St Peter & St James Hospice

Quality Account 2025-2026

Contents

Mission, Values and Strategic Objectives

During 2025-26, a major piece of work has taken place through extensive consultation with the Board and its Trustees, Senior Leadership Team and wider staff and volunteers in redefining the Vision, developing new Values and Strategic Objectives.

Our Mission

We support people to live and die well, according to what matters most to them. Our mission is to provide the best possible care, in the right place, at the right time, to everyone who needs us. Our workforce is committed to excellence in all they do.

Values

Our Core Behaviour Framework is built on our three values—Compassion, Collaboration, and Empowerment—that guide how we work together and deliver care. Each value is supported by agreed behaviours that make our principles real in everyday actions. These behaviours are simple, practical, and apply to everyone across the organisation.

Strategic Objectives

1. Improve our Organisational Sustainability and Resilience

2. Develop a High-Performing, Agile, and Future-Ready Workforce

3. Deliver High-Quality, Safe, Effective and Consistent Care

4. Strengthen Financial Sustainability

5. Enhance Strategic Influence, Identity, and System Collaboration

About Us

We are proud to offer a wide range of services through our Supportive Care and Living Well Centre, Inpatient Unit and Community Nursing team to a diverse population of around 260,000 people across the towns Lewes, Haywards Head, Burgess Hill, Uckfield and surrounding rural areas.

Graham and Lorraine's story

Graham was referred to the hospice community team in May 2025 with complex requirements arising from Multiple System Atrophy (MSA), including a tracheostomy and increasing care needs. From the outset, Graham made clear that his preferred place of care and death was the hospice. To honour this wish, hospice teams worked proactively across community and inpatient services to plan ahead, including refresher training for staff in tracheostomy care and close collaboration with Lorraine to fully understand his needs.

As Graham's condition deteriorated, the hospice provided regular review, advance care planning, emotional support, and coordination of services. When no external respite placement could safely meet his complex needs, the inpatient unit carried out a home assessment and rapidly put arrangements in place for a safe respite admission. This included additional staffing, specialist equipment, clinical training, funding liaison and review of his care preferences.

Delivering person-centred care with compassion and partnership

This story demonstrates the impact of high-quality hospice care: **listening to what matters most, working in partnership with families, and adapting services to meet highly complex needs with dignity, compassion and skill.** It also highlights the wider impact on carers, giving Lorraine reassurance, support and the opportunity to rest, knowing Graham was safe and understood. Graham and Lorraine's experience reflects the hospice's commitment to person-centred, coordinated and compassionate care at every stage of life.

Statement from Our Chair and CEO

In 2025 we celebrated our 50th Anniversary in style with a Golden Garden Party in the grounds of the hospice which brought together key figures and supporters from across the Community in renewed partnership, marking a significant milestone in our story.

During 2025 we also opened four additional hospice rooms to care for patients with continuing healthcare needs at the end of life. Uniquely, these new patient rooms are commissioned and funded through the NHS.

Setting up new patient rooms was made possible with Department of Health Capital Grant and support from donors that enabled the hospice to undertake a range of vital work to support our facilities, environment and sustainability. These included: four new patient rooms, new Nurses Ward Office, Medication Room, air conditioning to patient rooms as well as new patient chairs, blinds and curtains and a new Community Nursing Office and fully integrated Multi-Disciplinary Team room. The Living Well Centre patients have also been able to enjoy new chairs, blinds and curtains. Capital monies have also supported our sustainability goals through solar panels on the hospice roof and a new electric car available to our teams working in the community.

Our clinical teams have also developed a new three-year Care strategy that sets the direction for our priorities in the quality of care we provide, further skills development of our teams, increased promotion and access to patients to our Living Well Centre as well as seeking to enhance our community services to be more responsive in meeting our patients' needs at the end of life.

We are also very proud to be able to say that we have been leading the way with digital AI technology through the use of a medical scribe software ‘Heidi AI’ that the Community Medical and Nursing team have evaluated, presented and published posters on the benefits to patient care and increased staff time for direct care.

Harriet Creamer

Harriet Creamer
Chair

Amanda Fadero

Amanda Fadero
CEO

2. Reporting on our Priorities for 2025/26

Three priorities were identified for 2025/26 that are detailed below with progress against these:

1. We will implement an electronic prescribing system to optimise patient safety and reduce medication errors and eliminate errors due to poor handwriting and missing data fields and to improve remote assessment, remote prescribing and easier integration of records for medication audits and errors.

