



**St Peter's
Hospice**



Quality Account

2025-26



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Introduction from the CEO and Chair of Trustees

We are delighted to present our Quality Account for 2025-26. This report is for our patients, their friends and family, our supporters, the public and health partners.

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 2025-26, which focused on:

- **Implementing a psychologically informed training pathway for clinical staff.**
- **Addressing inequity in access for Non-Invasive Ventilation and Tracheostomies.**
- **Piloting a 'light touch' community service – a Hub in East Bristol.**

In May 2025, we launched our new strategy, setting our ambition to continue delivery of high-quality services and address areas of inequality, focused on non-malignant and inclusion health groups.

We've had a successful first year, working in partnership with NHS and the voluntary sector to improve services for conditions including respiratory disease, heart failure, liver disease and groups including learning disabilities.

Increased use of intelligence and technology was a

core part of our strategy, and over the last year we implemented a new system to monitor actions related to CQC standards and continue to see High level of incident reporting through the new electronic incident reporting system.

This year, we also designed and launched a new patient experience survey, 'Your Voice Matters', providing more detailed feedback to inform services development.

The Patient Safety and Quality Team has continued to successfully embed PSIRF and are progressing with increasing use of co-production.

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 Directors of Clinical Services & Family Support and Head of Clinical Governance & 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 thank all our dedicated staff and volunteers who have worked so hard to sustain our high-quality care this last year remain at the centre of our work.



Susan Hamilton
CEO



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

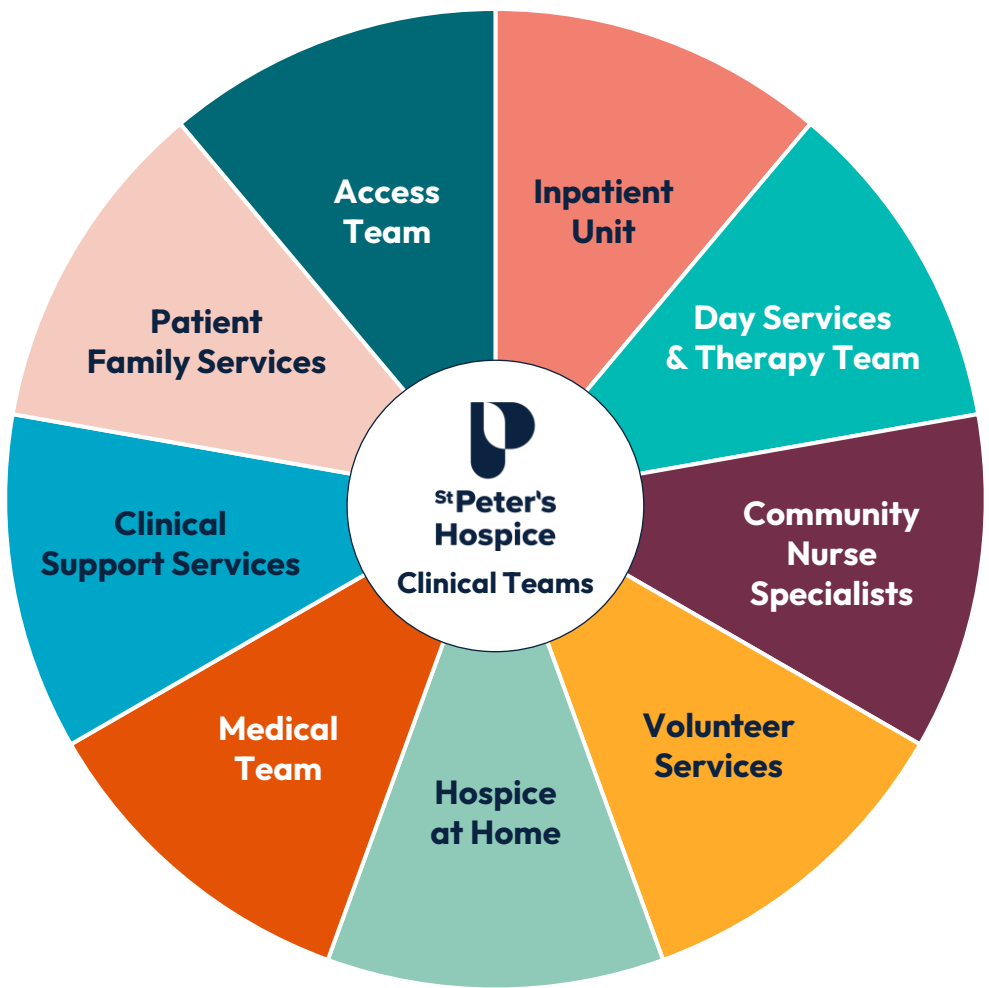
We exist to provide end of life care for all, for free, forever.

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



Clinical Introduction

We are proud to share our Quality Account for 2025-26. Over the past year, our clinical teams have responded to increasing demand and growing complexity with professionalism, innovation and resilience while remaining focused on what matters most to patients and those important to them.

This year we have continued to strengthen and develop our services to ensure more people can access the right care, in the right place, at the right time. We have seen significant growth across many areas of the hospice, including increased inpatient admissions and growing demand for psychological, social and wellbeing support.

Our quality priorities for the year focused on strengthening psychologically informed practice, improving equity of access for patients with complex respiratory needs, and piloting new community-based models of support. We are proud of the progress made across all three priorities, particularly the successful launch of our first Hospice Community Hub in East Bristol, which reflects our ambition to bring hospice care closer to the communities we serve and provide earlier, more accessible support.

This year has also been one of ongoing investment in clinical quality, safety and workforce development. We have strengthened our patient safety systems using the Patient Safety Incident Response Framework (PSIRF), improved oversight

through InPhase and the Learn from Patient Safety Events (LFPSE) system, and further embedded a culture of openness, reflection and learning across teams. Encouragingly, improvements in areas such as pressure injury prevention, medicines governance and patient feedback demonstrate the positive impact of this work.

Alongside this, we understand the importance of investing in our workforce through education, professional development and new roles that support service resilience and innovation. The development of our own Student Nursing Associates into qualified roles, expansion of independent prescribing, targeted education programmes and psychologically informed training pathways are helping to strengthen both patient care and staff confidence.

Our multidisciplinary teams continue to work collaboratively to provide holistic care that recognises the physical, emotional, psychological, social and spiritual needs of patients and families.

The consistently positive feedback we continue to receive is a reflection of the compassion, dedication and expertise shown every day by our staff and volunteers.

As we look ahead to 2026-27, we will continue to focus on improving access, strengthening quality and safety, developing sustainable services and ensuring that the voices of patients and communities remain at the centre of our work.

We are incredibly proud of what has been achieved over the past year and grateful to all our staff, volunteers and partners whose commitment makes this possible. We want to thank them all for everything they all do every day.



Juliette Hughes
Director of Clinical Services & Family Support



Chris Benson
Director of Clinical Services & Family Support

Review of 2025-26 Priorities

Our priorities for improvement going into 2025-26 were...

PRIORITY 1: Implement a Psychologically informed training pathway for clinical staff

Over the past year, our Psychological Therapies Team has worked in close partnership with the Clinical Education Team to design and develop a structured, psychologically informed education pathway for clinical staff.

Key achievements include:

- Co-production of a tiered training pathway, ensuring accessibility for staff at different levels of experience
- Integration of psychologically informed approaches into existing education programmes, including communication skills, preceptorship, and supervision
- Pilot delivery of training sessions, with positive feedback highlighting increased confidence in supporting patients and families with complex emotional and psychological needs
- Strengthened links between clinical teams and psychological support services, promoting a more holistic model of care

This work strengthens both patient care and staff wellbeing by embedding psychologically informed practice into everyday care delivery. Full implementation and roll-out across all clinical teams will continue into 2026-27.

PRIORITY 2: Address inequality in access for patients with non-invasive ventilation and tracheostomies

In collaboration with the hospitals and Weston Hospice Care, we have made significant progress in understanding and developing our skills and knowledge to care for patients requiring non-invasive ventilation (NIV) and tracheostomy support.

Key achievements include:

- Completion of a comprehensive training needs analysis across hospice and partner organisations
- Development of processes to support prompt referrals and personalised train the trainer education to facilitate admission.
- Initial delivery of targeted education sessions to improve staff knowledge and confidence in managing complex respiratory needs
- Training staff have attended hospital-based tracheostomy training
- Specialist physio education regarding humidification and suction

This work has established the foundations for a more equitable and coordinated approach to care, ensuring that patients with complex needs receive safe and appropriate support regardless of care setting. Delivery of a full training programme and competency assessment framework will continue to be prioritised in 2026-27.

PRIORITY 3: Pilot a 'light tough' community service

In September 2025, we successfully delivered our quality priority to expand community-based support with the launch of our first Hospice Community Hub at a neighbourhood venue in Whitehall, East Bristol. This followed targeted scoping work to identify an appropriate location and to understand what people would value most from a community-based service.

The Hub is open to adults (18+) living with a life-limiting illness, as well as their families and carers, and provides access to emotional support, practical advice and wellbeing activities. These include creative sessions, informal peer support opportunities and space for meaningful connection in a welcoming and supportive environment.

The service is delivered by Therapy Assistants and Social Work Assistants, supported by trained hospice volunteers. A key aim of the Hub is to reduce isolation and strengthen peer support by creating a safe space where individuals can connect with others who share similar experiences, fostering resilience and wellbeing.

The positive engagement and feedback following the launch demonstrate the value and impact of this model in improving access to hospice support within the community. Building on this success, plans are in place to further extend this approach, with a second Community Hub in North Somerset scheduled to open in summer 2026.



Inpatient Unit

Over the past year, our Inpatient Unit has continued to grow and adapt to meet the changing needs of the people we care for. We supported 326 patients during the year, with admissions increasing by 23%. This reflects our commitment to improving access to hospice care, including reaching more people with non-cancer diagnoses and people from groups who have traditionally been less likely to access hospice services.

We are especially proud of the compassion, resilience and professionalism shown by our Inpatient Unit team throughout a year of increasing clinical complexity. Despite growing demand, feedback from patients and families has remained consistently positive. We have continued to improve the experience of care, with plans to introduce smart TVs and voice-activated devices in patient rooms to provide easier access to music, entertainment and digital content. We also piloted an afternoon tea trolley to create meaningful social moments for patients and their families, and with support from our volunteers we hope to make this a regular part of the inpatient unit.

“Your care was simply superb, and nothing was too much trouble. You took away all of our sister’s concerns and worries, making her feel comfortable, safe and secure. Thank you for all of your efforts.”

Throughout the year, the unit also made space for many special and memorable moments for patients and their loved ones. These included two

birthday parties for teenagers, giving them the opportunity to celebrate alongside their mothers, as well as several birthday and anniversary celebrations that brought families together. One especially memorable event was a Disney Princess party, where Elsa visited the unit and offered make-up experiences, creating a joyful day for those involved. The team have continued to show a strong commitment to personalised care by arranging a “Christmas in October” celebration for a patient who wanted to celebrate early.

