



st michael's
hospice

Quality Account 2024-25





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Welcome from the Chief Executive and Chair

On behalf of the Board of Trustees and the Leadership Team, we are delighted to introduce the 2024/25 Quality Account for St Michael's Hospice Hastings and Rother, which summarises the progress we have made in 2024/25, and outlines our plans for 2025/26.

The Hospice's Clinical Governance Committee has approved this Quality Account and to the best of our knowledge the information reported in it is accurate and is a fair representation of the quality of services provided by our Hospice.

Serving a population of around 190,000 people, we enable people living with advanced, life-limiting illness to live as fully as possible whilst coming to terms with the impact of their illness.

We provide compassionate, expert care at the end of life, in the community and at the Hospice, and support people through the challenges of grief and bereavement.

In November, Andy Watson joined as our new Chair of the Board of Trustees bringing senior experience delivering clinical services, construction programmes and Board leadership.

This year we implemented our Clinical Strategy with the aim of working in partnership (across Hospice teams but also with external health and care partners) to prioritise the unique needs, values and preferences of every individual, empowering them to actively participate in their care and make informed decisions. Full details can be found on page seven but achievements include, working with Warming Up The Homeless to provide volunteer led bereavement support to their guests.

Complementing our Clinical Services is our Compassionate Communities Strategy. Its goal is to help build networks of support to tackle loneliness and isolation for those living with advanced illness, caring for someone, or coming to terms with the death of someone important to them.

In 2024/25 we expanded the work of community volunteers (with the help of Big Lottery funding); enhanced carer support, in collaboration with the Clinical Services Team; implemented a series of Pop Up events in the local community; and delivered No Barriers Here training, which provides an innovative approach to advance care planning for people who experience inequities accessing palliative and end of life care.

Socials, which take place at the Hospice on a Thursday (weekly) and a Saturday (monthly), had over 1,500 attendees. 90% said that there had been an increase in their feeling of wellbeing and 87% said there has been a reduction in their feelings of loneliness, and isolation because of engaging in the Socials.

You'll also read about the work we have been doing in relation to diversity, equity and inclusion (DEI). We aspire to be a place where everyone feels welcome, and an independent audit of the DEI work done so far found that there was:

- A more strategic approach to DEI.
- Robust leadership, commitment, integrity and authentic dedication to DEI.
- An obvious focus on employment/ workplace DEI reflecting an inclusive workplace culture: conversations around differences now normalised in this environment.

There is more work to do in acknowledging and considering the whole spread of diverse identities and protected characteristics in our community and how we can ensure our services are accessible to everyone. We will continue to keep this as a priority in 2025/26.

This year six Sussex hospices, including St Michael's Hospice, formed the Sussex Hospice Alliance and are working in partnership with the Sussex Integrated Care Board, to improve quality and outcomes at

the end of life across the county. This will ensure the best use of public money whilst bringing the expertise of the hospices together as one voice. A Memorandum of Understanding was signed and a Partnership Management Team established to lead this work.

All our care and support is provided free of charge and it cost £8.7million to run the Hospice in 2024/25. The NHS contributed 28% to our overall running costs, a decrease from 31% in 2023/24. Hospice UK is working closely with the government to achieve what we hope will be a more equitable and sustainable approach to hospice funding in the future.

In 2025/26 we will be doubling down on our efforts to be as effective and efficient as we can be, as well as exploring different ways of providing our care and pursuing avenues to generate funds. In the meantime, we are committed to continuing to provide high quality, patient-centred care and support.

Ensuring our long-term sustainability will be particularly important as we embark on an ambitious project to build a new hospice. Parts of the Hospice building are now over 160 years old and while the building remains safe, and patient comfort is prioritised, it is increasingly difficult to create the environment the Hospice wants and needs for patients, their families and friends, the wider community, and the workforce.

In 2025/26 we hope to have confirmed where the new hospice will be located and to have progressed a planning application. In addition to responding to increasing demand for our services we maintain a clear focus on quality improvements. This is reflected in this Quality Account which also offers an opportunity to update our stakeholders on progress with our Quality Improvement Priorities, see pages 34 - 39.

The Hospice holds a special place in our local community, and it is only through the extraordinary support of our employees, volunteers and supporters - who give their skills, time, resources and money, that we can continue to fulfil our strategic objectives. We are deeply grateful and hope they know how much we value them.

Dr Karen Clarke, Chief Executive

Andy Watson, Chair of the Board of Trustees

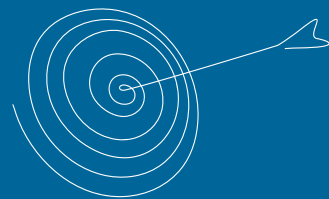


Vision, mission and values



Vision

A kind, resilient and empowered community that is ready, willing, capable and confident to support people living with dying, death and loss.



Mission

Supporting and enabling the community of Hastings and Rother to live well with dying, death and loss.

Our Values



Clinical Strategy update 2024-25

The three year Clinical Strategy covering 2024 to 2027 came into place in April 2024.

The strategy was developed with input from members of all the Clinical Services teams, feedback from patients, families and system partners. There are four key areas within the Clinical Strategy as outlined below:



Implementation of the Clinical Strategy has been supported by an operational delivery plan with progress monitored by the Clinical Governance Committee.

You will see the outcomes of the delivery of the Clinical Strategy threaded through many sections of this Quality Account. Some of the key achievements from Year 1 are:

- First phases of a Community Transformation Plan which reviewed how the Community Team works was delivered. As part of this, processes were reviewed, streamlined, a new referral triage process was introduced, there was a spotlight on how we collect and use patient outcome measure data, and the Hospital Specialist Palliative Care Team attend the daily meeting to discuss referrals.
- Data dashboards were developed with the Data and Insight Team to help teams understand how well they are doing and highlight areas for development.
- Relocation of the Community Nursing and Clinical Admin Teams to support more integrated working.
- An increase in patient demographic data collection will allow us to look at people within our community who may not be accessing hospice services.
- Presenting a workshop on Bereavement at the Hospice UK National Conference.
- Introduction of a new Drum Fit wellbeing group.
- Cuddle bed funding was secured (a bed which is specially designed to allow patients receiving end of life care to be physically close to their loved ones).
- Introduction of feedback posters and postcards to encourage patient feedback using a simple QR code and online form.
- Successful funding bid to run Learning Together: A psycho-educational support project, aimed at improving palliative and end of life care for people with progressive neurological conditions in 2025/26.
- A suite of videos to support those caring for people receiving palliative and end of life care were developed.
- Participation in multidisciplinary discussions related to the transition of young people from children to adult hospice services.
- Eight posters were accepted for the Hospice UK National Conference.
- An awareness and education open morning was hosted for external healthcare partners.

Our services

As the specialist palliative care provider in Hastings and Rother, the Hospice's focus is on the total care of individuals with life-limiting illnesses and their families. Its expert multi-disciplinary team:

- Enables people living with serious, advanced, life-limiting illness to live as fully as possible.
- Provides compassionate, specialist care at the end of life.
- Supports people through the challenges of dying, death and loss.
- Provides specialist education and advice in relation to dying, death and loss.

