan Hamilton
Chief Executive



Helen Morgan
Chair of Trustees

St Peter's Hospice at a Glance

St Peter's Hospice (SPH) is Bristol's only adult hospice. We have been looking after people in our area (greater Bristol, South Gloucestershire, part of North Somerset and the Chew Valley area of Bath and Northeast Somerset) for 46 years. Our commitment is to contribute to improving the quality of life of patients with life limiting illnesses while extending care and support to their families and loved ones. Our main building is at Brentry, but our Community Nurse Specialist Teams have bases in Brentry, Staple Hill and Long Ashton making it easier for us to provide accessible care and support across this large geographical area.

OUR AMBITION

To support people to live well until the end of life.

OUR PURPOSE

To give adults in our communities the support, comfort and dignity they need at the end of their life.

OUR VALUES AND BEHAVIOUS

Excellence – to strive to be the best we can, listen, learn and innovate

Compassion – to show understanding and care in everything we do

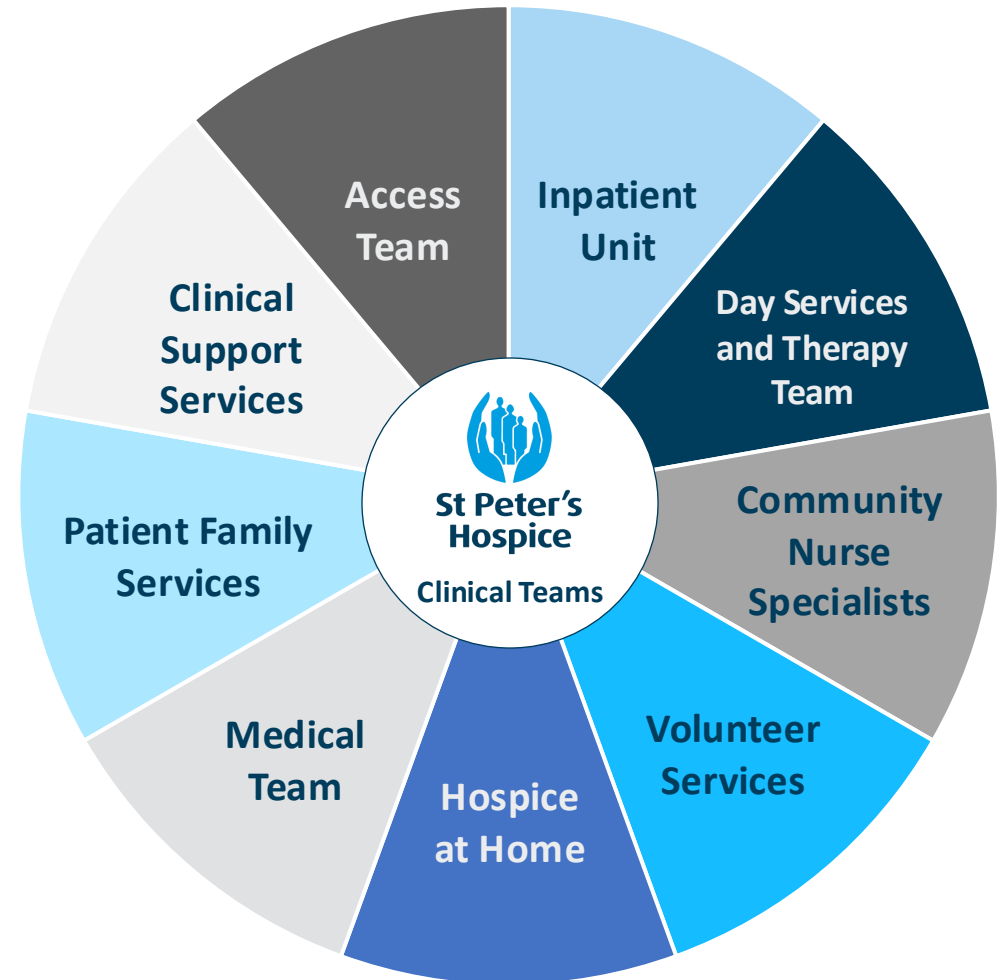
Respect – to value everyone and embrace the value of our differences

Passion – to be proud of our work and the impact we have

Collaboration – to work as one team – build on shared goals and effective relationships

OUR STRATEGIC INTENTIONS

- Be the best we can be
- Be sustainable and resilient
- Build collaborative services that reach all communities



Clinical Introduction

I am delighted to share St Peter's Hospice Quality Account 2023/24 with you.

We have made significant progress with our priorities for this year. Notably, we have developed a Leadership and Management Pathway, comprising of six core modules, each lasting a day. This pathway includes ongoing training and e-learning opportunities as the program evolves.

Our focus on IT solutions has led to the successful implementation of a new e-rostering platform, which supports efficiency and allows for flexible shift options to improve staff work-life balance. Additionally, we have introduced a new People and Payroll system and are in the process of rolling out a new platform for incidents, audits, and quality assurance. This platform, expected to be completed by the end of the summer, will support our adoption of the new Patient Safety Incident Reporting Framework (PSIRF) and is compliant with Learning from Patient Safety Events (LFPSE).

We have also transitioned our Band 2 Health Care Assistants (HCAs) to Band 3 with a comprehensive set of clinical competencies and recruited four HCAs into student Nursing Associate apprenticeships.

Our new Research Nurse post has made a significant impact. We participated in a multi-centre study on clinically assisted hydration at end of life, increased our patient recruitment from 20 to 30 due to excellent recruitment

and data quality and became the lead site in the country. Despite the sensitive nature of the research, patients and their families have been eager to participate, and our staff have shown a strong commitment to learning and engagement.

To better understand the needs of underserved ethnic communities in Bristol, North Somerset, and South Gloucestershire, we have recruited a Community Engagement Coordinator. The post holder is already having a great impact in establishing trusted partnerships with minority ethnic and faith communities. We have also led a project with three local prisons, working with staff to improve their end-of-life care knowledge and for them to be able to support prisoners during bereavement.

As March 2024 ends, we are about to reopen all the beds in our Inpatient Unit which has benefited from a mix of Consultant and Nurse Led beds. This has resulted in a 14% increase in admissions, supporting 92 patients in nurse-led beds—a 61% increase from 2022/23.

We continue to support more patients with illnesses other than cancer, now accounting for 40% of all referrals. We are collaborating with other services to run multi-disciplinary meetings for patients with heart and respiratory failure and neurological conditions.

Our Day Services have expanded, offering a blend of health-focused groups, such as Fatigue and Breathlessness and Living Well, as well as social groups like raised bed gardening and creative

writing, all supported by our volunteer workforce.

We have reviewed and improved our training, resulting in a decrease in patient falls, medication errors, and pressure injuries. A CQC review in January 2024 rated us as 'Good' regarding the safety of our medicine management. Importantly, our users have continued to give us positive feedback, and we received Certificates of Excellence for consistently outstanding patient feedback across all clinical areas.

I would like to take this opportunity to thank all our staff, both clinical and support services, for their hard work over the past 12 months. They should be very proud of what they have achieved for our patients and their loved ones and for the quality of care they have delivered.



Chris Benson
Director of Patient Care

What have we achieved?

Our priorities for improvement going into 2023/24 were...

Priority 1 – Investment in our Clinical Leaders

This year, we invested in enhancing our clinical leader's knowledge and experience. In 2023, we launched a Leadership and Management training pathway with six core face-to-face modules and optional modules to develop personal and specialist skills.

The six core modules ensure leadership is consistent across the hospice and boosts leaders' confidence. The modules include:

1. Facilitative Leadership and Coaching Skills
2. Motivation and Feedback Skills
3. Recruiting the Right Way
4. Driving Team Performance
5. Managing Attendance
6. Managing Conduct

These modules were first completed by our CEO and Executive Directors, our second cohort of Senior Managers began in February 2023 and graduated alongside the Executive Team in December 2023.

In the summer, we opened the modules to the rest of our management team, launching cohorts 3 and 4. These cohort approaches foster peer-to-peer learning, allowing managers to support their direct reports throughout the training program.

We continuously review and adjust the program to meet each cohort's needs. For example, we are developing an additional module on Inclusive Leadership with an external company, ENEI, to ensure our leaders can lead inclusively.

Our goal is for all leaders to complete the program by the end of 2024. We will continue to offer these core modules to new leaders and provide ongoing development through alumni training, optional learning opportunities, and action learning sets.

So far, 84% of our leaders have attended at least one core module, with 23% completing all six. Feedback has been overwhelmingly positive, with 100% of delegates recommending our leadership courses.

Priority 2 – Implementation of IT solutions to support our workforce and risk management

This year, we've implemented new IT systems to improve efficiency, quality, and safety.

- In the autumn of 2023, we launched a new People and Payroll system, allowing for digital management of personal information and tasks, replacing outdated paper processes. This ensures reliable information access, especially for clinical staff during unsocial hours.
- In January 2024, we introduced an electronic rostering system, offering employees flexibility while maintaining safe staffing levels. This makes St Peter's Hospice more attractive to employees and frees up time for managers to focus on patient care.
- In October 2023, we received approval for a new risk management system, enabling electronic reporting of issues like clinical incidents and health and safety events. This will save managers time and improve responses to patient safety events. We plan to launch this system in the summer of 2024.

These improvements are part of our investment in systems and processes to enhance efficiency, resilience, and sustainability.

Priority 3 – Development of our Band 3 and 4 clinical workforce

We have long aimed to develop our Health Care Assistant workforce. However, the pandemic delayed our progress, as we lacked the capacity to provide training and build the necessary skills.

Previously, our Inpatient Unit (IPU) at St Peter's Hospice had a mix of Registered Nurses and Band 2 Health Care Assistants, with specific duties assigned to each role, and there were no Band 3 clinical roles in the IPU.

This year, we reviewed and successfully introduced a Band 3 Health Care Assistant role. This new role expands the range of duties and responsibilities for Health Care Assistants. Several tasks previously performed by Registered Nurses can now be shared with Band 3 Health Care Assistants, allowing us to use our workforce more efficiently and continue delivering high-quality, patient-centered care.

