



2022/23

St. Michael's Hospice (North Hampshire)

Quality Account



Registered Charity Number: 1002856

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Part 1

Chief Executive's Statement

In 2022, St. Michael's Hospice celebrated its 30th year of providing free, compassionate care to people in North Hampshire who have a life-limiting illness, need us for end-of-life care, or are experiencing bereavement. The year continued to be especially challenging for the organisation following years of disruption as a result of the COVID pandemic. St. Michael's remains in a sound financial condition, prudently governed, which readies itself to weather an uncertain economy and rising costs. We remain committed to extending services whilst eliminating our operating deficit over the medium term. Following the introduction, by NHS England, of Integrated Care Boards we must continue our collaborative approach to providing healthcare services and seek appropriate levels of commissioning income for our care in line with The Care Act 2022.

Since launching our strategy in 2020 there has been a focussed investment to our community services and the increased establishment is nearing capacity. As a result, in 2022/23 new referrals increased by 22.6% and hours spent visiting patients increased by 69%. Patient contacts through the new Living Well Service increased by 175% in Q4 (n218) against Q3 (n79) with an established programme of activity in place. Bed occupancy on our In-Patient Unit (IPU) reached a record high and on occasion, to expedite admissions, an eleventh bed was temporarily used resulting in occupancy of 110%. The launch of our new Living Well Service has been highly successful with attendance at social support groups growing monthly. The Lead Nurse is focussed on developing support services in conjunction with the Therapy Team, In-Patient staff and the Family Support Team. During the year, Hospice facilities underwent a significant refurbishment including some areas untouched for thirty years. The In-Patient Unit, Family Room, Sanctuary and Therapy Gym all received an upgrade and the facilities that home the Living Well Services and new Café have been created. As a result the Hospice offers a bright, modern, welcoming environment for patients and visiting families.

Hospice User Groups are well established and have been used to great effect to influence and develop services and the Hospice environment with some tangible outcomes. In the last quarter of 2022/23, we relaunched our school engagement programme, The Hawthorn Project, where a group of local secondary school children worked with a selection of patients on art projects as well as addressing some of the fears and breaking down barriers to hospice care.

The Hospice is proud to be a person-centred organisation, focussed on our people serving those in our community, and the pursuit of excellence is embedded in all we do. Our unwavering commitment to patients, families and the community creates the foundation of the organisation as we strive to deliver the highest standards of care both as a healthcare provider and third sector commissioner of services.

Iain Cameron



Chief Executive
May 2023



Mission Statement

St. Michael's Hospice (North Hampshire) enables people faced with a life-limiting illness, their families and carers, to attain the highest possible quality of life by providing a choice of specialist care and support.

Our Vision

St. Michael's Hospice will endeavour to influence and lead all aspects of palliative care provision in North Hampshire. It will do this by working in partnership with all stakeholders, particularly service users, who will be actively involved in the development and delivery of services which, as far as possible, will be user led.

Priorities for Improvement 2023-24

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

Priority 1: To review the existing clinical incident reporting system.

How was this Priority identified?

Despite moving to Electronic Patient Records last year, some systems have remained paper-based including the Hospice incident reporting system. Incident reporting numbers during the year have been quite sporadic and the opportunity to learn from near misses and incidents is not as robust as it could be. Staff find the system confusing as there are three different incident forms in circulation and completing the forms can be time-consuming.

How will Priority 1 be achieved?

The review will begin with the formation of a working group to discuss the pros and cons of the current system and explore other opportunities including electronic incident reporting systems. The group will start with a SWOT analysis and come up with recommendations to take forward as the project progresses. Progress will be reported into the Senior Leadership Team and overseen by the Clinical Governance Committee.

Clinical Effectiveness

Priority 2: To implement a variety of patient outcome measures to demonstrate the clinical effectiveness of our services.

How was this Priority identified?

Over the past few years there has been a big drive on investing and developing our clinical services. The 2022-23 clinical dashboard has demonstrated the Hospice's achievements in terms of extending its reach to more patients and their families with activity numbers in services like the Patient and Family Support Team and Living Well Service continuing to grow. As well as continuing to grow our services, it is imperative that we look at ways of demonstrating the effectiveness of our services and making improvements where necessary.

How will Priority 2 be achieved?

User feedback has always been a priority for the Hospice and continues to be captured via our VOICES survey, Your Experience Matters postcards, and ad-hoc surveys. In addition to this some clinical teams are in the process of implementing different outcome measures including CORE-10 in Counselling and MYCAW in Therapy Services. The analysis and reporting of these outcome measures will be captured and reported to the Clinical Governance Committee and, where appropriate, extended into other services during the year. The Living Well Service which is now established and set to develop even further during 2023-24 will also be looking at the implementation of outcome measures to demonstrate what impact the service is having on those who access it.

Patient Experience

Priority 3: To participate in the FAMCARE Service Evaluation.

How was this Priority identified?

The Association for Palliative Medicine invited services to participate in FAMCARE, a service evaluation study of bereaved relatives' satisfaction with end-of-life care 2023. This study allows providers to benchmark themselves against other services and was felt to be beneficial for St. Michael's Hospice to participate in.

How will Priority 3 be achieved?

The service evaluation runs from the 1st of August to the 29th of September. It covers deaths between the 1st of June to the 30th August. The participants are bereaved "main" carers of patients referred to the service for end-of-life care. Surveys received up to the 31st December will be analysed. The FAMCARE 2 tool will be completed on a single occasion by the main carer 4-8 weeks after the patient's death. The data will be analysed by the project group and feedback given to the individual services. Services will receive their own data and also comparable (anonymous) data from other services. During this period the VOICES survey will be suspended to avoid duplication of questionnaires being sent to bereaved relatives.

Review of Priorities for Improvement 2022 – 2023

Priority 1: To develop a new daily patient dependency assessment tool for all patients on St. Michael's Hospice In-patient Unit.

Following the attendance by two members of staff at a Quality Improvement Project course run by NHS Elect, an updated patient dependency and acuity tool was created. The tool uses an Excel spreadsheet and algorithms based on the time it takes for certain clinical interventions. IPU bed occupancy and sufficient staffing levels are also reported on the same form. Since its implementation it has proved easy to use and is a more accurate tool. Regular reviews have allowed us to also report the number of staff working overtime, bank and agency staff in order to maintain adequate staffing levels. We have also been able to identify previous under-reporting of occupancy and amended our processes to reflect this.

Twelve-months on and the acuity tool is used daily and continues to provide accurate data on the dependency of our patients, occupancy rate and staffing levels including bank, agency and overtime. Staff are now confident in completing the form and can see the value of it, especially with the monthly overview of the data which is produced by our Data Manager. The most recent amendment was to include Broadlands room which was used twice in December for an inpatient admission while still waiting for a patient to be discharged from one of the main rooms. This effectively, shows the IPU running at 110% on such occasions. Although it is difficult to externally verify, the Matrons from both Winchester Hospice and Countess of Brecknock have been invited to review. They felt that the data recorded effectively reflects that of a hospice, and that, if anything, the time values used for the Excel formula were low.

Priority 2: To re-establish Hospice Day Services.

On 1st July 2022 a band 7 secondment was appointed to lead on the re-establishment of Hospice Day Services which was soon relaunched as the SMH Living Well Service (LWS). The purpose of the LWS is to focus on an individual's quality of life through a wide range of supporting services. The LWS lead provides individual holistic assessments with patients and their carers to ensure maximum benefit from individual programmes.

The pilot sessions which finished in December proved to be popular. The January sessions for both seated Pilates and Therapy information sessions are fully booked. The LWS lead is now engaging directly with GP surgeries, starting with Rooksdown surgery. The Wilson Practice (Alton) and Parkinson's specialty nurse have also made recent referrals. The creative workshop tends to have an average of 6 participants each week. Discussions are being held for Hospice Biographer training and to relaunch the 4 week Hawthorn project (art project with a local secondary school). The Living Well Service Lead is also in contact with St. Bernard Support who will provide advice on finances, will writing, etc to any patient with a life-limiting illness.

The Living Well Service had 192 contacts for the last quarter of 2022/23. This figure comprises of clients that attend regular workshops and is not, therefore, 192 separate individuals. Current sessions include seated pilates, therapy information sessions, creative workshops, complementary therapy sessions, independent financial advice from St. Bernard Support and coffee mornings for the recently bereaved.

The Living Well Service has recently completed the four week "Hawthorn Project" which involved ten pupils from a local secondary school, completing a piece of artwork with ten of our community patients. The primary focus being breaking down barriers about hospices and people with life-limiting illnesses. It is intended to repeat the project with another secondary school in November 2023.

The Living Well Service now has its own section on our website, which will be regularly reviewed with any services that are added.

The priorities for the next quarter will be to initiate a drop-in coffee morning for those who are caring for a patient with a life-limiting condition, launch of the new look café, a craft workshop, a monthly art therapy session and a memory bear workshop for the recently bereaved.

(The new Living Well Service Dashboard can be found on page 24)

Priority 3: To implement the 15 steps programme with our service users.

The 15 steps challenge was piloted with the Hospice User Group (HUG) on 20th May (pre-inpatient refurbishment) and repeated on the 19th August (post-inpatient refurbishment). The tool has enabled the HUG to be involved with current and planned refurbishment projects on the In-Patient Unit and to make suggestions based on user needs and preferences.

Some of the suggestions for improvement were implemented as a direct result of the HUG feedback including a need to improve the lighting in the corridors and the family room, updating the furniture in the family room to make it more comfortable and welcoming and removal of all the “busy” noticeboards in the corridors which appeared overwhelming.

You said	We did
Exposed brickwork not very attractive and cold	One wall of exposed brickwork now plastered and painted
Wall mounted TV switched off – could this be utilised to run a video on the Hospice	Wall mounted TV on the IPU now displays Staff on Duty information
Lighting makes the ceiling feel much lower – LED lights built into the ceiling would be an improvement.	Lighting replaced with LED lights and a light well
Corridors are drab, cold and lack colour	Corridors re-painted in bright colours, carpet replaced with light laminate flooring.
Too many noticeboards, information is overwhelming	Noticeboards removed. Only one remains containing user feedback.
Round or oval table for relatives would be more inviting	Round table purchased as part of the family room re-furbishment and positioned in a more welcoming place.
Separate the adult reading from the children's	New children's room opened in September adjacent to the family room including a new children's reading corner donated by a patient's family.
More nice plants, artificial if necessary to improve the family room	Family room completely redecorated and refurbished, including artificial plants.

Part 2

Statement of Assurance from the Board

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.

Review of Services

St. Michael's Hospice supported local NHS commissioning priorities during 2022/23 with regard to the provision of specialist palliative care by providing:

- In-Patient Unit Services
- Hospice at Home Service
- Day Services (Living Well Service)
- Therapeutic Clinics
- Outpatient Services
- Physiotherapy
- Occupational Therapy
- Patient and Family Support Services incorporating:
 - Bereavement Support
 - Pre and Post Bereavement Counselling
 - Complementary Therapy
 - Chaplaincy

£6.2 million income is required to fund St. Michael's Hospice in the coming year as we are an independent charity that provides all services without charge to patients and their families. This comes from voluntary charitable donations, Legacies, events, corporate and community fundraising, Hospice Retail and Lottery. The remaining 16% of the funding required is from the NHS via the HIOW Integrated Care Board (ICB).



Participation in Clinical Audit

National Audits

During 2022/23, St. Michael's Hospice was not eligible to participate in any of the national clinical audits nor national confidential enquiries as none of the audits or enquiries related to specialist palliative care based in the community.

Local Audits

As part of continuously improving the quality-of-care provision we carry out audits and service evaluations using where possible, nationally agreed hospice specific benchmarking tools.