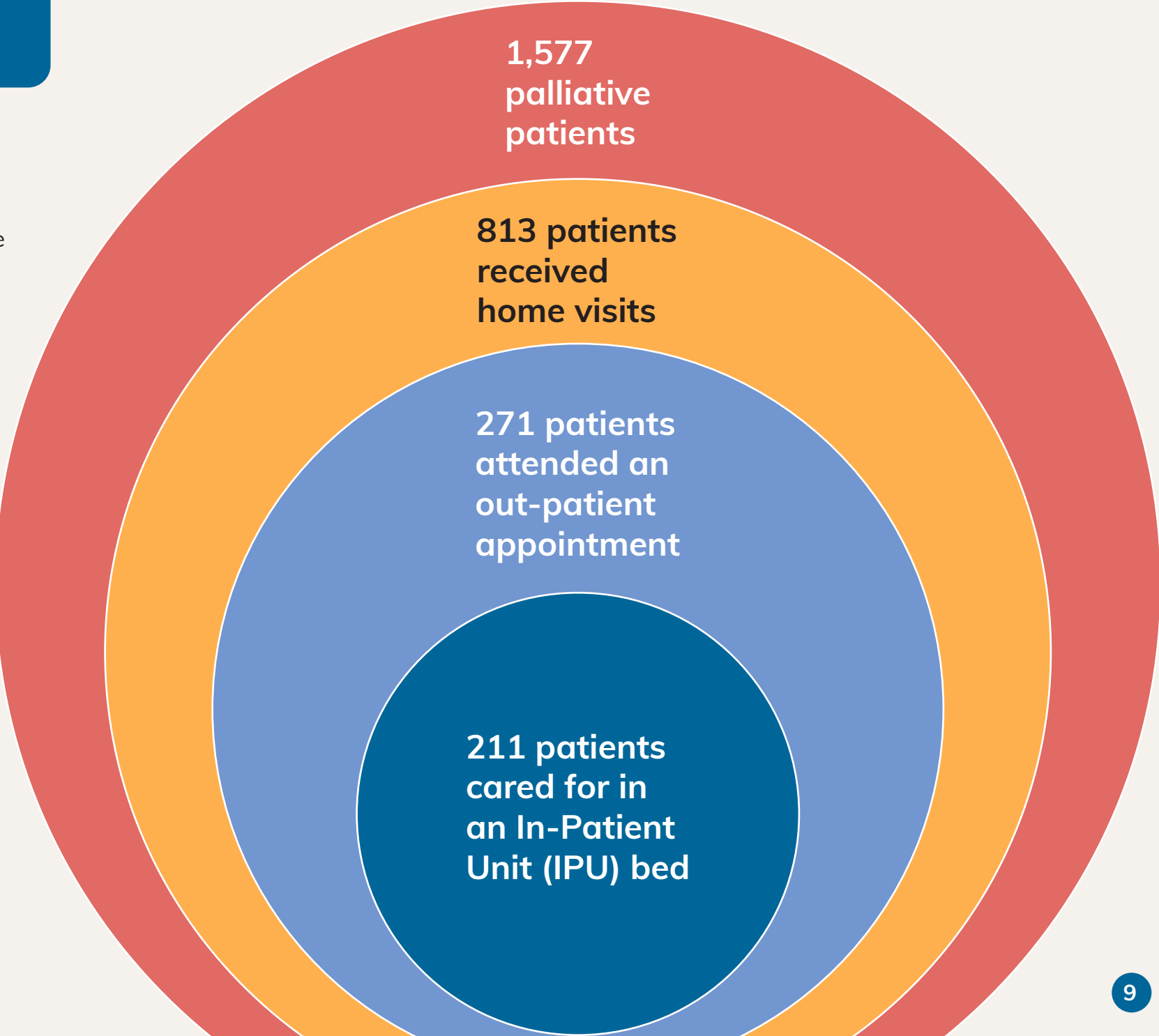
Visit stmichaelshospice.com/our-services for more information about our services.



Data update

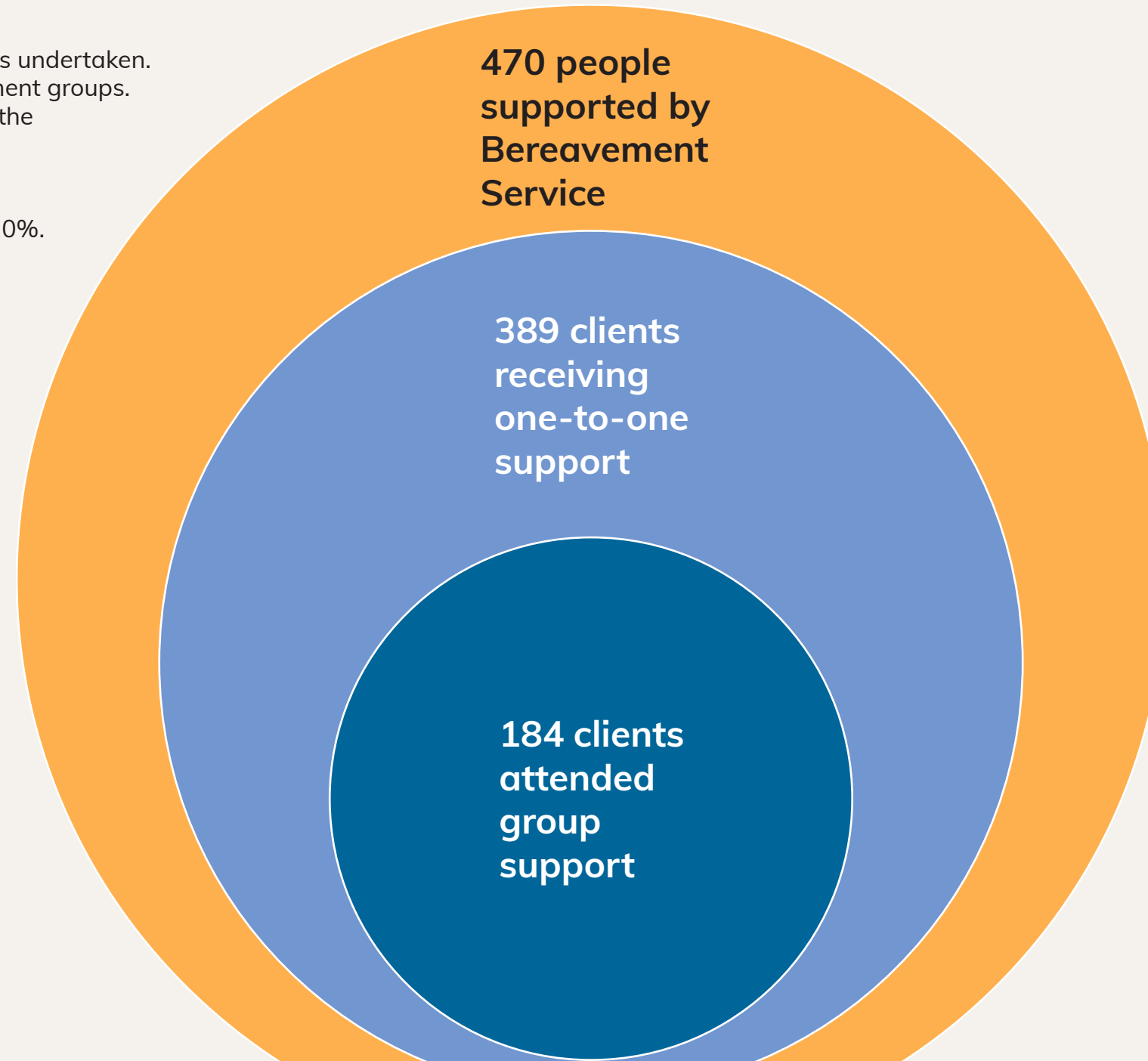
2024/25 Hospice reach - palliative

- Over 1,600 home visits made by specialist palliative care team.
- Average age of palliative patients was 80 years old.
- Over 1,200 hours of support via Wellbeing groups.
- Over 26,000 calls supporting community palliative patients.
- 45% of patients had a non-cancer diagnosis.
- Over 500 hours of one-to-one out-patient support.
- Over 430 hours of volunteer support for Clinical Services.



