

# St Peter's Hospice

## Statement of Purpose 2020-21



Registered Charity No. 269177



**St Peter's Hospice**  
For Patients, Families and Bristol

## Our Hospice

St Peter's Hospice is a Bristol charity caring for adults with life-limiting illnesses. Our aim is to improve the quality of their living and dying.

We provide support to patients with the physical, psychological, social and spiritual issues that can arise as a result of serious illness. We also extend our support to those close to the patient. We share our expertise and teach other healthcare professionals about how to care for people at the end of their lives.

All of our care is provided free of charge for patients and families.

We provide care to the people of:

**Bristol,**

**South Gloucestershire,**

**North Somerset,**

**And a small part of Bath & North East Somerset.**

We aim to offer the highest standard of care, working alongside our external healthcare partners (your GP, local hospitals & District Nurses etc.).

### **To do this we aim to:**

- respond to patient needs, preferences and expectations;
- promote high standards of care, both directly & indirectly, through education to our own staff, volunteers, the public & the staff of our local care community;
- meet National Guidelines (for example such as those provided by the NHS);  
Be responsive to the Care Quality Commissioner who ensures we provide care of the highest quality.

We have many services at the Hospice in Brentry but also provide many hours of care by telephone, in the community & in the homes of our patients.

## Mission Statement

To provide care & support for adult patients age 18 +, families & carers' in our community living with life limiting illnesses in order to improve the quality of their living & dying. We do this working closely with other health & social care providers.

## Vision Statement

St Peter's Hospice will play a leading role in the development & delivery of the best possible care & support services for adult patients, families & carers' living with life limiting illness in our community.

## Registered Provider

The Registered Provider is St Peter's Hospice, Charlton Road, Brentry, Bristol BS10 6NL.

### **Chris Benson - CQC Nominated Individual**

St Peter's Hospice, Charlton Road, Brentry, Bristol. BS10 6NL.

**Tel:** 0117 915 9442

**Email:** [chris.benson@stpetershospice.org](mailto:chris.benson@stpetershospice.org)

## CQC Registered Manager

The CQC Registered Manager with overall responsibility for clinical operational management is:

### Clare Barton (Deputy Director of Patient Care)

St Peter's Hospice, Charlton Road, Brentry, Bristol. BS10 6NL.

**Tel:** 0117 915 9515

**Email:** [clare.barton@stpetershospice.org](mailto:clare.barton@stpetershospice.org)

We are regulated by the Care Quality Commission, who inspects the service on a regular basis. For our latest report please refer to our website:

[www.stpetershospice.org.uk](http://www.stpetershospice.org.uk)

