

Quality Account

2025/26

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Part 1

Chief Executive’s Statement



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Welcome to the St. Michael’s Hospice Quality Account for 2025/26

I am pleased to present the St. Michael’s Hospice Quality Account for the year 2025/26. This report outlines our achievements over the past year and sets out our ambitions for the future, supported by performance data and service insights. As Chief Executive, I confirm that the contents of this report are accurate and that I fully endorse our organisation’s ongoing commitment to continuous quality improvement and service excellence.

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Our Mission

St. Michael’s Hospice delivers high-quality palliative and end-of-life care for people across North Hampshire who are living with life-limiting conditions. Our dedicated and compassionate team support patients by managing physical symptoms and offering psychological, spiritual, and social care and extending this support to their families and loved ones.

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This report provides an overview of the quality of care delivered across our services during the past year, reflecting both the progress we have made and the areas where we continue to learn, develop and improve. It also demonstrates the commitment of our staff, volunteers and wider supporters to ensuring that patients and families across North Hampshire receive compassionate, safe and high-quality palliative and end-of-life care.

The past year has been one of significant achievement and continued development for St. Michael’s Hospice. Most notably, during August 2025, the Hospice underwent an unannounced inspection by the Care Quality Commission, resulting in an overall rating of Outstanding. This was an incredibly proud moment for the organisation and a fitting recognition of the compassion, professionalism and dedication demonstrated every day by our teams. In particular, the Outstanding ratings awarded for Caring, Responsive and Well-Led reflect the culture we continue to strive for throughout the Hospice.

Alongside this achievement, we have continued to strengthen and expand our services to meet the increasing complexity of need within our community. Our Hospice at Home service has continued its transition towards a 24/7 model of care, supporting more patients to remain in their preferred place of care and death, whilst our Living Well Service has continued to evolve to support patients much earlier in their diagnosis and illness journey. We have also invested significantly in workforce development, education, governance and patient safety systems to ensure we continue to deliver care that is safe, responsive and centred around individual need.

This Quality Account also highlights the importance we place on listening and learning. The feedback shared by patients and families throughout this report is both humbling and inspiring, and continually reminds us of the privilege and responsibility associated with caring for people at some of the most difficult moments in life. Equally, where improvements are identified, we remain committed to openness, reflection and continuous quality improvement.

Collaboration and partnership working have continued to play an increasingly important role in our development. Through strong relationships with NHS partners, local organisations and neighbouring hospices, we are continuing to broaden access to specialist palliative care and strengthen the support available to our community. This spirit of collaboration has also enabled innovation and shared learning across services, helping us to shape sustainable and high-quality care for the future.

The collaborative relationship between St. Michael’s Hospice and Rowans Hospice has also continued to develop positively throughout the year, enabling both organisations to share expertise, align strategic thinking, and enhance consistency in service delivery across Hampshire. This partnership is already delivering meaningful benefits for patients, families, and staff, whilst strengthening the collective voice of hospice care within the wider healthcare system.

As we look ahead to 2026/27, we remain ambitious in our desire to further enhance the care and support we provide. The development of our Meerkats child bereavement service, the embedding of the Patient Safety Incident Response Framework (PSIRF), and continued investment in service user feedback and digital systems all demonstrate our commitment to continuous improvement and compassionate innovation.

Finally, I would like to extend my sincere thanks to our staff, volunteers, Trustees, supporters and healthcare partners. The Outstanding care described throughout this report is only possible because of their unwavering commitment, kindness and expertise.

As Chief Executive, I confirm that, to the best of my knowledge, the information contained within this Quality Account is accurate and presents a fair representation of the quality of services provided by St. Michael’s Hospice during 2025/26.

Iain Cameron
Chief Executive
May 2026



Part 2

Priorities for Improvement 2026/27

St. Michael’s Hospice is committed to providing high quality patient and family focused care. The following three priorities have been identified under the headings of Patient Safety, Clinical Effectiveness and Patient Experience.

Patient Safety

Embedding PSIRF (Patient Safety Incident Response Framework) across all clinical areas; enabling consistency in engagement with patient, incident management and ensuring learning becomes action.

How was this priority identified?

The NHS Patient Safety Strategy (2019) introduced a systems approach to managing patient safety incidents where unintended or unexpected error have occurred, this is called PSIRF. PSIRF replaces the Serious Incident Framework (2015). The aim of this framework approach is to move towards a culture of continuous learning, improve compassionate engagement of families, and focus on understanding how incidents happen, as well as identifying ‘near miss’ themes in patient safety. St. Michael’s has been working towards PSIRF over the last year with the plan to start the implementation and embed the systems approach across all clinical areas. Results to date have shown that this Framework enables valuable opportunities to engage with patients and family members in a timely and appropriate way. It also provides a consistent approach to incident investigation and identification of learning opportunities to enable a focus on continuous improvement.

How will we measure success?

1. All clinical areas will be using PSIRF within incident management with engagement of patients and families in the process
2. Data will be captured for the clinical dashboard to demonstrate the use of PSIRF toolkit methods in managing incidents
3. Clinical leads will be confident and competent in using the framework
4. Achievements in meeting the objectives of St. Michael’s PSIRF Plan (PSIRP) will be identified and can be demonstrated
5. Measurement of capturing learnings and resulting action
6. Single incident or theme of incidents will be presented at the quarterly Clinical Governance Committee meetings, using the PSIRF

Clinical Effectiveness

Launching and developing Meerkats Service Provision.

To launch and grow a child bereavement service enabling holistic psychological care of under 18’s during illness and death of a person of significance.

How was this priority identified?

The impact of loss of a loved one in the earlier years of development is well understood. As such it has been a long-held ambition of SMH to offer a child bereavement service. Working in collaboration with The Rowans Hospice has enabled a valuable opportunity to better understand their provision of Child Pre and Post Bereavement Service – Meerkats. Funding has now been secured to build this service.

How will we measure success?

1. Development and implementation of a Meerkat child pre and post bereavement service
2. Enable referrals from all Palliative services in North Hampshire
3. Service User feedback

Patient Experience

To develop and implement Vantage Modules that capture Service User feedback data.

This will relate to patient experiences across the organisation, with the provision of real-time feedback as well as timely planned requests for the feedback within all patient facing services.

How was this priority identified?

St. Michael's continues to use service user feedback to measure and improve services and raise the standard of care provision provided. Currently the majority of feedback is captured via paper-based surveys with the data uploaded into different systems depending on the clinical area. To ensure that we are able to improve service user access as well as consistently review the feedback data it is important to move to an electronic risk management system like Vantage to achieve this. The Vantage system will capture, store centrally and report the data.

How will we measure success?

1. Successful development and implementation of the feedback and the Survey Vantage Modules
2. Opportunities will be made available to all patients and families to give feedback on their experience of the clinical service delivery, including individual group-led services held by the Living Well Service to whole department feedback
3. Monthly reporting of Service User Feedback to the appropriate clinical lead.
4. Regular reporting of summary feedback at Quarterly Clinical Governance Committee



Part 3

Looking back, review of Priorities for Improvement 2025/26

Patient Safety: Implementation of a New Clinical Incident Reporting System. Embedding the Vantage Risk Management System at St. Michael's Hospice.

The Vantage Risk Management System (VRMS) has been implemented at St. Michael's, and is now ready for clinical services to roll out the modules in a structured mobilisation programme. The Incident Module has been launched with the plans for the Feedback Module to be ready for launch at the beginning of 2025/26. VRMS has successfully supported the reporting requirements of the Clinical Governance Committee and has enabled a consistent, central point of capture for reporting and review of all incidents.

VRMS has further improved efficiency and has enabled the foundational work around adoption of the Patient Safety Incident Response Framework (PSIRF) to be completed.

Clinical Effectiveness: To launch the Hospice at Home (H@H) service, delivering 24/7 in person visits and telephone support.

The H@H service model now supports palliative patients during the last two weeks of life. The service has moved significantly towards a 24/7 visiting service model with the introduction of an overnight telephone advice line. Expansion of the H@H service to deliver the desired 24/7 visiting service is planned to launch in the summer of 2026.

Patient Experience: To implement the Vantage Feedback Module to enhance feedback collection and quality improvement.

St. Michael's Hospice has established and launched the first elements of its 'Feedback' system. A new Vantage module has been developed to capture compliments, concerns, complaints and service improvement suggestions. This system has been launched across the organisation and is now the main repository for feedback.