Audit Topic	Audit Outcomes
Morbidity and Mortality Review	<p>These multi-disciplinary reviews are held each month to review those patients who:</p> <ul style="list-style-type: none">• Died within 24 hours of hospice admission or• Had an in-patient stay greater than 21 days or less than 24 hours• Were of interest for other reasons. <p>The format involves a member of the team presenting a summary of the case, followed by a discussion and a recording of any learnings that arise from the review. In the main, the review serves the purpose of validating the appropriateness of an admission or prolonged length of stay given the medical or psychosocial needs of the patient and their families, nevertheless it is a valuable forum for challenging decisions and ongoing learning.</p>
Infection Prevention and Control Environmental Audit	<p>Audit carried out in July 2022 with the Hospice achieving 100% compliance in all areas.</p> <ul style="list-style-type: none">• In-patient/Out-patient – 100%• Equipment – 100%• Utility Rooms – 100%• Sharps Management – 100% <p>• Total score – 100%</p>
Achieving Priorities of Care	<p>Audit showed no concerns – 100% compliance achieved</p>
Call Bell	<p>6 call bell audits were completed throughout the year. All of which showed that the call bells were answered within 90 seconds, that the patients felt their call bell was answered in a timely manner for their needs and that the patients felt they were treated with compassion, dignity and respect when their call bell was answered.</p>

Audit Topic	Audit Outcomes
Pressure Ulcer	<p>6 pressure ulcer audits completed throughout the year.</p> <p>Areas of compliance:</p> <p>100% pressure ulcer risk assessment up to date (within 6 hours of admission, change in clinical condition or every 7 days).</p> <p>100% pressure relieving equipment in place for at risk patients within 2 hours of identifying risk</p> <p>Areas for improvement:</p> <p>If patients at risk, EPR flag not updated</p> <p>Wound care plans not completed on admission- a common theme found throughout the audits. Tissue Viability link nurse assigned and plan to implement teaching sessions to enhance wound care knowledge</p>
Hand Hygiene	<p>6 hand hygiene audits completed throughout the year which showed 100% staff 'bare below the elbow' with ample evidence of good hand hygiene practice amongst Nurses, Healthcare Assistants, Physiotherapists, Doctors, Housekeepers and students.</p>
Safe Environment	<p>7 audits completed throughout the year showing 100% compliance.</p>
Rehabilitative Palliative Care – Re-audit (endorsed by Hospice UK)	<p>In December 2022 the therapy team lead repeated this audit first completed in September 2021. The re-audit showed areas of significant change including person-centred goal setting with the focus on what is important to patients reflected much more in key multi professional meetings such as the weekly Palliative Care Inter Professional Meeting as well as the weekly Inpatient Unit Multidisciplinary Meeting. The community initial assessment also includes a question about 'what matters most to you?' There was also improvement in the focus on function with healthcare assistants on the inpatient unit providing a more enabling approach with patients. Finally changes were identified in the area of supportive self management, where sessions are now delivered as part of the new Living Well Service reflecting an increase in information provided on self management to patients.</p>

Research

In 2022, St. Michael's Hospice were invited to participate in the CHELsea II Trial - Cluster randomised trial of clinically assisted hydration in patients in the last days of life. A study being run by the University of Surrey. The aim of the study is to assess whether giving patients in the last days of their life fluid via a drip ("clinically assisted hydration" - CAH) is effective at preventing them from developing delirium ('terminal agitation'). To date, St. Michael's Hospice have recruited 9 out of 20 patients into the trial.

Duty of Candour

Duty of Candour applies to all registered providers of both NHS and independent healthcare bodies as well as providers of social care.

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 is a key topic in all our 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. The ICB have been committed to funding enhanced services as the Hospice seeks to increase collaborative working and its reach to more patients. We continue to participate in quarterly Clinical Review Meetings and ad-hoc meetings as required. There were no Quality Reviews carried out during 2022-23.

The Clinical Governance Committee, which meets on a quarterly basis is chaired by a local GP and Clinical Director for North and Mid Hampshire. Membership includes a Trustee who is a Medical Director in Urgent Care and Clinical Lead at the HIOW ICB, as well as a Quality Manager at the ICB and members of the SMH senior Clinical Management Team.

The Hospice's NHS income in 2022-23 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.

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 August 25th, 2021. The inspectors spent the day meeting with many members of the clinical team and building a picture of the Hospice and how we are performing.

Significant praise was given on the day for the passion and desire of staff to deliver holistic care and the relaxed, open, and honest approach to interactions with the inspectors. In November, the report was published with the following ratings:

Overall Good Read overall summary	Safe	Good ●
	Effective	Good ●
	Caring	Outstanding ☆
	Responsive	Good ●
	Well-led	Good ●

Overall summary

Our rating of this location stayed the same. We rated it as good because:

- The service had enough staff with key skills to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risks well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- People were truly respected and valued as individuals and were empowered as partners in their care. Staff fully involved people and treated them with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service tailored planned care to meet the needs of individual people, took account of patients' individual needs, and made it easy for people to give feedback. People received care in a way that was flexible, offered choice and continuity. People could access the service when they needed it and did not have to wait too long for treatment.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in their daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.



Part 3

Review of Quality Performance

St. Michael's Hospice (SMH) continues to collect data on Quality Performance despite the National Minimum Dataset (NMDs) coming to an end in 2016. Hospice UK are currently working towards a new patient level data set for hospice care but until this is available the 2015/16 NMDs continues to be used as a benchmark across hospice services.

Minimum Data Set Tables for Palliative Care (Small Units)

Table 1. St. Michael's Hospice In-Patient Unit

Inpatient Unit	Currently available national median 2015/16	SMH 2020/21	SMH 2021/22	SMH 2022/23
New Patients	152	184	186	212
%Occupancy	77%	72.65%	73.92%	80.15%
%Patient Non-Cancer	11%	16.70%	13.98%	17.92%
Average Length of Stay (days) - Cancer	13.3	8.8	9.9	9.6
Average Length of Stay (days) - Non-Cancer	10.3	8.1	5.6	7.6
Day Case Admissions	0%	4.70%	1.38%	4.62%

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

Hospice at Home Team	Currently available national median 2015/16	SMH 2020/21	SMH 2021/22*	SMH 2022/23
Total Number of Patients	218	319	286	357
%Patients with a Non-Cancer Diagnosis	17.50%	21.50%	28.32%	25.77%
Average Length of Care (days) - Cancer	38	27	23	13.9
%Patients Died at Home (including care homes)	75.30%	95%	95%	98%

* Excludes Qtr. 4 data which at the time of reporting remains unavailable on EPR

Therapy Services

Our therapists provide support to patients on the In-Patient Unit, Living Well Service, Motor Neurone Disease (MND) clinic and in the community.

During 2022-23 the Therapy Services team provided 704 inpatient contacts, 494 home visit contacts and 175 outpatient contacts.

Our team continues to assess and treat a higher percentage of people with non-malignant disease, on average 31% for the year, more than other clinical services.

The Occupational Therapist (OT) role on the In-Patient Unit is aimed at helping patients with discharge planning, home visits to set up the environment with equipment, often jointly with other members of the wider Multi-Disciplinary Team. The Therapy Team also discuss end-of-life wishes, care and future proofing. Patients are provided with equipment, alterations and adaptations through Hampshire Equipment Services, moving and handling advice and provision of posture, seating and pressure relief, to enable discharge home. Once patients are discharged, they are kept on the OT case-load for monitoring, support and intervention or review of equipment during deterioration.

The OT role in the Living Well Service is to organise patients' attendance at group sessions with partners. They run one course a month, which covers subjects such as Breathlessness, Fatigue, Falls and Stress/Anxiety. These sessions are supported by a Physiotherapist, with input from the Patient Flow Co-ordinator who is available to answer questions and signpost on managing finances, benefits and community resources.

The OTs and the Therapy Assistant are also involved in the support of patients with MND. The case-load is divided between OTs, both of whom attend the monthly clinic that we hold at the Hospice. The team support patients with applications for equipment which is funded through the MND Association, or Hampshire Equipment Services. They also provide moving and handling advice and provide their own posture, seating and pressure relief equipment, which plays a key role with this particular patient group.

The Therapy Team have maintained a small community case-load of patients who have been discharged from the In-Patient Unit, attended the Living Well groups, or have MND. These patients are contacted regularly and reviewed as necessary.

'The whole team at St. Michael's Basingstoke went above and beyond in caring for my partner and myself, and mine, and his families. Truly exceptional support and care from everyone that works here in all teams. He said he felt safe in there and comfortable and cared for.' - Responder to our VOICES survey.



Chaplaincy

The chaplaincy offers pastoral support to patients, their families and friends and to members of staff and volunteers. This non-judgmental ministry of listening, reflection and encouragement is offered sensitively to all, irrespective of religious belief or affiliation. The chaplaincy service averaged around 59 visits per month through the year. Volunteer chaplains have continued to provide support increasing the reach and presence of the chaplaincy service.

The newly opened 'Sanctuary' has been equipped as a multi-faith space in collaboration with the different faith communities in and around Basingstoke and remains available as a calm reflective space for people of all faiths and none. The Chaplain hosts a prayer service once a week. The larger remembrance services, led by the Chaplain, included our Sunflower Celebration in June and Light up a Life in December, both of which were held in the grounds of the Hospice, enabling staff, patients, carers and the supporting community to gather in person and remember loved ones.

The Chaplain completed supervision training in 2022 and now forms part of a team providing in-house supervision and reflection sessions for staff. In addition to this role, the Chaplain has co-led (with a Muslim colleague) a staff session on spirituality and the beliefs and practices surrounding the end of life in Christianity and Islam.

The Chaplain (along with two colleagues) completed Hospice biographer training in early 2023, enabling us to capture patient stories as audio recordings which can then be shared with family and friends as the patient wishes.

Our chaplain team are available to conduct funerals and other services as required and can provide less formal prayers and blessings as needed by patients and their families. They are also able to contact other faith leaders from the community when requested.



Complementary Therapy Services

During 2022, the Complementary Therapy Service has flourished with the appointment of a new Complementary Therapy Lead, two new bank therapists and 3 volunteers.

The return of the Turner Centre, with its two Treatment Rooms along with the allocation of a designated room on the In-Patient Unit has enabled the team to provide many more treatments to patients, carers and bereaved relatives. Home visits where required have also been carried out where patients find it difficult to attend the Hospice and the team continue to have a presence at the monthly MND Clinic to identify new patient and carer referrals.

Treatments provided included massage, reflexology and Reiki and between April 2022 and March 2023 a total of 706 treatments were provided compared with 409 the previous year. Feedback on the service is obtained via the Your Experience Matters Postcards and is always extremely positive.

'When you are going through stressful treatment, this is the one bit of treatment to actually look forward to with such beneficial results.'

'Really enjoy the treatment and helped me to relax, nice to have a chat with someone too.'

'Jill is wonderful - reflexology is very relaxing and really helps my mental health.'

'I am having reflexology complementary therapies which is wonderful for my feet and my mental health.'

'Relaxing "me time", lovely to be looked after.'



Bereavement Services

The Bereavement Service for patients, relatives, including children and carers, is provided by both staff and volunteers. Many of our services have seen an increase in uptake this year.

- The monthly bereavement coffee mornings have continued to grow in popularity with a total of 117 attendances this year, compared to 57 last year.
- The bereavement support evenings, held every other month to support newly bereaved relatives, have attracted more attendees with 59 attending this year compared to 40 last year.

Both services allow those grieving to meet others going through a similar experience, build their support networks and access additional support as required.

- In August, the bereavement service launched a new Walk and Talk group held on the third Friday of the month. Uptake has been slow with 9 attendees since August but it's hoped that as we enter Spring numbers will increase.

'It has been very cathartic. Listening to how other people are dealing with their grief and being given help on how to deal with mine.' - Feedback from Bereavement Evening Attendee.

The **counselling service** is offered to all those affected by a life-limiting illness, as well as those who are coping with grief. The appointment of an additional counsellor has helped us to offer many more patients and relatives with counselling. A total of 411 1-to-1 sessions were delivered across the year compared with 281 the previous year.

'I can't thank St. Michael's Hospice who arranged the counselling enough. You have all helped me recover from a horrible experience I never want to go back to again.' - Letter from Counselling Client.

In what way(s) have you benefited most from attending the Bereavement Evening?

Meeting other people who have experienced loss.

That so many of my feelings, behaviour and sense of self are all part of the grieving process.

All that I'm experiencing is normal!

Knowing that I'm not alone in my grief.

It helped me to recognise a lot of things I need to work on as part of grieving process.

Nice to be with others going through the same. Feel less lonely.

