



Quality Account

2024/25

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Part 1

Chief Executive’s Statement

Welcome to the St. Michael’s Hospice Quality Account for 2024/25
I am pleased to present the St. Michael’s Hospice Quality Account for the year 2024/25. This report outlines our achievements over the past year and sets out our ambitions for the future, supported by performance data and service insights. As Chief Executive, I confirm that the contents of this report are accurate and that I fully endorse our organisation’s ongoing commitment to continuous quality improvement and service excellence.



Our Mission

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

Our Vision

At St. Michael’s Hospice, our vision is simple; to increase the reach of our services and improve the quality of our care. We are privileged to provide expert support around the clock within our Inpatient Unit (IPU) and throughout the year in patients’ homes. This is complemented by our Living Well Service, which offers day support, therapies, and wellbeing activities.

The IPU continues to deliver personalised, specialist care in a supportive and peaceful environment. Care is provided by a multidisciplinary team including doctors, nurses, and allied health professionals that focuses on improving quality of life, enabling dignified end of life experiences, and supporting patient choice. We also place a strong emphasis on proactive advance care planning. During the year IPU admissions increased providing care to 295 patients with an average length of stay of 8.1 days.

We strongly believe in offering people choice and control over their care. For individuals wishing to remain at home, our Hospice at Home service provides high-quality nursing care seven days a week, through both scheduled and responsive visits. This allows patients to receive expert support in familiar surroundings. In 2024/25 new referrals increased to 318 with hours spent visiting patients rising to 3,385 from 2,440 the previous year. Notably, 94% of patients supported by the service achieved their preferred place of death.

At the heart of St. Michael’s Hospice is a belief in person-centred, holistic care. We support not just physical needs, but also emotional, psychological, social, and spiritual wellbeing. Care extends to families and carers, with dedicated support through illness, death, and bereavement. We are proud of the way our services are shaped by compassion, respect, and choice, ensuring patients remain in control of their care, wherever possible.

Looking ahead, St. Michael’s Hospice is committed to influencing and strengthening palliative care services across North Hampshire. We work closely with the Hampshire & Isle of Wight Integrated Care Board and other partners to promote equitable access and reduce avoidable hospital admissions at end of life. In doing so, we aim to ensure more individuals can die in their preferred place and with the care they deserve. Our people are central to achieving this goal. We are building a collaborative culture, investing in professional development, and continuing to refine our model of care. This year, we began a strategic partnership with Rowans Hospice in Southeast Hampshire, including a shared Chief Executive. This enables us to increase efficiencies and develop a more consistent approach to care across the region.

Our Values

During the year, via staff workshops led by me, we developed a new, revised, set of Organisational Values that we launched in March 2025. These values, making the acronym, ‘THRIVE’ underpin our vision and guide everything we do:

Trust

- Being accountable and keeping our commitments to others
- Building confidence through transparency and openness
- Respecting professional boundaries and advocating for peoples wishes

Honesty

- Being open about our mistakes and seeing them as an opportunity to learn
- Transparent and compassionate in our messaging and our actions
- Communicating in a clear and inclusive manner to ensure full understanding

Respect

- Being mindful of self-care and making time for one another
- Understanding professional boundaries and respecting each other as competent in their field
- Celebrating the diversity of our skills

Impact

- Standing out in our community and influencing positive change
- Making a difference and achieving the best possible outcomes
- Ensuring our actions have long lasting benefits for the future of our community

Value

- Recognising the role we play in our community and the importance that our community has to us
- Celebrating our successes and acknowledging our achievements
- Ensuring that everything we do is sustainable and efficient

Evolve

- Being relevant, ambitious, and embracing opportunities and future challenges
- Creating an environment that promotes growth and staff development
- Working in an innovative and collaborative way to build lasting services for the future

People, whether patients, families, or staff, are at the centre of all we do. Our values and strategic aims are rooted in a commitment to kindness, compassion, and professionalism. We recognise the emotional intensity of palliative care work, and we support our teams through strong leadership, investment in wellbeing, and opportunities for growth.

By working together, we continue to raise the standard of care for those we serve, supporting the North Hampshire community with dignity and respect at the most critical times in life. Our commitment to high-quality care for patients, their families, and carers remains unwavering. This report offers evidence of our progress and demonstrates how, through partnerships and service innovation, we are pursuing a shared vision of outstanding, equitable hospice care.

We are immensely grateful to everyone who supports St. Michael’s Hospice — whether through donations, volunteering, partnerships, or professional expertise. Your contributions make our work possible and meaningful.



Iain Cameron
Chief Executive
May 2025

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 2025-26

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

Patient Safety

Embedding the Vantage Risk Management System at St. Michael’s Hospice

The implementation of the Vantage Risk Management System within clinical services at St. Michael’s Hospice directly supports the 2025–26 clinical priorities. This system will enable the Hospice to pro-actively manage clinical safety, effectiveness, compliance, and reporting. In turn, it will enhance the ongoing review and evaluation of services, helping to ensure that the high standard of care expected at St. Michael’s is consistently delivered.

This initiative runs alongside the phased implementation of the Patient Safety Incident Response Framework (PSIRF) and the development of a continuous programme of Quality Improvement (QI) projects within the Inpatient Unit (IPU), informed by learning from incident themes.

Measure: Vantage Risk Management System is fully implemented.

Clinical Effectiveness

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

The H@H service aims to provide round-the-clock care for patients in the last two weeks of life within our community. The service will offer rapid response support to help prevent unnecessary hospital admissions and facilitate timely discharge for patients wishing to return home. By delivering both in-person visits and telephone advice 24/7, the service supports patients in dying at home with dignity, in accordance with their preferred place of death.

Measure: Successful implementation of the 24/7 Hospice at Home service

Patient Experience

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

The Vantage Feedback Module will provide a streamlined platform for patients, families, and other users of our services, including professionals, to share their feedback. This system will improve the ease and efficiency of collecting and reviewing feedback and will support the presentation of meaningful data for internal governance and external reporting. Additionally, a regular Quality Round led by the Clinical Director will be introduced next year, developed in collaboration with local hospice partners.