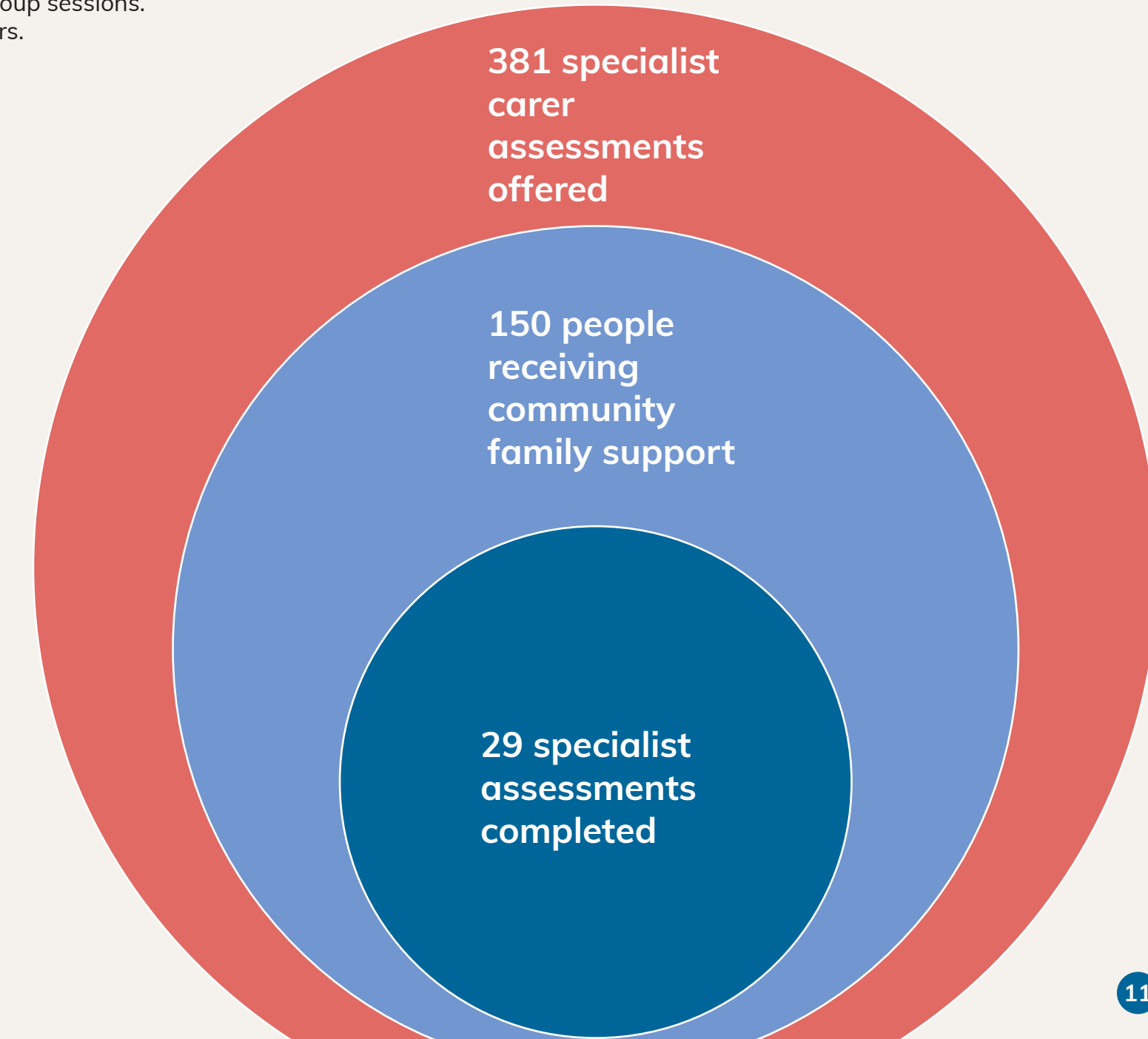
2024/25 Hospice reach - bereavement

- Over 2,700 hours of one-to-one bereavement support.
- 420 bereavement needs assessments undertaken.
- Nearly 500 attendances at bereavement groups.
- 2,835 hours of volunteer support for the Bereavement Service.
- Self-referrals: 54%.
- GP referrals: 31%.
- Community/mental health referrals: 10%.
- Internal/other referrals: 5%.



2024/25 Hospice reach - families

- Nearly 200 hours of support via group sessions.
- Over 800 overnight calls with carers.



Patient safety

Medication

There remains a healthy culture around the reporting of medication incidents. The two main causes of errors are documentation and administration.

We developed a poster to display in the clinical room reminding Nurses to stop and think about administration, which was praised by our Controlled Drug Police Liaison Officer.

Work by our joint Medicines Optimisation Group with St Wilfrid's Hospice in Eastbourne, led to us having a dedicated month where we shared bitesize learning about different stat medications we give and the importance of checking their effectiveness. This led to an increase in completion of the relevant charts to nearly 100%.

This year we also introduced an additional quarterly Controlled Drugs Audit which monitors documentation and compliance with Controlled Drugs Standard Operating Procedures. This has led to small errors in practice being picked up in a timely manner.

We are working collaboratively with St Wilfrid's Hospice when carrying out medicine's audits to increase objectivity and share learning.

Infection Prevention and Control

We implemented actions from the Infection Prevention and Control Audit carried out in January 2024, including refurbishment of the Hospice Laundry. There were no outbreaks recorded in the Hospice. There were no infection prevention and control adverse events reported this year.

An action plan has been developed following the annual Infection Prevention and Control Audit carried out in February 2025, which will be implemented over coming months.

Nutrition and Hydration Task and Finish Group

This group was commenced to audit the Nutrition and Hydration policy as part of its refresh process.

The group gained patient and employee feedback and identified some areas where care could be improved. As a result, some work was done on supporting employees to further personalise care plans and coloured crockery was put in place for patients with cognitive impairment to use.

Patient Safety Group next steps

A review of the Patient Safety Group and its subgroups was carried out in the autumn. This resulted in the proposal of a new structure for 2025, to increase focus on learning from incidents in line with Patient Safety Incident Response Framework principles. The new structure will be put in place from April 2025.

Falls

2024 saw a significant reduction in falls on the In-Patient Unit, with 27 falls occurring involving 19 patients. This number is down from 35 falls involving 23 patients in 2023, and 34 falls involving 30 patients in 2022. Our falls prevention management processes and interventions are working well, with good compliance with our falls policy.

There was one fall which resulted in moderate harm, but investigation showed that all the correct processes and procedures had been followed to reduce the risk of this fall occurring.

Pressure ulcer management

We have robust pressure ulcer management policies and procedures in place and our reporting of pressure ulcers continues to be excellent.

New guidance on the categorising of pressure ulcers was released in October 2023 and we implemented the changes in 2024. The team have adjusted to these changes well. We have refined our investigation process to enable tracking of pressure damage across the patient's stay on the In-Patient Unit.

The In-Patient Unit monthly assurance audit and investigation outcomes demonstrate high levels of compliance with risk assessments, and care planning relating to pressure ulcers.



Clinical Education

Our Clinical Education Strategy was launched at the beginning of the year, with a three year plan for the development of Clinical Education at the Hospice. To support this, a full time Practice Development Nurse came into post in June 2024.

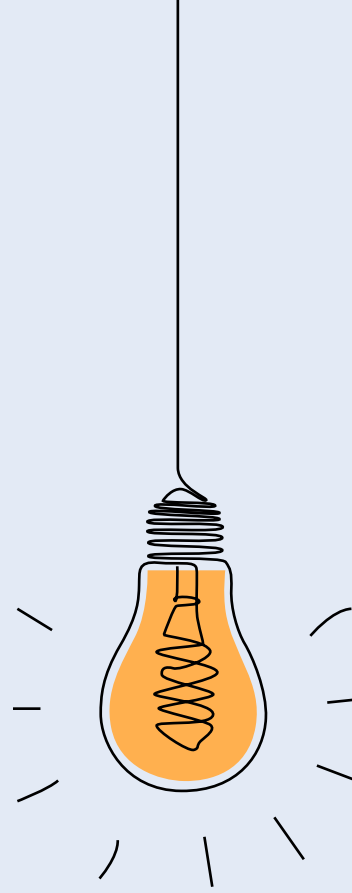
Internally we reviewed the annual clinical skills days that were implemented last year and created a new programme for this year's sessions. The existing Journal Club was revamped and is now hosted on Teams with a wider Hospice focus, looking at journal articles to provide a multidisciplinary approach to reviewing best practice.

We ran awareness sessions on the Care Quality Commissions new single assessment framework and the Patient Safety Incident Response Framework.

Externally we were part of the Sussex Hospice Collaborative to provide funded palliative care sessions to local care homes, and health and social care workers. We successfully delivered sessions on syringe pumps, Verification of Expected Death, recognising dying, bereavement and caring for the suicidal patient.

We implemented a joint Clinical Nurse Specialist education programme with St Wilfrid's Hospice in Eastbourne and included relevant colleagues from East Sussex Healthcare Trust.

We responded to a request from a local care agency to provide bespoke online training regarding caring for those approaching end of life in their own homes, which led to glowing reviews and the Hospice being recognised as one of the care agency's community partners.



Audits

Antibiotic Prescribing Audit



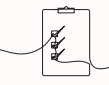
Aim

To monitor antibiotic prescribing compliance on the In-Patient Unit against best practice.



Outcomes

Results of this annual Antibiotic Prescribing Audit showed good adherence to the prescribing policy and documentation of allergy status. There was also an improvement in documentation of indication and review dates for prescriptions. Documentation of response to antibiotic therapy was identified as an area for improvement.



Next steps

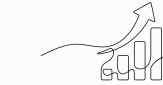
The audit's recommendations to be included in education for existing and new prescribers on induction.

Controlled Drugs Accountable Officer Care Quality Commission Self-Assessment



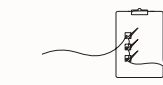
Aim

To support the Controlled Drugs Accountable Officer to assess compliance with regulation.



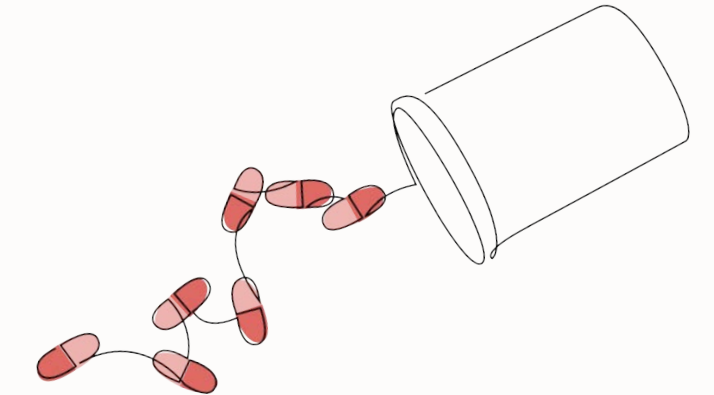
Outcomes

Out of the 65 areas assessed one area for improvement was identified in relation to having a system in place to ensure employees read and understand standard operating procedures.



