Quality Account

2022/23

St Peter's Hospice

/stpetershospice

Registered Charity No: 269177

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I feel totally at ease, relaxed and at peace with myself.

Thank you to everyone at St Peter’s Hospice. I could not have asked for better at the end of my days.

Introduction from the Chief Executive and Chair of Trustees

This Quality Account is for our patients, their families and friends, the general public and our health partners across the Integrated Care System.

It is of note that while our services are free to all, 20% of our total expenditure is covered by a contract with the NHS Integrated Care Board. Thus, for every £1 the NHS commissions, we raise another £4 to be able to deliver our clinical services. We remain highly dependent on our retail income, fundraising and charitable donations. We are deeply thankful to the people of Bristol and surrounding areas for their support and generosity.

The aim of this report is to give clear information about the quality of our services to enable our patients to feel safe and well cared for, to demonstrate that our services are of a very high standard and to show that the NHS is receiving very good value for money.

Our Director of Patient Care, Medical Director and clinical managers are responsible for the preparation of this report and its content. To the best of my knowledge, the information in the Quality Account is accurate and a fair representation of the quality of clinical services provided by St Peter's Hospice.

Our focus is, and always will be, on our patients, their families and carers.

We would like to record our sincere thanks to our dedicated staff, volunteers and trustees, who have worked so hard to sustain our high-quality care through an extra-ordinary year.

Frank Noble
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 45 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 Team 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
is to support people to live well until the end of life

OUR PURPOSE
is to give adults in our communities the support, comfort and dignity they need at the end of their life.

OUR VALUES AND BEHAVIOURS ARE
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 ARE TO…
- Be the best we can be
- Be sustainable and resilient
- Build collaborative services that reach all communities

Clinical Introduction

I am delighted to introduce St Peter's Hospice Quality Account 22-23 for your review.

The last year has been a positive transition away from pandemic working and focused on recruitment, strategy, and development. With high demand on services, we have taken learnings from the pandemic period and focused on how our services can develop to meet current demands. Community care remains very challenged, and we are pleased that we have been able to deliver more care via our Hospice at Home service. Our Community Nurse Specialists have found a new balance in face to face and virtual visits, giving the best balance between patient need, skillful assessment, and very high workloads. Our decision to run some of our Inpatient beds as Nurse Led beds to offer more equitable access to the limited number of beds is beginning to demonstrate impact and positive feedback.

This year we have been able to invest more in our staff, delivering more face-to-face education, developing clinical competencies and planning for Nursing Associate Apprenticeships. We have piloted our leadership training with the executive team, and plan to roll this out to the organisation in the coming year. We have a new Clinical Education Lead in post, so we can once again focus on both internal and external palliative care training and have just appointed our first Research Nurse. All these initiatives will support the ongoing quality of the care we deliver and the support we offer health and social care colleagues we work with across BNSSG. The Medical Director, senior colleagues and I are engaged with ICB system leaders and meetings, and the opportunity to advocate for both end-of-life care and third sector contributions to the wider system.

There are however many challenges that the pandemic has brought into focus, health inequalities, mental health support needs, demand on non-paid carers and we are focused on how we can support this. For example, we are working with colleagues in prisons, homelessness services, children, and dementia services to ensure we work together to improve end of life care. We have increased the number of patient referrals that have a non cancer diagnosis to 36%. We also contribute to 6 cross provider MDM's. Due to the increased pressures on services, especially for psychosocial support, our Trustees have agreed to set a deficit budget supported by a designated reserve; short term funding to enhance some service areas. We have focused mainly on our psychological/bereavement services (1000 referrals received) and social work, incorporating a new Carers Lead.

The quality of the care we offer, and our patient and carer experience are central to everything we do. Our teams have worked incredibly hard to continually deliver compassionate skilled care, alongside a desire to learn, monitor and improve, via education and research and from our patients experiences and feedback. Thank you to our internal and external colleagues and volunteers who have supported us in the last year, and our patients and families whom it is our privilege to support.

Chris Benson
Director of Patient Care

From the moment we set foot into the Hospice, the whole family felt a sense of relief. There was professionalism and care like none we had seen before, and beautiful surroundings.

As well as Mum, the whole family were cared for 24/7.

We could not have asked for more. Every member of the Hospice is incredible, they give world class, outstanding care.

What have we achieved?

Our priorities for improvement going into 2021/2022 were…

Priority 1 – Locality Engagement

We have significantly moved forward this year in locality engagement. In Autumn 2022 we launched our Fatigue and Breathlessness (FAB) course from The Park in Knowle West, South Bristol. The Park venue was a location chosen due to the high number of referrals within this vicinity and the length of travel from there to our Brentry site. It provides not only a venue, but an opportunity of visibility within a busy multifunctional community setting.

For these reasons it was also decided to trial carers drop in, which was run by our social work team. The trial has helped the team to inform the development of the carers support plan. It allowed valuable information to be collected to guide future plans, especially in relation to scoping alternative locality venues for our carers support groups. In December 2022, we successfully recruited a Team Lead into our social work service. They will use their wealth of experience to lead and deliver our carers strategy, including how we develop locality services within our community.

Our Emotional Psychological Support (EPS) team have been delivering 1.1 therapy in 2 community venues. These are closed sessions but having a presence in these community venues has generated key conversation with other staff working within the sites. We will continue to monitor and evaluate our locality engagement work next year through the valuable feedback we receive from our patients and service users.

Attendance at the Bristol Community Health Day in October 2022 provided a rich opportunity to converse with members of minority ethnic communities, hearing their thoughts about hospice care and sharing about our services.

We aim to successfully recruit into a two-year Community Engagement Coordinator post. The post holder will continue to seek to strengthen our partnerships with underserved communities, build and develop lasting partnerships with local cultural communities, improve our engagement and increasing our understanding of the communities we serve.

Our partnership work with Bristol's Homeless Health team is embedded and our Head of Locality Engagement frequently attends their multidisciplinary meeting (MDM). This allows advice and input to be given as needed. Our Head of Locality Engagement has also collaborated with Homeless Health team's lead nurse and a member of UHBW's Homeless support team to provide a CPD session to our hospice clinical teams.

Our work with colleagues in local Prisons has continued and we have supported prison staff to improve understanding of our services. We believe the impact of this may have been seen through the increase of referrals from prisons to our services. This year we were able to deliver virtual FAB advice to 2 imprisoned people via our therapy team.

In 22/23 we have successfully received a Hospice UK grant, to fund a 12-month project working with 3 of our local prisons providing palliative and end of life education and bereavement training to their healthcare teams, chaplaincy and family support teams. This will be provided by our Education team, Multi-faith lead and Emotional Psychological support therapists.

Priority 2 – Patient Experience

St Peter's Hospice is committed to understanding patient/service user, family and carer experience to help us build on the quality and safety in the care we deliver and promoting a culture that places patient experience and patient safety at the heart of everything we do. To do this, we actively listen to comments on our services whether that be from compliments, concerns or complaints and utilise these to seek opportunities to learn and improve. This year we have developed our patient and service user experience and engagement strategy and operational plan.

22/23 has focused on Year One of the strategy. This has involved scoping our current methods of Patient/Service User feedback identifying where we are now. As part of this we have started to outline how we intend to provide more opportunities for patients, families, and carers to provide feedback about their experiences of our service. We have started to look at different methods that support leaving feedback in more accessible and easier ways to put forward any complaint, concern, compliment, and comment. This has involved the development of Patient/Service User Experience feedback cards that will be available in all teams and in several areas within the Brentry site, that are accessed regularly by Patients and Service Users. Alongside the newly developed Clinical Feedback Policy, we have started to develop a patient/service user feedback leaflet that will be given to everyone that accesses our services. This will clearly identify the different methods by which patients and service users will be able to give feedback. We are also developing our St Peter's Hospice webpage to ensure we have an easily accessible method of leaving feedback for patients and service users.

The Clinical Quality Improvement (CQI) Team have been working with all St Peter's Hospice services to identify areas in which we can gather feedback. This has resulted in the successful recruitment of our first Patient Experience Volunteer. They will collect and theme feedback that is received via our fundraising department from service users. Next year we plan to develop Patient/ Service user engagement champions within each service, to ensure that we develop a culture that prioritises patient/service user experience and patient safety. We also look to develop a programme to actively partner with patients, families and carers.