Looking back, review of Services 2025/26

The following are a series of statements that all providers are required to include in their Quality Account. Many of these statements are not directly applicable to specialist palliative care providers but those that are applicable are identified below. St. Michael's Hospice supported local NHS commissioning priorities during 2025/26 with regard to the provision of specialist palliative care by providing:

- Inpatient Unit (IPU)
- Hospice at Home (H@H) Service
- Day Services (Living Well Service)
- Outpatient Services
- Physiotherapy
- Occupational Therapy

- Patient and Family Support Services incorporating:
 - Bereavement Support
 - Pre and Post Bereavement Counselling
 - Complementary Therapy
 - Chaplaincy

The cost of running the hospice in the coming year is £7.7 million. As an independent charity, all our services for patients and their families are provided free of charge, and we therefore need to fund 78% of this cost through donations, legacies, events, fundraising, lottery and our retail shops. The remaining 22% of the required funding is provided by the NHS via the Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB).

Participation in Clinical Audit

National Level

Each year St. Michael’s Hospice participates in the Hospice UK Data Request for Clinical Activity Demographic Data and the Clinical Workforce survey. All members of Hospice UK are encouraged to participate to provide Hospice UK with meaningful and robust data to evidence the vital work going on in hospices at a local and national level. Patient safety data is submitted monthly to Hospice UK.

Local Level

As part of continuously improving the quality-of-care provision we continue to carry out audits and service evaluations using, where possible, nationally agreed hospice specific benchmarking tools. We continually review our audit provision to ensure our services are clinically safe and are meeting the needs of patients. They also help to provide additional insight around areas, identified through incident analysis, which need action to improve. The following is an example of clinically focussed audits, undertaken on the IPU in Q4 (Table 1)

Table 1 – IPU Audit Summary
Quarter 4, January/February/March 2026

Changes this quarter: Introduction of "Think Vitals" - an electronic NEWS2 (National Early Warning Score) chart which links up with our Electronic Patient Record (EPR) and automatically generates NEWS scores and charts based on patient's observations. Q4 project for this ongoing - hence the NEWS2 audit is temporarily on pause as it relates to paper charts rather than electronic. Audit change TBC in line with Q4 project and outcomes.

Audit	Doing well at	To improve on	How
Catheter Care	Average achieved in Q1 - 81% Jan - 71% Feb - 82% Mar - 91%	No patterns identified in the months, with not one same issue being identified. Documentation on the paper charts is inconsistent.	Paperwork now moved all into one place in the white folders in the duty room.
Cannula insertion and monitoring	Jan - 0% Feb - 100% Mar - Nil patients with cannula in SITU, unable to audit Overall - 50%	In January the cannula had been inserted by a member of the medical team. Form was completed after audit, which was the day after insertion.	No significant intervention needed - nurses to check with medical team that they have completed insertion form if they have kindly inserted. All aware of need for form.

Audit	Doing well at	To improve on	How
Syringe Drivers	Q4 - 86% Paperwork compliance - 100% 4 of 7 drivers audited achieved 6/6 checks in 24 hours, which is the most consistent audited.	Recent example of a long period between driver set up and first check, being up to three times the length desired. This has overall been better in recent weeks, so likely training need with a few members of staff.	To remind staff about updating the duty room board with driver start times to assist in remembering the checks. Document if a patient refused checks to be done overnight.
Call Bell	100%	Nil improvements	N/A
Achieving Priorities of Care (APOC)	Jan - 86% Feb - 91% Mar - 91% Overall - 89%	Different aspects missed each month. Ongoing review aspects missed for two months, still seemingly 6am/6pm shift changeover times.	Add reminder to Clinical Safety Brief/IPU Bulletin.
Treatment Room Safety	Medication - 98% Safety - 100%	Medication - on audit in Jan, stock of morphine was found to be low. Stock was ordered after the audit was completed.	To continue to ensure that we pre-emptively order stock to avoid becoming very low on our most used medications. To possibly look at the minimum stock required when new treatment room completed and the possibility of having more space.
Fundamentals of care	Mar - only 1 of 8 patients did not have recently reviewed care plans. The others were up-to-date and relevant.		HCAs are to start also helping fill out Fundamentals of Care. This aims to improve accuracy and timeliness of updating FOCs and ensuring that care plans are up to date.
Body Maps/ Pressure Ulcers	Mar - 89%	Tags not consistently being updated to flag at risk patients.	Inclusion of correct process in May IPU Bulletin.

Research

The Clinical Director and members of the clinical teams have continued to support the research work into Domestic Abuse in Life Limiting Illness (DALLI). The team have taken part in regular sessions aimed at developing an educational package to support professionals to deliver training of the DALLI professional toolkit.

St. Michael's Hospice continues its active representation at the Wessex Research Active hospice development Group (WRAhdG). The group brings together local hospices in the South-Central area and specialist palliative care professionals from across the region to promote active involvement in research within the palliative and end-of-life care settings.

St. Michael's Hospice has been invited to participate in a palliative research project to embed research and clinical curiosities to our frontline hospice clinicians. This project will start in Q1, 2026/27.

Duty of Candour

Duty of Candour is both a statutory and professional requirement.

Every healthcare professional must be open and honest with patients when something that goes wrong with their treatment or care causes, or has the potential to cause, harm or distress. When something goes wrong with patient care, it is crucial that it is reported at an early stage so that lessons can be learnt quickly, and patients can be protected from harm in the future.

Duty of Candour continues to be a key topic in all employees mandatory training. We promote a culture that encourages candour, openness, and honesty at all levels. This should be an integral part of a culture of safety that supports organisational and personal learning. There should also be a commitment to being open and transparent at Board level.

Quality Improvement and Innovation Agreed with Our Commissioners

Over the reporting period communication between St. Michael's Hospice and North Hampshire and Isle of Wight Integrated Care Board (ICB) has continued to thrive. Despite internal reorganisation the ICB have been committed to funding enhanced services as the Hospice seeks to increase collaborative working and its reach to more patients. There were no Quality Reviews carried out during 2025/26.

The Clinical Governance Committee, which meets on a quarterly basis continues to be chaired by a local GP and Clinical Director for Population Health. Membership includes a Trustee who is CEO in Urgent Care, as well as members of the St. Michael's Hospice Clinical Management Team.

The Hospice's NHS income in 2025/26 is not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework (CQUIN Framework) although quality measures are monitored in the contract with the ICB.

St. Michael's clinical teams are committed to continuous improvement and have embarked on a series of clinical Quality Improvement projects, that have focused on medicines management and recording of patent vital clinical observations directly onto the patients' electronic record. This project has prompted lively discussion on elements that sit at the heart of palliative care around focussing on quality of life. As clinicians we need to be sure that we are acting on our patients wishes rather than what we think we need to know.

What Others Say About Us

St. Michael's Hospice is registered with the Care Quality Commission (CQC) to provide the following services:

- Treatment of disease, disorder or injury.
- Diagnostic and screening procedures.

St. Michael's Hospice registration status is unconditional.

Care Quality Commission:

St. Michael's Hospice were last inspected by CQC on 28th August 2025. The inspectors spent the day observing patient care and interactions between staff and patients, talking to patients and their families and meeting with many members of the team and building a picture of St. Michael's and how we are measured against the statutory domains.

Significant praise was given on the day for the passion and desire of staff to deliver the best care possible.

The final inspection report has now been received. The overall rating is Outstanding. This is a fitting testament and recognises the reality of the commitment and compassion that all staff dedicate to the SMH community every day.

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Outstanding
Well-led	Outstanding



Part 4

Review of Quality Performance

St. Michael’s Hospice (SMH) continues to collect data on Quality Performance. Hospice UK have released a new patient level data set for hospice care and St Michaels are contributing incident and bed data on a monthly basis to enable benchmarking across the whole Hospice sector on key indicators.

Minimum Data Set Tables for Palliative Care (Small Units)

Table 1. St. Michael’s Hospice Inpatient Unit

In-patient Unit	HUK 2015/16	SMH 2022/23	SMH 2023/24	SMH 2024/25	SMH 2025/26
New Patients	152	212	203	253	244
% Occupancy	77%	80.15%	77.86%	73.88%	86%
% Patients Non-Cancer	11%	17.92%	11.82%	17.795	18%
Average Length of Stay (days) – Cancer	13.3	9.6	9.5	8.6	9.9
Average Length of Stay (days) – Non-Cancer	10.3	7.6	9.2	5.3	8.3
Day Case Admissions	0%	4.62%	3.75%	1.67%	0.68%

Table 2. St. Michael’s Hospice at Home Team

Hospice at Home Team	HUK 2015/16	SMH 2022/23	SMH 2023/24	SMH 2024/25	SMH 2025/26
Total Number of Patients	218	357	291	301	318
New Patients	159	-	272	298	-
% Patients Non-Cancer	17.50%	25.77%	19.59%	22.59%	21%
Average Length of Care (days)	38	13.9	12.7	11.9	9.8
% Patients Died at Home (including care homes)	75.30%	98%	99%	99%	97%

Care Services Provision

Specialist palliative and end-of-life care continued to be provided both in patients’ own homes and at the Hospice in either our In-patient Unit or, for visiting day patients, in our Living Well Service.