Next steps

To develop a system for checking employees have read and understood these documents.



Infection Prevention and Control Annual Audit

Aim

To assess compliance with Infection Prevention and Control best practice. This audit is carried out by an external Nurse Consultant.

Outcomes

The audit was completed in February 2025. The Nurse Consultant visited the site, completed an inspection of patient facing areas of the Hospice, spoke to people and reviewed a range of documents. A total of 30 standards involving 487 questions were used to assess compliance.

The overall score was 96%, an increase of 4% from last year.

Next steps

The Infection Prevention and Control Group will monitor actions put in place to address areas where further improvement is required. These include:

- Water management
- Control of substances hazardous to health assessments
- Management of essential oils.

Controlled Drugs Audit, Hospice UK Controlled Drug Audit

Aim

To audit whether the management of controlled drugs meets the requirements of the Misuse of Drugs Regulations (2001), The Health Act (2006) and the Controlled Drugs Regulations (2006).

Outcomes

The results showed 98% compliance. One area for improvement was identified in relation to Registered Nurses signing to say they had received controlled medication when delivered.

Next steps

To reinforce and monitor compliance with this aspect of controlled drug practice.

In-Patient Unit Monthly Assurance Annual Review

Aim

To comply against a range of patient assessment documentation and practice areas. Core areas are audited monthly and an ad hoc question is added monthly based on issues or risks identified. Patient and family feedback is included in this.

Outcomes

This annual review covered monthly results for aspects of in-patient care including falls management, pressure area care, medicines management, nutrition and infection prevention and control. There were improvements in completion of risk assessments and care plans as the year progressed.

- 76% completion of universal risk screen.
- 93% completion of nutrition screen on admission.
- 98% falls assessment on admission.

Patient and family feedback was positive.

Next steps

To review questions for the 2025/26 template based on audit findings including incorporation of the Care Quality Commission I and We statements.

Hospice UK General Medicines Audit

Aim

To assess compliance against the Hospice UK General Medicines Audit tool.

Outcomes

Results showed 100% compliance in the following areas: purchasing and supply of stock medicines; storage and destruction of medicines; prescribing of medicines and administration of medicines. There was documented evidence of standard operating procedures for all audited aspects of management of medicines.

Next steps

To re-audit annually.

Annual Review of Monthly Record Keeping Audits

Aim

To review record keeping across all clinical teams.

Outcomes

The audit showed improvement in several key areas:

- Diversity, equity and inclusion data improved from 20% to 75%. Consent to share record ranged from 60 to 100%. Completion of next of kin data ranged from 60 to 100%.
- There was evidence that patients with high Integrated Palliative Care Outcome Scale (IPOS) scores (measure of symptoms and concerns) were appropriately referred to senior colleagues or discussed at interdisciplinary team meetings.
- SBAR (Situation, Background, Assessment and Recommendation) format is regularly used to document consultations (100% Clinical Nurse Specialists, 60% Telephone Support Line).

Next steps

- To disseminate findings to clinical teams via Patient FOCUS (Feedback, Outcomes, Care, Updates and Safety) newsletter.
- To include professional writing in clinical notes and review of IPOS in clinical skills educational sessions.
- To continue to audit monthly with a focus on completion of Views on Care, care plans, second IPOS scores and demographic and next of kin data.

Clinical Room Audit

Aim

To audit if the new Clinical Room supports positive medicines management practice.

Outcomes

The new Clinical Room is a much better functioning room. It works for Hospice policies and procedures and supports a reduction in the risk of medication administration adverse events occurring, promoting patient safety. Previous issues regarding space have been resolved. Employee safety has also improved as there is now an alarm bell to summon help.

Next steps

This was a one-off audit and there were no follow up actions to complete.

Safeguarding Audit

Aim

To assess compliance against Sussex Hospices Safeguarding Adult Audit tool.

Outcomes

The audit tool was completed by the three Safeguarding Leads, who will now create an action plan and risk assess each element. Key points discussed included the need to update job descriptions, improve clinical supervision and enhance safeguarding activities. The audit revealed a positive culture where concerns can be raised constructively.

Next steps

- Safeguarding Leads will devise an action plan and risk assess each element identified in the audit.
- The governance framework will be revised to incorporate PSIRF and consider non-patient facing services representation.
- Job descriptions will be updated to explicitly define safeguarding roles.
- Options for Clinical Supervision will be explored.
- Continue developing networks with other hospices and professional organisations.
- Explore the feasibility of sampling employees for DBS checks and implementing a self-declaration process.
- Ensure retail employees understand their safeguarding obligations, potentially through Trustee visits.
- Move the identified actions into an action plan with timelines and RAG rate the audit.

- Encourage other departments to complete their own sections of the audit to embed the safeguarding ethos.
- Rewrite the Safeguarding Policy to a Safeguarding Across the Lifespan Policy.



Review of prescription requests



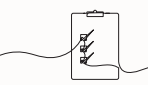
Aim

To review medication requests from the Hospice Community Team sent to GP practices.



Outcomes

- 45 medication requests were sent over a one month period.
- All requests were sent on the consultation date.
- 39% were sent in the morning and 61% in the afternoon.
- Types of medication requested align with expected prescribing practices for patients with palliative care needs. Opioids (25%) were the most common requested medication, followed by benzodiazepines (19%), just in case anticipatory medication (19%) and corticosteroids (16%).



Next steps

This was a one-off audit and there were no follow up actions to complete.

Duty of Candour Audit



Aim

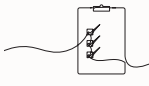
To review compliance with the Duty of Candour policy in reporting and recording patient safety incidents.



Outcomes

All events between October 2023 and October 2024 were investigated in a timely manner.

Of the nine adverse events reviewed, eight were excluded as they related to pressure ulcers on admission and medication errors that occurred outside the Hospice and did not involve Hospice employees. The Duty of Candour process was followed for the one remaining event.



Next steps

To re-audit annually.

Sharps Audit



Aim

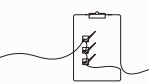
To audit safe handling and disposal of sharps using the Health and Safety Regulations 2013 audit tool.



Outcomes

Results showed compliance including:

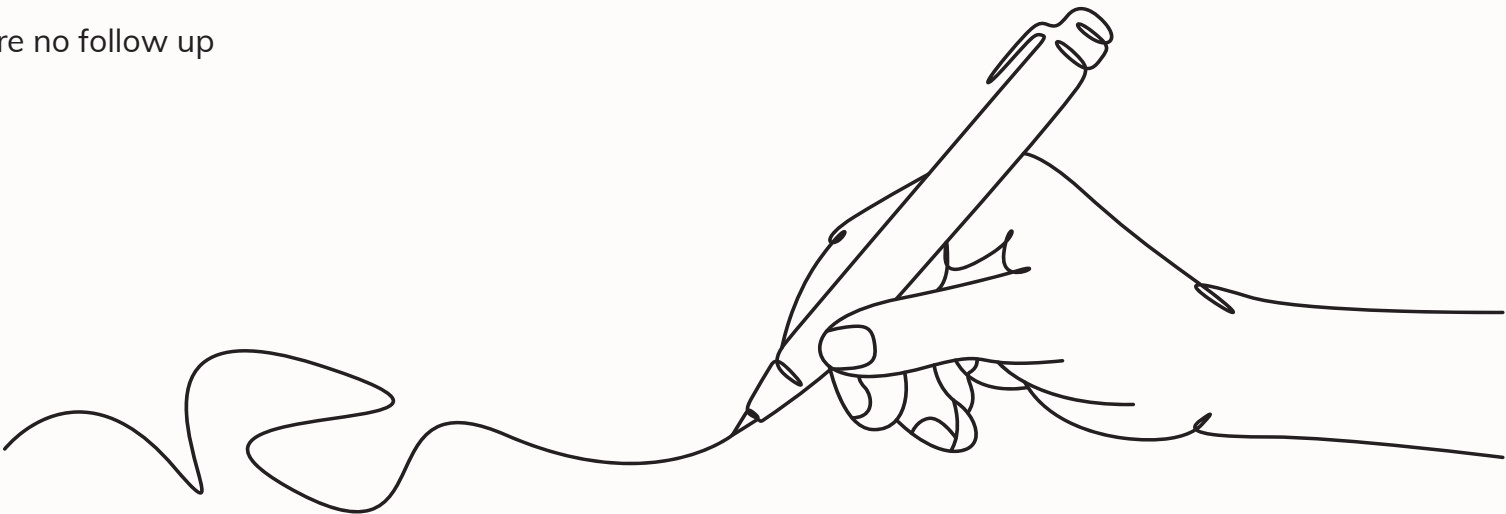
- Presence of a policy referring to sharps management.
- Written instructions on actions to follow in the event of a sharps injury.
- Evidence of correct use and disposal of sharps containers.