Priority 3 – Nurse Led Beds

This year we have utilised our beds differently, allocating a small number as Nurse-led beds. These beds (in-hours) are managed by our CNS response team who are all non-medical prescribers (NMP). Patients admitted to them have non-complex needs and are identified as being in the last 4 weeks of life. One of our ambitions is to increase the number of people who have a preference to die in the hospice being able to do so. However, the current wider healthcare challenges have led to many of the admissions being driven by high care needs, aiming to avoid hospital admission, rather than being preference driven. The initial feedback from families whose loved ones have accessed a bed has been very positive, with the overall experience rated as 'very good', the highest rating available.

As we increase our nurse led bed base during 23/24, we hope to be able to demonstrate an increase in preferred place of death. We also anticipate the Nurse-led beds, due to the cohort of patients accessing them, will have a shorter length of stay and we can increase the opportunity for more patients to access them. There is some early evidence of this, and we will be able to report more on this in the coming year. Our research nurse is embarking on a review of the service as we move into our second year of provision.

The bed model of Nurse-led and Consultant-led beds has fluctuated over the year between 2 to 3 Nurse-led Beds and will expand to 5 in the near future.

Community Nurse Specialists (CNS)

SERVICE DELIVERY STATISTICS 22/23

Patients Supported	First Appointments	Follow-up Appointments
2,049	1,454	22,694

This year the Community Nurse Specialist (CNS) team have supported 2,049 patients. We have seen a significant 45% increase in the number of face-to-face initial assessments with a 9% increase in referrals triaged to the 3 geographical CNS Teams.

Following the pandemic, we have seen a 13% increase in face to face follow up visits compared to last year. This increase is not a return to pre-pandemic levels as CNS have continued to use their clinical judgment to identify the need of a face to face follow up v's a telephone follow up consultation. Minimising the number of visits planned has enabled the team to remain responsive to urgent need.

22/23 saw the launch of the IPU Nurse Led Bed project. These beds (in-hours) are managed by our small CNS response team who are all Non-Medical Prescribers. CNS response is a term we use to describe a small team of CNSs who manage urgent unanticipated patient need during the week, and the responsive work covered by the CNSs over weekends and Bank Holidays. This small internal service allows the main CNS team to manage their team caseloads, continue with planned visits and assessments, with the Response team taking urgent referrals who may need very intensive short-term input or review.

The responsibility of leading the clinical care for the IPU Nurse-led beds in the working week has led to a 19% reduction in internal referrals to CNS response this year. To support this work, we have now increased the Response team by a further 0.8 FTE. The CNS Response Team Leader has also enrolled on the advanced clinical practitioner apprenticeship to support the ongoing development of the Nurse-led beds and take on the role of 'named clinician'.

A priority for the team this year has been the support and induction of newly recruited CNS across the three geographical teams. Due to retirement, team members relocating to work closer to home and maternity leave we have newly recruited into 50% of our roles within the CNS team. This year our experienced team leaders continued to support and develop these members within the team. Several come with a range of valuable experience, but for many this will be their first CNS role and a two-year development pathway is required, to ensure they are fully orientated into their specialist roles.

Across the CNS Team and Hospice at Home teams there are 7 independent prescriber's which continues to improve the speed at which patients can access their medications and support in saving GP time. During the year, the CNSs have contributed to creating and updating an electronic advanced care plan, Respect Plus.

Inpatient Unit (IPU)

SERVICE DELIVERY STATISTICS 22/23

Total Admissions	Total Occupancy	Average Length of Stay
222	97%	16.7 days

This year we were able to provide care for 222 people and our occupancy has remained consistently high at 96%. We have begun to transition from the restrictions of the Covid-19 pandemic, which has enabled us to welcome back a range of Inpatient Init (IPU) volunteers who form a valuable part of our team. We reopened our internal corridors and communal areas to all which has supported our families and patients to come together and allowed us to provide a weekly Mindfulness session. We have continued to support our families to enjoy important celebrations such as weddings, birthdays, and key gatherings. We have begun to increase our bed capacity following the Reduction at the start of the pandemic, we currently have a bed capacity of 12 beds.

In April 2022 we launched our Nurse Led Bed (NLB) model which has allowed us to begin to utilise our beds differently; allocating a small number of these beds as nurse led. These beds (in hours) are managed by our small CNS Response Team who are all Non-Medical Prescribers. Patients admitted to them have non-complex needs, are identified as being in the last 4 weeks of life. This will support our ambition to increase the number of people who have a preference to die in the hospice being able to do so. We will use our wealth of clinical governance data to evaluate the nurse led model in 2023. The bed model of nurse led to Consultant led beds has fluctuated over the year between 2 to 3 open Nurse Led Beds and 9-10 consultant led beds. We will continue to work towards increasing our bed capacity in 23/24. To support this, we are working closely with our in-house resourcing specialist to address the recruitment challenges.

This year we have developed our preceptorship programme which provides support/ guidance and development for newly qualified nurses. This has enabled us to recruit our first newly qualified nurse who recently shared her experience ***"It's such a privilege to work here. To do what I do every day and to do it with such an amazing team - I couldn't ask for more."***

Several new Registered Nurses and Healthcare Assistants have been welcomed into the IPU team this year. Our aspiration to develop our band 2 HCAs to band 3 will come to fruition next year and we are pleased to announce that we will also be supporting 2 of our current HCAs through the Nursing Associate Apprenticeship programme.

This year we have developed several of our experienced nurses into their first Nursing management roles. In March we successfully recruited one of our band 6 nurses into a transformation lead role, to deliver the IPU transformation plan which forms part of the IPU 3-year strategy.

We continue to ensure robust Infection Control measures and there has been no reported infection outbreaks this year within patients on the inpatient unit.

Hospice at Home (H@H)

SERVICE DELIVERY STATISTICS 22/23

Total Referrals	Joined Caseload	Home Visits Delivered
1,162	591	8,711

The new Hospice at Home (H@H) service has been running for two years. 591 patients have been supported by H@H this year. Of the 8,711 H@H visits and shifts:

- 65% (5666) visit from 2 HCAs working together.
- 16% (1431) visit from an RN either to complete an initial assessment or follow up a patient on the caseload who needed further RN support.
- 11% (993) short shifts
- 7% (605) night shifts, mostly one HCA, occasionally two HCA or an RN

H@H is able to respond quickly to referrals and on average patients are assessed within 24 hrs of referral and care starts within 48 hrs. This year one of our band 6 sisters was successfully recruited into our H@H manager role. They come with a wealth of palliative care and community experience. This internal promotion, alongside members of the band 6 team progressing into new roles outside the organisation has led to the recruitment of several new band 6 Sisters who have enhanced the leadership of H@H.

We identified the need to recruit registered nurses, to predominately work night shifts in individual patient's homes when they have more complex care needs and need regular sub cut medication. We have successfully recruited into one post, however further recruitment has been challenging. This will continue to be a priority in our recruitment plans next year.

We have continued to retain and recruit senior healthcare assistants (HCAs). As part of our workforce planning, we are looking forward to supporting the development of senior HCAs within their band 3 roles. Next year will see the internal recruitment of our first band 4 Nurse Associate apprenticeship.

This year our Head of Community Services met each member of the H@H team, in groups to discuss current ways of working. Through these discussions new ways of working for our HCAs were established. This has included an established peer support programme for new HCA's. HCA's being involved in joint initial assessments with registered nurses. This has supported HCAs to be involved with tasks generated from these assessments, allowing Registered nurses to respond to urgent needs. Next year we plan to build on these group discussions as we develop our HCAs to support bereavement follow ups and ordering of medical equipment.

From the moment the Hospice at Home team arrived at my Dad's door I was on my knees. They were my guardian angels and the first people to ask how *I* was. They immediately took control of the situation, arranged some respite for me and got to work to understand Dad's needs, as well as who he was as a person, they immediately built a rapport with Dad and a plan of care and emotional support from that day on.

They made us feel like we were the only people in their care, nothing was too much trouble, and they took significant pride and compassion in their work. Whilst they were only in our lives for a week before Dad passed away, they were an extension of our family and my source of support in a moment of need.

I will personally be forever grateful and in their debt for enabling my Dad to be comfortable at home in his surroundings, passing away with me by his side and the St Peters Hospice team just as he wanted. I couldn't have asked for more, they were simply outstanding!