Measure: Vantage Feedback system implemented for patients, carers, professionals, and other users. QR code available for easy access to the feedback platform. Launch of the Clinical Director-led Quality Round

Review of Priorities for Improvement 2024 – 2025

Priority 1: Implementation of a New Clinical Incident Reporting System

A new clinical incident reporting system using Microsoft Forms has been developed and is now in place. This digital system has reduced the reliance on paper-based reporting, streamlining the process of logging incidents and concerns. However, due to transitional needs, it continues to operate in parallel with the previous system, resulting in some unavoidable duplication. Despite this, the system has successfully supported the reporting requirements of the Clinical Governance Committee.

To further improve efficiency and prepare for the adoption of the Patient Safety Incident Response Framework (PSIRF), alternative IT systems are being explored. In parallel, foundational work to embed the principles and culture of PSIRF has commenced within clinical teams through educational and experiential learning. This groundwork will support the formal launch of the PSIRF framework in the coming year.

Priority 2: Review and Demonstrate Patient Outcome Measures Reflecting Complexity

Description: St. Michael’s Hospice has continued to advance its clinical dashboard, in partnership with the Integrated Care Board (ICB) and a local hospice, to better demonstrate outcomes from the Inpatient Unit (IPU). This work recognizes the importance of capturing data on both patient flow and the complexity of clinical interventions.

To support this, the SMH Dependency Tool is completed daily to reflect the complexity of patient needs in the IPU and is used to assess alignment with staffing levels. The tool incorporates key indicators such as the Phase of Illness and Karnofsky Performance Score, as well as records of specific interventions and patient/family meetings that contribute to the overall complexity of care.

- Over the past year, several outcome measures have been reviewed and are now embedded across various clinical services:
- Integrated Palliative Care Outcome Scale (IPOS): Used for patients attending the Living Well Service and the new Living Well with Progressive Neurological Conditions Group
 - Measuring Your Concerns and Well-Being (MYCAW): Applied for clients receiving complementary therapies
 - Clinical Outcomes in Routine Evaluation (CORE-10): Implemented for clients accessing counselling services
 - Phase of Illness and Karnofsky Score: Collected routinely for IPU patients

These measures enhance the Hospice’s ability to evidence the complexity of care and demonstrate clinical impact across services.

Priority 3: User Experience and Feedback

St. Michael’s Hospice continues to prioritise patient and family feedback to enhance service quality and responsiveness. Feedback cards are readily available throughout the Inpatient Unit (IPU), enabling patients and families to share real-time feedback during admission. This approach supports timely responses and improvements while patients are still in our care. Over the past year, 70 postcards were completed—with 100% of respondents rating their experience as ‘Very Good’.

During the year, various feedback systems were reviewed, including the iWantGreatCare platform.

Building on this work, the Hospice plans to implement a new digital feedback collection system in the coming year through the Vantage Risk Management System’s Feedback Module, enhancing the ability to collect, analyse, and share feedback effectively.

- The Hospice User Group (HUG) remains a vital component of our feedback strategy. Meeting quarterly, the group offers a platform for service users to influence the development of hospice services. In 2024–25, HUG members contributed to key projects including:
- The re-launch of the Living Well Service
 - The Community Ambassadors initiative
 - Bereavement service development
 - Fundraising campaigns (e.g. the Cuddle Bed Appeal)

A subgroup also took part in the 15 Steps Challenge, using a national toolkit to assess first impressions of the IPU, including patient rooms, visitor areas, and reception spaces. This initiative provided valuable insight from a service-user perspective.

The launch of a real-time feedback Quality Round, led by the Clinical Director, is planned for this year. The initiative has been developed collaboratively with colleagues from local hospices, with a shared set of questions designed to guide the feedback process.

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 2024/25 with regard to the provision of specialist palliative care by providing:

- In-patient Unit (IPU) 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) Integrated Care Board (ICB).

Participation in Clinical Audit

National Audits

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

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. The following audits were undertaken on the IPU (Table 1) and Hospice at Home (Table 2).

**Table 1 – IPU Audit Summary
2024/25, Quarter 2, July/August/September 2024**

Audit	Doing well at	To improve on	How
News 2 Charts	9 out of 13 charts that were audited across this quarter been filled out correctly to include both accurate observations and information.	Where information was missed it was mainly due to not reporting the score, not inputting consciousness level and not initialling at the bottom.	Further teaching on the importance of accurately reporting news scores and when to escalate these for appropriate patients.
Catheter Care	Good improvement on writing the date on the catheter bags (60%) and proper positioning of the bag for the minimisation of infection risk (100%). Of the 5 catheters audited, all were still clinically indicated.	Two out of three months showed that catheter care was not always being documented once per day and that, despite dating the bags.	We are currently discussing the option of improving the catheter insertion and monitoring chart to include more information and be easier to fill out.
Cannula insertion and monitoring	Cannula sites have been correctly marked for all three months. Insertion information has been filled out for each month. 5 out of 6 of the patients’ data was collected from had clean and dated dressings in place.	None of the months had the inspection table filled out in full to show that the site had been inspected once per shift. It’s not clear on half of the samples checked how long cannulas were inserted for, but this was because the patient’s had them already inserted in hospital – no improvement required here for SMH.	Further awareness to staff that the forms need filling out once per shift. Prompting from nurse in charge throughout shift to ensure that they have been checked.
Syringe Drivers	Of the 10 syringe drivers audited from these three months, 100% achieved having accurately filled out the information and the average number of times they were checked in 24 hours out of 6 was 4.9	The time between syringe driver set up and first check is 1 hour (60 mins) and this is not always met. The longest between set up and first check was 100 minutes, with one syringe driver having it missed off.	It can be difficult due to ward pressures to get back to the syringe driver in an hour, but we should aim for as close to one hour as possible.

