



**St Peter's
Hospice**

Quality Account

2024/25



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Introduction from the CEO and Chair of Trustees

We are delighted to present our Quality Account for 2024/25. This report is for our patients, their friends and family, our supporters, the public and health partners across the Integrated Care System.

St Peter's Hospice delivers high quality and safe services to patients and their loved ones in Bristol, North Somerset and South Gloucestershire. This report details how we have achieved this and the progress we made against our set objectives.

This past year, we have successfully met the three key priorities we set for 2024/25, which focused on measuring patient complexity, redeveloping our model of clinical supervision and redeveloping our clinical feedback process. Through a range of initiatives, we also improved incident reporting with the implementation of a new electronic incident reporting system, achieved 100% in the NHS Efficacy Audit for infection control, and introduced a new Inpatient Unit (IPU) Safety and Governance Facilitator role.

Over the last year we have seen a rise in Referrals for carers of 60%, and so we were pleased to become a Trusted Assessor for Bristol City Council, enabling faster support to funds and increased support for vulnerable groups of people.

Continued delivery of high-quality services and addressing areas of inequity are key focuses in our new Hospice strategy which we launched in May 2025. We know there is more we can do to

improve the access, experience and outcomes of certain groups, particularly non-malignant and some inclusion health groups, who tend to have poorer health outcomes. The strategy also recognises that we need to design services differently to address inequities, co-designing services and using insights to achieve this.

The quality and safety of our care and the safety of our patients are central to our clinical practice. The strategy sets out our approach and objectives to achieve this, embracing PSIRF and supporting our teams with an open and just culture.

In 2025/26, our priorities will be:

- **Implementing a psychologically informed training pathway for clinical staff**
- **Addressing Inequity in Access for Patients with Non-Invasive Ventilation and Tracheostomies**
- **Piloting a 'Light Touch' Community Service**

This report aims to give clear information about the quality of our clinical services to enable our patients to feel safe and well cared for. The report has been prepared by our Director of Patient Care and Head of Clinical Governance and Quality, together with the hospice clinical teams and support services.

To the best of our knowledge, this report is an

accurate reflection of the quality of care provided by St Peter's Hospice.

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



Susan Hamilton
Chief Executive



Helen Morgan
Chair of Trustees

St Peter's Hospice at a Glance

St Peter's Hospice is a local charity that provides free adult hospice care for anyone that needs our support. From those with a life-limiting illness, to those that care for and about them. We've been providing tailored and holistic care to those in need in the Bristol, South Gloucestershire and North Somerset area for over 40 years. In our patient homes or Inpatient Unit, we provide care without prejudice, regardless of condition, religion, beliefs or age – and always with the best interests of our patients at heart. Whether the needs are physical, emotional, spiritual or social, we help our patients and service users face the future with courage, comfort and dignity.

OUR VISION

To transform the experience of death through understanding, compassion and care.

OUR PURPOSE

We exist to provide end of life care for all, for free, forever.

OUR VALUES & BEHAVIOURS

Excellence – to strive to be the best we can, to 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 collective relationships

OUR STRATEGIC INTENTIONS

- Put communities at the heart of our work
- Normalise conversations about death and dying
- Lead, learn and innovate





***“The whole experience
for my Father was kind,
empathetic and
completely patient-
focused.”***

***I was truly impressed
by the skills and caring
nature of every single
member of staff.”***

Clinical Introduction

I am proud to share this year's Quality Account, which reflects the commitment, compassion, and innovation shown by our teams throughout 2024/25.

This year, we have made meaningful progress on all three of our clinical priorities:

- **We've begun to better understand and measure patient complexity, embedding nationally recognised tools into our practice.**
- **Our model of clinical supervision has been redeveloped, with structured support now in place to help staff reflect and manage in emotionally demanding roles.**
- **We have modernised our clinical incident and feedback process, launching a new digital system, InPhase, that captures real-time insights and strengthens our learning culture.**

Beyond these priorities, there have been many other achievements. Our Clinical Education Team has delivered high compliance rates for mandatory training, developed with our Psychological Therapies Team a suite of trauma-informed care education, and supported over 180 students across disciplines.

The Patient Safety and Quality Team has led improvements in incident reporting, pressure injury prevention, and safety culture—ensuring

that we continue to learn and improve.

This year, we have further developed our knowledge of the Patient Safety Incident Response Framework (PSIRF), which has transformed our approach to patient safety.

Our Head of Clinical Governance has successfully undertaken the Patient Safety Specialist training and has led this change, ensuring that we learn from incidents and continuously improve our practices.

We feel confident that we are fostering a Positive culture of safety and transparency.

We've enhanced access to psychological therapies, expanded our Living Well programme, and strengthened partnerships to better support patients with non-malignant conditions.

Our first national research study, CHELsea II, was so well led by our Lead Research Nurse and one of our Medical Consultants that it placed us as the top recruiting site nationally.

We've also continued our work to address health inequalities. Through dedicated community engagement, we've built trust with underserved groups—including Bangladeshi, Chinese, and Hong Kong communities—resulting in increased referrals and more culturally responsive care. We've improved access for people with learning disabilities, hearing loss, neurological disorders and heart failure, and We have strengthened our partnerships with we local health teams to

ensure more equitable support for those with complex needs.

None of this would be possible without our incredible staff.

I want to thank them all for their commitment to delivering outstanding care.

A specific thank you to our Patient Safety and Quality Team and our Clinical Education Team - their work is often behind the scenes, but it is the driving force of our quality improvement.



Chris Benson

Director of Patient Care

Review of 2024-25 Priorities

Our priorities for improvement going into 2024/25 were...

Priority 1 – Measure and report patient complexity for patients on the Community caseload

Over the past year we have prioritised our understanding and reporting on the complexity of our patients receiving palliative care. Unlike other areas of healthcare, there is currently no single, standard definition of what "complexity" means in this context.

To help address this, we've begun routinely recording two important, nationally recognised measures:

1. Phase of Illness, which helps indicate how urgent a patient's care needs are
2. Australia-modified Karnofsky Performance Status (AKPS), which assesses a person's level of physical function

Both of these tools are established outcome measures that give us a clearer picture of our patients' current condition and what level of support they need. Our move to dynamic templates within our patient record system (EMIS) and integrating Phase of Illness and AKPS into these frequently used templates has enabled more consistent and reliable data entry across teams.

Looking ahead to 2025/26, we will focus on how this information can be used to better understand the needs of individual patients and the overall complexity of our caseloads. This work will be guided by the research of Professor Fliss Murtagh at the Wolfson Palliative Care Research Centre (Hull York Medical School). We are also anticipating the integration of Accurx into EMIS, which could support us to start using the Integrated Palliative Care Outcome Scale (IPOS) in community assessments. This would significantly improve our ability to capture the full range of patients' needs, understand those needs in measurable ways, and plan the right level of care and resources to support them.

Priority 2 – Redevelop a model of Clinical Supervision

This priority has been achieved this year, and we will shortly be implementing our new model with a Senior Psychological Therapist taking on a link worker role across all clinical teams.

Our Psychology Clinical Lead has worked closely with our teams to establish a model of reflective practice that will be facilitated by our Senior Psychological Therapists, enhancing both the quality of care delivered and the well-being of our clinical workforce, fostering a culture of continuous learning and self-improvement, enabling practitioners to navigate the complex and emotionally demanding nature of palliative care with greater skill, empathy, and wellbeing.

Our Psychological Therapies Education Lead has successfully delivered Debrief Skills training to our Team Leads, which supports a culture of reflection across our clinical teams. This has been alongside the publication of policy to support a trauma informed approach to working with clinically challenging behaviours and the roll out of trauma informed CPD for all.

Priority 3 – Redevelop our Clinical Feedback Process

We have made significant progress in strengthening and modernising our approach to clinical feedback, ensuring our systems are more responsive, compassionate, and aligned with regulatory standards.

We began by reviewing our complaints process in depth. As a result, a new draft Complaints Policy has been developed and is currently under review to ensure full alignment with NHS Complaints Standards and CQC Regulations.

To further improve how we handle feedback, we are planning a comprehensive training programme for staff across the organisation:

- All staff will be equipped to recognise and initially respond to concerns and complaints.
- Managers who investigate complaints will receive enhanced training to conduct thorough and empathetic investigations.
- Our Patient Safety and Quality Team will be supported with training to lead early resolution conversations, enabling a more proactive and compassionate approach. We aim to launch this training programme in the coming year.

Recognising the emotional toll that managing complaints can take, we have also started scoping additional support tools and resources for staff involved in the complaints process. This will ensure that they feel confident and supported in handling feedback constructively.

Our website is under review, with a focus on improving accessibility and clarity around the feedback process. Proposed changes will make it easier for people to:

- Understand how to make a complaint
- Find support when raising concerns
- Know what steps to take if they are dissatisfied with a response

A major milestone this year was the launch of our electronic feedback module through InPhase in October. This has revolutionised how we collect, manage, and act on patient and family feedback. The new system allows clinical teams—including those delivering care in the community—to capture feedback in real time, directly at the point of care. This centralised platform has significantly enhanced our governance, enabling more effective monitoring, quicker responses to concerns, and a more unified approach to continuous improvement.

Community Nurse Specialists

The Community Nurse Specialist (CNS) team is structured into five sub-teams: Access, East, South, West, and Response.

In April 2024, significant structural changes were introduced to strengthen leadership capacity and enhance clinical oversight. These changes included increasing the number of senior roles and establishing a new Lead CNS position. This restructuring has allowed us to recognise and reward clinical expertise, particularly in relation to the responsibilities of independent prescribing. It has also created more opportunities for career progression and has helped retain experienced staff. Over the past five years, nursing recruitment trends have shifted, with individuals advancing into senior roles more rapidly. As a result, experienced Nurse Specialists play a vital role in supporting and mentoring new team members as they transition into their positions.

Workload and Complexity

This year the Community Nurse Specialist Team have supported 1721 patients and those close to them, which is an increase of 3.7% from last year. In November 2024 we moved the triage of routine referrals from the Access team to the East, South and West teams with the aim of streamlining the process and improving our patients experience by reducing the number of times they are contacted between referral and first assessment.

First assessments are completed face to face in the patient's home and follow up assessment are both by phone and face to face.

At any one time, the combined patient caseload of East, South and West teams is between 400-450 patients.