Patient & Family Services

Social Work Team

The social work team, work alongside patients and families who need social care support. The team works closely with families, community nursing teams and the wider hospice services to give the best care and support possible to enable people to live as independently as possible. Throughout the year the team have worked with patients and their families on the in-patient unit, in patient homes and other community settings.

Over the past year referrals to the team have received 690 referrals which is an increase of 15% on the previous year.

In response to the increased demand for the service, the Social Work Team has increased to 1.8 FTE qualified Social Workers, 2 WTE Social Work Assistants and 1 FTE Team Manager and Carers Lead and 0.8 FTE Team administrator to support timely response to incoming contacts to the team.

Alongside the Head of Patient and Family Support, the Carers Lead is developing our carers strategy and working alongside clinical teams and external partners in the health and social care system. This will support a broader range of accessible carers support.

The team work flexibly to support the patient needs and often work jointly with the wider multi-disciplinary clinical teams to support a person-centered holistic care. Our Social Workers at the Hospice are experts in safeguarding and support discussion, decision making and learning across the organisation to ensure those who we work with are safe from abuse.

SERVICE DELIVERY STATISTICS 22/23

Social Work Referrals	Social Work Consultations
690	2,412 (587 face to face & 1,825 telephone)

Multifaith Team

The team is led by the Multi-faith Team Lead who coordinates volunteers who assist in delivering spiritual care, faith support or both. Despite being a small team, we have managed to increase our reach by visiting more people in the community, in their homes and in other care settings. In addition to face-to-face support, we continue to offer and provide spiritual care and faith support via telephone calls.

The team has improved their network of relationships with other multi-faith leads and are working more closely with the EPS Team and wider Multi-Disciplinary Teams to meet the holistic needs of patients.

SERVICE DELIVERY STATISTICS 22/23

Spiritual Care Referrals	Spiritual Care Consultations
113	536 (407 face to face & 1,825 telephone)

Emotional, Psychological Support (EPS)

The EPS service delivers compassionate, high quality, safe psychological therapy to patients and their loved ones. This includes pre-bereavement and bereavement work which can take place in person at our Brentry site, at a client's home, on the St Peter's Hospice IPU, in locality settings, by phone and video conferencing, which supports accessibility.

Over the past year there has been a consistent increase in referrals to the service. The team received 1000 referrals in total which is a 47% increase from the previous year. 49% of these referrals were for patients and 51% of referrals were for clients.

In response to the high demand for the service the EPS team have grown from 2.8 WTE qualified therapists to 5 FTE qualified therapist and 1 FTE Team Manager. This provides a capacity of 152 available clinical hours per week. The work of the qualified therapists is supported by a trained volunteer workforce.

The increase in capacity will aim to support the reduction in the average waiting time from referral to treatment, currently the average waiting time from referral to treatment is 112 days, with the average time from referral to death being 74 days. This means that some patients may not be seen before they die or were too unwell to engage in therapy by the time treatment was available. We continue to monitor the impact of the service enhancement.

The team have developed their work with children and young people and are delivering psychological interventions to children in a range of settings including their educational setting. Alongside one to one therapy there is a children and young people fortnightly bereavement drop-in group at Brentry for children aged 11-17.

We continue to see an increase in complexity of presentations. Frequently, clients are experiencing complex grief in addition to existing mental illness and trauma. As complexity of psychological needs has increased, we value the significant work that is undertaken by our volunteer workforce who over the past year have continued to offer telephone support sessions for clients. Our volunteers increase the capacity of the qualified therapists to focus their time on more complex psychological interventions.

Alongside a robust training programme for EPS volunteers, the team support the learning and development of all clinical teams across the hospice.

SERVICE DELIVERY STATISTICS 22/23

EPS Referrals	EPS Assessments	EPS Sessions Delivered
1,000	643	1,807

Over the past year the team have developed a programme of continuing professional development. These sessions are focused on key psychological concepts with the aim of developing skills and confidence across the organisation, supporting staff wellbeing and enhancing patient and service user care.

In the year ahead the team will be supporting our external partners in the wider health and social care system and will be delivering bereavement training to health care and family support staff who work in prisons.

Medical Team

The medical team have prioritised providing a flexible, responsive and consistent service to meet the needs of our community patients. We have seen an increase (8%) in the number of patients that have received direct support in the community. There has been a marginal reduction in demand for our medical advice line, for both internal and external calls. The bulk of our consultations for community patients remain face to face but we offer phone consultations at times if appropriate. We continue to contribute to the work that supports delivery of palliative care in BNSSG in its widest sense. Examples of this include system-wide work on anticipatory prescribing, working with others to design and implement the ReSPECT plus electronic shared care plan for BNSSG, and educational work such as delivering teaching sessions to GPs and hosting professional visitors. We have started to work with colleagues internally and externally to ensure our services are more accessible to those with conditions other than cancer and hope to build on this in 23/24.

Out inpatient work has continued, and we are currently supporting 9 consultant led beds and also offering support and mentorship as they develop the 3 nurse led beds. Our inpatient unit Consultant is Principal Investigator for a large national research study (CHELsea II) on hydration which we became involved in in 22/23, with into the train recruitment starting in March 23. The Medical Director has been the chair of the BNSSG End of Life Care Programme Board.

SERVICE DELIVERY STATISTICS 22/23

Face to Face Consultations	Virtual Consultations
3,865	**2,357**
(IPU – 3,637. Home – 212. Hospital – 14. Other – 2)	(Phone/Video – 227. Advice Line – 1,881. Follow-up Advice Line – 454)

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 through 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, but also gave us - his family - the support we so needed in that time, answering any and all of our questions and being helpful and respectful in every way possible.

Day Services and Therapy Team

This year we successfully recruited a completely new Day Service team and written a brand-new programme. We were delighted that the Living Well 8-week programme started in person in March 2023 with much positive feedback from patients. The programme focuses on proactive, holistic approaches to goal setting, attention to function beyond symptoms, and opportunities for enablement and self-management. We have started 2 social support arts and crafts groups which are volunteer led.

The informal Drop-in Sessions restarted weekly, in our café area at Brentry, attendees are usually not known to the hospice but are seeking information about our services and referral criteria.

Our Physiotherapy and Occupational therapy team support patients both in the IPU and within the community. This team also lead the Fatigue & Breathlessness (FAB) course, which was delivered via 1:1 phone consultation until October 2022 when we launched our first FAB course in person at The Park, Knowle West. In March 2023 we also re-started a face-to-face FAB course at the hospice in Brentry. The recruitment of an additional Physiotherapist expanded our capacity to deliver the FAB course more frequently. 79% of referrals to the FAB course had a non-cancer life limiting condition, such as interstitial lung disease.

Following a vacancy, we successfully recruited a part time Complementary Therapy (CT) Assistant who, along with the CT coordinator provide treatments to IPU patients and input to the day service groups.

SERVICE DELIVERY STATISTICS 22/23

Occupational Therapy	Physiotherapy	FAB Support Attendees
194 Referrals 737 Consultations	726 Referrals 913 Consultations	337 (284 virtual & 164 face to face)

Access Team

SERVICE DELIVERY STATISTICS 22/23	
Access Advice Line Calls	**Access Follow-up Advice Line Calls**
3,557	**3,233**

The Advice Line is managed by a small team of nurse specialists; the Access Team, from 08:00 - 20:00 and the Inpatient Unit from 20:00 - 08:00 with the Medical Team providing Consultant back up 24 hours a day. In 22/23, whilst there has been a slight reduction in the total number of calls over the last 12 months, this is against a very significant increase at the beginning of the pandemic in 2019/20. This year, due to ongoing challenges across the system, calls have continued to be increasingly complex. Around half of the calls are from patients and carers (53%) and the rest are from external healthcare professionals, mostly working in the community (47%).

The number of patients referred to the hospice has decreased by 6%. Referrals are triaged by the Access Team except for direct referrals to IPU, Hospice at Home and FAB. We are currently reviewing how we can improve out referral process. This project will continue into next year.

During the hours of 09:00 - 16.30, 7 days a week, all calls are now initially taken by an administrator. This ensures that more advice line calls are answered, allowing the person phoning for advice to speak to a member of the team rather than being required to leave a message via our answerphone service. Our administrators are trained to divert the calls the most appropriate team. In turn, this enables the Access Team trained nurses to respond to urgent need calls. We will continue to monitor and evaluate this new way of responding to calls.

