## Chief Executive Statement of Quality

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Statement of Quality

This Quality Account is for our patients, their families and friends, the general public, local NHS organisations and our health delivery partners.

It is of note that 19% of our care costs are provided by the NHS (down from 25% since 2017/18), with the remaining 81% raised through fundraising and charitable donations.

The aim of this report is to give clear information about the quality of our services to demonstrate that our patients feel safe and well cared for, that our services are of the highest possible standards and that the NHS is getting good value for money.

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

Our focus is, and always will be, our patients as well as their families, carers and communities. We will always seek the views of everyone who accesses our services to ensure we maintain the highest possible standards of quality.

I would like to thank all of our dedicated staff, volunteers and Board of Trustees, who work so hard to offer such high standards of holistic care.
Who we are and what we do.

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 North East Somerset) for 42 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 Brenty but our Community Nurse Specialist team have bases in Staple Hill, Long Ashton, Brenty and Yate 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 that 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 - built 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
Who we are and what we do.

Services provided by St Peter’s Hospice 2019-20

We deliver the following services exceeding the service level specifications agreed with the NHS. The NHS contributes 19% of our overall funding.

**Access Service:**
All patients referred to the hospice are triaged by a registered nurse to ensure that SPH is right for their needs and the patient is directed to the right service. A 24hour advice line offers specialist palliative care advice to healthcare professionals, patients and carers (including patients not known to us).

**Inpatient Unit (IPU):**
The Inpatient Unit has 15 beds all of which are in single en-suite rooms.

**Day Services:**
Day Hospice; up to 20 patients daily, 3 days per week. Patients attend for a day a week for up to a 12 week period. Fatigue and Breathlessness programme x 1 group a week. A Wellbeing Programme x 1 day a week and a Drop-in Service x1 session per week. 
**Unfortunately** Day Services had to close abruptly in the 2nd week of March due to the pandemic.

**Complementary Therapy:**
Offers massage (including gentle touch), aromatherapy, reflexology, Reiki and multisensory relaxation therapy to Inpatients, Day Hospice patients and via an outpatient clinic.

**Physiotherapy/Occupational Therapy:**
Help patients maintain independence and a good quality of life for as long as possible through rehabilitation and discharge planning.

**Hospice at Home:**
Delivers hands on care to patients at the end of life in their own homes by a team of registered nurses and senior health care professionals.

**Community Nurse Specialist Service:**
Provides advice, support and symptom control. This is provided 7 days a week to respond to patients who are identified to need urgent assessment.

**Medical Team:**
Consultant led team covering the Inpatient Unit, Day Hospice, Community and 1 session a week with the UHBristol Palliative Care Team.

**Patient & Family Support (PFS) Service:**
Provides social, psychological and spiritual support for patients, families and carers. Bereavement support is also provided.

**7 day working** — in addition to the Inpatient Unit, the Access Team (referral triage and the 24 hour advice line), CNS Team and Hospice at Home Team all offer 7 day working.

All services are monitored on a monthly basis through the collecting and reviewing of data.
Who we are and what we do.

Service Delivery Statistics 2019 -20

◆ 3% increase in unique referrals received: 2,695 referrals.

◆ 26.2% of patients referred had a non-cancer diagnosis (+1.5%).

◆ 1,918 referrals to the CNS team and 898 patients referred to CNS Response, providing 6,770 visits and 14,469 telephone consultations.

◆ 264 patient admissions to IPU (+7.8%).

◆ 277 patients attending Day Hospice (+30%).

◆ 69 patients and 33 clients (a family member or close friend of the patient) attended the new Well-Being course.

◆ 123 patients attended FAB (+23%).

◆ 535 patients were supported by Hospice at Home (+2%) with 16,654 direct nursing care hours (+18%).

◆ 647 referrals to Emotional, Psychological Support (+1%).

◆ 1,410 Occupational Therapy Consultations provided (+44%).

◆ 1,141 Physiotherapy consultations provided (+53%).

◆ 1,046 Complementary Therapy Treatments provided (+14%).

◆ Over 1500 volunteers support the Hospice, 247 of whom directly support patients.
Who we are and what we do.

Service Development

A new Inpatient Service Lead was appointed in September 2019. This post is one of the clinical senior managers who work with the Director of Patient Care and Deputy Director of Patient Care to lead and deliver the clinical service, working closely with the Medical Director and Medical team.

Hospice at Home appointed a new Team Leader in October. This post has brought strong leadership to the team, enhanced service provision and developed new opportunities.

A new Human Resources Manager was appointed in March 2019. She has been working closely with the clinical managers to support recruitment, retention and management of staff and tightening existing processes. Many policies and guidelines have been updated and developed to support this.

In the Spring of 2020 the dividing walls in the clinical team offices on the first floor were taken down. This has provided a large open plan office space which is home to the Access Team, Hospice at Home Service, the Clinical Nurse Specialist West and Response Teams, the Therapy Team and Patient and Family Support Team. It has proved hugely successful, allowing for improved communication and team working.
What we have achieved 2019-20

Priorities for improvement set for 2019/20

We had 5 areas prioritised for improvement this year:

**Priority 1 – Safe**

With a new safeguarding lead for the clinical organisation we are participating in multiagency working in order to ensure that we are safe and robust in our approach to safeguarding both adults and children. The safeguarding lead is working to develop a clinical safeguarding strategy for St Peter’s Hospice that includes our multiagency working and the use of the BNSSG wide policy and process.