The team continues to manage increasing Levels of both patient and system complexity. While there is currently no standardised definition of complexity in palliative care, we have begun to consistently record two outcome measures: Phase of Illness, which reflects the urgency of a person's care needs, and the Australia-modified Karnofsky Performance Status (AKPS), which assesses functional status. Both are recognised, validated tools. In 2025/26, we will focus on how to use these measures not only to better understand and respond to individual support needs, but also to gain deeper insight into the overall complexity of our caseload.

Independent Prescribing

Across the CNS and Hospice at Home teams, there are currently twelve Independent Prescribers, with an additional three staff members undertaking training this year. In 2025/26, we plan to support a further three-four individuals to complete the qualification.

Independent prescribing plays a critical role in community-based end-of-life care, enabling timely access to 'just in case' medications and allowing for prompt adjustments to ensure effective symptom management. One current limitation is the lack of electronic prescribing, which restricts the volume and efficiency of prescriptions issued. To overcome this, we aim to implement electronic prescribing in 2025/26.

SERVICE DELIVERY STATISTICS 24/25

Patients Supported
1,721

First Appointments
1,399

Follow-up Appointments
18,994



Access Team

The Advice Line operates 24 hours a day, 365 days a year, ensuring continuous support for patients, carers, and healthcare professionals. From 08:00 to 20:00, calls are managed by the Access Team, and from 20:00 to 08:00, they are handled by the Inpatient Unit, with oversight and clinical input available at all times from the Senior Medical Team.

During 2024/25, call volumes to the Advice Line increased by 35% compared to 2023/24. Notably, the number of calls managed by the Access Team rose by 45%, with a steady quarter-on-quarter increase observed throughout the year. In response to this growing demand, routine referral triage was reallocated from the Access Team to the geographically based East, South, and West Teams. The Access Team continues to triage urgent referrals.

"We were always able to contact someone, either by phone or email."

The team were very friendly, caring and supportive."

They always gave useful information, contacts and specialist support"

Call data shows that 54% of calls come from patients and carers, while 43% are from external healthcare professionals. These include a wide range of enquiries, such as community nurses seeking advice on syringe driver medication, GPs requesting prescribing guidance, or paramedics in patients' homes requiring urgent support.

To improve accessibility and efficiency, referrals can now be made directly via our website by healthcare professionals as well as patients and carers.

Looking ahead to 2025/26, the Access Team will begin trialing outpatient clinics for patients who are well enough to attend in-person

SERVICE DELIVERY STATISTICS 24/25

**Advice Line
Calls**
5,553

**Follow-Up
Calls**
3,757

**Total Initial &
Follow-Up Calls**
9,310

appointments but would previously have been seen in their homes by a member of our CNS Teams





***“Whenever we spoke to
anyone, they could not
have given us better help
or advice.***

***They did what they said they
were going to do, and we
were always contacted,
when necessary, and by the
right people.***

Everyone worked together.”

Inpatient Unit

This year, the Inpatient Unit (IPU) provided care for 264 patients, marking a 5% increase in admissions. Following the necessary closure of 5 IPU beds at the onset of the COVID-19 pandemic, all 15 beds were successfully reopened in April 2024. With a phased and carefully managed reopening, admission levels have now returned to pre-pandemic figures. As a result, we have delivered 10% more bed days over the past 12 months. The median length of stay rose from 7 days last year to 10 days in this year, highlighting the increasing complexity and intensity of care required by our patients.

Our Nurse-Led Bed model continues to be an effective and innovative approach to care delivery. These beds, focused on supporting

patients in the last two weeks of life, enable us to honour the preferences of individuals who wish to spend their final days in a hospice setting. This model has gained wider interest, and we are proud to have supported other hospices in exploring similar approaches.

This year saw the successful launch of a collaborative education initiative. The IPU Manager worked closely with the Clinical Education Team to deliver a rolling programme of Holistic Palliative Care Workshops. Open to both registered and unregistered staff, these workshops have covered essential topics such as pain management, breathlessness, and fatigue. The sessions have been well-received, offering foundational support to staff new to palliative care while allowing experienced colleagues to revisit and reflect on the core principles of holistic care.

In line with our ambition to become a more digitally efficient service, we have reviewed our admission pack preparing for the transfer of nursing care plans into EMIS, our patient health record system. As part of this transition, we have reviewed and streamlined our admission pack and care planning processes whilst ensuring that they remain holistic, person-centered and safety focused.

To further embed a culture of continuous improvement, we have

SERVICE DELIVERY STATISTICS 24/25

**Total
Admissions**
264

**Total
Occupancy**
78%

**Median Length
of Stay**
10 Days

introduced the new role of an IPU Patient Safety & Governance Facilitator in July. This role has already made an impact, particularly in advancing best practice in pressure injury prevention and wound care. The post has also strengthened collaboration between the IPU and the wider Patient Safety Team, driving meaningful improvements in care quality.

Enhancing both patient safety and experience has been at the heart of several equipment purchases this year. Notably, the introduction of two cuddle beds, made possible through the generosity of our supporters and allows families to cuddle their loved ones.

We have collaborated with the ICB following a complaint to improve the coordination of transport for admissions, discharges and transfers. We now liaise directly with the UHBW Patient Transport Office, which has had a positive impact on the overall patient experience.

"Both my father and the whole family have been so well looked after. It's such a comforting and peaceful place."

Recognising the significance of personalised experiences, our team has continued to arrange memorable events for patients throughout the year. These have included weddings within the unit, animal visits, and movie nights.



Nurse Led Beds

The Nurse-Led Bed (NLB) service provides responsive, compassionate care for individuals believed to be in the final two weeks of life who are unable to die in their current place of care and would prefer to die in the hospice. Often, this is due to complex social circumstance, such as living alone with limited support or a desire to protect loved ones.

Over the past year, the service has expanded to include transfers from hospital, offering patients and families a personalised and comforting environment during this sensitive time, whilst increasing access to hospice beds for our patients. The NLB model continues to deliver a meaningful, positive impact on patients' end-of-life experiences.

"The whole experience for my Father was kind, empathetic and completely patient-focused."

"I was truly impressed by the skills and caring nature of every single staff member."

Since its launch three years ago with a single bed, the NLB model has scaled to support up to five patients concurrently. In the past 12 months, we have seen a 10% increase in admissions, allowing more individuals to access hospice care at the end of life. The average length of stay remains at six days, ensuring timely access for those in need while maintaining high standards of care.

Clinical delivery is supported by our Community Nurse Specialist (CNS) Response Team, which includes five CNSs, three of whom are Non-Medical Prescribers. The remaining two are on track to complete their prescribing qualifications this year. This will provide adequate cover for the NLB and Response services, whilst allowing for the opportunity to create a new CNS development and core knowledge program to support new and possibly less experienced members of the CNS Team.

Leadership of the NLB service is provided by a Trainee Advanced Clinical Practitioner, who

SERVICE DELIVERY STATISTICS 24/25

**Total
Admissions**
101

**Total
Occupancy**
68%

**Median Length
of Stay**
6 Days

is due to qualify in Autumn 2025.

As part of this advanced training pathway, a Quality Improvement (QI) project was successfully completed this year, leading to measurable improvements in the recognition, understanding, and management of delirium at end of life. This has directly contributed to enhanced patient comfort and reduced distress for both patients and families.



Hospice at Home

The Hospice at Home (HAH) team provide essential care and support to patients in the last four weeks of life, with the primary aim of enabling individuals to be cared for, and to die in their own homes.

Care is delivered by a dedicated team of Senior Healthcare Assistants (HCAs) and Registered Nurses (RNs) who have specialist knowledge in managing the common complexities associated with end-of-life care.

"Our Mum was treated so well at home. All of the staff were extremely kind, caring and very thoughtful."

"Mum was always treated with respect and dignity."

HAH works closely with the St Peter's Hospice Inpatient Unit Nurse-Led Bed (NLB) Team. This collaboration ensures that patients with high care needs, such as those requiring 24-hour support, which cannot be provided at home, can be admitted to an NLB. These beds are especially valuable when a patient's needs are care-related rather than medically complex.

Activity and Referral Data

In 2024/25, 202 referrals (18% of all referral to HAH) came from hospital teams, highlighting the role of HAH in facilitating timely hospital discharges for patients wishing to receive end-of-life care at home.

Most referrals are received by phone, and on

average, patients are assessed by a registered nurse and begin receiving care within one day of referral.

Patients typically receive 1–2 daily visits from HCAs working in pairs. In cases where patients already have an established care package, the HAH team may provide night shifts or 'short shifts' (3–7.5 hours of daytime care). Some individuals receive a combination of both models, depending on their needs.

Service Delivery in 2024/25

A total of 9,207 visits and shifts were delivered, broken down as follows:

- 58% – visits from two HCAs working together
- 16% – HCA short shifts
- 16% – RN visits (initial assessments or follow-ups for patients needing further clinical support)
- 9% – HCA night shifts

Workforce and Service Development

For much of the year, the Hospice at Home Lead role was vacant. Despite this, the team has continued to develop and adapt.

Notably, two HCAs are on track to qualify as Nursing Associates in October 2025, after which they will begin their preceptorships within the Hospice at Home team.

In response to feedback from the staff survey, the service also initiated the start of a trial of long day shifts to support staff wellbeing, recruitment, and retention.

SERVICE DELIVERY STATISTICS 24/25

Total Referrals
1,097

Joined Caseload
783

Total Visits Delivered
9,169

Looking ahead, we are excited to welcome a new Hospice at Home Lead in July 2025, who will play a pivotal role in shaping the future direction and growth of the service.



Psychological Therapies

The Psychological Therapies Team continues to provide compassionate, high-quality care to patients and their loved ones. This includes both pre-bereavement and bereavement support, offered across a range of settings—at our Brentry site, in patients' homes, on the Inpatient Unit, in local community venues, and remotely via phone or video.

Adapting to Meet Ongoing Demand

The demand for psychological therapies continues to grow. In response, the introduction of Psychological Support Workers (PSWs) has had a significant and positive impact. Their involvement has expanded our assessment capacity and notably reduced waiting times from referral to initial contact. By contributing valuable clinical hours and working collaboratively with senior therapists and the wider multi-disciplinary team, PSWs have enhanced our ability to deliver timely, person-centered care.

Expanding Group Therapy Access

Our group therapy offer has also developed further over the past year. The Adult Grief Drop-In at our Brentry site is now well-established, with around 180 attendances per quarter, offering regular support in a group setting. These sessions have provided psychoeducation, given a space for creative exploration of grief and supported a community of peer support that extends beyond the hospice sessions. We also ran an online Carer Support Drop-In session, accessed by approximately 100 participants over the year. These sessions offer an important way for individuals to receive

support while waiting for one-to-one therapy, helping us provide timelier access to psychological care.

