



St. Michael's Hospice

Quality Account



2023/24

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Part 1

Chief Executive’s Statement



St. Michael’s aim, to increase the reach of our services and improve the quality of our care, remains paramount as is our unwavering commitment to the community of Basingstoke and North Hampshire. 2023/24 marked the fourth year of our current five year strategic plan and, despite major disruption and challenges on both a national and international scale, progress has been considerable. We understand that we operate in an evolving health and care system where financial controls often dominate decisions and aspirations, but our mission is always to put people at the very centre of everything we do. Notwithstanding the amendments to The Care Act, which mandates that End-of-Life Care should be fully funded by the state, we find ourselves operating in an environment where St. Michael’s are commissioning 84% of Hospice services, from charitable funds, in the area. Whilst other Hospices in Hampshire benefit from a much greater level of funding, the inequity in commissioning income, restricting our own service growth, is a key issue that must be resolved by the Hampshire & Isle of Wight Integrated Care Board.

Activity on our In-Patient Unit remained largely static through 2023/24 with 231 admissions and an average length of stay of 9.4 days. The Hospice at Home Team continued to increase their activity undertaking 2,323 visits compared to the 1,867 made in the previous year. The team receive more than 1,000 calls each month from patients and families and help 94% of people to achieve their preferred place of death. During the year, there were a number of key appointments with a new Clinical Director and the introduction of a developmental Nurse Consultant. Both individuals bring a wealth of experience and expertise within the field of Palliative Care, and in turn, increase staff confidence in dealing with the growing need to care for those with more complex disease and symptoms.

In the last twelve months, there have been a number of key projects in our estate aimed at improving the environment for service users and reducing costs. All 10 In-Patient rooms have been fully refurbished to create modern, comfortable spaces for patients and families to receive their care. Feedback on the rooms has been overwhelmingly positive. Secondly, through a review of the internal energy infrastructure, and subsequent action which includes the installation of solar panels, we have achieved a 40% reduction in utility costs. In the current environment this decrease in overheads is most welcome along with our commitment to reduce the organisation’s carbon footprint.

People are at the heart of St. Michael’s values, and our strategic objectives, and this person-centric approach remains the cornerstone of our success. Through a commitment to training and development and activities promoting togetherness and team spirit, staff are best placed to respond to the challenges of working in palliative and end-of-life care, whether directly, or indirectly. We continue to promote the highest standards in all we do, in support of the community of Basingstoke and North Hampshire.

A handwritten signature in blue ink, appearing to read 'Iain'.

Iain Cameron
Chief Executive
May 2024

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 lead.

Priorities for Improvement 2024-25

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 Implement a new clinical incident reporting system.

How was this Priority identified?

The system in place for managing incident reporting relies on paper and human factors which presents a risk in itself. An IT-based system had been identified but, due to budgetary constraints, has been removed for the coming year. An in-house reporting system could meet the needs of the service, and this will need to be assessed by the Clinical Leadership Team in conjunction with the Director of Transformation.

How will Priority 1 be achieved?

The in-house system will be developed using Microsoft Forms along with a new email alert system which will make clinical managers aware of all new incidents as and when they are reported. It is hoped that the new system will make it easier for staff to report all incidents and near misses and reduce any errors and delays that are associated with paper based systems. The development of a more robust investigation process will be explored, embedding the principles of the new Patient Safety Incident Reporting Framework (PSIRF), this will also form part of the development of the in-house IT system. Systems to feedback learning and improvements from incidents to clinical teams will also be explored.

Clinical Effectiveness

Priority 2: To review patient outcome measures demonstrating complexity.

How was this Priority identified?

The hospice has an established clinical dashboard which successfully captures and tracks activity data over time. However, it's becoming more evident that numbers alone are not a true reflection of the complexity of work undertaken at the Hospice. Establishing and implementing a patient outcome measure which demonstrates complexity has therefore been considered to be a priority.

How will Priority 2 be achieved?

A review of existing and potentially new complexity tools will be reviewed during the year to identify a way of measuring complexity alongside activity data. This review will include the Outcome and Complexity Collaborative (OACC) suite of measures. There will be utilisation of current ongoing national work on measuring complexity in patient care.

Patient Experience

Priority 3: User Experience/Feedback.

How was this Priority identified?

Real-time feedback has always been valued at the Hospice but uptake of the Your Experience Matter's postcards on the In-patient Unit remains low despite being available in patient and relative rooms. As a result the Hospice relies on feedback provided by relatives requested 10 weeks post bereavement, which may be regarded less relevant or accurate. Gathering feedback in particular real-time feedback provides immediate feedback to the clinical teams and creates a positive working environment.

How will Priority 3 be achieved?

The Clinical Director will introduce regular quality rounds enabling her to visit patients in their rooms and speak with visitors to gather real-time feedback. Feedback will be reviewed and responded to in a more timely manner in way of communicating with staff any compliments that are received or addressing any concerns that have been raised during the patient's stay. The comments will be recorded in the user feedback database.

The benefits of joining the Healthcare Review Service "iWantGreatCare" will be evaluated, this is a trusted review service platform increasingly used by hospices as suggested by CQC, where users of a service can write a review and score the service out of 5 stars. Reports are collated by the iWantGreatCare service and shared with the organisation.

The St. Michael's Hospice relative feedback questionnaire will continue to be piloted this year to give more data to enable us to evaluate the effectiveness of this means of gathering feedback.

The use of the Hospice User Group (HUG) will be promoted within the organisation to ensure that we utilise this key resource in gathering feedback when developing and revising elements of our services.



Review of Priorities for Improvement 2023 – 2024

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

At the beginning of the year a user of our service offered to develop us an electronic incident reporting system. However, the unavailability of any on-going maintenance support and assistance with updates meant the Hospice were unable to proceed with this option despite the kind gesture.

The working group then met with a number of different representatives, providing demonstrations of their incident reporting systems, in particular those used by other hospices. Despite a keenness to move forward on the implementation of such an electronic system budgetary constraints this year meant this was not possible.

The Clinical Director, along with the Clinical Management Team, has proceeded to lead a review of the current paper based system and plans are now in place in conjunction with the Director of Transformation to develop in-house online incident forms using Microsoft Forms and email alert systems. This priority in terms of now implementing a new system will be carried forward into the upcoming year.

Principles of PSIRF (Patient Safety Incident Response Framework) will gently be embedded into clinical practice where possible, to start to change the culture around incident reporting to a more systems-orientated approach.

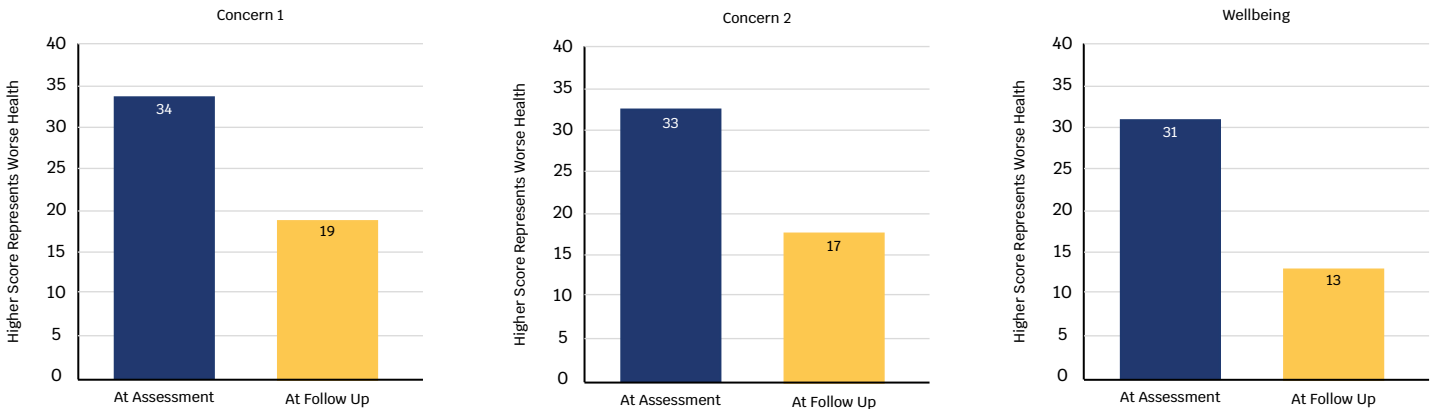
Priority 2: To implement a variety of patient outcome measures to demonstrate the clinical effectiveness of our services

Counsellors are now implementing CORE-10 measures as a way of measuring the impact of their service on client wellbeing. CORE-10 is a monitoring tool with items covering anxiety, depression, trauma, physical problems, functioning and risk to self. It is completed with the client at their first appointment and then repeated at their final appointment. To date, 31 counselling clients have a pre and post counselling CORE-10 measurement and all have demonstrated an improvement.