**CQC Registered Location ID: 1-114320730**

**CQC Provider ID: 1-101635369**

**Main address:** St Peter's Hospice, Charlton Road, Brentry Bristol BS10 6NL.

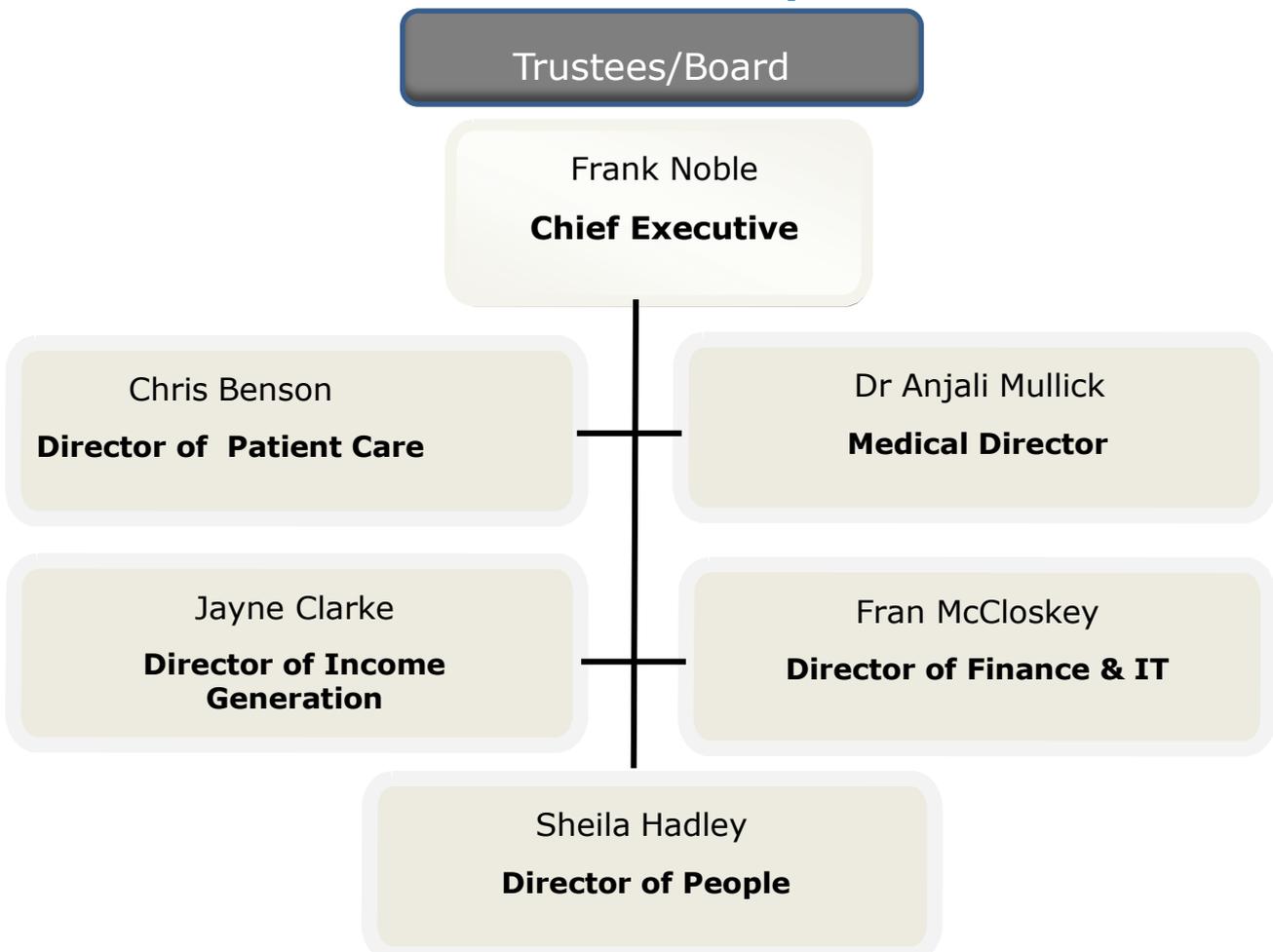
**Service users:** General public. Adults aged 18-65 Adults aged 65+.

**Service Types provided at this location:** Hospice Services.

**Regulated activity (ies) carried on at this location:** Treatment of disease, disorder or injury, Personal care.

**Regulated activity (ies) managed by this manager:** Treatment of disease, disorder or injury, Personal care.

## St Peter's Hospice



<b>Trustees</b>		
Chairman	Dr Peter Goyder	GP
Vice Chair	Helen Staines	Solicitor
Treasurer	Roger Isaacs	Chartered Accountant,
Trustee	Mark Campbell	Relationship Director - Banking
Trustee	Alison Moon	Registered Nurse
Trustee	Martin Mohan	Owner of a Management Consultancy
Trustee	Darren Spicer	Chartered Accountant
Trustee	Claire Buchanan	HR Director
Trustee	Paul Montague	Chartered Surveyor

## **Current Service Provision**

### **How we support patients and families**

The vast majority of hospice care is delivered in the community; in patients' homes or nursing homes. We have over 2400 referrals a year, and will have over 400 patients on our books at any one time.

### **Access Team**

The Access team is the first point of contact for most of our patients. This is the service that receives the patient referrals from external Health Care Professionals and then triages them for urgency of need and to ensure we are the most appropriate service to meet their needs.

The Access team will make contact with the patient and explain the services we offer. The nurses will also offer advice and guidance if there are any pressing needs. Most referrals are then passed onto the Community Nurse Specialist Team who will arrange to visit them at home, but some patients will be referred directly to Day Services or the Patient and Family Support Team.

### **Community Nurse Specialists (CNS)**

Our community nurse specialists are experienced nurses with additional training in palliative care and communication skills. They visit patients at home to provide patients and their loved ones with support with a range of issues including symptom management, emotional support and support with social issues. They work alongside GP's, community nurses and other relevant professionals in order to ensure patients are getting the right care and support with the aim of improving their quality of life. They can help patients make decisions about their current and future care. The community nurse specialist keeps in contact through visits and telephone calls.

The CNS team work Monday to Friday from 09:00 to 17:00 and a response CNS is available 09:00 to 17:00 seven days a week to support patients who have an urgent need for assessment either via phone call or visit.

### **Hospice at Home**

Our Hospice at Home service provides short-term hands-on nursing care to patients in their own home. This care is provided by Registered Nurses and Senior Health Care Assistants who are trained and experienced in palliative care. This care is normally offered in the last 4 weeks of life to enable patients to die at home.