Audit	Doing well at	To improve on	How
Call Bell	Call bells are always answered within 90 seconds across all three months.	No areas of improvement identified however will continue to audit on a regular basis.	N/A
Achieving Priorities of Care (APOC)	July’s audit showed 100% compliance with both patients’ paperwork on APOC.	September saw all paperwork filled out except for one box which was about contacting family overnight.	From August there have been changes to the layout of the documentation due to blank spaces and missing information.
Treatment Room Safety	100% compliance in all areas (cupboards locked, adequate stock, keys with NIC etc)	No areas of improvement identified however will continue to audit on a regular basis.	N/A
Safety Checks	Resus, hypo and anaphylaxis equipment always checked on time. Audit saw that the adrenaline would expire at the end of July, which was correctly identified by staff and replaced by the time of the next audit.	Only one area not achieved which was that in the first month one mattress was faulty which was then fixed for July and August.	N/A
Hand hygiene	100% compliance with the correct procedures for hand hygiene across all staff audited.	No areas of improvement identified however will continue to audit on a regular basis.	N/A
Fundamentals of care	100% completion rate for both July and September.	Two patient’s e-care plans were out of date by a couple of days in August.	More awareness/training needed for nursing staff about completing these. They are often completed by staff who also work occasional shifts at the hospital.

Table 2 – Hospice at Home Audit Summary
2024/25, Quarter 3, October/November/December 2024

Audit	Summary of results	To improve on	How
Consent/Best Interests *	Initial result showed 50/50 with recorded and not, improving across following 2 months.	Consent is being gained but not always recorded – this has been improving but still room to develop	Ongoing discussions and education around the importance of recording conversations.
AKPS Recorded *	Across the quarter complete improvement in recording AKPS.	Improving understanding of why this is important but still variable results.	Continued education during team meetings and updates.
Phase of Illness *	Across the quarter complete improvement in recording the Phase of Illness.	While this has improved in notes checked, there remains variance in understanding and compliance.	Continued education and discussion.
JIC medication in home on referral. **	72%, 92%, 86% had JIC in place on referral – variable sources, often linked to rapid deterioration.	This Data would suggest that further work is needed to raise awareness of the importance of having JIC medications in a property – this is often from Community Palliative Care Team (CPCT) referrals, however, this may not be a fair comment due to prevalence of referrals being from CPCT.	Increasing confidence in having conversations around JIC medication and why they are important, but also highlighting importance of following up on requests – some not in place as not collected/prescribed.
ReSPECT in place on referral **	96%, 95%, 93% Had a Respect in place on referral. Variable sources of referral – not consistent a specific area.	Highlighting the need to have early ACP conversations but important to note that in some cases family discussions have not supported ACP discussions and rapid deterioration has prevented this development.	Continue to support early conversations and facilitate later conversations/changes/updates with families.
CSCI – *** 1) Commenced 2) Number of CSCI medications increased prior to CSCI stopped.	11 commenced 19 commenced 28 commenced 7 increased. 5 increased 7 increased	Increase in amount of CSCI commenced across the quarter, but similar amounts needing increase in the number of medications being utilised – indicating that initial medications were effective.	Continued support around education and development.

* Review completed during the last week of the month - 10 random patients cared for within the month prior, by Hospice at Home trained staff, for face to face visits only.
** Information gained from all patients referred into service across the month.
*** Information gained from review of all patients seen face to face across the previous month.

In addition to the above, St. Michael’s Hospice continues to participate in the Hospice UK Patient Safety Project, submitting data on three core metrics: Falls, Pressure Ulcers and Medication Incidents.

Research

St. Michael’s Hospice hosted the filming of the launch video for the Domestic Abuse in Life-Limiting Illness (DALLI) toolkit, an outcome of recent research undertaken by the University of Southampton. The Clinical Director and members of the clinical teams were part of the promotion video for the DALLI professional toolkit and will continue to work with the research team developing an educational package for professionals.

The Wessex Research Active hospice development Group (WRAhdG) continues to be co-chaired by St. Michael’s Hospice Clinical Director who chairs alongside an academic co-chair from Southampton University. The group brings together local hospices in the South-Central area and specialist palliative care professionals from across the region to promote active involvement in research within the palliative and end-of-life care settings.

St. Michael’s Hospice staff and members of our hospice user group (HUG) took part in the online call for evidence for the Palliative Care Commission (Vol. 1 Published May 2025). The Clinical Director contributed to the evidence discussions to be presented by the Southampton University representative at the Round Table events.

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 2024-25.

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 Hampshire and Isle of Wight (HIOW) ICB, as well as members of the St. Michael’s Hospice Clinical Management Team.

The Hospice’s NHS income in 2024-25 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 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.



In 2023, the Care Quality Commission introduced a new inspection framework and quality standards for health and social care services. These prioritise a person-centred approach, whilst promoting a stronger learning and safety culture, encouraging improvements in the quality of care where it is needed most. St. Michael’s Hospice is always working on meeting CQC compliance across the five key domains Safe, Effective, Caring, Responsive and Well-led.



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 2022/23	SMH 2023/24	SMH 2024/25
New Patients	152	212	203	253
% Occupancy	77%	80.15%	77.86%	73.88%
% Patients Non-Cancer	11%	17.92%	11.82%	17.795
Average Length of Stay (days) – Cancer	13.3	9.6	9.5	8.6
Average Length of Stay (days) – Non-Cancer	10.3	7.6	9.2	5.3
Day Case Admissions	0%	4.62%	3.75%	1.67%

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

Hospice at Home Team	Currently available national median 2015/16	SMH 2022/23	SMH 2023/24	SMH 2024/25
Total Number of Patients	218	357	291	301
New Patients	159	-	272	298
% Patients Non-Cancer	17.50%	25.77%	19.59%	22.59%
Average Length of Care (days)	38	13.9	12.7	11.9
% Patients Died at Home (including care homes)	75.30%	98%	99%	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 Service.