Karen Norman, the Patient and Family Support Manager is the new safeguarding lead for the clinical organisation. She has been responsible for developing a robust and safe approach to safeguarding which has included the following:-

- We have joined the Safeguarding Providers Forum run by BNSSG which keeps us engaged with the wider system and we have adopted the multiagency safeguarding policy.
- Our senior managers have completed additional safeguarding training including on organisational abuse. This has led us to embark on an organisational risk assessment to review our practices and ensure that they are not abusive to staff, patients or visitors.
- We have established a Clinical Safeguarding Committee which has oversight of the policies, practices and processes in place that ensure people at risk are identified and managed appropriately. It provides senior clinical oversight of safeguarding cases for review, identifying themes, stimulating action plans and sharing learning.
- Changes to the way we record safeguarding concerns and conversations on EMIS, our patient database now allows us to audit the information. This enables us to ensure all concerns are correctly recorded, reported if appropriate and the outcomes communicated and learning needs identified.
- Safeguarding training for all staff and volunteers has been reviewed and updated.
Priority 2 - Caring

In 2019/20 we will continue to work on the strategy to support carers which is led by the PFS team. This will also include the work that we will be doing on pre-bereavement care.

As part of the strategy to support carers there has been ongoing development of services within the Hospice to meet this need. The Social Work Team has been encouraging and supporting the use of the Carers Assessment Tool by the community teams, delivering discussion sessions and attending their team meetings. The use of this tool enables us to:

- Highlight the number of carers supported by St Peters Hospice
- Highlight the needs of our carers
- Signpost carers to other organisations who can provide more long-term support
- Highlight the unmet need within the local area for the support required for carers in our communities.

The work of the Emotional & Psychological Support Team which covers work with patients, carers and the bereaved, continues to increase. 376 carers were supported by staff and volunteers in this last year.

Weekly ‘Drop In’ sessions have continued to run in Day Services. Attendees include carers as well as patients who are able to receive information, advice and emotional support. Where the need for additional support is recognised, referrals are made to other relevant hospice teams and a clear plan going forward is developed before they leave the ‘Drop In’.

Day Services has also run a new Wellbeing Service detailed on page 14. On average this has included 40% of carers attending and 60% patients. This service has given staff more insight into how carers are coping and how attending has helped them gain support and advice so they are not so isolated. A few quotes from carers who attended the course in the last year:

- While here I have been able to relax and enjoy meeting others in a similar situation.
- I have found all staff and volunteers brilliant. My husband and I really appreciate all the help that has been given by the hospice.
- We have attended together as husband and wife and we have benefited immensely from all your input.
- I found the course very helpful and calming.
- These sessions are great, it’s been good to meet other carers and have the opportunity to share and support each other during a tough time.
What we have achieved 2019-20

Priority 3 - Effectiveness

During 2019/20 we will be launching the use of the ReSPECT tool in practice. This is a national programme and process that creates personalised recommendations for a person’s clinical care in a future emergency or if the individual lacks the capacity to express their choices. This includes but is not exclusively to do not resuscitate decisions. Our CNS Team Manager is leading on the development and implementation of this process at St Peter’s Hospice.

On 10th October 2019 the Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) was launched across Bristol, North Somerset and South Gloucestershire. At St Peter’s we are using the agreed process and form to support our conversations with patients about their advance care planning wishes and the documenting and sharing of these plans. It enables patients to have more say and influence in the treatment and care they receive in an emergency situation. It also enables clinicians who know the patient well to make recommendations about their care in such circumstances.

The ReSPECT form is held by the patient and is available for paramedics and other clinicians in the event of an emergency.

From the launch date Community Nurse Specialists, nurses in Day Services and the hospice Medical Team have been completing ReSPECT forms. From February 2020 a further development meant we have been able to use the advance care planning template in EMIS to create the form digitally. We have achieved this by adapting the template created by BNSSG for GP use. Unfortunately we remain unable to contribute this information to the End of Life Care record in Connecting Care.

Between the launch on 10/10/2019 and 31/03/2020, 306 ReSPECT forms have been completed.
Our Quality Manager has led on this along with other key stakeholders. As part of our commitment to strengthening the way we engage with people who use our services, we have carried out an initial scoping of all the different avenues of receiving and providing feedback. We use a range of approaches to measure satisfaction including ‘I Want Great Care’, reviewing compliments, comments, concerns and complaints. More recently we have developed a comment card to be piloted in the Drop In Service, currently on hold due to COVID-19.

We have developed patient & family information and feedback boards in the clinical areas of IPU and Day Services. These include readily available information such as CQC/Quality Account reports, hand hygiene audit results, IWGC results and collated compliments. We greatly value the time patients and families take to feedback to us and this has resulted in the introduction of ‘You said.. we did’ posters to communicate and celebrate positive changes we make as a result of these comments.

The Quality Manager and Inpatient Service Lead held the first User Involvement Group meeting in March 2020. This was successful in helping plan and shape how this group might develop. Some helpful feedback was received from participants as part of reviewing the patient information leaflet ‘What to expect in the last days of life’. For health professionals who live and breathe end of life care it is invaluable to have the perspective of others who are experts by experience.

The Community Engagement Lead has undertaken much relevant work during the last year (see page 17) which along with the work described will feed into a User Engagement Strategy.
What we have achieved 2019-20

**Priority 5 — Well-led**

We will develop our management and leadership plan with additional training and policy development.

Over the last year we have developed and strengthened the confidence and competence of our managers and leaders by running manager training and “lunch and learn” sessions on key people management processes such as sickness absence, managing probation periods and conducting investigations.

Key HR policies have been reviewed such as the disciplinary policy to ensure greater consistency and a more robust framework for managers to follow when tackling potential misconduct.

A suite of forms and resources has been reviewed and created to assist with sickness absence management and these were launched to managers in training sessions as a “toolkit” resource. This included a welfare visit template, an employee passport for mental and physical wellbeing conversations and a “Talking Toolkit” to support conversations in instances of absence caused by work related stress.

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**Other achievements in 2019/20**

**Developing advance skills in practice in the Community Nurse Specialist Team**

There are now ten Community Nurse Specialists who have completed the physical assessment and clinical reasoning (PACR) module and are able to use these skills as part of their patient assessments. Each academic year we are aiming for three to four Community Nurse Specialists to complete this course with the aim that eventually the majority of our CNSs will have these additional skills.