The Band 3 role helps create a modern, efficient, and skilled workforce for the IPU, freeing up Registered Nurses to focus on tasks that only they can perform.

Additionally, we have recruited our first cohort of Student Nursing Associates. Nursing Associates, who earn a Foundation Degree from a Nursing and Midwifery Council-approved provider, complete two years of higher-level study. They can perform more complex tasks than Health Care Assistants but not as many as Registered Nurses. With further training, Nursing Associates can progress to become Registered Nurses. Currently, we have four Student Nursing Associates—two in our Hospice at Home team and two in our Inpatient Unit.

Inpatient Unit (IPU)

This year, the Inpatient Unit (IPU) supported 252 patients, with a 14% increase in admissions and 3% increase in occupied bed days.

Occupancy for the 2023/24 period stands at 88%, exceeding the UK hospice national average of 74% but representing a slight reduction from the previous year. This decrease is partly due to the flexibility required to accommodate room turnover, with more beds open and patient dependency levels.

We have effectively utilised our Nurse Led Bed (NLB) model, managed by our small CNS response team of non-medical prescribers.

These beds provide care to patients in the last two weeks of life, helping us support those who prefer to die in the hospice. In March, we opened our 13th bed, with four nurse-led and nine consultant-led beds. The number of NLB admissions fluctuates based on case load and patient need.

We plan to open two more beds in April 2024, restoring our pre-pandemic capacity of 15 beds. Our goal for next year is to recruit an IPU Registered Nurse (RN) to join the NLB team, on completing the Non-Medical Prescribing and Physical Assessment and Clinical Reasoning course.



This year, we introduced a Band 3 Health Care Assistant role, expanding their duties and allowing Registered Nurses to focus on tasks only they can perform. We also recruited our first cohort of Student Nursing Associates, who carry out more complex tasks than Health Care Assistants. These roles help create a modern, efficient, and skilled workforce, offering a clear development pathway.

SERVICE DELIVERY STATISTICS 23/24

Total Admissions	Total Occupancy	Average Length of Stay
252	88%	8 days

In January, we promoted an experienced Band 5 nurse to their first Band 6 management role. To support their growth, we developed a pathway that includes the Hospice Leadership programme and the NHS Leadership Academy's Edward Jenner programme, enhancing their leadership skills. We also introduced an electronic rostering system and a mixed model of traditional shorter shifts and long days, providing flexibility for employees while maintaining safe staffing levels and freeing up time for managers to focus on team development and patient care.

We continued to organise personalised events for our patients, including a hot air balloon display, a visit to the international balloon fiesta, and a trip to the Build-A-Bear Factory. Special celebrations featured a 100th birthday party, weddings, and a hen party. These experiences were made possible through collaboration with our fundraising and facilities teams.

Community Nurse Specialists (CNS)

This year the Community Nurse Specialist (CNS) Team have supported 1,825 patients and those close to them.

While the number of patients referred to the hospice is similar to 2022/23, we have seen a decrease in referrals triaged to the three geographical Community Nurse Specialist Teams. This may be because we are now delivering Day Services and patient groups, giving patients more choice in how their needs are met.

There has been a reduction in the number of visits and phone calls to patients, which mirrors the reduction in referrals. This has not led to a



reduction in workload; the team is working with both increased patient and system complexity.

One of our priorities for this year is to look at how we measure patient complexity for patients on the CNS caseload. The team has also had vacancies over the year and maternity leave, which has impacted their resource. At any one time, the combined patient caseload of the three geographical CNS teams is between 400-450 patients, and the average time on the caseload is 40 days. For patients on the CNS caseload at the time of their death, 83% died outside of the hospital. Of those, 60% died in their home, 12% in a care home, and 11% in the hospice inpatient unit.

We are reorganising the team management across the Access and CNS Teams and have created more senior roles to reward clinical expertise and the responsibility of independent prescribing. This has given more staff the opportunity to progress, and we anticipate this will have a positive impact on retention. Experienced Nurse Specialists are fundamental in supporting new team members to develop into the Nurse Specialist role in their first two years in post. Going forward, there will be one lead nurse for the Access and CNS Teams, which we anticipate will lead to better patient experience and improved processes and efficiency.

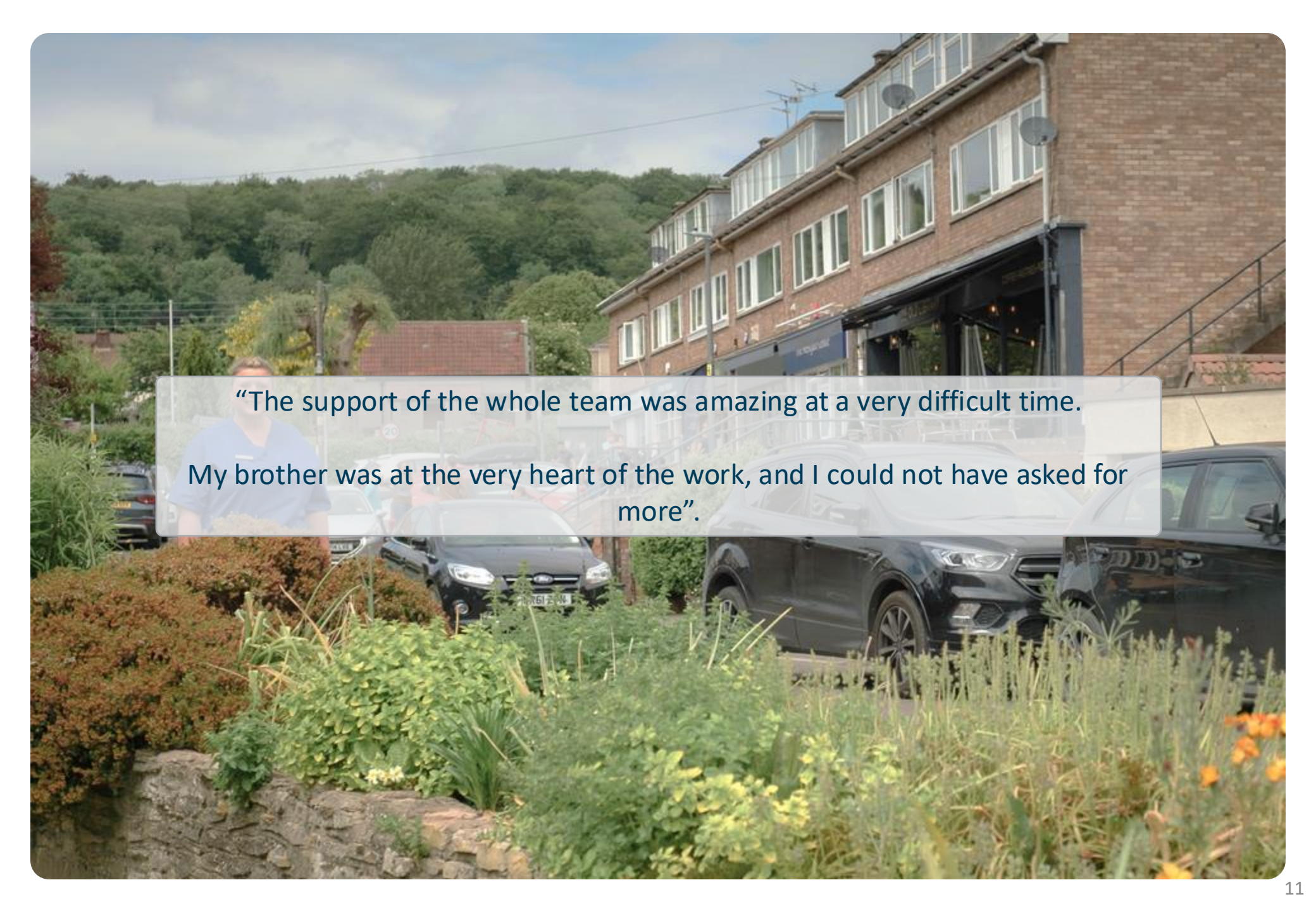
SERVICE DELIVERY STATISTICS 23/24

Patients Supported	First Appointments	Follow-up Appointments
1,825	1,335	19,419

CNS Response is a small team of 2.6 CNS'. They assess, admit, and manage the care of patients in the nurse-led beds on the inpatient unit Monday to Friday between 9am to 5pm. The number of nurse-led beds has increased over the last year, and in June 2023, we widened the scope of the pilot to include referrals for patients in the hospital. The team is expanding by a further 1.8 WTE in 2024/25.

CNS Response is led by a Trainee Advanced Practitioner who, once qualified in 2025, will fully take on the role of 'named clinician' for patients admitted into the nurse-led beds on the inpatient unit. CNS Response also works closely with Access and Hospice at Home to support patients at home with urgent, unpredictable needs in the community. On weekends and bank holidays, the wider CNS team also contributes to the CNS Response Rota.

There are 10 independent prescribers working across the CNS and Hospice at Home Teams, with a further 2 in training. They carried out 468 patient visits involving prescribing this year. Experienced independent prescribers are mentoring and supervising prescribers in training, alongside the Hospice medical team.



“The support of the whole team was amazing at a very difficult time.
My brother was at the very heart of the work, and I could not have asked for more”.

Nurse Led Beds (NLBs)

Our Nurse Led Bed (NLB) model of care, launched in April 2022, has grown from managing just one bed to now supporting four patients.

This year we have seen a 61% increase in the number of admissions into the NLBs. NLBs saw a decrease in typical length of stay from 6 to 4.5 days indicating we have been able to facilitate more end-of-life stays in

the hospice. During normal working hours, these beds are overseen by Non-Medical Prescribers within the Community Nurse Specialist (CNS) Response Team, with the hospice medical team providing out-of-hours support.

The NLBs are designed for patients in their last two weeks of life who find dying in their current place of care unacceptable and prefer the

SERVICE DELIVERY STATISTICS 23/24

Total Admissions	Admission Growth	Average Length of Stay
92	+61%	4.5 days

hospice setting. Reasons include social complexities, such as living alone with limited support or wanting to shield loved ones from distress. In the past year, we have also facilitated transfers from hospital settings, providing a more comforting environment for patients and their families during this sensitive time.