Bereavement Evening Word Cloud

people experienced grieve feeling normal
finding understanding hearing Better
experiences others way realise pain
Sharing normal feeling Talking helped able
normal grief people
Listening people Meeting stories Knowing
grief process



Social Support

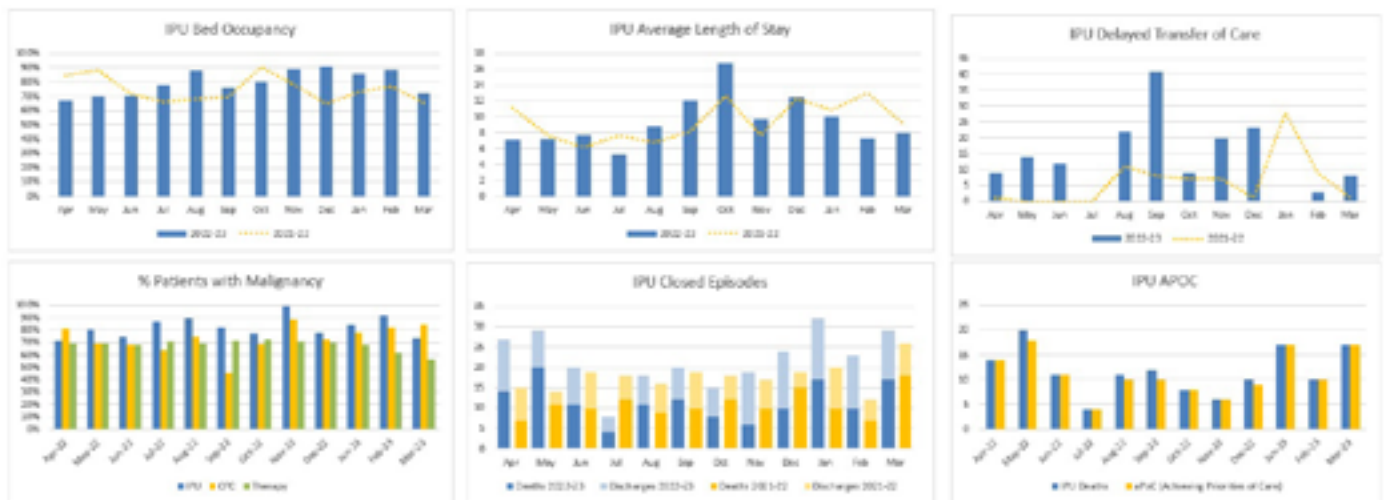
In February 2022, we recruited to the new position of Patient Flow and Social Support Coordinator. This post replaces the former social worker role but continues to offer the necessary support to patients and their families during their stay at the Hospice. This can include support with accessing benefits, signposting to other agencies, and supporting referrals to statutory services if required. If a patient is being discharged from the Hospice the Patient Flow and Social Support Coordinator reviews the patient's care needs ahead of their discharge and liaises with Hampshire County Council to ensure appropriate packages of care are in place. During 2022-23, the Patient Flow and Social Support Coordinator achieved 518 contacts with patients and their families. In addition to this post, the Hospice hosts a weekly Macmillan Citizen Advice clinic which provided advice and information to 87 patients and their families affected by cancer. More recently, SMH have welcomed St Bernard Support into the Living Well Service, to provide additional support and assistance to people affected by life-limiting illnesses such as cancer and heart disease.



Additional Quality Indicators

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 and the Integrated Care Board on a quarterly basis. In addition, each clinical manager receives their respective dashboard on a monthly dashboard providing a comprehensive snapshot of performance and highlights areas of success and concern.

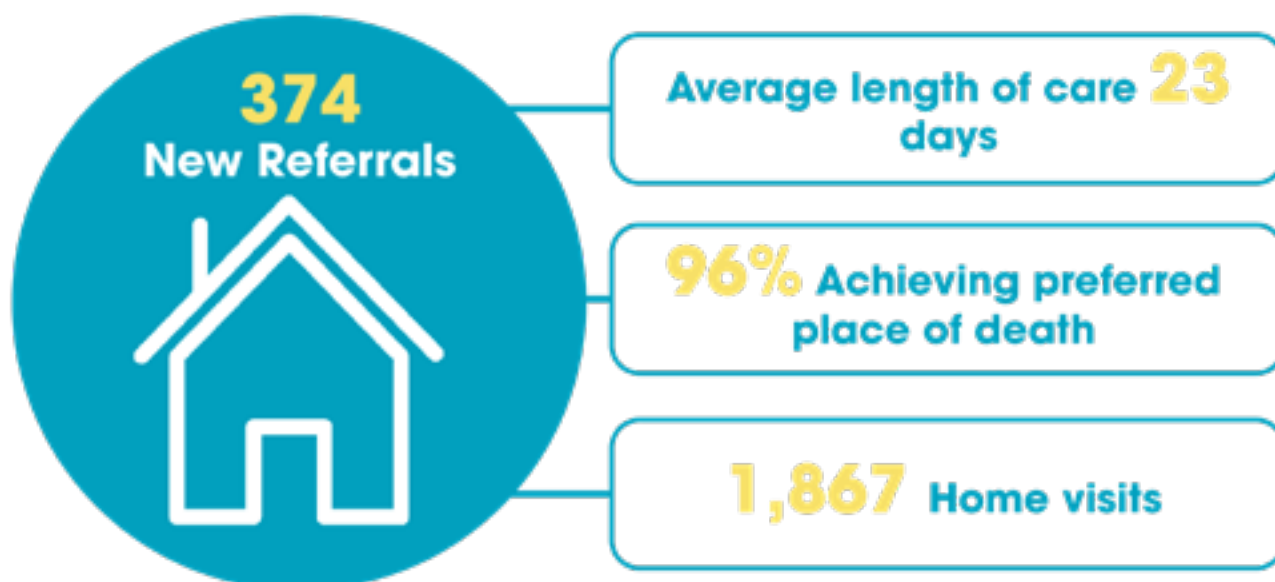
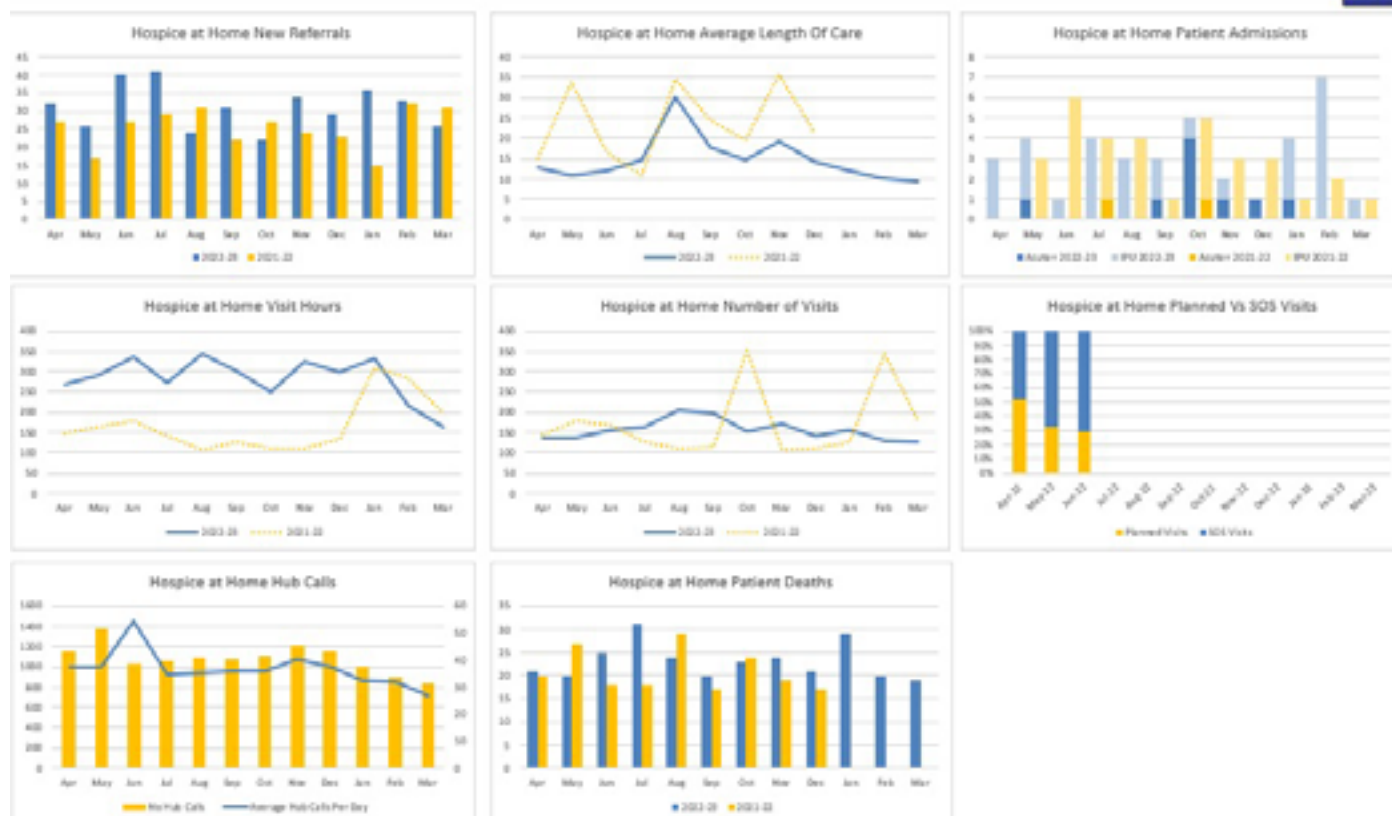
IPU Dashboard



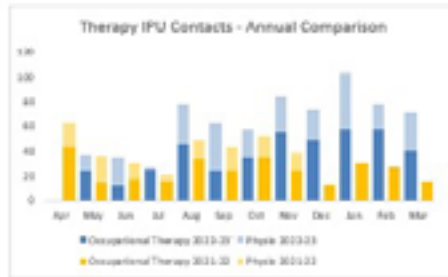
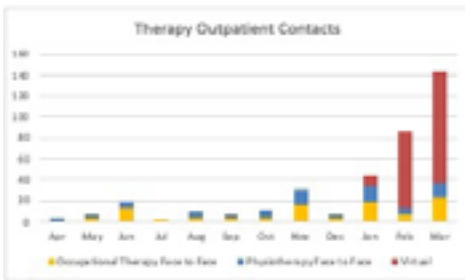
Average length of stay **9.3** days

125(50%) IPU episodes ending in patient discharge

Hospice at Home Dashboard



Therapy Dashboard

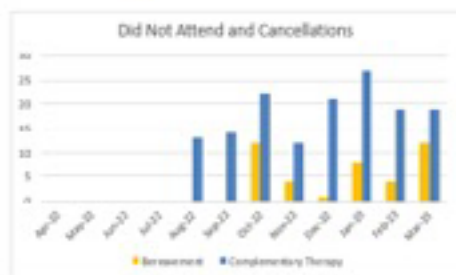
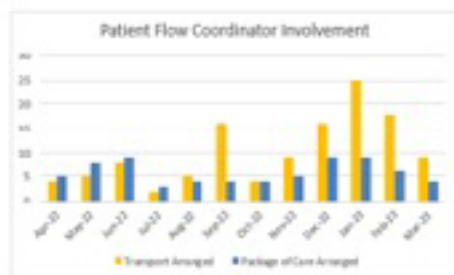
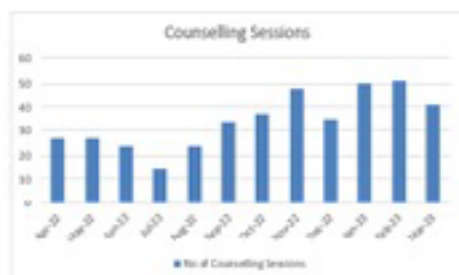