Next steps

To re-audit annually.

“The support of everyone at the Hospice, the Nurses, Telephone Support Line and spiritual support has turned things around for me. Everyone who came to the house made him comfortable and this reassured me. Everyone was absolutely brilliant with [the patient], talking to him and having little conversations that often made him laugh. The people on the Telephone Support Line were also always really lovely. It has been amazing and has returned my faith in human nature. I now know there are people out there who are nice and who care.” – Community patient relative



Clinical complaints

A new process regarding complaints was introduced this year. It uses a triage process overseen by the Associate Director of Quality, Data and Safety and the Associate Director of Clinical Improvement, Education and Research. The new process leads to a comprehensive, balanced, and proportionate response to issues highlighted in a timely manner. It has also helped to improve consistency.

Number of formal complaints received.	3
Number of formal complaints upheld in full.	1
Number of formal complaints upheld in part.	2
Number of formal complaints not upheld.	0

Despite there being fewer discreet issues raised within complaints, there were still complex clinical complaints where communication, service provision and responsiveness (Hospice and other care providers) were not at the standard the Hospice strives for.

Actions taken following complaints include:

- Review of and changes to systems including how information is recorded.
- Additional training for team members on managing complex telephone calls.
- Additional training for team members on supporting distressed relatives during telephone calls.
- Additional training for team members on information to give callers when referral to another service is required.
- Specific issues reviewed with individual clinicians.
- Review of information shared with patients and families.
- Task and finish group set up which reviewed admission and discharge processes on the In-Patient Unit.

There was one complaint that the Hospice was unable to resolve for the complainant.

Positive feedback

The Hospice obtains feedback from patients and families through a number of routes. All feedback is reviewed and where learning is identified, it is followed up and action taken where appropriate. Some of the positive feedback received is threaded through this Quality Account.

Views of Informal Carers – Evaluation of Services (VOICES)

The national bereavement survey VOICES was introduced in December 2023 to gain feedback from carers who had experienced hospice services.

281 questionnaires were sent out in 2024/25 with an approximate 20% response rate. Positive feedback was received about the care given on the In-Patient Unit, the support and advice from the Telephone Support Line and the benefit of the Wellbeing Services.

Ongoing work is still needed to communicate and work collaboratively with external healthcare partners to ensure the patient and care experience is the best it can be.

Views on Care

Views on Care is a tool used in palliative care to gather patients’ perspectives on their quality of life and the impact of the care they receive. It helps healthcare providers understand how patients feel about their treatment and overall wellbeing. It was introduced at the Hospice in October 2023 as part of the electronic patient record, to gain feedback on whether and how interventions have impacted on patients’ quality of life.

99% of patients staying on the In-Patient Unit felt being there had a positive difference to their quality of life, with 95% of community patients responding the same.



“I have spinal stenosis, which causes pain because the nerves in my spine are compressed, and it makes walking difficult. Coming here gives me a bit of an escape from things. You can talk to different people, and you get support from the whole team here too.” - Martin

Safeguarding and Freedom to Speak Up Guardians

Keeping everyone safe is a top priority at St Michael's Hospice. Over the past year, we have improved how we protect patients, families, carers, employees and volunteers by providing better training, working closely with other organisations, and making sure our team knows what to look out for.

We act quickly when safeguarding concerns are raised following the right policies and guidance and co-operate with other agencies to share information and learning. Going forward we will keep building a culture where safety comes first and everyone feels supported and protected.

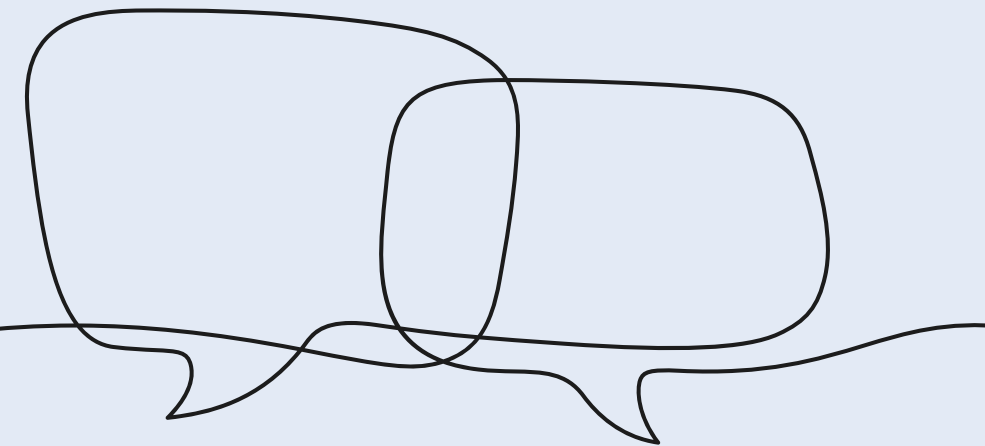
We actively participate in collaborative working with other hospices and health and care organisations, including a review of our practices and processes by Trustees from other hospices.

“Thanks to the rehab and social work teams, the biggest support I have had is from St Michael's. You've been brilliant and so supportive” - Patient

Freedom to Speak Up Guardians

The Freedom to Speak Up Guardians (FTSU) spent time in October as part of Speak Up Month promoting their roles and inviting colleagues to find out how to, and the importance of, speaking up.

There have been six concerns raised. Two of these concerns were about the Hospice's use of Artificial Intelligence technology and three other concerns relating to consistency in management standards. One concern was in relation to guidance produced but it was not considered to be appropriate for review. Learning for the issues raised have been shared through the internal communications process.



Research

At the beginning of the year, we supported a Psychology Doctoral Researcher from City, University of London with employees participating in focus groups looking at why hospice employees make referrals for psychological support.

We started active participation in a Three Coastal Communities project, which is research by several national universities aiming to enhance the resilience, health, and wellbeing of UK coastal communities.

It seeks to empower coastal communities to become more sustainable and resilient in the face of environmental and economic challenges. It is looking to maximise the benefits of community creativity in several topics including bereavement. This has led to the Hospice being asked to lead on developing a Good Grief Festival in Hastings, in 2026.

A task and finish group was set up with St Wilfrid's Hospice, Eastbourne to review our existing research policies and create a new joint policy which is now in place. This supports ongoing research collaboration and provides a platform for us to consider joint research in the future.



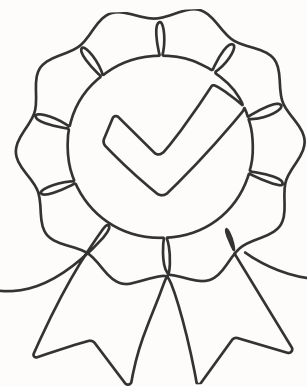
Trustee visits

Trustee visits play an important role in our governance processes. In 2024/25 there were three Trustee visits involving six Trustees. A new process for visits was introduced in April 2024. Trustee visits take place quarterly with each visit completed by two Trustees. The visit in the final quarter was rescheduled due to unforeseen circumstances.

The morning part of the visit is spent with clinical teams focused on either Safe, Caring, Effective or Responsive. The afternoon focuses on Well Led and allows Trustees to spend time with the wider Hospice teams.

Guidance is given on questions to incorporate into discussions based on assurance requirements. The Care Quality Commission I and We statements are included in the planning of these questions.

Trustees submit a written report within two weeks of the visit which is shared with the Extended Leadership Teams and the Board of Trustees. Some of their thoughts and findings are displayed in the quotes to the right.



“There was a good variety, and we felt we came away with better understanding of many aspects of the Hospice.”

“We have some very capable and passionate people in St Michael’s who are thriving in a really supportive and positive environment.”

“Teams were starting to recognise the importance of good, well presented data to improve ways of working and justify future requirements.”

“Improved collaboration was increasing effectiveness – within teams and between teams. The introduction of triage as well as more joined up working is contributing well to achieving a full holistic approach to care.”

“A sense that teams had reached a good place in terms of consolidating resource and capability and were looking forward to having a bigger impact going forward.”

“The Schwartz Rounds are beneficial in bringing teams together.”



We also received feedback from the employees who took part in the morning part of the visits. Some of the feedback received includes:

“There was a feeling of openness, that you could be honest and discuss some of the concerns as well as some of the successes.”

“Nice to have the opportunity to speak to them.”

Care Quality Commission

Over the past 12 months the Hospice has engaged with the work the Care Quality Commission has initiated in relation to the Single Assessment Process.

This has included:

- Board presentation to update Trustees.
- Development and delivery of employee awareness sessions.
- Continuation of the Peer Review collaboration with two other hospices.
- Review of I and We statements by Patient Safety Subgroups to identify areas where additional work would be beneficial.
- Incorporation of I and We statements into Trustee visits.
- Move to reporting via the new portal.
- Reviewing reports from other hospices inspected to identify relevant learning.