This model allows us to offer hospice beds to more patients, making a significant, positive impact on their end-of-life experience.



Access Team

The Access Team manages the Advice Line from 8:00am to 8:00pm and the Inpatient Unit from 8:00pm to 8:00am, with 24-hour consultant support from the Medical Team. Both the Access and Clinical Education Teams provide training to new IPU nurses to prepare them for managing the advice line overnight.

Approximately half of the calls to the advice line come from patients and carers (53%), while the remaining calls are mainly from external healthcare professionals working in the community (40%). These calls can range from community nurses seeking advice about medication for a syringe pump, to GPs asking about appropriate medications for patients with specific conditions, or a paramedic in the patients home looking for urgent support.

In the 2023/24 period, the total number of calls to the Access Team slightly decreased. However, the complexity of the calls has increased, reflecting the growing complexity of the healthcare system for patients and their families.

Another key function of the Access Team is to triage hospice patient referrals. Except for direct referrals to the IPU, Hospice at Home, and FAB, all patient referrals are initially reviewed by the Access Team. Starting in 2024/25, referrals can be submitted through

our website, which will expedite the process and enhance our understanding of patient needs to support triage.

Due to the urgent nature of advice line calls, they are prioritised over routine referral triaging. In 2024/25, we plan to streamline the triage process for routine referrals to improve processing speed and reduce the number of steps involved.

SERVICE DELIVERY STATISTICS 23/24

Advice Line Calls

4,114

Follow-Up Calls

2,510

Total Advice Line Calls

6,624



Hospice at Home (HAH)

Hospice at Home (HAH) support patients in the last 4 weeks of life, predominately to enable them to be cared for and die at home.

Care and support is provided by Senior Healthcare Assistants (HCA) and Registered Nurses (RN) with specialist knowledge of common complexities experienced in the last weeks of life.



HAH also has a strong relationship with the St Peter’s Hospice Inpatient Unit Nurse Led Bed Team (NLBs). Patients on the HAH caseload who have significant care needs that cannot be met by the HAH team (e.g. 24-hour care) can be admitted into a NLB. It is useful to have this available when the patients care needs are high, rather than medically complex, and it is not possible to provide this intensity of input in the community.

In 2023/24, 236 referrals have come from hospital teams. HAH support enables patients to be discharged from hospital for end-of-life care at home.

The RNs in HAH now work until 8pm each day. This has been helpful to support discharges from hospital and as well as offering better support to our HCAs on a late shift.

Most referrals to HAH are made over the phone. On average, patients are assessed by a registered nurse and start to receive care on the day of referral.

Most patients under the care of HAH will receive 1-2 daily visits from HCAs working in pairs. Other patients, who may already have regular care visits in place from another care provider, are referred for night shifts and ‘short shifts’ (blocks of care for 3 – 7.5 hours in the day). Some patients receive a mixture of both models of care.

SERVICE DELIVERY STATISTICS 23/24


Total Referrals	Joined Caseload	Home Visits Delivered
1,098	814	8,493

Of the 8,493 visits and shifts provided in 2023/24:

- 62% were a visit from 2 HCAs working together
- 15% were a visit by a RN to either complete an initial assessment or follow up a patient on the caseload who needed further assessment and support
- 10% were night shifts by a HCA or RN

Our ambition in 2023/24 has been to offer 2 night shifts from HCAs every night and increase our capacity to offer a night shift from an RN for those with complex need. We have delivered 38% more night shifts this year compared to 2022/23, with an average of 2.3 night shifts available per night. Across the next year, we will continue to look to recruit more registered nurses to work night shifts to enable us to provide as much support as possible to those dying at home.

In October, two HCAs started 2-year apprenticeships to become Nurse Associates. In 2024/25, led by clinical education, we will be clarifying the development pathway for HCAs.



“I cannot express strongly enough how grateful and thankful myself and my entire family are for the way my Father was treated by St Peter’s Hospice in his final days at home.

The help and care they provided made it possible for him to pass away at home, with his family around him. They gave us, his family, the support we needed in that time, answering any and all of our questions and being helpful and respectful in every way possible.”

Psychological Therapies

St Peter's Hospice provides compassionate, safe psychological therapy to patients and their loved ones. Support is available both before and after bereavement, in various settings such as the Brentry site, clients' homes, the Inpatient Unit (IPU), GP surgeries, and through phone and video calls.

Over the past year, the demand for psychological therapies has been high. To better meet demand, the team is growing. New Psychological Support Workers have been appointed to increase assessment capacity, helping to provide timely and appropriate care. These dedicated professionals also bring more clinical hours, working alongside the multi-disciplinary team to ensure holistic support for every patient.

Additional Senior Psychological Therapists are also being recruited to manage the increasing complexity of referrals, allowing the team to tailor responses to the unique needs of patients and clients. Despite increasing clinical hours, waiting times for therapy is an average of 127 days. This is particularly challenging when the average time from hospice referral to death is 136 days, meaning some patients may not receive therapy in time. To help, pre-bereavement and bereavement group therapy sessions for adults and children have been introduced, providing immediate support if awaiting one-to-one therapy.

Great strides have been made in supporting children and young people, with a 50% increase in referrals this past year. Group therapy sessions tailored to different age groups have been developed, offering monthly bereavement support for 5–11-year-olds and 12–17-year-olds, and pre-bereavement support for 5–16-year-olds. These sessions are led by the skilled Children and Young Person Lead Senior Psychological Therapists, with the help of dedicated volunteers.

Many clients face complex grief along with other mental health issues and trauma. To better address these needs, a complexity matrix has been implemented for triaging and assessing patients. Initial data shows that 25%



SERVICE DELIVERY STATISTICS 23/24

Total Referrals	Total Assessments	Sessions Delivered
949	635	2,300

of patients have a confirmed mental health diagnosis, with many others experiencing a range of mental health challenges.

Since October 2023, group therapy offerings have been expanded to include weekly grief support and carer drop-in sessions. These groups have been growing steadily, with plans to develop more patient group offerings in the coming year to ensure everyone can access the support they need.

Beyond direct therapy, the team is committed to supporting clinical staff to learn about key psychological approaches. This work supports the journey to becoming a more psychologically informed organisation, ensuring the best care for patients and their loved ones.

Senior Psychological Therapists have taken on lead roles to support service development in areas such as Groupwork, Children and Young People, Accessibility, Education, Volunteers, and Complex Pain. They build professional relationships with health and voluntary sector organisations to foster collaboration and enhance the impact across the region.

Spiritual Care

The Multi-Faith Lead and spiritual care volunteers provide an important role in the Hospice by the delivery of person-centered holistic care, offering spiritual and multi-faith care both face-to-face and over the phone. This past year has seen a 49% increase in referrals, and the team continues to expand its reach and improve community engagement, ensuring spiritual needs are met with warmth and understanding.

Despite being a small team, they have increased their reach by visiting more people in the community, in their homes, and in other care settings. They also participate in the multi-disciplinary team (MDT) meetings to ensure a holistic approach to patient care. By integrating spiritual care into MDT work, the team helps address emotional and spiritual well-being of patients and their families, ensuring comprehensive support.



SERVICE DELIVERY STATISTICS 23/24

Total Referrals	Face to Face Consultations	Telephone Consultations
168	868	85

Our multi-faith Lead has collaborated with the Day Services team to co-facilitate a Living Well session and creative writing session and has been part of the Hospice UK prison project, supporting holistic care at end of life for imprisoned people and their families.

The team represented the hospice at the Grand Iftar events across the city and the Hospice Annual Light up a Life event is led by our multi-faith lead.

St Peter's Hospice is committed to providing comprehensive and compassionate care to all patients and their families. Psychological and spiritual well-being is a top priority, with support provided every step of the way.

A photograph of a modern building with a stone wall and a paved walkway, overlaid with a text box. The building features large windows and a stone wall. A paved walkway leads through a garden area with various plants and flowers. The sky is blue with scattered white clouds.

“My experience of bereavement counselling was like a light that got brighter.

They led me to think about *me* first, to open up and to talk.

I am forever grateful.”

Safeguarding

Our Commitment to Safeguarding

At St Peter's Hospice, we deeply care about the safety and well-being of every adult and child who interacts with our services. Through our dedicated teams, continuous learning, and comprehensive training, we strive to create a safe and supportive environment for everyone in our care.

Increasing Awareness and Proactive Culture

Over the past year, we've raised 91 safeguarding concerns, marking a 65% increase from the previous year. This rise reflects our proactive safeguarding culture. Our quarterly Clinical Safeguarding Committee plays a vital role in sharing learning and best practices to support this effort.

Responding to Safeguarding Concerns

Our clinical teams handle most safeguarding cases, carefully assessing and addressing risks. They often collaborate with external health and social care, and voluntary sector colleagues to ensure comprehensive support. Our Social Work team is always ready to provide direct support, advice, and guidance to patients, carers, and professionals alike.

Referrals to the Local Authorities

This year, we made 48 referrals to Local Authorities, a 220% increase from the previous year. The most common concerns included neglect, physical abuse, and self-neglect. While

many referrals may not meet the threshold for a Section 42 enquiry, we continue to follow the required criteria, ensuring all concerns are appropriately reviewed by the Local Authorities.

New Guidance for Better Support

We've developed new clinical safeguarding guidance and procedures to provide clear instructions for our clinical staff on protecting vulnerable adults. Our quarterly Clinical Safeguarding Committee reviews cases to ensure best practices are followed, and our Social Work team continues to promote a positive safeguarding culture across the hospice.

Ongoing Training and Development

All of our staff undergo safeguarding training suited to their roles. We're proud to offer Adult Safeguarding Level 3 training in-house, co-facilitated by our Clinical Learning and Development Team and our expert Social Work Team Manager. For those working with children, our Clinical Safeguarding Lead ensures the right level of training is delivered, so everyone is well-prepared to offer the best care possible.