Another important improvement this year has been the successful integration of Nursing Associates



SERVICE DELIVERY STATISTICS 25-26

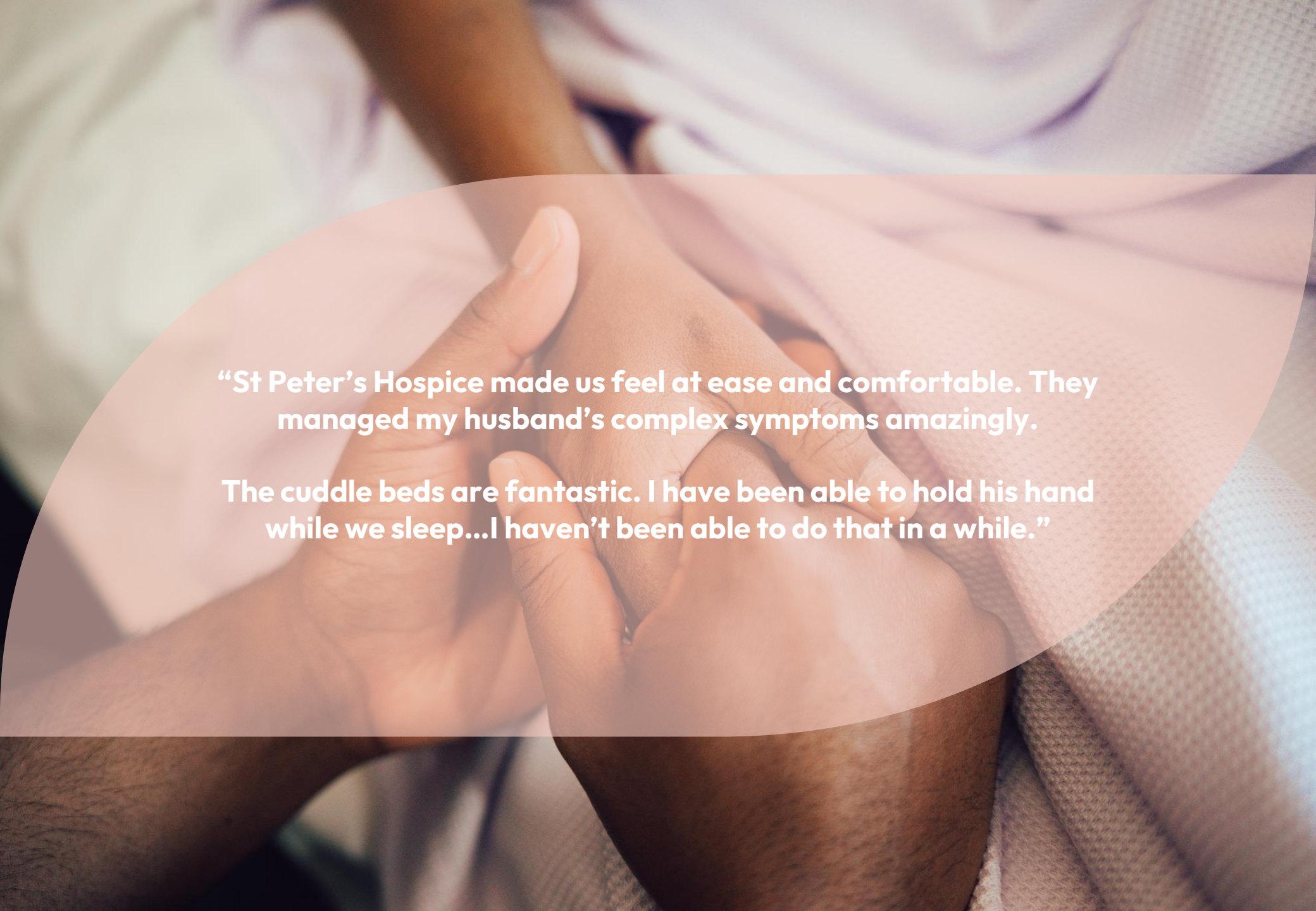
Total Admissions	Total Occupancy	Median Length of Stay
326	85%	9 days

within the Inpatient Unit. These roles have become a valued part of the team, helping to strengthen continuity of care, support patients and families, and improve workforce resilience. Building on this success, we will support two further Nursing Associate apprenticeships in the year ahead.

We also completed improvements to our mortuary facilities during the year. This refurbishment upgraded the environment and equipment to modern standards and helped create a more respectful, private and well-organised space for patients after death and for the professionals supporting their care.

Looking ahead, we will continue to build on these improvements by developing our workforce model, introducing more objective ways of measuring patient acuity and workload, and refining patient flow and admission processes so that people can continue to access our care.

Most importantly, the team continues to receive a high number of compliments from patients and families, who regularly describe the care they receive as compassionate, kind and dignified. This feedback gives important reassurance that, even during periods of high demand, our care remains centred on what matters most to patients.



“St Peter’s Hospice made us feel at ease and comfortable. They managed my husband’s complex symptoms amazingly.

The cuddle beds are fantastic. I have been able to hold his hand while we sleep...I haven’t been able to do that in a while.”

Community Nurse Specialists

Delivering high-quality care in the Community:

The Community Nurse Specialist (CNS) service provides expert, compassionate palliative and end of life care to people in their own homes and communities. The service has continued to respond to growing demand while maintaining a strong focus on personalised care, timely support and continuous improvement. Staff have supported patients and those important to them with skilled clinical care, advice and coordination. This year has also seen important service developments to strengthen responsiveness, improve access and support consistently high standards of care. Together, these achievements reflect the team’s commitment to quality, innovation and delivering the best possible experience for patients and families.

Referrals:

- During the year, referrals received by the CNS geographical teams increased by 18% reflecting growing demand for specialist support in the community. Referrals to the
- Response team increased by 10%, highlighting the important role of the Response team in providing timely support for urgent needs.

Important pathway improvements were also introduced, including the first full year of routine triage by the three geographical teams and the transfer of urgent referral triage from Access to Response in July 2025. These developments were designed to help ensure patients are directed more quickly to the team best placed to meet their

needs, improving responsiveness and supporting more coordinated care.

Overall, 57% of referrals triaged to the CNS team were seen face to face for an initial holistic assessment within two weeks. While this measure is not directly comparable with the previous reporting period because of pathway changes introduced during the year, it provides an important baseline for future monitoring and continued improvement. For referrals that did not progress to caseload, the most common reasons were that the patient declined support, the patient died, or the referral was redirected elsewhere within St Peter’s Hospice. Improving timely access to specialist assessment remains a key priority for 2026-27, alongside further review of referral pathways and how unplanned work is managed.

Caseload:

The caseload data demonstrates the scale, consistency and quality of support provided by the CNS teams throughout the year. The team supported an increase of 2% of patients this year, and delivered 19,552 patient contacts. This reflects the team’s ability to maintain regular, responsive contact with patients and families, offering both direct clinical care and ongoing advice and coordination. Across the three geographical CNS teams, patients remained on the caseload for a median of 41 days, with a mean duration of 72 days, reflecting the sustained support provided to many people with more complex or prolonged needs. This is a significant achievement and reflects the team’s continued.

SERVICE DELIVERY STATISTICS 25-26		
Total Referrals	Individuals Referred	Patients on Caseload
2,492	2,010	1,752

commitment to personalised, compassionate care

Independent Prescribing:

Independent prescribing is an important part of the service’s ability to provide timely, responsive and high-quality palliative care. There are 19 Independent Prescribers working across the CNS and Hospice at Home teams, with three staff undertaking training this year. Although the absence of electronic prescribing has limited prescribing activity during the year, this has also helped to identify a clear area for improvement. The planned introduction of electronic prescribing in 2026-27 is expected to improve efficiency, reduce delays, and further strengthen the safety and accessibility of prescribing for patients and families.

In addition to direct prescribing activity, Independent Prescribers make a valuable contribution across the wider service by providing specialist advice to developing Nurse Specialists, supporting safe and effective symptom management and confident clinical decision-making. This input is reflected in the majority of senior nurse advice record templates completed in EMIS and represents an important contribution to clinical quality, professional support and consistent practice across teams.

Hospice at Home

Hospice at Home provides specialist end-of-life care for patients in the last weeks of life, with a focus on enabling people to remain at home where this is their preference. The service is designed to provide responsive, high-quality support that meets patient and carer needs at a particularly vulnerable time.

Referrals

Hospice at Home received 1,077 referrals in 2025-26, showing continued and consistent demand for the service. The most common reason for patients not joining the caseload was that they died before care could begin, which reflects the ongoing challenge of late referrals, sometimes on the day of referral or within 24 hours. Despite this, the team continued to respond quickly, with a median time of one day from referral to first care visit and two days to the start of nights or short shifts.

Referrals from other hospice teams continued to increase during the year, with most coming from the Clinical Nurse Specialist teams, including Access. This reflects strong internal working relationships. Although referrals from hospital teams reduced overall, referrals from North Bristol Trust increased, offering helpful insight into changing referral patterns and where further partnership working may support earlier and more equitable access to the service.

Care Provided

During the year, Hospice at Home provided care for 725 patients and their carers, representing a 7% reduction compared with the previous year. The

service delivered a 5% increase of visits this year, showing continued activity and responsiveness to need. Most care continued to be provided through visits by two senior palliative care support workers. In addition, 2,065 short shifts were delivered, a 39% increase on last year, providing more flexible and intensive support where patients and families needed it most. Hospice at Home also provided 858 night shifts, 69 more than last year, reflecting continued improvement in the service's ability to respond to identified need.

“The Hospice Team cared for my Mother in her home in the final days of her life. We couldn't have asked for a kinder, professional, supportive team. They all went above and beyond in their care.”

Visits undertaken by registered nurses increased by 220 this year. Registered nurses complete the patient's initial assessment visit, while registered nurses and nursing associates undertake follow-up visits to provide ongoing assessment and support for patients and carers. A total of 550 patients died while on the caseload, consistent with the previous year. These figures show a service that continues to adapt its skill mix and delivery model to provide timely, person-centred care in the last weeks of life.

Nursing Associates

The continued development of nursing associates has been an important strength for Hospice at Home during the past year. Two nursing

SERVICE DELIVERY STATISTICS 25-26

Total Referrals 1,077	Joined Caseload 725	Total Visits Delivered 9,663
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associates successfully qualified and are now being supported to further develop their roles, including gaining competency in medication administration, including subcutaneous medicines. Their contribution has enhanced the skill mix within the team, increased service resilience, and strengthened the quality and flexibility of care available to patients and families at home. This progress also reflects the service's commitment to investing in its workforce and creating clear development opportunities. Building on this success, a further Senior Palliative Care Support Worker will begin training as a Nursing Associate in September 2026.



Access Team

The Advice Line provides 24/7 access to specialist palliative care advice and support for patients, carers and healthcare professionals. During the year, the service managed 6,721 calls, a 21% increase compared with the previous year, demonstrating rising demand for timely support. Following a marked increase from 2024-25 Q4 to 2025-26 Q1, activity has since stabilised. Alongside this increase in volume, the service has also seen a 65% rise in follow-on calls, indicating growing complexity.

The service is delivered collaboratively by the Access Team and the Inpatient Unit, with 24-hour input from the Senior Medical Team and additional support from the Community Nursing Administration Team. A key improvement during the year has been the strengthened role of the Community Nursing Administration Team in answering initial Advice Line calls between 09:00 and 16:30. In 2025-26 Q4, the team answered 75% of calls, compared with 36% in 2024-25 Q4. This improvement has reduced the number of calls diverting to voicemail and reflects changes to team processes, supported by the functionality of the new phone system, which has enabled more effective monitoring of performance, responsiveness and service demand. This has improved patient experience by reducing delays in access, providing a timelier response at the first point of contact, and offering greater reassurance to patients and families seeking advice and support.

Most calls to the Advice Line are made by patients

and carers, accounting for 52% of overall call volume, which highlights the importance of direct access to specialist advice as part of a responsive, person-centred service. Among external healthcare professional groups, the highest proportion of calls is from Sirona staff (23%), followed by General Practitioners (13%), demonstrating the Advice Line’s wider role in supporting coordinated care across the local system.

The Advice Line is widely publicised, enabling patients to access support and guidance without needing to be previously known to the hospice. This improves accessibility and helps ensure that people with palliative care needs can obtain timely specialist advice at the point it is needed. The service also provides an important safety net for new patients awaiting triage and assessment, as well as for those already on hospice caseloads.