During the year, the number of band 6 nurses in the Access Team has increased by 1.6 FTE to meet the demands of the service, who have been inducted and supported into their roles by the experienced members of the team. The Access Team have continued to support the training of our IPU nurses to manage the advice line out of hours. This will continue next year as alongside education they will develop an ongoing training package.

Volunteer Services

Post pandemic, our volunteers continue to play a vital role in the delivery of our clinical and support services.

Over the last year we've seen the return of our In-Patient volunteers who support the unit at mealtimes. This allows our HCAs to focus on patient care. We now have over 70 people in this role. We've also seen the return of our coffee shop volunteers providing a much-needed break and refreshments for visiting family and friends.

We've increased the number and range of skills and experience that volunteers bring to our bereavement support and spiritual care teams. This has enabled them to meet a greater complexity of issues that patients and families present with.

In Day Services, new volunteers are helping to build clinical capacity by supporting our Fatigue and Breathlessness (FAB) and Wellbeing groups.

Volunteer drivers continue to support all our clinical teams with patient transport to and from home and to medical appointments.

Our community-based Hospice Neighbours have continued to provide social and practical support for patients and families in their own home. This project has significant potential for growth, and we hope to develop this further through the rest of this year and into 23/24.

I was very frightened when I first got diagnosed and was so scared of being in pain, but the team at St Peter's Hospice put me at ease.

They involved me in all decisions and were always very caring.

Thank you all very much.

Clinical Support Services

Clinical Quality Improvement (CQI) Team

This year we have used our wealth of Clinical Governance data to review and improve practice in several key areas within our clinical services. This has been enhanced by our, now fully recruited, Clinical Quality Improvement Team (CQI Team). The team consists of a CQI Manager, an administrator/data analyst, 2 Practice Improvement Leads and an Infection Prevention and Control Lead.

The remodelling of the CQI team last year has ensured that we have a flexible, clinically active team to deliver and support our clinical teams to implement the current quality improvement agenda and ultimately increase the quality and safety of clinical services at St Peter's Hospice.

The team have been involved in developing and implementing a range of practice improvement projects as well as actively developing our practice education reach across the clinical teams. These have included;-

- Developing our suite of pressure injury resources, education, policy, and competence.
- Development of simulation training to address learning needs.
- Updating and developing our package of competencies.
- Developing our programme of national themed weeks, which has included contributing to falls awareness, stop the pressure, nutrition, and hydration week.
- Launching of the bi-monthly patient safety bulletin for shared learning of incidents.

This year we have been part of the Risk Management Electronic Reporting Project group, whose focus is to support the implementation of an electronic system to move away from paper-based reporting. This will also ensure we have a LFPSE (Learning from Patient Safety Events) compliant system. We have commenced our Patient Safety Incident Response Framework (PSIRF) planning which will be ready for implementation in September 2023.

The CQI team have developed our patient and service user patient experience strategy and have been actively developing the operational plan to support this.

As part of our commitment to increasing the quality and safety knowledge of all clinical services at St Peter's Hospice. We have

implemented the E-Learning for Health, patient safety modules as a mandatory requirement across the clinical teams and members of the executive team.

Research

In 22/23, we re-energised our Research Advisory Group (RAG) and expanded the membership to include interested staff members across the clinical and education teams. We took part in some national electronic surveys, but our main focus was on two studies. The first involved taking part in a multiple-site qualitative case study research investigating how the experiences of those involved in using videoconferencing for psychosocial support in palliative care can help improve services. Staff in our Emotional and Psychological Support team took part in this study. The other focus was preparing to take part in the CHELsea II study, a national study on the National Institute of Health Research (NIHR) portfolio, which is a cluster randomised trial of clinically assisted hydration for cancer patients in the last days of life looking at whether it changes outcomes relating to delirium. Most importantly we are very pleased to have appointed our first Research Nurse post, who started in April 2023. This post will support us in our ambition to become more research aware and active (locally and nationally) as a hospice and have an internal skill base to be able to generate internal research and demonstrate the impact of the work we do and future service developments.

Learning and Development

The Learning and Development (L&D) department continues to offer a broad range of courses delivered by its highly skilled team. This year we welcomed visitors and learners back on site. We run a model of delivering sessions both face-to-face and via online platforms, this allows us to ensure maximum flexibility attendance and reach.

The clinical lead educator joined in January, and this has already been a time of growth in internal and external learning. The L&D team has continued to develop our internal staff education offer. The team are utilising partnerships to support our clinical strategy. Use of simulation is also increasing. This allows a 'real world feel' in training, but in a safe space to practice and improve.

Working with the team, L&D have supported the development of the national themed weeks program. The Clinical L&D Lead is thrilled to be jointly leading the BNSSG, end of life workforce training workstream, supporting Sirona.

Collaboration with stakeholders and partner organisation remains high on the agenda. The team continued to support external partners, meeting wider requests from primary, secondary, and social care. Work continues in partnership with local universities and HEI institutions. These include;-

- Complexities of Caring for Older People,
- Advance care planning sessions on End-of-life care for the older person,

- Chronic and Acute Care Management of COPD (attended by qualified health and social care professionals from a range of disciplines, nursing/paramedics/OT's /Physio),

- UWE Pre-registration sessions on Adult/Mental Health and L&D Branches.

Courses, workshops and sessions, run by the team have been well attended by stakeholder and local partner organisations, ensuring we continue to meet end of life care education needs of a wide range of health & social care providers and organisations across the region. We have also run sessions for our GP and trainee GP as well as social workers and care managers.

Being able to re-welcome visitor's post-pandemic and learners fully on site has been valuable in terms of networking opportunities and to bring life back into the department following the fallow years of the pandemic.

The team facilitated 15 professional one day visits, and support from clinical teams resulted in hosting further doctor, paramedic, registered nurse and GP trainee visits from across our region.

The request for student nurse and trainee nurse associate placements (TNA) has increased significantly over the past year. The IPU, Hospice at Home and wider teams have enthusiastically supported these students and feedback from the students themselves has been very positive and requests continue from other professionals including Physio's, Occupational Therapists, Paramedics and Medics.

We have supported multi-professional teams. We delivered teaching sessions for of Bristol Medical Students and through joint work with the clinical teams, evaluated placements for:-

- 7 registered nurses (on RNDA (Registered Nurse Degree Apprenticeship))

- 5 TNA-Trainee Nurse Associate Placements

- 1 Physiotherapy student

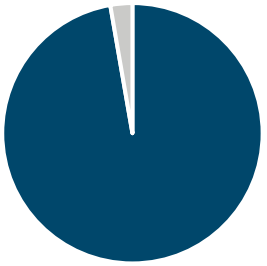
- 3 Theology students

These students were all attending a variety of higher education institutes and working within our area.

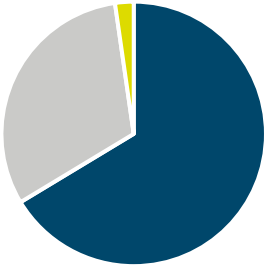
Feedback from staff members following Education provided within St Peter's Hospice:

Number of Responses:	Method Score: (out of 5)
220	4.24

Recommendation:



Relevance:



Safeguarding

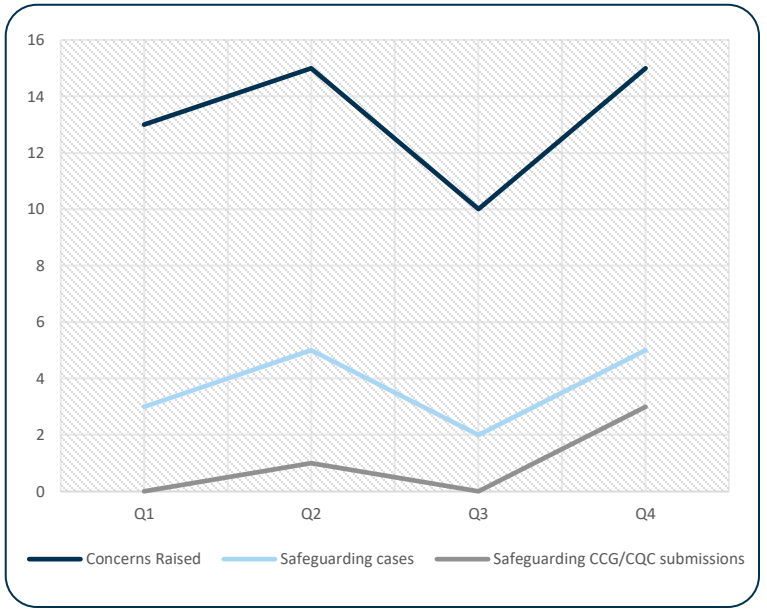
This year there has been a total of 53 safeguarding concerns raised. This is an 11% decrease on the previous year.