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

In-Patient Unit (IPU)

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

- During this year, there were 295 admissions to the IPU, compared with 231 during 2023/24.
- The average length of stay was 8.1 days compared with 9.4 days in 2023/24.

For some, admission to the IPU enables the clinical team to treat and relieve complex symptoms associated with their illness, which means patients can then return home. This year, 99 patients were able to return home after a period in the IPU, an increase from the previous year when 86 patients were discharged home.

The IPU staff often start what we call “parallel planning” for discharge from the start of the admission; this means we are planning their discharge from day 1 of admission, no matter what the final outcome of their admission might be. This results 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 also involves the wider team, i.e. the IPU Co-ordinator, Therapy department, with whom the IPU team will liaise to ensure that medication, necessary Continuing Healthcare fast-track funding for packages of care and equipment are in place prior to discharge. There is also often a referral to the Community Nursing Team, the Community Palliative Care Team or the Hospice at Home team to ensure that some continuity of care and specialist nurse involvement continue when the patient reaches home.

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

“At a time when our hearts were breaking, SMH provided a place of comfort, support and peacefulness, helping us as a family to navigate an unbearable tough time. My hubby loved the kind and caring staff who looked after him. SMH is a truly special place and we will forever be grateful for the care and support you afforded him and us as a family.”

“Our family cannot put into words how grateful we were for the care given during the periods she spent at SMH. EVERY SINGLE PERSON either working or volunteering at the Hospice were fantastically supportive and caring. We cannot thank the Hospice enough but do so from the bottom of our hearts.”

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 2024/25 our IPU supported 94% of patients to achieve their preferred place of death in the Hospice, a slight drop from 96% from the previous year.

Over the last few months, the IPU has started to embrace some new challenges and has been looking at ways of improving processes. This has often meant the deployment of a Quality Improvement project – looking at a rapid change cycle with tangible improvements that can be measured. This method is used in healthcare to good effect, both at clinical levels and also at project/programme level. We plan to continue to embrace rapid change where needed and will be planning quarterly projects.

We continue to aim to be a place where staff are developed and are learning constantly. Over the last few months, with the leadership of our Education Lead, IPU have started to work through clinical competencies demonstrating their proficiency in clinical skills.

Hospice at Home

The Hospice at Home service is provided 365 days a year from 08:30 to 20:00. This service enables patients to remain in their home environment, where the majority want to be, while still receiving the Hospice's specialist palliative nursing care.

- In 2024/25 the Hospice at Home team completed 2,039 visits. Although this is a slight decrease in number of visits, we have seen an increase in visits completed by multiple members of the Hospice at Home staff in either a combination of doctor and nurse jointly visiting, nurse and nurse or in addition with a palliative care support worker, highlighting the increasing complexity of symptoms being managed within the home setting.
- 56% of these visits were completed in a planned and expected manner (either routine reviews, or reviews of syringe driver medications), with 44% of visits completed as a response to a change in condition requiring a same day visit ('SOS' visits).
- On average each month 14 visits were completed on the same day, preventing a potential hospital admission.
- Over 94% of patients supported on the Hospice at Home active caseload achieved their preferred place of death; in the cases this was not achieved, communication was clear and the adjusted care plan was agreed with patient and family.

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

The Hospice at Home team is supported by the Administrative team who assist the Clinical team and answer all calls into the service, 7 days a week during core working hours (08:00-18:00). This provides a very responsive service to all callers (patients, families and professionals) into this community telephone hub. The Administrative team are able to self-manage some of the calls, that do not require a clinician to respond, which then releases clinical time for the clinician to concentrate on providing clearer triage and response to those in need of clinical advice and in turn allowing for a greater clinical presence in the community. During the out of hours periods the IPU team answer and triage incoming calls, assessing need during the call and responding as appropriate. The Admin team are often the first point of contact for a patient, relative or healthcare professional calling to ask for support and advice and there have been many positive comments received verbally regarding the help and reassurance that has been provided from this team.

"To me the St. Michaels hospice team are like heavenly angels surrounding the loved one and the family. I could not have cared for my Mother on her own without the support of the Hospice team. Just knowing they were at the end of a phone 24/7 was an incredible reassurance. The Hospice doctor and nurses arrived and asked all about my Mother and what were her needs as well as what they could do to support me as a carer. The team made it possible for my Mother to die at home with family around, free from pain and with dignity. This means everything to the family and to the person nearing the end of life."

- Feedback received from relative survey

Therapies

This year, 328 referrals were made to the Therapy team, compared to 166 the previous year. Despite challenges with recruitment, the Therapy team has reviewed its workload and has prioritised the service that it provides to work more efficiently, releasing more clinical time, which has helped increase activity, despite reduced staffing levels.

Our Therapy team offers Occupational Therapy and aims to provide Physiotherapy to actively support patients in all areas of St. Michael's. We aim to help patients manage their symptoms better, optimise their independence and quality of life, and support them in achieving their preferred place of death.

Therapy in the In-Patient Unit (IPU)

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

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

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

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

Therapy in the community - The Therapy team received 289 community referrals and completed 622 community visits (compared to 418 visits in 23/24). A community visit enables a true picture of how a patient is managing in their environment and helps to build a better understanding of the patient. A similar assessment is completed to that we would undertake for a patient in IPU. Advice and support are given to patients and families making difficult decisions related to future deterioration in ability - for instance one-level living. Outpatient appointments are offered where patients can visit the

Patient and Family Support Team

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

The **Bereavement Service** for family members is provided by both staff and volunteers. The number of attendees at our Bereavement Support Groups has increased to 394 compared with 206 the previous year.

The monthly Bereavement Coffee Mornings continue to be popular and well attended. The total number of attendees in the year was 175, compared to 129 last year. In November 2024 the service was extended to Alton, improving the accessibility of the service and continues to be supported by dedicated volunteers.