494 Home contacts

704 IPU contacts

175 Outpatient contacts

Patient and Family Support Dashboard



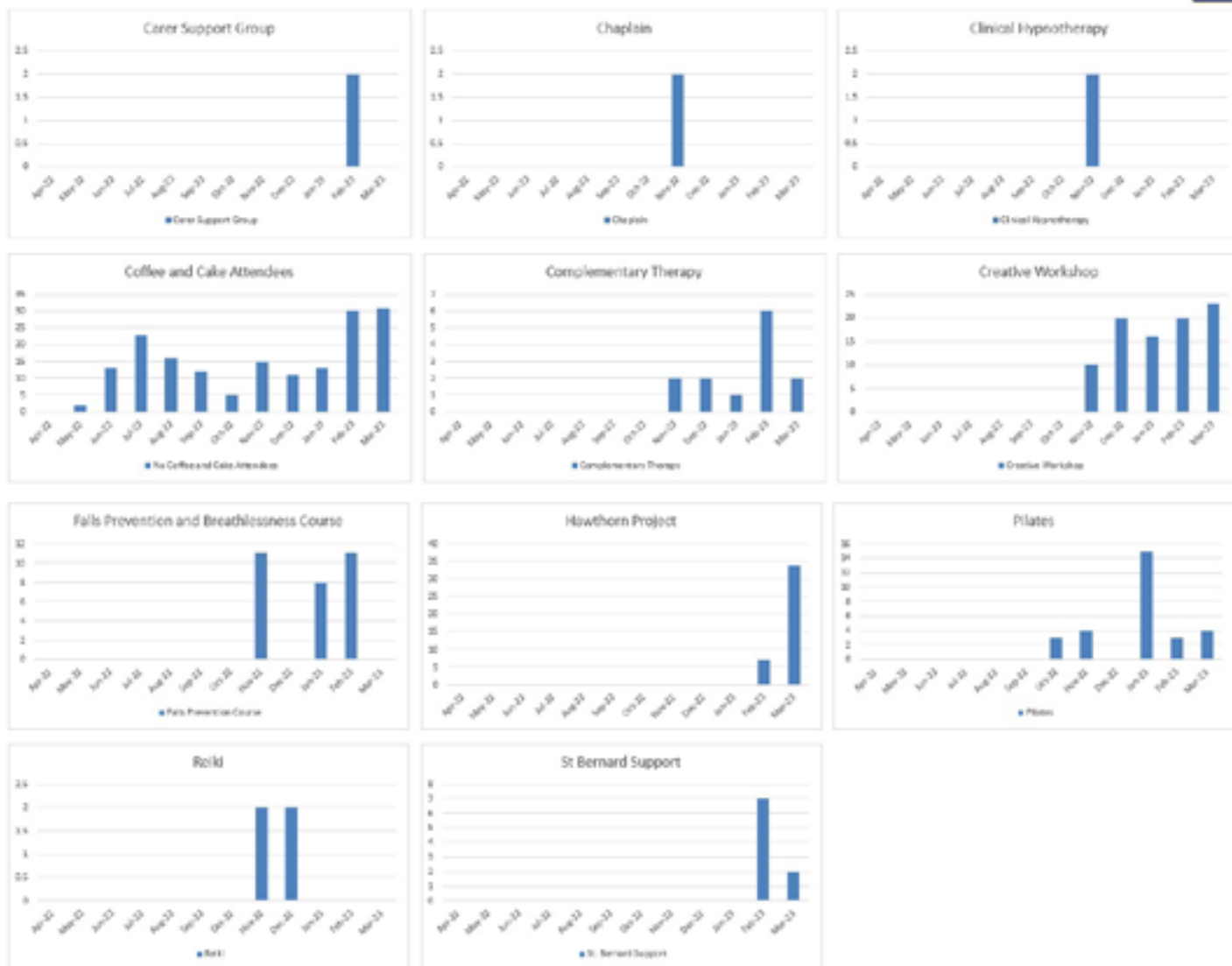
706 Complementary Therapy Sessions

411 Bereavement Support Sessions

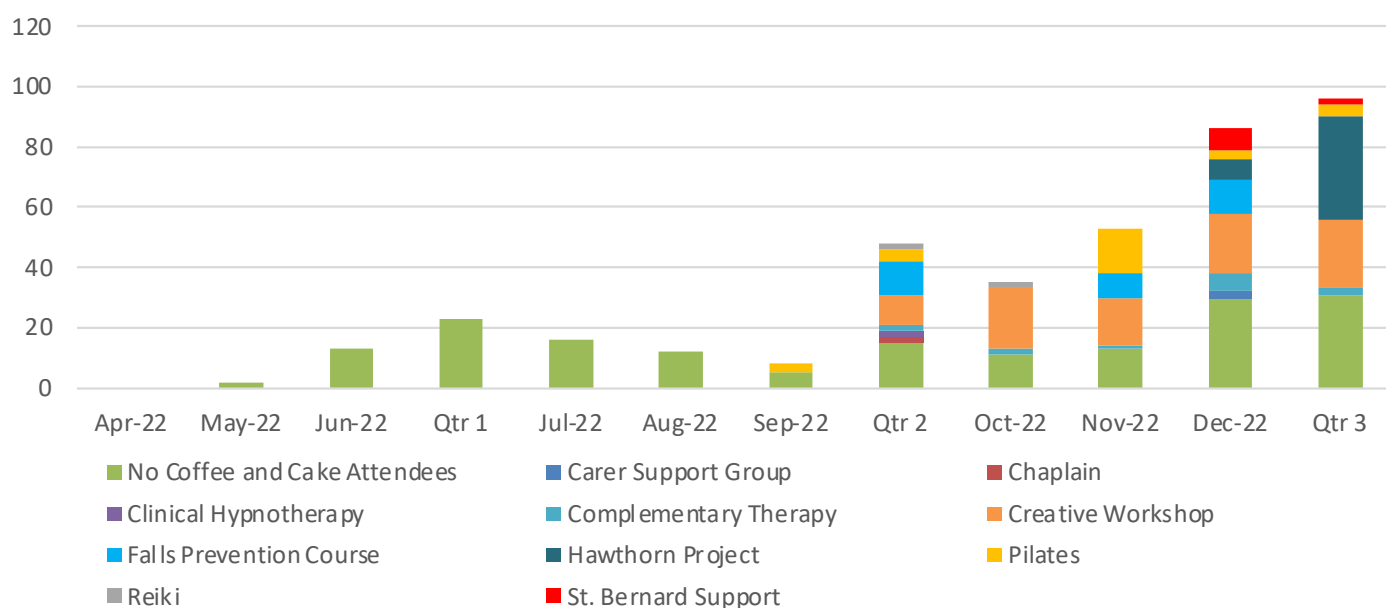
694 Chaplain Visits

185 Attending Bereavement Support Groups

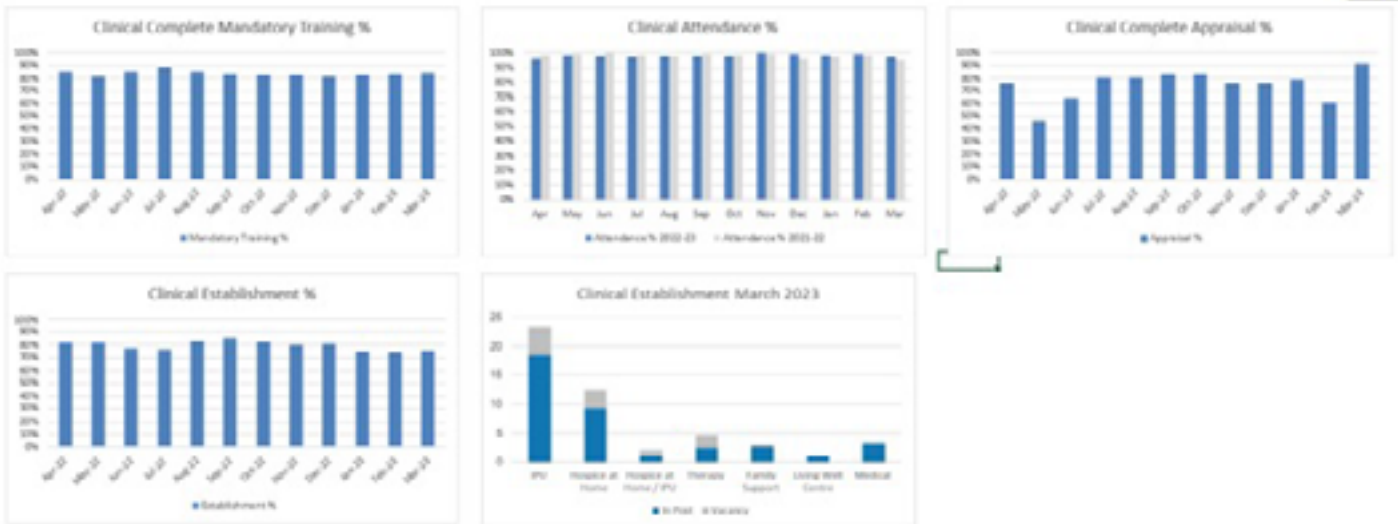
Living Well Service Dashboard



Living Well Service Attendees



Clinical Team Dashboard

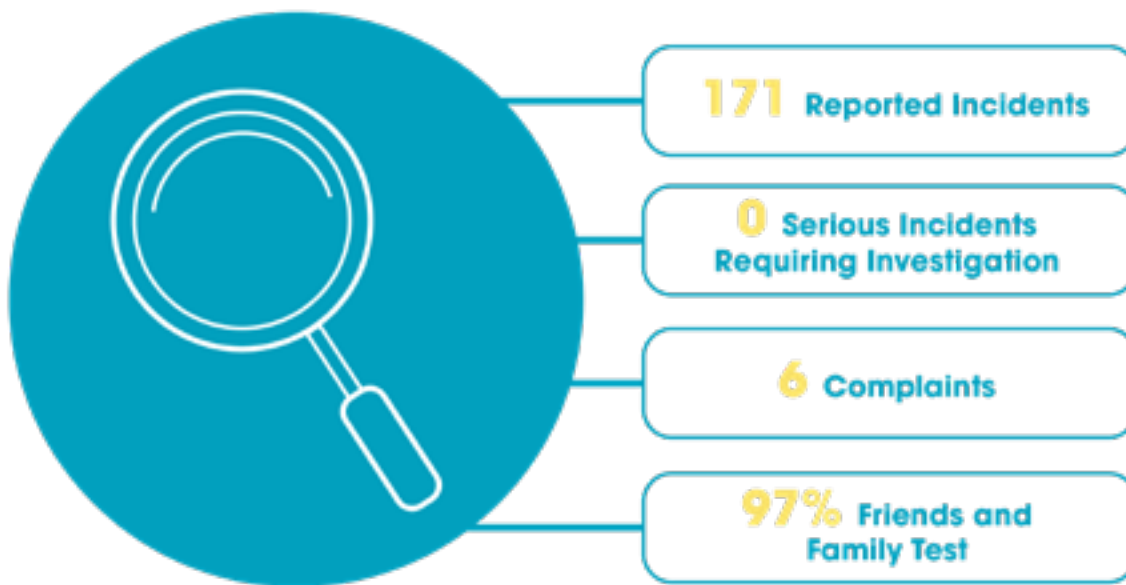


85% Mandatory Training Completed

98.3% Staff Attendance

76% Staff Establishment

Quality & Governance Dashboard



Hospice UK Comparison

Data on Key Quality Indicators

Benchmarking, as a component of quality management, offers a continuous process by which an organisation can measure and compare its outcomes over time with peer organisations and use the findings to inform management decision making.