### **Inpatient Unit at Brentry**

The Inpatient Unit has 15 single rooms. Our clinical teams work together to provide palliative care and support for patients who need more intensive help. On average,

people stay at the hospice for 2 weeks. Some people will return home after admission, whilst others may be discharged to a nursing home for longer term care if they are not able to return home. Other people are very ill and spend the last days of their life at the hospice.

### **Day Services at Brentry**

Day Services aims to provide a therapeutic environment that increases the patients' sense of confidence and empowerment in living with their illness. Patients referred to Day Services, will attend the Hospice one day a week for approximately 12 weeks, normally arriving at 10am and leaving at 3pm. Day Hospice offers friendly support from staff, volunteers and fellow patients. Patients can also access support from many of the hospice professionals if they have specific needs, such as an OT or social worker. The Day Hospice Team facilitates small discussion groups related to issues that may be affected by illness, such as anxiety, breathlessness and altered appetite.

On one day a week we run Wellbeing Group for patients and their carer's: focusing on psychological and spiritual wellbeing.

### **Inpatient Care**

In the Inpatient Unit (IPU) our team of skilled nurses and our consultant led team of doctors' work together to provide symptom control for patients with acute and complex needs. They also involve all the other members of the wider Hospice team in delivering the total care we offer to patients, family members and carers. Admission requests from our Community Nurse Specialists, GPs or hospital colleagues are discussed every morning at a meeting on the Inpatient Unit, and planned based on the urgency and complexity of patients' needs. This means that some patients may wait for a few days before a bed is available – even though we admit every day. We also respond to urgent requests out-of-hours, and regularly admit patients during weekends and Bank Holidays when this is clearly appropriate and we have a bed available.

The IPU has 15 single en-suite bedrooms; with a small sofa bed should relatives wish to stay over.

### **Doctors**

The Hospice has a permanent Senior Medical Team of doctors who provide specialist medical support to all our clinical services. They also supervise qualified doctors in training. The medical team provides 24/7 support for our Inpatient Unit and for the Clinical Advice Line. Doctors are also available to see patients at home or in an outpatient setting.

### **Complementary Therapy**

Complementary therapies are available to our referred patients. They can help with relaxation, anxiety & sleep problems & generally help patients feel better about themselves at difficult times. Our Complementary Therapy Coordinators work with a small team of highly qualified volunteers to provide massage, reflexology, aromatherapy & 'M Technique'. Therapies can be carried out in Day Hospice, the Inpatient Unit & our small outpatient clinic.

### **Patient and Family Support Team (PFS)**

Patient and family support is provided by a small group of services that collectively support individuals and families who may be struggling to cope with the challenges of serious illness. The PFS team can provide the following support:

#### **Social Work**

Our social workers can offer emotional support, information on statutory rights and

advice on care at home or in a nursing home. They may put patients in touch with other specialists, such as benefits advisors.

### **Psychological Support**

When patients are referred to the Hospice it can be a difficult time for them and their families. The psychological support team helps patients and family members express and explore how they are feeling. They may use art, music or talking therapies to do this.

### **Multi-faith & Spiritual Care**

Our multi-faith care team helps people to explore questions of meaning and purpose. For some, this may include aspects of a religion or faith, but this is not always so. They can also help patients to plan for the future and to make links in the community with religious and other groups.

### **Bereavement Support**

We continue to offer support to families and carers through bereavement if they wish. Support is offered by a team of trained volunteers and via groups. Some people find it very useful to have the opportunity to meet others in a similar situation to share their experiences. People with more complex needs will be supported by our psychological therapists.

### **Physiotherapy and Occupational Therapy**

Our small team of physiotherapists and occupational therapists work with patients and their families to set goals, to enable people to remain as independent as possible and to increase a sense of wellbeing and control. They emphasise the 'doing' rather than the 'being done to' and this can help restore a sense of purpose and confidence. They focus on:

- Advice about mobility and function.
- Practical strategies to help families/carers to support patients at home.
- The provision of specialist equipment.
- Techniques to cope with fatigue and breathlessness.
- They play a key role in helping patients and families prepare for a return home from the Inpatient Unit and work with patients in the day hospice and in the community.

### **24-hour telephone advice line**

The Hospice runs a nurse specialist -led telephone advice line which is available to patients (or those involved in their care) and professionals 24-hours a day, every day of the year. However, anyone requiring urgent or immediate medical assistance must contact 111 or 999.

Between the hours of 7:45pm and 7:45am, all calls are answered by the nurses working on the In Patient Unit.