During 2025/2026 we have had a strong focus on patients' safety and medication incidents through errors and omissions and regularly report these through our patient incident reporting system ‘Vantage’ that has led to an more effective reporting on different types of medication incidents and an overall decrease in incidents. Whilst this has shown improvements we want to reduce these incidents further. For electronic prescribing we have started the process of implementing this within our electronic patient recording system and are looking forward to seeing the benefits of this in the coming year.

2. We will buy an ultrasound machine and use it regularly in our day-to-day assessments of patients both on the in-patient unit and in the community and out-patients. We will write a guideline for safe paracentesis on the ward and deliver training so that the IPU staff feel confident to carry this out under USS guidance.

During 2025-26 we purchased and regularly use the ultrasound machine for a range of assessments that can be invaluable in identifying where a patient may need some further intervention such as admission to the hospice and in some cases to be able to drain fluid. The introduction of this additional specialist clinical intervention has been supported by the development of evidence-based guidelines ensuring high levels of clinical care.

3. Embedding Patient Safety Incident Reporting Framework (PSIRF) within the hospice clinical governance framework to support enhanced patient safety and learning from patient safety incidents.

Over the past couple of years, a new approach to learning from patient safety incidents has been developed across the NHS as part of a National Patient Safety Strategy. We have started our journey to implement this with a policy and practice of considering incidents differently and seeking to engage patients and families in our learning from incidents.

3. Priorities for Quality Improvement in 2026-27

Developing our key priorities for 2026-27 has involved a review of patient safety incident trends which identified the top three priorities as: patient falls, medication incidents and hospice acquired pressure ulcers.

We have developed a Quality Improvement Plan for each of these three key areas to focus on reducing incidents and particularly any incidents that may cause patient harm. Key pieces of work throughout 2026-27 will be the introduction of 'Safety Crosses'. These are an effective quality improvement tool that provide a daily visual reminder to the whole team, engendering greater ownership and focus and will proactively contribute to the prevention of falls, medication-related incidents and hospice acquired pressure ulcers.

To further support a reduction in patient falls we will establish a weekly Falls debrief meeting to review all patients who are at risk of falls as well as purchase new falls monitors to provide early warning and quick response to a patient at risk of falls.

To reduce medication incidents we will be enhancing best practice through enabling our Registered Nurses carry out single checking and administration of controlled drugs, as well as supporting patients, where able, to self-administer their own medication, enabling continued independence. We will also implement a refreshed process for medicines knowledge and administration assessment.

We will also have increased focus on preventing and reducing any harm from pressure ulcers that may be developed following an admission to the Hospice. Whilst there can be occasions where this can be very difficult to prevent towards the end of life, we will be implementing a new evidence-based risk assessment tool to support more targeted interventions to help reduce the likelihood of developing pressure ulcers following admission to the Hospice. We will also further raise awareness through an annual Pressure Ulcer Awareness Day, skills training workshops, new eLearning resources.

4. Review of Quality Assurance

During this past year a review of the Governance structure was undertaken and a new Organisational Governance Committee Structure developed and implemented. A Clinical Operations Group has been established to provide:

- Oversight of the clinical and care services for St Peter and St James Hospice
- Assurance to the Quality and Safety Committee (QSC) which is a sub-committee of the Board of Trustees through oversight of the Clinical Effectiveness Group, Medicines Management Safety and Quality group, Infection Prevention and Control Group, Health and Safety Working group and Learning Education and Development Group to facilitate and coordinate a comprehensive overview of quality, safety and risks across the organisation ensuring high standards of safe, quality care, regulatory compliance and best practice guidance.

During 2025 we also established a new Head of Quality role and appointed a Practice Development Nurse (PDN). These roles have focused on quality assurance and enhancing patient safety. The former has been instrumental in developing and improving our patient safety reporting and quality improvement systems. The PDN has developed a programme of skills training and clinical education and facilitated new professional development opportunities alongside working closely with local Higher Education institutions to provide placement opportunities for health care students.

We have also undertaken a review of our Risk Management Policy and Risk Registers both across the organisation and within each department to ensure that we fully understand, address and mitigate risks.

5. Participation in Clinical Audit

Throughout 2025/2026 a significant programme of clinical audits has been undertaken to support continuous improvement in our practice.