Measuring performance of care provision can be difficult but we monitor key indicators from our various feedback pathways and report on those. More details on how we collect feedback is available later in the report.

In-Patient Unit (IPU)

The IPU provides 10 beds for those patients who require specialist inpatient interventions, who present with complex symptoms or psychological support needs or a combination of both and would benefit from a period of intensive support.

- During this year, there were 294 admissions to the IPU, compared with 295 during 2024/25.
- The average length of stay was 9.7 days compared with 8.1 days in 2024/25.
- The IPU has maintained an overall occupancy level of 86% compared to 73.9% the previous year.

For some, admission to the IPU enables the clinical team to treat and relieve complex symptoms associated with their illness, which means patients can then return home. This year, 97 patients were able to return home after a period in the IPU, a slight decrease from previous year when 99 patients were discharged home.

The IPU medical and nursing team continue to initiate, what we call, “parallel planning” for discharge, from the start of an admission; this means we are planning for a patients’ discharge from day 1, no matter what the final outcome might be. This planning necessitates early discussions with patients and families about what needs to be in place before discharge. We are then prepared for if/when the patient is well enough. Discharge planning involves the wider Hospice team, as well as our colleagues in Health and Social Care, enabling the arrangement, for example, of fast-track funding from NHS Continuing Health Care for packages of care in the home. There is also often a referral to the Community Nursing Team, the Community Palliative Care Team or the Hospice at Home Team to ensure continuity of care and specialist nurse involvement when the patient reaches home.

One of our aims is to ‘ensure that all people with a life-limiting illness have access to the very best medical and nursing care and support wherever and whenever they require it, allowing them to be as free as possible from unpleasant symptoms and pain’. We strive to treat our patients and their loved ones with the utmost respect and dignity. Recent feedback has been:

“The children and I are so grateful for the care St Michael's gave us during the course of my husband's terminal illness. We engaged with St Michaels Hospice quite early on in my husbands prognosis of only 12-15 months and their counselling, support, kindness and reassurance were outstanding, making this dreadful journey towards death more bearable. At the end, my husband spent 3 weeks at St Michaels. He was always listened to, treated with dignity and kindness and all his needs, medical, physical, emotional were met by the exceptional team. During his final weeks, the hospice became our second home and the staff became our second family. Everyone, the cleaners, the cooks, the nurses, the occupational health practitioners, the volunteers, the chaplains and of course the palliative care doctors, all showed us kindness and compassion, making the end of my husbands life less lonely and scary for all of us. Thank you so so much.”

Another of our aims is to ‘allow our patients to die with dignity in a place of their choice’... Achieving this can be difficult as the end of life may not always proceed in the way it was expected. In the year 2025/26 our In-Patient Unit supported 87% of patients to achieve their preferred place of death, a slight drop from 94% from the previous year.

Over the last few months, the In-Patient Unit has started to embrace some new challenges and has been looking at ways of improving processes. This has included the implementation of the Patient Safety Incident Response Framework (PSIRF) which allows for a full contextual review of any incidents that occur in clinical areas. Use of this Framework brings the Hospice in line with the wider NHS and enables us to focus on learnings to put into practice. The ward continues to use Quality Improvement methodology to ensure the focus is always on continuous improvement.

The Unit has also been lucky enough to have been the recipient of 10 new Cuddle Beds. These beds are designed to expand in size to enable patient and family members to spend time together as they would at home. This advancing technology also incorporates motion sensors which has contributed to the overall reduction in patient falls over recent months.

We continue to aim to be a place where staff are developed and are learning constantly. With the leadership of our Education Lead, IPU have almost completed their clinical competency passports demonstrating their proficiency in clinical skills.

Hospice at Home

The Hospice at Home service is provided 365 days a year from 07:30 to 20:00. This service enables patients to remain in their home environment, where the majority want to be, while still receiving the Hospice's specialist palliative nursing care.

- In 2025/26 the Hospice at Home team completed 1,980 visits. These visits are completed by either a single nurse or multiple members of the St. Michaels staff in either a combination of doctor and nurse jointly visiting, nurse and nurse or in addition with a Senior Healthcare Assistant, highlighting the increasing complexity of symptoms being managed within the home setting.
- The Hospice at Home team undertook more than 3,400 hours of visits with visits ranging from 30 minutes to 6 hours with one patient.
- The average length of stay on the Hospice at Home caseload has been 9.8 days in the last year, which falls within the newer ICB contract and Hospice at Home criteria, indicating that referrals are being appropriately received and triaged for the team to see patients who are in the last two weeks of life.
- 97% of Hospice at Home patients have been supported to achieve their preferred place of death: in the cases this was not achieved, communication was clear and the adjusted care plan was agreed with patient and family.

The Hospice at Home service is working towards a 24-hour visiting service to provide registered nurse and senior health care support overnight to patients known to the St. Michaels Hospice Service. The development of this service has meant an increase in staffing numbers and a focus on recruitment, retention, training and development of both new and current staff members.

Alongside supporting patients and families known to St. Michaels Hospice, the Hospice at Home team has provided professional advice and support to other healthcare professionals, including community nurses, GPs, paramedics, nursing homes and specialist settings such as Thornford Park and Parklands hospital. The Hospice at Home team has also supported nursing and paramedic students through placements, educating, de-stigmatising and encouraging a passion for good palliative care to be delivered in whichever setting these students go on to work.

The Hospice at Home team, and wider SMH community teams are supported by the Administrative team who answer all calls into the service, 7 days a week during core working hours (08:00-18:00), as well as supporting with administrative tasks such as booking appointments, sending information guidance and linking with other health care providers to gain clinical detail. This telephone support provides a very responsive service to all callers (patients, families and professionals) into this community telephone hub. The Administrative team are able to self-manage some of the calls, that do not require a clinician to respond, which then releases clinical time to concentrate on providing clearer triage and response to those in need of clinical advice and in turn allowing for a greater clinical presence in the community.

During the out of hours periods the In-Patient Unit team answer and triage incoming calls, assessing need during the call and responding as appropriate – this will soon be managed by the Hospice at Home 24/7 service. The Administration team are often the first point of contact for a patient, relative or healthcare professional calling to ask for support and advice and there have been many positive comments received verbally regarding the help and reassurance that has been provided from this team.

Feedback received from relative survey:

“From the moment the nurse arrived we felt completely reassured by everything she told us and the care delivered by the team. They were there when we called and visited promptly when needed. During and after our loved one passed they still cared about how we all were and if we needed to speak to anyone. I only have praise for the hospice care team.”

“The service my husband received at home was exceptional. We couldn't have had better if it had been private care. My husband was kept comfortable at all times and told what was happening and the treatment he would get. He was treated like a person and not just a job. It made what was an awful time for us all more bearable and we just couldn't have managed by ourselves and he died peacefully in his own bed with all his family there just as he wanted. We can never find the words to express how grateful we are for all the help we received. Also the ongoing help I have been given.”

Therapies

This year, 335 referrals were made to the Therapy team, compared to 328 the previous year. Despite challenges with recruitment, the Therapy team has reviewed its workload and has prioritised the service that it provides to work more efficiently, releasing more clinical time, which has helped increase activity, despite reduced staffing levels. Success in the recruitment to the Occupational Therapist vacancy alongside the recruitment of a 30hr physio in December 2025 and to a further 15hr Physio post in March 2026 has already improved the overall therapy specialist service clinical offer to patients, aiming to help patients manage their symptoms better, optimise their independence and quality of life, and support them in achieving their preferred place of death.

Therapy in the In-Patient Unit (IPU) – The Therapy team undertook a total of 559 face-to-face contacts with patients on the Inpatient Unit, compared to 399 last year, already showing the impact of the recruitment. We aim to help patients with; assessing moving and handling, mobility, balance and transfers; discharge planning, including home assessment to help adjust to new routines to enable patients to return home for a period of time or for end-of-life care. We also spend time with patients to help manage breathlessness and anxiety. This is often done jointly with other members of the wider Multi-Disciplinary Team. The Therapy team also discusses end-of-life wishes, care, and future planning, needing to work quickly to support patient's wishes of EOLC at home. Patients are provided with equipment, alterations, and adaptations to enable them to be supported in their home environment, maintaining a level of independence. Once patients are discharged, they are kept on the caseload for monitoring, support and intervention as necessary.