We continue to share relevant information and updates with the Care Quality Commission. We continue to review updates from the Care Quality Commission in relation to changes in how they are working. The Hospice has not been inspected by the Care Quality Commission in this reporting period.

“On a personal note, our family benefitted from the wonderful service provided by St Michael’s Hospice earlier this year. We had some lovely people visit our home while my husband was ill and he died in the Hospice having been very well looked after.” - Community and In-Patient Unit patient relative



Clinical collaborations

Joint Research Policy with St Wilfrid’s Hospice, Eastbourne



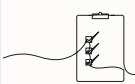
Aim

To develop a joint research policy that would align both organisations in how they could participate in research projects, improving collaboration and creating a potentially larger research site.



Outcomes

- Format for joint policy agreed.
- Policy cocreated and approved by both Clinical Governance Committees.



Next steps

- To identify learning from developing a joint policy.
- To consider setting up a joint research group that will support research growth.
- To seek potential joint research opportunities.



Joint Medication Optimisation Group



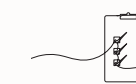
Aim

To develop shared learning opportunities, audits, project work and enhance patient safety by working collaboratively on medicines optimisation.



Outcomes

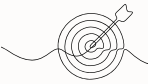
- Joint meetings held three times per year.
- Task and finish group worked on specific projects.
- Implementation of joint audits providing external scrutiny and assurance.
- Shared learning from medication incidents.
- Identifying alignment of best practices.
- Joint poster accepted and displayed at Hospice UK Conference.



Next steps

- Ongoing joint meetings.
- Ongoing project work for the task and finish group.
- Implementation of electronic prescribing across both organisations.

Joint Quality Improvement Priorities



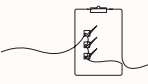
Aim

To collaborate on two joint Quality Improvement Priorities over a two-year period to identify the feasibility of working in this way.



Outcomes

Both Quality Improvement Priority workstreams have progressed well over the first year with positive feedback from participants.



Next steps

To formally evaluate the effectiveness and participant experience of joint Quality Improvement Priorities at the end of year two.

“I’ve known of and supported the Hospice over the years but seeing firsthand the level of care and kindness everyone showed...was really amazing and something for which I (and my whole family) will always be grateful for. They made what was an extremely challenging time much more bearable, peaceful and allowed opportunities for lightness and humour, which I don’t think would have been the case in a different environment.” – In-Patient Unit patient family

East Sussex Dementia Workstream – Sussex Partnership NHS Foundation



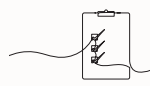
Aim

To provide input to the group to support improvement in care for people in East Sussex living with dementia.



Outcomes

The group is ongoing and has palliative and end of life care within its work plan. The Hospice Team alongside Commissioners have shared the development and innovation being carried out across the hospices in East Sussex to help inform next steps.



Next steps

Delivery specifics for this workstream involving the Hospice will be agreed in April 2025.

Pan-Sussex medication instruction chart



Aim

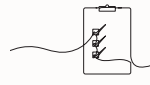
To standardise the medication instruction chart used in patient’s homes and associated practice to reduce the risk of delays in treatment due to the wrong instruction charts in place.



Outcomes

A pan-Sussex multi-professional task and finish group led by the Integrated Care Board was set up to look at all the current processes and agree on one chart and processes around its use.

The task and finish group designed a standardised Medication Instruction Chart (MIC) for adults in the community along with supporting documents and a Standard Operating Procedure (SOP) to support consistent practice across Sussex. These have been used in practice since June 2024. Learning from the early implementation phase has been reviewed and changes made as required.



Next steps

In January 2025 each organisation completed an audit of some of the medication instruction charts used and the learning from this will be shared.

Sussex Hospice Alliance Partnership

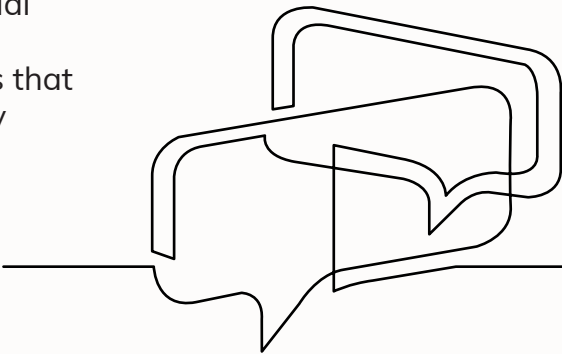
As part of the Sussex Hospices working together in partnership with the NHS, several workstreams have been developed including:

Supporting patient discharges this winter

This winter, the Sussex Hospice Alliance worked with Health and Social Care in Sussex to support patients who are ready to come out of hospital but just need some time to recover, or get stronger with some rehabilitation in a community based bed, before returning to their usual residence (pathway two discharges). This new approach was an opportunity to demonstrate how hospices can work alongside the NHS to support patients and ease pressures on the healthcare system.

Medicines optimisation in Sussex hospices – A toolkit to map pharmacy services

This winter the Hospice participated in a mapping exercise led by the Integrated Care Board. Optimising the use of medicines plays a key role in ensuring the highest quality care for patients. To enhance service delivery, patient care and safety, this mapping exercise explored key aspects such as the scope of pharmacy involvement, the alignment of medication management practices with individual patient needs and the efficiency of processes that impact patient’s timely access to medicines.



Unified Medical Team

Aims

- To improve patient experience through continuity of care and the sharing of best practice from each site.
- To enable cross-site working to cover absences and address recruitment gaps.
- To make medical roles more varied and fulfilling, reducing burnout and improving recruitment, and retention of medical employees.

Activities

- Migration to electronic prescribing for hospice community patients.
- Cross-site working and job planning.
- Scoping a shared duty consultant role.
- Alignment of hospice medical staff's terms and conditions with the NHS.

Outcome

By working seamlessly together, we offer the highest standards of responsive, safe, and innovative palliative care across all settings.

Clinical collaborations Hospice Line

Overview

Hospice Line is a collaboration between the three hospices based in East Sussex, St Michael's Hospice, St Wilfrid's Hospice and St Peter and St James Hospice, with the aim of developing a shared 24/7 hub for managing patient advice calls. This has involved several phased pilots. This work was the subject of a presentation at the Hospice UK Conference in November 2024.

Shared Clinical Nurse Specialist

To test the effectiveness and safety of clinical collaboration and patient record sharing via SystmOne:

- One Clinical Nurse Specialist supported Telephone Support Teams from all three hospices at weekends. This additional support created capacity for visits and relieved some of the burden on the on-call Doctors.
- During the pilot, the Clinical Nurse Specialists managed 104 patients and prevented at least 18 potential hospital admissions.

Audit of patient advice calls

To collect a consistent data set of information on patient calls from the three hospices to inform staffing needs for a shared first contact hub.

- Data on approximately 2,000 calls was collected over a four-week period.

First contact training programme

To provide a cohort of Healthcare Assistants and Clinical Administrators from all three hospices with the skills and knowledge to manage patient advice calls from any of the three hospices.

- 48 staff trained through half day clinical sessions and bespoke technical training.

Weekend shared first contact

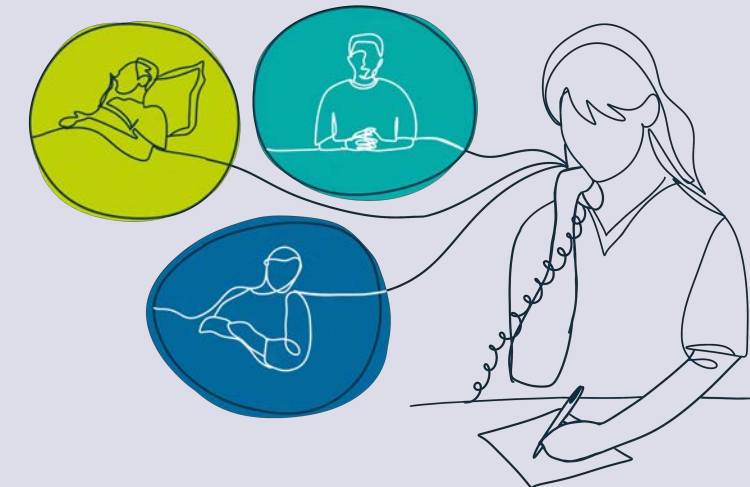
To test the model of a shared first contact for patient advice calls, the effectiveness and safety of record sharing and escalation, as well as the experience for employees managing the calls.

Between 8.45am and 4.30pm on Saturday and Sundays for 12 weeks, each hospice took turns to receive all the incoming patient advice calls for the three hospices. The call-handlers assessed the calls, resolved where possible or escalated as appropriate.

- 841 calls answered by Hospice Line.
- 353 individual patients supported by Hospice Line.
- 136 St Michael's patients supported by Hospice Line.