CORE-10 Results	No. of Clients	%	Definition
Reliable Improvement	7	23%	Score decreased by more than 6 points
Reliable Deterioration	0	0%	Score increased
No Reliable Change	14	45%	Score decreased by fewer than 6 points
Clinical Change	10	32%	Scoring above 11 and finishing below 10
Total	31		

Complementary Therapists are now implementing MYCaW (Measure Yourself Concerns and Wellbeing). The outcome measure is completed at first appointment and then at the end of their treatment. MYCAW will continue to be used and extended to those attending the Living Well Service as a way of demonstrating the effectiveness of the patient’s activity programme.

The following charts show the outcome for a client receiving Complementary Therapy:



Priority 3: To participate in FAMCARE Service Evaluation.

FAMCARE is an annual audit run by the Association of Palliative Medicine (APM) which St. Michael’s Hospice participated in during 2023. The aim of FAMCARE is to evaluate the care offered to patients and their relatives from specialist palliative care services. It consists of a survey which is sent to recently bereaved relatives covering several different aspects of care which the patient received. Surveys were sent out from 1 August 2023 to 30 September 2023 and covered deaths between 1 June to 30 August 2023. Results from the national audit were published in March 2024. A total of 58 services participated delivering a total of 1129 surveys. St. Michael’s Hospice response rates were as follows:

Type of Service	SMH Response Rate	National Response Rate
Hospice In-patient Unit	53% (19/36)	44.5%
Hospice at Home	19% (7/37)	29.7%

All of our respondees reported being Satisfied or Very Satisfied with all aspects of the care provided, with the exception of 2 responses which showed dissatisfaction with communication and out of hours support. These responses were investigated by the team and were found to stem predominantly from the wider healthcare system. However, in-house communication skills training has been completed as part of our planned ongoing commitment to staff training and development.

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 2023/24 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

£6.5 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 15% of the funding required is from the NHS via the Hampshire and Isle of Wight (HIOW) Intergrated Care Board (ICB).



Participation in Clinical Audit

National Audits

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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. The main 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>

Audit Topic	Audit Outcomes
Infection Prevention and Control Environmental Audit	<p>Annual audit carried out in August 2023 with the Hospice achieving 100% compliance</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 (APoC)	<p>4 audits completed since December 2023.</p> <p>Areas of compliance: Nominated contacts always completed.</p> <p>Areas for improvement: There is a theme of some boxes not being filled out or missed. This is especially apparent with the “Date and time APoC was commenced” box. On the Electronic Patient Record, it is filled in purple, which may make it easier to miss as it looks like a title.</p> <p>Ongoing work needed to ensure all staff know that they must complete this in full.</p>
Call Bell	<p>5 audits completed since December 2023 – all showing call bells were answered within 90 seconds and that the patients felt that this was in a timely manner and that they were treated with dignity and respect.</p>
Pressure Ulcer	<p>5 audits completed since December 2023.</p> <p>Areas of compliance:</p> <ul style="list-style-type: none"> • Body maps up to date – 100% (within 6 hours of admission, on transfer to ward, changing in condition or every 7 days). • Pressure relieving equipment in place within 2 hours of identifying risks – 100%. <p>Areas for improvement: Wounds are not always being updated on Electronic Patient Record (EPR) and Fundamentals of Care (FOC) care plan not being completed or updated, compliance with this is around 50% – ongoing work is being done to identify who needs support in EPR flags and creating FOCs.</p>

Audit Topic	Audit Outcomes
Hand Hygiene	<p>Audited 3 times since December 2023 – all showed 100% compliance with bare below the elbow specifically in staff groups Nurses, Healthcare Assistants, Housekeepers and Doctors. Staff are also aware of the 5 moments for hand hygiene when asked.</p>
Safe Environment	<p>All 5 audits showed 100% compliance,</p> <p>New lock was installed on drug fridge in December 2023.</p>
Venous Thromboembolism (VTE) Audit	<p>Target – 100% of patients have a VTE assessment documented in the medical notes on admission. Result: 17/19 (89%) patients had a VTE assessment documented in their notes on admission.</p> <p>26% patients VTE prophylaxis was indicated. 11% unknown if VTE prophylaxis was indicated. 63% VTE prophylaxis not indicated.</p> <p>Target – 100% of patients who have a VTE assessment documented in the medical notes should have LMWH or alternative prescribed. Result: 4/5 (80%) patients had LMWH or an alternative prescribed. 0 patients received LMWH inappropriately.</p>

Research

The In-patient Unit has been participating in a National Clinical Trial being undertaken by the University of Surrey. The CHELsea II trial is a cluster randomised trial comparing the standard mouthcare with clinically assisted hydration (CAH) verses the standard of mouthcare only, in patients who are in the last days of life. We were initially tasked to recruit 20 patients to the study, but as a result of our recruitment rate being so successful, we agreed to an increase in target recruitment to 30 patients, all of whom have now been recruited.

St. Michael's has an active role in the Wessex Research Hospice Active Development Group (WRAHDG), with our Clinical Director as the Clinical Chair of this group alongside an academic co-chair from Southampton University. The group brings together hospice and palliative care professionals across the Wessex region to promote active involvement in research within the palliative and end-of-life care settings.

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. There were no Quality Reviews carried out during 2023-24.

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 St. Michael's Hospice senior Clinical Management Team.

The Hospice's NHS income in 2023-24 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 25 August 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 Inpatient Unit

In-patient Unit	Currently available national median 2015/16	SMH 2021/22	SMH 2022/23	SMH 2023/24
New Patients	152	186	212	203
% Occupancy	77%	73.92%	80.15%	77.86%
% Patients Non-Cancer	11%	13.98%	17.92%	11.82%
Average Length of Stay (days) – Cancer	13.3	9.9	9.6	9.5
Average Length of Stay (days) – Non-Cancer	10.3	5.6	7.6	9.2
Day Case Admissions	0%	1.38%	4.62%	3.75%

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

Hospice at Home Team	Currently available national median 2015/16	SMH 2021/22	SMH 2022/23	SMH 2023/24
Total Number of Patients	218	286	357	291
New Patients	159	227	-	272
% Patients Non-Cancer	17.50%	28.32%	25.77%	19.59%
Average Length of Care (days)	38	23	13.9	12.7
% Patients Died at Home (including care homes)	75.30%	95%	98%	99%

Care Services Provision

Specialist palliative and end-of-life care is 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 Centre.

In-Patient Unit (IPU)

The IPU provides 10 beds for those patients whose conditions are the most critical and complex and who would benefit from a period of intensive support.

- During this year, there were 231 (2022/23: 248) admissions to the IPU.
- The average length of stay was 9.4 days compared with 2022/23 which was 9.3, showing this is our standard length of stay. Although the Hospice UK benchmark is 14.36 days, this figure is probably inflated by the larger hospices and those with the ability to offer respite care.

For some, admission to the IPU enables the clinical team to treat and relieve symptoms associated with their illness, which means patients can then return home. This year, 86 patients were able to return home after a period in the IPU. The IPU staff start parallel planning for discharge from the start of the admission, resulting in early discussions with patients and families about what they need to be in place before discharge. We are then prepared for when the patient is well enough to be discharged. This involves the wider team, i.e. the Patient Flow Co-ordinator and Therapy department, to ensure that necessary Continuing Healthcare fast-track funding for packages of care and equipment are in place prior to discharge.