Therapy support with Motor Neurone Disease (MND) patients – St. Michael's provides practical, emotional and psychological support which includes holding a monthly MND clinic as well as visits to patients' homes and access to 24/7 advice. The Therapy team helps to complete applications for specialist equipment and grants, which are funded through the MNDA (MND Association). Basic equipment is accessed via the Hampshire equipment store. Moving and handling advice is given, and the Hospice provides posture, seating and pressure relief equipment, which plays a key role with this particular patient group. The Therapy team works closely with the wider MDT to review and assess each MND patient regularly.

Therapy's role in the Neurological Conditions Service – St. Michael's holds a Neuro Clinic four times a year in the Living Well service. Therapists review patients' needs and concerns at the clinic but also arrange follow-up visits if required. It is important to regularly review, as their needs are constantly changing.

Therapy in Living Well Service – Therapy plays a large part in the Living Well Service by leading four groups and actively providing support to all other groups run within the Living Well Service.

Therapy in the community – The Therapy team received 279 community referrals and completed 743 community visits (compared to 622 visits in 24/25).

A community visit enables a true picture of how a patient is managing in their environment and helps to build a better understanding of the patient. A similar assessment is completed to that we would undertake for a patient in IPU. Advice and support are given to patients and families making difficult decisions related to future deterioration in ability – for instance one-level living. Outpatient appointments are offered where patients can visit the Hospice gym to try equipment and complete prescribed exercises with a physiotherapist.

Patient and Family Support Team

The Patient and Family Support team covers pre and post bereavement services, chaplaincy, counselling, and complementary therapy. The focus this year has been on further developing the services and extending our reach to more patients and their families.

The **Bereavement Service** for family members is provided by both staff and volunteers. The number of attendees at our Bereavement Support Groups has increased to 586 compared with 394 the previous year.

The monthly Bereavement Coffee Mornings in Basingstoke and Alton continue to be popular and well attended. The total number of attendees in the year was 282, compared to 175 last year.

“I think the coffee mornings are so, so good. In day-to-day life one gets to the point where one feels you are “boring” people, so you tend to keep it to yourself. These coffee mornings give you the space to talk to people who have been through the same journey. Thank you.”

Bereavement Evenings, held on alternate months to support newly bereaved relatives, has attracted fewer attendees with 34 attending this year compared to 54 last year and is one aspect of the service that will be reviewed in 2026 to improve attendance and accessibility. Despite fewer attendees the feedback remains positive and those attending have reported it to be helpful in a number of ways:

“To realise what I'm going through is 'normal'. To hear similar experiences from others.”

“Feeling validated. Learning more about grief. Feeling less isolated. Hearing others' share.”

“Meeting other people who've experienced loss of a loved one recently and people with similar stories to our family.”

“Understanding the theory has helped me to realise just how well I am doing on the grief journey.”

The Bereavement Walk and Talk continues to be held on the third Friday of the month and is growing in popularity with the number of attendees increasing from 29 to 48. The group, supported by a member of staff and a dedicated volunteer complete a 45-minute walk, providing compassionate listening and empathy before returning to the hospice for refreshments, where the conversation and support continue.

Following the success of the first Bereavement Journey Course held in February 2024, a further 3 courses were run during the year, providing support to a total of 22 bereaved relatives. The course, which is run over 7 weeks, provides a safe place to talk with others who have been bereaved, or just hear how others are experiencing and dealing with similar issues. Once again feedback following each course is positive with 100% of those attending recommending the course to others.

“A wonderful course by truly amazing people.”

“I enjoyed the course, one of the best elements was meeting others in the same situation. The course helped me to have a better understanding of what bereavement is.”

The Young and Widowed Support (YaWS) Group is another group that continues to thrive. The group, which is run on a monthly basis, provides an open forum where members can meet with others to provide peer support facilitated by a bereavement counsellor. The group currently has 12 active members and has recently undergone its first annual review demonstrating its positive impact on those attending.

The **Counselling Service** is offered to all those affected by a life-limiting illness, as well as those who are coping with grief. Our counsellors received 146 referrals in the year and provided 548 one-to-one counselling sessions to patients, carers and bereaved relatives.

“Amazing to be able to offload and just cry to someone completely independent and non judgemental and work through all the horrendous things that happened.”

“It gave me a safe space to talk about how I was feeling without feeling judged or unwanted.”

“Someone professional who I could talk to about my feelings and receiving specialist support. An opportunity to return to Hospice and feel comfortable in familiar surroundings.”

The availability of a **Chaplain** to provide listening, emotional and spiritual support has proved to be greatly beneficial to our patients and the service. The Chaplain service is available 5 days a week with out of hours support provided where required by the HHFT chaplaincy team. Our Chaplaincy Service, including one contracted member of staff and two volunteers, is designed to cater for all faiths and includes those who do not see themselves as having a faith. During the year, 883 chaplaincy visits were made compared with 672 the previous year. The chaplain continues to lead sessions on Emotional and Spiritual Care in the Living Well Service, record patient “Stories for Life” and lead the two hospice memorial events, Light up a Life and Summer Memories.

To support staff with the emotional demands of working in end-of-life care, the Patient and Family Support Lead, along with a counsellor and the chaplain are now trained to deliver Resilience Based Clinical Supervision to clinical staff and will resume group sessions in April 2026.

The **Complementary Therapy Team** has continued to be busy during the year and have appointed two new volunteers to extend the service. The therapists work alongside the nursing and medical staff offering treatments to help symptom management and improve well-being for both In-patients and Out-patients. This year the team have provided 720 treatments including massage, reflexology and Reiki.

“At a time you are feeling vulnerable and wouldn't have the confidence to go to a public therapist this service is invaluable. Its lovely to keep a link with the hospice and the therapists are wonderful and become friends. Thank you.”

“It is a time to completely relax – a “feel good” time and a time of pampering, which is so appreciated. Makes you feel positive.”

“I have benefited greatly from the treatments I have been given both physically and mentally.”

Living Well Service (LWS)

The aim of the Living Well Service (LWS) is to enable people to remain as independent as possible, to manage the impact of their illness, and to help support them through any future changes.

An important part of our service is to dispel any myths and stigmas associated with the hospice and show patients we can provide important support and guidance much earlier in their diagnosis. Since the relaunch of the service in September 2024, we are continuing to grow and shape the service to fit the needs of our community.

We continue to offer a range of clinical and social programmes, held in the Turner Centre. Together with the therapy team, the service offers the following programmes.

• **Living Well Together** is a 7-week clinical programme providing an introduction to palliative care and the services we provide. We cover a range of topics throughout the programme to enable patients to have an insight into how to manage the impact of their illness, and how to adapt to any changes it may bring. Patients are able to access 1:1 support from the clinical lead throughout the programme. The service was attended by 84 service users over the last year.

• **Living Well with Your Symptoms** is a 5-week clinical programme focussing on specific symptoms such as fatigue, anxiety, breathlessness and sleep. We aim to provide patients with the tools and guidance they need to feel empowered to live as well as possible for as long as possible. This includes learning about different breathing exercises, management techniques or different pieces of equipment which might be helpful to patients. Our therapy team helps run this programme. There were 109 attendees over the course of the year.

• **Tai – Chi** – In October 2025, we launched a rolling Tai Chi programme, which occurs weekly and is led by our therapy team. Tai Chi can improve strength and stamina, aiming to helping patients with balance and coordination, breathing and posture, muscle strength and joint mobility. As well as physical benefits, it also provides an opportunity for social connection within a supportive environment. There have been 75 attendees over the last year.

• **Living Well, Living Better** is one of our social programmes run for patients who are known to us. Often focusing on craft activities, which patients thoroughly enjoy and provides them with the space and opportunity to be more than their illness. Course was attended by 130 service users over the course of the year.

• **Men’s Group** is another of our social programmes, run specifically for men to come together and share experiences. This group was re-launched in September 2025 with 131 attendees over the last year.

As part of the LWS, we also provide the following services:

• **Motor Neurones Disease (MND) and Neuro Service** – We hold a caseload of patients with MND and progressive neurological conditions. These patients are supported by the Living Well Service lead, palliative care consultant and therapy team.

As well as visiting and supporting patients regularly in the community, we hold monthly MND clinics, where patients have access to the multidisciplinary team – neurologist, palliative care consultant, specialist nurse, therapy team, and dieticians.