Bereavement Evenings, held on alternate months to support newly bereaved relatives, have attracted more attendees with 54 attending this year compared to 24 last year.

“Hearing the experiences of others and understanding the range of responses to feel you are not alone in your experience.”

“Good to meet other people and know that everything I'm feeling and doing is normal. Good to validate my feelings.”

“Understanding that everything you feel is normal and unique to you.”

- 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 18 to 29 and continues to meet the needs of the small number of individuals who regularly attend.

Following the success of the first Bereavement Journey Course held in February 2024, a further three courses were run during the year, providing support to a total of 21 bereaved relatives.

“I thought the course was very helpful and has helped me let go some of my anger and guilt”

“If you could make this course mandatory, I think it would help so many people”

“I found sharing my experience with other people in similar situations extremely helpful”

- Feedback from the Bereavement Journey

In November 2024, the Bereavement Service was further developed with the provision of a monthly Young and Widowed Support (YaWS) Group. The group, which is run on a Wednesday evening, provides an open forum where members can meet with others to provide peer support facilitated by a bereavement counsellor. The group currently has 10 active members.

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 continue to see an increase in referrals and provided 605 pre and post bereavement counselling sessions compared with 526 the previous year.

“The counsellor’s very experienced, knowledgeable and understanding approach was a revelation to me and opened up thinking on my part that I'd not actually considered. Extremely beneficial.”

“It gave me the space and time to explore grief and how I could cope. Without that time I don’t think I would be where I am today. The counsellor also made me realise I was allowed to grieve and needed to. Also made me feel better about how my father passed away in the Hospice.”

“All of my appointments were very helpful. I was able to express my feelings, cry if I needed, learned calming and breathing techniques that I will be able to use for when I feel sad and anxious,

learned that it is okay not to be okay all the time and finding the good in bad situations. My counsellor will always have a positive impact on my life that I will always remember.”

- 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 Chaplain service is currently available 4 days a week with out of hours support provided where required by the HHFT chaplaincy team. Our Chaplaincy Service, including one contracted member of staff and a volunteer, is designed to cater for all faiths and includes those who do not see themselves as having a faith. During the year, 672 chaplaincy visits were made compared with 721 the previous year, however the chaplain’s role has extended to the Living Well Service where he has led sessions on Emotional and Spiritual Care as well as leading Week 7 of The Bereavement Journey course entitled Faith Questions.

To support staff with the emotional demands of working in end-of-life care, one of the counsellors and the chaplain continue to provide regular supervision to clinical staff as well as facilitating ad-hoc debrief and reflection sessions in the Sanctuary.

The **Complementary Therapy team** has had a busy year providing a 4-day service to patients, carers, and relatives, working on the IPU, in the Living Well Service and in people’s homes where necessary. The therapists work alongside the nursing and medical staff offering treatments to help symptom management and improve well-being, including massage, reflexology, and Reiki. In the past year, the complementary therapists provided a total of 766 treatments.

“Stress, tension and grief hugely relaxed, and a chance to talk or switch off.”

“Among a sea of hospital appointments and bad news, reflexology has been a breath of fresh air.”

“As newly bereaved you don't think about yourself after caring for a loved one - almost feel guilty to have a treatment - but it makes so much difference to one's well-being.”

- Feedback from Complementary Therapy Clients



Living Well Service (LWS)

The LWS is designed to enable people to remain as independent as possible, to manage the impact of their illness, and to help support them through any future changes. The LWS was relaunched in September 2024 following the recruitment of a LWS clinical lead. Throughout their induction they had the opportunity to visit other hospices with established living well services to help shape and develop the service here at SMH.

- **Living Well Together** is a 7-week clinical programme providing an introduction to palliative care and the services we provide. We cover a range of topics throughout the programme to enable patients to have an insight into how to manage the impact of their illness, and how to adapt to any changes it may bring. Patients are able to access 1:1 support from the clinical lead throughout the programme (Q3:17 attendees, Q4:27)

- **Living Well with Your Symptoms** is a 5-week clinical programme focussing on specific symptoms such as fatigue, anxiety, breathlessness and sleep. We aim to provide patients with the tools and guidance they need to feel empowered to live as well as possible for as long as possible. This includes learning about different breathing exercises, management techniques or different pieces of equipment which might be helpful to patients. Our therapy team helps run this programme (Q3:27 attendees, Q4:40)

- **Living Well, Living Better** is one of our social programmes run for patients who are known to us. Often focusing on craft activities, which patients thoroughly enjoy and provides them with the space and opportunity to be more than their illness (Q3:24 attendees, Q4:41)

- **Men's Group** is another of our social programmes, run specifically for men to come together and share experiences (Q3:7 attendees, Q4:24)

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

- **St. Bernards Support** – this is an external service provider offering a drop-in financial support clinic run once a month for our patients to access (Q3:2 attendees, Q4:5)

- **Hawthorn Project** – this school project has been running since 2011, with huge success. The project involves 10 school children visiting the hospice over 4 weeks, to work on an art project alongside 10 of our palliative patients. The aim is to raise awareness of the hospice and children's ideas/concepts on end-of-life (Q3:32 attendees, Q4:32)

We have received a total of 96 referrals to the LWS since the relaunch in September 2024.

An important part of our service is to dispel any myths and stigmas associated with the Hospice and show patients we can provide important support and guidance much earlier on in their diagnosis. The LWS lead is working to promote the service to healthcare providers so that we can continue to grow and reach patients earlier, so SMH can have an even greater impact on patients and their families.

Quotes and experiences from patients who have accessed our LWS:

"I was extremely nervous when I first thought of attending something at the Hospice. I assumed it meant the worst, but I was so wrong. I was told how they can help me and my wife when I really need it and helped us feel that we aren't alone in what we are facing. We made a wonderful support system with the other patients who attended the programme with us."