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:

“Mum said that she felt like a queen during her stay at St. Michael’s. The nursing staff and doctors couldn’t do enough for her. We were so grateful for the care received. It was becoming so difficult to manage Mum’s symptoms from home. It gave us the opportunity to spend some quality time with Mum”.

“As a family we are overwhelmingly grateful for the incredibly kind and helpful care my sister received while under your team’s expertise. It was an incredibly stressful and heartbreaking time for us, but it helped knowing my sister was receiving the very best care at St. Michael’s Hospice. It was wonderful being able to visit her in such a lovely, caring environment and to be able to ask the staff questions and to have them explain very tactfully what we should expect as part of end-of-life care.”

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 2023/24 our In-Patient Unit supported 96% of patients to achieve their preferred place of death in the Hospice, a slight increase from 93% from the previous year.

Hospice at Home

The Hospice at Home service is provided 365 days a year from 08:00 to 20:00. It allows patients to remain in their own homes, where the majority want to be, while still receiving the Hospice's specialist palliative nursing care.

- In 2023/24 Hospice at Home completed 2,323 visits, compared to the previous years 1,867 visits, an increase of 24%.
- 158 of these visits were completed with a Doctor, increasing the breadth of support offered by Hospice at Home.
- Over the course of the year, visiting lengths have varied between 1 hour and 8 hours, reflecting the varying complexity of patients being seen.
- Hospice at Home helped 94% of patients achieve their preferred place of death in 2023/24.

“On behalf of our whole family I can only thank all members of the palliative care team with whom we came into contact – either in person or by phone – for the gentle, thoughtful care and support they gave us. They made a really horrid situation more bearable and my husband’s end-of-life an easy slipping away. We shall be forever grateful.” – Responder to our FAMCARE national audit.

The Hospice at Home team continues to provide seven days a week of administrative support in the hub team, which receives more than 1,000 calls per month from patients and their families who need support or guidance. This hub team have also been active in supporting the Hospice at Home team with administrative tasks, such as contacting GP practices regarding medications. The increased support from the hub team continues to support the clinical teams, allowing for their specialist support to be utilised more effectively within the community setting.

Therapies

Our Therapy Services Team offers Physiotherapy and Occupational Therapy. Our therapists provide services to patients in the In-Patient Unit, in the community, in Living Well and the Motor Neurone Disease (MND) clinic. The team aim to help patients manage their symptoms better and optimise their independence and quality of life. During 2023-24 the Therapy Services Team provided 500 in-patient contacts, 418 home visit contacts and 330 outpatient contacts.

Therapy in the In-Patient Unit is aimed to help patients with assessing moving and handling, mobility, balance and transfers; discharge planning including home assessment to help with adjustment of routines to enable patients to be able to return home; maintaining and improving their strength and balance by providing personalised exercises to complete independently or with support from family and carers. 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 discuss end-of-life wishes, care and future planning. Patients are provided with equipment, alterations and adaptations to enable discharge home and help maintain a level of independence. Once patients are discharged, they are kept on the caseload for monitoring, support and intervention as necessary.

Therapy in the community completes holistic assessments in patient's own homes. This enables a true picture of how a patient is managing in their environment. Mobility, transfers and balance are reviewed, and seating, positioning, and pressure are assessed. Advice and support is given to patients and families making difficult decisions related to future deterioration in ability, for instance, one-level living. Equipment can also be prescribed after a thorough assessment to enable the patient to maintain their independence and live well at home. Outpatient appointments are offered where patients can visit the Hospice gym to try equipment and complete prescribed exercises with our physiotherapist.

Therapy supports MND patients providing practical, emotional and psychological support. Monthly MND clinics are held as well as visits to patients' homes. The team helps complete applications for specialist equipment and grants which are funded through the MND. 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 team works very closely with the neurologist, palliative care consultant, nurse and support worker reviewing and assessing each MND patient regularly.

Patient and Family Support Team

The Patient and Family Support team covers 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, including children and carers, is provided by both staff and volunteers. The number of attendees at our Bereavement Support Groups has increased to 206 compared with 185 the previous year.

The monthly Bereavement Coffee Mornings continue to be popular and well attended. The total number of attendees in the year was 129, compared to 117 last year. There are plans to extend this service into the Alton area from September 2024.

The Bereavement Evenings, held on alternate months to support newly bereaved relatives, has attracted less attendees with 24 attending this year compared to 59 last year. All bereaved relatives are now sent an information leaflet on Understanding Bereavement, which may explain the lower attendance at these sessions.

“It was helpful listening to other people sharing their stories.”

“Connecting to others who are grieving and listening to what works for them.”

“Knowing that how you are feeling is normal.”

– Feedback from Bereavement Evening Attendees

The Bereavement Walk and Talk continues to be held on the third Friday of the month, the total number of attendees in the year has increased from 9 to 18 and clearly meets the needs of the small number of individuals who regularly attend.

In February we ran our first Bereavement Journey Course, which supported a group of 7 relatives across 7 weeks and was very well received. There is a plan to fund further courses during the year.

“Being able to openly talk about how I feel, relating to others, being able to be with others who understand how I feel. A lovely group to work with.”

“Group helping each other through difficult times – knowing I am not alone helped.”

– Feedback from The Bereavement Journey

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

The **Counselling Service** is offered to all those affected by a life-limiting illness, as well as those who are coping with grief. Our two part-time counsellors have seen an increase in referrals and provided 526 counselling sessions compared with 411 the previous year.

“I feel a lot stronger to deal with certain issues since my counselling.”

“Provided a safe space to talk about deep feelings and to discuss methods of managing present and future emotions.”

“I'd recommend Bereavement Services to all people as it's good to talk to someone who will not judge you, will comfort you and will be ok if you cry. I'm ever so grateful that I was able to get this support which was very much needed.”

– Feedback from Counselling Clients

The availability of a **Chaplain** to provide listening, emotional and spiritual support has proved greatly beneficial to our patients and the service. The Chaplaincy Service is provided Monday to Friday by one contracted member of staff and one volunteer. In September, a service level agreement with Hampshire Hospitals NHS Trust was agreed, which provides emergency on-call chaplaincy cover to our patients and their families out of hours and at weekends. Our Chaplaincy Service is designed to cater for all faiths and includes those who do not see themselves as having a faith. During the year, 721 chaplaincy visits were made compared with 694 the previous year. To support staff with the emotional demands of working in end-of-life care, a counsellor and chaplain from the team provide regular supervision to staff as well as ad-hoc reflection sessions in the newly refurbished Sanctuary.

The **Complementary Therapy Team** has continued to grow during the year. They provide a 5-day service to patients, carers, and relatives, working on the In-patient Unit, in the Living Well Centre and in people's homes where necessary. The therapists work alongside the nursing and medical staff offering treatments to help symptom management including massage, reflexology, and Reiki. In the past year, the complementary therapists provided 780 treatments compared with 706 the previous year. In response to clients offering to pay for additional treatments, a new payment scheme was set up in May 2023 which gives users of the service the opportunity to pay £20 for an additional three sessions and £40 for a final three sessions. Between May 2023 and April 2024, the new scheme has generated £3,030.

“The therapies have had a tremendous help on both my physical and mental health allowing me a brief moment of calm in what is currently a tumultuous world.”

“It has made my whole body feel relaxed even though only working on my feet. After a session of reflexology my anxiety from living with cancer feels all gone.”

“It has made me feel very relaxed, not only reflexology to help my feet but therapist is so helpful listening to my worries.”

– Feedback from Complementary Therapy Clients



Key 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 basis providing a comprehensive snapshot of activity and performance within their department.