Social Work Team

The Social Work Team is an integral part of the multidisciplinary approach, addressing a wide range of social care needs and supporting

SERVICE DELIVERY STATISTICS 23/24

Total Patient Referrals

621

Total Client Referrals

64

Social Work Consultations

2,409

complex discharge planning from the Inpatient Unit. With a dedicated team of Social Workers and Social Work Assistants, patients and carers are empowered to navigate the health and social care system, ensuring they receive the support needed to improve their quality of life.

Supporting Carers

While overall referrals have remained stable, referrals for carers have increased by 60%. The Carers Lead is developing strategies to improve access to support, including stronger links with local authorities and carers support centers. A Carers Support Line has also been launched, offering a listening ear and practical advice to those supporting someone with an incurable illness.



Medical Team

In 2023/24, our medical team maintained a strong focus on supporting patients in the community through a combination of home visits and giving telephone advice to other health professionals. Notably, we saw a 12% increase in our 24/7 advice line activity, with about a third of calls coming outside of regular working hours. As a medical team we provide medical advice to internal staff and external callers as needed.

We continue to support a small number of our Clinical Nurse Specialists as they work towards getting their Non-Medical Prescribing qualifications and have allocated consultants to improve care for patients with non-cancer

conditions; neurological conditions, respiratory conditions, and heart failure.

Our Medical team provides round the clock support to our 15 bedded inpatient unit. Our Lead Consultant for the inpatient unit became the lead investigator for our first national research study CHELsea II, on end-of-life hydration.

We host GP trainees, Specialist Trainees in Palliative Medicine, and various professional visitors. We continue to provide formal education to GP trainees, GPs, and other health professionals. We have also contributed to system-wide work. Examples include

involvement in a complex pain meeting, neuromuscular meetings, the ReSPECT plus project on Advance Care Planning, and the BNSSG End of Life Care Collaborative, chaired by our Medical Director.



SERVICE DELIVERY STATISTICS 23/24

Patients Supported	MDMs with Medic Input	Consultations Delivered
955	1,305	3,919

Venous Thromboembolism (VTE)

VTE Assessment Completion:

There was a slight drop in VTE template completion rates within 24 hours of IPU admission for patients in Consultant-Led Beds.

Compliance in 2023/24 was 95%, down from 99% in the previous year. Q4 compliance seemed to be an outlier, coinciding with changes to medical staffing. The Medical Director is prioritising continued team education on this area, and compliance figures will be closely monitored moving forward.

Prophylaxis Indication:

Prophylaxis was indicated and prescribed correctly on three occasions during the year (Once in Q1, once in Q2 and once in Q4).

Day Services and Therapy Team

Our team includes Registered Nurses, Physiotherapists, Occupational Therapists, Complementary Therapists, and Therapy Assistants. They deliver the Living Well 8-week programme, social support groups, and co-lead weekly Drop-In sessions. This year, we saw a significant increase in referrals, with 219 patients joining these groups, marking the first full year of face-to-face sessions post-pandemic.

81 unique patients attended the Living Well programme, with 53% having a non-

malignant primary diagnosis. We also started several popular social support groups, including Craft, Painting, Gardening, and Creative Writing, led by Therapy Assistants and volunteers with a registered healthcare professional present. Recognising the unique needs of patients with neurological conditions, we developed a specific Neuro Living Well Programme, with the first course delivered in May 2024.

Our team, along with social workers, run weekly informal drop-ins at Brentry, offering a forum for people to learn about our clinical services. There have been 129 attendees, 74 of whom are unique patients, with many returning with different family members or friends.

Our team of Physios, Occupational Therapists, and Therapy Assistants have continued to support patients both in the community and the Inpatient Unit (IPU).



SERVICE DELIVERY STATISTICS 23/24

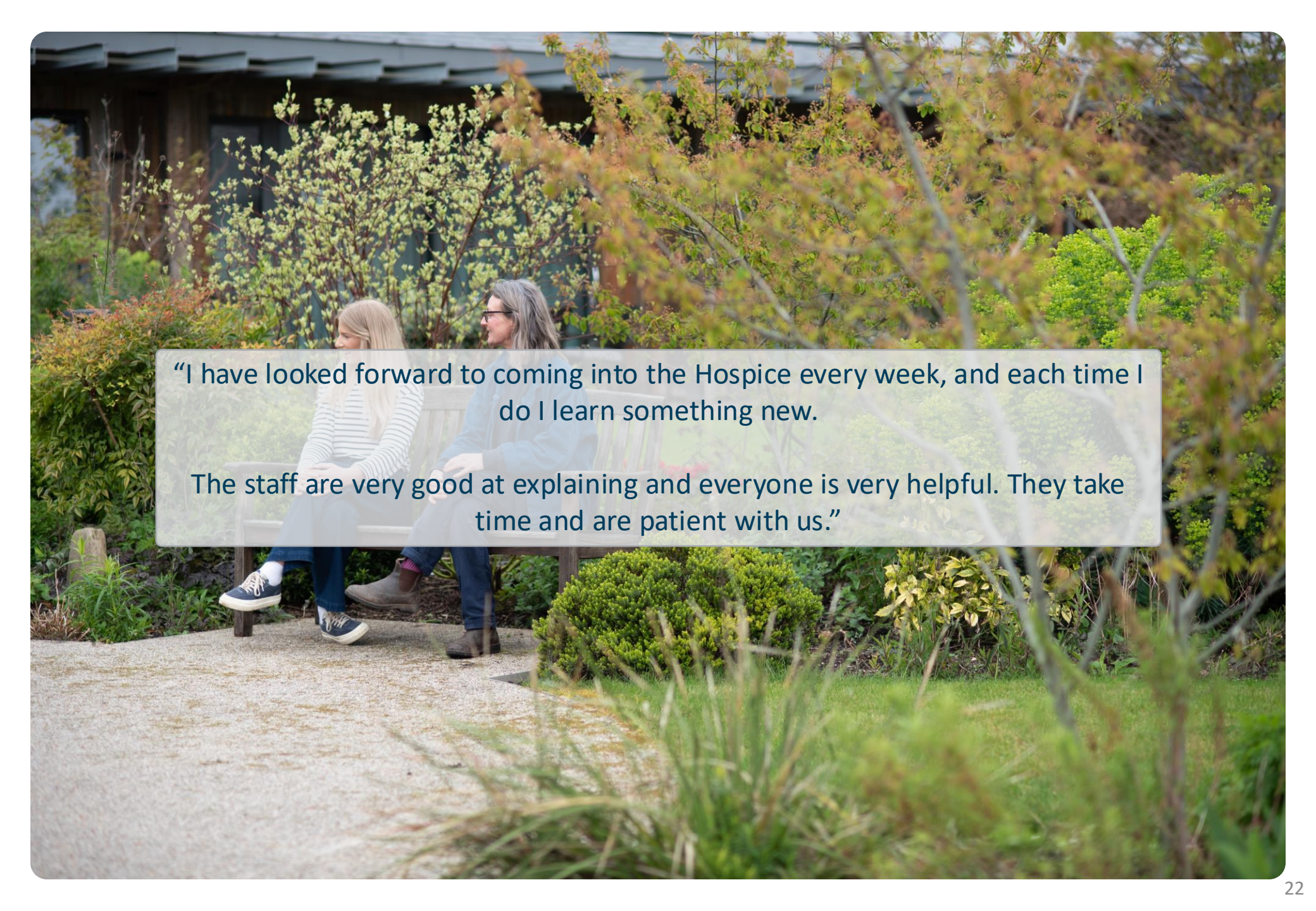
Day Services Referrals	Day Services Attendances	Individuals Supported
219	1,080	156

Fatigue and Breathlessness

We've had a full year of in-person Fatigue and Breathless courses (FAB) post-pandemic, with 159 patients attending. Each course is delivered by an Occupational Therapist, a Physiotherapist, a Therapy Assistant, and a volunteer. We run two FAB courses weekly, one at The Park, Knowle West, and the other at Brentry.

Referrals to FAB have increased by 3%, with 81% of attendees having a non-malignant diagnosis. Our Physios are also strengthening partnerships with local Heart Failure and Respiratory teams.

However, many patients referred to the FAB course did not attend — 143 in total — with 40% passing away while on the waiting list and 21% declining to attend. Our aim in 24/25 is to get earlier referrals to these services. In 2024/25, we plan to offer a FAB course at an additional venue in Fishponds at the Vassall Centre.

A photograph of two women sitting on a wooden bench in a lush garden. The woman on the left has long blonde hair and is wearing a white and black striped long-sleeve shirt, a dark blue skirt, and dark sneakers with white soles. The woman on the right has grey hair, wears glasses, a blue jacket, and brown boots. They are both looking towards the right. The garden is filled with various green plants, including a large bush with light green flowers in the background. A semi-transparent white box with dark blue text is overlaid on the center of the image.

“I have looked forward to coming into the Hospice every week, and each time I do I learn something new.

The staff are very good at explaining and everyone is very helpful. They take time and are patient with us.”

Research

This year, St Peter's Hospice made significant strides in becoming a research-active organisation. In April 2023, we welcomed our first Research Nurse, who has led our research strategy and our first multi-centre trial, CHELsea II. This trial evaluates clinically assisted hydration (CAH) in patients in their last days of life, focusing on its effects on delirium, airway secretions, pain, and other symptoms. Our initial recruitment target of 20 participants was met nearly a year ahead of schedule. Subsequently, we were requested to increase our target to 30 based on excellent recruitment, data quality, and integrity. From April 2023 to March 2024, 25 patients participated: 12 Consultant-Led Bed (CLB) patients, representing 7.5% of admissions and 13 Nurse-Led Bed (NLB) patients, equating to 14% of all NLB admissions.

In December 2023, addressing the national shortage of corneal donations, we initiated efforts inspired by the EDiPPPP study from Southampton University. This has resulted in six successful corneal donations, thanks to persistent education and collaboration with NHS Blood and Transplant's Tissue and Eye Services Team.

Looking ahead, we plan to explore research on intimacy at the end of life, including potential investments in cuddle beds. We've established a working group with representatives from our

Patient and Public Involvement (PPI) group and Bath University to support this initiative.