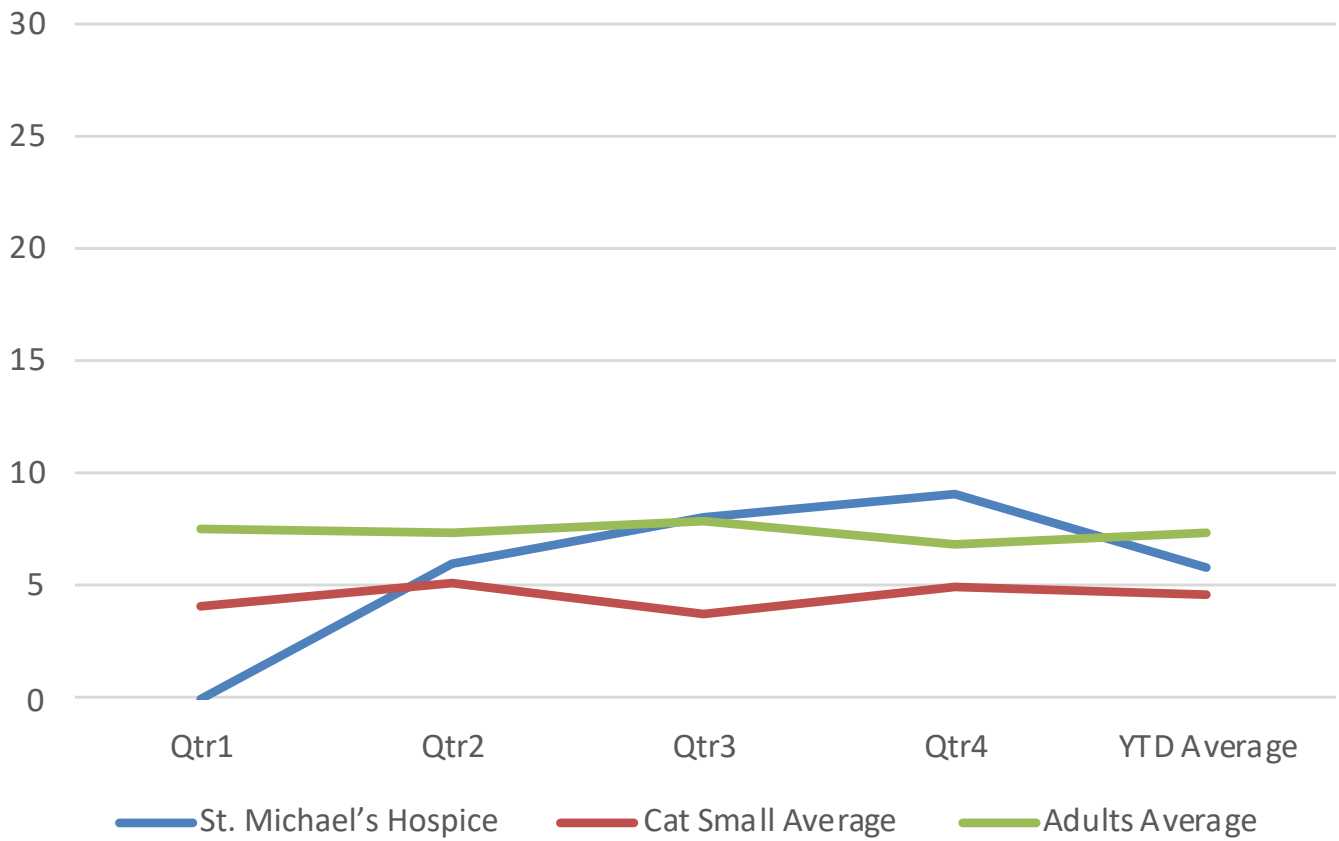
St. Michael's Hospice submits benchmarking data on a quarterly basis to Hospice UK on the following core patient safety and activity metrics:

- Patient Falls
 - Pressure Ulcers
 - On Admission
 - Newly Acquired
 - Total
- Medication incidents
- Bed occupancy
- Discharges
- Deaths
- Average length of stay

Patient Falls

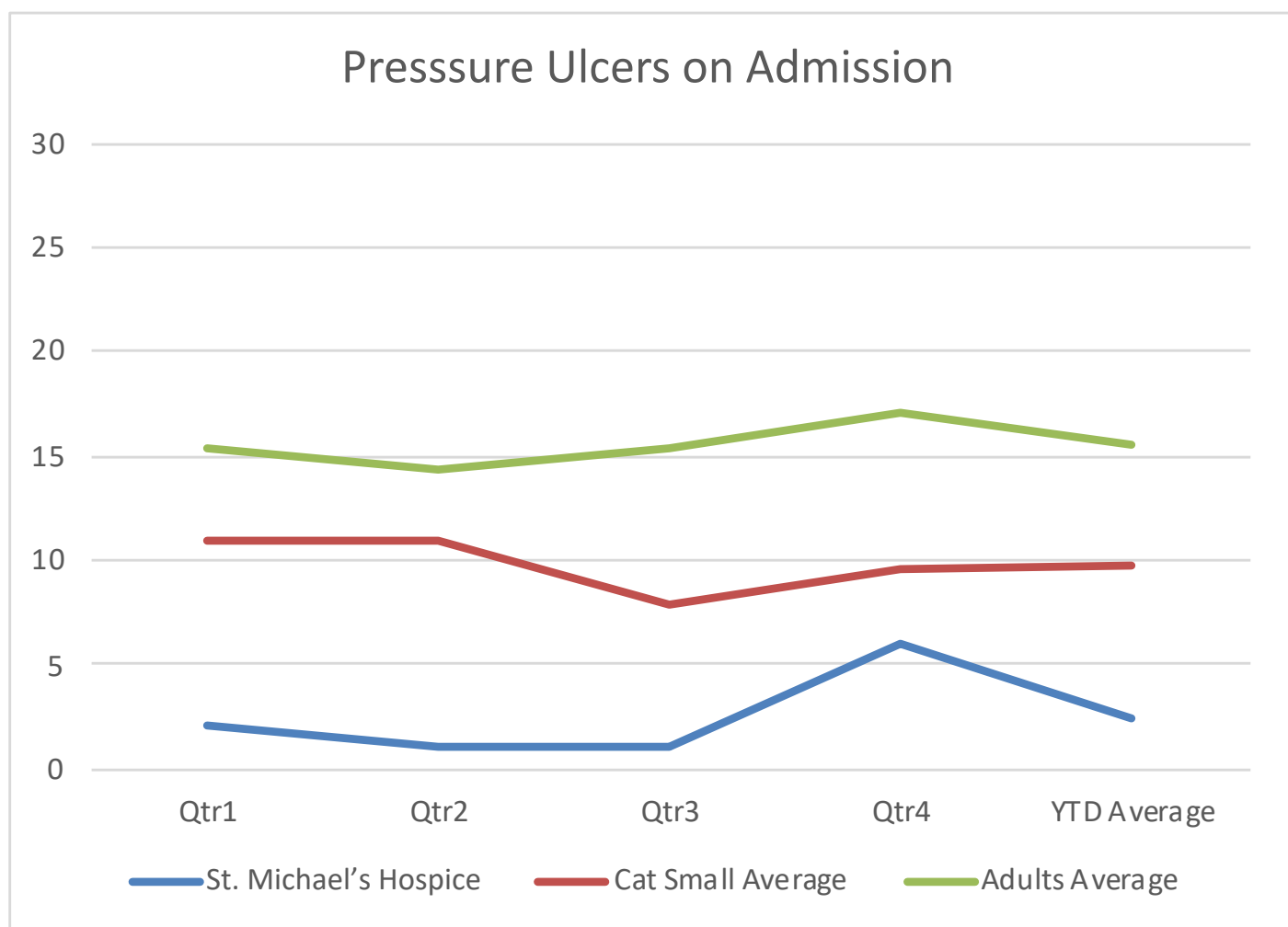
	Qtr1	Qtr2	Qtr3	Qtr4	YTD Average
St. Michael's Hospice	0.0	6.0	8.0	9.0	5.8
Cat Small Average	4.1	5.1	3.8	5.0	4.7
Adults Average	7.5	7.3	7.8	6.9	7.4

Patient Falls



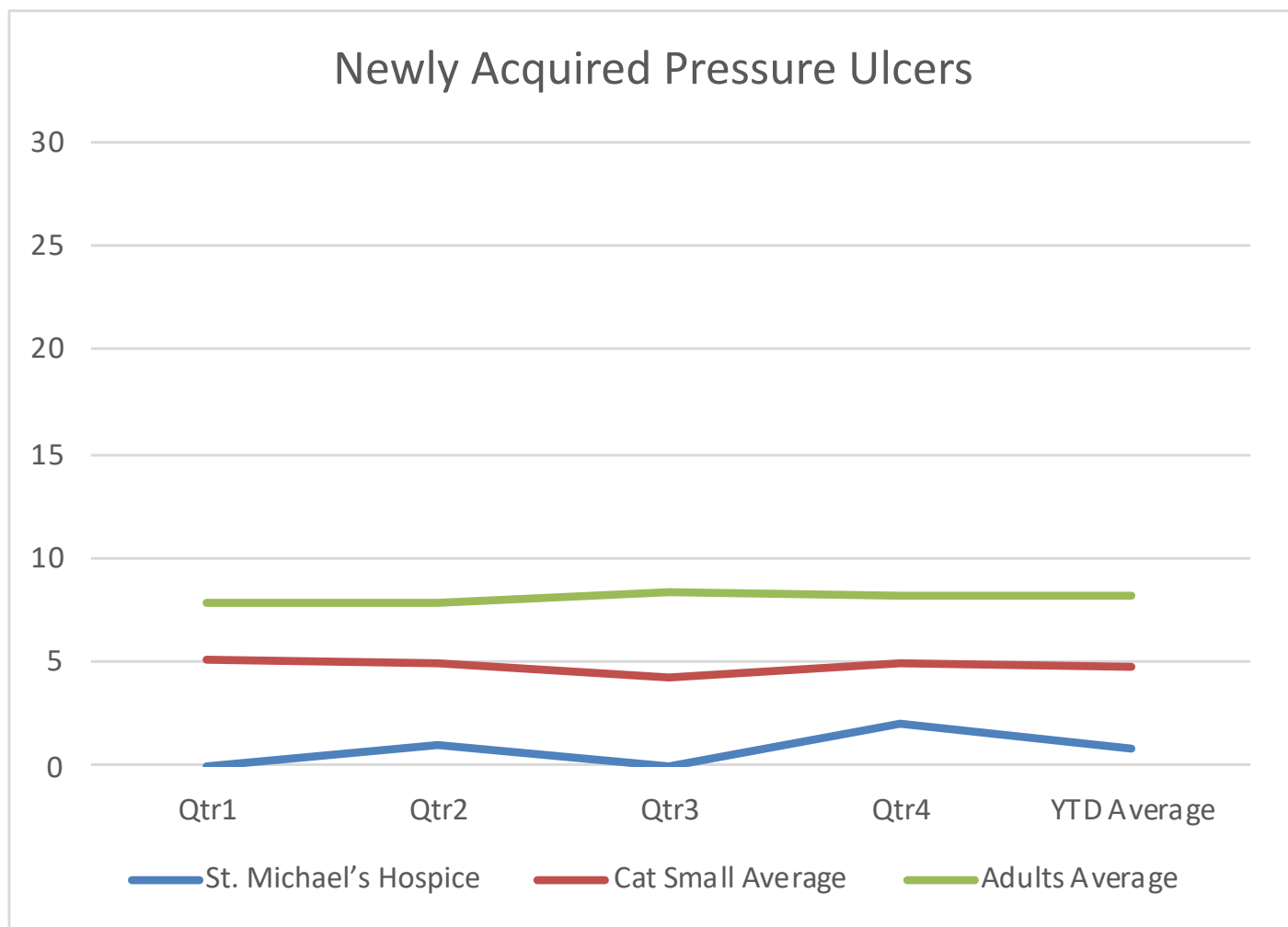
Pressure Ulcers on Admission

	Qtr1	Qtr2	Qtr3	Qtr4	YTD Average
St. Michael's Hospice	2.0	1.0	1.0	6.0	2.5
Cat Small Average	11.0	10.9	7.9	9.6	9.8
Adults Average	15.4	14.4	15.4	17.0	15.5