IPU Dashboard



231 Admissions to IPU

96% Achieving preferred place of death

Average length stay of **9.4** days

86 (37%) IPU episodes ending in patient discharge

Hospice at Home Dashboard

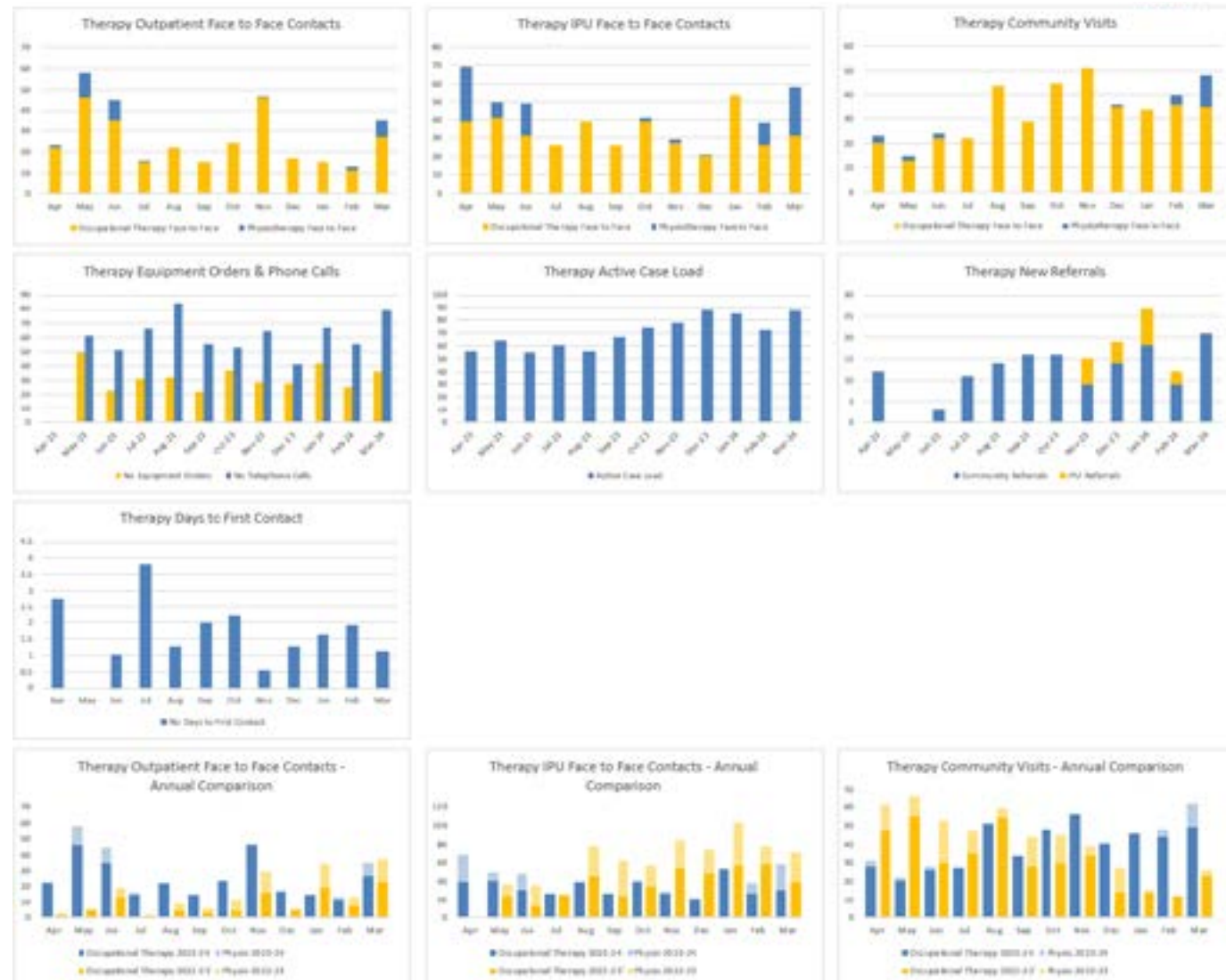




303 New referrals to
Hospice at Home
1,709 Home visits

Average length of care **13** days
94% Achieving preferred place
of death

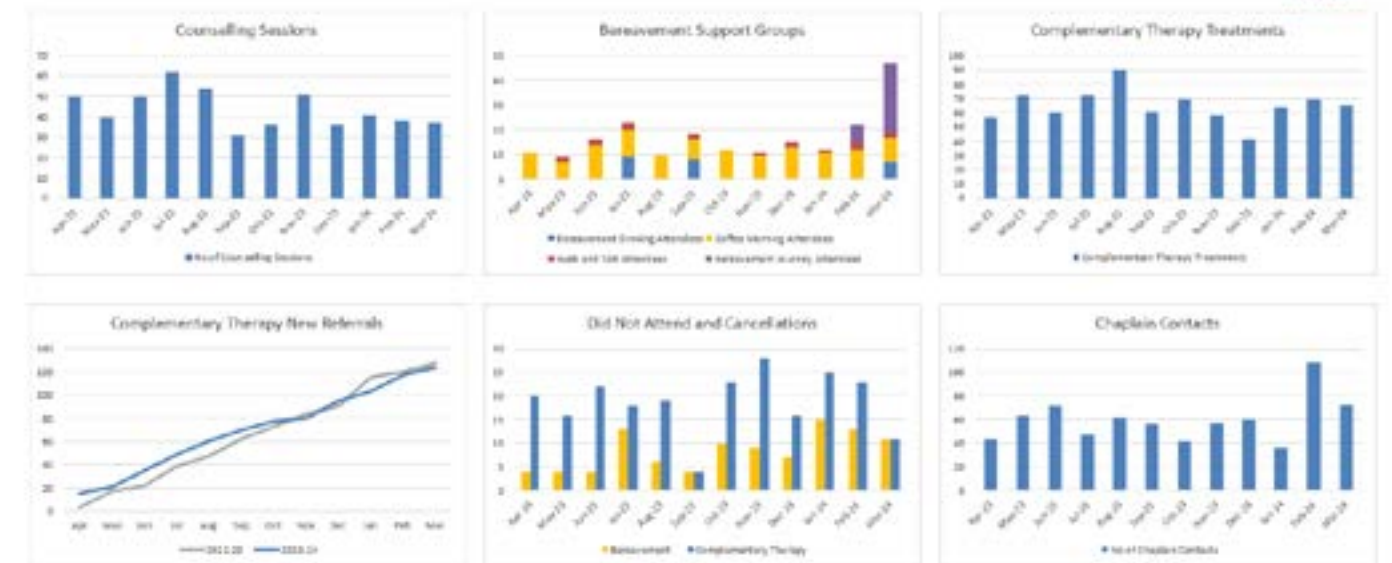
Therapy Dashboard



166 New referrals to the
Therapy team
500 IPU contacts

418 Community visits by
our team
330 Out-patient contacts

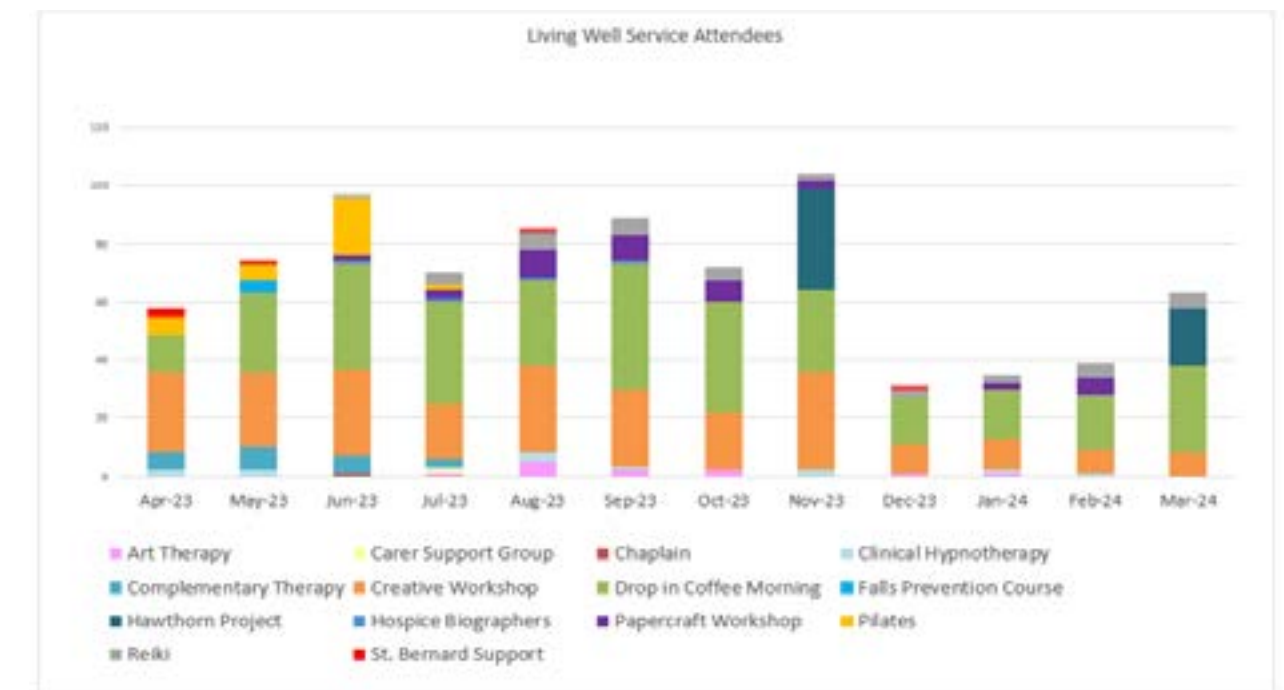
Patient and Family Support Dashboard



780 Complementary
therapy sessions
526 Counselling sessions

206 Attending bereavement
support groups
721 Chaplain visits

Living Well Service Dashboard



816 Total attendees

331 Attending drop-in
coffee morning

251 Attending creative
workshops

63 Attending complementary
therapy

Clinical Team Dashboard