This year has seen several requests for research support and expressions of interest from staff who, until now, may not have had the opportunity to consider conducting their academic research at St Peter's Hospice. Our research nurse has developed an application process to determine capacity and capability and ensure a fair opportunity for all. Each application is reviewed at the quarterly Research Advisory Group (RAG) panel.

Next year we hope to expand the panel to include representatives from multiple disciplines and backgrounds to ensure we continue in our pursuit to support meaningful and clinically relevant work and to include more of our diverse population.

Our research efforts are primarily funded by the National Institute of Health Research (NIHR), which emphasises the importance of patient and public involvement

at all research stages. This ensures our studies are relevant and meaningful to those we aim to help.

We invite individuals with experience in palliative care, including patients, relatives, and caregivers, to participate in our voluntary PPI activities. Our goal is to enhance PPI representation in our Research Advisory Group, ensuring diverse perspectives contribute to impactful research and effective healthcare interventions.



Clinical Support Services

Clinical Education

This year we have extended our welcome to visitors and learners into St Peter's Hospice and taken our skilled teams out to partners in the health and social care and prison sectors to deliver high quality learning experiences. We have supported learners, both in person and virtually from a range of professional contexts to enhance their skills, knowledge and understanding of end-of-life care and provide a space for people to think about death, dying and loss and develop supportive skill sets, communication skills and awareness.

Our support of clinical placements has increased for all student clinicians with the addition of the Student Trainee Associates and a Physiotherapist, acknowledging the need for their educational development in this specialism. Feedback identifies, whilst there are emotional challenges, 'it was also a privilege to provide end-of-life care with expert mentorship'. Developing the next generation of compassionate practitioners requires preparedness and we actively engage in this work.

This year has seen the departmentalisation of the of Learning and Development team into two divisions: A corporate 'Learning and Development' department; remaining with our People Team who focus on recruitment and equipping our non-clinical staff with the

knowledge and skills necessary to excel in their respective roles across our retail employees and volunteers, and a transformed 'Clinical Education Team' who have a clear steer to enhance the efficiency and effectiveness of our clinical education initiatives to enhance patient safety and staff career development.

This team have been responsible for developing and implementing educational programmes for our clinical staff, nurses, doctors, social workers, therapists, psychologists, caregivers and other healthcare professionals who provide hands on care to our community.

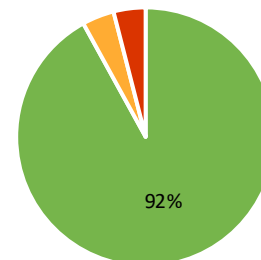
The team continue to collaborate with the hospice leadership and patient safety teams, who analyse adverse events and learning responses, to foster a culture of continuous learning and create an environment where health and social care professionals are empowered to learn from events, share knowledge, best practices, and improve patient and family outcomes and experiences in line with our regulatory standards. The team have a strategy to improve equity of access and equity of outcome for service users (patients and families) with a learning disability. An example of our success is the high-level compliance in the clinical teams for Oliver McGowan training (see graphs), and the development of strategic aims for learning disability, organising a CPD Session led by external expert and internal staff

experts regarding communicating with someone living with a learning disability, this strategy will be delivered into 2024/25.

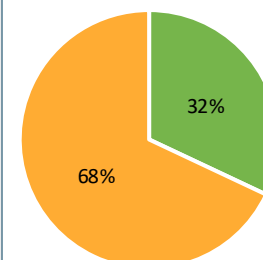
The Clinical education team have developed a Practice Education Facilitator. This individual will focus on providing education and training to clinical staff in the workplace, across all locations, to ensure staff members are knowledgeable about best practices, policies, procedures, promote skill acquisition and continued professional development. They will contribute to and enhance the quality of the practice learning experience through encouragement, evaluation, feedback and collaboratively working with practice placement providers, university staff, students and service users and families.

Oliver McGowan Training Compliance

Oliver McGowan Training: Part 1 E-Learning Course



Oliver McGowan Training: Part 2 Classroom Session



Patient Safety and Quality Team

This year, we have leveraged our extensive Clinical Governance data to review and enhance practices in several key areas within our clinical services. We welcomed a new Head of Clinical Governance and a new Patient Safety and Quality (PSQ) Manager, both of whom have previously held other internal roles within the organisation. With these internal changes, we have continued to review the structure of the PSQ team to ensure we meet the increasing focus on patient safety and quality. In November, we introduced a Quality Assurance and Practice Improvement Facilitator as a temporary two-year position to support the quality and safety governance assurance processes within the hospice.

This year, we developed our Patient Safety Incident Response Framework (PSIRF) plan and policy to maintain effective systems and processes for responding to patient safety incidents, fostering learning, and improving patient safety. Our Head of Clinical Governance and PSQ Manager have completed HSIB's "A systems approach to learning from patient safety incidents" course to support PSIRF implementation. By summer 2024, all clinical senior leadership team members will complete PSIRF training, with further training for all clinical teams provided by the PSQ team over the coming year.

We have continued to support the ongoing Patient Safety training of our clinical teams. Our

Head of Clinical Governance, designated as our Patient Safety Specialist, is undertaking Patient Safety Level 3 & 4 training. Clinical staff in patient-facing roles have completed eLearning for Health Level 1: Essentials of Patient Safety, with Band 6 and 7 staff progressing to Level 2. Senior clinical leaders will undertake Essentials of Patient Safety for Boards and Senior Leadership Teams.

We have continued project work on implementing our electronic risk management system, which will be compliant with the new national NHS service, Learning from Patient Safety Events (LFPSE). This system is set to launch in September 2024 and will include oversight apps for CQC, Audit, and Feedback modules to support assurance and continuous improvement.



Volunteer Services

We have 364 volunteers at our Brentry site, covering 12 different roles. Of these, 62% are patient-facing, providing around 20,000 hours of support each year. Their true value lies in their skills, experience, and commitment to our hospice values.

A key group of volunteers has significantly contributed to our Day Services, especially in developing our Brush Stroke and Craft classes.

These volunteers, with their expertise in using art as therapy, have helped patients create meaningful art. This allows patients to express their feelings, explore their health situations, discover new talents, give gifts, or capture memories.

Other volunteers support our Living Well Programme, Fatigue and Breathlessness, and Neuro Living Well programmes. They greet

patients, assist with refreshments, and provide a comforting presence to reduce anxiety, especially for new patients who might feel uncertain or vulnerable.

To meet the transport demands for Day Services, we recruited 35 experienced volunteer drivers. These drivers receive extra training to ensure patient safety and comfort. Many patients form positive relationships with their drivers, appreciating the relief this service provides to their families and friends.

Beyond Day Services, volunteers are vital to our Inpatient Unit, and Multi-Faith teams. Hospice Neighbours volunteers also provide practical and social support in patients' homes, making over 800 visits this year.



Facility Teams

In 2023/24, our facilities team has grown and developed further. In November 2023, we welcomed a new gardener who has brought great passion and ambition to improve our gardens, enhancing the positive impact on patient care at St Peter's Hospice.

Our gardener, with the help of dedicated volunteers, is maintaining and developing our hospice grounds. The beautiful gardens are invaluable to everyone, especially as we expand our services. We've also reinstated staff and patient gardening groups in the Day Hospice, returning to pre-pandemic levels of activity.

We aim to reopen the gardens to the public and further utilise the grounds to expand St Peter's Hospice impact on the local area.

Our housekeeping team has recruited essential new members to support the Inpatient Unit (IPU) and our target to reopen to 15 beds. They continue to maintain 5-star cleaning standards in our clinical areas and are committed to sustainable practices, constantly evaluating, and updating our cleaning materials and methods to reduce plastic use and increase efficiency.

The catering team support all aspects of the hospice, including patient meals on the IPU. Our lead chef is continuing to find innovative

ways to make the most of regular donations, providing hospitality for events like the Tour of Bristol and the Bristol to Paris challenge, and catering for Legacy events. We adapt our services to meet the needs of the hospice, including accommodating food intolerances, allergies, and dietary requirements.

The Facilities and Estates team is continuously adapting to changes at the hospice. We're working with a supplier on space management

to effectively use our estates and assets. Our plans include condition surveys and preventive maintenance schedules to support sustainable service delivery. Initiatives include installing LED lighting, water butts, alternatively fueled vehicles and recharging points at Brentry.

These efforts ensure we maintain our infrastructure, future-proof our estate, and adapt to physical and environmental changes, all to continue delivering essential services.



Information Technology (IT)

Over the past year, the IT department has continued to implement changes to support all teams across the Hospice.

Continuing our focus on security and resilience, we have introduced numerous measures to improve user and device security, including advanced protections against data loss through

new cloud-based backup solutions. We now have more robust security reporting and are due to begin taking advantage of a change in licensing to further improve our proactive Cyber threat response.

We continue to support the Programme management team with change initiatives such

as expenses, workplace, and space management as well as further enhancements to the successfully implemented People Management and Rostering systems.

We have begun developing a range of productivity and process improvements using automated workflows and in-house developed applications. These solutions aim to streamline operations, reduce administrative effort, and enhance overall efficiency.

With several new systems now live, we can leverage more data to assist our leadership teams in decision making and help measure progress against strategic objectives. We're also offering practical support for staff on how to make better use of applications such as Excel, empowering them to utilise data more effectively in their daily roles.

Looking ahead, we are increasing our use of cloud technologies for document storage, printing, and telephony – all critical to our target of eliminating reliance on legacy hardware by January 2025. We are also working with teams to improve access to our services through initiatives like electronic referrals and improved meeting room facilities.



Our Quality and Safety Assurance

At St Peter's Hospice, we take pride in providing holistic, person-centered care in a high-quality, safe clinical environment.

Between January 19th and February 7th 2024, the Care Quality Commission (CQC) conducted an assessment of our medicine optimisation and rated us as 'Good', with no concerns raised. You can read the full report here: [CQC Report](#).

Our clinical governance process and assurance framework ensures we closely monitor our progress, learning from incidents and patient feedback in an open and transparent way. We are currently implementing our Patient Safety Incident Reporting Framework (PSIRF) plan and policy, which will enhance our methodology for learning from patient safety incidents.