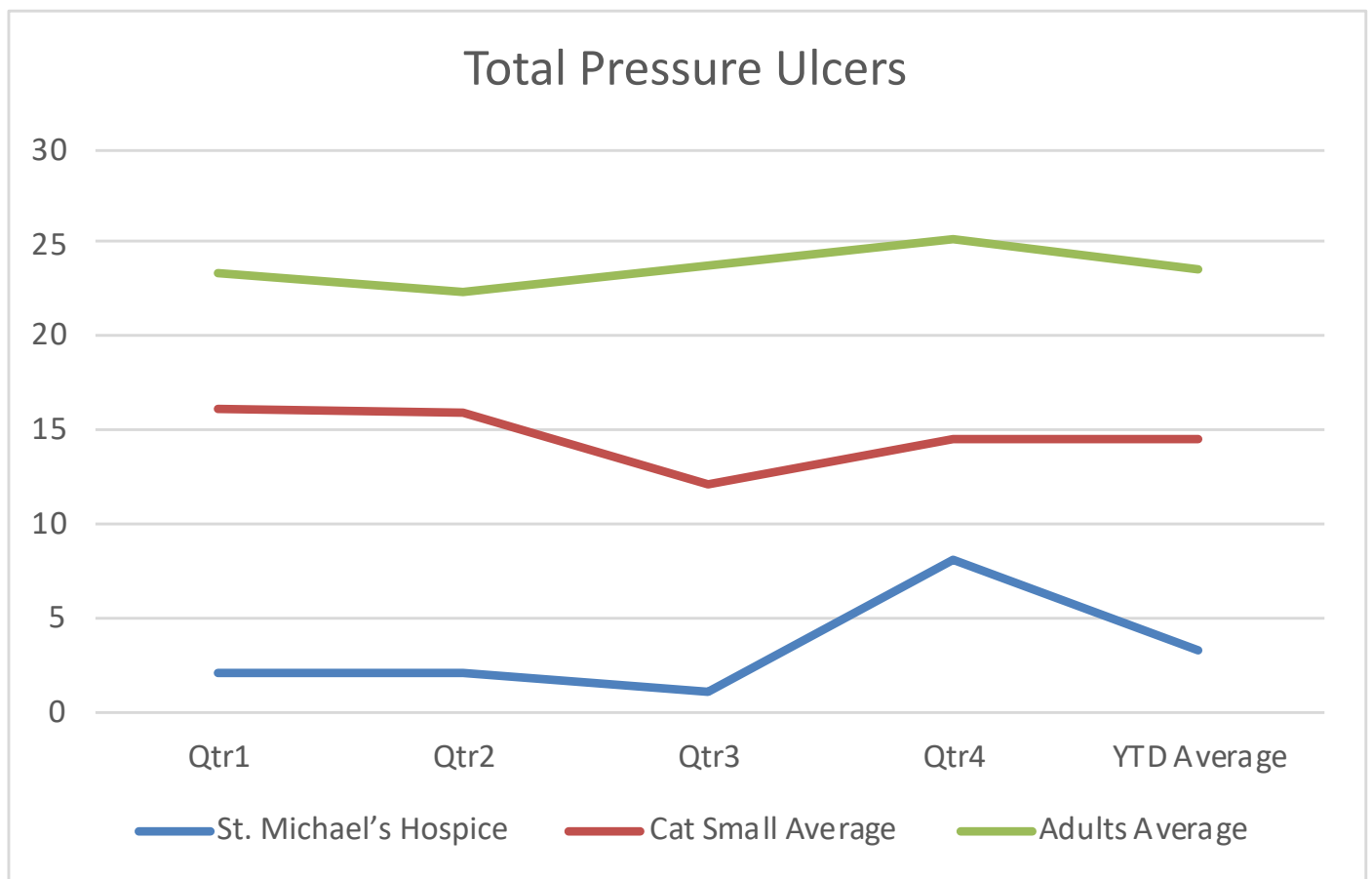
Newly Acquired Pressure Ulcers

	Qtr1	Qtr2	Qtr3	Qtr4	YTD Average
St. Michael's Hospice	0.0	1.0	0.0	2.0	0.8
Cat Small Average	5.1	5.0	4.3	4.9	4.8
Adults Average	7.9	7.9	8.4	8.2	8.1



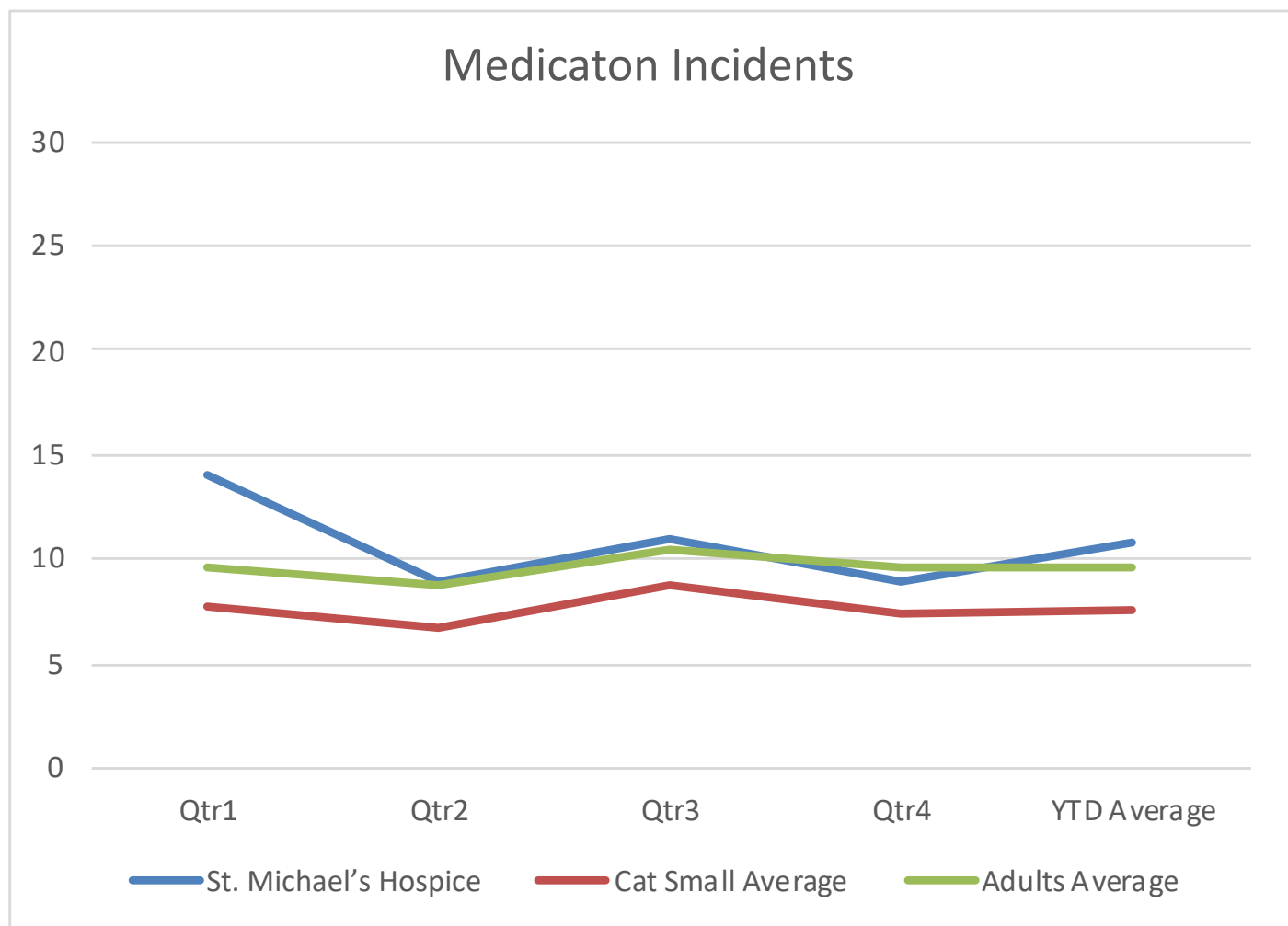
Total Pressure Ulcers

	Qtr1	Qtr2	Qtr3	Qtr4	YTD Average
St. Michael's Hospice	2.0	1.0	1.0	8.0	3.3
Cat Small Average	16.1	15.9	12.1	14.5	14.6
Adults Average	23.3	22.3	23.8	23.2	23.6



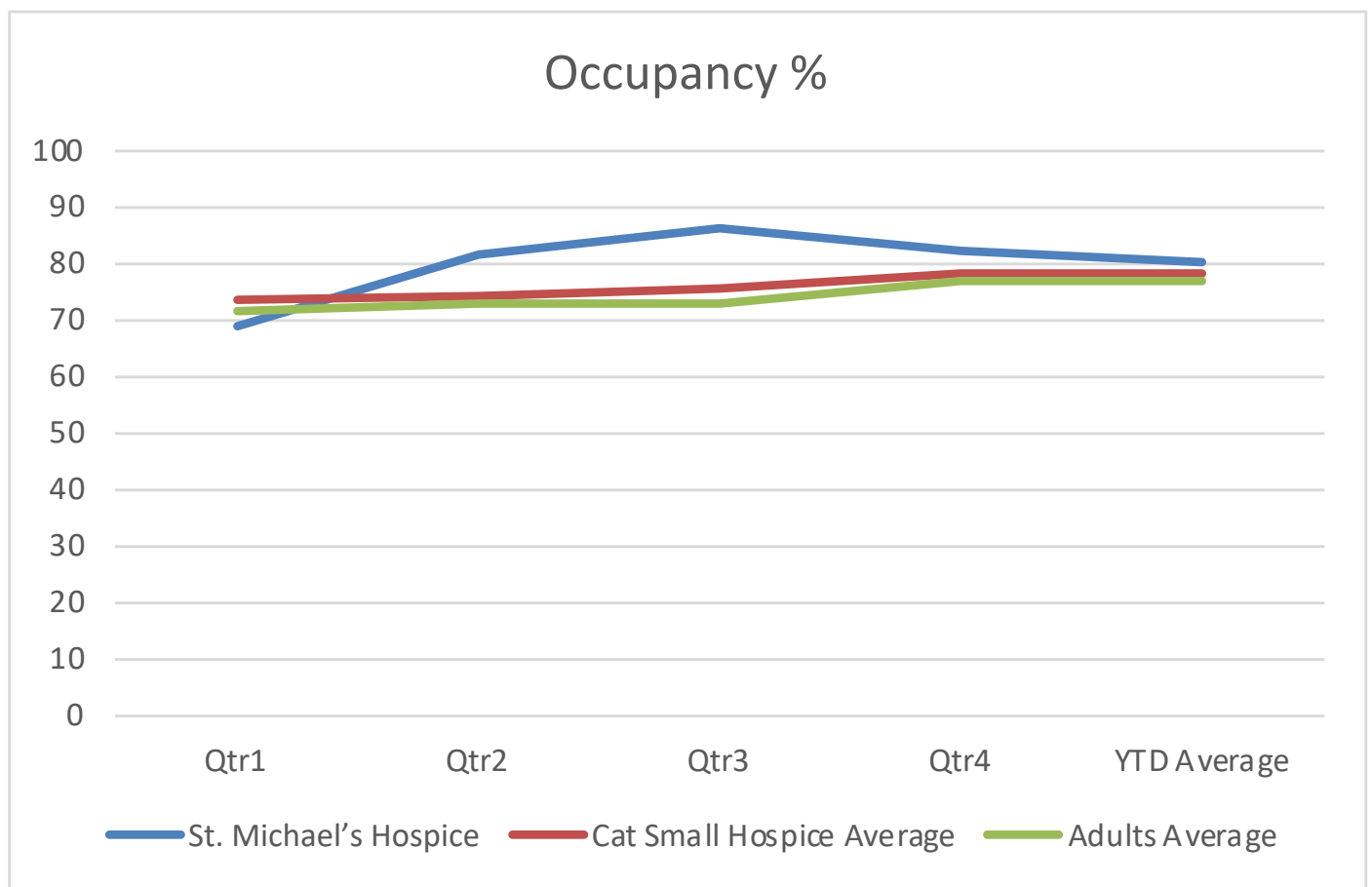
Medication Incidents

	Qtr1	Qtr2	Qtr3	Qtr4	YTD Average
St. Michael's Hospice	14.0	9.0	11.0	9.0	10.8
Cat Small Average	7.7	6.7	8.7	7.4	7.6
Adults Average	9.6	8.8	10.4	9.6	9.6