92% Staff establishment

96% Mandatory training completed

98.2% Staff attendance

100% Clinical appraisal

Quality and Governance Dashboard





152 Reported incidents

0 Serious incidents requiring investigation

0 Complaints

100% Friends and family test

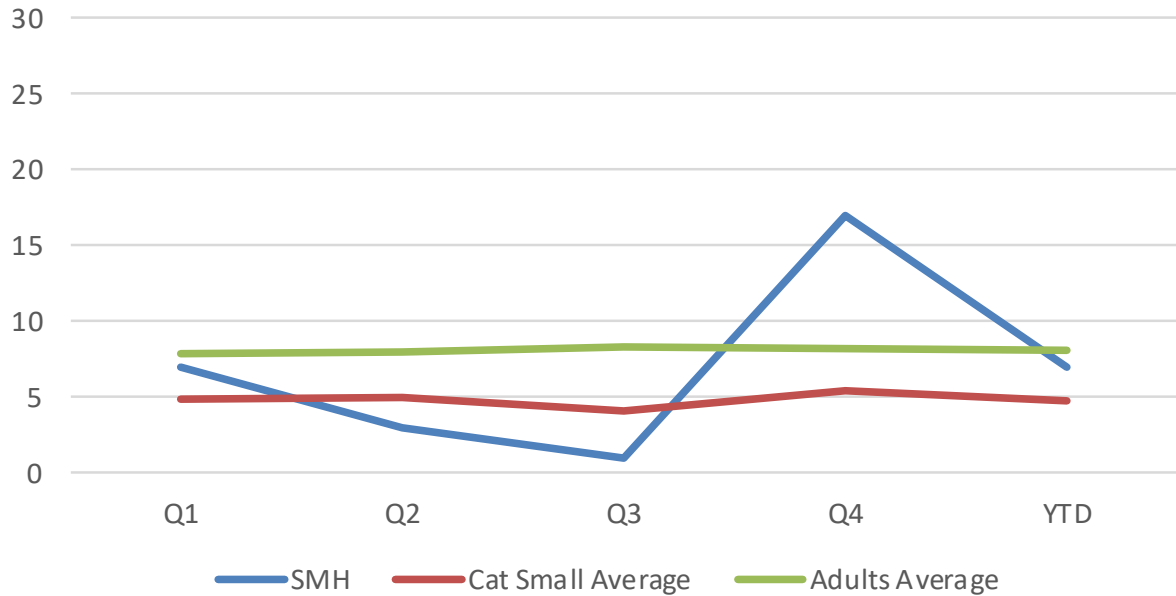
Hospice UK Comparison Data on Key Quality Indicators

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
- Medication incidents
- Bed occupancy
- Discharges
- Deaths
- Average length of stay

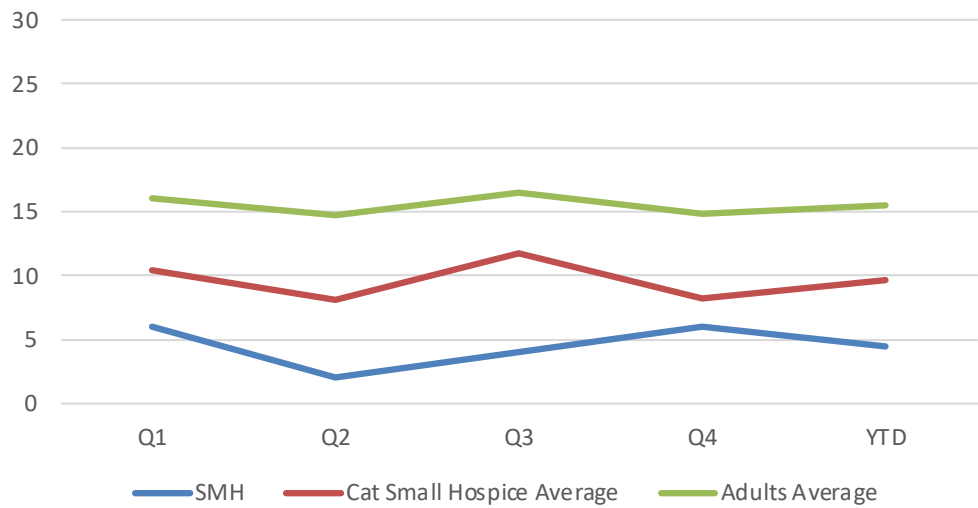
Patient Falls

	QTR 1	QTR 2	QTR 3	QTR 4	YTD Average
St. Michael's Hospice	7.0	3.0	1.0	17.0	7.0
Cat Small Average	4.9	5.0	4.1	5.4	4.8
Adults Average	7.9	8.0	8.3	8.2	8.1



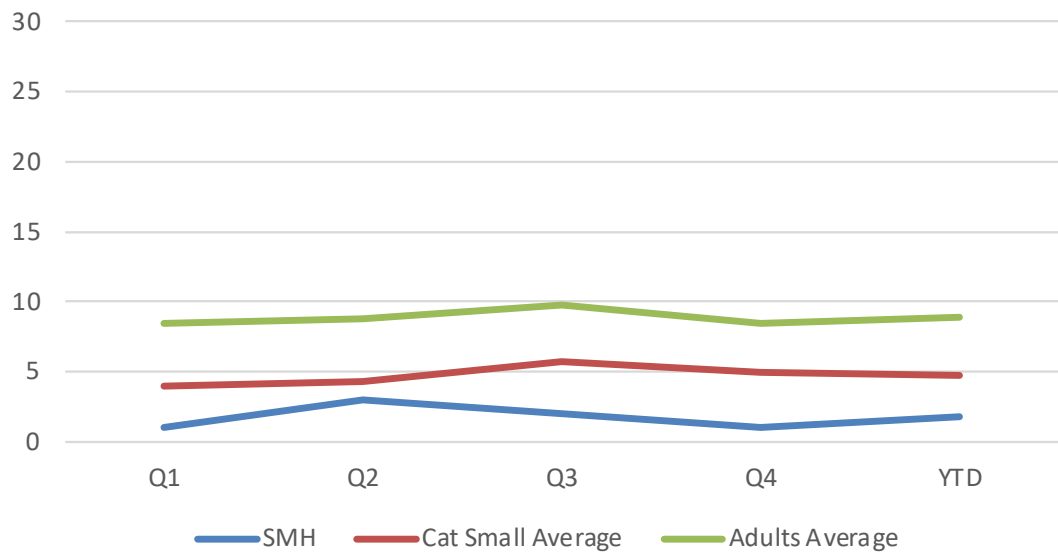
Pressure Ulcers on Admission

	QTR 1	QTR 2	QTR 3	QTR 4	YTD Average
St. Michael's Hospice	6.0	2.0	4.0	6.0	4.5
Cat Small Average	10.4	8.1	11.7	8.2	9.6
Adults Average	16.1	14.7	16.5	14.8	15.5