Advice Line calls frequently result in referrals to hospice teams, particularly CNS Response and

SERVICE DELIVERY STATISTICS 25-26

Advice Line Calls	Follow-up Calls	Total Initial & Follow-up Calls
6,721	6,182	12,903

Hospice at Home, as well as onward referral and signposting to external services. This supports timely access to the most appropriate service and strengthens coordination of care across organisational boundaries, helping to improve patient experience.

CNS Outpatient Pilot
In September 2025, the Access Team launched an outpatient clinic pilot at Brentry as a quality improvement initiative. The pilot aims to reduce patient waiting times, improve timely access to specialist assessment, and alleviate pressure on the geographical CNS teams, supporting a more responsive and sustainable model of care.





“They were the kindest, most supportive nurses. They took time with my Father in his home and spoke to him kindly. They gave Mum respite and enabled us to be together as family rather than his carers.

We cannot thank them enough.”

Nurse Led Beds

Our Nurse-Led Bed service continues to make a real difference to people at the end of life by providing responsive, compassionate care for patients who wish to die in the hospice but are unable to remain in their current place of care. This may be because they live alone, have limited support, or want to protect those closest to them during a very difficult time.

The service gives patients and families access to a calm, personalised and supportive hospice environment when it matters most. Over the past four years, this service has grown significantly from one bed to the capacity to care for up to five patients at the same time.

In the last 12 months alone, admissions increased by 42%, meaning more people were able to access hospice care in the final days of life.

With an average length of stay of five days, the service remains focused on providing timely access for those with the greatest need, while maintaining high standards of personalised care.

“I feel so fortunate that we were able to spend the last days my wife’s life in the Hospice.

I’ve spoken to many health professionals in the last few months, but the communication skills of the NLB team were unparallel. They mastered the art of listening and communicating.”

The service is supported by our Advanced Practitioner and Senior Clinical Nurse Specialist Response Team, which continues to strengthen the quality and responsiveness of care.

Three of the four Specialist Clinical Nurse Specialists are now qualified Non-Medical Prescribers, with the fourth expected to complete this qualification this year, further improving the team’s ability to respond quickly to patients’ needs.



SERVICE DELIVERY STATISTICS 25-26		
Total Admissions	Total Occupancy	Median Length of Stay
143	70%	5 days

Alongside this, work is underway to develop a new Community Nurse Specialist development and core knowledge programme, helping to support and grow the confidence of newer members of the team.

We are also proud of the leadership shown within the service by our newly qualified Advanced Practitioner. As part of this development, a Quality Improvement project completed last year led to measurable improvements in the recognition, understanding and management of delirium at the end of life. This has helped to improve patient comfort and reduce distress for both patients and their families.

Further improvement work is planned for the year ahead, building on this success and supporting the continued development of high-quality end-of-life care.

Medical Team

Our medical team continues to play a central role in delivering high-quality specialist palliative and end of life care across the hospice. They provide round-the-clock support to the Inpatient Unit and hospice advice line, while also supporting nursing colleagues and caring for patients at home and in outpatient settings. During 2025-26, the team delivered 11% more consultations than the previous year, helping more patients and families access timely specialist advice and support when they needed it most.

We were also delighted to welcome a fifth Consultant to the medical team this year, further strengthening our specialist expertise and leadership capacity. This has supported ongoing service development and helped progress important improvements in care, including the safe introduction of new methadone pain management protocols and further work to develop the use of lidocaine on the Inpatient Unit. Together, these developments are expanding treatment options and improving symptom control for patients with more complex needs.

Research and innovation have also been an important strength this year. Our Specialty Doctor contributed to research with the University of Cambridge focused on improving systems for injectable medicines used to manage symptoms for adults receiving end of life care at home. In addition, two members of the team became medical leads for a national research study,

working alongside our hospice research nurse to explore whether a urine test may improve understanding of prognosis. This work reflects our commitment not only to delivering excellent care today, but also to helping shape better palliative care for the future.

The medical team has also invested in its own development to further enhance the care we provide. A team away day created valuable time to reflect, learn and strengthen how we work together. We also completed training in non-invasive ventilation, enabling us to safely care for patients using this equipment on the Inpatient Unit, supported by a multi-professional working group. Further training in the management of intrathecal pumps has strengthened our ability to care for patients with highly specialised pain management needs.

We were proud to receive positive feedback about the medical team during the year, particularly about the kindness, compassion and professionalism shown to patients and those important to them. This feedback provides valuable reassurance that our care continues to reflect the values that matter most to the people we support.

We have also used feedback to improve discharge planning from the Inpatient Unit. Learning from concerns raised in the previous year helped us identify opportunities to strengthen communication with patients and families and improve arrangements for medicines on discharge.

SERVICE DELIVERY STATISTICS 25-26

Patients Supported	MDMs with Medic Input	Consultations Delivered
732	1,135	4,184

In response, we strengthened prescribing and medication supply processes and introduced a discharge framework for staff, helping to make discharge planning clearer, safer and more consistent for everyone involved.

Partnership working has remained a key strength of the medical team this year. We have continued to work with external specialists and partner organisations to improve care for people living with Parkinson’s disease and other movement disorders. We have also supported cross-organisational work on ReSPECT Plus, an electronic system that helps record people’s wishes and preferences for treatment so that care is more closely aligned with what matters to them. Encouragingly, data shows strong engagement from hospice staff in completing ReSPECT records.

Alongside this, one of our Consultants has led collaborative work across the local system to improve the safe prescribing of injectable medicines for people being cared for at home in the last days of life. Together, these developments demonstrate our commitment to improving quality, safety and personalised care both within the hospice and across the wider health and care system.

Wellbeing Services & Therapy Team

This year Day Services was renamed to Wellbeing Services to more accurately reflect the services provided. The whole team continues to receive positive feedback from patients, expressing how valued their support has been.

Community Hubs

In alignment with our strategic priorities, we were delighted to start our first community hub at a neighbourhood venue in Whitehall. The aim is to engage with people earlier in their care journey through a lighter touch model. Despite low numbers, which we expected starting this new service, we have received positive feedback from attendees. We are looking forward to starting our 2nd hub in North Somerset in the summer 2026.



Living Well Programme and Social Support Groups

These programmes and groups are aimed at enhancing the well-being of patients and their families. Our social groups – including craft, painting, and gardening – continue to be really valued by patients. This year there were 266 individuals that attended one of these groups.

Neurological Living Well Program

This is a program 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. Over the course of the year, we ran 2 courses which 16 individuals attended.

Drop-in

This service is collaboratively led by Wellbeing 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 111 attendances.

Complementary Therapy

Referrals to the Complementary Therapy (CT) team increased this year. We remain grateful to our committed small team of qualified volunteer complementary therapists who support patients on the IPU following triage by a SPH CT therapist.

The new CT outpatients service delivered 123 sessions to CNS patients at our Brentry site. This service broadens our holistic care to patients.

SERVICE DELIVERY STATISTICS 25-26		
Service Attendees	Individuals Supported	Drop-In Attendees
1,008	266	111

Occupational Therapy, Physiotherapy and Therapy Assistants

Our Occupational Therapy and Physiotherapy team continue to provide holistic, person-centered support to patients across both inpatient and community settings. The team also support the Wellbeing Service programme and lead our FAB course. Our Therapy Assistants are increasingly supporting patients after successfully completing competencies. One has taken the lead role with our Virtual Reality (VR) work on the IPU. Patients express how impactful VR is, to aid relaxation, reduce distress and pain.

Fatigue and Breathlessness Course

Referrals to the Fatigue and Breathlessness (FAB) course increased this year, reflecting its strong reputation among healthcare professionals and value in enabling patients.

“I think this is a very good course that helps people with their symptoms. I learnt quite a lot from all of the members of the team.”

The FAB course runs weekly at two locations, one at our Brentry site and one external site. In 2025-26, we successfully ran a course for the 1st time in Clevedon, North Somerset. It was very well received with many patients expressing their gratitude that their commute was much shorter.

A person wearing a green sweater is sitting at a table, writing on a piece of paper with a blue pen. The table is covered with various art supplies, including a palette, a glass of water, and a pencil. The background is slightly blurred, showing other people in a room. A semi-transparent green circle is overlaid on the image, containing text.

“The art course was well-led and the support from the Wellbeing Team was exceptional. We all felt safe and looked after.

All we had to do was turn up and everything was organised, with great cake!

I thoroughly enjoyed the course and meeting other participants. I didn't feel so alone in my future prognosis.”

Spiritual Care

At St Peter's Hospice, the Spiritual Care Team plays a key role in delivering holistic, person-centred care, supporting patients and families to make sense of their experiences and explore what brings meaning, comfort and hope.

Spiritual care is inclusive and accessible to everyone, regardless of faith or belief, including those with none. It is delivered in close partnership with the multidisciplinary team to ensure emotional and spiritual wellbeing are recognised as integral to overall care.

Following the recruitment of a new Spiritual Care Lead in July 2025, the service has continued to strengthen and develop its offer across both the Inpatient Unit and community settings.

Inclusive support

Building on our commitment to inclusive and culturally sensitive care, the Spiritual Care Team has strengthened engagement with local faith communities, establishing connections with 13 key representatives across five major faith groups. This growing network of faith and community leaders, chaplains, academics and educators provides a valuable source of guidance, supporting the hospice to ensure communications, care approaches and signposting are culturally appropriate and responsive to patient and family needs.

In addition, collaboration with Catholic and Anglican representatives has been enhanced, with

regular visits to the Inpatient Unit to offer prayers and sacraments, and improved support for families to access appropriate faith leaders for home visits when requested.

Personalised approaches to care

The Spiritual Care Team has continued to develop innovative and personalised approaches to support patients and families. This has included facilitating two wedding blessings on the Inpatient Unit, providing meaningful opportunities for patients to reaffirm and celebrate their relationships in a hospice setting.

The team has also been exploring the use of virtual reality (VR) to enhance spiritual care, enabling patients to experience places of personal or spiritual significance.

SERVICE DELIVERY STATISTICS 25-26

Total Referrals	Staff Consultations	Volunteer Consultations
164	209	325

We have developed a spiritual care assessment template, informed by recognised frameworks and aligned with national guidance, to support a holistic, person centred understanding of individual needs.

In addition, the Spiritual Care Lead has strengthened inclusive practice through external engagement, including attendance at a Bristol LGBTQ+ Coalition event focused on supporting older LGBTQ+ individuals, helping to raise awareness of spiritual care as an integral and accessible part of hospice support for all.



Psychological Therapies

The Psychological Therapies Team continues to deliver high quality compassionate psychological therapies to patients and those important to them, both before and after bereavement.

Adapting to Meet Ongoing Demand

Demand for psychological therapies continues to rise, with referrals up 31% this year. Despite this growth, waiting times have remained stable, and recent recruitment will further strengthen the service and support quicker access for patients and their loved ones.

Our Adult Grief Drop-in group at Brentry is now a well-established and valued part of our offer, with around 680 attendances over the past year. The group provides regular, accessible support through a mix of psychoeducation and creative approaches to exploring grief, while fostering strong peer connections. For many, these relationships continue beyond the hospice, reducing isolation and enabling ongoing mutual support.

Children and Young People

We received 132 referrals for children and young people and delivered 321 therapy sessions at our Brentry site and in schools. This pre-bereavement and bereavement support, led by our Children and Young People (CYP) Lead, helps children understand and express their feelings safely, reduces anxiety, and builds resilience during a family member’s illness and after death. Alongside therapeutic conversations, the team uses creative approaches—including outdoor and nature-based work in our hospice gardens—to help children

explore grief in accessible, meaningful ways. By offering timely, age-appropriate support, we help children stay connected to school, family and friends, and reduce the risk of longer-term emotional difficulties.