Children and Young People

We have continued to offer group therapy sessions for children and young people (CYP), offering monthly bereavement drop-in groups for 8–11-year-olds and 12–17-year-olds. Younger children are supported through one-to-one sessions and through therapeutic support of parents/carers. These sessions are led by our CYP Lead, with the help of dedicated volunteers.

The parents and carers of these young people have been meeting in the café during drop-in sessions, providing a valuable source of support for one another, helping to reduce feelings of isolation whilst navigating the challenges of supporting a bereaved young person while managing their own grief. The positive impact of these groups extends beyond the hospice, with families continuing to meet now that the group has ended, fostering a broader network of connection and support among parents and carers.

"It was really important for my child to know that other children had also been bereaved, and they weren't alone."

Enhancing Psychological Knowledge

Beyond direct therapy, the team's Educational Lead has been working in collaboration with our Clinical Education team developing a training pathway for clinical staff to develop their knowledge about key psychological approaches.

SERVICE DELIVERY STATISTICS 24/25

Total Referrals
910

Total Assessments
693


Sessions Delivered
3,482

This work is alongside the establishment of a new Psychology Clinical Lead role. This supports the hospice's commitment to becoming a more psychologically informed organisation with a culture of reflection, ensuring the best care for patients and their loved ones.

Working in Partnership

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





“The therapy I received was excellent; I was very anxious about it before the first session but was put at ease very quickly.

All of the sessions were very personal and helpful and just seemed to flow with how I was feeling at the time.

I think the service is excellent.”

Spiritual Care

Spiritual care and multi-faith support are delivered by our Multi-Faith Lead, supported by a dedicated team of spiritual care volunteers.

The Multi-Faith Lead oversees the provision of spiritual and multi-faith care across the hospice, offering support to patients and their families both on the Inpatient Unit and in home or community settings. In addition, the Multi-Faith Lead provides guidance to clinical teams and external partners, ensuring spiritual needs are addressed within a holistic approach to End-of-Life Care.

“The Multi-Faith team were completely open to mine and my wife’s spiritual needs and gave us such comfort in their heartfelt responses to her end-of-life questions.

I am grateful to the team for supporting my family at the most devastating of times and for the comforting words provided to my wife.”

In 2024/25, referral numbers remained stable at 181. Following a vacancy in the Spiritual Care Lead role in January, we were able to maintain service delivery, through temporary staffing. This led to a period of reduced staffing, decreasing from a full-time post to 0.6 FTE, alongside a reduction in volunteer availability.

Despite this reduced capacity, the service saw a 12% increase in consultations, rising to 1,064

and supporting a total of 283 individuals — an 18% increase compared to the previous year.

Volunteers continued to play a critical role in service delivery. The number of consultations delivered by volunteers rose significantly, from 540 last year to 745 this year, representing a 39% increase. Following recent successful recruitment of a new Spiritual Care Lead and through expanding our volunteer team, we aim to enhance our capacity.

SERVICE DELIVERY STATISTICS 24/25

Total Referrals
181

Individuals Supported
283

Total Consultations
1,064

The incoming Lead will work in close partnership with the Hospice’s Community Engagement Coordinator to strengthen our existing relationships and build new connections with all of the diverse communities we support at St Peter’s Hospice.



Social Work

The Social Work Team plays a vital role in St Peter's Hospice's holistic approach, helping to address a wide range of social care needs and supporting complex discharge planning from the InPatient Unit (IPU). Our team of experienced Social Workers and Social Work Assistants support patients and their carers to navigate the health and social care system, ensuring they receive timely and appropriate support to enhance their quality of life.

Strengthening Support for Carers

Over the past year, our Carers Lead has taken a proactive approach to raising awareness of the support available to informal carers. This has included strengthening partnerships with local authorities, carers support centers, and voluntary, community, and social enterprise organisations.



Whilst overall referral numbers have remained stable, we have seen a 60% increase in referrals for carers.

We are pleased to now act as Trusted Assessors for Bristol City Council, meaning Carers of our patients in Bristol can access more bespoke assessment from the hospice Social Work Team and if needed, can access the Local Authority Carers Fund in a timelier way, helping them receive the support they need at the right time.

To share and contribute to best practice in the field, our Carers Lead has led a session with the Association of Palliative Care Social Workers, presenting the work being done with our local authorities to improve support for carers.

Our Carers Line continues to provide a valuable listening ear for informal carers, with a steady increase in the number of calls received over the past year—highlighting importance as an accessible source of reassurance and practical advice.

The Social Work Team represented the hospice at Carers Week, Carers Rights Day, and other events across Bristol, North Somerset and South Gloucestershire, actively promoting awareness and support for carers. This has included a particular focus on young carers, with lunchtime learning sessions for hospice staff and new connections built with Young Carers Leads across the region.

SERVICE DELIVERY STATISTICS 24/25

Total Referrals
687

Social Work Consultations
2,504

Carers Support Line
129

Supporting Diverse Communities

The team has worked closely with the St Peter's Hospice Community Engagement Coordinator, connecting with voluntary organisations that support underserved communities. We have supported a patient to explore culturally appropriate support, through accessing Direct Payments. This work can enable care to be provided by relatives or trusted individuals within their own communities.

Multi-Disciplinary Team Working

In September 2024, the team started a successful pilot to provide greater consistency and continuity for patients and clinical colleagues on our IPU. This has supported the initiation of work that may need community follow up at an earlier stage, a more responsive service for patients and carers and a strengthening of multi-disciplinary team working.

The Social Work team continue co-facilitating the 'Planning Well' session, a key part of our successful Living Well programme led by the Day Services Team. This well-established session plays a vital role in supporting our patients, empowering them to make informed choices and plan confidently for the future.

Medical Team

We have continued to deliver high-quality support to our hospice patients through the sustained use of our internal medical advice line, operated in partnership with our community nursing teams. Notably, usage of this service rose by 24% compared to 2023/24, highlighting its importance in ensuring continuity of care during a period of increased service pressure.

This achievement comes despite ongoing gaps in medical staffing, which have limited our capacity to provide face-to-face consultations in the community. However, following a recent successful round of recruitment, we anticipate an increase in this capacity.

We have undertaken a range of quality improvement initiatives and collaborative work across our service:

End-of-Life Research: One of our Consultants served as Principal Investigator on a national study (Chelsea II) exploring hydration at the end of life, working closely with our hospice lead research nurse. This work contributes to the growing evidence base on best practice in end-of-life care.

Medical Examiner Service (MES) Pilot: We tested a new certification of death process in partnership with the MES ahead of the legislative change introduced in September 2024. This led to a positive and streamlined experience for both hospice staff, MES staff and bereaved relatives, following the national launch.

Inpatient Quality Improvement: Several

initiatives have been implemented to enhance the quality and safety of our inpatient care, including:

- Redesigning the inpatient prescription chart for improved accuracy and clarity.
- Developing a structured discharge checklist to support safe and coordinated transitions of care.
- Enhancing referral processes to ensure a more holistic and person-centered approach.
- Strengthening the safety and timeliness of medication supply upon discharge.
- Antibiotic Prescribing Audit: We completed an audit of antibiotic use within our inpatient unit. Findings indicated that some patients continued to deteriorate despite treatment. These insights have supported conversations with patients and families around treatment decisions.
- Cross-Organisational Clinical Collaboration: Senior medical staff have contributed to wider system-level work to improve support for patients requiring non-invasive ventilation or living with a tracheostomy.
- Education and Training: We continue to invest in the future of palliative care by providing education and mentorship to GP specialist trainees. We have also

SERVICE DELIVERY STATISTICS 24/25

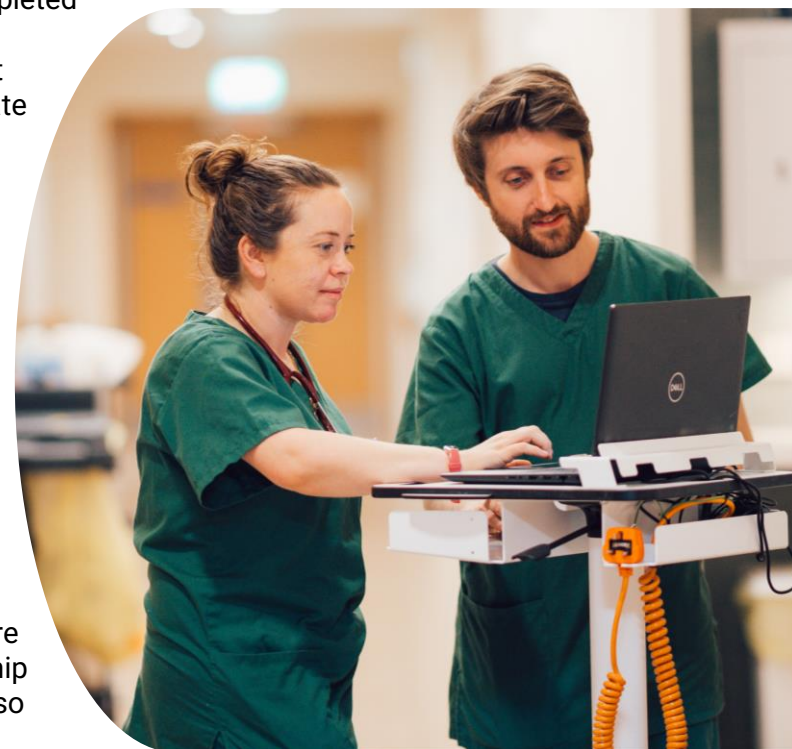
Patients Supported
818

MDMs with Medic Input
1,161

Consultations Delivered
3,817

supported medical students and professionals on observational placements, helping to build confidence and competence in palliative care across the wider workforce.

- **Non-Cancer Diagnoses:** We are actively developing our offer to better support patients with non-malignant conditions, working closely with healthcare partners. care.



Day Services & Therapy

In 2024/25, the number of individuals being referred to and attending Day Services sessions increased significantly. Despite this growth, we continue to observe that many patients are referred to Day Services at a later stage in their illness, which can limit the potential benefits of our support.

Looking ahead, and in alignment with our strategic priorities, we are committed to engaging with patients earlier in their care journey to maximise the impact and value of our services.

Living Well Programme and Social Support

These programmes and groups are aimed at enhancing the well-being of patients and their families. This year the number of people referred increased by 27% from last year.