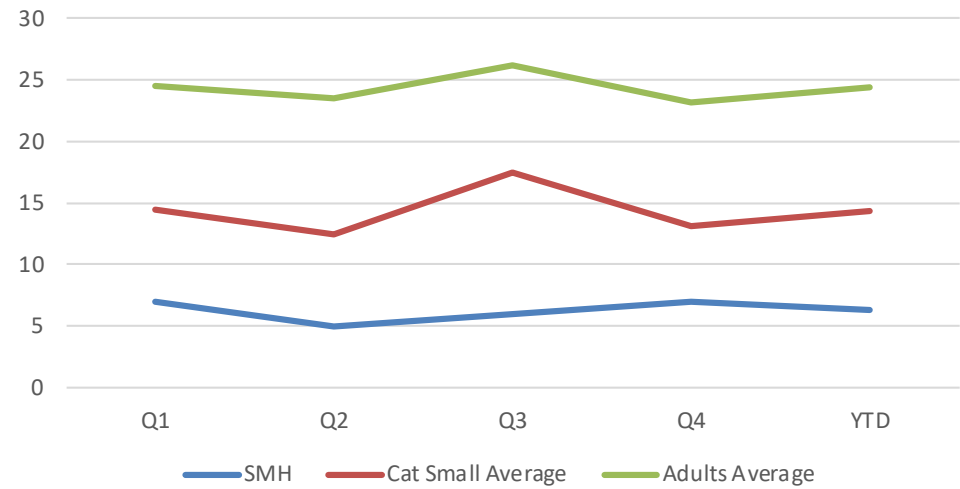
Newly Acquired Pressure Ulcers

	QTR 1	QTR 2	QTR 3	QTR 4	YTD Average
St. Michael's Hospice	1	3	2	1	1.8
Cat Small Average	4	4.3	5.7	4.9	4.7
Adults Average	8.4	8.8	9.8	8.4	8.9



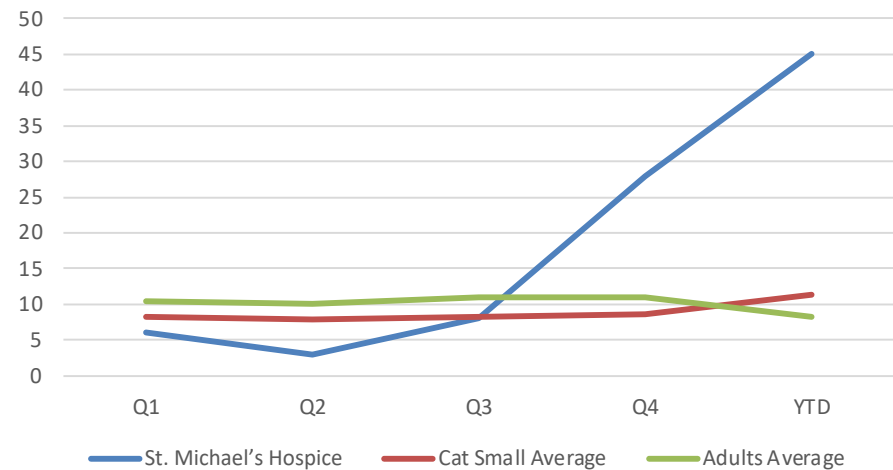
Total Pressure Ulcers

	QTR 1	QTR 2	QTR 3	QTR 4	YTD Average
St. Michael's Hospice	7.0	5.0	6.0	7.0	6.3
Cat Small Average	14.4	12.4	17.5	13.1	14.3
Adults Average	24.5	23.5	26.2	23.2	24.4



Medication Incidents

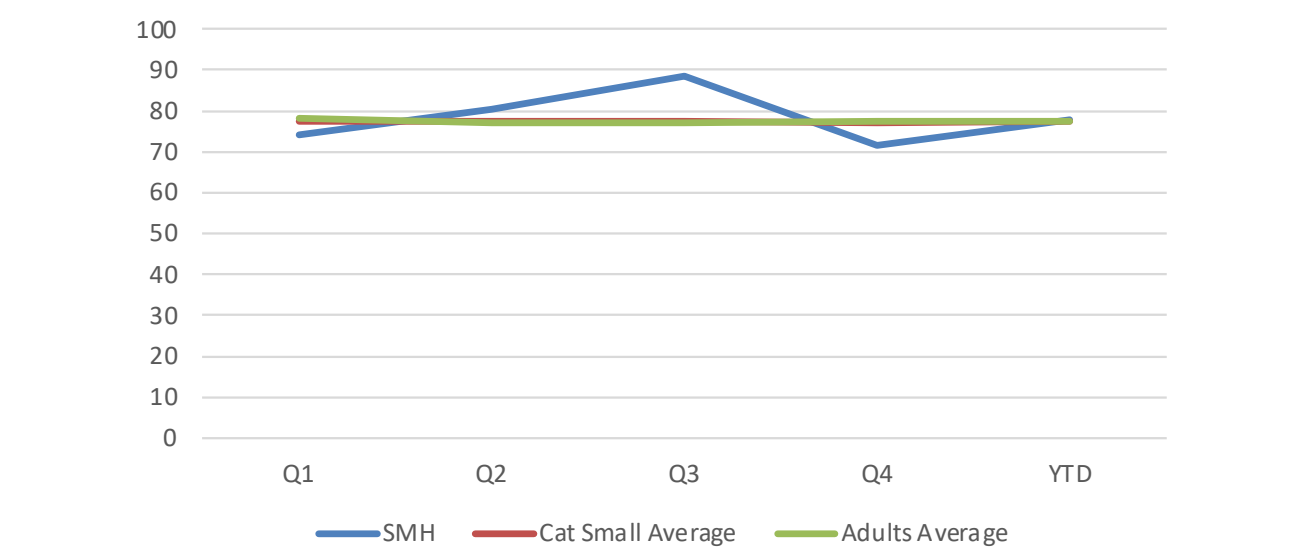
	QTR 1	QTR 2	QTR 3	QTR 4	YTD Average
St. Michael's Hospice	6.0	3.0	8.0	28*	45.0
Cat Small Average	8.3	7.9	8.2	8.7	11.3
Adults Average	10.5	10.1	10.9	10.9	8.3



* increase in incident reporting discussed at Clinical Governance Committee and Medicine Management Group in April 2024 – Increased reporting was anticipated due to under-reporting of near misses. Many of the incidents were related to record keeping and the Electronic Prescribing and Medicines Administration system.