In April 2019 we set up independent nurse prescribing. We now have three independent nurse prescribers who are regularly prescribing for patients. Our aim is for two people to complete this course each academic year. The nurses have been well supported by the Hospice Medical Team mentoring those undertaking the course. Both of these additional skills allow CNS’s to undertake full clinical assessments of the patient and prescribe medication for them if necessary. This enables patients to have access to medication more quickly to address their symptoms, potentially saving time for both carers and healthcare professionals. Any changes are communicated promptly with the patient’s GP.
What we have achieved 2019-20

**Inpatient Unit**

To improve patient experience, single nurse checking and administration of controlled medications has now been introduced. This is in addition to the existing single checking of other medications already in place. This is in the early stages having commenced in March 2020 with the aim of improving the timeliness of administration of medication for patients, optimising effective use of nurses’ time and reducing medication incidents. An operating procedure has been written which sets out the requirements to be fulfilled for this to take place and monitoring and review of the impact of this will be carried out.

**Access Team and Hospice at Home**

The Access Team has formally established a 3 shift system over the weekend to support triage and the Advice Line in order to cope with the increasing demand on the Advice Line. It has been organisationally agreed to develop the referral criteria to start piloting the acceptance of telephone referrals.

The Hospice at Home Service has worked to reduce and finally cease the formalised respite service. In doing so they have amended their referral criteria for end of life patients to increase from 2 weeks prognosis to 4 weeks. An increased volume of RN visits has been undertaken to support patients and staff. EMIS mobile has continued to work well for all staff accessing patient records whilst in the patients home.
**Wellbeing Service**

This year we set up the Well-Being Programme in recognition of the need of our patients to have access to self-management of their well-being much earlier after their diagnosis, and with the potential to share this learning with loved ones.

The aim was to be able to offer choice for patients and carers and expand the services on offer within the Day Services department. The programme is a 5 week closed group that is open to both patients and carers and is run by a multidisciplinary team. By having a closed group, trust and relationships can build. The course promotes enablement and independence in order to optimise personal function and ability. Goal setting is used to encourage a 'what can I do' approach to problems and symptoms. Specific support and education during the course includes visualisation relaxation, benefits advice and support, art therapy, moving and handling for carers, Tai Chi, and discussion groups looking at body image or symptom issues. It is hoped this holistic programme will lead to improved general wellbeing.

**Multi-faith Team**

This year has seen the Multi-faith Team develop a functional structure for service delivery. When faced with a life-limiting illness, people who have not previously had much time or opportunity to think seriously about their beliefs may want to discuss these as well as reflect on what has been of importance to them in life. The Team uses spiritual history/assessments in order to guide which approach is most beneficial for the patient. This may be either spiritual care or multi-faith chaplaincy support. The team is led by the Multi-faith Team Leader who coordinates volunteers who assist in delivering spiritual care, faith support or both.

**Spiritual Care:** An holistic approach focused on providing support and care for the individual, what the individual values and what has given meaning to their life.

**Multi-faith Chaplaincy:** The provision of religious care/support, responding to the religious or faith needs of the patient, carer or family.
Medical Team

This year, SPH was recognised by the Bristol GP Quality Panel as an ‘excellent’ training site for GP trainees. The Medical Team train two GP trainees at any one time. These are qualified doctors who will go on to be GPs.

One Consultant continues work on coordinating the complex pain service for our patients, in partnership with professionals from our local hospitals. She has also worked in partnership with the Clinical Community Engagement Lead and a hospital Elderly Care Consultant to set up a new Community Palliative Care Movement Disorder multidisciplinary meeting. This meeting provides the opportunity to discuss the needs of local patients with movement disorders such as Parkinson’s Disease and plan appropriate care and support.

Another Consultant has worked in partnership with others within and outside of the organisation to help launch the ReSPECT (Recommended Summary Plan for Emergency Treatment and Care) process, a patient centred approach to advance care planning and decisions around treatment.

The Medical Team continue to have an active role in teaching. Of note this year, the senior medics have mentored a number of our community nurse specialists in Non-Medical Prescribing and Physical Assessment and Clinical Reasoning courses.

Volunteer Resources

This year the Volunteer Resource Team has continued to build on the support it provides to clinical teams across the Hospice. In particular, in response to an increase in requests to transport patients within the community, we’ve recruited 10 new drivers.

We’ve worked with our Patient and Family Support Team to recruit and train 12 new Pre and Post Bereavement Support volunteers allowing them to build their capacity and meet demand. Hospice Neighbours has had a busy year with around 1100 visits and a increased complexity in some of the patients and families they have supported.

The In-Patient Unit volunteer role has seen a change with more direct supervision from our HCA’s and the addition of taking patient menu choices added to their responsibilities. Our volunteer gardening team has also expanded by 5, providing much needed support ensuring the gardens looking great for patients and visitors. We’ve also recruited a dance movement therapist volunteer to provide sessions in Day Services that has proved very popular with patients in the Well-being group. To support staff well-being we have also recruited a highly experienced hypnotherapist who has delivered guided meditation sessions once a week on-site at Brentry.
Mortality Reviews
This year we started a new system for reviewing deaths of patients under our care, for both community and inpatients. Each death is discussed by the hospice team involved in a patient’s care and the data is captured on an EMIS template. The purpose of each review is for the team to identify aspects of care that went well, discuss any learning for dissemination or action, and check if any significant concerns had been raised by the patient, their significant others, or a clinical team about the care delivered in the last few weeks of life. A quarterly report is generated so that we can review the number and nature of significant concerns raised either about our care, or care delivered by another organisation, and double check that any concerns had been captured and acted on appropriately at the time, for example, reported via the appropriate complaints, concerns or incident reporting processes.