Next steps

- Evaluate each phase during and after implementation.
- Share learning gained during implementation and from evaluations.
- Explore funding opportunities for a permanent solution.



Quality Improvement Priorities (QIP) 2024-25

QIP 1 - develop a comprehensive dependency tool which integrates workforce structure, safe staffing regarding palliative complexity and carer need.

Set up a joint working group.	Complete
Complete a review of existing tools and literature.	Complete
Develop a tool based on best practice to test within the In-Patient Units using a Quality Improvement Methodology approach.	Complete
Educate teams on the use of the test tool.	Partly achieved with ongoing action
Pilot the tool.	Partly achieved with ongoing action

QIP 2 - integrate the principles of Patient Safety Incident Response Framework (PSIRF) through risk assessments, incident investigation and learning across organisations.

Set up a joint working group.	Complete
Update patient safety profiles.	Complete
Produce a Patient Safety Response Plan.	Complete
Commence implementation of the PSIRF training matrix.	Complete
Deliver PSIRF awareness sessions.	Complete
Commence work to embed a learning culture by developing and introducing system thinking tools for example After Action Reviews, SWARM huddle.	Complete
Scope a process to ensure all incidents have the proportionate level of investigation.	Complete

QIP 3 - optimise the use of systems to reduce the burden of work, improve learning and support dissemination of information, data and insight to aid with decision making.

Implement the new complaints, concerns and feedback module.	Complete
Implement the risk management module.	Rescheduled due to a change in priorities
Fully implement the CQC module.	Complete
Implement assurance/audit module.	Rescheduled due to a change in priorities
Establish a post implementation and annual systems review process.	Complete

“Thank you so much for your compassion and kindness as you did your jobs with professionalism, respect, and love. My dad, my sister, my brother and I appreciated that each of you made a challenging and sad time a little easier to bear.” – Community patient relative

Quality Improvement Priorities (QIP) 2025-26

QIP 1 - develop a comprehensive dependency tool which integrates workforce structure, safe staffing regarding palliative complexity and carer needs.

Ensure all requirements in place to commence full pilot including training, data collection and reporting.	Quarter one
Update plan, do, study, act cycle commenced in Year 1.	Quarter one
Broaden scope of the steering group to consider local requirements and oversee training and pilot implementation.	Quarter two
Establish a Community of Practice with North Devon and St Christopher’s Hospices.	Quarter two
Complete pilot phase.	Quarter three
Complete evaluation of pilot and use within workforce planning for 2026/27.	Quarter four

QIP 2 - integrate the principles of Patient Safety Incident Response Framework (PSIRF) through risk assessments, incident investigation and learning across organisations.

Ongoing work from Year 1. PSIRF Implementation Group will continue to meet monthly. The Patient Safety Policy and Response Plan will be finalised and shared. Ongoing provision of awareness sessions.

Quarter four

Launch Human Factors training.

Quarter one

Launch new incident reporting module.

Quarter three

Introduce system thinking tools to support enhancement of the learning and patient safety cultures.

Quarter three

Enhance clinical risk assessments by introducing the Systems Engineering Initiative for Patient Safety (SEIPS) Framework.

Quarter three

Develop a dashboard to support benchmarking across both hospices.

Quarter three

Ensure a robust system in place to incorporate learning and improvement into practice.

Quarter four

Evaluate the progress of the Quality Improvement Plan to identify priorities for ongoing work.

Quarter four

QIP 3 - digital and IT systems and processes are developed, implemented, evaluated, and optimised to enhance service provision, community engagement and income generation through timely adoption of new technologies.

E-prescribing implemented through electronic patient record systems.

Quarter three

Self-referrals enabled for palliative care referrals (digital and analogue).

Quarter four

Virtual and text consultations scoped and piloted.

Quarter three

Project plan for roll-out of chosen platform for virtual and text consultations agreed.

Quarter four

Research and adopt adaptive technologies aimed to supporting people with neurological conditions as part of a funded project.

Quarter four

“Attending the group helped me realise I wasn’t alone - my feelings of loss and sadness were normal and sharing them with others brought comfort.” - Bereavement Group attendee

Hospice UK Conference posters 2024

The Hospice has a keen focus on quality improvement and sharing learning. As well as attending national and international conferences, the team share work they have done, as can be seen by the number of posters presented at the Hospice UK Conference in November 2024.

Eight posters were displayed demonstrating a breadth of work and collaboration across the Hospice and our partnership working with other Sussex-based hospices. Some employees also gave talks about their work:

Uniting in Grief: Support Groups for Bereavement.
(Elmien Brink, Associate Director - Clinical Services and Amalabandhu Chandler, Bereavement and Spiritual Support Service Lead).

Breaking Boundaries: Clinical Nurse Specialists Pioneer Cross-Hospice Clinical Collaboration.
(Jules Causton, Clinical Projects Manager).

How a joint Medicines Optimisation Group used collaborative practice to improve patient safety

Authors
Trina Perry, Associate Director Clinical Improvement, Education & Research, St Michaels Hospice
Tara Schriker, Associate Director for Quality & Governance, St Wilfrid's Hospice
Freya Springall, Quality Lead, St Wilfrid's Hospice

Background and aim
With the introduction of the Patient Safety Incident Response Framework (PSIRF) in 2022, our hospices recognised the value of this approach to patient safety incidents, in particular a system-based approach to learning and working collaboratively to enhance quality healthcare.
In 2023, two hospices formed a joint Medicines Optimisation Group (MOG). Hospice collaboration is proven to be effective, providing:

- External scrutiny and assurance
- Efficient use of resources¹
- Sharing best practice²

The two hospices already had joint clinical roles, so we understood the benefits of working collaboratively.
Our mission was to develop shared learning opportunities, audits, project work and enhance the safety of patients through medicines optimisation.

Method
Joint MOG was an interdisciplinary staff approach by applying the principles of PSIRF to guide our work:

- Alignment of best practices
- Standardising medication and syringe pump charts
- Shared induction programme for medicines management
- Task and finish groups for specific projects
- Establishing cross site audits
- Identifying shared learning from incidents
- Quarterly meetings, jointly chaired
- STATS Month
- Shared medication knowledge competency.


Results
Joint MOG allowed both hospices to embrace an open culture and collaborative working to improve practices, which included discussing lessons learnt from a significant incident in April 2023. Shared learning led to the development of a medication awareness poster being implemented, which resulted in a reduction in documentation and prescribing errors across both hospices.

- A monthly Controlled Drug (CD) audit was introduced in both hospices and compliance improved to over 95%.
- HUK CD audits were carried out by members of the other hospice, providing external scrutiny and both hospices scored 100%.

In June 2024 both hospices held a STATS Month with posters, prompt cards and micro teaching sessions about giving as required stat injections and ensuring the effectiveness of the injection was recorded. Both hospices almost doubled their recording of medication effectiveness.
A standardised induction programme for medicines management has already been implemented across both hospices and a shared medicine awareness competency will be planned next.

Conclusion
Effective sharing of best practice in medicines management has enhanced both hospices' patient safety. Our work on audits and staff development has led to a joint Quality Improvement Priority with a PSIRF focus.

Contact
Trina Perry, Associate Director Clinical Improvement, Education & Research
St Michaels Hospice Hastings and Rother
Email: trina.perry@stmichaels-hospice.com



"We've seen a significant improvement in completion rates of the effectiveness box on the charts." - Brenda

"Employees engaged really well with STATS month and now have a better understanding of why it is so important to document effectiveness" - Clair

Share the data, share the load

Data sharing solutions to enable effective clinical collaboration between three hospices

Authors: Jules Causton, Hospice Line Programme Lead; Tracy Tyrrell, Hospice Line Data Lead at St Michael's Hospice



Background

We are three hospices covering East Sussex collaborating to develop Hospice Line, a dedicated telephone support service for all patients to access 24/7.

Clinical collaboration, enabling us to use our valuable nursing resources effectively, is a major milestone in this ambitious journey. We began by sharing a Clinical Nurse Specialist (CNS) to provide support for complex calls from patients from all three hospices during a 15-week pilot.

A solution for sharing patient records

As all three hospices were already using SystmOne (S1) for patient records, the best available solution was the 'Out of Hours' module, which is designed for clinicians providing short-term out of hours cover for patients registered at other organisations.

"I'm not normally good at IT, but I found the Hospice Line SystmOne very easy to use."

Julie, CNS

stm
st michael's hospice



St Wilfrid's Hospice



Hospice Line

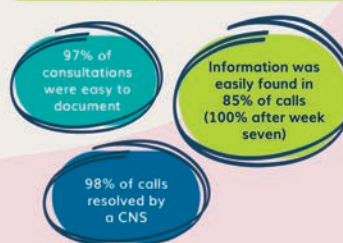
Elements for success

Our priority was to make the system easy and intuitive to use. The CNS helped us identify the essential information from patient records, so we could make it easy to find. Latest test results and medication were accessed via links to the local acute trust's platforms. Training and support were crucial, every user had face-to-face training and hands-on support during their first shift.