We also hold quarterly clinics for our patients with progressive neurological conditions. These clinics again are for patients to have access to health care professionals, but to also have an opportunity to socialise and find support with those who are experiencing a similar situation. (Current MND Caseload – 20 patients. Current Neuro Caseload – 11 patients)

• **St. Bernards Support** – this is an external service provider offering a drop-in financial support clinic run once a month for our patients to access. 5 of our Service Users have attended these sessions.

• **Hawthorn Project** – this school project has been running since 2011, with huge success. The project involves 10 school children visiting the hospice over 4 weeks, to work on an art project alongside 10 of our palliative patients. The aim is to raise awareness of the hospice and children’s ideas/concepts on end-of-life. 80 attendees to this project over the last year.

Over the past year we have received a total of 134 referrals to the Living Well Service. The LWS lead continues to work to promote the service to healthcare providers so that we can continue to grow and reach patients earlier, so SMH can have an even greater impact on patients and their families.

Below are some example of feedback from patients and their loved ones who have accessed the Hospice through our Living Well Service:

“Having been given a terminal cancer diagnosis and shown the door, I (and my partner) felt abandoned by the hospital system and alone with no-one to turn to. Life was already limited and the future looked less than bleak.

Then I was referred to the living well service at St. Michael’s hospice. At first it was daunting, our perception, like most people, is it is a place where people go for end of life care, but now we know the hospice offers so much more.

The support, care and guidance we have received from the team at the Living Well Service has been unmeasurable. They have helped empower me to live well with a terminal illness, how to navigate those difficult conversations and how to not let your illness define who you are.

More than anything, the team have given us a sense of community so that we no longer feel alone. They really are the most amazing people, and we tell anybody who will listen about the incredible work that they do. The team at the Living Well Service have in effect given us our “lives” back and we thank them from the bottom of our hearts.’

‘Coming to the Living Well Service and being shown around the hospice, we saw what a lovely place it is. We thought it was only a place for your last days, but there is so much they can do for you. From the minute we walked in we felt warmth and calm – I feel it every time I come back.

We met other couples in similar situations to us. We were able to sit down and talk with them. You know their thoughts and feelings are the same. We met as strangers, but after the first session of ‘Living Well Together’ we became friends – we are still meeting up now.

I now can’t imagine life without St Michael’s Hospice – and I don’t think people realise how important it is as a living environment, not a dying environment.”

Education and Training

This year has seen significant development in education, training and workforce capability at St. Michael’s Hospice, reflecting both service expansion and our continued commitment to delivering high-quality, compassionate care.

Alongside maintaining strong foundations in mandatory training and professional development, there has been a focus on enhancing clinical capability, supporting staff wellbeing, and preparing the community team for transition to a 24/7 Hospice at Home model.

Engagement with Bluestream, an online training platform, remains strong, ensuring compliance with mandatory training standards. This is complemented by a structured approach to professional development, with annual appraisals and regular one-to-one meetings enabling staff to reflect on performance, identify development opportunities, and align their progression with organisational priorities.

A key development this year has been the establishment of an Education Committee, providing strategic oversight of education and workforce development. This has strengthened governance and ensures that education is aligned with service priorities, workforce growth, and the evolving needs of patients and families. The committee also provides a forum to review the quality and impact of education provision.

St. Michael’s Hospice continues to play an important role in developing the future workforce. We host Nursing, Medical and Allied Health Professional students from the Universities of Southampton, Winchester, and Surrey, alongside providing rotational opportunities for resident doctors. These placements offer valuable learning experiences within specialist palliative care and strengthen our relationships with academic institutions and partner organisations. We are in the process of expanding these opportunities to include the University of Chichester.

Workforce growth, particularly within the Hospice at Home service, has been underpinned by a consistent and structured approach to clinical competency. The Competency Skills Passport for registered nurses is now well established within the Inpatient Unit and is being embedded across the Hospice at Home team as new staff are recruited, promoting consistency and high standards of practice.

In preparation for the transition to a 24/7 Hospice at Home service, staff have undertaken targeted development opportunities with external out-of-hours providers, including NHS 111 (NHUC), Primary Health Limited (PHL), and South Central Ambulance Service (SCAS). These experiences have broadened understanding of the wider healthcare system and increased confidence in autonomous decision-making in the out-of-hours setting.

Clinical supervision has been further developed over the past year, with the introduction of a resilience-based model available to all clinical staff. Six trained supervisors now facilitate closed supervision groups, promoting continuity, trust, and psychological safety. This approach reinforces the Hospice’s commitment to reflective practice, enabling staff to process the emotional impact of their work while fostering a culture of openness and shared learning.

Promoting a positive and respectful workplace culture has also remained a priority. All clinical staff have participated in sessions from the Civility Saves Lives campaign, recognising the impact of incivility on communication, team functioning, and patient outcomes within healthcare environments.

In addition, the majority of clinical staff have now completed the Oliver McGowan Mandatory Training in Learning Disability and Autism through three dedicated training days. This has enhanced awareness of the needs of individuals with learning disabilities and autistic people, enabling more personalised, equitable, and compassionate care, and reinforcing the Hospice’s commitment to reducing health inequalities.

Staff continue to attend two mandatory clinical away days each year. One focuses on core mandatory requirements, including resuscitation, moving and handling, infection control, and incident investigation, ensuring safe and effective practice alongside regulatory compliance. The second day this year focused on recognising and managing distress in patients and their families, with all staff participating in simulated learning experiences. This experiential approach has strengthened confidence and capability in managing complex and emotionally challenging situations.

The Hospice has also strengthened its contribution to the wider health and social care system through the delivery of end-of-life care and syringe driver training to nursing homes across the local area. This has enhanced the confidence and capability of care home staff, supporting patients to remain in their usual place of residence and promoting collaborative working across services.

The Hospice has maintained a strong external presence with staff presenting work at national conferences, including Hospice UK, and attending conferences to ensure practice reflects the latest evidence and innovation in palliative care. Learning from these opportunities is shared across teams, contributing to ongoing improvements in clinical practice.

The development of extended and specialist roles remains central to workforce capability and professional development. Staff have been supported to undertake further training in areas such as non-medical prescribing, History Taking and Physical Assessment, and the European Certificate in Palliative Care.

Education and training continue to be informed by clinical governance processes, including audit, incident review, and feedback, ensuring that education remains responsive to service needs and continues to drive improvements in patient care.

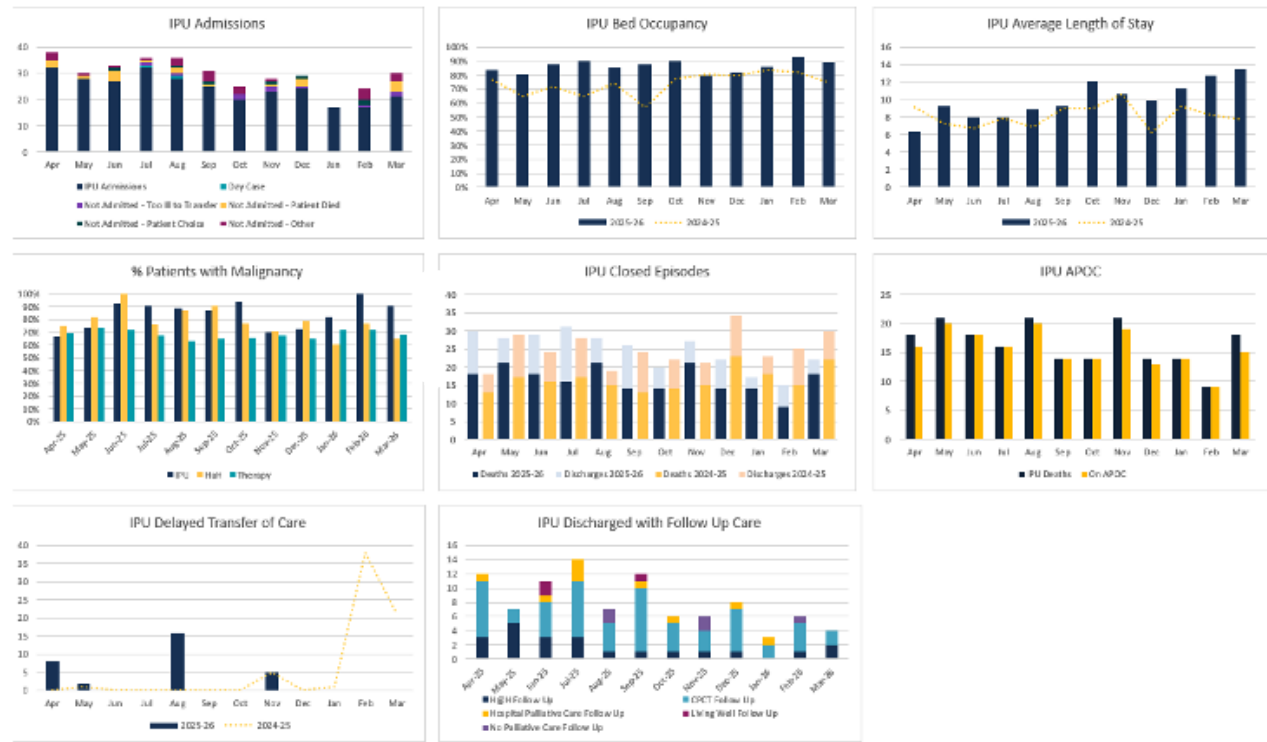
Key Quality Indicators Clinical Team Dashboard