Information Technology
The key focus over the last 12 months has been a project to re-design our IT service provision including a detailed procurement process and supplier evaluation. The new internal team structure in combination with a new IT support partner will not only ensure our systems and infrastructure are robust and secure but also enable St Peter’s to become a more connected and collaborative organisation. We have already increased both the capacity and resiliency of our connection to key NHS Digital services with the installation of a new Health and Social Care Network (HSCN) connection.

Our centralised reporting platform continues to grow and this enables a significant number of reports to be generated. This along with statistical analysis allows clinical teams to identify trends in demand and plan services accordingly.
Clinical Community Engagement Lead

The Clinical Community Engagement Lead (CCEL) has developed a significant number of local partnerships with both non-malignant speciality healthcare professionals and third sector local community organisations. Strengthening these partnerships has given the opportunity to clarify St Peter’s Hospice’s role and services, promote appropriate referrals and explain our referral process. We seek to continually improve access and equity of access to our services and are beginning to note an increase in referrals to our services for people with non-cancer life limiting condition. This is a 2 year project post, and has had a big impact in the first year.

Non-malignant conditions:

Partnerships have been sought with Heart Failure, Respiratory, Parkinson’s Disease, Dementia, Motor Neurone Disease and Interstitial Lung Disease (ILD) healthcare professionals in both of the local acute hospital trusts: UH Bristol (UH Bristol) and North Bristol Trust (NBT), along with community providers; predominantly Bristol Community Health (BCH). Contact has also been sought with professionals in South Gloucestershire and North Somerset.

Minority Groups:

Partnerships have also been established with multiple third sector local organisations, in particular with a number of ethnic groups, such as Bristol Black Carers and Midnimo, a local Somali woman’s group. These valuable partnerships are developing trust and understanding between both organisations. We look forward to developing these further.

Work with two local homeless health providers has highlighted the significant challenges this population face and how we can work together to improve access to our care. The CCEL is working with staff from Children’s Hospice South West to co-design a referral pathway for young people transitioning from child to adult hospice services.

We were delighted to be part of Bristol Pride 2019, celebrating our local LGBT+ community. Our presence at the Pride festival led to many opportunities to express our commitment to inclusive care.

Internal:

The CCEL has sourced hearing equipment for use with patients who are deaf or hard of hearing. This has been frequently used in the IPU and Day Services. Having this available reduces barriers that this patient group might experience in accessing our services and enables effective communication with hospice staff.

A survey of clinical staff’s self-reported confidence and competence in providing care and support to those with non-malignant conditions and those from a minority group has been undertaken. The results will be hugely valuable to help inform our action plan going forward.
COVID-19

At St Peter’s Hospice we have been quick to respond to the Covid-19 pandemic. We started planning for this in early February by involving all managers in risk assessing their areas in order to anticipate necessary changes to be made. A Pandemic Strategy Group was set up and this has a key role in assessing national advice and the local clinical picture in order to plan and coordinate the response and ensure communication of changes across the organisation.

Despite the challenges of reduced staff numbers and an increase in referrals during February and March, staff have pulled together well and adapted to new ways of working. This has ensured the following priorities could be achieved:

- Keeping all IPU beds open. Re-allocation of staff from Day Services has supported this.
- A new model to support patients in the community (including new referrals) involving development of a central hub for all patients and professionals to make contact. Following triage, support can then be allocated to the most appropriate team e.g. clinical nurse specialist or hospice at home service.
- Increased capacity of phone lines to ensure all calls are answered promptly and new ways of working such as undertaking video consultations via AccuRx to ensure face to face visits only take place where necessary.
- Psychological Therapists available to support patients via teleconferencing and also allocated as a resource for staff support.
- Senior Manager support including increased presence at weekends.
- Working closely with the lead pharmacist to ensure appropriate medication is available for patients.
- Working with local partners such as SIRONA to make sure we are working in a coordinated way across the healthcare system.
- Ensuring Public Health England guidance is adhered to and that sufficient Personal Protection Equipment (PPE) supplies are procured to ensure safe working as a priority.
- Engagement with BNSSG COVID-19 work, including the Clinical Resource Group and Care Provider Cell. The Education Team has offered support for Care Homes regarding Infection, Prevention & Control training and free webinars for all Health and Social Care professionals.

The situation has been changing on a daily basis and this will continue to mean flexible and responsive ways of working going forward.
Clinical Governance

At St Peter’s Hospice we have a robust clinical management structure, supported and led by our team of Directors, CEO and Trustees. The clinical governance structure has been reviewed and updated (see below). As the Clinical Governance Lead, the Deputy Director of Patient Care chairs the Clinical Governance Committee. A new methodology introduced this year has led to the smarter use of data and a process whereby managers have easy access to this in order to ensure governance and oversight of their services. Significant risks are placed on the live risk register for close scrutiny and tracking of actions.
Serious Incident (SI) Reporting

There were two serious incidents that took place this year other than pressure injuries. One was a level 3 incident where a patient was sent home from Day Hospice without their portable oxygen turned on. The other was a fall on the IPU where the patient sustained a fractured femur. Both of these are described in more detail below including learning and actions.

Clinical incidents
The table above details all clinical incidents reported across the organisation.

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</table>
Clinical incidents cont’d

The total number of falls has increased by 30% this year. This corresponds with having 15 patient beds for the 12 month period compared with having only 10 patient beds for quarters 1 and 2 and even fewer in quarter 3 the previous year, 2018-19. This was due to the temporary relocation to the Chocolate Quarter in Keynsham for the IPU refurbishment and move back in November 2018. There was a noticeable increase in falls during January and February 2020 which can be attributed to both an increase in the number of frail yet ambulatory patients we had in this period and a number of these patients experiencing more than one fall.

There was one serious incident where a patient who fell fractured a femur. Unfortunately even though appropriate risk assessments and adjustments had been made, they did not call for assistance and subsequently fell. Advanced disease involving cancer in both femurs played a significant factor in the resultant fracture.