Most of these cases are being managed by our clinical teams who have been able to assess and review safeguard concerns to mitigate the identified risks. This has included multi-agency working with external health, social care and VCSE colleagues. The Social Work team have been able to support these interventions directly but also by giving advice and guidance to patients, carers, internal and external professionals.

13 cases have been referred by St Peter's Hospice to the Local Authority for S42 enquiry. We know that most of these referrals did not result in a s42 safeguarding enquiry by the Local Authority and in many cases providing additional support resolved the safeguarding concerns. This is also a reflection of the increased demand upon Local Authority adult social care, which may have had an impact on their thresholds in relation to safeguarding and levels of risk that historically might have been subject to an enquiry.

This year our safeguarding training needs have been reviewed and all clinical staff B6 and above are now being trained consistently at Level 3. We hope this will support our senior clinicians to be confident and competent to manage any potential safeguarding concerns and put support in place to mitigate identified risks to adults at risk.

We have re-established the Clinical Safeguarding Committee group. This group is attended by Team Leaders with the purpose of reviewing safeguarding activity across all clinical teams, identifying safeguarding themes and learning, and sharing best practice.



DOLS

The IPU made 10 DOLs submissions this year which is decrease from 17 the previous year. Of these, 8 reached the criteria to be reported to the CQC

	22/23	21/22	% change
Concerns Raised	**53**	60	-11%
Safeguarding cases	**15**	25	-40%
Safeguarding CCG/CQC submissions	**4**	13	-69%

Facility Teams

In October this year we were delighted to welcome our new Facilities and Estates Manger to St Peter's Hospice, who comes with an abundance of knowledge and experience. Following this recruitment, our facilities co-ordinator was successfully recruited into the Deputy Facilities and Estates managers role. Together they will lead the future facilities team which includes Catering, Housekeeping, Landscaping and Maintenance. The team are an integral part of the delivery of patient care.

Our lead chef heads our catering team and provide fresh, nutritious meals and snacks, all of which are cooked on site. We are delighted that following the restrictions of the pandemic we have been able to reinstate face to face individual discussions between our patients and our catering team. This allows us to discuss food intolerances/ allergies, dietary requirements, likes and dislikes. We are then able to make adaptions to our menu to meet the individuals needs of our patients. Our catering team have also been able to support several special patient celebrations throughout the year.

Our Housekeeping team are crucial in ensuring the high standard of clinical cleaning in line with National Standards are met. They work closely with our Infection Prevention and Control Lead, ensuring we have robust cleaning schedules, up to date training and regular audits.

Ongoing recruitment within the team has supported the reopening of IPU beds and our Day Services area which temporarily closed at the beginning of the pandemic. Recruitment will continue into next year to support the further reopening of beds.

Our patients' rooms within IPU all have patio doors that open out into our garden. The garden wraps around the whole of the hospice, offering a beautiful, peaceful environment for our patients and families. Our landscaping team, which is vastly supported by our valued gardening volunteers, maintain our beautiful gardens throughout the year. Our head gardener left at the end of this year, following years of appreciated service to the hospice. Recruitment into this post will commence as we head into 23/24.

This year we recruitment into two part time compliance maintenance operative's role within the maintenance team. This allows for a responsive service who, alongside the ongoing

maintenance of the hospice site, carry out site audits and respond to emergency maintenance tasks.

Next year the team will continue to develop the service, working towards their aspiration to put structure and systems in place to deliver a facilities management strategy, making the best of our people within the team, processes, infrastructure and technology.

Information Technology (IT)

IT continues to be a key part of every teams' ability to deliver our services to patients and families. Over the past year we have completed several major infrastructure projects, improving our connectivity across all sites, and enabling seamless access to our systems, regardless of where our teams are working. We are working closely with the Programme team within St Peter's Hospice to select and implement new digital systems such as People Management and E-Rostering. These system will not only reduce the administrative burden in managing clinical teams and ensuring we have the correct skill mix within our rotas, but also allow us to be more flexible with the allocation of shifts and booking annual leave. In addition, we are looking to implement an electronic Risk Management system – capturing clinical incidents and risks electronically and facilitating an automated workflow to get the right information to the right people quickly, so that it can be actioned, and lessons learned. This will enable more accurate and detailed reporting of incidents across the organisation.

Cyber Security remains a key agenda item, we have rolled out Multifactor Authentication to all staff and have implemented new cloud-based security software across all devices. We currently have Microsoft carrying out a full assessment of our infrastructure and systems which will lead to a number of recommendations. These will form the basis of the work over the next year to further secure our IT estate ahead of our planned Cyber Essentials accreditation.

Thank you so much for the wonderful care given to my Husband both by the Hospice at Home Team and also by the Inpatient Unit. You made an unbearable situation bearable, and I am so glad that my Husband had the beautiful room with the view of the garden, squirrels and birds in which to end his days.

He also appreciated the carefully presented meals and hand massages, the support of the Spiritual Team and the wonderful and patient nursing care.

Thank you for all you did for him – it was and is terrible to have lost him, but I am grateful for all you did.

Our Quality and Safety Assurance

At St Peter's Hospice we pride ourselves on the delivery of holistic, person-centred care within a high quality, safe clinical environment. Although we have not had a formal CQC inspection this year we have maintained regular assurance meetings and have been assessed as maintaining a rating of good for all services.

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 developing our Patient Safety Incident Reporting Framework (PSIRF) plan with key stake holders. This will enhance our methodology for learning from patient safety incidents.

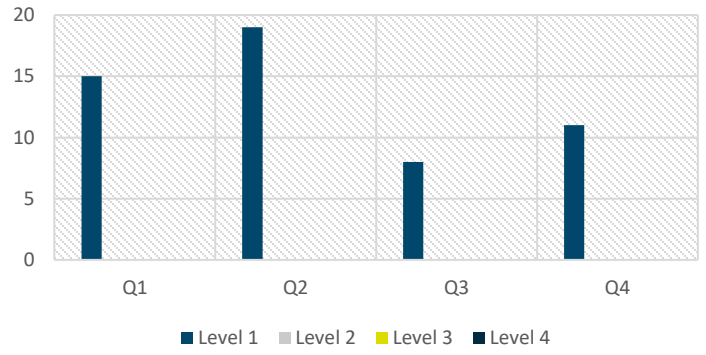
As Executive and senior management teams we are working with the integrated care system (ICS) to ensure we are part of system solutions. We attend and participate in the Health and Care Professional Executive (HCPE), BNSSG Integrated Care Board (ICB) Systems Quality Group (SQG) and Learning Panel. We also work with our regional Hospice colleagues on quality, safety and service developments.

The following pages present key clinical quality matrix data and context for 22/23.

Clinical Incidents

FALLS

Total Falls	Individuals who Fell	Falls per 1000 Bed Days
53	41	14



Falls

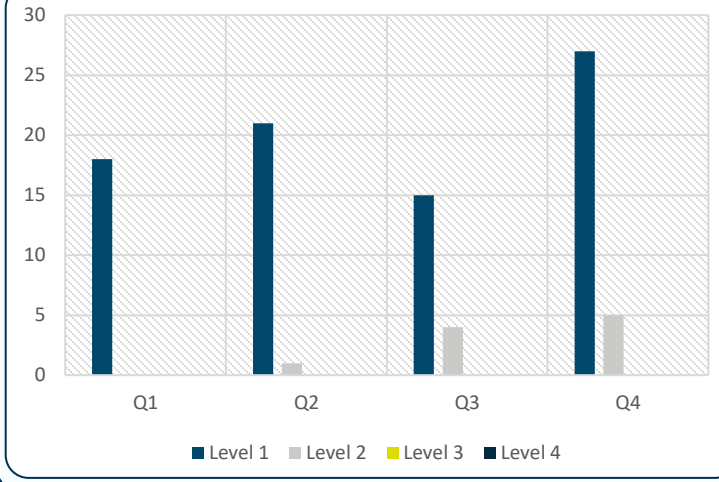
This year we had less falls compared to last year. This is represented in the fact that there were 7% fewer actual falls and 3% less when viewed per 1000 bed days this year. 10.5% fewer patients fell compared to last year. When looking at those that had multiple falls, (2 or more falls) we had 40% less people suffering multiple falls compared to last year. We have implemented several practice improvement initiatives in relation to falls prevention and are pleased to see the impact with a noted reduction in overall falls and people having multiple falls. We actively participated in the National Falls Awareness week which included regular bitesize teaching for IPU staff. We reviewed our handover process and documentation to ensure falls risk were more easily highlighted and to facilitate prompt discussion of individuals who are identified as a high falls risk.