“I attended therapy sessions after losing my Dad at a young age. My therapist made me feel comfortable and created a safe space for me to explore my grief and validated my feelings. I will be forever grateful.”

In October, our CYP Lead delivered targeted training to 59 teaching staff across a Multi Academy Trust on supporting students through grief and loss. The session strengthened teachers’ confidence in recognising and responding to bereavement, enabling earlier, compassionate support that improves emotional safety, understanding, and timely help for students during significant change.



SERVICE DELIVERY STATISTICS 25-26		
Total Referrals	Total Assessments	Sessions Delivered
1,193	744	3,772

Specialist interventions

The team remains committed to delivering trauma-informed psychological support, recognising the complex impact of serious illness, death and bereavement. This year, Four senior therapists completed specialist Eye Movement Desensitisation and Reprocessing (EDMR) training, funded through external grant support. EDMR is an evidence based psychological intervention used to support individuals experiencing trauma related distress. This investment has strengthened the team’s clinical expertise to respond effectively to more complex presentations, enhancing the quality of informed care available across the hospice.

Supporting a Culture of Reflection

This year we have established a link worker model, enabling each clinical team to have a named Senior Therapist who works alongside them and understands the realities of their day-to-day work. This approach gives staff time and space to talk, reflect and support one another. Feedback shows this helps reduce stress, builds confidence, and supports staff to cope with the emotional demands of caring for people who are seriously ill or bereaved. By supporting staff wellbeing in this way, teams are better able to work together, communicate openly and provide calm, compassionate and consistent care for patients and families.

Social Work

The Social Work Team plays a key role in supporting people at some of the most challenging times in their lives. Working closely with patients, carers and clinical teams, social workers help address a wide range of practical, emotional and social needs, including complex discharge planning from the Inpatient Unit.

The team supports individuals and families to understand their options and navigate health and social care systems, helping them access the right support at the right time. This enables patients to focus on what matters most to them, supports carers in their role, and contributes to safe, co-ordinated care that improves quality of life.

Referrals

This year, we received 635 referrals for Social Work support and delivered 1,132 face-to-face consultations, representing a 27% increase. Financial support remained the most common reason for referral, accounting for 40% of all referrals

Strengthening Support for Carers

Over the past year, the Carers Lead has taken a proactive approach to increasing awareness of the support available to informal carers, with a clear focus on protecting and improving carer wellbeing. This has included strengthening referral pathways and partnerships with local authorities, carers support centres, and voluntary, community and social enterprise (VCSE) organisations. While overall referral numbers to the service have

remained stable, we received 242 referrals for carers, which is an increase of 31%, reflecting improved identification of carers at risk of stress and burnout and earlier access to support. This earlier engagement helps sustain caring roles, reduce carer crisis, and supports both carer wellbeing and the quality and continuity of care patients receive.

The team have recently implemented the use of Carer’s Support Plans, which are completed following a carer led assessment being completed.

Our Carers Line continues to provide a valuable listening ear for informal carers and is an accessible source of reassurance, emotional support and practical advice.

Social Work in Palliative Care

The Social Work Team Manager, collaborated with St. Michael’s Hospice on behalf of the Association of Palliative Care Social Workers to deliver a




SERVICE DELIVERY STATISTICS 25-26

Total Referrals	Social Work Consultations	Carers Support Line
635	2,597	69

session at the National Community Care Conference on “Social Work in Palliative and End of Life Care – The Hospice Role”. This contribution provided an opportunity to raise the profile of social work as a core component of high-quality palliative and end of life care, highlighting the unique expertise and holistic perspective that social workers bring within multidisciplinary teams. The session also enabled the sharing of learning from St Peter’s Hospice, showcasing the breadth and impact of our social work practice and strengthening national awareness of the vital role of hospice social work teams.

Multi-Disciplinary Team Working

The Social Work team collaborate with the Wellbeing team to deliver our Community Hub in East Bristol. The Hubs provide accessible, early, and holistic support within local settings, offering patients and carers opportunities for emotional connection, practical advice, and wellbeing activities, helping them feel less isolated while enabling them to access the right support at the right time without the need for formal referral. They also facilitate the drop-in session at our Brentry site, which is a welcoming space for people to find out more about hospice care and co-facilitate the ‘Planning Well’ session, which is a key part of our successful Living Well programme led by our Wellbeing Team.



**“The care my Mother received was exceptional.
The staff were compassionate, professional and attentive, always
prioritising her comfort and dignity.**

**Communication was clear and sensitive, and we felt supported
emotionally throughout her final days.”**

Research

The research department continues to play a vital role in implementing and evaluating innovative hospice services, with a strong focus on understanding meaningful impact for patients, families, staff and communities. This includes ongoing evaluation of initiatives rooted in research, such as cuddle beds, virtual reality therapy and the cornea donation service, ensuring research informs compassionate care, service-user experience and future service development.

Following the success of the CHELsea II study, we will embark on the next multi-centre NIHR portfolio-adopted clinical trial: METEL (Metabolic Markers Towards the End of Life), led by The Clatterbridge Cancer Centre.

This study will explore whether metabolic markers identified in urine could help predict the dying process. Alongside its scientific value, the wider educational impact is significant: it raises the important discussion around prognostication challenges, improves understanding of causes of death and supports greater accuracy in data reporting.

Great care has been taken to ensure sensitive communication with participants, recognising that people receiving palliative care should not be excluded from research opportunities. Our experience consistently reflects the literature: patients are interested and willing to contribute, often valuing the opportunity.

During 2025-26, considerable work was

undertaken to improve the collection of patient experience and person-centred outcome data, developing approaches aligned with clinical care while generating meaningful data that has previously been difficult to capture. This supports Care Quality Commission guidance on patient and staff experience and contributes to an organisation-wide community of practice embedding outcome measures as core business.



Following a successful collaboration with Dorothy House Hospice on their intimacy needs in the hospice setting project, we begin our second endeavour as a Participant Identification Centre for the Dying at Home Study, led by the University of Bath and Professor Kate Woodthorpe. Our Research Nurse contributed from the early development stages, helping researchers connect with community teams, ensuring the voices of people living in lower-income areas are represented, both in relation to challenge and in the golden stories of community solidarity, compassion and extraordinary people.

We continue to strengthen governance processes for internal and external research applications while modernising systems in line with NHS standards. Alongside this, we are creating an NIHR-funded hospice toolkit with Dorothy House Hospice to support shared learning and practical application across the sector.

Patient and Public Involvement (PPI) remains central to all activity encouraging co-production. The hospice engaged its first PPI volunteers in 2025, supporting development of the virtual reality service; evaluation and feedback demonstrate significant therapeutic value as a non-pharmacological approach to symptom management.

The department is committed to expanding PPI further in 2026, so research remains compassionate, inclusive and shaped by the people we serve.

Clinical Education

At St Peter's Hospice, we are committed to delivering high-quality, safe, and evidence-based care. Clinical education is central to how we achieve this.

Our programmes support staff, volunteers, and partners across the BNSSG system to build the knowledge, skills, and confidence needed to provide compassionate, person-centred care.

Commitment to Quality and Compliance

All education activity is aligned to national standards and regulatory requirements, including those set by the Care Quality Commission (CQC), professional regulators such as the Nursing and Midwifery Council (NMC) and Health and Care Professions Council (HCPC), and statutory and mandatory training frameworks.

We ensure quality through:

- Regular review and updating of training in line with best practice and national guidance
- Robust governance processes to monitor training compliance, quality, and impact
- Use of learner feedback and evaluation to continuously improve programmes
- Supporting staff to maintain professional competence and meet revalidation requirements
- This provides assurance that our workforce is equipped to deliver safe, effective, and high-quality care.

Strengthening Clinical Practice and Reducing Inequalities

We have continued to expand clinical skills development to improve access to specialist care and reduce inequalities. The appointment of a Practice Education Facilitator has strengthened our ability to embed evidence-based practice and deliver targeted training where it is most needed.

Key areas of focus have included:

- Advanced respiratory therapies
- Oral hygiene in palliative care
- A structured bowel management programme

Delivering Inclusive and Equitable Care

Performance in the nationally mandated Oliver McGowan Training (Learning Disability and Autism) has been exemplary. Compliance consistently exceeds 90% across core elements, outperforming regional targets set by the Integrated Care Board (ICB).

This reflects a strong organisational commitment to equitable care and supports the requirements of the Health and Care Act (2022), ensuring staff are equipped to meet the needs of people with learning disabilities and autism.

Enhancing Care for People Living with Dementia

We have strengthened dementia care through innovative education approaches, including simulation-based learning using an empathy suit, enhanced training programmes, and active collaboration with system partners.

SERVICE DELIVERY STATISTICS 25-26		
External Delegates Reached 610	Organisations Reached 46	Scope of Professionals Taught 51

This work has:

- Improved staff understanding of the lived experience of dementia
- Strengthened person-centred approaches to care
- Enhanced patient and family experience

Impact and Assurance

These improvements directly support key CQC domains by:

- Enhancing safety through increased clinical competence
- Strengthening effective, evidence-based practice
- Improving responsiveness and equitable access to services
- Delivering inclusive, person-centred care
- Demonstrating strong governance and system leadership

Through continued investment in clinical education, we are supporting our workforce, strengthening partnerships across BNSSG, and ensuring that people in our community receive high-quality care when it matters most.

Patient Safety & Quality

During 2025-26 the Patient Safety and Quality Team made significant progress in strengthening the hospice’s approach to patient safety, organisational learning and continuous quality improvement. The team led this work across the organisation, ensuring safer, more reliable systems of care were developed, embedded and sustained.

Following the introduction of the InPhase incident reporting system in 2024-25, the team carried out a full evaluation of its first year in use. Staff from all areas were invited to share their experiences and the findings showed a significant shift in safety culture.

Incident reporting increased by 38% and feedback submissions rose by 107%. These improvements demonstrate growing staff confidence, easier access to reporting tools and a more open approach to identifying and learning from patient safety events and near misses.

To build on this progress and support the hospice’s transition to the Patient Safety Incident Response Framework (PSIRF), the team introduced the PSIRF module within InPhase. This created a more structured and consistent way of managing patient safety events across the organisation.

All members of the team completed accredited PSIRF training through the Health Services Safety Investigations Body, strengthening the hospice’s ability to respond to incidents in a proportionate,

compassionate and learning focused way. This investment in skills and capability ensures that patient safety responses are not only thorough, but also centred on understanding what happened, why it happened and how systems can be improved to prevent future harm.

The introduction of the InPhase Actions Module has further improved oversight and accountability. Actions arising from incidents, audits, feedback and PSIRF reviews can now be monitored and evidenced through to completion, supporting stronger governance and a more joined up approach to quality and safety improvement.

Innovation in clinical practice remained a priority. Several new wound care products were trialled to assess their effectiveness and potential to streamline the hospice formulary. A cinnamon scented dressing for malodorous wounds was also tested. While not designed to promote healing, it has shown promise in improving comfort, dignity, and emotional wellbeing for patients who may experience distress or social withdrawal due to wound odour.

To enhance patient experience, the team in collaboration with IT, designed and launched a new in-house patient survey in July 2025, replacing the previous IWGC (I Want Great Care) platform. This new approach provides more relevant, hospice specific insight and allows feedback to be gathered in a way that better reflects the needs of patients and families. The accompanying live dashboard gives managers real time access to

SERVICE DELIVERY STATISTICS 25-26		
Incidents Reviewed 547	LFPSE Submissions 297	PSIRF Investigations 13

to comments and trends, enabling them to identify themes quickly, respond to concerns more effectively and use feedback to drive meaningful improvements across services.

Looking ahead, the patient safety and quality team will continue to embed PSIRF, strengthen organisational learning and support all teams to deliver safe, high-quality care.