Our executive and senior management teams are actively collaborating with the integrated care system (ICS) to contribute to system solutions. We participate in the Health and Care Professional Executive (HCPE), BNSSG Integrated Care Board (ICB) Systems Quality Group (SQG), BNSSG Nursing and Midwifery Council and a BNSSG Learning Panel. Additionally, we lead the regional Hospice Quality Forum, working with colleagues on quality, safety, and service developments.

The following pages present key clinical quality matrix data and context for 2023/24.



Clinical Incidents

FALLS

Total Falls

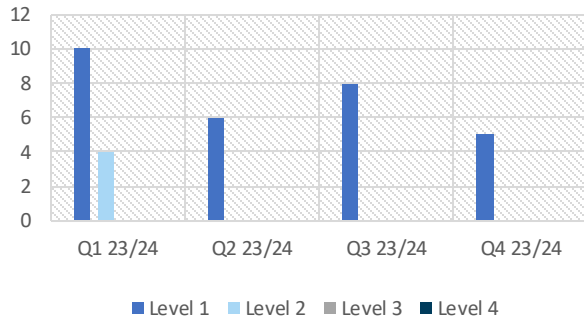
33

Individuals who Fell

29

Falls per 1000 Bed Days
8.41

Falls by NPSA Harm Level



Falls

- Falls decreased by 38% in 23/24 compared to 22/23, and by 41% per 1000 bed days.
- 28% fewer patients experienced falls compared to last year.
- Five patients had multiple falls (2 or more) this year, down from 10 last year, a 50% reduction.
- Several practice improvement initiatives were implemented, including:
 - Development of an Enhanced Care Policy, alongside Enhanced Falls education

- Focused CPD sessions.
- Amendments to the intentional rounding care plan.
- Development of a framework for post-fall huddles and MDT after-action reviews as part of the PSIRF launch.

Pressure Injuries

- Total pressure injuries decreased by 26%, and by 30% per 1000 bed days.
- New pressure injuries decreased by 36%.
- Pressure injuries on admission increased by 14%.
- Increase in ungradable pressure injuries during admission (9 in 23/24 vs. 4 in 22/23), attributed to higher-risk patients.
- A 70% decrease in Deep Tissue Injuries (DTI) during admission (13 in 23/24 vs. 43 in 22/23), but an increase in DTI on admission (26 in 23/24 vs. 9 in 22/23).
- Increase in moisture-associated skin damage both on admission (18 in 23/24 vs. 8 in 22/23) and during admission (26 in 23/24 vs. 9 in 22/23). Despite analysis, we are unable to find a cause for this change.
- Initial planning has begun for the introduction of the Purpose-T Pressure Injury Risk Tool, with discussions ongoing with North Bristol Trust to develop a service level agreement for tissue viability support.

PRESSURE INJURIES

Total PIs

171

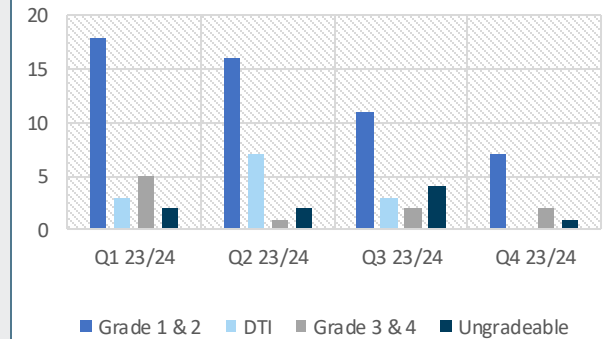
Individuals with PIs

99

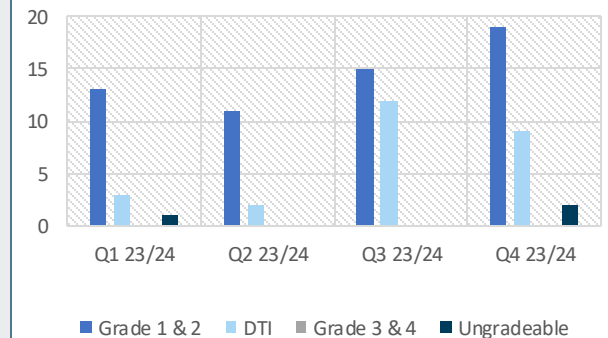
Pis per 1000 Bed Days

43.79

Pis Present on Admission



New PIs (developed during admission)

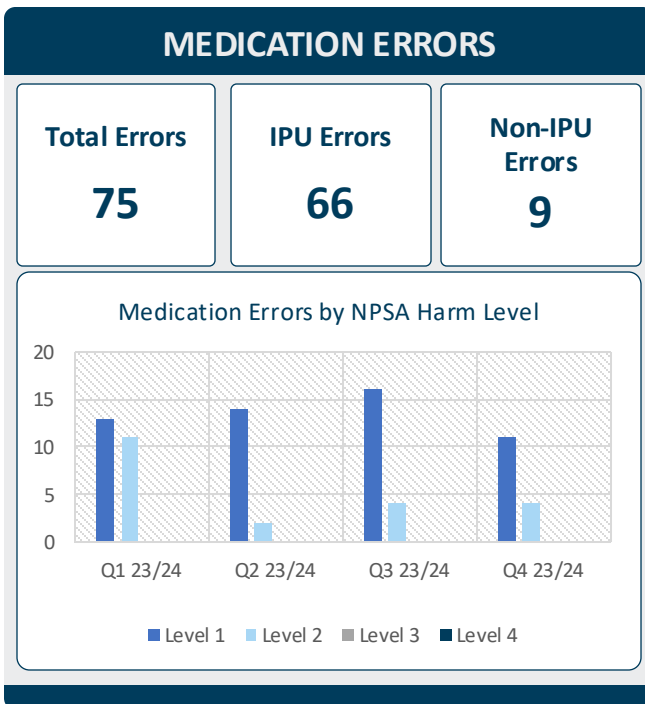


Medication Errors

- There was a 20% reduction in total medication errors across all services this year.
- Within the IPU, there was a 17% decrease in medication errors.
- There were 54 reported errors classified as NPSA (National Patient Safety Agency) Level 1.
- There were 21 reported errors classified as NPSA Level 2.

- Despite the overall reduction in errors, there was an observed increase in Level 2 errors. This increase appears to be attributed to individual staff differences in scoring these errors, rather than an actual increase in the harm caused by the errors.
- To address the inconsistency in error scoring, we are working towards the Patient Safety and Quality Team taking over the responsibility of identifying and scoring errors, instead of leaving this task to ward-level staff.

- For completeness, we paid for an independent inspection/audit by Sancus Solutions who identified some specific areas for improvement alongside overall good practice.
- We've enhanced medication management education for registered nurses, introducing a clear learning pathway from interview to induction, with an online calculations assessment for RN recruitment.



- In summary, the statement highlights a significant reduction in medication errors overall, acknowledges an increase in Level 2 error reports due to scoring inconsistencies, and outlines a plan to standardise error scoring by involving the Patient Safety and Quality team.
- Our FP10 audit compliance fell below 95% this year but showed improvement following practice improvement initiatives. Scoping electronic prescribing for next year aims to further support FP10 processes.
- CQC conducted a desk-based assessment of medicine optimisation between January 19 and February 7, 2024, They rated our medicine optimisation as 'Good', with no concerns raised. The report can be viewed here: [CQC Report](#)

Patient and Service User Feedback

St Peter's Hospice utilises various methods to measure patient experience, with "I Want Great Care" (iWGC) being a primary measure. We collaborate with 8 other regional hospices using this service to discuss results, learning, and best practices. Surveys results are available at: www.iwantgreatcare.org/hospitals/st-peters-hospice

This year saw a 17% increase in completed surveys compared to last year, primarily submitted by post with a small proportion completed online. We are exploring further data recording possibilities such as gender, age, and ethnicity for future reporting.

Feedback Overview:

The average rating across all service areas for the year was 4.85 out of 5, consistent with the previous year. While we receive reports on specific areas, iWGC collates data into three distinct categories: Inpatient Unit (IPU), Community (including Hospice at Home and Community Nurse Specialist Team), and Outpatients (including various services). Over 90% of responses rated our services as 'very good' throughout the year. A small percentage of surveys were blank or rated our services as 'very poor' or 'poor', with some believed to be made in error as the poor scoring did not match the positive comments.

Certificate of Excellence:

For the second consecutive year, we received a 2024 Certificate of Excellence Award from iWGC for consistently outstanding patient feedback across all clinical services.

Patient and Service User Experience Strategy:

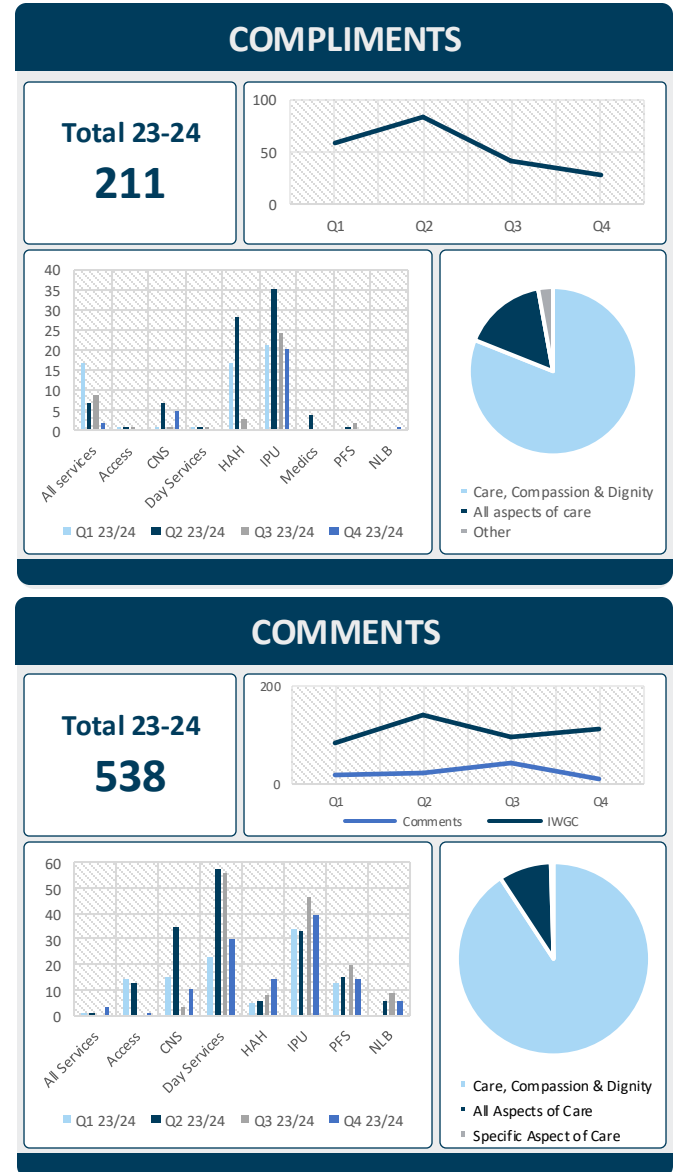
This year, we completed year one of our patient and service user experience strategy, focusing on four key aims:

1. Assess current methods of feedback.
2. Enhance accessibility of feedback channels.
3. Cultivate a culture prioritising patient experience and safety.
4. Provide more opportunities for patients, families, and carers to share feedback.