Medication Errors

This year there has been a 36% increase in the total number of medication errors within the hospice. We have monitored this closely over the year and throughout the quarters.

MEDICATION ERRORS

Total Errors	IPU Errors	Non-IPU Errors
91	75	16



We have been working with education, reviewing competencies, and providing bitesize teaching sessions in response to the themes of errors. We are working with the medics and operational managers for IPU and the community services to ensure appropriateness of approach and continual assessment of impact. There has been an increase in errors attributed to the medics (N=10) and an increase of errors within the nursing team (N=11). Documentation remains the biggest theme which is receiving directed educational focus. Both the nursing and medical team are working with the quality team and education in an improvement workstream.

The FP10 audit has remained at 98% and a recent practice improvement initiative involving the creation of individual prescribers' spreadsheet is hoped to ensure further improvement.

70 of the errors were NPSA Level 1 and 10 were NPSA consequence level 2. We had 5 NPSA consequence level 2 errors this year compared to 3 last year.

Pressure Injuries

This year we have seen a similar number of total pressure injuries compared to last year. However, this is an 18% reduction in the total number of pressure injuries when viewed per 1000 bed days, compared to last year. Although the number of actual new pressure injuries has increased by 7% there is a real time decrease of 35% when viewed per 1000 bed days, compared to last year.

One of the largest increases has been the number of Deep Tissue Injuries (DTI) reported both on admission (32%) and during admission (19%). Our Clinical Quality Improvement (CQI) Team have reviewed this and have identified that there may be an over reporting of DTI's due to incorrect grading. Our practice improvement leads have developed bitesize refresher training around identification and classification of Pressure Injuries, and we will be monitoring its effect over the next year.

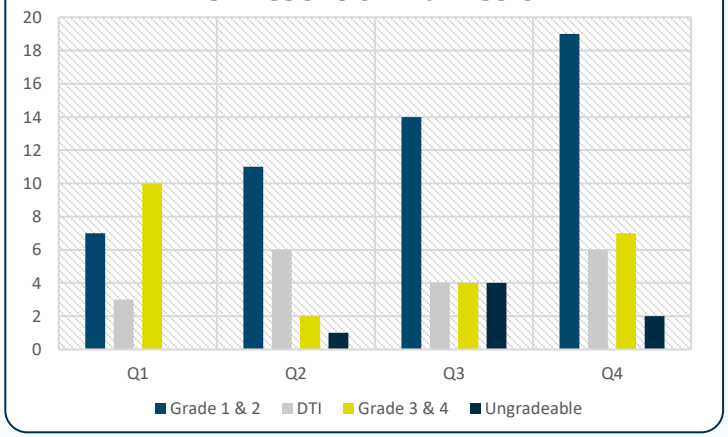
We have seen an increase in the number of grade 4 pressure injuries during admission. This year we reported 3 grade 4 pressure injuries compared to 0 last year. RCAs were completed, one incident involved a patient who had a reported unstageable pressure injury on admission, which indicates that severe skin damage had occurred preadmission. All patients were identified as being at extremely high-risk through their Waterlow score on admission. No lapses in care were identified.

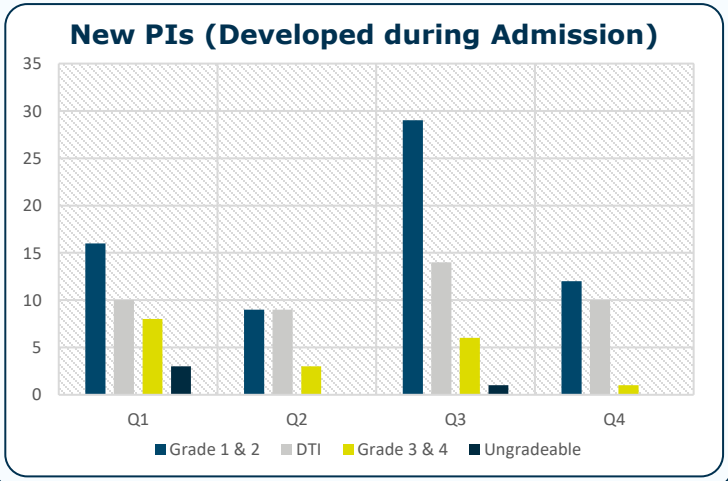
Patients admitted to the IPU in 22/23 have had a much lower AKPS score, compared to 21/22, meaning they are less mobile and bedfast, therefore at an increased risk of developing pressure injuries. There was a small 4% decrease in the number of pressure injuries on admission when compared to last year. However, last year saw 112% increase of pressure injuries on admission. This was attributed to the effect of the Covid-19 pandemic on community services and this elevated level has by-in-large continued this year. We have seen an 87% increase in the number of patients being admitted with a grade 3 pressure injuries, hence more patients being admitted with higher levels of severe skin damage. This has undoubtedly impacted the increased number of higher-grade pressure injuries this year.

As we further develop our nurse led bed model we intend to capture and analyse themes in relation to pressure injuries data compared between nurse led patients and Consultant led patients which will feature in next year's report.

PRESSURE INJURIES

Total PIs	Individuals with PIs	PIs per 1000 Bed Days
230	106	60.1



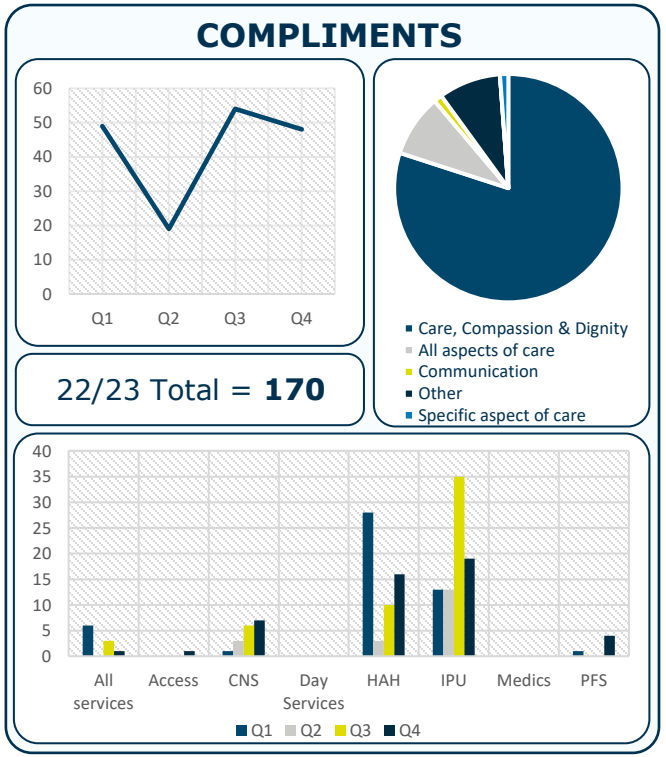


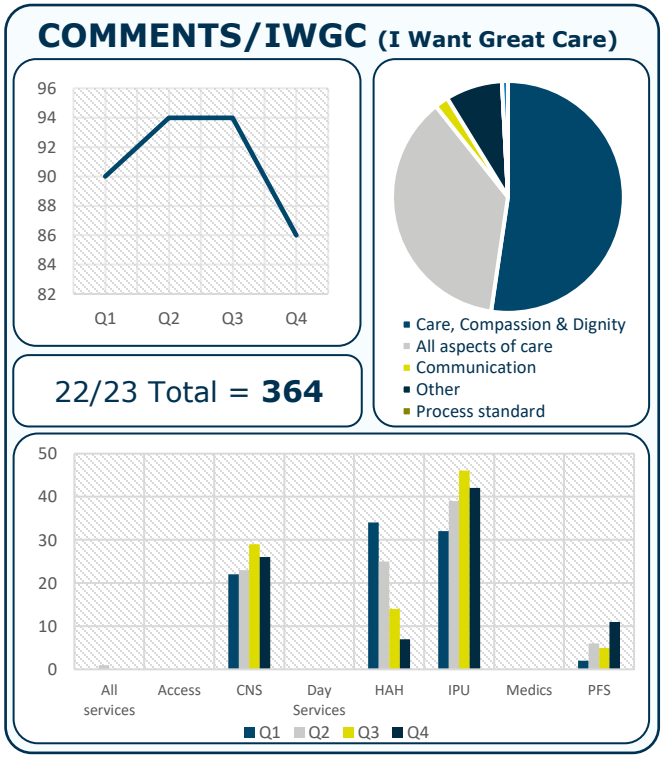
Patient and Service User Feedback

Compliments & Comments

This year we have focused on patient, user and family experience at St Peter's Hospice. We have developed a 2-year strategy and operational framework to deliver a planned set of work to facilitate us working in partnership and gaining enhanced levels of feedback, analysis and learning. The strategy was launched in January and the year one planning and delivery is well underway.