Through collaboration, innovation and compassionate leadership, the team remains committed to a culture of safety, openness, and continuous improvement for patients, families, staff, and volunteers.

Volunteer Services

Volunteers are at the heart of everything we do, whether supporting our care and support services or contributing to our shops and fundraising. They bring a wide range of skills, experience and enthusiasm, making a meaningful difference every day.

We have established strong systems to ensure volunteering is a positive experience, with clear coordination and support to help people join, develop and remain involved.

We are proud to have 1,650 volunteers across 21 different roles, and we continue to grow our volunteer community while creating more opportunities to get involved as we work alongside local communities.

We are truly grateful for the time, commitment and support our volunteers give. Their contribution makes a real difference every day and is central to our continued success.

Here are some of the ways our volunteers helped us move forward this year:

- Our volunteer community grew by 9%, with new people joining a wide range of roles across the organisation.
- We introduced a new digital volunteering system, improving how we recruit, train and retain volunteers across all areas of the Hospice.

- To make it easier for volunteers to get started and continue developing, we established a new online learning system, ready to launch in June.
- More volunteers became involved in our local community spaces, including a programme supporting carers with short breaks and additional support. Volunteers also helped deliver wellbeing sessions and drop-ins.
- We strengthened our Hospice Neighbours service, enabling us to reach more patients with social and practical support.
- We introduced a new Hospice Friend role to provide companionship on our inpatient unit, and our volunteer drivers met 97% of transport requests from clinical teams, helping patients access care when they needed it.



Facility Teams

Over the past 12 months, we have made important improvements to our hospice environment through a programme of targeted capital investment, including the refurbishment of our kitchen. This has allowed us to replace ageing gas equipment with modern, more reliable electric equipment.

We have also increased refrigeration and freezer capacity, strengthening the resilience of our catering services and helping ensure food and refreshments can be provided more reliably across the hospice.

Building on this progress, we are continuing to improve our catering offer. This includes upgraded options within the coffee shop, supported by new high-efficiency cooking technology.

These improvements have been made possible through support from the Hospice UK Capital Grant, which has enabled significant refurbishment work across our Brentry site.

A key part of this programme has been improving office and support spaces at Brentry. Previously, multiple advice lines operated within shared office areas, which created challenges for privacy and efficiency. Working with our project partners, we have now created improved, fit-for-purpose spaces that better support the teams delivering these important services.

The Facilities & Estates Team

The Facilities and Estates Team has successfully

introduced a new computer-aided facilities management system across the retail estate. This has created a more efficient and reliable way to manage buildings, equipment and maintenance requests, with early improvements including faster responses, more accurate information and better oversight of compliance activity. Having a single, central source of information for the estate supports better planning, clearer reporting and stronger decision-making.

Following the completion of major capital projects, the team will now focus on extending this system across the wider hospice estate, including our clinical services.

Maintenance Team

The introduction of a Facilities Operative Apprentice has strengthened the Maintenance Team and improved its ability to respond to issues



across the hospice estate. This additional support helps ensure maintenance needs are addressed more quickly, contributing to a safer, better maintained and more comfortable environment for patients, families, staff and visitors. It also reflects our commitment to developing a sustainable workforce for the future, helping us build the skills and flexibility needed to maintain high-quality environments that support the delivery of care.

Housekeeping

We have strengthened our Housekeeping Team in response to the growing demands of hospice services and the return to full capacity within our inpatient unit. This enhanced resourcing helps us maintain a clean, safe and responsive environment, while also supporting infection prevention and control standards.

Gardens and Outdoor Spaces

Our gardens and outdoor spaces continue to be carefully maintained and developed by our Gardener, supported by volunteers and local specialists. These spaces are highly valued by patients, relatives, visitors and staff, offering a calm and peaceful environment for reflection, rest and time together away from clinical areas.

In addition, therapeutic gardening sessions are offered for Day Hospice users and staff, making a valuable contribution to wellbeing and overall experience. We are also exploring opportunities to further enhance our outdoor spaces so they can continue to support the emotional wellbeing and comfort of patients, families and staff.

Information Technology

This year, the IT Department has continued to support the Hospice in using technology to improve how we work, strengthen our systems, and make day-to-day processes easier for staff, volunteers and those delivering care.

A key area of progress has been the implementation of important organisation-wide systems. We have introduced Assemble, a new volunteer management platform, which will help us manage volunteer information, communication and activity more effectively. Volunteers play a vital role across the Hospice, and a more joined-up system will support better coordination and a more consistent experience for those generously giving their time.

We have supported work on The Hive, our new intranet, which is designed to make key information, updates and resources easier for staff to find and use

We have worked closely with Facilities to support the refresh of office space at the Brentry site. As part of this work, we have equipped workstations and meeting rooms to make it easier for teams to work flexibly, collaborate effectively and make better use of shared spaces. We have also refreshed key parts of our network infrastructure, improved Wi-Fi coverage and reliability while strengthening security.

Cyber security has remained a key priority. This year, we introduced a Cyber Security Operations

Centre service, providing 24/7 monitoring of our IT estate for potential cyber threats. This strengthens our ability to identify and respond to risks quickly, helping to protect Hospice systems, information and services.

This year has also seen a renewed focus on digital skills and confidence. In response to staff feedback, we carried out a survey to understand how colleagues feel about technology and their own digital skills. This insight has shaped informal digital drop-in sessions, giving staff practical support and helping them build confidence with the tools they use every day.

In the year ahead, we will continue to improve our IT support provision, ensuring we support colleagues in clinical and non-clinical teams in the best way possible.

We will also continue to explore how artificial intelligence can safely improve productivity and efficiency, and work towards Cyber Essentials accreditation to demonstrate our ongoing commitment to cyber security.

Alongside this, we will continue to explore how digital innovation could further support staff and improve the experience of care.

This includes looking at ways technology may help reduce administrative burden, improve documentation and reduce reliance on paper-based systems, freeing up more time for direct patient care.

Clinical Systems

Our Clinical Systems team plays a crucial role in maintaining and improving the Hospice's Electronic Patient Record system, powered by EMIS. The system supports the safe recording, sharing and coordination of patient information, helping clinical teams provide joined-up, compassionate care.

During the year, the team worked closely with clinical services as new standards of care were developed. A key part of this work has been making sure the right information is captured within EMIS so that teams can better understand activity, measure quality and identify opportunities for improvement.

The team also introduced new templates and processes to support clinical teams in delivering their strategic priorities. A particular focus has been on making sure information can be recorded in a meaningful way without creating unnecessary burden for staff, patients or families. During the year, the team also introduced a trial of text message communication with patients, helping us explore new ways to improve contact and make services more accessible and responsive.

Together, these improvements have strengthened data quality, streamlined key processes and helped ensure that our clinical systems continue to evolve in line with the changing needs of the hospice. This provides a stronger foundation for safe care, service improvement and innovation.

Human Resources

Over the past year, the Human Resources (HR) Team has focused on supporting a stable, skilled and motivated workforce so that patients and families receive safe, compassionate and high-quality care. This has included strengthening management and leadership capability, improving consistency in processes, and responding to staff feedback.

Workforce stability and recruitment

Despite national challenges across health, care and retail, staff turnover has remained below sector benchmarks and vacancies have generally been filled within target timeframes. This has been supported by improved recruitment processes, clearer role information and closer partnership with managers. Feedback from people leaving the hospice continues to shape improvements, particularly around role clarity, development opportunities and workload balance.

Supporting managers and staff

This year we strengthened the support available to managers, recognising that good management is central to staff wellbeing and retention. More guidance and templates have been introduced for managing sickness absence, performance and conduct matters. A more consistent, supportive approach to long term absence has helped staff return to work where possible and reduced disruption to services.

Learning and development

Learning and development has remained a key

priority. Mandatory training compliance remains strong, leadership programmes continue to receive very positive feedback, and apprenticeship pathways have expanded across departments.

Work has also begun to assess digital skills across the hospice, helping us plan future training that supports confidence, efficiency and safe ways of working.

Performance, wellbeing and engagement

The hospice's performance review process is being redesigned to improve the quality and consistency of conversations between managers and staff. The new approach focuses on meaningful, values led discussions that support development as well as wellbeing. Staff engagement has remained high, with survey feedback showing strong pride in working for the hospice and feeling supported by managers.

Equity, diversity and inclusion

Further progress has been made in embedding equity, diversity and inclusion into everyday practice. There has been focus on tools and guidance to support fair recruitment, policy review and decision making, alongside targeted learning resources covering areas such as neurodiversity, mental health and menopause.

Looking ahead

The HR Team will continue to strengthen the systems, leadership capability and workforce insight that underpin safe, high-quality care. By supporting consistent management practice, learning from staff feedback, and maintaining strong people governance, we will continue to play a key role in managing organisational risk, supporting patient safety, and ensuring the hospice remains a safe, compassionate and well led place to work and receive care.



Our Quality and Safety Assurance

At St Peter's Hospice, we are proud to provide compassionate, person-centred care in a safe and high-quality environment. Making sure people receive safe, effective and compassionate.

Throughout the year, our clinical governance and assurance processes have helped us closely monitor the quality of our services, listen to feedback, review incidents openly, and make improvements where needed. This gives us strong oversight of quality and safety and helps us continue to learn and improve.

During the year, we continued to embed the Patient Safety Incident Response Framework (PSIRF) into everyday practice. This has strengthened the way we respond when things go wrong by focusing on learning, systems and human factors, rather than blame. We now routinely use a range of approaches, including structured reviews, After Action Reviews and multidisciplinary discussions, to help us understand what happened, share learning and improve care.

One Patient Safety Incident Investigation was completed during the year. The learning from this investigation will support important improvements in discharge planning, multidisciplinary communication, safeguarding awareness, and documentation across our inpatient and community services.

This work will help strengthen the support we provide to people with more complex needs and

has improved how teams work together to plan safe care and safe discharge from our services.

We have also introduced the PSIRF module within InPhase, which helps us keep track of learning responses and improvement actions in one place. This gives us clearer oversight of patient safety work across the hospice and strengthens our ability to monitor progress and provide assurance.

Our staff have continued to build their patient safety knowledge through national training, helping to strengthen skills, confidence and understanding across our clinical teams. This investment in learning supports our ongoing commitment to delivering safe, high-quality care.

We have continued to strengthen our incident reporting processes, supported by our electronic reporting system. During the year, reported incidents increased from 404 to 547, a 35.4% increase. We see this as a positive sign of an open and supportive culture, where staff feel able to report concerns, share learning and help us improve. Stronger reporting also helps us identify issues quickly and take timely action when needed.

We also implemented the national Learn from Patient Safety Events system during the year, further strengthening the way we report, review and learn from patient safety events.

We continue to engage proactively with the Care Quality Commission (CQC). This year, we

successfully introduced the CQC self-assessment module within InPhase, bringing together our evidence, learning and improvement work in one place. This helps us clearly demonstrate the quality of our care, keep track of our progress, identify opportunities to improve, and remain inspection ready throughout the year. It is an important step forward in strengthening our oversight and giving greater assurance that people using our services receive safe, high-quality care.

Our executive and senior management teams also work closely with partners across the wider health and care system to support shared learning and improvement. Through our involvement in a range of local and regional quality groups, we contribute to wider work on safety, quality and service development, while also bringing valuable insight back into the hospice.

We are proud to play a leading role in the regional Hospice Quality Forum, working alongside colleagues to share good practice and help improve care for people across the area.

The following pages present key clinical quality metric data for 2025-26.