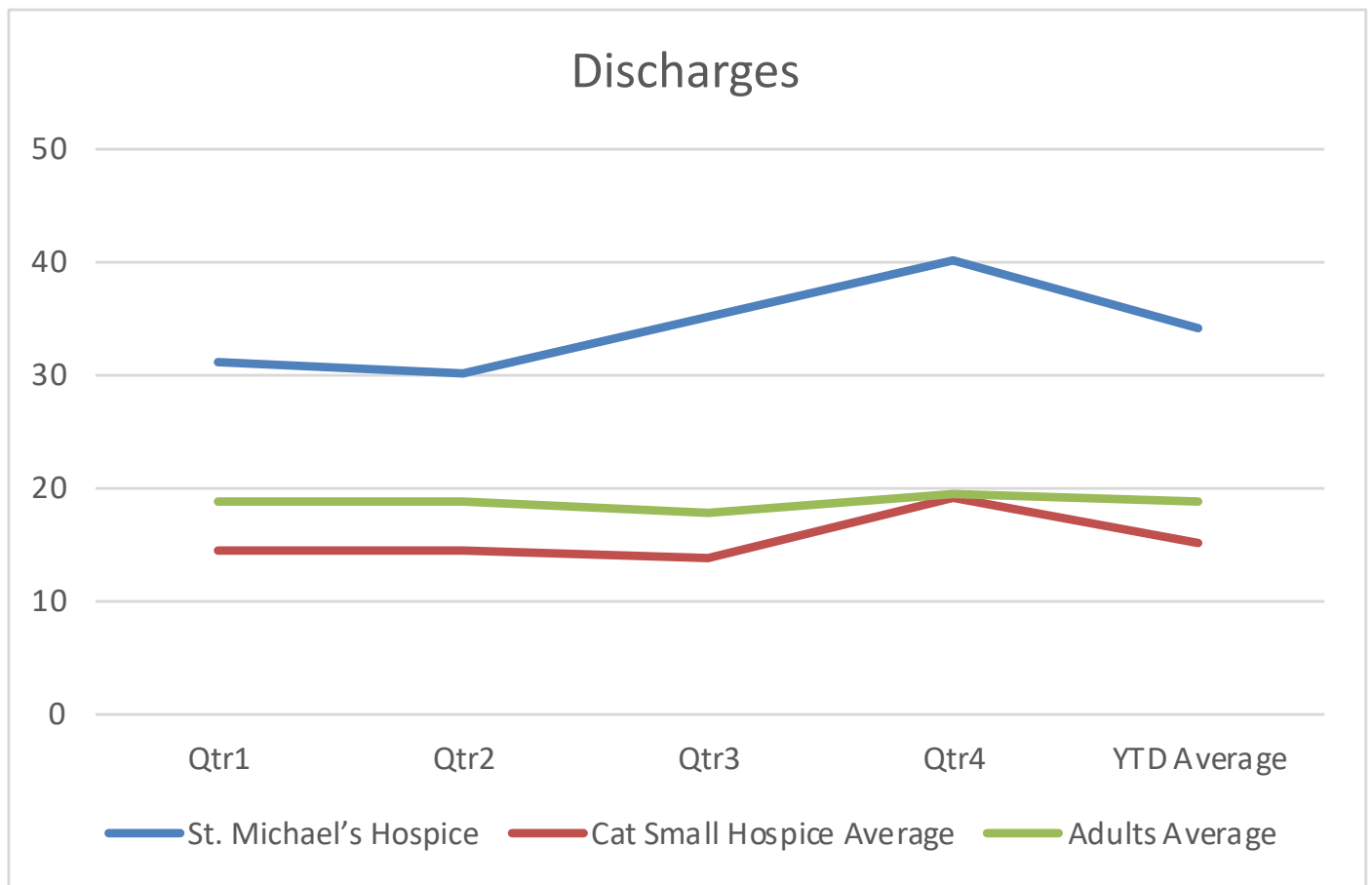
% Bed Occupancy

	Qtr1	Qtr2	Qtr3	Qtr4	YTD Average
St. Michael's Hospice	69.0	81.2	86.0	82.0	79.9
Cat Small Average	73.8	74.4	75.4	78.1	78.1
Adults Average	71.5	72.8	73.1	76.9	76.9



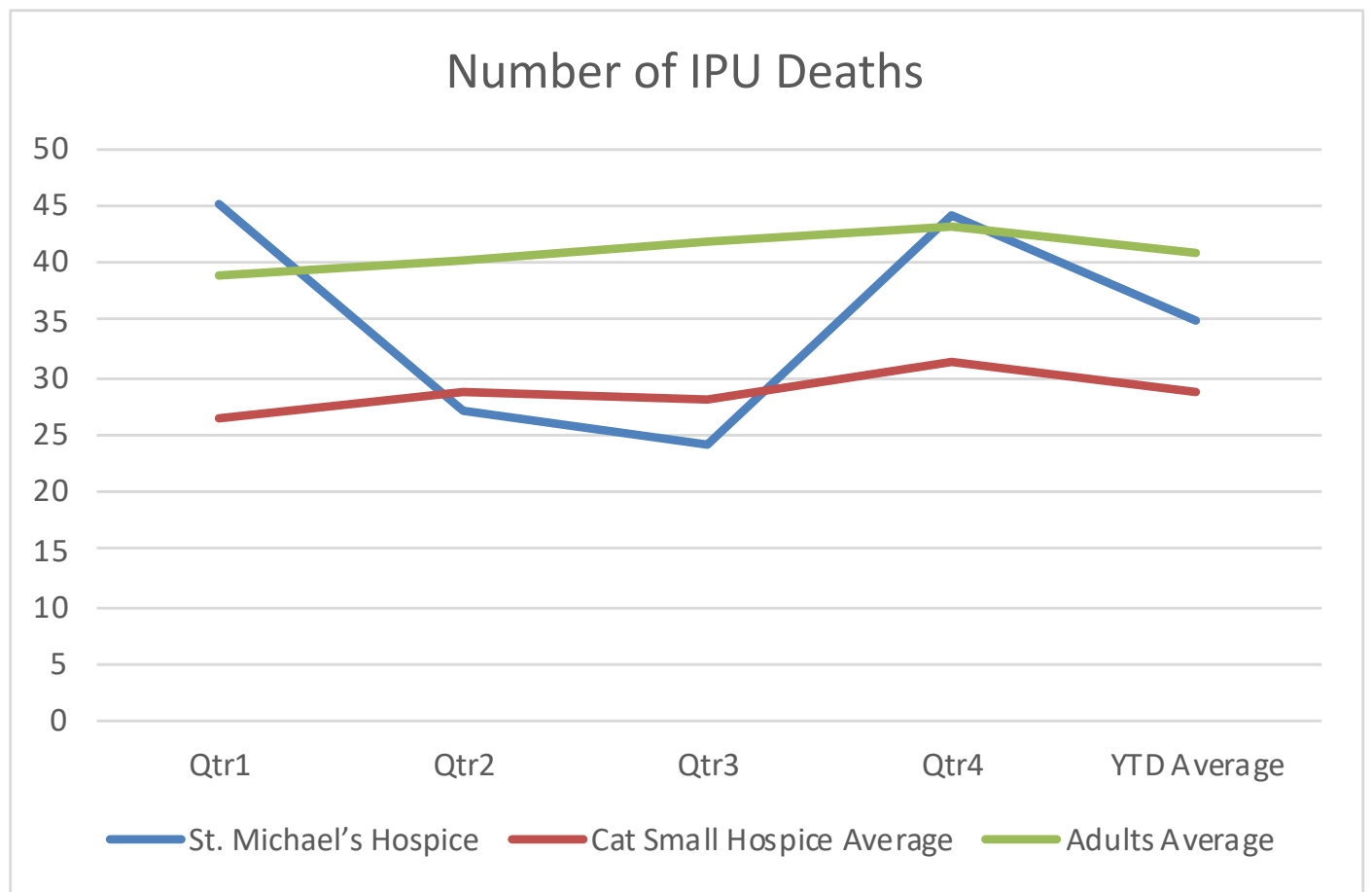
Discharges

	Qtr1	Qtr2	Qtr3	Qtr4	YTD Average
St. Michael's Hospice	31.0	30.0	35.0	40.0	34.0
Cat Small Average	14.5	14.4	13.7	19.1	15.3
Adults Average	18.8	18.7	17.8	19.5	18.7



Deaths

	Qtr1	Qtr2	Qtr3	Qtr4	YTD Average
St. Michael's Hospice	45.0	27.0	24.0	44.0	35.0
Cat Small Average	26.6	28.7	28.2	31.3	28.6
Adults Average	38.8	40.1	41.7	43.3	40.9



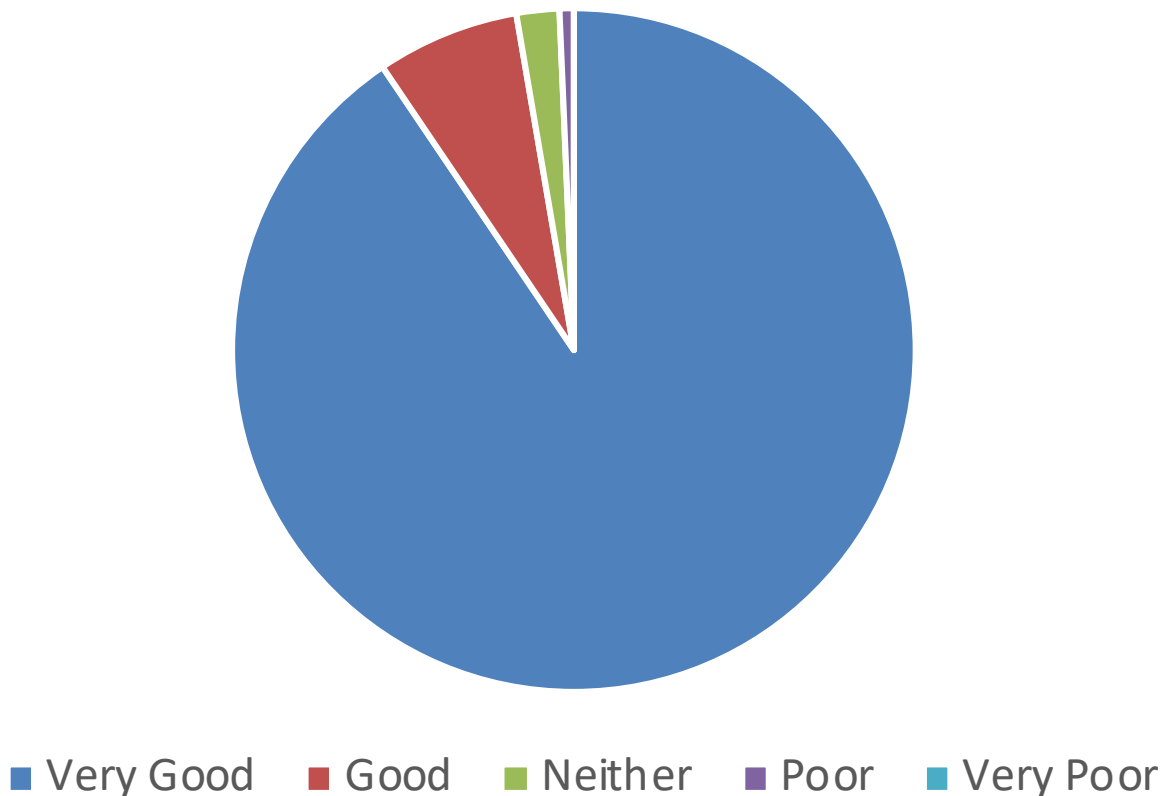
What our Patients and their Families say

St. Michael's Hospice strives to offer a caring and highly professional service to all of its patients and families but welcomes open and honest feedback and any suggestions that patients and their families feel could benefit the Hospice.

Gathering and presenting feedback from our patients and their families on the care they receive from us is a key priority for us and is encouraged via a range of different methods. All patients and visitors to the In-Patient Unit are invited to complete the "Your Experience Matters to Us" postcards which provides a real time friends and family test. These postcards are made widely available in patient rooms and across the In-Patient Unit. Patients based in the community, receiving therapy or family support services are also encouraged to complete the postcards to ensure feedback is across all clinical services.

Friends and Family Test

Overall how was your experience of St. Michael's Hospice?



VOICES Survey

VOICES is a nationally validated survey used by St. Michael's Hospice to obtain the views of bereaved relatives about the care of their loved ones and is sent to the patient's next of kin 10 weeks post bereavement. Between 1st January and 31st December 2022, a total of 295 surveys were sent out and 124 were returned for analysis giving a 42% response rate.