This year we have received over 169 compliments in the form of cards, letters and verbal covering all service areas within St Peter's Hospice. At present we look at I Want Great Care (IWGC) (our reviews are available online at www.iwantgreatcare.org) separately but will be presenting our feedback data in an improved format next year. As identified in our patient experience strategy, we will build on our methods to receive compliments including the positive feedback received via our fundraising department in the forthcoming year and incorporate this into our thematic analysis and learning cycle.





Complaints & Concerns

Complaints and concerns are reported in line with our clinical feedback policy which is compliant with NHS complaint standards, CQC complaint guidance and the principles set out by the Parliamentary and Health Service Ombudsman (PHSO). This policy was reviewed and revised this year.

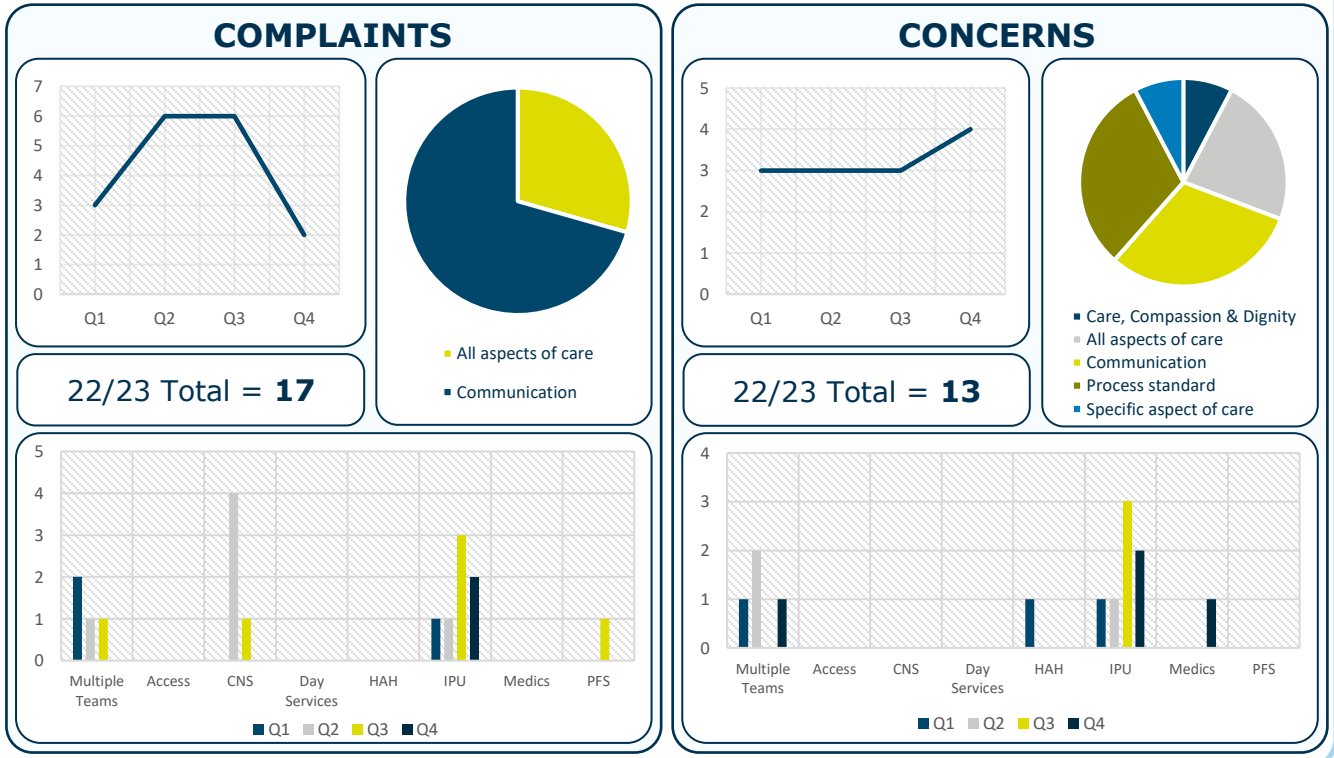
Regardless of definition, all complaints and concerns are investigated and whenever there is wider learning, action plans are developed, identifying where there is a need for a change in practice, with owners and dates for completion. When appropriate, ongoing practice changes will be reviewed via the audit and the quality improvement cycle.

We have had an increase (n=8) in the number of complaints and concerns this year compared to last year. The complaints and concerns received were related to a number of teams and related to a variety of issues. Not surprisingly, the IPU received proportionally more concerns than complaints, as the team provide 24/7 care.

This year the main theme in relation to complaints and concerns has been communication. During the pandemic, clinical teams were using a range of different communication methods but face to face communication with family members was limited due to certain restrictions; a small amount of this has been retained as we opened up post pandemic. We have identified a need, with our more junior staff who qualified during the pandemic, to provide enhanced communication training as, in collaboration with the quality team, we have acknowledged that during the pandemic they had limited experience of face-to-face difficult conversations. To support new and existing staff we are working with the education department to review, redevelop and implement enhanced communication training for all clinical teams.

Complaints, concerns, compliments and comments provide a rich and impactful source of learning for us at St Peter's Hospice. Specific learning and subsequent action from the complaints and concerns has been impactful and some of which has included:

- The development of a Nutritional Care Policy and staff awareness training through nutrition and hydration week. This also included a review of mouth care training and trialling of new mouth care products. This was following a concern regarding a perceived lack of nutritional oral hygiene support.
- Our education team are reviewing, redesigning and then implementing our enhanced communication training including scenario-based discussions.
- Training launched regarding the required standards of clinical documentation. This was following a request from a complainant to review a family member's notes who then raised a concern regarding the context of the notes.



Infection, Prevention and Control (IP&C)

This year we have recruited a new Infection Prevention and Control (IP&C) Lead Nurse. This role will help us to build on our existing practice, learn and develop as we move on from the pandemic.

We have continued to develop and learn from our safety surveillance audits. Our hand hygiene and donning and doffing Personal Protective Equipment (PPE) audits for both our Inpatient Unit and Community Services have remained above 95%.

In line with the National Standards of Healthcare we now submit our cleaning audits electronically. This enables us to quickly generate a score on cleanliness which is broken down across the housekeeping/estates and nursing teams in real time which has awarded us with a 5-star cleanliness rating.

We will continue monitor compliance which allows us to demonstrate our commitment to cleanliness

We have continued to have had no cases of Covid-19, or other infections passed from patient to patient or staff to patient and have had no reported infection outbreaks this year.

Covid-19 and Flu Vaccination Programme

All our clinical staff were offered the opportunity for a Covid-19 autumn booster. The Clinical Quality Improvement Manager led our in-house flu vaccination programme. We had 5 staff who were trained as vaccinators and completed their competencies, who worked across the clinical teams. All eligible staff were offered a vaccine.

VTE

This year our performance for the completion of assessments within 24 hours has been 99% compared to 98% last year for the 165 patients admitted into the consultant led beds. Where prophylaxis was indicated, 100% of patients had it prescribed correctly which was the same as last year.

We agreed with the ICB Quality Team that it was not a requirement to complete VTE assessments for patients being admitted into the nurse led beds, as the criteria for admission fell within the definition of patients in their last 4 weeks of life. These patients, and had they remained in the community for their care they would not have VTE assessment and so there was a consensus that it was appropriate not to assess VTE routinely.