In addition to the quality metrics in the national minimum data set, St. Michael’s Hospice continues to maintain a comprehensive clinical dashboard containing several additional key governance and activity data, as shown below. The dashboard is updated on a monthly basis and reviewed by the Clinical Governance Committee on a quarterly basis. In addition, each clinical manager receives their respective dashboard on a monthly basis providing a comprehensive snapshot of activity and performance within their department.

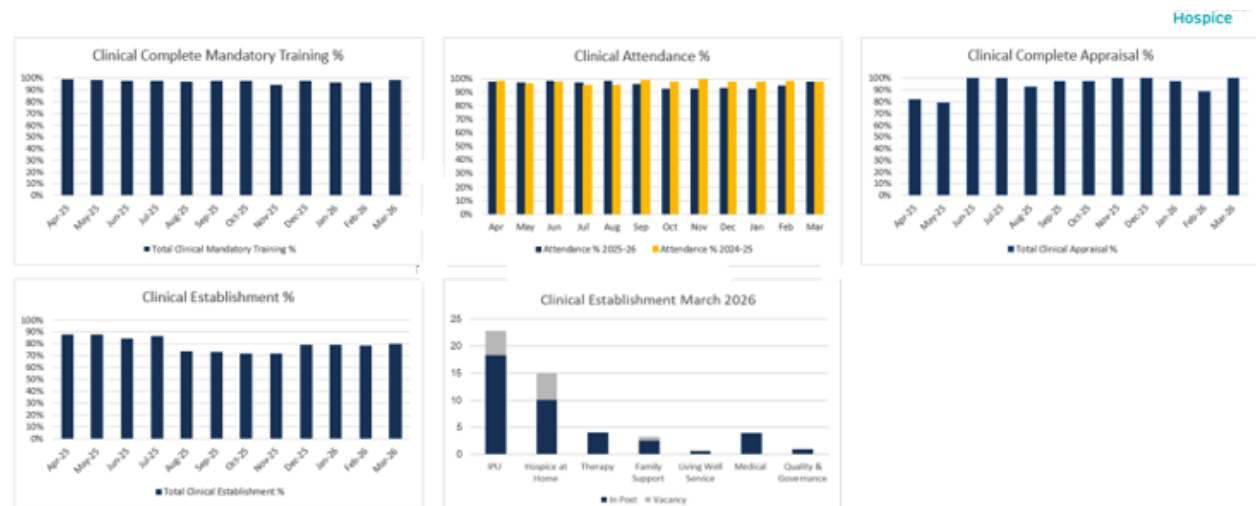
Clinical Dashboard



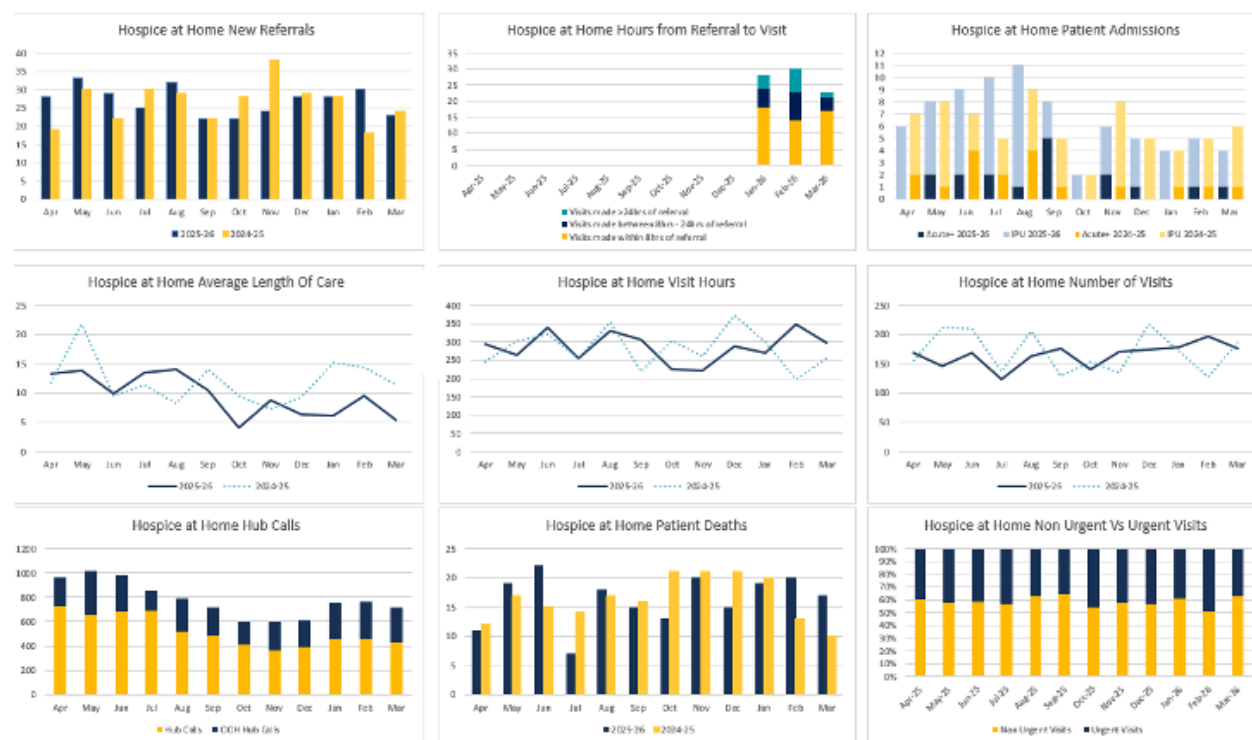
IPU Dashboard



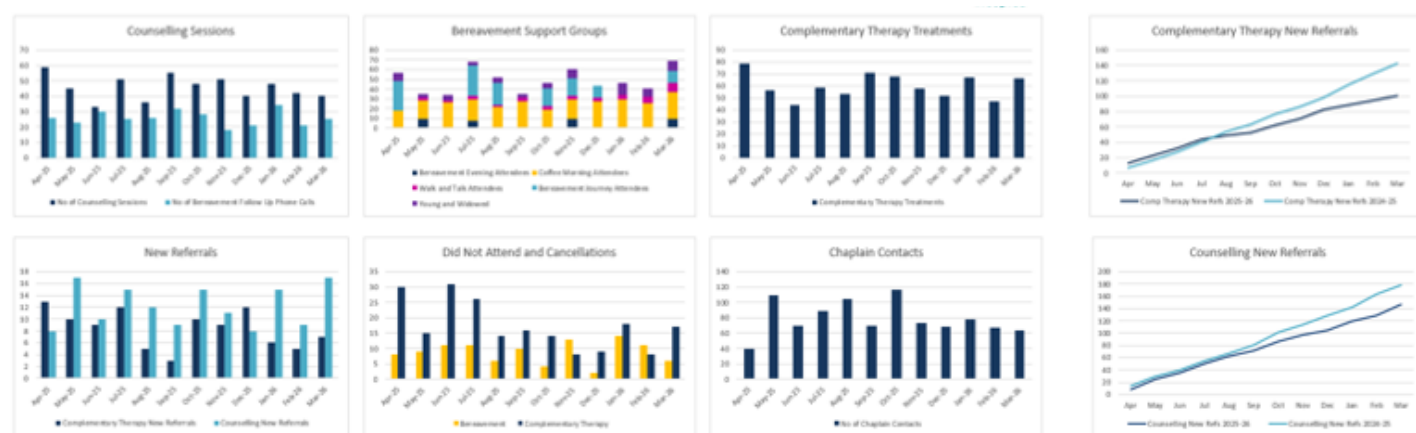
Clinical Team Dashboard



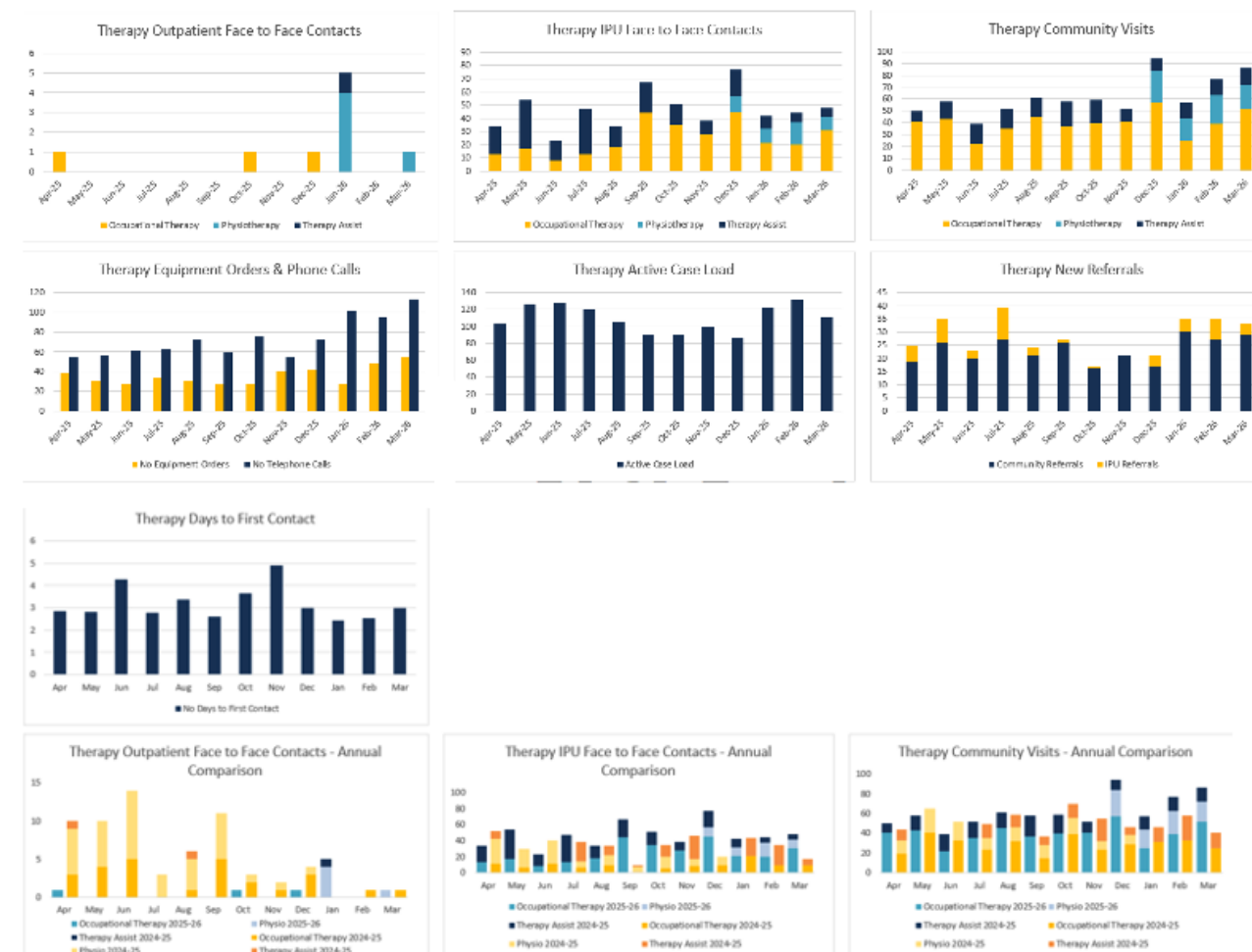
Hospice at Home Dashboard



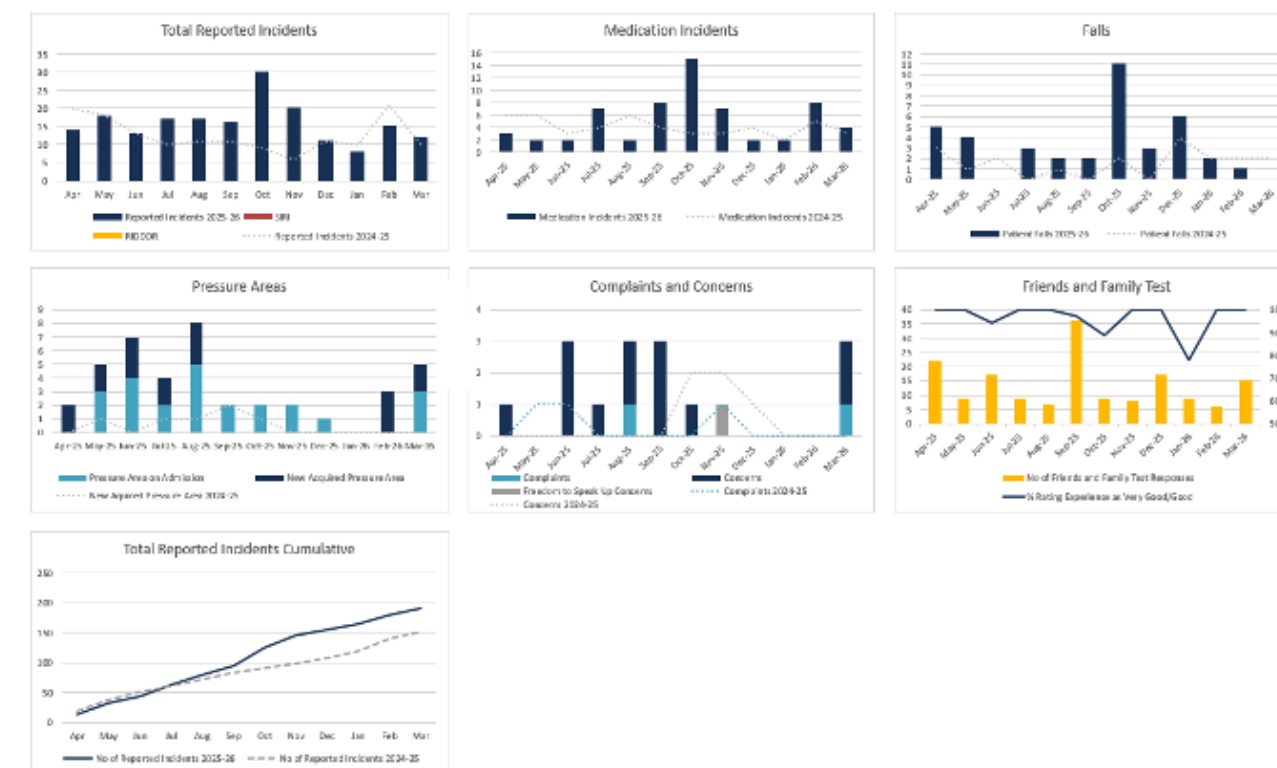
Patient and Family Support Dashboard



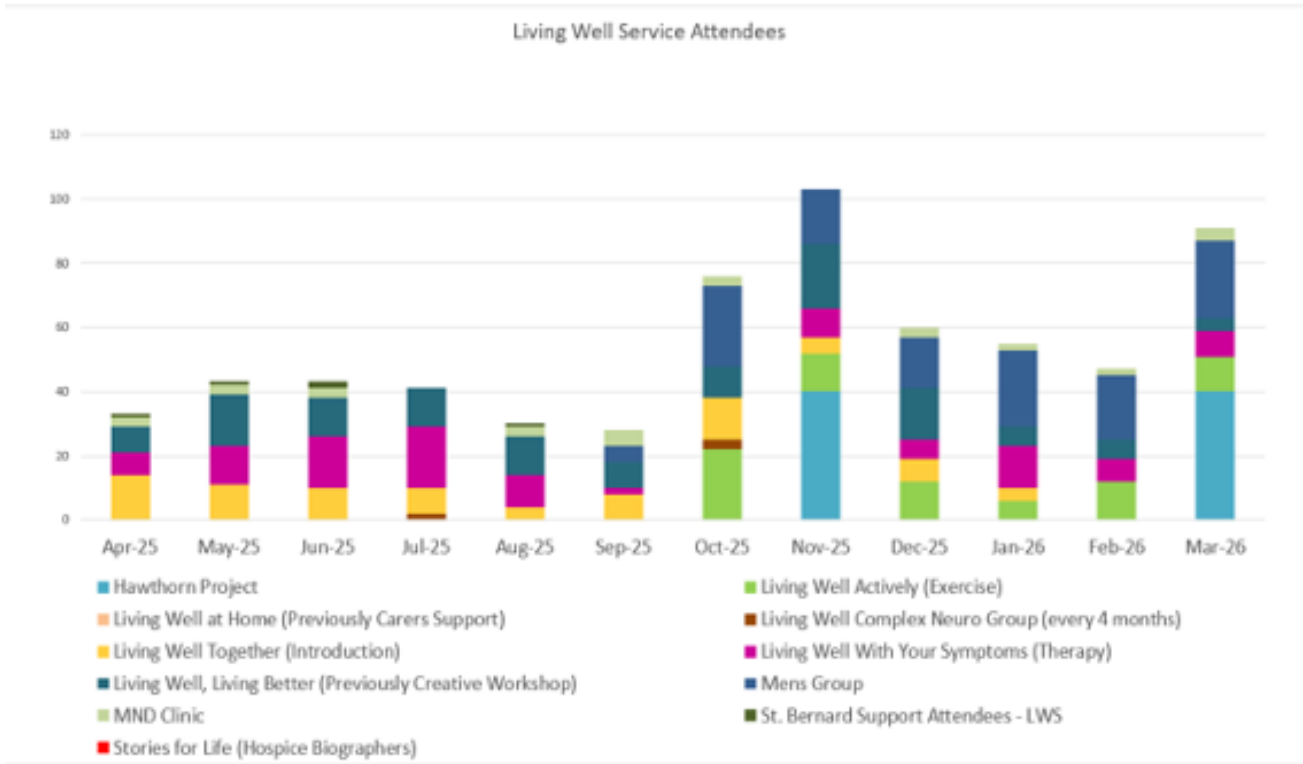
Therapy Dashboard



Quality and Governance Dashboard



Living Well Service Dashboard



What our patients and their families say

Gathering feedback from those who use our services is vital for continued learning, growth and the promotion of a culture of transparency.

Feedback results are monitored on an ongoing basis by our Patient and Family Support Team Lead so that any important issues are immediately passed for follow up to senior members of the Clinical Team and the Senior Leadership Team where necessary. All the results are collated annually and published on our website.

There are two ways that we collect data:

The **Your Experience Matters Postcard** provides a means of collecting real-time feedback. The postcards are available at various locations in the In-Patient Unit and in the Living Well Service. Between 1 April 2025 and 31 March 2026 a total of 52 postcards were completed with 92% of responders rating their experience at St Michael's Hospice as Very Good and 8% rating it as Good.

Our **Relative's Survey** is sent out to all families 10 weeks following a bereavement. This survey gives relatives the opportunity to provide retrospective feedback based on their experience of the In-Patient Unit, Hospice at Home Service and an overall rating ranging from Very Good to Very Poor. Between 1 April 2025 and 31 March 2026, a total of 325 surveys were sent out and 115 were returned for analysis giving a 35% response rate. 94% of those taking part in the survey rated their experience of St. Michael's Hospice as Very Good or Good.

"From the moment you walk through the doors into reception you immediately feel welcomed and relaxed. The hospice is set up so clean, tidy and modern that the reason why you are there doesn't seem so scary. The rooms are all like a cruise ship cabin, were the words I used to reassure my Dad the first time he had to be cared for, which put him at ease. All the staff were absolutely without exception amazing. From reception staff, cleaners, building workers, nurses, doctors, kitchen staff, everyone, you never felt uncomfortable or in the way. The comfort and always there to listen totally reassured you that when you did have to leave your loved one, they were in very good hands. The staff really do go above and beyond your expected expectations. The second time that my Dad had to go into the hospice and we knew the last, we were welcomed back, remembering our names, putting us at ease. The care my Dad received in his final days were exceptional. My heart smiles when I think of the wonderful care my Dad received in his time at the hospice".