Clinical Incidents

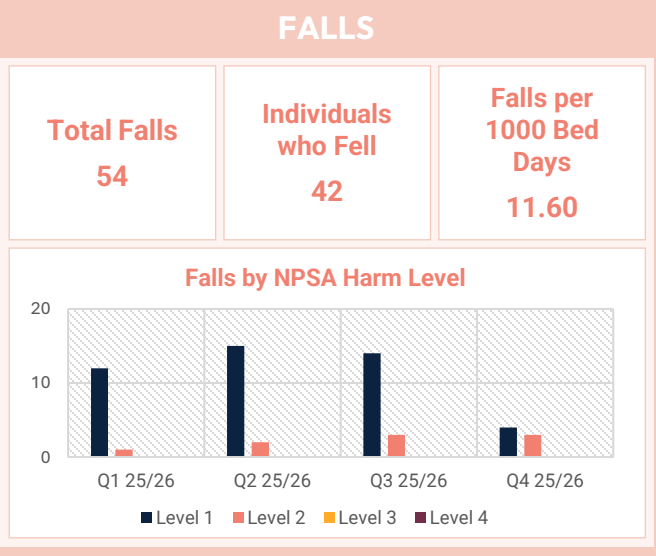
Falls

During 2025/26, 54 patient falls were reported, compared with 51 in the previous year. This increase was small when considered alongside a 23% rise in admissions, suggesting that the overall level of falls remained broadly stable despite significantly increased service activity.

There was, however, an increase in NPSA harm level 2 falls, with six more incidents reported than in the previous year. This has informed targeted quality improvement work to strengthen prevention, improve assurance, and support learning from incidents.

Multiple falls

The number of patients experiencing multiple falls reduced to five during the year, compared with 10 in the previous year. In Quarter 1, one patient



accounted for 10 falls. A PSIRF Learning response was completed which included a SEIPS analysis and multidisciplinary team review, leading to improvement actions to strengthen risk management, documentation, shared learning, and preventative practice.

How we have improved:

- Strengthened prevention and assurance: We updated Registered Nurse documentation to include daily review of bed sensor use and improved documentation of intentional rounding.
- Improved learning from incidents: Greater use of PSIRF learning responses, including After Action Reviews, multidisciplinary reviews and SEIPS, has supported a stronger learning culture and informed service improvement.
- Enhanced clinical guidance and care planning: Updated NICE guidance informed improvements to the falls policy, care planning and staff support, including new guidance for when patients refuse prevention interventions.
- Targeted action on identified risks: We introduced specific improvement work in response to themes identified through incident review, including support for risks associated with mobilising to the smoking area.
- Partnership working: learning with safeguarding colleagues has supported transparency, wider system learning and collaborative improvement.

Medicines Management

This year, medication error reporting increased slightly by 4%, following a significant 31% reduction in the previous year.

This change should also be seen in the context of growing service activity, including a 2% increase in community clinical nurse specialist caseload and a 23% increase in inpatient unit admissions.

As more people accessed our services, we remained focused on ensuring medicines were managed as safely as possible.

During the year, 31 incidents were recorded at National Patient Safety Agency (NPSA) Level 1.

Each reported incident was reviewed to support learning, strengthen practice, and help reduce the risk of similar issues happening again.

There were also 25 incidents recorded at NPSA Level 2, representing a 5% increase.

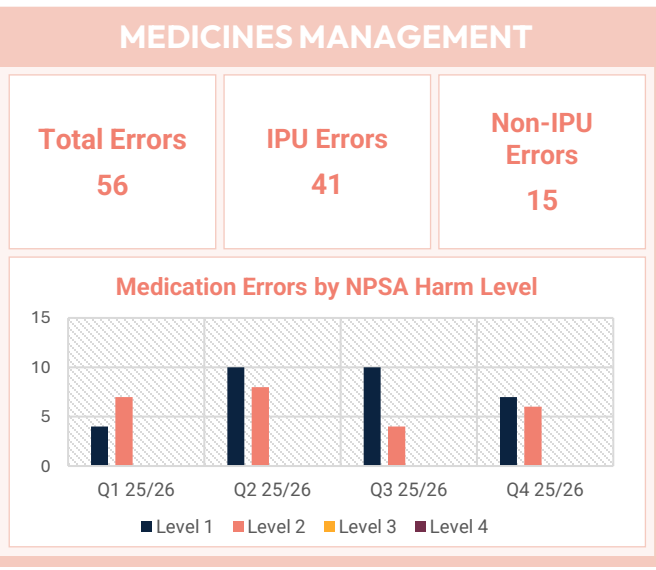
We have used this information to further strengthen oversight, support staff learning, and improve how we respond to more complex medicine-related incidents.

We have continued to strengthen our medicines safety systems through regular surveillance audits, including the management of FP10 prescription forms, medicines administration audits and Controlled Drugs Accountable Officer assurance.

How we have improved:

- During the year, the Controlled Drugs audit process was redesigned in line with national requirements and local standard operating procedures, improving both oversight and reporting.
- A key area of progress this year has been the embedding of learning-based reviews for more complex medication incidents. These approaches help us look beyond the immediate event to understand wider system factors, working environments, and human factors, supporting a fair culture focused on improvement.

We also maintained a timely response to national medicines safety alerts, recalls, and other safety notifications. Internal tracking has now been incorporated into our InPhase system, providing stronger oversight and greater assurance.



Pressure Injuries

We saw a marked improvement in pressure injury outcomes during 2025-26, with 176 reported cases compared with 216 in the previous year.

Most importantly, pressure injuries developing during admission reduced by 25%, despite a 23% increase in admissions over the same period. This reflects the impact of focused improvement work and consistent preventative care.

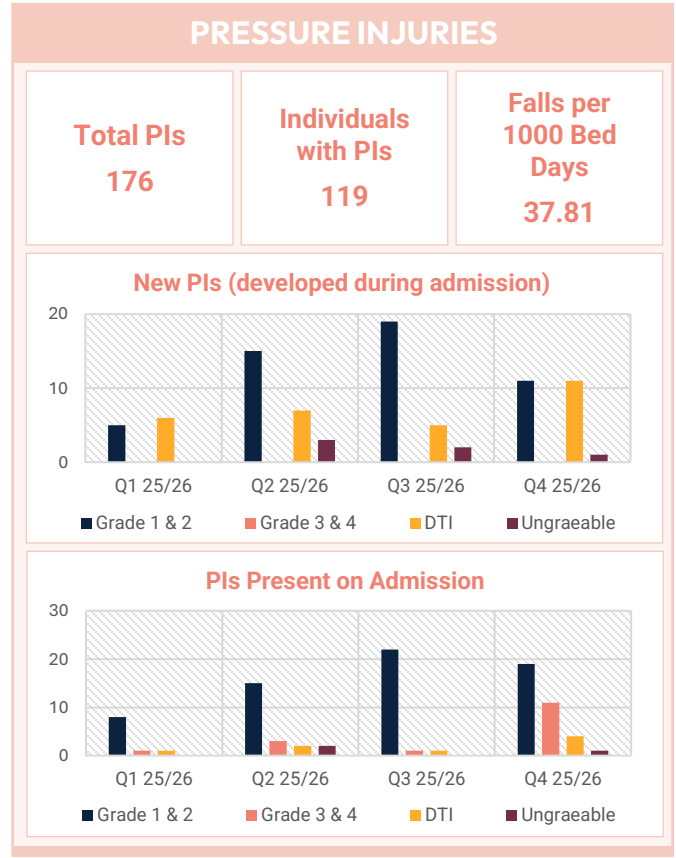
Pressure injuries present on admission also reduced by 12%. Reductions were seen across almost all grades of pressure injury, showing encouraging progress in both prevention and recognition.

How we have improved:

- A formal improvement programme launched in Quarter 1 set a target to reduce hospice-acquired pressure injuries by 25%. We achieved this goal within the year. This progress was supported by a focus on prevention, staff education, consistent assessment, and improved organisational learning.
- The introduction of the PURPOSE-T risk assessment tool, alongside staff training and clearer guidance, helped strengthen pressure injury prevention across our services.
- Reporting also improved with the Patient Safety Team independently reviewing pressure injuries to support accurate recording and shared learning.
- Work to improve classification, including

distinguishing bruise from pressure injury, strengthened the reliability of reporting.

- Changes to reporting deep tissue injuries were aligned with national guidance, improving the quality of data and supporting better learning from incidents.
- We also used PSIRF learning responses to review themes, helping us turn insight into practical action and continue improving pressure injury care for patients and families.



Patient & Service User Feedback

St Peter's Hospice is committed to improving services by listening to the experiences of patients, families and carers. Feedback is routinely reviewed by the Patient Safety and Quality Team and used to inform learning, service development and quality assurance.

Your Voice Matters

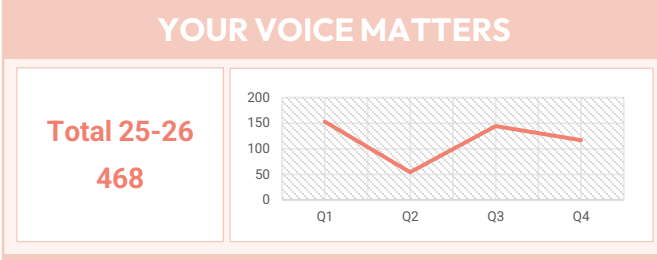
Until August 2025, the hospice used the iWantGreatCare platform in partnership with eight other hospices. Following the end of that joint contract, St Peter's Hospice developed and launched its own in-house patient experience system, Your Voice Matters, on 1st August 2025.

The new approach provides a more tailored and responsive method of collecting feedback and has improved the organisation's ability to capture demographic information, including age, gender and ethnicity. Your Voice Matters was designed to provide an accessible and inclusive way for patients, families, and carers to share their experiences of hospice care.

Feedback can be given through both paper and digital forms, supporting access across different groups and enabling feedback to be used more effectively to drive service improvement across all hospice services.

The system was implemented in phases, beginning with a hospice-wide launch in August 2025, followed by the development of service-specific feedback forms. During quarter 4, a dedicated inpatient unit feedback form was introduced,

which has generated more meaningful and actionable feedback. One example of impact was feedback about access to cold fizzy drinks for inpatients, which led to collaboration with the fundraising team to secure support for improved provision. This small change has had a positive result for patient experience.



During the year, the hospice saw a 24% increase in completed feedback responses. This has provided a broader evidence base to understand experience, identify themes and support targeted improvement activity.

Responses are reviewed routinely, with current feedback indicating an approximate gender split of 48% male and 52% female respondents. Ethnicity data currently shows that most feedback is received from White respondents, highlighting a need to strengthen engagement with people from more diverse ethnic communities to ensure the hospice hears from a broader range of voices.

To support implementation, the hospice also developed a live dashboard within InPhase to provide a real-time view of feedback submitted through Your Voice Matters. This enables

feedback to be reviewed as it is received rather than waiting for periodic reporting, supporting earlier action where required.

This supports the Patient Safety and Quality Team and service managers to monitor feedback in real time. This includes the review of comments and satisfaction responses, any themes demonetaring emerging issues as they arise, and supports a timely response and service improvement based on patient experience, providing assurance that feedback is actively reviewed and acted upon.

During the initial phase of the Your Voice Matters rollout, feedback has been captured at whole-hospice level, providing an overall view of service user experience. Development work for phase 2 will enable service-specific feedback forms, allowing more detailed analysis by individual service area.

An Inpatient Unit-specific form was launched at the end of this year, which will support more targeted reporting of IPU feedback. Subject to implementation of forms across the remaining clinical services this year, service-level reporting will be available from next year.