"The programme and staff running it helped me feel supported and less alone. It was great that we were given the opportunity to speak privately, if necessary, about different issues we may be facing."

"It was really helpful to meet others who have similar conditions and symptoms as me, but at different stages. We helped support each other."

"I love coming each week, to see my friends and focus on something other than my illness."

Education and Training

Education, training, and professional development are essential in ensuring that our staff at St. Michael's Hospice can deliver the highest standards of compassionate care. Over the past year, we have built upon existing practices and introduced new initiatives, further demonstrating our commitment to improving patient care, enabling collaboration, and keeping up with advancements in palliative care.

Staff continue to engage with "Bluestream", an online platform that supports mandatory training, ensuring compliance with national standards and up-to-date practice. In addition, we encourage staff to pursue ongoing professional development. Annual appraisals recognise exceptional performance and identify areas for growth, helping staff align their development with the Hospice's strategic goals. Regular one-to-one meetings with line managers facilitate open communication and a culture of continuous learning.

St. Michael's Hospice also hosts Nursing, Medical and Allied Health Professional students from the Universities of Southampton, Winchester, and Surrey, as well as offering rotational opportunities for resident doctors, providing valuable learning opportunities and strengthening our ties with local academic institutions and partner services.

To maintain the highest levels of care, we introduced a Competency Skills Passport for all registered nurses. Senior nurses, who work in a practice development role, mentor junior staff, sharing expertise and facilitating learning. This initiative is well established within the IPU and will soon be extended to the Hospice at Home team.

Staff attend two mandatory clinical away days each year, where senior staff present and share best practices, recent policy changes, and new knowledge. Additionally, in a bid to enhance collaboration with local services, this year we held a study day for external delegates, marking our first income-generating education event. The feedback was overwhelmingly positive.

We have also reviewed the requesting and approval process for staff enquiring about further educational opportunities, to ensure fairness and financial stability.

Clinical supervision remains a vital part of staff support, offering a safe space to discuss challenges and receive emotional support. Although attendance at these sessions has decreased, we are working to understand the reasons and plan adjustments accordingly.

All clinical staff have taken part in personal resilience training, ensuring that they are self-aware and able to manage their own wellbeing whilst caring for others. We continue to support staff in accessing the latest symptom control guidance and evidence, while also encouraging participation in national and local conferences. Specialist roles are supported through extended practice education, such as non-medical prescribing and advanced clinical skills.

By dedicating time to education and training, St. Michael's Hospice demonstrates its commitment to excellence in patient care and supports professional growth and retention of its staff.

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 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



295 Admissions to IPU
94% Achieving preferred place of death

Average length stay of **8.1** days
99 (34%) IPU episodes ending in patient discharge