Neurological Living Well Program

This year we have developed a new course, tailored specifically to meet the needs of patients with neurological conditions. Patients report significant benefit from being in a group with others who have a neurological condition. The team presented this new initiative at a national conference which was well received, and other UK Hospice's have contacted the team for further details.

Drop-in

This service is collaboratively led by Day Services, Social Work, and our Multi-Faith Lead. Many patients return with different family members or friends, helping to foster a welcoming and supportive community

atmosphere. This year we saw a total of 157 attendances.

Complementary Therapy

Referrals to the Complementary Therapy (CT) team increased significantly this year, with the majority of sessions delivered within the Inpatient Unit (IPU). To meet this growing demand, we have developed a small team of qualified volunteer complementary therapists who support patients on the IPU following triage by an SPH therapist.

In addition, 24 CT outpatient appointments were delivered at our Brentry site. This new service, launched in the second half of the year, is aimed at patients on the CNS caseload and those attending Day Services, offering them greater access to holistic support.

Occupational Therapy and Physiotherapy

Our Occupational Therapy (OT) and Physiotherapy (PT) team continues to provide holistic, person-centered support to patients across both inpatient (IPU) and community settings. The team also delivers specialist programmes tailored to individual needs.

Fatigue and Breathlessness Course

Referrals to the Fatigue and Breathlessness (FAB) course also increased this year. This growth reflects the programme's strong reputation among healthcare professionals and its value in supporting patients.

To further enhance awareness, we actively engaged with colleagues in acute trusts and

SERVICE DELIVERY STATISTICS 24/25

**Day Service
Referrals**
278

**Day Service
Attendees**
1,361

**Individuals
Supported**
217

community teams, providing information about the course's content and referral process.

The FAB course runs weekly at two locations, one at our Brentry site and one external site, and is delivered by a multidisciplinary team comprising an Occupational Therapist, a Physiotherapist, a Therapy Assistant, and a volunteer. In 2025/26, we plan to expand access by offering sessions at a new site in Clevedon, North Somerset.

Social Groups

Our social groups — including craft, painting, and gardening — continue to be well attended and valued by patients. These sessions are facilitated by our dedicated Therapy Assistants and volunteers.





***“I felt hugely
comforted by all
the amazing people
at St Peter’s Hospice.***

***They were extremely
compassionate and
kind and cared
deeply about my
Mother.”***

Research

With under 1% of the UK's research budget dedicated to Palliative and End-of-Life care, we've continued to work creatively with limited resources to clearly demonstrate research value across the organisation.

This year we've built strong local governance to oversee all research, ensuring both internal and external projects proceed safely and with integrity. Collaborations with the Universities of Bristol, Bath and West of England have further reinforced our capacity, bringing new opportunities and consistent support.



Chelsea II

The CHELsea II trial, set for publication in September 2025, enrolled 30 participants, placing us first nationally in recruitment.

Additionally, 16 family members took part in a carers' study, providing essential insights into research participation here at SPH.

Tissue Donation

Inspired by Southampton University's study, we created a local referral pathway for cornea donation. More than 20 eye donations have now taken place, having an impact on the shortage.

Cuddle Beds

A successful funding application, emphasising the physiological and biochemical benefits of closeness, enabled us to purchase our first cuddle bed in 2024. In April 2025, thanks to Bristol Masons, we've since secured funding for a second. Three more beds are currently being fundraised for by families who received our care.

Marketing & Fundraising

Research has strengthened the collaboration with the marketing and fundraising teams. By sharing authentic, evidence-based stories, we're engaging a wider audience and fostering deeper connections with donors, community groups, and supporters.

Virtual Reality

With donor support, we acquired a VR headset and 360° camera to offer immersive, therapeutic experiences to manage symptoms like pain, anxiety, and distress, while also providing moments of joy, reminiscing, and escape.

Looking ahead we've expressed interest in two national studies, DAMPen-D, aiming to reduce delirium in hospice settings. METEL, focused on improving end-of-life prognostication through urine-based metabolic markers. While these are highly competitive, our performance in CHELsea II has strengthened our position as a strong candidate.

Our Lead Research Nurse alongside the Lead Research Nurse at Dorothy House, has secured NIHR funding to develop a Hospice Research Toolkit. A practical resource to help hospices assess, host, and deliver research efficiently, conserving vital resources.

Our Research nurse was invited to present at two regional forums, including the NIHR Research Delivery Network and Bristol University's Palliative Care Research Group, where St Peter's was recognised not just for research success but, for the unique way we'd engaged people and used existing evidence to continually change practice.

Clinical Support Services

Patient Safety & Quality

The Patient Safety and Quality (PSQ) Team is dedicated to ensuring the highest standards of care within the hospice, fostering a culture of safety, compassion, and continuous improvement. The team plays a crucial role in monitoring, evaluating, and enhancing patient care through rigorous quality assurance measures, proactive risk management, and evidence-based best practices.

By conducting regular audits, reviewing incidents, and collaborating with healthcare professionals, the team ensures that patient safety remains at the heart of every decision. We work closely with staff to provide training, implement innovative solutions, and respond effectively to feedback—empowering the hospice to comply with regulatory standards and maintain excellence in palliative care.

In 2024/25, we successfully implemented a new electronic incident reporting system, which has led to a significant increase in reported incidents, particularly near miss events. The improved ease of use and accessibility, especially for our community staff, has enabled more comprehensive reporting, fostering a proactive approach to patient safety.

Through transparent reporting and ongoing assessment, the PSQ Team are able to strengthen accountability, enhance safety measures, and enhance the overall patient experience. With the introduction of this digital incident reporting system, we are now able to submit incidents to the NHS Learn from

Patient Safety Events (LFPSE) service, supporting national learning and driving improvements in patient care.

This year, the PSQ Team launched a targeted quality improvement project aimed at reducing hospice-acquired pressure injuries by 25%. To achieve this goal, several key initiatives were implemented over the course of the year:

Introduction of the PURPOSE-T Risk

Assessment Tool: a standardised assessment tool designed to identify patients at risk of developing pressure ulcers, enabling early intervention.

Development of a Wound Care Formulary:

a comprehensive guide to streamline product selection and promote evidence-based wound care practices, ensuring consistency in treatment approaches.

Establishment of a Pressure Injury Hub:

a centralised system that enables the team to track patients with pressure ulcers, improving reporting accuracy, and enhance oversight of pressure injury management.

Since the implementation of these initiatives, the hospice has seen a consistent quarter-on-quarter reduction in the new pressure injuries, reinforcing the effectiveness of proactive assessment, structured intervention, and ongoing quality improvement.

Looking ahead, we are expanding the PSQ Team with the addition of two new members. In June 2025, we will welcome a Patient Safety Facilitator, who will focus on patient safety

within our community services strengthening local support and risk management. Additionally, we will introduce a new Infection Prevention and Control Practitioner, ensuring best practices in infection control remain at the forefront of our care delivery. These advancements reflect our commitment to continuous improvement, fostering a culture of safety, learning, and excellence across the hospice.

Clinical Education

The Clinical Education team at St Peter's Hospice has consistently supported staff learning and development through innovative programs and strategic partnerships. Over the past year, the team has strengthened a culture of continuous improvement, achieving key milestones that enhance both staff skills and patient care.

- **High Compliance Rates:** The team has maintained exceptional compliance rates following a refresh of the educational content for statutory and mandatory training among clinical and medical teams. Notably, the Oliver McGowan Mandatory Training on Learning Disability and Autism saw compliance rates well above the ICB target, with 94% staff completion for Part 1 and 88% for Part 2 T2.
- **Refining the Resuscitation Program:** In alignment with the latest resuscitation standards, our resuscitation training program has been updated to ensure the highest level of preparedness and response among our clinical staff. This revision includes enhanced training protocols, up-to-date simulation

scenarios, and the incorporation of the most recent evidence-based practices.

- **Enhanced Equity and Inclusion:** We have developed and implemented educational strategies to improve equity of access and outcomes for service users with learning disabilities, our compliance with Oliver McGowan training is a testament to our success in this alongside sessions from subject matter experts on adapted communication. We have also developed training to enhance our cultural competence and allyship. These initiatives aim to educate our staff on the importance of understanding and respecting cultural differences and working collaboratively to support our community. By incorporating these training modules into our existing educational framework, we strive to foster an inclusive environment where all patients receive equitable and culturally sensitive care.
- **Innovative Training Programs:** The team has implemented several new initiatives to support new clinical policies, including the creation of an evolving Trauma-Informed Care education program which will be implemented in April 25. These efforts are part of our commitment to fostering a safe and respectful environment for all.
- **System wide student education:** We also provide ongoing practice and professional support for over 180 Bristol medical students, nurses, and allied health professionals from both local universities and health providers.

Both registered and unregistered professionals

have enhanced their skills and practice by accessing a wide variety of educational courses offered by our Palliative End of Life Care Lecturers, available online and face-to-face.

In the coming year we aim to address gaps in respiratory care, we will equip our clinical team with comprehensive tracheostomy and non-invasive ventilation knowledge and skills. This initiative includes policy development, training programs, competency frameworks, and partnerships with acute trusts to ensure the best possible care for patients with complex respiratory needs.

Clinical Systems

Our Clinical Systems team plays a crucial role in maintaining and enhancing the hospice's Electronic Patient Record (EPR), powered by the widely used EMIS system. This year, the team has made significant strides in improving data accessibility and streamlining processes.

One of the key achievements has been the successful development of a new process to import a greater volume of historical patient data into the EPR. This advancement reduces the need for staff to re-enter information and helps ensure that patients do not have to repeat their stories – enhancing both efficiency and patient experience.

In collaboration with other teams within the hospice, the Clinical Systems team also supported the launch of a new online referral system. This innovation now enables individuals to refer themselves to the hospice, while also



simplifying the referral process for healthcare professionals.

Earlier in the year, we were impacted by a national IT incident, which temporarily affected access to the EMIS system across many healthcare settings. Thanks to robust contingency plans, we were able to maintain continuity of care. These plans have since been reviewed and further strengthened.

Volunteer Services

At our Brentry site, we are proud to have the support of 375 dedicated volunteers contributing across 12 distinct roles. Notably, 62% of our volunteers are directly patient-facing, collectively providing around 20,000 hours of compassionate support each year. While these figures are significant, the true value of our volunteers lies in their commitment to the Hospice's values, and the wealth of skills and experience they bring.