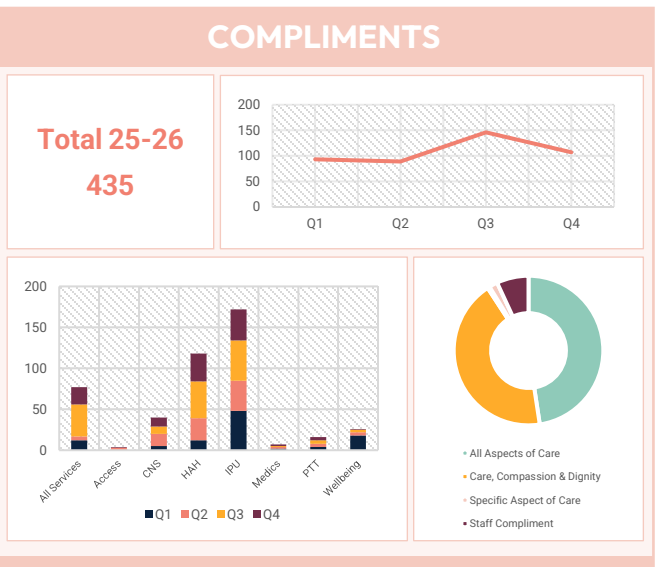
Positive Feedback from Your Voice Matters: Across the reporting period, more than 92% of respondents rated their experience as very satisfactory, indicating consistently positive feedback and reflecting the high standard of care provided across the hospice.

Compliments

During the reporting period, the hospice received 435 compliments through cards, letters and verbal feedback representing a 17.3% increase compared with the previous year.

The increase is likely to reflect improved capture of compliments following the continued imbedding of InPhase, particularly within community services where feedback can now be recorded more consistently at the point of care. Our Volunteer based at Long Ashton also plays an important role in capturing feedback relating to clinical services received by our fundraising team.

We recently introduced a new clinical feedback hub within InPhase that provides team leaders with comprehensive access to all compliments received over the past six months. The feedback hub also includes valuable contextual data such as feedback sources, notable patterns, and trends.



Complaints

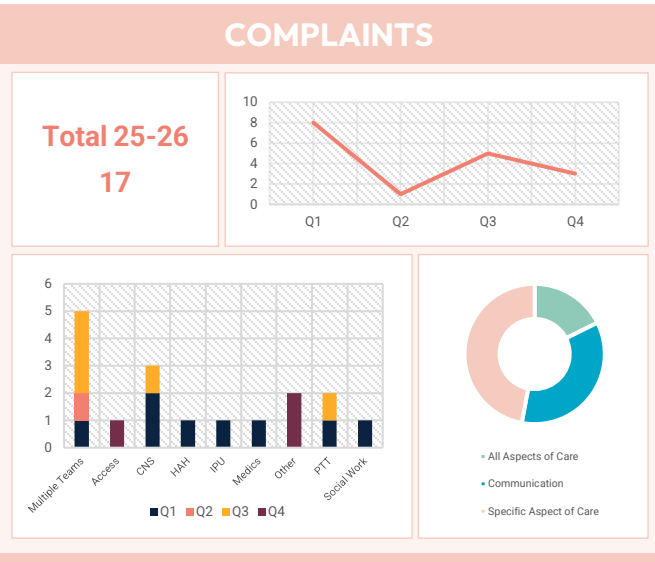
During the reporting period, the hospice received 17 formal complaints, representing a reduction of four compared with the previous year. A number of complaints related to care involving multiple teams across the organisation, and two complaints involved other organisations. These cases required collaborative responses and shared learning with system partners, including the Integrated Care Board where appropriate.

During the year, the hospice completed a full review of its complaints process to strengthen alignment with the Parliamentary and Health Service Ombudsman Complaints Standards and support a consistent, transparent approach to complaint handling. We also redesigned our feedback website to make it easier for our patients and carers to leave feedback.

The hospice achieved its objective of responding to 95% of complaints within the agreed timescale during the reporting period. The response timeframe was revised from 20 to 30 working days to align with national complaints standards. One complaint received under the previous 20-day timescale was not completed within that timeframe but was responded to within the revised 30-day standard, with the complainant kept informed throughout.

Two complainants made further contact following the initial response. One case proceeded to executive review and was resolved following a face-to-face meeting with the Director of Patient Care and Family Support, with learning shared with relevant teams. One case, relating to a multi

-agency complaint about end-of-life care in the community, was escalated to the Parliamentary and Health Service Ombudsman and passed to the Integrated Care Board for review; feedback is awaited.



Real-time dashboards are now used to monitor complaint themes and response deadlines, improving oversight and supporting continued compliance with the 30-working day response standard.

Senior managers within the Patient Safety Team completed NHS Complaints Standards training during the year, supporting improvements in early resolution, investigation quality and response handling. The training covered:

- Recognising and resolving complaints early
- Investigating and responding effectively to complaints

In the coming year, the hospice plans to extend complaints investigation training to a wider group of senior managers to support a consistent and robust approach to complaint handling across the organisation.

Themes of Complaints

Review of complaints identified specific elements of care being our most frequent theme. This has helped informed targeted service improvements during the year. This has included themes around discharge planning and communication with families, clarity about the scope and availability of hospice services, the experience of care for patients with dementia at the end of life, and aspects of inpatient care processes.

Learning from complaints, concerns and compliments is reviewed routinely to identify trends, recognise good practice and support continuous improvement in the quality of care and patient experience.

Key improvements informed by complaint themes during the year included:

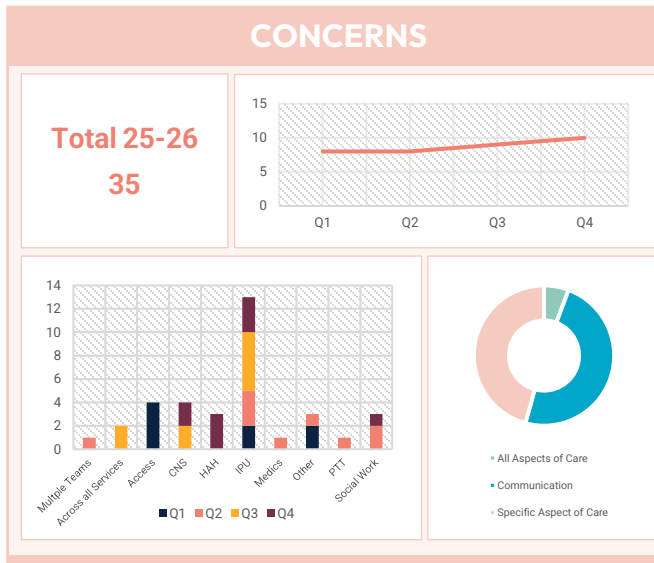
- Discharge planning: Complaint review highlighted the need for clearer communication with families and greater consistency in discharge planning processes. In response, the hospice reviewed its discharge policy and will continue this work through ongoing review of multidisciplinary team working and discharge arrangements.
- Clarity of services: Feedback identified the need for clearer information about the scope of hospice services and expected response times.

- Dementia care at end of life: A complaint about staffs' knowledge in caring for patients with dementia led to us enhancing training, reinforcement of pain assessment tools and reminders to staff about the importance of precise, sensitive and person-centered language.
- Inpatient care processes: Complaint learning also informed improvements to the intentional rounding tool used within the Inpatient Unit.

Concerns

During the year, the hospice received 35 concerns, compared with 31 in the previous year.

The highest proportion of concerns related to the Inpatient Unit, reflecting a culture that supports open dialogue with patients and families, enabling concerns to be raised promptly and addressed at an early stage.



Priorities for the next year:

Patient and service user experience remains central to the hospice's commitment to safe, compassionate and person-centred care.

In the year ahead, priorities will focus on strengthening how feedback is captured, used and acted on to improve services for patients and families.

- Implement online complaints training
- Introduce online training for managers responsible for investigating complaints to support consistency, confidence and quality in complaint handling
- Enhance volunteer involvement
- Continue to explore how volunteers can support patient experience work and assist with gathering feedback across services
- Develop a user engagement strategy
- Develop a clear strategy for involving patients, carers and the wider community in shaping and improving hospice services
- Embed co-production principles
- Continue to strengthen co-production by working in partnership with patients and carers to inform service development and improvement
- Establish regular user involvement groups
- Establish regular forums to support user involvement, strengthen engagement and inform shared service improvement priorities

Infection Prevention & Control

Keeping people safe from infection is a vital part of the high-quality care we provide at St Peter's Hospice. Throughout the year, we have continued to maintain strong infection prevention and control (IPC) arrangements, helping to protect patients, visitors and staff.

Clear leadership and oversight are at the heart of our approach. Link nurses, regular committee meetings and a defined governance structure ensure that good practice is embedded across the hospice, learning is shared, and any concerns are identified and addressed promptly. IPC forms an important part of our wider clinical governance framework, supporting continuous improvement and assurance of safe care.

Strengthening our approach

This year, we further strengthened our IPC arrangements by appointing a dedicated IPC Lead Nurse. Working closely with teams, this role helped to reinforce good infection prevention practices, improve reporting processes, and review and update guidance to reflect best practice.

We also introduced a new service level agreement with Sirona, giving the hospice access to specialist IPC expertise and shared policies and guidance. When the IPC Lead Nurse later moved into a different role, we took the opportunity to integrate IPC leadership into the Patient Safety Facilitator role within our Patient Safety Team. This has ensured we continue to have strong on-site support alongside specialist advice through the service level agreement.

In addition, we remain actively connected with regional and national best practice through participation in the Southwest Hospice IPC Forum and regular attendance at NHS England Southwest IPC meetings.

Monitoring and learning from incidents

There were no patient outbreaks of infection during the year. A staff influenza outbreak over the Christmas period was quickly and effectively managed, with prompt control measures including mask use for staff and visitors and enhanced cleaning.

Two cases of *Clostridioides difficile* (*C. difficile*) were identified. One was assessed as likely community-acquired, and the second was reviewed through our IPC processes and considered unavoidable, with no concerns identified about hospice care. Each case

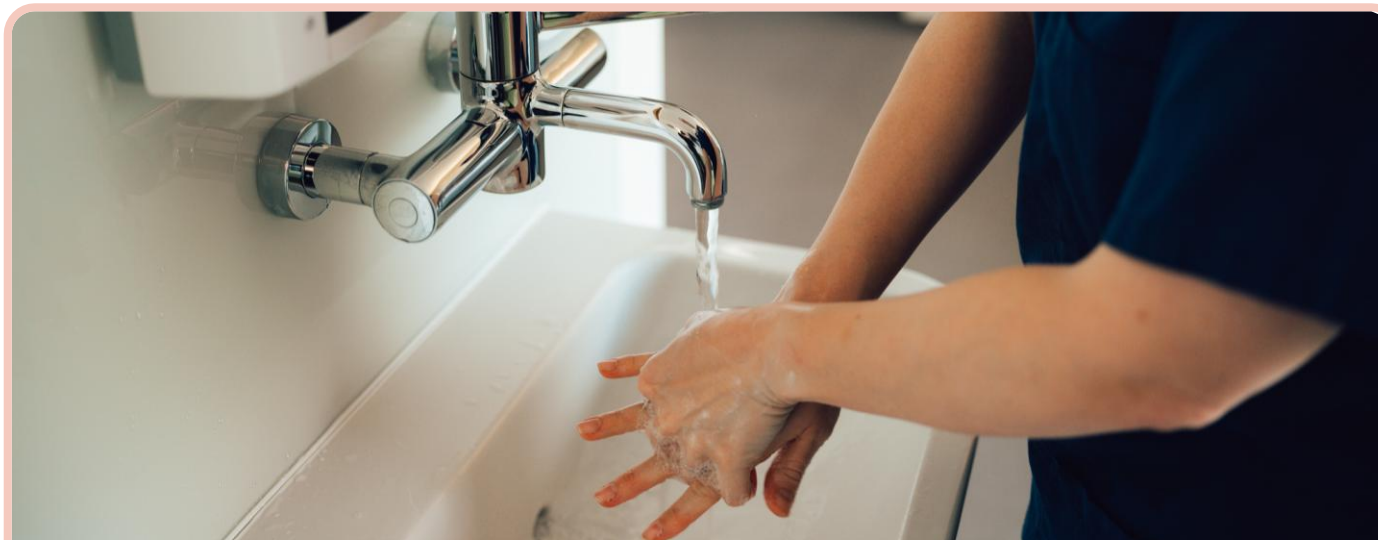
was reviewed carefully to ensure learning and reassurance.