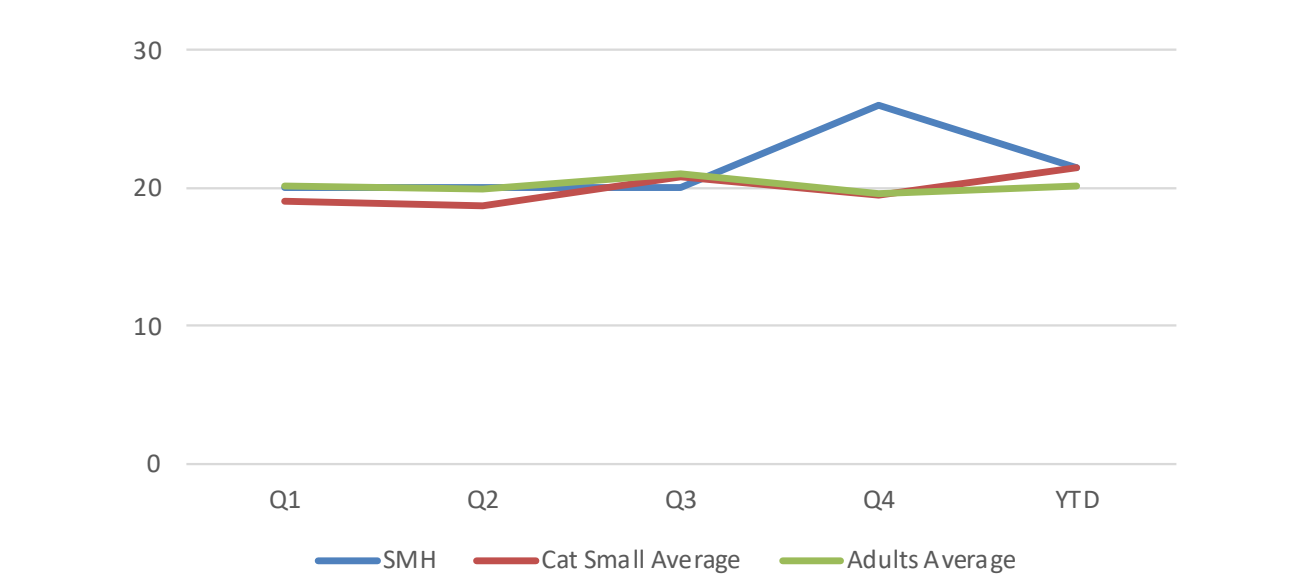
% Bed Occupancy

	QTR 1	QTR 2	QTR 3	QTR 4	YTD Average
St. Michael's Hospice	74.0	80.4	88.5	71.4	77.8
Cat Small Average	77.3	77.3	77.4	77.2	77.3
Adults Average	78.0	77.2	76.9	77.6	77.4



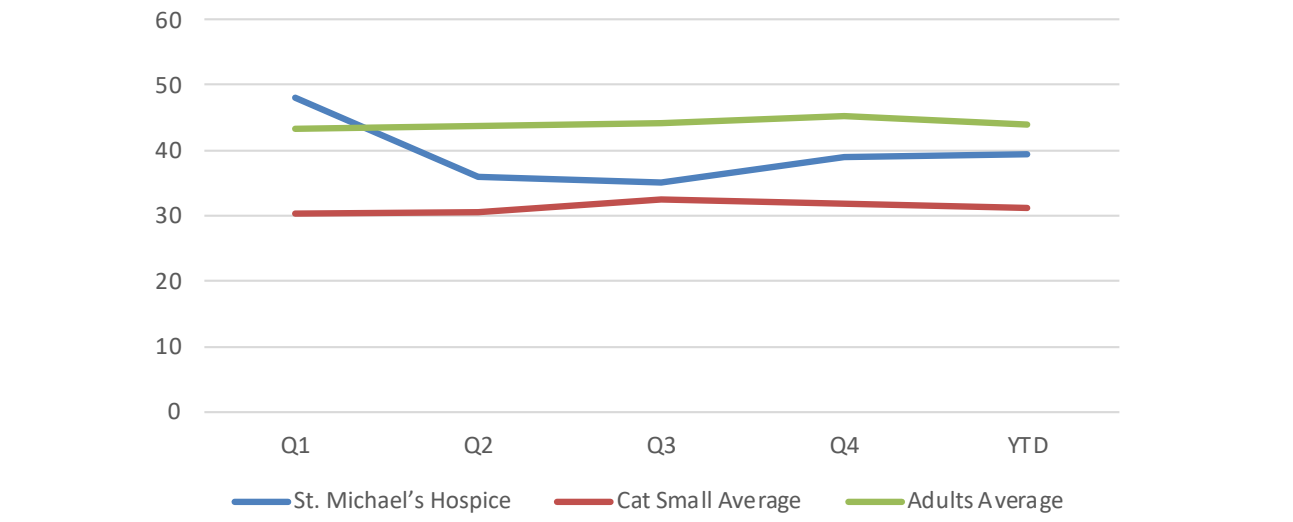
Discharges

	QTR 1	QTR 2	QTR 3	QTR 4	YTD Average
St. Michael's Hospice	20	20	20	26	21.5
Cat Small Average	19	18.7	20.8	19.5	21.5
Adults Average	20.1	19.9	21	19.6	20.1



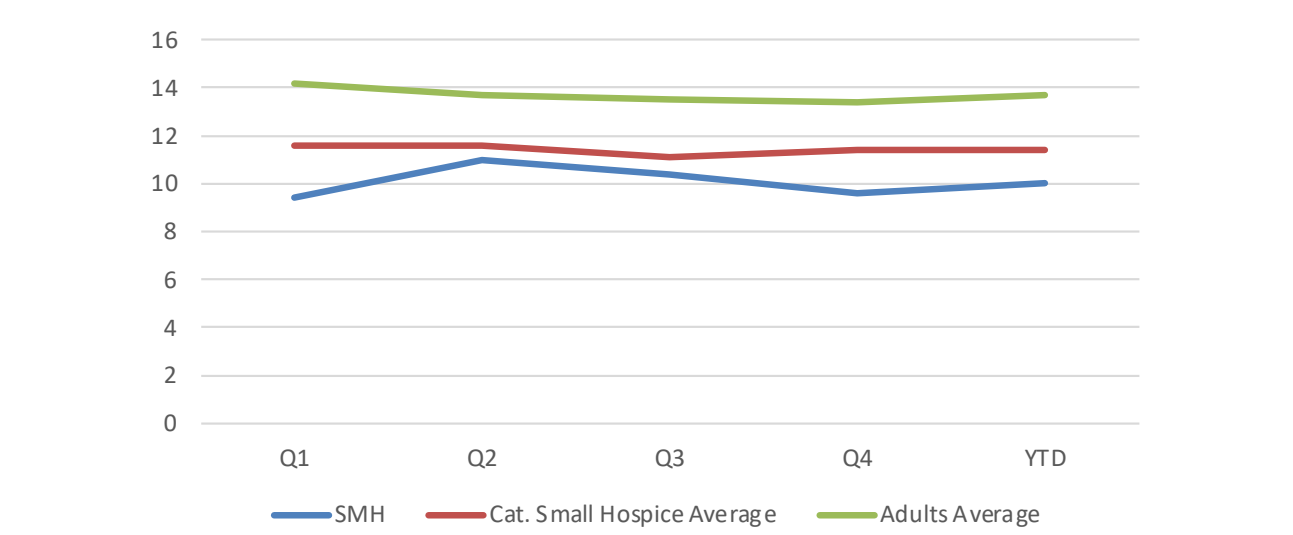
Deaths

	QTR 1	QTR 2	QTR 3	QTR 4	YTD Average
St. Michael's Hospice	48.0	36.0	35.0	39.0	39.5
Cat Small Average	30.3	30.5	32.5	31.8	31.2
Adults Average	43.2	43.7	44.2	45.2	44.0



Average Length of Stay

	QTR 1	QTR 2	QTR 3	QTR 4	YTD Average
St. Michael's Hospice	9.4	11	10.4	9.6	10
Cat Small Average	11.6	11.6	11.1	11.4	11.4
Adults Average	14.2	13.7	13.5	13.4	13.7



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.

There are three ways that we collect data:

Our **Voices Survey** is mailed to all families 10 weeks following a bereavement. This survey gathers feedback on the In-Patient Unit, Hospice at Home and circumstances surrounding the death. Between 1 January and 31 December 2023, a total of 171 surveys were sent out and 78 were returned for analysis giving a 46% response rate. We are delighted to report that in 2023, 100% of those taking part in the survey rated their experience of St. Michael’s Hospice at Very Good (94%) or Good (6%).

Key Findings:

Inpatient Unit

- 100% 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.
- 100% agreed that the bed and surrounding environment had adequate privacy for the patient.
- 94% felt that the patient had received enough emotional support.
- 95% felt that the patient had received enough support with religious or spiritual needs.
- 97% felt that the patient had received enough support with the relief of symptoms other than pain.
- 95% felt that the patient had received enough support with family concerns.
- 87.5% felt that the patient’s pain was relieved completely, all or some of the time.
- 76% felt that they were always kept informed about the patient’s condition.
- 97.5% felt the patient was always treated with respect and dignity by the doctors.
- 96% felt that the care by the nurse was exceptional.
- 77% rated the food as excellent or exceptional.