In line with our commitment to enhancing patient care and experience, we have trained a group of volunteers to collect structured feedback from patients on our Inpatient Unit (IPU). This is done using both the "I Want Great Care" platform and our own internal survey mechanisms. These insights are vital in shaping and refining the care we provide.

Within our Day Services, volunteers continue to play an integral role, supporting staff with a range of therapeutic and wellbeing activities such as arts and crafts, painting, and gardening. A beautiful collection of artwork, created by patients with volunteer support, now welcomes visitors at the Hospice. Volunteers are also actively involved in supporting drop-in sessions for prospective Day Services patients, as well as participating in our Neuro Living Well group.

This year, we recruited a part-time coordinator to further develop our Hospice Neighbours Project. This project offers non-clinical, social and practical support to patients in their own homes, helping to reduce isolation and support with everyday tasks. As part of our broader Hospice

strategy, we aim to grow the reach of this project through our Community Hubs, ensuring even more patients benefit from this vital support.

To underpin our commitment to continuous improvement and efficiency, we have invested in a new Volunteer Management System. This platform is designed to streamline volunteer engagement, with integrated functions for recruitment and onboarding, training, rota management, and communication. Once fully

configured, we plan to launch the system with its full functionality in early 2026. This will provide a more cohesive and rewarding experience for both volunteers and staff, while enhancing our ability to deliver high-quality, person-centered care.

Our volunteers play a crucial role in supporting the delivery of care, helping us extend our services and maintain high standards for patients and their families.



Facility Teams

Over the past year, we have introduced several new roles within the Facilities & Estates Team to strengthen our service delivery and support across the Hospice.

New Roles and Team Enhancements

We were pleased to welcome a Facilities & Estates Administration Coordinator, who plays a vital role in managing communications from Hospice stakeholders and coordinating timely responses. This position has brought greater control over procurement, invoice reconciliation, and compliance documentation. It has also contributed significantly to managing resources and supporting the delivery of essential safety and compliance checks throughout the Hospice.

We also welcomed a Facilities Service Delivery Supervisor, who brings valuable experience from another charitable organisation. This role supports departmental service delivery, engages with local stakeholders, and oversees audits to monitor service standards and property maintenance. Additionally, the Supervisor serves as the line manager for our maintenance team, providing leadership and structure.

In line with our commitment to development, we have introduced our first Facilities Operative Apprentice. This position offers a valuable career opportunity in Facilities Management while increasing the maintenance team's capacity to carry out multiple tasks concurrently.

Housekeeping and Catering Services

Our Housekeeping Team continues to deliver exceptional cleanliness standards across the

Brentry site, consistently achieving 5-Star Cleaning Standards aligned with service risk levels. The team is led by an experienced supervisor who works closely with the Patient Safety and Quality Team, ensuring that we stay responsive to evolving challenges.

The Catering Team is led by our long-serving Lead Chef with over 23 years of experience. Looking ahead, we are planning a refresh of our catering services, with a focus on expanding offerings through the coffee shop and hospitality events. A key part of this will be the replacement of gas appliances with energy-efficient electric induction hobs and modern convection ovens, supporting our efficiency and sustainability goals.

Gardens and Outdoor Spaces

Our Gardener, supported by a dedicated team of volunteers and local experts, is actively preparing for our upcoming Garden Open Day - reintroduced following the pandemic. She continues to lead therapeutic gardening sessions for Day Hospice users and staff, contributing positively to wellbeing.

We are also exploring opportunities to expand the site boundaries to enhance wellness offerings for patients, staff, and visitors. This initiative aligns with our vision of maximizing outdoor spaces for health and therapeutic benefits.

Future Developments

The Facilities & Estates Team remains agile and responsive to the changing needs of the

Hospice. As we return to pre-pandemic service levels, optimising our use of space is critical to maintaining high-quality services in purpose-fit facilities.

To support this, we are partnering with several suppliers to implement a new Computer Aided Facilities Management (CAFM) System. This system will help improve efficiency, streamline operations, and enhance estate management across the organisation.





“The buildings and gardens are fantastic, and the facilities are excellent.

St Peter’s Hospice is made even more special by the people – everyone we spoke to were so kind and thoughtful.

They made a very difficult time so much easier. We cannot thank them enough.”

Information Technology

This year, the IT Department has delivered a number of improvements that have strengthened how we work and helped enhance the experience of those using our services.

A standout achievement has been our work to modernise the online referral process. This was a truly collaborative project involving multiple clinical teams resulting in a much improved, user-friendly system that better meets the needs of both professionals, patients and families. The new approach reflects how people expect to engage with our services today and makes it easier for those in the community to access our care.

We've also supported several organisation-wide projects, including the successful implementation of InPhase (for incident reporting) and Donorfy (a fundraising CRM). Developed in partnership with project and clinical teams, these tools are helping us capture and act on information more effectively—whether that's learning from safety events or engaging with our supporters.

To improve how teams connect and collaborate, we've equipped all our meeting rooms with modern technology including screens, cameras, touch control panels, and occupancy indicators outside each room. This makes it easier for staff to run and join meetings, and ensures our shared spaces are used more effectively.

We've continued to invest in developing the skills within the department. Training on a modern data platform called PowerBI led to the creation

of a new clinical statistics dashboard, which is already helping teams gain clearer insight into how our services are performing.

The IT Department also responded quickly to a significant power outage earlier in the year, which highlighted some infrastructure vulnerabilities. In response, we introduced quarterly infrastructure testing in partnership with the facilities team, strengthening our resilience and ensuring we can learn and adapt.

Beyond our organisation, we've connected with the wider healthcare technology community through the Hospice UK Technology Leaders Forum and its inaugural conference. We're now in discussion with academic and system colleagues about how to trial AI-assisted tools safely and ethically in a clinical setting, part of our wider interest in responsible innovation.

We're proud of how technology is helping to support our care, collaboration, and access at St Peter's Hospice.

In the year ahead, the IT Department will continue to focus on cyber security and on making sure all staff have the digital skills they need to work confidently and safely as technology continues to evolve



People Team

At St Peter's Hospice, we are proud to have made significant strides this year in creating the people processes, policies, and working environment that makes St Peter's Hospice the best place to work. Our work is focused across three key areas:

1. Payroll, Recruitment & Transactional HR
2. Employee Relations
3. Learning & Organisational Development

Strengthening Our Team

This year, we invested and strengthened our People Team. We welcomed a new Payroll, Recruitment and HR Team Leader, appointed a dedicated Coordinator for onboarding and recruitment, and filled a key vacancy with an experienced People Advisor supporting our clinical teams.

We also proudly welcomed a new apprentice, reinforcing our commitment to nurturing future talent.

Transforming Recruitment and Onboarding

One of our most impactful achievements has been the successful implementation of a new Recruitment and Onboarding tool. This system is designed to streamline the candidate journey by improving the experience for new starters and reduce administrative burden for managers.

The tool enables digital tracking of recruitment progress, automated communications, and a more structured onboarding process, ensuring new colleagues feel welcomed and supported from day one.

Driving Digital Innovation

We continued to build on our digital transformation journey by enhancing our HR and Payroll systems.

This year saw the creation of digital probation processes and expanded data capture to improve workforce insights. These changes have not only reduced our reliance on paper but have also boosted efficiency and data accuracy, supporting better decision-making across the organisation.

Refreshing Policies with Purpose

We have continued to audit and implement updated HR policies to ensure they are practical,

accessible, and aligned with best practices. Each policy is supported by toolkits, flowcharts, and templates designed to help managers and employees apply them with confidence and consistency.

Developing Our People

This year, our Learning and Development initiatives have seen significant growth. We continued to strengthen our established leadership programme, enhanced volunteer training, and simplified access to learning through streamlined processes. We also expanded our apprenticeship programme, welcoming two new apprentices and plan to create more opportunities.



Our Quality and Safety Assurance

At St Peter's Hospice, we are proud to provide holistic, person-centered care within a high-quality, safe clinical environment.

Our robust clinical governance processes and assurance framework enable us to closely monitor our performance, ensuring we learn from incidents and patient feedback in an open and transparent manner.

This year, we implemented our Patient Safety Incident Response Framework (PSIRF) plan and policy. The adoption of PSIRF has strengthened our commitment to compassionate, person-centered care by cultivating a learning culture that focuses on understanding and improvement, rather than attribution of fault. This approach supports continuous enhancement of safety and quality for our patients, their families, and our staff.

We have introduced a range of new learning responses to deepen our understanding of patient safety incidents and to promote meaningful change.

In addition, we launched the Patient Safety Specialist role to provide senior leadership in this critical area. This role is held by our Head of Clinical Governance, who has direct access to the Executive Team to ensure timely escalation of any safety concerns. A key focus of the Patient Safety Specialist is to support the development of a strong safety culture, effective safety systems, and ongoing improvement initiatives across the organisation.

We continue to engage proactively with the Care Quality Commission (CQC) along with our own monitoring and assurance processes. This year, we undertook an external audit aligned with CQC standards, which has further enhanced our regulatory assurance and identified opportunities for continuous improvement.

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

The following pages present key clinical quality matrix data and context for 2024/25.



Clinical Incidents

Medication Errors

This year, there has been a 31% overall reduction in reported drug errors, marking the second consecutive year of improvement. This sustained decrease is attributed to ongoing practice improvement initiatives and targeted education efforts across clinical teams.

The In-patient Unit (IPU) achieved a particularly significant reduction, with a 50% decrease in medication-related incidents. This reflects the positive impact of focused safety interventions and robust staff engagement.

NPSA Level 1 Errors: There were 31 reported errors classified as NPSA (National Patient Safety Agency) Level 1.

NPSA Level 2 Errors: There were 10 reported Level 2 errors—a 5% decrease. The Patient Safety team have overall responsibility of identifying and scoring errors, instead of leaving this task to ward-level staff.