Compliments:

We received 211 compliments through cards, letters, and verbal feedback, marking a 24% increase from last year, this is in addition to iWGC reviews.

A patient and carer experience volunteer has been recruited within our income generation department to capture the positive feedback in cards and letters sent to them that contain donations.



Complaints & Concerns:

Complaints and concerns are managed according to our clinical feedback policy, aligning with NHS complaint standards, CQC complaint guidance, and Parliamentary and Health Service Ombudsman (PHSO) principles.

Concerns are addressed promptly between staff and the person raising them, aiming for resolution at the point of contact. Both complaints and concerns trigger investigations, with action plans developed for practice improvements.

There has been a decrease in formal complaints (22/23=17, 23/24=12) while concerns have increased from 13 in 22/23 to 29 in 23/24. Although this rise in concerns might initially seem negative, we attribute it to the proactive efforts of the Patient Safety and Quality Team. Their educational input has focused on encouraging the receipt and reporting of concerns, supporting an increase in confidence in staff; discussing and addressing any issues with patients and families in real time. This is very evident in the Inpatient Unit (IPU) concern data. As a result, we hope that the higher number of concerns indicates a positive shift towards a culture of transparency and active engagement in resolving potential issues before they escalate into formal complaints.

The feedback from complaints, concerns, compliments, and comments drives our continuous improvement efforts. Specific

actions resulting from this feedback include:

- Reviewing admission acceptance processes
- Implementing a zero-tolerance policy for certain behaviours
- Enhancing after-death care protocols in the IPU
- Improving catering provisions for visitors to the IPU

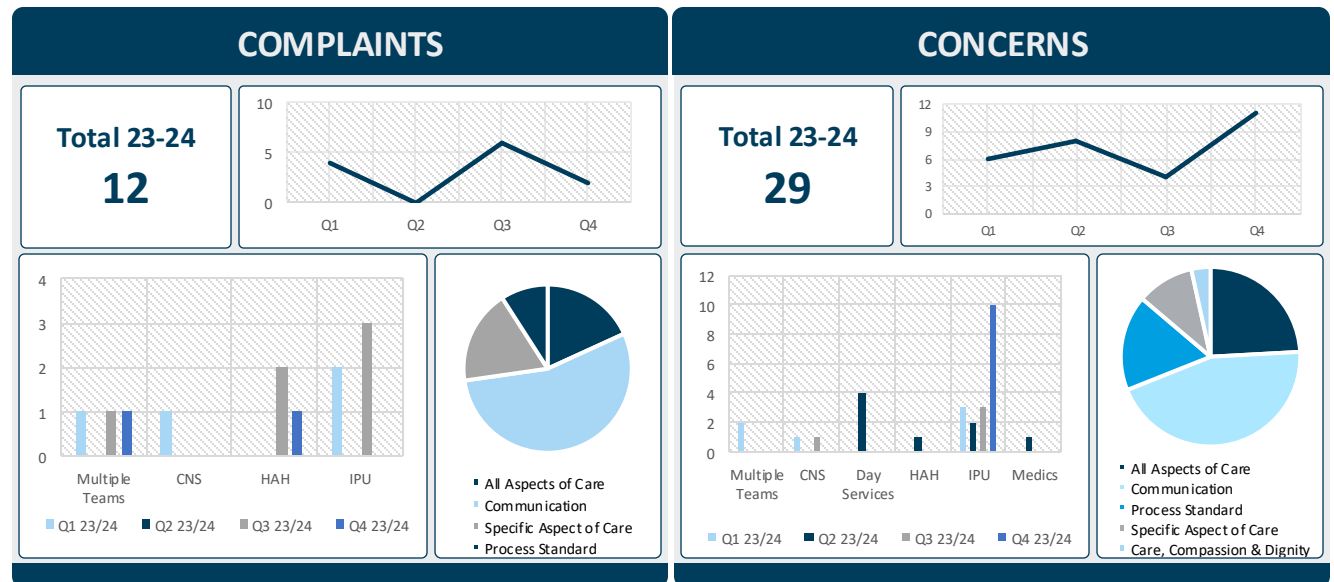
In the upcoming year, we plan to initiate patient experience forums within clinical teams. These forums will serve as platforms for learning and improvement based on feedback received directly from patients.

Communication has been a primary focus concerning complaints and concerns. Our education team has relaunched communication training programs to assess the specific needs

of clinical teams and gather feedback for further refinement. We recognise the impact of the pandemic on the early careers of some junior nursing staff, who may lack confidence in dealing with challenging situations, and therefore specific additional investment in communication skills and confidence-building is planned for them next year (2024/25).

We also plan to develop scenario-based training sessions that will utilise feedback from complaints and concerns to provide practical learning experiences for staff.

We aim to establish the role of the Professional Nurse Advocate in the upcoming year. This role will focus on facilitating restorative supervision sessions to enhance the overall patient experience.



Infection Prevention and Control (IP&C)

St Peter's Hospice has measures to ensure infection prevention and control:

The hospice has quarterly IP&C committee meetings and introduced regular IP&C champion meetings. The committee oversees and monitors infections and IP&C incidents, with reports submitted to the Clinical Governance Committee.

Incident Monitoring:

Notably, there were no outbreaks of infections or cases of MRSA, C-Diff, Covid-19, or other infections acquired within the hospice.

Enhanced Audits:

IP&C safety surveillance audits were enhanced, including a new efficacy audit focusing on proper cleaning procedures, training, and safety

standards. This multi-disciplinary audit, involving IP&C, Inpatient Unit (IPU), Facilities, and Housekeeping, achieved a perfect score of 100% in its first annual assessment.

Hand Hygiene and PPE Audits:

Audits for hand hygiene and personal protective equipment (PPE) in both the IPU and Community Services remained above 95%. The hospice continues to meet NHS National cleanliness standards and has a 5-star rating.

Visiting Guidelines:

Collaborative efforts with the IPU led to the development of visiting guidelines in accordance with the Department of Health's guidance, aiming to encourage and facilitate visits for patients and their families.

Recruitment Challenges:

The hospice has faced challenges in recruiting for the IP&C Lead role. This position is temporarily covered by the Practice Improvement and Assurance Facilitator. Discussions have been initiated with North Bristol Trust to develop a service level agreement for IP&C leadership and management, with plans to secure specialist support, shared policies, audits, and training in the new financial year.



Clinical Audit

St Peter's Hospice aims to use clinical audit as a process to embed clinical quality, implement improvements in patient care and as a mechanism for providing evidence of assurance about the quality of services. We complete a range of both national and local clinical audits.

Local audits are to measure our own provision of services and to measure our effectiveness against 'best practice' which can be national guidelines, such as those issued by the National Institute for Health and Care Excellence (NICE) or our own clinical policies. During 2023/24 we completed a suite of clinical audits including Infection Prevention & Control safety surveillance, Medicine Management, Controlled Drugs Accountable Officer, and NEWS2 audits.

This year we implemented a pressure ulcer/wound care audit to help with data collection prior to a quality improvement project to help reduce the number of hospice acquired pressure ulcers and the implementation of Purpose-T as the recommended tool of choice for pressure ulcer risk assessment.

National clinical audits allow us to compare our practice with similar health care providers. During 2023/24 we took part in the NACEL audit, which is a national comparative audit of the quality and outcomes of care experienced

by the dying person and those important to them during their last admission. Next year we aim to increase our involvement in national audits.

We have continued to engage our clinical teams in audit and practice improvement projects which has included auditing steroid prescribing. Our medical team plan to complete an audit on ReSPECT Plus/Black Pear records on IPU to look at whether they are kept up to date with the most current emergency care and

treatment/advance care plans.

Over 2024/25 we aim to continue to further engage our colleagues with the clinical audit agenda, and to strengthen the focus and visibility of patient and service outcomes and learning. We also continue to strengthen the link between Clinical Audit and Improvement by ensuring that we utilise audit findings and encouraging the usage of Quality improvement tools and methodologies. We aim to achieve this via the relaunch of our clinical audit group.



Organisational Governance and Compliance

Serious Incident Reporting:

No Serious Untoward Incidents (SUI's) or Never Events occurred this year. There were no RIDDOR reportable events, compared to 1 submission in 2022/23. Strategic Executive Information System (STEIS) submissions to the ICB Quality team decreased due to changes in reporting for pressure injuries.

The Patient Safety Investigation Response Framework (PSIRF) is being implemented, including completion of the PSIRF Plan and Policy (awaiting ICB sign off). Our Patient Safety and Quality Team underwent PSIRF training, with all clinical senior leadership team members to complete it by summer 2024. Frustratingly, accessing PSIRF training is costing the hospice £5,000, whilst it is free to the NHS.