We are delighted to report that in 2022, 96% of those taking part in the survey rated their experience of St. Michael's Hospice at Very Good (90%) or Good (6%).

Key Findings:

Inpatient Unit

- 98% agreed that there was enough help available to meet the patient's personal care needs.
- 100% agreed there was enough help with nursing care, such as giving medicine.
- 97% agreed that the bed and surrounding environment had adequate privacy for the patient.
- 85% felt that the patient had received enough emotional support.
- 53% felt that the patient had received enough support with religious or spiritual needs.
- 85% felt that the patient had received enough support with the relief of symptoms other than pain.
- 83% felt that the patient had received enough support with family concerns.
- 84% felt that the patient's pain was relieved completely all or some of the time.
- 79% felt that they were always kept informed about the patient's condition.
- 93% felt the patient was always treated with respect and dignity by the doctors.
- 96.5% felt that the care by the nurse was exceptional.
- 62% rated the food as excellent or exceptional.

Hospice at Home Team

- 86% felt that the service was offered to them at the right time.
- 78% said they could always see a nurse as often as it was needed.
- 91% felt that the patient received enough emotional support.
- 95% felt that the patient had enough support with the relief of symptoms other than pain.
- 78% felt that the patient's pain was relieved completely all or some of the time.
- 80% of relatives felt that they got as much support as they wanted.
- 91% felt there was good communication with other professionals and care was well managed.
- 96.5% felt that the patient was treated with respect and dignity all of time.
- 88.5% felt that the care they received from the team was excellent or exceptional.
- 95% said they were involved as much as they wanted in decisions about care and treatment.

General

- 75% of patients said where they would like to die.
- 81% of these patients said they would prefer to die at home.
- 56% died in his/her own home.
- 17% of these patients said they would prefer to die at the Hospice.
- 40% died in the Hospice.
- 87% thought the patient had enough choice about where they died.
- 91.5% of relatives on balance, thought their loved one had died in the right place.
- 93% of relatives said they were given enough help and support at the actual time of death.
- 90% rated their experience of St. Michael's Hospice as Very Good.

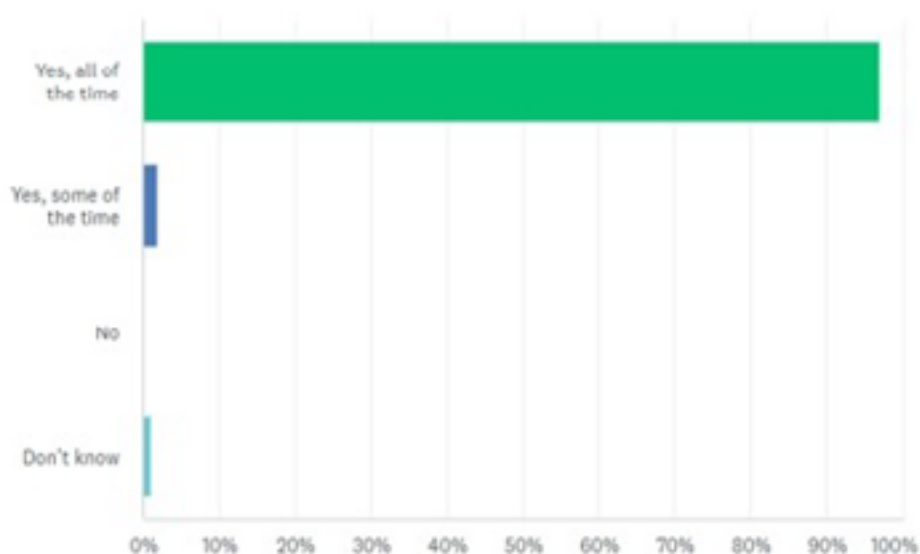
Additional Comments

- I was able to stay in the same room with my husband for the last 2-3 nights and so was with him as he died, for which I will always be grateful for.
- We felt very supported and felt all the staff at the Hospice showed great care to us/mum after she passed it was even the little things that made the care feel so brilliant. For example, some of the little things that the nurses / healthcare assistants did that helped were white hearts on the door, giving her the flowers from our room in the chapel, placing a toy by her when we were out so she wasn't alone.
- Was definitely the right place as I could be with my husband in the last couple of days and not have to worry about caring for him and he was not in pain and he was as comfortable as he could be.
- My Husband received the best possible treatment.
- I was amazed how everything was put in place in such a short time to get her home.
- It was very important for me to spend time with my husband. I am forever grateful you allowed me to stay with him overnight. This made a huge difference to both of us. Thank you.
- My mum received nothing but incredible care from the Hospice and I will be forever thankful that they looked after her so well in her final months.
- Nothing was ever too much trouble if we needed anything. Time at the Hospice made a hard time easier.
- We found the care our mum received at the hospice was amazing, it made a very difficult time easier and we saw that you did everything you could to help out mum and her needs.
- The best thing was providing him with his choice of music via the hospice i-pad.
- Having not had experience of a Hospice before I had no idea what to expect. I found that nothing was too much trouble for the staff. They were all wonderful and caring. My partner was happy there.
- Fantastic care received from the Hospice at Home team at all times.
- Very professional, caring and supportive.
- Don't know what we would have done without the team.

Summary of Results

Did you feel at all times that she/he was treated with dignity and respect?

Answered: 100 Skipped: 35



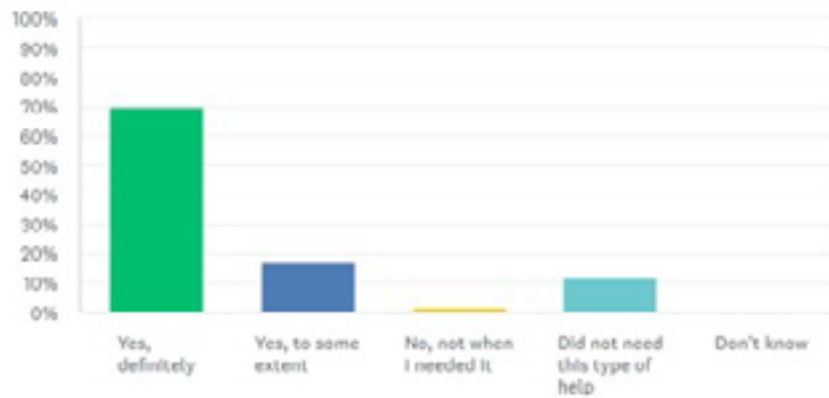
Overall, do you feel that the care she / he got from the doctors and nurses in the hospice on that admission was:

Answered: 60 Skipped: 75



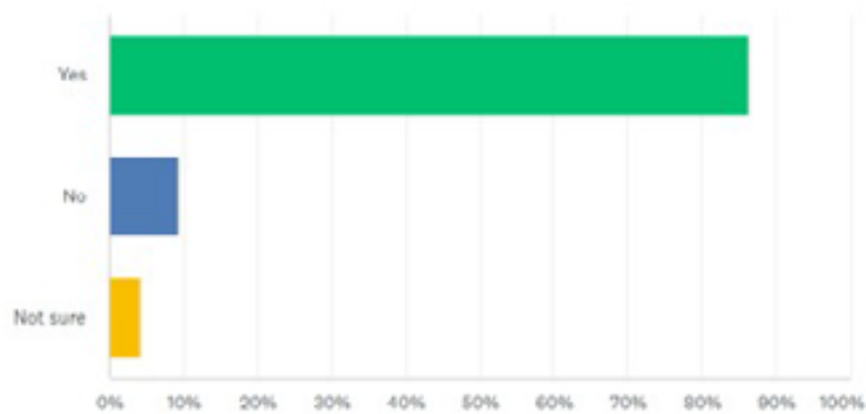
Whilst she / he was in the hospice, did you recieve enough emotional support from the hospice team?

Answered: 60 Skipped: 75



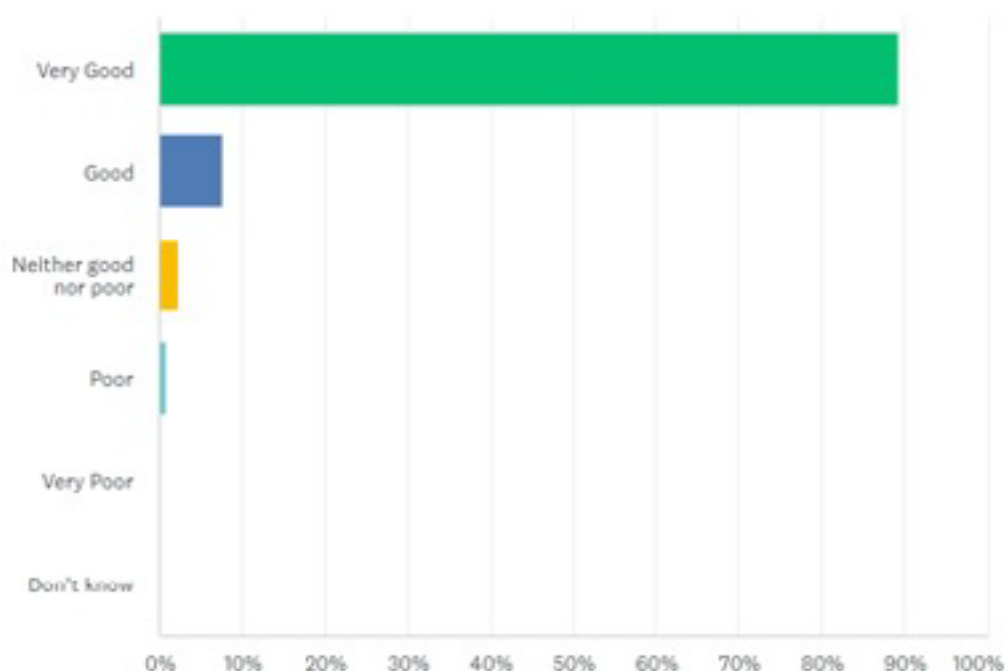
Do you think she / he had enough choice about where he / she died?

Answered: 117 Skipped: 18



Overall, how was your experience of St. Michael's Hospice?

Answered: 131 Skipped: 4



Complaints provide an opportunity to identify areas of concern and enable us to improve our services. During 2022-23, the Hospice received six formal complaints relating to a range of issues including communication out-of-hours and availability of equipment in the home. Some of the complaints related to dissatisfaction with other community services including GP, Pharmacists and District Nursing however as St. Michael's Hospice is often seen as the first point of contact, it is often the recipient of the complaint letter and leads on the investigation.

Workforce Engagement

People will always be the fabric of St. Michael's which makes workforce engagement a high organisational priority. The Hospice Forum, led by the Chief Executive and supported by key members of staff, is a key engagement tool and continues to be held on Zoom to enable staff from across the organisation, in any area, to remain in touch with developments, celebrate success and enable a two-way feedback approach. All messages from the forum are combined into a Hospice Bulletin that is available for staff and Trustees on the Hospice website's staff area. Structured monthly 1:1 meetings ensure staff have a set time to have safe conversations with their Line Manager.

Clinical Staff have access to support and supervision to ensure they are able to discuss matters and to support their mental health well-being. A programme of Staff Away Days resumed in 2022, providing the opportunity for training and team building across the organisation.

The Board of Trustees Commitment to Quality

The Board of St. Michael's are committed to their role in ensuring the provision of the highest quality of care to patients and their families and supporting the organisation to achieve its mission and strategic aims.

Trustees take an active role in contribution and approval of Hospice policies across all areas of Hospice activity and operate a scheme of delegation to expert committees. When national restrictions allow, Trustees visit various areas within the Hospice to meet with staff and gain first-hand information about patient and staff experience. The newly appointed Chair of the Clinical Governance Committee has a wealth of experience in Primary Care and plays an integral role of assurance between clinical managers and Trustees. Trustees also undertake mandatory training in core aspects of their roles each year in line with the requirements for all staff.

The Chief Executive is highly visible, accessible and approachable to all staff and volunteers, through regular walkrounds 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 of compassion, care and dignity 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 2022/23, 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

stmichaelshospice.org.uk



Registered Charity Number: 1002856