Clinical Audit	Date	Improvement Actions
End of Life Care Plan Audit	June 2025	Feedback given to teams and refresher training on completion of phase of illness (POI) and Australian-modified Karnofsky Performance scale (AKPS)
Infection Prevention and Control Environmental Audit	July 2025	Actions identified and completed in areas of policy, practice, cleaning and estates
Antimicrobial Audit	November 2025	Recording of reasons for antibiotics with the use of a dedicated sticker on the medication chart
Off Label Medications	September 2025	Developed patient information leaflets
Falls Audit	November 2025	Ensure patients have observations following a fall Establish a weekly falls meeting, implement Falls Safety Crosses and the Dementia
Medication Prescribing and Administration Audit	December 2025	Ensure that all medication changes, including discontinuation, are clearly documented with the date, time, and signature of the responsible clinician in accordance with policy and regulatory requirements.
Heidi AI notes	January 2026	Beneficial in patient consultations and MDT meetings in releasing clinical time for more effective consultations – plan to roll out to other areas of the Hospice with further licenses
Syringe Driver Audit	February 2026	New syringe driver checklist developed and implemented, standard operating procedure reviewed and additional training provided
Preferred Place of Death	March 2026	Circulate findings to inpatient and community teams to support increased documentation of PPD and add to Ward handover sheet

6. Safeguarding

During 2025/26 we undertook a comprehensive audit of our safeguarding practices to provide assurance that safeguarding arrangements at St Peter & St James Hospice remain robust, embedded, and aligned with organisational and regulatory expectations. The review considered the Charity Commission's ten actions that Trustee Boards need to ensure good safeguarding governance. It also built on progress made following the 2024 safeguarding review. Evidence from self-assessment, staff interviews, and review of governance processes shows that safeguarding is well understood across the organisation and supported by a culture in which concerns can be recognised, raised, recorded, and escalated appropriately.

The audit found a number of key strengths. Staff across clinical, non-clinical, and retail services demonstrated good awareness of safeguarding responsibilities, reporting pathways, and the role of the Safeguarding Lead. Safeguarding is discussed at executive, senior leadership, multidisciplinary, and team level, helping to maintain visibility and shared accountability. Reporting systems and risk assessment processes are in place and understood, and there has been clear progress since the previous audit, including improved awareness of leadership responsibilities, clearer safeguarding meeting arrangements, and confirmation of recruitment and DBS processes for relevant roles.

The audit also identified priorities for further improvement. These include strengthening resilience within safeguarding leadership, improving delivery and compliance with Level 3 training, ensuring consistent safeguarding arrangements for volunteers, and reviewing how safeguarding expectations are reflected in recruitment and induction processes. In addition, the audit noted opportunities to strengthen consistency, openness, and shared responsibility across teams, while ensuring policies remain fully up to date following recent leadership and structural changes.

Actions have been taken to progress the findings including additional level 3 training, development of additional risk assessments for relevant volunteer roles, review of the volunteering model, discussions about boundary training, and plans to strengthen safeguarding capacity and training delivery. Overall, the audit gives a positive level of assurance that safeguarding practice at the hospice is effective and that areas requiring development are recognised, proportionate, and being actively addressed through a programme of continuous quality improvement.

7. Feedback from the People we have cared for

We ask for feedback from all our patients accessing our services and undertook a review of patient experience with a new Patient questionnaire titled 'Views on Care', alongside our Voices questionnaire to relatives of patients who have died. We have also put in place suggestion boxes at our reception, on the Inpatient Unit and at the Living Well Centre. In September 2025 we held and patient and carer forum within our Living Well Centre that identified some key suggestions and positive feedback that included new chairs which have been purchased as well. Positive feedback focussed on the care and support people received as well as the communication with their GP.

A few comments from our patients:

All the staff are very caring and give the best possible support they are able. I am very impressed with the support and patience I have received.

I feel truly blessed that I have been able to meet and enjoy the wonderful 'team' here at St Peter & St James Hospice. Thank you to you all.

The staff are very supportive and quick to respond if I call for advice.

I was referred to the Hospice by a Macmillan Nurse at Princess Royal Hospital for pain management and can happily say the care I have received has been exceptional. In fact, I have felt so well supported it has made me feel so much better physically and emotionally. I am looking forward to a reflexology session very soon. Thank you.

St Peter & St James Hospice

T: 01444 471598 W: stpjhospice.org

St Peter & St James Hospice North Common Road,North Chailey, Lewes, BN8 4ED

@StPeterStJames