Practice improvement included updating of the bed rail assessment and writing a new bed rail standard operating procedure. A series of audits was carried out to provide assurance that bed rail risk assessments are completed for all patients identified at higher risk of falls and any patient who requested a bedrail. This is now part of a monthly senior nurse audit. The falls policy and bundle has been further reviewed since being introduced last year and the post falls record updated to become a joint nursing and medical document.

The new IPU has increased visibility into the rooms (with shutters that enable privacy versus visibility as required). A new falls system was purchased to integrate with the nurse call bell system but problems with the functionality of this could not be resolved, and we have now purchased individual bed and chair sensors to support 5 patients at any one time.

Drug incidents / errors have increased by 62% overall this year (2018-19=76, 2019-20=123). Incidents capture include documentation, storage, dispensing and supply errors as well as prescribing and administration. Of the total number of drug related incidents 57% did not directly involve a patient. Of the 43% that did, 87% caused no harm. Whilst some of this is due to a 23% increase in bed days we noticed a considerable spike in incidents in the first 2 quarters. We therefore placed a significant focus on why these errors occurred. Analysis revealed that many of the nursing administration errors could have been prevented if correct processes had been followed. In response to this an action plan was developed early on and was shared with the CCG. This included roll out of medicines management workshops, a new oral medication competency and improved monitoring of where staff are involved in repeated errors to ensure appropriate actions are taken. It was positive to see the number of incidents fall considerably in the last 2 quarters. Single checking of control drugs by nursing staff has also been successfully introduced and it is hoped this will continue to improve patient safety.

One serious incident involved a patient being sent home from Day Hospice without their portable oxygen turned on. This resulted in symptoms and a hospital admission. This incident was fully investigated, highlighting where correct processes were not followed and several
Clinical incidents cont’d

areas of learning and actions. It was reported to the CCG. It is positive to note that the number of grade 3, 4 and ungradable pressure injuries has remained the same this year despite the increase in number of inpatient beds. This is testament to the continuing quality of care and hard work by the clinical team in preventing ongoing deterioration despite the patients being a very high risk group of pressure injury development. All grade 3 and above pressure injuries have been reported to the CCG and CQC. With a new improved template for reporting agreed with the CCG, all cases in the last 3 quarters have been closed at the 72 hour report stage without the need for a full root cause analysis.

The total number of pressure injuries developing during admission has gone up by 78% this year. As well as a 23% increase in bed days this increased number can be attributed to us having started collating suspected DTIs (deep tissue injuries) for the first time this year in collaboration with the BNSSG Pressure Injury Group. DTIs accounted for 37 of the total pressure injuries (23%). The increased frailty and poor performance status of our patients is a significant contributing factor. In quarter 2 we started collating evidence of where patients with existing pressure injuries had improvement or healing of these prior to death or discharge, with 12 of these in the last 3 quarters.

We have made a few minor updates to our comprehensive SSKIN bundle. A spot check audit carried out in January demonstrated 100% of assessments were completed within 6 hours of admission, in line with the national standard. We continue to use very high specification pressure relieving equipment including Oska pressure guard flotation therapy mattresses with lateral tilt and heel zone function and Innova Arene pressure relieving recliner chairs. As an active member of the BNSSG Multi-Agency Pressure Injury Programme Board and Task & Finish groups, this year we supported the first BNSSG ‘Stop the Pressure’ day in November.

Quality Team

This year the Inpatient Service Lead joined the Quality Team. This Team led by the Deputy Director of Patient Care (DDoPC) also includes the Quality Manager, Infection Control Leads, Practice Educator and Practice Assessor. The Team’s programme of work continues to focus on the clinical governance agenda, patient safety and quality of care and patient experience. This year the Team has worked closely with our Data Analyst to develop and hone the process of capturing an expanded and robust set of quality metrics data.

The Quality Manager and Inpatient Service Lead have worked closely together to review and analyse incidents in a timely way. Their weekly and monthly meetings provide vigilance and oversight to ensure appropriate actions have been taken, any themes identified and relevant learning is taken forward to departments or across the organisation where appropriate.

The Quality and Safety Bulletin written bi-monthly continues to provide one way of keeping staff informed of practice updates, feedback and learning from incidents and practice improvements.
Infection Prevention and Control

Infection Prevention and Control (IP&C) remains a priority area for continuous quality improvement throughout the organisation. However, challenges this year have included being without an Infection Prevention & Control Lead Nurse for 6 months of the year and the COVID-19 pandemic commencing during quarter 4.

Since February, the Practice Facilitator and Practice Assessor have jointly taken on the role of Infection Prevention Control Leads and have been working very hard under the direction of the Deputy Director of Patient Care to provide up to date evidenced based information and support to staff about how to continue safely caring for patients during the pandemic. They have advised and supported staff across the whole organisation.

This year the Infection Control Team has identified and progressed with the development of a suite of infection control measures which includes policies and standard operating procedures, risk assessments, audits and information for patients, visitors and staff. Quarterly infection control committee meetings have been reviewed to ensure senior level attendance from all departments with clear lines of communication and accountability for actions.

Outbreaks

There were no outbreaks or hospice acquired infections this year. However, during March, 10 patients were cared for with suspected COVID 19. Of these, 5 patients were tested and all were found to be negative. Others were not tested as it wasn’t considered appropriate to do so in consultation with Public Health England at that time. A further 2 patients were required to self-isolate due to contact with a visitor with suspected COVID 19.