Friends and Family Test, as measured via the Your Experience Matters Postcards and the Relatives Survey. Of the 198 responses collected between 1st April 2025 to 31st March 2026, 97% of respondents rated the service as Very Good or Good.

The clinical teams also receive numerous thank you cards and letters which are displayed in departments for staff to read.

Hospice User Group continues to be held on a quarterly basis and is made up of 12 members. The purpose of the group is to give those service users a voice in how we develop our services for the future and identify areas of improvement. During 2025 the group were consulted about a range of projects including the CQC inspection, fundraising events, and once again assisted with the undertaking of the 15 Steps Challenge, a method for measuring service quality from a user's perspective. Members of the HUG have also played a pivotal role in sharing their stories for marketing purposes and featuring in promotional films for the Hospice.



Part 5

Statement from commissioners: NHS Hampshire and Isle of Wight Integrated Care Board

NHS Hampshire and Isle of Wight Integrated Care Board (ICB) welcomes the opportunity to comment on St. Michael's Hospice Quality Account for the 2025/26 reporting period, as part of its statutory commissioning and quality oversight responsibilities. We are satisfied that the Quality Account meets the mandated requirements and provides an appropriate overview of the organisation's quality priorities and performance.

Through ongoing engagement with St Michael's Hospice, the ICB has sought assurance that commissioned services are delivered in line with expected standards of safety, effectiveness, and person-centred care. The ICB would also like to extend its congratulations to St Michael's Hospice on receiving an Outstanding Care Quality Commission (CQC) rating following its inspection in August 2025.

The ICB recognises St Michael's Hospice's progress against its 2025/26 priorities, including launching the Hospice at Home service and implementing the Vantage Feedback Module to capture detailed feedback to enhance quality improvement. The challenges relating to therapy team recruitment and increased referrals are acknowledged, and the ICB is satisfied that these are being addressed through recruitment strategies, improvement plans and oversight mechanisms. The ICB looks forward to seeing the continued positive impact of recent recruitment on the delivery of clinical specialist therapy for the local population.

It is recommended that the improvements made during 2025/2026 are continuously embedded, with their impact on patient outcomes monitored in 2026/27.