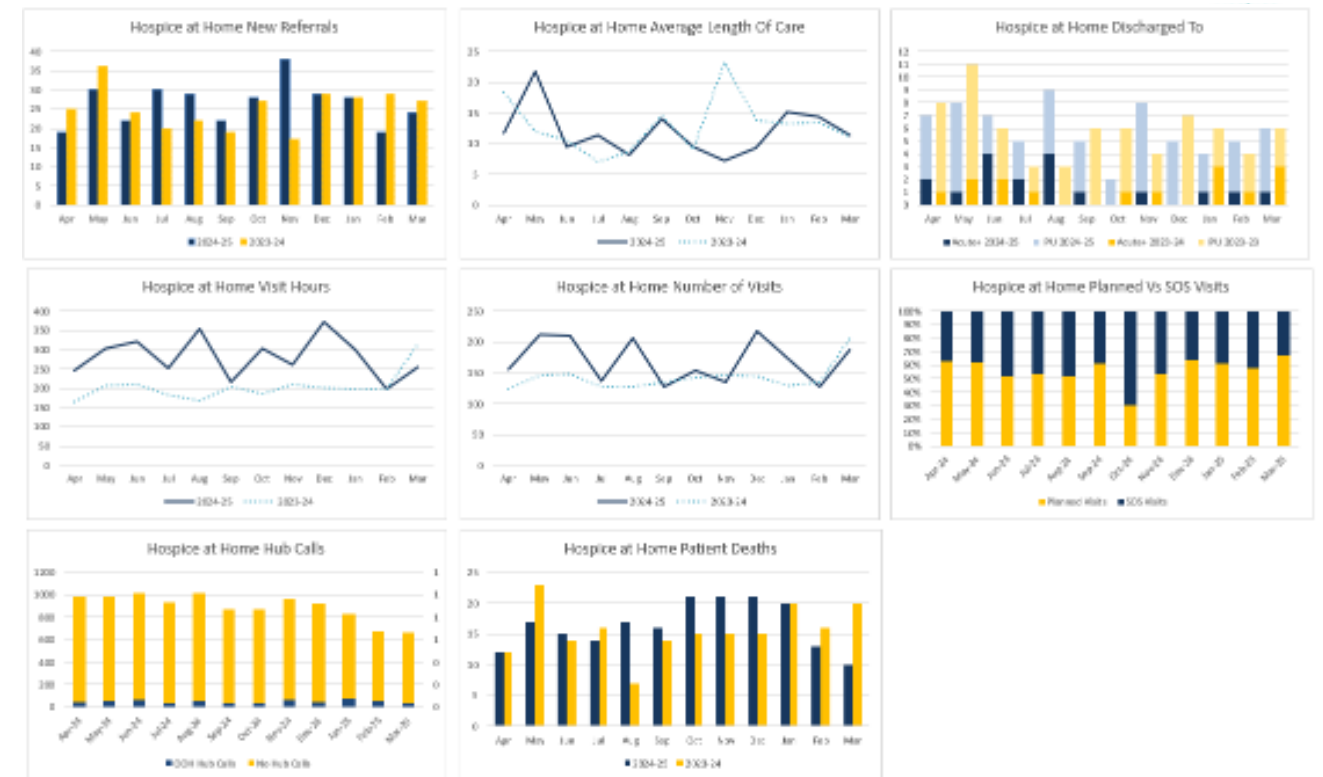
Clinical Team Dashboard



85% Staff establishment
98% Mandatory training completed

97% Staff attendance
98% Clinical appraisal

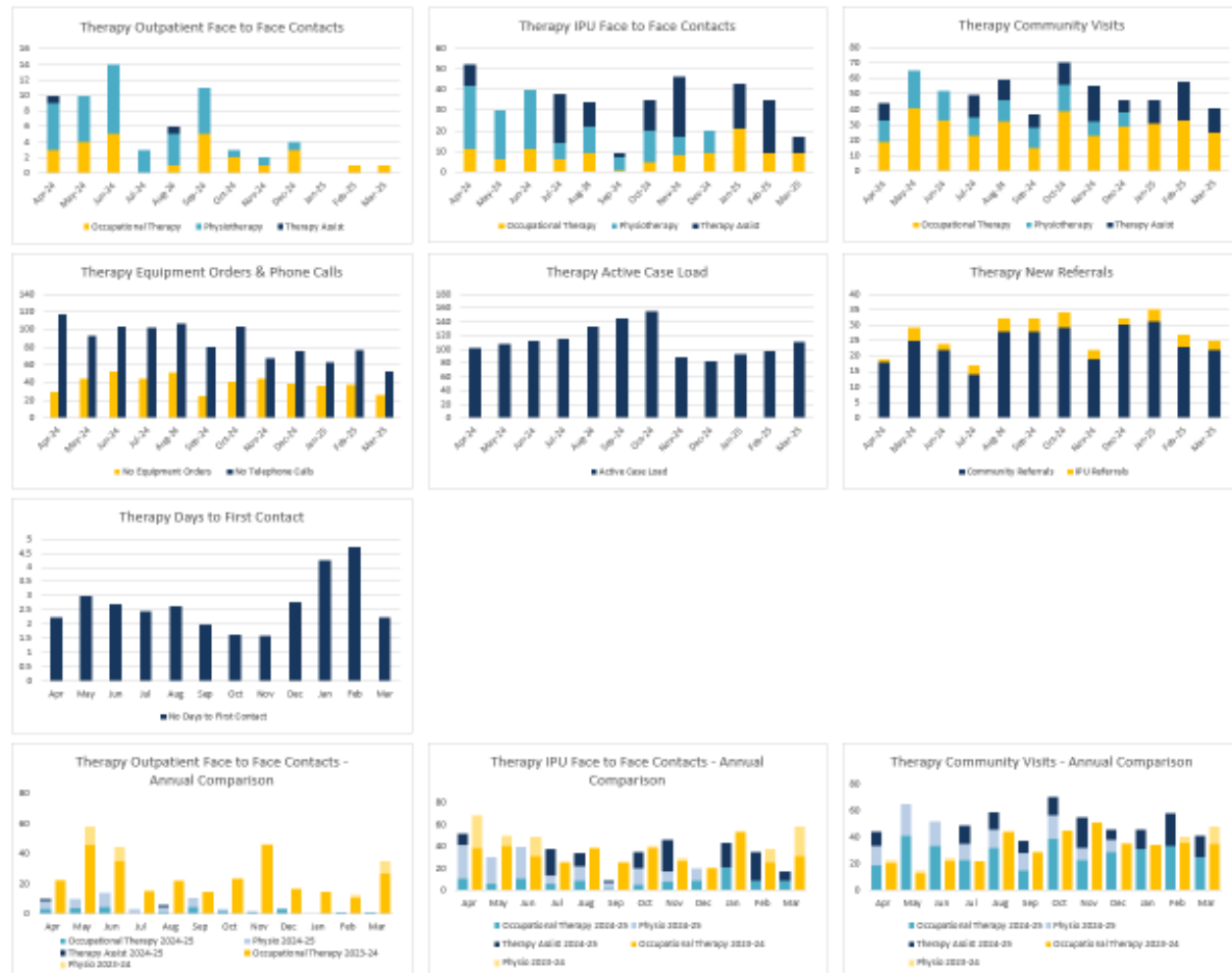
Hospice at Home Dashboard



318 New referrals to Hospice at Home
2,039 Home visits

Average length of care **12** days
94% Achieving preferred place of death

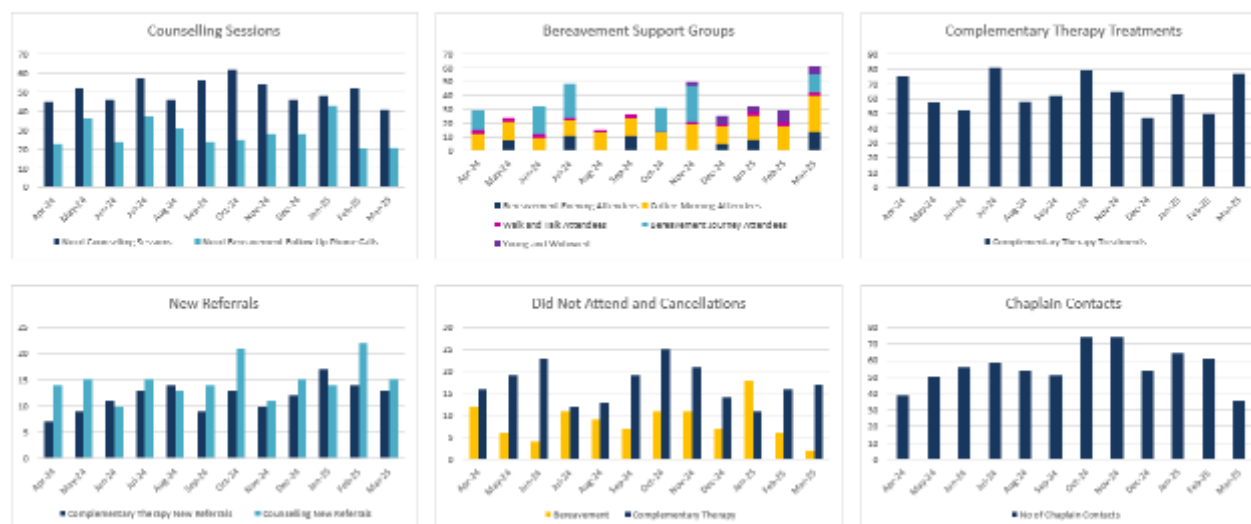
Therapy Dashboard



328 New referrals to the Therapy team
399 IPU contacts

622 Community visits by our team
470 Equipment orders

Patient and Family Support Dashboard



766 Complementary therapy sessions
605 Counselling sessions

394 Attending bereavement support groups
672 Chaplain visits

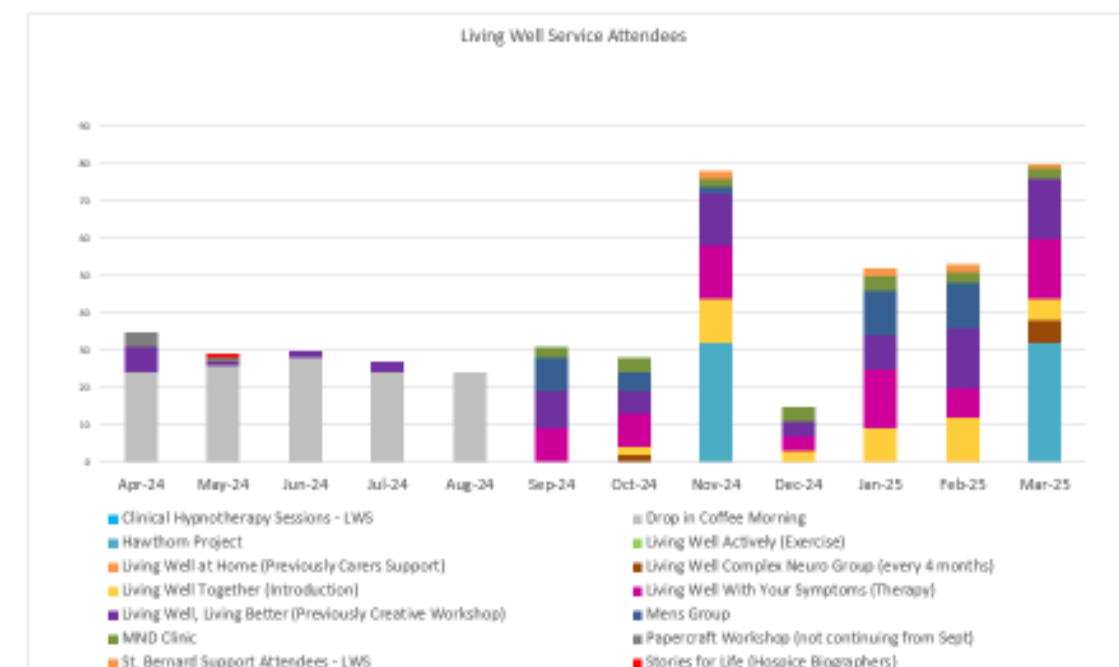
Quality and Governance Dashboard



152 Reported incidents
0 Serious incidents requiring investigation

3 Complaints
Family rated experience as **Very Good/Good**

Living Well Service Dashboard



506 Total attendees
76 Living Well with your symptoms

88 Living Well, Living Better
40 Attending Men's Group symptoms

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.

There are two ways in which we gather feedback data:

The Your Experience Matters Postcard provides a means of collecting real-time feedback. The postcards are available at various locations in the IPU and in the Living Well Service. Between 1 April 2024 and 31 March 2025 a total of 70 postcards were completed with 100% of responders rating their experience at St. Michael's Hospice as Very Good.

Friends and Family Test, as measured via the Your Experience Matters Postcards and the Relatives Survey. Of the 198 responses collected between 1 April 2024 to 31 March 2025, 100% of respondents rated the service as Very Good or Good, 98% and 2% respectively.

Our **Relative's Survey** is mailed to the patient's next of kin 10 weeks following their bereavement. This survey gathers retrospective feedback on the IPU, Hospice at Home and overall rating of the service ranging from Very Good to Very Poor. Between 1 April 2024 and 31 March 2025, a total of 376 surveys were sent out and 128 were returned for analysis giving a 34% response rate. 100% of those taking part in the survey rated their experience of St. Michael's Hospice at Very Good or Good.