IP&C Training

The training provided has been reviewed and rationalised this year to include:-

- Infection prevention and control orientation provided for all clinical staff within two weeks of commencing work at the Hospice.
- Annual e-learning with face to face training bespoke to individual clinical teams. This has allowed for information to be targeted to specific work environments with issues encountered therein and has been well received.
- IP&C competency assessment which includes hand hygiene observation and assessment.
- Infection prevention and control sessions are provided to volunteers regularly at volunteer orientation days.
**Flu Vaccination**

The Quality Manager was the lead for the in-house flu vaccination campaign this year which was successful in achieving a CQUIN target and a financial reward from the CCG. Three staff, one each from IPU, Education and the CNS Team updated their knowledge and competence to enable them to become vaccinators. 77% of frontline staff were vaccinated (N= 135), which was a significant increase from previous years (56% in 2018-19).

**IP&C Audit**

Hand hygiene audits having been carried out on a monthly basis in IPU and Day Services. The results have consistently been 100%, apart from one month where they were not completed and one month where they fell to 83% in the IPU due to non-compliance in one staff group. Following education and communication with those responsible this quickly improved. Other audits including uniform audits, mattress audits, waste and sharps audits are ongoing. The annual environmental IP&C audit is underway at the point of writing as planned.

**Medication Safety**

The hospice uses large volumes of complex drugs and we are continually reviewing our processes and training to minimise risk. We carefully consider all drug related incidents to assess contributing factors, identify learning and any action that needs to be taken to try and prevent similar incidents from occurring. This year we were aware of an increase in drug errors in the first two quarters and subsequently developed an action plan which involved us developing more robust processes to address incidents with staff in a timely way to understand root causes and ensure appropriate support and additional training where required. Following this the number of incidents has reduced significantly.

Improvements in relation to medicines management include the development of workshops which have been rolled out in IPU and Day Services. These along with an oral drug administration competency have strengthened assurance of staff knowledge and competency. A new standard operating procedure for the management of medication incidents and errors has been developed, providing a more robust framework for staff to adhere to. Monthly bulletins ‘Medication Matters’ continue to be used to succinctly communicate key points for all teams to be aware of.
Clinical Audits and Practice Improvement

Practice Improvement & Clinical Audit (PICA) meetings are chaired by the Quality Manager. Apart from planning meetings, all other meetings have been open to all clinical staff for the opportunity to hear presentations and be involved in discussion about audit and practice improvement. The aim of PICA is to capture all clinical audit and practice improvement centrally and ensure learning and actions take place and are disseminated widely across the organisation. This year has seen clearer distinction drawn between regular required audits (such as controlled drug compliance and venous thromboembolic assessment audits), planned assessment of practice against service standards and responsive audits due to incidents or concerns.

A new audit of the FP10 prescribing process against the national requirement from the NHS Counter Fraud Authority has been undertaken and has led to practice improvement in process and record keeping. This will continue to be completed quarterly.

Duty of Candour

St Peter’s Hospice always aims to be open and transparent in our care. We 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.

Any ‘Serious Incidents’ or near misses are investigated thoroughly and discussed with the patient and family. When there has been any error in our care we will always acknowledge this and apologise for it, explaining what our reporting mechanisms are, and letting them know how we plan to learn from the incident.

We report any Serious Incident to the Clinical Commissioning Group (CCG) Quality Team and Care Quality Commission (CQC) via a statutory notification. We liaise with the BNSSG Quality Team if we have any queries or need advice.

All complaints are managed in line with the Duty of Candour, and where possible we aim to meet the complainant in person to ensure we give them the opportunity to fully express their concerns and receive an apology in person.

Freedom to speak up

St Peter’s Hospice encourages staff to raise any concerns about risk, malpractice or wrong doing that may harm the services we deliver. The whistleblowing policy is being updated to a best practice 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 provide impartial advice and support as will Freedom to Speak up Guardians.

A staff survey is completed every other year where staff may give anonymous feedback. The results of this are reviewed by the Executive team and actions taken as appropriate.
Complaints & Concerns

Total 2019/20 = 5 x Written, 4 x Verbal, 10 x Concerns

The number of complaints remains similar to last year but there has been an increase in the number of concerns raised. This may in part be due to an increased vigilance and transparency in identifying and reporting areas of concern. Our updated policy is in line with NHS guidance and issues are identified as either a complaint or a concern. Concerns are identified as issues that can be fully resolved at the time of being raised. All complaints are fully investigated and whenever there is wider learning (including from concerns), action plans are developed identifying those responsible and timescales for any changes in practice.

Complaints and concerns received were related to a variety of teams and a wide scope of issues.

Specific learning from the complaints and concerns has included:

- For any patient or family member who has learning disabilities, ensure that all the appropriate referrals have been made to community services within 24 hours of first assessment.
- Ensure that when multiple St Peter’s Hospice Teams are supporting a patient with more complex needs and their family, there is a multidisciplinary discussion prior to discharge from any one service.

If agreeable with the complainant our aim is to meet in person, or talk directly to support our understanding of the complaint. On all occasions we have managed to meet a level of satisfaction with the individual who has raised the complaint.

All complaints and concerns are shared with the Commissioners and Clinical Trustees with the quarterly reports. All complaints were dealt with as per our complaints and concerns policy. However, there was one complaint which although partially resolved at the time, when mapped in detail, highlighted a delay in raising and documenting the concern. Following this we re-communicated with staff the need for swift escalation and documentation of concerns in future.
Education

The Education Department offers a broad range of courses delivered by an expert registered nurse team, and utilises other professionals from the clinical teams as needed.

We continue to work closely with the local universities and key health & social care organisations across the region. We secured Health Education England funding in 2019 which has improved the access to training for nursing and allied health professional staff across the hospice, with a net increase of £2000 of funding on 2017 (last comparable year). Student numbers increased for the communication skills module delivered in May 2019.

The Department has maintained a visible and effective presence in assisting clinical colleagues to remain compliant with their statutory and mandatory training. We have also further developed our clinical skills framework enabling staff to maintain and develop competence in response to clinical need.