A teething problem

In 15% of calls where information was not easily accessed, the issue was due to consent settings not being correctly enabled by the home hospice. This was addressed, and after week seven, there were no further problems with access.

Did it do the job?



Conclusion

The pilot provides assurance that our solution for sharing patient records between our three hospices is safe, effective and user friendly. It can be scaled up to enable more comprehensive clinical collaboration.

Contact details
Tracy Tyrrell, Data, Systems and Insight Manager
St Michael's Hospice, Hastings and Rother
Email: tyrrellt@stmichaels-hospice.com

Breaking boundaries

Clinical Nurse Specialists pioneer cross-hospice clinical collaboration

Authors: Jules Causton, Hospice Line Programme Lead; Helen Davidson, CNS at St Wilfrid's Hospice; Jo Devlia, CNS at St Michael's Hospice; Julie Hilton, CNS at St Peter & St James Hospice

stm
st michael's hospice



St Wilfrid's Hospice



Hospice Line



Background

We are three hospices covering East Sussex collaborating to develop Hospice Line -- a dedicated telephone support service for all patients to access 24/7.

Clinical collaboration, enabling us to use our valuable nursing resources effectively, is a major milestone in this ambitious journey. We began by sharing a Clinical Nurse Specialist (CNS) to provide support for complex calls from patients from all three hospices during a 15-week pilot.

What did we do?

A CNS from each hospice contributed to the design of the pilot, developing an escalation tool for telephone support employees to ensure consistency across the three hospices.

"I really value having a point of contact for a senior nurse."

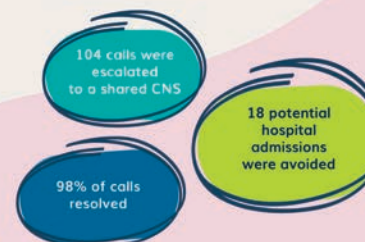
"The Hospice Line CNS picked up complex community cases which would otherwise have been sent to the duty doctor."

One of the biggest challenges was how to work collaboratively with the three hospices using different patient record and IT systems. We shared patient records via a SystmOne module (see poster #249) and set up a SharePoint site for updates and information such as, training guides, clinical resources and a 'who's who'.

The CNS led a 'huddle' on Teams at the start of every shift for all telephone support employees to get to know each other and highlight any concerns.

How did it go?

Using data from SystmOne and a feedback questionnaire completed after each call by the CNS and telephone support employees we found:



What's next?

Now that we know we can work together to support our collective patients, the next step is to upscale clinical collaboration and pool resources more widely.

Contact details
Jules Causton, Clinical Projects Manager
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Improving hospice sustainability through the development of a medication reuse procedure

Authors

Yasmin Alagaratnam, Doctor, St Michael's Hospice

Clair Bexhall, In-Patient Unit Team Leader, St Michael's Hospice

Freya Springall, Quality Lead, St Wilfrid's Hospice

Janki Patel, Pharmacist, St Michael's Hospice and St Wilfrid's Hospice

Nicola Wilson, Registered Nurse, St Wilfrid's Hospice

Background and aim

Climate change adversely impacts population health; globally it is predicted to contribute to an excess of 250,000 deaths per year by 2050¹. Therefore, ensuring sustainability in healthcare provision is essential for advancing the health of current and future generations². Medicines and chemicals contribute to 20% of the National Health Service's 'Carbon Footprint Plus emissions'³.

Across two hospices, dispensed but no longer required medications were disposed. Many could have been utilised as stock medication instead. Therefore, a requirement for a medication reuse procedure was identified.

Our aim was to develop and implement a safe and effective procedure, to avoid medication shortages, reduce waste and improve the sustainability of the hospices.

Method

The hospice's Pharmacist clarified appropriate processes for the management of redundant medications. Subsequently, a procedure outlining the identification, handling and documentation of suitable reusable medications was developed.

Quality assurance was important, medications were only deemed suitable if they had been stored in the appropriate temperature controlled environment and arrived at the hospice directly from either a pharmacy or hospital, therefore not allowing for any patient tampering. Any uncertainties resulted in disposal of the medications.

Registered Nurses were trained in the procedure, appropriate medications were assessed by the Pharmacist and an audit trail kept for both controlled and non-controlled drugs. Medication was only returned to stock if it was already on the hospice's stock list and used regularly. Original packaging, batch number and expiry date also needed to be intact.

Since implementation, data is collected monthly to assess which medications were reused as stock, their quantity and cost.

Results

From 2021 to 2023 238 different medications were reused across both hospices. Across these years hospice 1 saved a total of £15,582, averaging £5,194 in savings per year. There was a significant increase in total savings between 2022 and 2023 from £3,158.04 to £9,041.48. This has been attributed to a greater embedding of the procedure within the hospice, with increased staff involvement and efficiency with implementation.

Hospice 1: Total savings per month (2021 - 2023)

Total savings per year (2021 - 2023)

Over the same period, hospice 2 saved a total of £946.28, averaging £315.43 in savings per year. Initially, implementation at this hospice was affected by constraints on storage, thus adaptations were required. In overcoming this they have saved £1,117 in 2024 so far, already surpassing their savings for the past three years combined.

Conclusion

Through waste reduction and cost savings, introduction of the medication reuse procedure improved sustainability across both hospices. It also allowed patients quicker and easier access to medications, this was especially important during periods of medication shortages.

However, operational aspects impacted the extent of successful implementation, such as storage space and the number of staff appropriately trained in the procedure. Therefore, these factors must be considered when exploring utilisation of this procedure on a wider scale.

Contact

Freya Springall, Quality Lead

St Wilfrid's Hospice, Eastbourne

Email: freya.springall@stwhospice.org

“There were a lot of innovative projects presented at the conference so it was gratifying that several hospices congratulated us for having found a way to collaborate clinically, not just talk about it.” - Jules Causton, Clinical Projects Manager

“Presenting our work at the conference was an incredibly rewarding experience. It provided a valuable opportunity to share the work we do and to receive insightful feedback. It was a privilege to do this joint presentation with Amalabandhu.” - Elmien Brink, Associate Director - Clinical Services

Feedback from the Integrated Care Board

Thank you for providing NHS Sussex Integrated Care Board (ICB) with the opportunity to comment on St Michael's Hospice Quality Account for 2024/25.

NHS Sussex appreciates the ongoing collaborative working and open communication with St Michael's Hospice during this period.

NHS Sussex would like to thank the organisation for its commitment to quality improvement through achievement of its 2024/25 objectives for Sussex residents. The Hospice has achieved many successes in 2024/25 across the key Quality Improvement Priorities (QIPs), most notably:

- Developing a comprehensive dependency tool which integrates workforce structure, safe staffing regarding palliative complexity, and carer need, informed by best practice and a review of existing tools and literature.
- Starting a programme of work to integrate the principles of the Patient Safety Incident Response Framework (PSIRF), through delivering PSIRF awareness sessions, updating patient safety profiles, and implementing After Action Reviews and SWARM Huddles to embed a learning culture.

- Optimising the use of systems to improve learning and support dissemination of information, data and insight to aid with decision making, including a new complaints, concerns and feedback module.

Additionally, NHS Sussex recognises St Michael's commitment to continue working on objectives partially met within the Quality Improvement Priority objectives, as part of the 2024 - 2027 Clinical Strategy.

St Michael's Hospice Quality Account outlines the priorities for improvement in 2025/26 and NHS Sussex would like to acknowledge these continued key priorities:

- Completing and evaluating a pilot of the new comprehensive dependency tool, and establishing a community of practice with other hospices.
- Further integrating the principles of the Patient Safety Incident Response Framework (PSIRF), through delivery of Human Factors training, launch of a new incident reporting module, and ensuring a robust system to incorporate learning and improvement into practice.
- Developing and implementing digital and IT systems and processes, to enhance service provision, community

engagement, and income generation through timely adoption of new technologies, including e-prescribing, self-referral and virtual consultations.

NHS Sussex is supportive of these priorities and the detailed work underpinning them and will continue to seek assurance regarding progress of implementation throughout the year via our established processes.

My colleagues and I look forward to the continued collaborative working with St Michael's and wider system partners in the future.

Allison Cannon, **Chief Nurse at NHS Sussex**

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St Michael's Hospice Quality Account feedback

If you would like to comment on the content or format of the St Michaels Hospice Quality Account 2024/25 please submit your comments via:

St Michael's Hospice website: stmichaelshospice.com

By email: info@stmichaelshospice.com

Or by post: Dr Karen Clarke, Chief Executive, St Michael's Hospice, 25 Upper Maze Hill, St Leonards on Sea, East Sussex, TN38 0LB.

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