The Head of Clinical Governance, our designated Patient Safety Specialist, is undertaking Patient Safety Level 3 & 4 training.

We continue the implementation of our Electronic Incident Reporting system which will be Learning from Patient Safety Events (LFPSE) compliant.

Subject Access Requests:

The Caldicott Guardian assesses all requests for access to patient information. These are called 'data subject access requests', with the patient being the 'data subject'. We have dealt with 29 requests this year. Requests have come from a

range of sources including solicitors, insurance companies, other healthcare organisations, bereaved relatives, and the police. All our requests in the year 2023/24 were dealt with within the designated time frames. We needed to seek external advice from our DPO company for some of the more complex requests.

Duty of Candour:

We always aim to be open and transparent in our care and have an open culture of reporting incidents and being honest if we make errors in relation to our care, however small. Staff understand that incident and near miss reporting allows for practice improvement and service development and are always encouraged to report any concerns.

There have been no reportable Duty of Candour's in 2023/24.

GDPR Compliance:

SPH continues to focus on maintaining a good level of compliance in respect of data protection under UK GDPR.

Key areas of success are:

- An Information Governance awareness week held for all staff.
- External review of our IG processes which showed good compliance with IG with suggestions for minor improvements.
- Enhanced training for our Information Asset Owners.

- Successful submission of our NHS Data Security and Protection toolkit in 2023/24.
- Quarterly Information Management Group meetings.
- Strengthening our cybersecurity systems and processes.
- Good relationship with our external Data Protection Company who provide advice and support when needed.
- No reportable data incidents to the Information Commissioner's Office.

Freedom to Speak Up:

St Peter's Hospice encourages staff to raise any concerns about risk, malpractice and wrongdoing that may harm the services we deliver. This is outlined in our Freedom to Speak Up Policy. This policy was reviewed and updated in December 2023 in line with the NHS policy.

The policy sets out steps that need to be taken to raise a concern, including if the person does not feel able to raise the issue with their line manager. It clearly states that any staff who do raise concerns will not suffer detriment. The Human Resources Department provide impartial advice and support, as do our Freedom to Speak Up Guardians.

We have an action plan to strengthen our Freedom to Speak Up culture and the training provided to our guardians.

Equity Diversity and Inclusion (ED&I)

We continue to tackle inequalities in access, experiences, and outcomes of care. We have strengthened existing partnerships and built new ones with local health and social care colleagues. For instance, collaborating with Bristol's Homeless Health team has helped build trust with patients by demonstrating our cooperative efforts with trusted services.

A Hospice UK grant funded a project in collaboration with three local prisons—HMP Leyhill, HMP Ashfield, and HMP Horfield. Our education team, emotional and psychological therapists, and multi-faith lead enhanced prison staff's skills in palliative and end-of-life care, and bereavement support. Feedback from 41 attendees indicated positive impacts on prisoners and their families, with increased staff confidence in managing end-of-life care and supporting bereaved prisoners. In 2023/24, we provided care to four individuals in HMP Leyhill and HMP Ashfield, with 19 consultations by our CNS Team, Advice Line, and virtual fatigue and breathlessness advice from a Physio.

In October 2023, we appointed a part-time Community Engagement Coordinator to build partnerships with minoritised ethnic and faith communities. Efforts include meetings with leaders and members of various communities, such as the Muslim faith, Sudanese and Chinese communities, and organisations like the Pakistani Welfare Association and the Somali

Forum. Participation in events like The Grand Iftar and St Paul's Carnival demonstrates our commitment to inclusive care.

We developed our first Learning Disabilities mini-strategy to complement the Oliver McGowan training, improving care and staff confidence in making reasonable adjustments.

Additional Developments

Advice Line and Sign Language Portal: Our advice line now includes a sign language portal for equitable access by British Sign Language (BSL) users.



Positive Feedback on Website Translations:

Users appreciate the website's translation feature, allowing non-English speakers to access information in their preferred language.

Ongoing Translation of Information Leaflets:

We continue to translate information leaflets into different languages, further supporting equitable access.

Disease-Specific Work: We are pleased that referrals with non-malignant primary diagnoses have risen to 40.2%, a 14% increase since 2019/20. Relationships with Heart Failure, Respiratory, Neurological, and Dementia teams have strengthened, leading to our involvement in NBT's ICB Interstitial Lung Disease palliative care review afternoon.

Staff enhanced their disease-specific knowledge through CPD sessions, e-learning, and reciprocal shadowing. We collaborated with Neurological specialists to launch the Neuro Living Well Programme in April 2024.

Collaboration has been reinforced through external multidisciplinary meetings with local healthcare partners. Contributions from our Head of Clinical Engagement, Medics, CNS, Physios, Psychological Therapists, and Spiritual Care Lead enrich these interactions. The Head of Clinical Engagement chairs BNSSG's Palliative Care Movement Disorder MDM, which planned care for 29 patients in 2023/24.

What are our priorities for 2024/25?

Measure and report patient complexity for patients on the Community caseload

1

Our Head of Community Services is committed to developing a patient complexity measure within the community. This initiative will identify which practices require additional support, staff, and resources to effectively meet patient needs. By implementing this measure, we aim to ensure equitable and efficient distribution of resources, enhancing the quality of care for our patients.

Redevelop a model of Clinical Supervision

2

Our Psychological Therapy and Clinical Education team is dedicated to redeveloping our clinical supervision model to better meet the needs of our clinical team. This initiative aims to ensure robust professional support, reflection, and learning. As part of this effort, we will establish the role of the Professional Nurse Advocate, further enhancing our clinical supervision framework and fostering continuous professional development.

Redevelop our Clinical Feedback Process

3

St Peter's Hospice is dedicated to fostering a just and learning culture, where we take feedback about our services seriously. We are committed to reviewing and improving our clinical feedback process to ensure we gather valuable insights from our patients and service users. This feedback will help us understand what we are doing well and identify areas where we can enhance our care.

Summary

We hope this report demonstrates how resilient and resourceful, committed and caring our staff have been throughout 2023/24. As an organisation that promotes continuous improvement, we will be taking time to reflect and learn from the part year, harnessing what has gone well and moving forward with enthusiasm to the challenges ahead in 2024/25.

Chris Benson
Director of Patient Care

Helen Ireland
Head of Clinical Governance & Quality

June 2024



**St Peter's
Hospice**

ICB Statement:



St. Peters Hospice Quality Account 2023-24

Statement from Bristol, North Somerset, and South Gloucestershire Integrated Care Board.

Bristol, North Somerset, and South Gloucestershire (BNSSG) Integrated Care Board (ICB) welcome the opportunity to review and comment on St. Peters Hospice (SPH) quality account 2023/24. The information presented has been reviewed and is in line with that provided and presented to the ICB through reports and meetings to provide quality assurance.

St Peter's Hospice (SPH) is Bristol's only adult hospice and they provide care for people in Greater Bristol South Gloucestershire, part of North Somerset and the Chew Valley area of Bath and Northeast Somerset. SPH contribute to improving the quality of life of patients with life limiting illnesses while extending care and support to their families and loved ones.

The ICB recognises the volume and variety of services provided by SPH for the population of our communities and would like to acknowledge the hard work and dedication of SPH's staff who strive, day in and out, to provide high quality and safe care for the population it serves.

The ICB observes that SPH set itself three quality improvement objectives for 2023/24:

The three priorities selected were:

- Priority 1 – Investment in our Clinical Leaders
- Priority 2 – Implementation of IT solutions to support our workforce and risk management.
- Priority 3 – Development of our Band 3 and 4 clinical workforce.

- **Priority 1 – Investment in our Clinical Leaders**
- Invested in enhancing our clinical leader's knowledge and experience by launching a Leadership and Management training pathway with six core face-to-face modules and optional modules to develop personal and specialist skills. This pathway has been attended by the CEO, Executive Directors and two cohorts of senior managers.
- **Priority 2 – Implementation of IT solutions to support our workforce and risk management.**
- Implementation of new IT systems to improve efficiency, quality, and safety.
 - In the autumn of 2023, a new People and Payroll system was launched.
 - In January 2024, an electronic rostering system was introduced, offering employees flexibility while maintaining safe staffing levels.
 - In October 2023, approval for a new risk management system was received, enabling electronic reporting of issues like clinical incidents and health and safety events. This will save managers time and improve responses to patient safety events. Launch of this system is due in the summer of 2024.
- **Priority 3 – Development of our Band 3 and 4 clinical workforce.**
- Reviewed and successfully introduced a Band 3 Health Care Assistant role which expands the range of duties and responsibilities for Health Care Assistants allowing a more efficient workforce to deliver high quality patient centred care.
- Recruited a first cohort of Student Nursing Associates, who earn a Foundation Degree from a Nursing and Midwifery Council-approved provider by completion of two years of higher-level study. This role can perform more complex tasks than Health Care Assistants but not as many as Registered Nurses.

Significant progress was noted to have been made in all the priorities leading to improved outcomes for patients, their families, and staff.

The ICB acknowledge the work which SPH has undertaken to fully integrate the teams, working practices and systems. This ensures the continuing development of consistent systems and culture to bring fundamental and substantive changes to fruition in the provision of quality safe care to their patients.

The ICB acknowledges and values SPH contribution in working as a system partner within BNSSG and looks to continue this in 2024/25.

The development of the prominent role of the Professional Nurse Advocate is noted as one of the priorities for 2024/25 and the ICB applaud the focus on this role to enhance clinical supervision and provide support for nursing staff. Equally it is assuring to note that the feedback from patients and service users is going to be the focus of priority three in the coming year.

The ICB looks forward to hearing of progress made against all key areas of focus for 2024/25.

Going forward into 2024/25, the ICB will welcome the opportunity to work closely with SPH and support them in areas that require further development or expansion to support patient safety, experience, and quality improvement. The ICB will continue to support the organisation with the development and implementation of Quality Improvement plans within the Integrated Care System.

Michael Richardson, Deputy Chief Nursing Officer

On behalf of Bristol, North Somerset, and South Gloucestershire ICB