The ICB acknowledges and values St Michael's Hospice's engagement in quality governance arrangements, including facilitating ICB participation in internal quality meetings to support assurance and commissioning oversight. We also recognise St Michael's Hospice's contribution to local and system-wide quality improvement through its active participation in the End-of-Life Care Board.

The ICB welcomes the 2026/27 quality priorities set out in the Quality Account, specifically embedding the Patient Safety Incident Response Framework which aligns with system priorities. We welcome the sharing of progress and learning through the appropriate system quality forums, including at the Hampshire and Isle of Wight Palliative and End of Life Care Building Excellence Summit.

Overall, the ICB considers the Quality Account for 2025/26 to be a fair and accurate reflection of the services provided. The ICB will continue to work with St Michael's Hospice during 2026/27 through established assurance and oversight arrangements to support ongoing improvement in the quality of care delivered to the population we serve.

Yours sincerely
Wendy Newnham
Interim Chief Nursing Officer
On behalf of: Nicola Lucey Chief Nursing Officer

The Board of Trustees Commitment to Quality

The Board of Trustees is fully committed to the delivery of high-quality services to all our patients cared for and supported in our In-patient Unit and by our community-based services, as well as their families and carers.

The Board regularly monitors the standards of care given to patients, health and safety reports, feedback from patients and family members, (including compliments and complaints) and plans and proposals for quality improvement. This is achieved by receipt of regular reports to both Governance and Board meetings on all these aspects of care delivered by the Charity, with further discussion and evaluation at those meetings.

Trustees take an active role in the contribution and approval of policies across all areas of activity within St. Michael's Hospice and operate a scheme of delegation to expert committees. Trustees also undertake mandatory training in core aspects of their roles each year in line with the requirements for all staff and volunteers.

The Chief Executive is highly visible, accessible and approachable to all staff and volunteers, through regular walk rounds of the Hospice and an open-door approach. The Chairman of the Board meets regularly with the Chief Executive, and both have access to wider Trustee support as necessary to ensure that the Board have a current awareness of any relevant issues.

This Quality Account demonstrates the Hospice's commitment to serving the local community by providing specialist services of a high quality, ensuring our core values are at the heart of all we do.

St. Michael's Hospice Quality Account Feedback

If you would like to comment on the content or format of the St. Michael's Hospice Quality Account for 2024/25, please submit your comments via the St. Michael's Hospice website or to the Chief Executive at this address: **St. Michael's Hospice (North Hampshire), Basil de Ferranti House, Aldermaston Road, Basingstoke, Hampshire, RG24 9NB**