Audit and assurance

Our IPC assurance programme includes regular audits across the Inpatient Unit and Community Services, such as hand hygiene and personal protective equipment compliance. Audit findings are reviewed through governance processes and used to support ongoing improvement. The hospice also continued to meet NHS National Cleanliness Standards.

Flu vaccination programme

We delivered a successful flu vaccination campaign in partnership with the North Bristol Trust vaccination team, who provided on-site clinics at two hospice locations. This made it easier for staff to access the vaccine and helped increase uptake.



Clinical Audit

Clinical audit continues to be a cornerstone of quality assurance and service improvement at St Peter's Hospice, supporting our commitment to delivering safe, evidence based and person-centred care.

Through structured evaluation and reflective practice, our audit programme enables us to strengthen patient safety, enhance clinical effectiveness and ensure alignment with national standards such as Hospice UK guidance and National Institute for Health and Care Excellence (NICE) recommendations.

This year we successfully implemented the new InPhase Audit Module, marking a significant step forward in how we manage, review and learn from clinical audits. Moving to an electronic, centralised system has made audits easier to complete, more transparent and more accessible for all clinical teams.

The platform enables real time visibility of audit progress, clearer tracking of actions and improved oversight of compliance. This digital approach strengthens our governance processes and supports a more responsive, data driven culture of continuous improvement.

During 2025-26 we also undertook a comprehensive review and update of our medicines management audits to ensure full alignment with current Hospice UK and NICE guidance. This work has strengthened our governance processes, improved consistency

across clinical teams and supported safe prescribing, administration and storage practices.

Alongside this, we completed a full review of our infection prevention and control audits, ensuring our surveillance and monitoring systems remain robust and responsive to emerging risks.

A key development this year was the introduction of a new Falls Prevention Audit, created as part of a wider quality improvement project aimed at reducing falls on the Inpatient Unit. Designed using updated NICE guidance, the audit provides a structured framework for assessing risk, evaluating interventions and identifying opportunities for improvement.

Findings from the initial audit cycle are already informing targeted initiatives to enhance patient safety, optimise use of falls prevention equipment and strengthen multidisciplinary communication.

Priorities for the next year:

In the year ahead we will focus on the following to ensure that clinical audit remains central to safe, evidence-based care:

- **InPhase Audit Integration:** ensuring all audits are fully incorporated into the InPhase Audit module, providing a central, accessible platform where teams can review findings, monitor continuous data trends and maintain clear, measurable action plans.
- **Continuous Monitoring:** embedding real time feedback loops that allow teams to track quality and safety indicators continuously, identify emerging risks early and monitor whether improvement actions are having the intended impact.
- **Staff Engagement:** increasing participation from clinical teams to support shared learning and continuous improvement.



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 have been no reportable Formal Duty of Candours in 2025-26.

Serious Incident Reporting

There were no Serious Untoward Incidents (SUIs) or Never Events reported during the year. No incidents met the threshold for reporting under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

During the year, the organisation continued to embed the Patient Safety Incident Response Framework (PSIRF), using learning responses such as SEIPS reviews, After Action Reviews and multidisciplinary discussions to strengthen learning by focusing on systems, processes and human factors rather than individual blame.

One PSII was undertaken during the year, with learning informing improvements to discharge planning, multidisciplinary decision-making, safeguarding escalation, and communication across inpatient and community services.

The InPhase PSIRF was module implemented to improve oversight of learning responses and monitoring of improvement actions. Formal

reporting from the module is planned next year to strengthen assurance and visibility of learning.

Incident reporting increased from 404 to 547 during the year, a 35.4% rise, reflecting a positive reporting culture. The increase in reporting has supported timely escalation of incidents requiring notification to external healthcare organisations.

LFPSE was implemented during the year, supporting national reporting requirements and strengthening patient safety learning.

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 2025
- Quarterly Information Management 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.

We have also been considering the safe use of AI with respect to data protection as this technology develops, particularly in relation to patient care, with some training input from our IT team.

Patient Subject Access Requests

In the last year, we had 32 requests for patient information, all of which we responded to within the required time frames, as set out by the Information Commissioner's office (ICO) There were 8 requests from bereaved relatives, 10 from solicitors, 4 insurance companies and 10 others, which include the police, hospitals, Registrar and NHS Ombudsman.



Speaking Up and Safeguarding

Freedom to Speak Up

Freedom to Speak Up is a nationally recognised approach that encourages staff to raise concerns about safety, quality of care or workplace issues in a safe, confidential and supportive way, helping organisations to learn, improve and maintain a culture of openness.

Over the past year, significant progress has been made to establish the core infrastructure required to support the full implementation of Freedom to Speak Up (FTSU) at St Peter’s Hospice. This work has focused on strengthening governance, developing clear processes, and building organisational readiness for a sustained culture of openness.

Our Lead FTSU Guardian has fully reviewed and rewritten our policy, aligning hospice practice with national standards and neighbouring organisations, while embedding trauma-informed

and restorative approaches. This includes clearer processes for responding to concerns, strengthening follow-up and investigation pathways, and ensuring meaningful feedback to those who speak up.

Strong external connections have been established through engagement with both local BNSSG partners and the regional South-West FTSU network, providing valuable peer support, shared learning, and benchmarking to inform the development of the role and approach.

Learning from other organisations has highlighted the importance of dedicated capacity to establish and sustain the FTSU function. In recognition of this, we have recruited a Deputy Guardian to work alongside the Lead Guardian and support implementation. Role-specific training has been assigned to all staff, supported by collaboration with Learning and Development to integrate FTSU

into corporate induction.

Work is underway to strengthen governance and assurance mechanisms, including the development of reporting systems, feedback processes for individuals who raise concerns. In parallel, practical infrastructure is being established to support safe and confidential communication with Guardians.

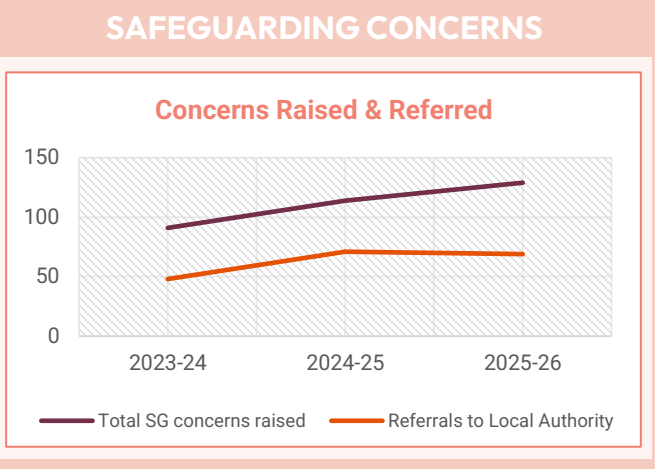
Collectively, these developments provide a strong foundation for the full launch of Freedom to Speak Up, ensuring that the hospice is well-positioned to embed a transparent, responsive, and psychologically safe culture for speaking up over the coming year.

Clinical Safeguarding

There were 129 safeguarding concerns raised internally this year; a 13% increase from the previous year. 53% of concerns raised internally resulted in referrals to the Local Authority. This reflects a proactive safeguarding culture supported by the Social Work Team.

Clinical Designated Safeguarding Leads provide clear leadership and oversight when safeguarding concerns are raised, supporting staff to act promptly and appropriately. They

offer advice, coordinate next steps, and work with partner agencies where needed, while keeping people’s safety, views and wishes at the centre of decision making. This approach helps staff feel confident to speak up early, reduces uncertainty when concerns arise, and supports shared learning across teams. As a result, safeguarding responses are timely and consistent, contributing to a strong culture of safety and helping ensure patients, families and carers are protected and supported with care and respect.



Equity, Diversity & Inclusion

Community Engagement

We remain committed to providing compassionate, respectful, and accessible hospice care for everyone who needs us. This year we have continued to build trust with underserved communities and to deliver person-centred care that reflects each person's values, preferences, and needs.

Our Community Engagement Co-ordinator has developed new relationships with several underserved communities with whom we previously had limited contact. During the year she attended over 20 externally organised community events, sharing hospice information with over 700 people. These included mosques, synagogues, temples, refugee-led organisations, global majority-led groups, and other grassroots community organisations. This work has helped increase understanding of hospice services, challenge misconceptions and strengthen trust. Feedback suggests growing confidence in the accessibility and cultural sensitivity of hospice care. One example is Dhek Bhal, a local organisation supporting South Asian communities, which is now encouraging members to use hospice services.

Our partnership with Caafi Health has enabled regular attendance at community clinics, helping us build stronger connections with service users and other underserved communities.

Our Community Engagement Co-ordinator also attends local community networking meetings, which support partnership working, shared learning

and collaborative engagement. As a result, plans are underway for a monthly hospice outreach session at Charlotte Keel Medical Practice, an inner-city GP practice serving many underserved communities.

Health Equity

We have implemented a Reasonable Adjustments template on EMIS, our electronic patient records to improve communication about people's individual needs when they interact with our clinical teams.

We have also strengthened our partnerships with local learning disabilities teams and developed a new relationship with Brandon Trust. Our Head of Clinical Engagement formed and chairs the BNSSG Palliative End of Life Care Learning Disabilities Working Group, which brings together hospital

learning disabilities teams, Sirona's learning disabilities project officer, the ICB GP learning disabilities lead and other key stakeholders. Together, the group has produced two prompt cards on palliative and end of life care for people with learning disabilities: one for healthcare professionals and one for domiciliary carers, to support earlier recognition when someone may need palliative care.

Non-cancer conditions

We continued to strengthen partnerships with disease-specific health and social care teams, including heart failure, respiratory, liver, neurological and dementia services. This year we improved how we collect diagnosis data, giving us more accurate information, although this means the data is not directly comparable with the previous year.

During Dementia Action Week 2025, staff used empathy suits borrowed from the Dementia Wellbeing Service to better understand some of the physical challenges of living with dementia. Staff reported that this was a valuable learning experience.



We were delighted to receive the Outstanding Collaboration Award at North Bristol NHS Trust's annual awards, with the Interstitial Lung Disease team, to improve access to palliative and hospice care for people living with interstitial lung disease. This reflects our commitment to working in partnership across the system to improve care for patients.

Priorities for 2026-27

Our priorities for improvement going into 2026-27 are...

1

Introduce an electronic prescribing system in our community services

Our Community Services, IT, EMIS (our electronic patient record system) and medical teams are working together to implement electronic prescribing within our community services.

This initiative will improve prescribing in the community, align our practice with other community services, and strengthen safety and medicines governance.

2

Strengthen how we listen and respond to patient and family feedback

Working with our fundraising and marketing team, we will gather deeper insight into patients and families' experiences of our hospice services and use this learning to agree clear, prioritised improvements to how we deliver care.

3

Enable Hospice at Home Nursing Associates to administer agreed end-of-life medicines in the community

Our Hospice at Home team, education team and clinical governance team will work together to implement this change, including the required training and competency assessment.

This will support timely symptom relief for patients at home and reduce avoidable delays in care.

Summary

We hope this report demonstrates how resilient and resourceful, committed, and caring our staff have been throughout 2025-26. 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 2026-27.

Juliette Hughes

Director of Clinical Services
& Family Support

Chris Benson

Director of Clinical Services
& Family Support

Helen Ireland

Head of Clinical Governance
& Quality



For all. For free. Forever.