Hospice at Home Team

- 86% felt that the service was offered to them at the right time.
- 83% said they could always see a nurse as often as it was needed.
- 96% felt that the patient received enough emotional support.
- 97% felt that the patient had enough support with the relief of symptoms other than pain.
- 87% felt that the patient’s pain was relieved completely all or some of the time.
- 92% of relatives felt that they got as much support as they wanted.
- 87% felt there was good communication with other professionals and care was well managed.
- 97% felt that the patient was treated with respect and dignity all of time.
- 94% 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

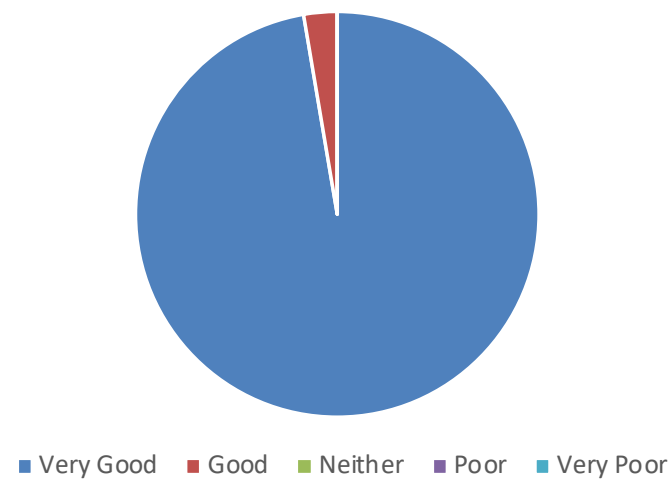
- 84% of patients said where they would like to die.
- 81% of these patients said they would prefer to die at home.
- 56% died in his/her own home.
- 17% of these patients said they would prefer to die at the Hospice.
- 40% died in the Hospice.
- 90% thought the patient had enough choice about where they died.
- 97% of relatives on balance, thought their loved one had died in the right place.
- 90% of relatives said they were given enough help and support at the actual time of death.
- 94% rated their experience of St. Michael’s Hospice as Very Good.

Additional Comments

- Everyone worked really hard to ensure she went home. Her bed was moved into the lounge so she could see her garden through the open patio doors, feeling the breeze, hearing the birds singing and enjoying the tulips, bluebells and blossom. It was exactly as she wanted and where she felt relaxed. Thank you so much.
- My husband got his wish to stay at home, and then when the time was right to go to the Hospice and the doctors, nurses and Hospice at Home team made that happen for him and we as a family. Thank you all.
- There is no question that my wife was in the right place, both for her and also for me. The team were fantastic, I cannot speak highly enough of them.
- We could not have asked for better care, everyone was wonderful.
- The Hospice looked after my husband with great care and kindness which was extended to me and the family.
- Everyone was outstanding and could not do enough for us.
- It was nice that I could take our dog into the Hospice to stay and that I could have dinner with my wife.
- I was very pleased to be offered a bed to sleep in next to the patient.
- Despite receiving palliative care, dad was always well groomed, shaved, mouth care, clothing, clean bedding, he looked so comfortable.
- When receiving food she asked for very small portions as she found too much food overwhelming. However, every meal was too big for her.
- It would have been helpful to know when they were coming so I was in the house.
- There seemed to have been some overlap between St. Michaels team and the District nurses and we could have done with either one or the other as we seemed to fall between them both and maybe could have done a little more help with practical care a lot sooner.
- There was a lot of confusion with getting prescriptions - we had to go to different pharmacies and then the prescription was not always there.
- We were happy with the nursing team. Always available and kind and professional, amazing great teamwork.
- Exceptional level of care really personal service.
- We were visited by a nurse and an OT, both of whom were fantastic. Both in terms of their care and their professional competence.
- We would not have known what to do without the help from the team.
- The care was exceptional when we received it, it just didn't start soon enough.
- The team did a wonderful job thank you.
- Their care for all of us was above and beyond all the time. Her doctor was so lovely to mum and all of us. The nurses that came to see her in the last few days were amazing.
- It was extremely helpful to be able to phone for help / advice at any time
- Everyone that came from St. Michael's Hospice were very kind and couldn't be more helpful or understanding.
- I expected the death would be in hospital. Spending his last few days at the Hospice was the most wonderful thing, the family experienced allowing him to pass in such a calm surrounding and pain free.
- Even though he wanted to go home, I knew in my heart the Hospice was the right place for him.
- Excellent couldn't have been any better - mum and I couldn't have had better care, the team were amazing. Always at the end of the phone and the constantly visiting us. It gave mum so much comfort that she got to know some of the doctors and nurses with familiar faces visiting. We both received so much care and compassion. I can't thank you all enough. It was so important to mum and all the family that she could die at home with us and she couldn't have done that without your help.

Friends and Family Test, as measured via Your Experience Matters Postcards and VOICES Survey, for which we had a total of 112 responses and a 100% Very Good/Good rating.

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



Hospice User Group continues to be held on a quarterly basis and now comprises 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 2023/24 the group were consulted about a range of projects including patient room upgrades, hospice brand refresh, clinical staff uniforms and bereavement support services.

Complaints provide an opportunity to identify areas of concern and enable us to improve our services. During 2023/24 the Hospice received no formal complaints but addressed 2 concerns raised via the FAMCARE study showing dissatisfaction around communication and out of hours support. These responses were investigated by the team and were found to stem predominantly from the wider healthcare system. However, in-house communication skills training has been completed as part of our planned ongoing commitment to staff training and development.

Workforce Engagement

Each month, we hold an online Staff Forum, chaired by the CEO, with all staff welcome and encouraged to attend. To ensure that as many staff can attend as possible, the Forum is held online – meaning it is accessible to staff not based on the Hospice site. After the forum, all information, including the presentations, is uploaded to the staff intranet for access if staff are unable to attend and reference if staff want to go back to information given.

We continue to recognise long service and celebrate PRIDE nominations in the Forum. We have received 87 PRIDE nominations in 2023/24 and the programme continues to be successful at the end of its second year. Nominations are shared and celebrated at our Staff Forum, and on our social media channels – and are well received by our external audiences too.

To support staff with their health and wellbeing, we have actively promoted our employee assistance programme available to our staff. This provides them with access to treatments for body and mind, and money back on everyday health. We invested during the year in the training of four mental health first aiders from across the organisation to support our staff who may be experiencing a mental health crisis.

Education, training, and professional development opportunities are crucial for ensuring that healthcare professionals can deliver the high-quality, evidence-based care and support that we strive for at St. Michael's Hospice. New initiatives over the last year demonstrate a commitment to improving patient care, fostering collaboration, and staying up to date with the latest advancements in palliative care.

Our Bluestream online system allows all staff to complete mandatory training, ensuring compliance with requirements and ensuring the workforce remains up-to-date.

All staff are encouraged and supported with ongoing professional development. Staff continue to have an annual appraisal; this allows the recognition of outstanding work, allows for the identification of areas of concern, and supports the continuing professional education and development of individuals in line with the Hospice's strategic plan. This annual review, supported by regular one-to-ones, helps foster open communication, accountability, and a culture of continuous learning.

A new initiative, the "Learning Partnership", has started between the Hospice at Home team and the Community Palliative Care Service run by Hampshire Hospitals. This collaborative approach sees nurses from both teams partner up and jointly care for patients throughout their journey, from referral to end-of-life. This is an excellent way to promote understanding, knowledge-sharing, and professional development across services and organisations.

The Hospice continues to welcome nursing students from the Universities of Southampton, Winchester and Surrey and has now extended its reach to Allied Health Professionals including Occupational Therapists and Physiotherapists.

Clinical supervision plays a crucial role in providing a safe psychological space for clinicians in which to discuss challenges, receive emotional support, and address potential biases or blind spots. All patient-facing staff have access to monthly Clinical Supervision sessions and are required to attend 5 sessions a year.

By protecting time for continuing education and providing training opportunities, St. Michael's continues to demonstrate a commitment to excellence and investing in its clinical workforce. This not only ensures patients receive the safest, most effective, and compassionate care possible but also supports staff retention.

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. Trustees visit various areas within the Hospice to meet with staff and gain first-hand information about patient and staff experience. Trustees also undertake mandatory training in core aspects of their roles each year in line with the requirements for all staff and attend a Trustee training day annually.

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 2023/24, 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