Feedback is recorded and reviewed by the Clinical Management Team. Any areas of concern are sent to the relevant clinical manager to review and action where necessary.

At the same time any identifiable compliments are shared with the named member of staff.

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

The Hospice User Group (HUG) continues to be promoted and is a key part of our hospice feedback process. The group which meets on a quarterly basis gives service users a voice in how we develop our services. During 2024-25 the group were consulted about a range of projects including the relaunch of the Living Well Service, community ambassadors, development of bereavement services, fundraising events and the cuddle bed appeal. A smaller group also assisted with the undertaking of the 15 Steps Challenge, a initiative designed to assess healthcare services from the perspective of the service users. The group used the toolkit to guide them through their first impressions of the IPU including patient rooms, visitor facilities and reception areas.

Complaints and Concerns provide an opportunity to identify areas of concern and enable us to improve our services. During 2024-25 the Hospice received three formal complaints which were all resolved internally. One complaint identified the need for learning and resulted in an improvement plan which included nurse communication skills training and a review of an information leaflet, giving information about the process of dying and what can be expected.

During the year there were 5 concerns raised by patients or relatives which were addressed in consultation with the person who raised the concern, reflected upon by the staff involved, with practices or procedures reviewed as appropriate.

The Board of Trustees Commitment to Quality

The Board of St. Michael's Hospice 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 the contribution and approval of 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 2024/25, please submit your comments via the St. Michael's Hospice website or to the Chief Executive at this address:

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