Clinical continuous professional development (CPD) sessions are being maintained, maintaining the mean average attendance set in 2017/18 at around 20 colleagues per session. More CPD is planned in the coming year to include non-clinical colleagues and to develop strength and depth in leadership and management. The most recent ILM Level 3 programme was completed by internal and external colleagues with a 100% completion and pass rate.

The first round of our small apprenticeship programmes is due for a successful conclusion in 2020. This has focussed on healthcare assistant and social work assistant posts. We are also represented on a number of regional apprenticeship procurement groups, setting the way forward for further progression.

Our work in 2019/20 has included work with the local authorities, HM Prisons Service, the NHS and other healthcare organisations as well as extensive work with the social care sector.

Links continue to be developed with other providers in the area. Sirona continues to access a significant range of education and training opportunities with the Hospice including workshops for Health Care Assistants and Registered Healthcare Staff on topics such as loss and bereavement, dementia and ‘A Good Way to Die’. A 3 day symptom management course is also provided. South Gloucestershire Council has accessed these as well as bespoke modules which have been provided on care and comfort and advance care planning.

In addition, we continue to offer a range of programmes to other colleagues including Avon Local Medical Committee, Health Learning Partnership, and other clinical colleagues across Bristol, North Somerset & South Gloucestershire. Interactive virtual training sessions using case studies have been delivered to care homes to meet their specific training needs around end of life care.

The department is refocusing efforts on making significant and academically sound contributions to a range of local and regional conferences, including conferences operated by the BNSSG Training Hub and BNSSG Learning Academy Group and further activity is scheduled for the 2020/21 financial year.
GDPR Compliance

SPH continues to focus on maintaining a good level of compliance in respect of General Data Protection Regulation (GDPR) and has achieved a lot in the last 12 months that includes:

- Reviewed and updated existing data flow maps for all key data sets. There is a good set of maps, but there is still scope to review if there are any missing data flows or gaps in what is recorded.

- Consent training workshop held for relevant Information Asset Owners (IAO) who rely on consent as the legal basis for processing data.

- Raised awareness of GDPR and privacy throughout the organisation via a targeted Information Governance (IG) Awareness month that was launched in September 2019. This was followed up with SPH branded IG awareness posters created and designed by individual teams for IG risks relevant to their areas of work to be on display in their workplace.

- We have continued to review contracts for key data processors; this work is nearly complete but remains under review.

- We have undertaken activities to assist with completion of the NHS Data Security and Protection Toolkit such as access control reviews and system role based access reviews.

- Reviewed and updated all IG risk assessments.

- Regular review of any IG incidents and any actions or improvements to processes required.

- Produced an Internal Audit Plan, including implementation of new IG Compliance Spot Check Audits and Data Quality Audits.

- Submitted the 2019/20 Data Security and Protection (DSP) Toolkit.
Data Quality

In 19/20, we continued to provide quarterly reports to our NHS Commissioners via our Quarterly Quality Metrics paper and our Annual Report, as well as internal reporting to managers and the Trustees.

Our Information Analyst and Data Analyst have been working together to reduce the manual nature of reporting and improve the quality of reports from our electronic patient record (EMIS).

Our IT team have put in place a new platform for holding data reports that will make data much more transparent and visible to staff. The continued development of this will help us evaluate and improve all our services, including clinical services.

Clinically we are collecting and reporting on some new areas, examples include:

- A more structured way (a new template) of recording the care delivered to patient’s in the last few days of life, so we can be sure we are delivering high quality care.
- Reviewing every patient death more formally, and reporting on this data, to ensure we are providing the opportunity to capture whether there have been any significant concerns raised by clinical team or those close to the patient, in relation to our care.
- Introduction of templates to highlight safeguarding discussions

Information Management Group — a group of hospice professionals from all area of our business meet quarterly, to look at all aspects of information governance, including data quality.

Clinically, a rolling programme of data quality audit across our clinical teams has been planned for rollout in 20/21.
User Involvement 2019-20

Carer & Family Satisfaction—User feedback

I Want Great Care (iWGC)

St Peter’s Hospice uses a range of approaches to measure user satisfaction. The main measure is via “I Want Great Care” (iWGC). There are 8 other regional hospices using this service who meet regularly to discuss results and best practice. Our reviews are available online at www.iwantgreatcare.org and we continue to be reviewed positively as can be seen in the bar chart below.

We use the same questionnaires for all services in order to maintain a standardised approach that is comparable to the work of others. However, we approach patients and other service users in several ways in order to gain their feedback: for example volunteers support patients on the IPU who may be too ill to write things down, questionnaires are sent by post, or given out in group settings and they are always available around our premises.

iWGC report monthly to St Peter’s Hospice on each service area and also give an overview and star rating out of 5 of all services - this averaged at 4.7 across the year. The monthly overview is displayed on noticeboards around the Hospice. Although we receive the reports on these areas, the raw data from iWGC collates the information by 3 distinct categories, **IPU** = Inpatient unit, **Community** = includes Hospice at Home and the Community Nurse Specialists & **Outpatients** = includes Day Services, Complementary Therapy, FAB, PFS - Bereavement, Social Work, Arts Psychotherapy.

I Want Great Care Reviews (iWGC)

<table>
<thead>
<tr>
<th>Number of IWGC Returns</th>
<th>2019/20</th>
<th>2018/19</th>
<th>2017/18</th>
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<tbody>
<tr>
<td></td>
<td>581</td>
<td>467</td>
<td>486</td>
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</tbody>
</table>

The total number of reviews received this year is 581. This is a 19.6% increase from last year. We continue to meet our target of 400 responses.

How likely are you to Recommend Our Services to your friends & family?
I Want Great Care Reviews (iWGC) cont’d

92% of responses were ‘Extremely likely to recommend’, 5% were ‘likely to recommend’ less than 1% were blank, with 6 responses ‘Unlikely to recommend’ or ‘Neither likely nor unlikely to recommend’, which is 1%. One of these responses in the raw data show that they scored highly in all questions so can be likely attributed to a scoring error.