Serious Incident Reporting

We had no Serious Untoward incidents (SUI's) or Never Event (serious incidents that are wholly preventable- NHS England) this year. We had 1 RIDDOR (reporting of injuries, diseases and dangerous occurrences) reportable event related to staff compared to no RIDDOR submission last year. We made 9 Strategic Executive Information System (STEIS) submissions to the CCG Quality team compared to 12 last year. 5 of these were related to pressure injuries and 4 related to other incidents. These incidents involved drug errors, deviation from a medical management plan and one related to the care of a diabetic patient. Investigations and learning occurred in all events and was shared with teams.

Towards the end of this year, we began our patient safety investigation response framework (PSIRF) planning. After assessing our risk profile, training and developing our understanding of systems thinking enquiry we will produce both our formal plan and policy ahead of full implementation in September 2023.

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 care, however small. Staff understand that incident reporting and near miss reporting allow for practice improvement and service development and are always encouraged to report any concerns.

Equality, Diversity and Inclusion

We are keen to ensure that tackling health inequalities is high on our agenda.

We have an established relationship with Bristol's Homeless Health team and continue to attend regular MDMs with them to offer advice re individuals under their services, sometimes working directly with clients, but more often supporting the workforce they have trusted relationships with.

We have supported the local prisons for many years in both education and direct patient care via our CNS Team visiting, or virtual Fatigue and Breathlessness sessions for inmates and were very pleased in early spring when the prison service approached us about a Hospice UK grant to support hospices and prisons working together. We are pleased to say the bid successful, and we will be working with 3 local prisons: HMP Bristol, HMP Leyhill and HMP Ashfield. The project is 3-fold:

1. Palliative and EoLC education & training to the prison healthcare teams;
2. Chaplaincy support;
3. Bereavement support training to their family liaison teams.

We are working collaboratively with Charlton Farm, Children's Hospice Southwest (CHSW) and now Weston Hospice to develop a co-produced BNSSG Young Adults Hospice Transitioning pathway, which adds clarity as to what should be offered, when and by which team. This facilitates communication with both the young person and their families regarding the difference in service provision between child and adult hospices. April 2023 will see the start of our first BNSSG Young Adults Transitioning hospice care MDM. This forum will provide opportunity for young adults to be identified and transition support planned prior to their deferral from CHSW. We have also developed a good working relationship with the team at the Teenage Young Adult Cancer unit, based at UHBW.

To better understand the needs of our local communities we have developed with the support of Caafi Health a new 2-year role of Community Engagement Coordinator. This post

will engage and strengthen partnerships with local cultural communities to increase our understanding of underserved communities and barriers facing underrepresented communities, in order to best develop our services, and also dispel some of the myths that some communities may have in relation to hospice care. We hope to have someone in post by August 2023.

We continue to work pro-actively to provide a personal and inclusive service/care, which has fair & equitable access. We have recognised some barriers faced in accessing our services and taken action such as adding a translation function on to our website. Feedback from our service users has been extremely positive. Alongside this we have sourced a further company who can provide interpretation when working with patients and service users. Our ambition is that by working with two companies the breadth of languages required will be covered.

We have continued to see an increase of referrals, of people with a non-malignant diagnosis (36% of our total referrals). The re-starting of our face-to-face Fatigue & Breathlessness course during this year, sees many patients living with heart failure or life limiting respiratory condition being referred.

Our Clinical Dementia working group continues to work hard to improve staff's confidence and competence in providing excellent palliative and end of life dementia care. They have successfully re-launched the ABBEY pain scale, including educating staff on its use as a tool to help assessing pain for someone with dementia. We have worked with Bristol's Dementia Wellbeing Service; Sirona and the hospital dementia teams to develop a Dementia EoLC Prompt to support community and hospital health care professionals to identify that someone with dementia might be nearing end of life and key things to consider in relation to their care.

Staff Inclusion

From an internal workforce perspective, we have continued to strengthen our commitment to ED&I through our working group.

We publish an inclusion calendar to employees and regularly run "Let's Talk" events to raise awareness of protected characteristics and themes within ED&I. Topics have included Menopause, Neurodiversity and Hearing Loss in the workplace.

As a hospice we are members of the Employers Network for Equality & Inclusion, this provides us with access to the latest information, advice, support, and networking opportunities to embed best practices. We continue to be a member of Bristol's Equality Network, attending regular meetings with other Bristol organisations discussing local ED&I issues.

This year we hosted a student placement from UWE, they conducted a research project on Ethnic Diversity and Inclusive Recruitment in Hospice Care: a Case Study of St Peter's Hospice. The results were presented to the Executive Team and have provided us with tangible recommendations to take forward.

In February, the Executive team attended training from The Diversity Trust, with a view to reviewing our current training and how we could roll this out to the wider management group. Alongside this we have implemented new ED&I eLearning modules, which are available for all employees. As part of our Leadership Pathway programme, training is delivered which incorporates training on unconscious bias in recruitment.

This year we plan to include using a new role of Executive Consultant who will support us to develop a programme that further advances and reports on our ED&I objectives. The launch of the new HR system we will enable us to robustly collect equality data of our workplace.

Freedom to Speak Up

St Peter's Hospice encourages staff to raise any concerns about risk, malpractice or wrongdoing that may harm the services we deliver. The whistleblowing policy has been updated to a Freedom to Speak Up (Raising Concerns) Policy. It sets out the 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. Human Resources provides impartial advice and support as do Freedom to Speak up Guardians. We had one concern raised this year and we used external support to investigate it, to be as transparent as possible. Historically a staff survey was completed every other year where staff may give anonymous feedback. This has now been changed to a more responsive employee engagement platform called Workbuzz, that can be used more frequently. The results of this are reviewed by the Executive team, and then shared with managers and staff and an action list drawn up to review any concerns raised.

GDPR Compliance

SPH continues to focus on maintaining a good level of compliance in respect of GDPR and we have achieved a lot in the last 12 months

- Continued to raise awareness of GDPR and privacy throughout the organisation via a targeted IG Awareness week.
- Undertaken activities to assist with completion of the NHS Data Security and Protection Toolkit such as access control reviews, system role-based access reviews and a review of all data flow maps.
- Annual review of all IG risk assessments.
- Regular review of all IG incidents and any actions or improvements to processes required.
- Annual review of all our IG policies.
- Continued to build on internal audit plan and carried out more IG Compliance Spot Check Audits.
- Submitted the 21/22 Data Security and Protection (DSP) Toolkit
- No reportable data incidents to the Information Commissioner's Office (ICO).
- Enhanced IG training sessions for key persons took place to assist with diversifying knowledge to key persons outside of the Information Management Group.

Subject Access Requests

The Caldicott Guardian assess all requests for access to patient information. These are called 'subject access requests', with the patient being the 'data subject'. This is language that has come from information governance rules and regulations. We have dealt with 22 requests this year. Requests might come from a range of sources including but not limited to:

- A patient or carer of the patient
- An insurance company on behalf of the patient or their representative
- A solicitor on behalf of a patient or their representative
- National clinical reviews such as the LeDeR programme, which reviews care of patients with learning disabilities, which have the authority of the Home Secretary
- The police

All our requests in the year 22/23 were dealt with well within the designated time frame of 1 calendar month, with satisfactory outcomes.

What are our Priorities for 2023/24?

1

Investment in our Clinical Leaders

We aim to invest in our clinical leaders. Our people team will provide and develop a leadership and management training programme with core modules to enhance the knowledge and experience of our leaders.

2

Implementation of IT solutions to support our workforce and risk management

We aim to implement a package of new IT systems within HR, rostering, and risk management, to ensure improved efficiency, quality, and safety.

3

Development of our Band 3 and 4 clinical workforce

Our clinical managers and the people team will work together to develop our band 3 and 4 workforce. This will include the development of the band 3 role within IPU, recruitment to our first trainee nursing associate apprenticeship both in IPU and Hospice @ Home.

Summary

We hope this report demonstrates how resilient and resourceful, committed and caring our staff have been throughout 22-23. As an organisation that promotes continuous improvement, we will be taking time to reflect and learn from the past year, harnessing what has gone well and moving forward with enthusiasm to the challenges ahead in 23-24.

Chris Benson
Director of Patient Care

Clare Barton
Deputy Director of Patient Care

Helen Ireland
Head of Quality and IPU

June 2023

St Peter's Hospice