### **Hospice Neighbours Network**

This is a scheme which offers practical and social support to our patients and families in their homes. Skilled and trained volunteer Hospice Neighbours may:

- Offer their company for short periods (tea and a chat)
- Walk the dog.
- Do shopping, light housework duties and gardening.
- Collect prescriptions, drive patients to appointments

## Education

The Education Department of St Peter's Hospice offers a wide variety of training to all who work in health care. The team provides academic courses for trained nurses & allied health care professionals, & radiographers in training in collaboration with the University of the West of England. Study days & short courses are available for Registered Nurses & Health Care Assistants, professionals allied to medicine, medics (including GP's), and clerical staff & volunteers. The team also offers In house training & development programmes for hospice staff including coordinating the mandatory updates for all hospice staff. Commissioned courses & study days are also run by St Peter's Education Team to Bristol, North Somerset & South Gloucestershire healthcare professionals.

## Summary of our complaints and concerns procedure

### Receiving the complaint

- Complaints and concerns may be made verbally to any member of staff or in writing by the patient or their representative.
- If concerns can be resolved immediately by operational staff to the satisfaction of the person raising the concern, they will be documented on the complaints & concerns database and reported in writing on an incident form, but no further action will normally be required.

### If it is a more significant complaint

- We will acknowledge the receipt of all formal verbal and written complaints within two working days unless the complainant declines to be contacted by us.
- We will ask the complainant how you would like us to deal with the complaint, e.g. they may prefer a face to face meeting to discuss their concerns.
- If a full written reply or resolution in person can be made within five working days an initial acknowledgement will not be sent.

### Investigation of complaint

- A person will be nominated by the Director of Patient Care to investigate the complaint.
- A full response will be sent to the complainant within 20 working days of receipt of the complaint. This can alternatively be a meeting, with or without a follow up letter dependent on the complainant's preference.
- If it is not possible to send a full response within 20 working days, a letter explaining the delay will be sent to the complainant and then every five working days thereafter during the delay period.

### Resolution of complaint

- Once the investigation has been completed, a letter will be sent to the complainant, or a meeting arranged to outline the findings with the proposed action and timescale for completion of actions.
- All complaints will be anonymized and reported to the appropriate staff group to ensure there is learning and practice improvement from the incident via our clinical governance process.

### To take it further

- If the complainant finds the response is not satisfactory, they can write to the Chair of Trustees within 14 days of the unsatisfactory response being received.

- If you are not satisfied with the outcome of your complaint you can raise your concerns with your local Clinical Commissioning Group. Please see our website for more details: [www.stpetershospice.org](http://www.stpetershospice.org)
- If you are unhappy with the Clinical Commissioning Group's final answer, after it has looked into your complaint, you can ask the Parliamentary and Health Service Ombudsman to look at your complaint.
- You can contact the ombudsman on 0345 015 4033 or write to:

**Parliamentary and Health Service Ombudsman, Millbank Tower,  
Millbank, London, E1 6EP.**

You can also visit their website: [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

### **How we measure the quality of our service.**

Internal monitoring occurs through our Clinical Governance process. Our Clinical Governance meeting is the oversight meeting in relation to the quality of care we deliver. The Clinical Governance meeting receives reports and discusses issues from service and organizational meetings such as Medicines Management, Practice Improvement and Clinical Audit, Safeguarding, Health and Safety, and Infection Prevention and Control. Through these channels we discuss all quality and safety issues, clinical incidents & accidents, complaints, policy updates, audits & any safeguarding issues. We have a minimum of 2 unannounced visits by our trustees to the clinical services in a year and a report with any recommendations is submitted to the Executive Team. Our active Board of Trustees are the people who are responsible for the governance of St Peter's Hospice. They make decisions & work together through regular meetings of the Board of Trustees and via smaller service specific meetings.

External monitoring occurs via the Clinical Commissioning Group and Care Quality Commission. We also engage with benchmarking projects related to clinical incidents of inpatients (this is both benchmarked regionally & nationally with other hospices) & by our User Feedback service, I Want Great Care <https://www.iwantgreatcare.org/> who send us monthly feedback related to all our clinical services. We have approximately 500 responses a year. Our patient experience strategy involves the collation of information from IWCG, compliments, comments, complaints and concerns as well as the user involvement group.

### **Who regulates our service**

The Care Quality Commission is responsible for regulating & inspecting the Services we offer. A copy of our most recent inspection report can be found on their website: [www.cqc.org.uk/](http://www.cqc.org.uk)

**CQC** are also contactable as follows:

Customer Service Line: 03000 616161

**Fax:** 03000 616171

**Email:** [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk)

**Mail:** CQC National Customer Service Centre, Citygate  
Gallowgate, Newcastle upon Tyne. NE1 4PA.