19% of the replies were from males, 42% from females and 39% were not stated. Responses are monitored regularly and service leads alerted if there are any comments that could cause concern, or demonstrate where we could generally improve on current standards, with action plans if indicated.

Service Area Response Rate 2019/20

Review of St Peter’s Hospice - Hospice at Home, written by a family member
25th March 2020

All the care we have received has been excellent. Hospice at home have answered all of our questions. All the support after our dad had passed away was the best.
Dads last wishes were made possible because of St. Peters hospice.

St Peter’s Hospice Social Media

We also receive frequent reviews via social media, including Facebook, Instagram, Twitter and our Website. Any concerns raised via social media are directly reported to the appropriate senior manager for review and action to be taken as necessary.
Monitoring 2019-20

Monitoring

**Internal**

**Trustees as providers of organisational governance**

The St Peter’s Hospice Trustees are appointed to ensure good governance of the Hospice. This requires a system for reviewing at appropriate intervals the quality of care delivered by the clinical teams, to take an overview of the wider organisation and to monitor the culture within the teams. Unannounced visits will occur a minimum of two times a year.

Trustees will, therefore, visit the organisation to assure themselves and the public that the legal, statutory and promoted objectives of the hospice are being met. A short summary report will be completed after each visit. If the visit results in any significant concerns, the Trustees involved will verbally escalate to the CEO and appropriate Executive Lead within 24 hours and immediately if necessary.

**External**

**Care Quality Commission (CQC)**

We were inspected by Care Quality Commission (CQC) in March 2016 and the final report was published in June 2016. We have had no further inspections.

The inspection focuses on 5 key questions of the service:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people’s needs?
- Are they well led?

We are very pleased to say that we received ‘Good’ in all 5 domains and the report was very complimentary about the care we deliver.

Please read the full report at [http://www.cqc.org.uk/](http://www.cqc.org.uk/) and then enter St Peter’s Hospice in the search box.

**Commissioners**

We meet quarterly with our commissioners to discuss service delivery and compliance with the contract. We also report any serious incidents to the CCG Quality Team, completing RCA’s as necessary. The Medical Director and Director of Patient Care both attend the BNSSG End of Life Care Board which is chaired by the CCG.
## Aims and Priorities for Improvement 2020-21

### Aims for 2020/21

**Our Priorities for improvement**

### Priorities for improvement 2020/21

<table>
<thead>
<tr>
<th>Priority</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Priority 1 - WELL LED</strong></td>
<td>We want to strengthen our commitment to wellbeing and embedding this into the hospice in order to best support our workforce. To achieve this we will provide managers with the tools they need to support their teams so that we have a resilient and adaptable workforce that can respond to the challenges we face.</td>
</tr>
<tr>
<td><strong>Priority 2 - EFFECTIVE</strong></td>
<td>In light of the COVID-19 pandemic, Day Services is planning a new model of working with the introduction of virtual groups. The aim of this is to provide real-time social interaction and the opportunity to access a therapeutic environment online which enables support and empowerment for those living with illness and their carers. It is hoped increased numbers of people will be able to access this including those who have been unable to continue their groups on site due to COVID-19 and more difficult to reach groups such as young people and carers.</td>
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<tr>
<td><strong>Priority 3 - RESPONSIVE</strong></td>
<td>In 2020/21 we will continue to improve access and equity of access to our services. We will strengthen our partnerships with local health and social care organisations as well as 3rd sector groups, looking for opportunities to co-design services. We will proactively work to reduce and remove barriers that are faced in access and continue to develop responsive services that reflect the needs of our community. We will work on our internal Equality, Diversity and Inclusion processes.</td>
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</tbody>
</table>
Aims and Priorities for Improvement 2020-21

The Board of Trustees’ commitment to quality

The Board of Trustees is committed to ensuring we deliver high quality services to our patients in the community and at the hospice site. Our trustees are actively involved in monitoring the health and safety of patients, the standards of care, feedback from patients including complaints and compliments, and strategic plans for the future. They do this by carrying out unannounced visits, receiving regular reports on all aspects of care and reviewing services through an array of committees, as well as full Board meetings.

Following the successful rebuild of our inpatient unit, St Peter’s Hospice provides facilities fit for the 21st century. All of our inpatients now receive the privacy, dignity and care they need and deserve. During the year, the focus was on settling down and embedding the arrangements within the new unit while delivering the highest standards of holistic care. The facilities were strongly tested during the COVID-19 pandemic. The design enabled us to maintain controlled family visiting to patients during the pandemic, while keeping all of our patients, visitors and staff safe.

The majority of our patients are cared for in the community through our Community Nurse Specialists, Hospice at Home, Day Services, 24/7 Advice Line and Patient Family Support teams. During the year, the focus was on reaching all communities to ensure equity of access. We adjusted services rapidly in the face of the pandemic to sustain care through a combination of technology-enabled channels, as well as face-to-face care with the appropriate protective equipment.

At all times, including the extra-ordinary challenge of a pandemic, St Peter’s Hospice has delivered the highest possible standards of holistic care.

Care Quality Commission (CQC)

St Peter’s Hospice is CQC registered to deliver the following regulated activities: Treatment of disease, disorder or injury and personal care under the Health and Social Care Act 2012.

The Hospice is inspected by CQC. Inspections are planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. We were last formally inspected in March 2016 but had a successful CQC new location visit and assessment prior to opening the temporary Keynsham location in October 2017.

In April 2018 we moved under healthcare inspection with CQC. This involves a higher level of interaction with CQC and regular reporting and site meetings. St Peter’s Hospice welcomes this new model of interaction and the learning it can offer.

Gaye Senior-Smith
Quality Manager

Clare Barton
Deputy Director of Patient Care
June 2020
Submitted to the CCG awaiting comments.