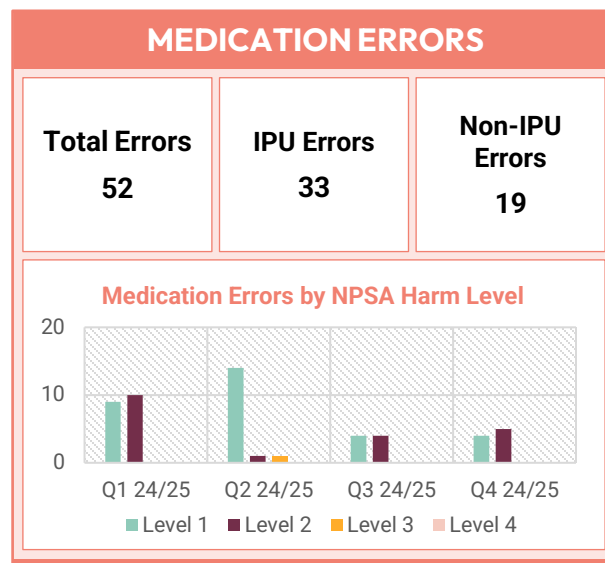
NPSA Level 3 Error: There was 1 reported NPSA level 3 errors. Learning was identified and actioned by the team.

We have continued our medicine management safety surveillance audits, which has included the management of our FP10's and Controlled Drugs accountable officer assurance.

We have maintained momentum with several key practice improvement initiatives, including:

- Enhanced protocols for the measurement and administration of liquid controlled drugs.

- Increased frequency of safety surveillance audits, particularly relating to controlled drugs and syringe driver use.



Pressure Injuries

Total pressure injuries increased by 26% when comparing 2023/24 data.

Pressure injuries developed during admission has increased by 35%.

Pressure injuries present on admission has increased by 16%.

This increase correlates with higher patient and Nurse Led admissions—often involving end-of-life care—and a 16% rise in deaths, indicating a higher-risk population of developing pressure injuries.

DTI cases increased significantly from 13 to 57,

representing the largest rise across all categories. A notable proportion of these cases developed within the final 72 hours of life, a period when patients are at heightened risk. Additionally, reporting around DTI has improved.

Reduction in: Severe Injuries (Grades 3 & 4): These dropped by 80% (from 10 to 2), suggesting fewer high-severity injuries were recorded.

MASD (Moisture-Associated Skin Damage): MASD cases fell by 46% from 26 to 14, reversing a prior year's increase.

Ungradable Injuries: These decreased by 56%

In response to a rise in total pressure injuries, the Patient Safety Team launched a targeted improvement programme with the goal of reducing hospice-acquired pressure injuries by 25%. Since its implementation, a consistent quarter-on-quarter decline in new cases has been observed.

Key Initiatives Delivered in 2024/25:

- Purpose T Implementation:** Introduced with an e-learning module to enhance staff competency in risk assessment and prevention.
- Moisture Lesion Pathway:** Developed for both Inpatient Unit and Hospice at Home teams, supported by bespoke training materials.
- Wound Care Formula:** Standardised approach to product selection, promoting evidence-based wound management.
- Pressure Injury Hub:** Centralised system to

- monitor cases and improve oversight.
- Community Collaboration: Engagement with CHC and ICB quality leads has clarified roles in managing community-acquired pressure injuries. From Q1 next year, these will be formally reported and shared with external partners.
- Ongoing Engagement: Continued participation in regional forums, including the Wound Care Strategy Group and Southwest Hospice Tissue Viability Forum, to align with best practices and support improvement.

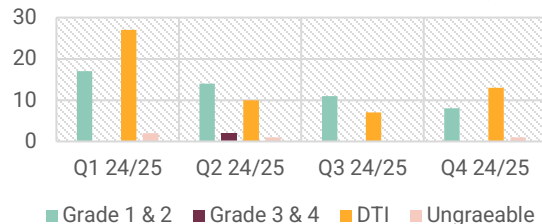
PRESSURE INJURIES

Total PIs
216

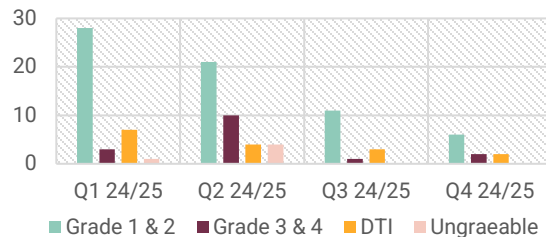
Individuals with PIs
108

PIs per 1000 Bed Days
51.16

New PIs (developed during admission)



PIs Present on Admission



Falls

In 2023/24, we initially reported a 35% reduction in patient falls; however, this year we have seen a 35% increase, bringing the overall number of falls back in line with 2022/23 levels. During the same period, patient admissions increased by 5%.

The number of individual patients who had a fall rose from 29 last year to 37 this year. Of these, 10 patients sustained multiple falls.

In response, we have implemented several practice improvement initiatives aimed at reducing falls and improving patient safety:

- Increased staff compliance with falls prevention e-learning modules
- Introduction of a new EMIS post-fall assessment template
- Benchmarking of falls risk assessments with peer healthcare providers
- Investment in fall-prevention technologies
- Completion of an audit on the use of bed sensors
- Planning for the introduction of post-fall huddles in 2025/26

We also completed our first Patient Safety Incident Investigation (PSII) under our PSIRF Policy and Plan. This was prompted by a recurring theme related to the use of the WendyLetts in-bed repositioning system and its potential association with falls.

The investigation led to a series of evidence-base recommendations and safety improvements.

Looking ahead, we plan to launch a targeted practice improvement initiative focused on reducing falls within the Inpatient Unit (IPU). This will include examining environmental factors such as the challenges associated with single-sided rooms, which can limit visibility and impact effective falls management.

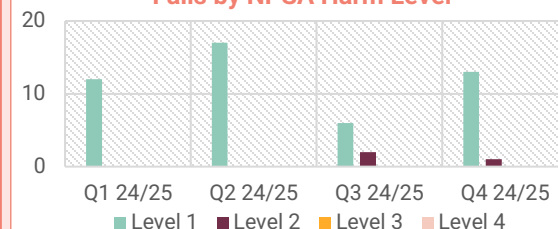
FALLS

Total Falls
51

Individuals who Fell
37

Falls per 1000 Bed Days
12.08

Falls by NPSA Harm Level



Patient & Service User Feedback

At St Peter's Hospice, we are dedicated to delivering the highest quality care by continually listening to and learning from the experiences of our patients and their families. To support this, we have used the "iWantGreatCare" (IWGC) platform as a key tool for collecting patient feedback. This has been part of a collaborative initiative with eight regional hospices.

Feedback has been gathered primarily through postal surveys, with a smaller proportion submitted online. Over the past year, we noted a 13% reduction in the number of completed surveys compared to the previous year. Survey results can be viewed publicly at: <https://www.iwantgreatcare.org/hospitals/st-peters-hospice>

As part of our commitment to continuous improvement, we have reviewed our use of the IWGC platform ahead of the current contract's

expiration in July 2025. Following this review, we have decided not to renew the contract. Instead, we are developing a bespoke patient experience survey that is more accessible and better aligned with the needs of our patients and their families.

This new, tailored approach will enhance our ability to capture meaningful feedback and ensure that the voices of those we care for continue to shape the future of our services.

IWGC Feedback Overview

The average rating across all service areas for the year was 4.91 out of 5, consistent with the previous year. Throughout the year, over 90% of respondents rated our services as 'very good,' reflecting the high quality of care we strive to provide. A small number of surveys were submitted with blank responses or ratings of 'poor' or 'very poor.' In some cases, these ratings appeared inconsistent with accompanying positive comments, suggesting they may have been submitted in error.

InPhase

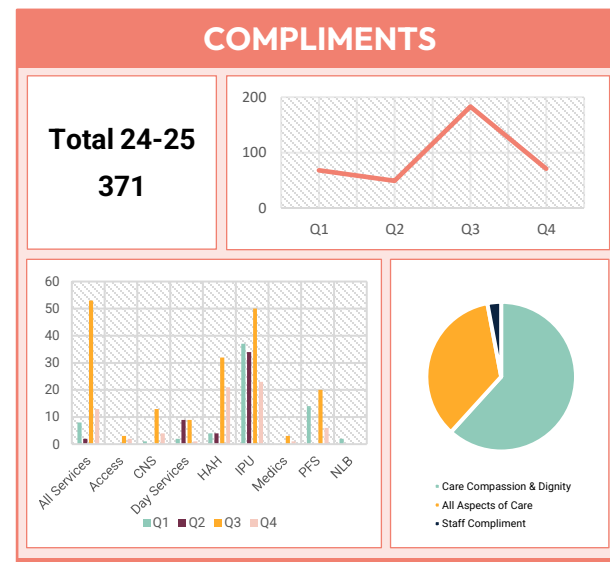
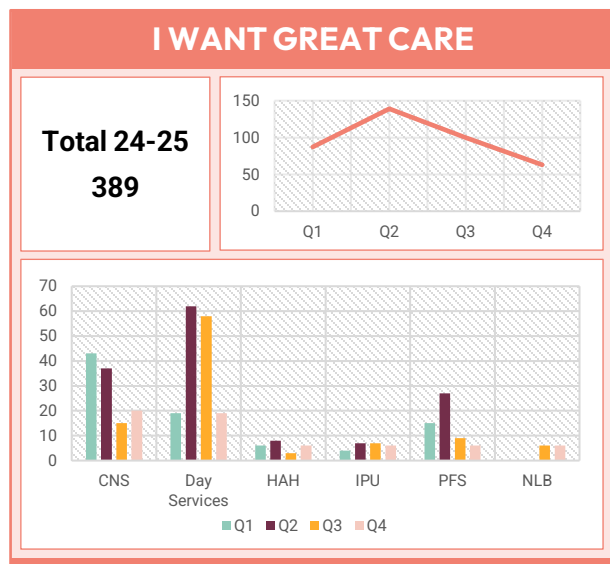
In October, we launched our electronic feedback module through InPhase, marking a significant step forward in how we collect and manage patient and family feedback. This system has centralised our feedback processes, making it easier for clinical teams—particularly those working in the community—to capture responses in real time, directly at the point of care.

The implementation has also enhanced governance and oversight, allowing for more effective monitoring, timely responses to

concerns, and a more cohesive approach to service improvement.

Compliments:

This year, we received 371 compliments via cards, letters, and verbal feedback—a 76% increase compared to the previous year. This is in addition to the reviews submitted through the iWantGreatCare (IWGC) platform. The notable rise is likely linked to the introduction of the InPhase feedback module, which has made it easier to capture and document positive feedback.



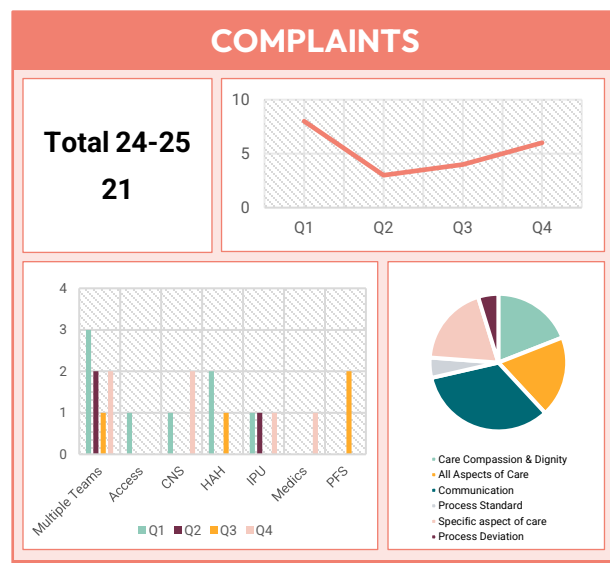
As part of our continued focus on patient experience, we have also expanded the role of an Inpatient Unit (IPU) volunteer to include supporting the collection of feedback, further strengthening our ability to listen, learn, and improve.

Complaints and Concerns

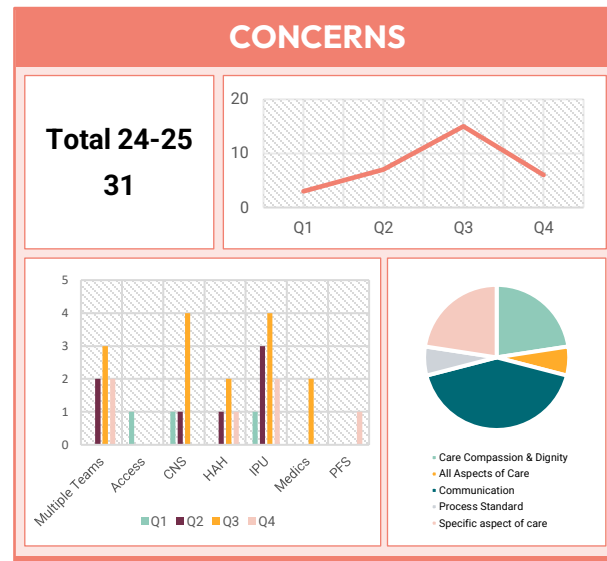
In 2024/25, we saw an increase in formal complaints from 12 in 2023/24 to 21. During the same period, concerns rose slightly from 29 to 31. A significant proportion of complaints involved multiple teams, both within our organisation and in partnership with external providers. This has required collaborative responses and shared learning initiatives.

Communication emerged as the most frequent theme in the complaints we received this year. In response, we are continuing to strengthen our staff training and resources to improve how we engage with service users.

This includes the development of our Trauma-Informed Care training programme, which will feature face-to-face sessions such as Working Alongside Despair and Hopelessness, aimed at equipping staff with the skills to navigate sensitive and complex emotional needs.



Additionally, we are enhancing the information and support materials available on our website to ensure they are accessible, clear, and helpful to service users and their families.



Future Priorities

- Strengthening Patient and Public Involvement:** We are committed to further developing how we capture and act on the experiences of our service users, their families, and professionals. Our priorities for the coming year include:
 - Development of a Patient Experience Survey:** We will design and launch our own survey to gather more meaningful insights specific to our services.
 - Real-Time Feedback:** We aim to expand real-time feedback tools for patients' relatives and professionals, enabling timely and actionable insights into their experiences.
- Co-Production:** We will scope and deliver targeted training for relevant clinical staff to support co-production practices, ensuring service users are active partners in shaping care.
- User Engagement Role:** Recruitment will begin for a dedicated User Engagement post within the Patient Safety and Quality Team.
- Drafting a User Experience Strategy:** We will develop a comprehensive strategy to guide and align our user engagement efforts across the organisation.
- Exploring Innovative Feedback Technologies:** We will evaluate new platforms and technologies that could enhance how we collect, analyse, and act on patient feedback.
- Targeted Feedback via our Website:** We plan to use the SPH website to allow patients and carers to register their interest in specific topics, enabling us to gather focused feedback on areas where it is most needed.
- Sharing Patient Stories:** In collaboration with the Communication Team, we will develop a structured process for sharing patient stories to highlight lived experiences, celebrate good practice, and support learning.

Infection Prevention & Control

At St Peter's Hospice, we remain fully committed to maintaining the highest standards of infection prevention and control (IP&C) to ensure the safety and wellbeing of our patients, families, visitors, and staff.

Strengthening Our Infection Control Practices

Over the past year, we have continued to strengthen our approach to IP&C through regular and robust governance processes. Quarterly IP&C Committee meetings, along with IP&C Champion engagement in all clinical areas. This provides opportunities to review practice, monitor trends, and share learning. Key outcomes from these meetings are reported to our Clinical Governance Committee, ensuring a continuous cycle of quality improvement.

We continue to maintain strong partnerships with regional healthcare organisations through active participation in the Southwest Hospice IP&C Forum and NHS England Southwest IP&C meetings. These collaborations ensure our practices remain in line with current guidance and sector-wide standards.

Developing Our IP&C Leadership

While we have continued to experience some recruitment challenges with our IP&C lead, the role was effectively covered by our Practice Improvement and Assurance Facilitator. We are pleased to confirm that a permanent appointment has now been made, with the new Lead IP&C Practitioner joining us in June 2025. This role is central to delivering our IP&C strategy and supporting excellence in IP&C across the hospice.

Infection Monitoring and Outcomes

We are proud to report that during the past year there were no recorded outbreaks of MRSA, C.difficile, COVID-19, or other healthcare-associated infections among patients at the hospice. While two clusters of COVID-19 were identified among staff, these are no longer classified as outbreaks under updated UK Health Security Agency (UKHSA) guidelines.

Audit and Quality Assurance

IP&C at St Peter's Hospice is underpinned by a comprehensive programme of audits. This year, we successfully transitioned to a new electronic audit system, improving the efficiency and accuracy of data collection, monitoring, and reporting. Key IP&C audits, including hand hygiene and use of personal protective equipment (PPE), were carried out across our Inpatient Unit and Community Services. We are pleased to report consistently high compliance rates, with performance exceeding 95% throughout the year.

We continue to meet NHS National Cleanliness Standards and are delighted to share that, for the second consecutive year, St Peter's Hospice achieved a 100% score in the NHS Efficacy Audit. This multi-disciplinary audit assesses cleaning protocols, staff training, and environmental safety, and reflects the dedication and collaboration of our IP&C, nursing, facilities, and housekeeping teams.

Practice Improvement

As part of our commitment to continuous quality improvement, this year we have focused on

improving the care and management of urinary catheters. Several key initiatives have been delivered, including:

- Implementation of a revised catheter care policy, aligned with current best practice and national guidance.
- Redesign of catheter care plans to support more consistent care.
- Introduction of e-learning modules to strengthen staff knowledge and confidence in catheter management, ensuring all team members are equipped with up-to-date skills and understanding.

Looking ahead, we are pleased to be developing a closer working relationship with the Sirona IP&C team, in alignment with our new service level agreement. This will enable us to access their specialist IP&C expertise and advice to support complex decision-making and maintain high standards of care.



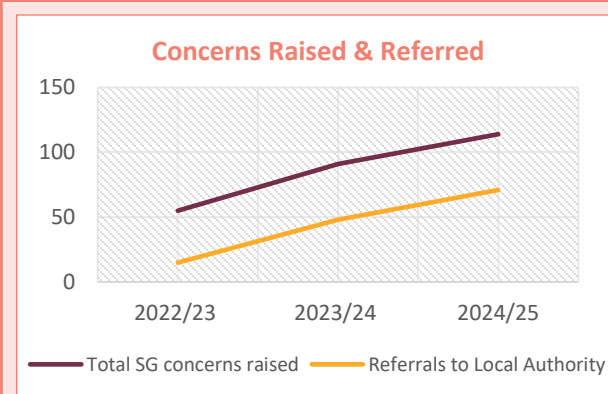
Safeguarding

There were 114 safeguarding concerns raised internally this year; a 25% increase from the previous year, with 62% of concerns raised internally resulted in referrals to the Local Authority. This reflects a proactive safeguarding culture supported by the St Peter's Hospice Social Work Team. The majority of safeguarding concerns relate to adults.

Our Safeguarding Leads maintain strong relationships with our Local Authorities, supporting investigations and multi-agency working as required.

To strengthen the engagement of clinical teams in safeguarding best practice, the Social Work Team Lead regularly attends our community nursing teams, proactively being available to discuss safeguarding concerns and review any existing concerns with clinicians. Feedback from community nursing teams has been positive and is reflected in numbers of safeguarding concerns being raised internally.

SAFEGUDRAING CONCERNS



Clinical Audit

Clinical audit plays a vital role in ensuring the highest standards of care, patient safety, and service improvement at St Peter's Hospice. It allows us to:

- **Enhance Patient-Centered Care** by aligning practices with best evidence-based standards.
- **Improve Safety and Compliance** through systematic evaluation of procedures and new equipment integration.
- **Support Staff Training and Development** by identifying areas for skill enhancement and professional development.
- **Ensure Efficient Resource Allocation** by targeting audits to priority areas, optimising care delivery.
- **Promote Continuous Improvement** through reflective practice, ensuring ongoing innovation in hospice care.

During 2024/25 we have continued to complete our suite of regular clinical audits which include Infection Prevention and Control surveillance and Medicines Management. Our clinical audit programme for this year has focused on assessing and embedding new approaches to patient safety and care efficiency.

Notable audits include the PURPOSE-T Implementation Audit which has been utilised to evaluate the effective integration of PURPOSE-T, which is a structured risk assessment tool designed to help us evaluate a patient's risk of developing pressure ulcers. This has enabled us to provide consistent pressure ulcer prevention practices which is evident through the reduction

in hospice acquired pressure ulcers during the later part of this year.

Another notable audit introduced has been the implementation of a Bed Sensor Audit, conducting a systematic review of the adoption and utilisation of our new bed sensor technology used to help prevent patient falls on the Inpatient Unit. These audits have strengthened our ability to provide high-quality, responsive care and ensure that new technologies are embedded effectively to support patient well-being and safety.

We have continued to engage our clinical teams in audit and practice improvement with our Community Nurse Specialists reviewing their templates on the patient electronic records to ensure consistent and effective record keeping and communication. Our Medical Team have been undertaking a review of the efficiency and

clarity of the Inpatient Unit ward round documentation.

Building on this progress, our focus for the next year, 2025/26, will be to further refine our audit processes and ensure we are evaluating the most impactful areas. Key initiatives include:

- **Audit Improvement Plan:** strengthening our auditing framework to enhance consistency, accuracy and responsiveness.
- **Targeted Audit Selection:** ensuring our audits address priority areas, reflecting patient needs and emerging practices.
- **Staff Engagement in Audits:** increasing involvement from healthcare teams in the audit process to enhance knowledge-sharing.
- **Continuous Monitoring and Feedback Loops:** embedding real-time evaluation mechanisms through to drive ongoing refinements in hospice care.



Organisational Governance & Compliance

Duty of Candour

We always aim to be open and transparent on our care and have an open culture of reporting incidents and being honest if we make errors in relation to our care, however small. Staff understand that incident and near miss reporting allows for practice improvement and service development and always encouraged to report any concerns. There has been no reportable Formal Duty of Candour in 2024/25.

Serious Incident Reporting

There were no Serious Untoward Incidents (SUIs) or Never Events in 2024/25. However, three incidents met the threshold for RIDDOR reporting, an increase from none in 2023/24.

A key achievement this year was the implementation of our Patient Safety Incident Response Framework (PSIRF) Policy and Plan, approved by our Board of Trustees and available on our website.

To enhance learning and safety, we introduced weekly Patient Safety Huddles to review incidents and determine the need for further detailed learning responses, using approaches such as SEIPS (Systems Engineering Initiative for Patient Safety), Patient Safety Incident investigations (PSII) and After-Action Reviews.

In line with PSIRF, we completed our first Patient Safety Incident Investigation (PSII) following a theme within our reported patient falls. The investigation involved a review of records, equipment, staff feedback, and observations, resulting in shared learning and improvements.

Our team has completed training through the Healthcare Safety Investigation Branch (HSIB), and all senior managers have undertaken PSIRF oversight training. Our Head of Clinical Governance has also completed NHS England's advanced Patient Safety Syllabus, fulfilling the Patient Safety Specialist role. This leadership position will focus on improving our safety culture, strengthening reporting, and embedding PSIRF at every level.

GDPR Compliance

We continue to focus on maintaining a good level of compliance in respect of data protection under UK GDPR. Key areas of success are:

- An Information Governance awareness week held for all staff.
- Successful submission of our NHS Data Security and Protection toolkit in June 2024.
- Quarterly Information Management Group meetings.
- Strengthening of our cybersecurity systems and processes.
- Good relationships with our external Data Protection Company who provide advice and support when needed.
- No reportable data incidents submitted to the Information Commissioner's Office.

Patient Subject Access Requests

In the last year, we had 12 requests for patient data, all of which we responded to within the required time frames, as set out by the Information Commissioner's Office (ICO). There were 5 requests from bereaved relatives, 5 from solicitors, 1 from the police, and 1 from a clinical genetics team. We have robust policies and

processes in place to ensure that we are appropriately sharing and protecting patient data, in line with ICO and Caldicott Guardian requirements.

Freedom to Speak Up

St Peter's Hospice encourages staff to raise any concerns about risk, malpractice and wrongdoing that may harm the services we deliver. This is outlined in our Freedom to Speak Up Policy.

Over the past year, we have appointed a senior manager into the Freedom to Speak Up Guardian role and have recruited more Freedom to Speak up Champions from across the hospice to strengthen our culture of openness and support.

We are continuing to further embed this culture by enhancing the training provided to our people, promoting awareness of speaking up and closing the feedback loop on how we have used feedback to improve our services.



Equity, Diversity & Inclusion

We remain committed to providing compassionate, respectful, and accessible hospice care for all. Serving a diverse local population, we continue embedding Equity, Diversity & Inclusion (ED&I) principles into our culture and practice to reduce health inequalities, build trust with underserved communities, and deliver person-centered care that reflects each patient's unique values and needs.

To strengthen our internal progress, we have established an ED&I Steering Group. Its purpose is to drive a hospice-wide programme of continuous improvement, embedding equity across all areas of our work. The group with both CEO and Trustee leads will provide strategic direction and leadership, bring together ideas, shape policy and strategy, and oversee related projects and working groups. Through this approach, we aim to enhance staff experience, improve patient outcomes and safety, and benefit our entire community.

Our Community Engagement Co-ordinator has built new partnerships with several underserved communities we had limited contact with previously. These connections were instrumental in completing our hospice Brand survey, allowing us to gather valuable insights and hear from voices that have historically been underrepresented.

We have welcomed over 60 different members of community groups to our Brentry site including a local Bangladeshi woman's group, a Chinese community group and Hong Kong

community group. These visits have been vital in building mutual understanding and trust. Many attendees shared that they no longer feel fearful of our services and would now be open to a referral if needed. Encouragingly, they also said they would share their positive experience within their own communities. We've also connected with local organisations focused on tackling health inequalities, such as Caafi Health. Following a visit from their team to discuss a new project, we received a timely referral for a patient who had previously been hesitant to engage with our services.

Our Community Engagement Coordinator has organised several outreach visits, including to the Sikh Temple in Easton, the Shah Jalal Mosque in Easton, and the Shahporan Mosque in Southmead. These visits were attended by various clinical staff, who found them valuable for enhancing their understanding of the communities they serve.

Meaningful discussions took place during these visits, covering topics such as key faith rituals, especially those observed at the end of life, and how religious beliefs may influence decisions around end-of-life medication and care. We have continued to strengthen our partnerships with disease-specific health and social care teams. One of our Medical Consultants, a Physiotherapist, and our Head of Clinical Engagement have developed strong working relationships with the Heart Failure teams at UHBW and NBT, as well as the community Heart Failure team. These three

team members now regularly participate in multidisciplinary meetings (MDMs) focused on heart failure.

As a result of this targeted collaboration, we've seen an increase in referrals for patients with a primary cardiovascular diagnosis, now representing 7% of our total referrals. Dedicated meetings with each Heart Failure team have helped us better understand the palliative care needs of this patient group and identify how our support can be most effectively delivered.

Building on these relationships, in November 2024 we were invited to lead a BNSSG Heart Failure Team CPD session. The session covered palliative care approaches, managing fatigue and breathlessness, and Advance Care Planning, and received very positive feedback. As part of this developing partnership, the Liver Nurse Consultant from NBT kindly delivered a CPD session for our clinical teams, which was extremely well received.

We have invested in new hearing equipment for the Hospice, replacing outdated devices that were no longer fit for purpose. The new equipment has already made a significant difference for patients with hearing loss, particularly in our Day Services and Fatigue and Breathlessness (FAB) groups. Patients have shared that they now feel fully able to participate in group sessions and are gaining much more from attending.

This year, we explored ways to enhance our support for individuals with a Learning Disability

(LD). As part of this effort, we've established a close working relationship with one of Sirona's LD Clinical Project Officers. They recently delivered a CPD session for our staff, focusing on caring for people with a Learning Disability, the importance of Reasonable Adjustments, and the implementation of the new Health Passport.

Our Head of Clinical Engagement is part of a small BNSSG working group focused on improving the care and experience of people with a Learning Disability (LD) who are approaching the end of life. This work has been shaped in part by two recent local LeDeR reviews. Although we were not directly involved in the care of those individuals, we were invited to contribute to system-wide improvements to end-of-life care within the ICB.

We have continued to maintain strong partnerships with our Dementia and Respiratory colleagues. Our Head of Clinical Engagement, alongside one of our consultants, spoke at the Bristol Dementia Wellbeing Service's team day, attended by over 80 staff members.

We also remain closely connected with Children's Hospice Southwest (CHSW), working collaboratively to support teenagers and their families as they transition from paediatric to adult services.

Our ongoing relationship with the Teenage and Young Adult team at UHBW has resulted in three recent referrals: one to our Inpatient Unit, one to our Hospice at Home service, and one to our Community Nurse Specialist team.



Priorities for 2025-26

Our priorities for improvement going into 2025/26 are...

1

Implement a Psychologically informed training pathway for clinical staff

Our Psychological Therapies Team has partnered with the Clinical Education Team to develop a structured, psychologically informed education pathway.

This initiative is designed to enhance patient care and support staff wellbeing. In 2025/26, we will roll out this pathway across all clinical teams.

2

Address inequality in access for patients with non-invasive ventilation and tracheostomies

In collaboration with our acute trust partners, we will complete a comprehensive training needs assessment.

This will inform the development of a tailored training programme, including a clinical competency and assessment framework, followed by the delivery of targeted training sessions.

3

Pilot a 'light touch' community service

Aligned with our new five-year strategy, we will scope, develop, and launch a pilot of our new 'light touch' community service in two locality settings.

These services aim to provide earlier support to patients and their loved ones, closer to home and at a stage in their illness where it can make a meaningful difference.

Summary

We hope this report demonstrates how resilient and resourceful, committed and caring our staff have been throughout 2024/25. 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 2025/26.

Chris Benson

Director of Patient Care

Helen Ireland

Head of Clinical Governance & Quality

ICB Statement

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

The ICB welcome the opportunity to review and comment on St Peter's Hospice quality account for 2024/25. It has been a pleasure to read about all the work that is being undertaken by this compassionate charity who provide adult hospice care for anyone that needs their support. The account is a delight to read and clearly puts the workforce and the people they care for at the heart what they do.

The three key priorities set for 2024/25 have been met and these included:

1. Measuring patient complexity for patients on the community caseload, which incorporated using new tools linking to patient record systems and templates to enable more consistent and reliable data entry across teams.
2. Redeveloping a model for clinical supervision, which means that a new model will see a Senior Psychological therapist taking on a link worker role across all clinical teams. They have established a model of reflective practice to enable the workforce to navigate the complex and emotionally draining nature of palliative care.
3. Redeveloping the clinical feedback process to ensure that systems are more responsive, compassionate and aligned with regulatory standards.

Quality and safety of St Peters Hospice patients is central to clinical practice and in their strategy for 2025 there is a focus on addressing areas of inequity. There will be an emphasis on enhancing access and experience for groups who face health inequalities and disparities in outcomes. Incident reporting was also improved with the implementation of a new electronic reporting system. The 2025/26 priorities are as follows:

- Implementing a psychologically informed training pathway for clinical staff.
- Addressing inequity in Access for patients with non-invasive ventilation and tracheostomies.
- Piloting a 'light' touch community service.

We will look forward to continuing to work and support St Peter's Hospice throughout 2025/26 to enable them to continuously improve and to meet their priorities.

Jacci Yuill

Patent Safety and Quality Lead

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